PLAN YEAR | 2024
Summary of Provider Benefits

Benefits are available for providers with an FTE of .75 and above. Providers are eligible for most benefits on the first day of the month following 30 days employment.

Medical Plan (In-Network Benefits Only)	
Benefits	**2024**
Provider Network	Blue Shield of California (Prudent Buyer)-Large Group
Deductible	$0
Out-of-Pocket Maximum	
Individual	$2,000
Family	$4,000
Office Visit	
Primary Care	$20 Co-Payment
Specialist	$20 Co-Payment
Teledoc(Call-A-Doc)	$0 Co-Payment
Urgent Care	Up to $20 Co-Payment
Emergency Room	$150 copay + 20% coinsurance
Inpatient Hospitalization	20% coinsurance
Prescriptions	
Non –GVHC	$10 generic/$20 brand name
Mail Order (3-month supply)	$20 generic/$40 brand name
Non-Formulary	20% with maximum $75 copay per prescription
Specialty	20% with maximum $75 copay per month

Dental Plan (In-Network and Out-of-Network Benefits)	
Benefits	**2024**
Provider Network	Ameritas PPO Network
Preventive Services	100% In-Network/ 100% Out-of-Network
Basic Services	90% In-Network/ 80% Out-of-Network
Major Services	60% In-Network/ 50% Out-of-Network
Orthodontia for Children to age 26	50%-$1000 (Lifetime) In-Network & Out-of-Network
Calendar Year Maximum	$2,000/per enrolled person

Vision Plan (In-Network and Out-of-Network Benefits)	
Benefits	**2024**
Provider Network	VSP Choice PPO Network
Exam	$10 Copay In-Network & Out-of-Network
Lenses	In-Network covered in full after $25 copay (Including progressive lenses, transitional, anti-reflective and ultraviolet coating) / Out-of-Network applicable allowance after $25-$45 copay
Frames	Up to $200 allowance In-Network / Up to $70 allowance Out-of-Network
Contacts Exam and Fit (In-Lieu of glasses)	Member costs up to $60 / No benefit Out-of-Network
Frequency	Exam-12 mos. Lenses-12 mos. Frames-12 mos.

UNUM Group Life and AD&D (Class 1)

Employer paid Life and Accidental Death & Dismemberment policy. The value of your Life and AD&D benefit is worth 1.5 x your basic annual earnings up to a maximum of $750,000.

UNUM Long-Term Disability (LTD) (Class 1)

GVHC provides benefited employees with long-term disability benefits to help with supplementing your needs and pays the full cost of this coverage. Benefit amount up to 60% of monthly earnings* to maximum of $18,000 per month. **Earning are calculated per the last 12 months*

UNUM Voluntary Life &

GVHC provides full-time employees with the opportunity to purchase additional Life & AD&D insurance for themselves as well as their eligible dependents through UNUM. Employees have the opportunity to elect up to 9x their annual salary not to exceed $500,000. Employees are eligible during their first enrollment of a guaranteed issue amount up to $200,000* *amount is based off annual salary*.

Flexible Spending Accounts

A Flexible Spending Account (FSA) is an effective way to save when paying for foreseeable health expenses and dependent daycare. You decide how much you want to set aside to pay for eligible expenses incurred during the plan year and make a separate election for each account. The plan year runs from January 1st through December 31st.

The amount you choose is deducted from your paycheck in equal amounts throughout the plan year on a pre-tax basis. Meaning your eligible health expenses and reimbursements are not subject to tax.

FSA Plan	FSA Election Maximums
Medical Flexible Spending Account	$3,200 annual maximum
Dependent Care Flexible Spending Account	$5,000 annual maximum

If you enroll in GVHC's medical insurance plan, GVHC will contribute $100 to your Health FSA for employee only enrollment or $200 for employee + 1 or more family member's enrollment.

As required by the Internal Revenue Service (IRS), a Medical FSA has a "use it or lose it" provision for funds over $640 at the end of the plan year. A rollover benefit for unused amounts of $640 and under will be available for use in the following plan year. This is only applicable for Medical FSA, not Dependent Care FSA.

401a GVHC Employee Retirement - The Standard
Annual contribution paid by GVHC upon approval of the Board of Directors. Effective after completion of one year of service and 1,000 hours worked during the plan year (04/01-03/31). Vesting starts on year 1, vested 100% after 3 years, based on plan provisions from calculating years of service.

403(b) Traditional Retirement – The Standard
Effective on your date of hire, all eligible employees will be auto enrolled at a 2% contribution rate unless and until an active election is made to opt out or a voluntary contribution amount is elected. GVHC will match dollar for dollar with up to a 2% maximum of employee's contribution amount.

- Match is made every pay period along with your contributions.
- Match is 100% vested immediately.
- Maximum contribution for 2024 - $23,000 ($30,500 over the age 50).
- Elective deferrals

ROTH 403b Retirement – The Standard
ROTH 403b is offered and available to any employee who is eligible to contribute to a traditional account. GVHC will match dollar for dollar with up to a 2% maximum of employee's contribution amount to their 403(b) plan and/or ROTH 403b.

- Match is made every pay period along with your contributions.
- Match is 100% vested immediately.
- Maximum contribution for 2024 - $23,000 ($30,500 over the age 50). Shares max contribution limit with 403b Traditional.
- Contribution are made on an after tax basis and earnings grow tax-free.

457b Retirement – The Standard
457b plan is only available to benefit eligible employees in the following classifications: Executives, M.D's, D.O's and DDS. Participants may contribute on a pre-tax basis. These contributions, known as "elective deferrals', employee can contribute a maximum amount of $23,000 in 2024 plan year, no catch up option.

Federal & State Mandated Benefits
FMLA • CFRA • COBRA • Social Security • Medicare • State Disability • Unemployment Insurance • Paid Family Leave • Worker's Compensation • Literacy Assistance • Organ/Bone Marrow Donor • Military Leave

Education Assistance
Continuing Education: 5 paid days and an annual allowance up to $3,000 for expenses per plan year. Please refer to the company policy for additional information. Education allowance pro-rated by FTE.

Paid Time off (Holidays)
• New Year's Eve (1/2 day) • New Year's Day • Martin Luther King, Jr. Day • Washington's Birthday •Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Day after Thanksgiving • Christmas Eve (1/2 day) • Christmas Day

Vacation & Sick Time
• 56 hours paid employee sick leave per year.
• Vacation accruals are pro-rated based on FTE status and based upon the Provider Vacation Pay Policy. The accrual rate per pay period for a full time provider is 5.23 for 0-2 years of service (up to 136 hours per year), and 6.77 hours for 3+ years of service (up to 176 hours per year).

Other Incentives
• Paid California licensing, CMA, DEA and CPR fees.
• Paid membership dues to local Medical Society (Physicians Only)
• Medical Providers are also eligible for quarterly incentive pay, based on patients seen beyond their quarterly target amount. Payment will be made the second pay period of the second month after the quarter ends. Quarters will begin at the beginning of calendar year.
• Paid malpractice insurance through the Federal Tort Claim Act (FTCA) which provides permanent protection regarding those acts that occur while under the cover of FTCA. Tail Coverage is also included.