



Benefits at a Glance: Full-time Employees

HEALTH & DENTAL PLAN

ALMOST FAMILY OFFERS COMPREHENSIVE HEALTH & DENTAL PLAN OPTIONS TO FULL-TIME EMPLOYEES AT THE BEGINNING OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT. OUR HEALTH PLAN OPTIONS INCLUDE COVERAGE FOR GENERAL HEALTHCARE SERVICES, HOSPITALIZATION AND PRESCRIPTIONS. SPOUSAL HEALTH COVERAGE IS RESTRICTED TO ONLY THOSE SPOUSES WHO ARE UNEMPLOYED, OR WHO DO NOT HAVE A HEALTH PLAN OPTION THROUGH THEIR EMPLOYER.

WELLNESS PLAN

ALMOST FAMILY PROVIDES A REWARDS-BASED WELLNESS PROGRAM THROUGH HUMANA VITALITY. EMPLOYEES WHO ELECT TO ENROLL IN ONE OF OUR COMPANY-SPONSORED HEALTH PLANS ARE AUTOMATICALLY ENROLLED IN THIS PROGRAM.

BASIC LIFE INSURANCE

ALMOST FAMILY PROVIDES TERM LIFE INSURANCE COVERAGE, AT NO COST TO THE EMPLOYEE, EQUAL TO ONE TIMES THE EMPLOYEE'S ANNUAL SALARY ROUNDING UP TO THE NEXT THOUSAND DOLLAR. THIS COVERAGE BEGINS ON THE FIRST OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

ALMOST FAMILY PROVIDES ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE, AT NO COST TO THE EMPLOYEE, EQUAL TO ONE TIMES THE EMPLOYEE'S ANNUAL SALARY ROUNDING UP TO THE NEXT THOUSAND DOLLAR. THIS COVERAGE BEGINS ON THE FIRST OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT.

VOLUNTARY/SPOUSAL/CHILD LIFE INSURANCE

ELIGIBLE EMPLOYEES MAY PURCHASE VOLUNTARY LIFE INSURANCE AT VARIOUS LEVELS UP TO \$150,000 GUARANTEED ISSUE. DEPENDENT COVERAGE CAN ALSO BE PURCHASED WHICH PROVIDES UP TO \$50,000 COVERAGE ON THE SPOUSE AND \$10,000 ON EACH CHILD. EMPLOYEES WHO ENROLL IN THIS BENEFIT ARE COVERED ON THE FIRST DAY OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT. MEDICAL UNDERWRITING WILL BE REQUIRED FOR ALL LATE ENROLLEES.

VISION INSURANCE

ELIGIBLE EMPLOYEES MAY PURCHASE VISION INSURANCE WHICH PROVIDES COVERAGE FOR ANNUAL EYE EXAMINATIONS AND VISION CORRECTION MATERIALS (GLASSES, CONTACT LENSES). THIS COVERAGE IS AVAILABLE THROUGH GUARDIAN LIFE INSURANCE COMPANY, AND IS AVAILABLE TO FULL-TIME EMPLOYEES ON THE FIRST OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT.

HOLIDAYS

THE COMPANY PROVIDES SIX PAID HOLIDAYS PER YEAR, NEW YEAR'S DAY, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVING DAY AND CHRISTMAS DAY.

SICK TIME

FULL-TIME EMPLOYEES ACCRUE SICK TIME WEEKLY, BEGINNING WITH THE FIRST WEEK OF EMPLOYMENT, BASED ON SCHEDULED HOURS WORKED. A FULL-TIME EMPLOYEE, WHO IS SCHEDULED TO WORK 40 HOURS PER WEEK, ACCRUES 57 HOURS OF SICK TIME PER YEAR. A FULL-TIME EMPLOYEE, WHO IS SCHEDULED TO WORK LESS THAN 40 HOURS PER WEEK, ACCRUES A REDUCED RATE OF SICK TIME. THE MAXIMUM ACCRUAL OF SICK TIME FOR A FULL-TIME EMPLOYEE IS 240 HOURS. EMPLOYEES ARE ELIGIBLE TO USE ACCRUED SICK TIME AFTER 90 DAYS OF EMPLOYMENT.

VACATION

FULL-TIME EMPLOYEES ACCRUE VACATION TIME WEEKLY, BEGINNING WITH THE FIRST WEEK OF EMPLOYMENT. FULL-TIME EMPLOYEES SCHEDULED TO WORK 40 HOURS PER WEEK, ACCRUE 80 HOURS OF VACATION PER YEAR. A FULL-TIME EMPLOYEE, WHO IS SCHEDULED TO WORK LESS THAN 40 HOURS, ACCRUES PRO-RATED VACATION TIME. EMPLOYEES ARE ELIGIBLE TO USE ACCRUED AVAILABLE VACATION TIME AFTER SIX MONTHS OF EMPLOYMENT. VACATION TIME BECOMES VESTED ON AN EMPLOYEE'S ANNIVERSARY DATE. EMPLOYEES THEN HAVE TWELVE MONTHS TO USE THEIR VESTED VACATION TIME, OR IT IS FORFEITED. FULL-TIME EMPLOYEES BEGIN ACCRUING THREE WEEKS OF VACATION DURING THEIR 4TH YEAR OF EMPLOYMENT FOR USE DURING THEIR 5TH YEAR OF EMPLOYMENT.

PERSONAL TIME

FULL-TIME EMPLOYEES ACCRUE PERSONAL TIME WEEKLY, BEGINNING WITH THE FIRST WEEK OF EMPLOYMENT, BASED ON SCHEDULED HOURS WORKED. A FULL-TIME EMPLOYEE, WHO IS SCHEDULED TO WORK 40 HOURS PER WEEK, ACCRUES 24 HOURS OF PERSONAL TIME PER YEAR. A FULL-TIME EMPLOYEE, WHO IS SCHEDULED TO WORK LESS THAN 40 HOURS PER WEEK, ACCRUES A REDUCED RATE OF PERSONAL TIME. THE MAXIMUM ACCRUAL OF PERSONAL TIME FOR A FULL-TIME EMPLOYEE IS 24 HOURS. WHEN AN EMPLOYEE'S MAXIMUM ACCRUAL OF PERSONAL TIME HAS BEEN REACHED, THEN ADDITIONAL WEEKLY ACCRUALS EXCEEDING 24 HOURS WILL BE ROLLED INTO THE EMPLOYEE'S SICK TIME BALANCE. EMPLOYEES ARE ELIGIBLE TO USE ACCRUED PERSONAL TIME AFTER 90 DAYS OF EMPLOYMENT.

401 (K)

FULL-TIME EMPLOYEES ARE ELIGIBLE, UPON HIRE DATE, TO PARTICIPATE IN A 401(K) RETIREMENT PLAN. THIS PLAN ALLOWS AN EMPLOYEE TO DEFER A PORTION OF HIS/HER INCOME, ON A PRE-TAX BASIS, WITH THE COMPANY MATCHING 25% OF INCOME DEFERRED UP TO 5%. YOU MAY JOIN THE PLAN IMMEDIATELY, BUT COMPANY MATCH CONTRIBUTIONS WILL NOT BEGIN UNTIL COMPLETION OF ONE YEAR OF SERVICE WITH THE COMPANY. THE VESTING SCHEDULE IS 0% VESTED UNTIL THREE YEARS OF SERVICE, 100% AFTER THREE YEARS.

S125 BENEFITS

FULL-TIME EMPLOYEES MAY PARTICIPATE IN THE S125 FLEXIBLE BENEFIT PLAN ON THE FIRST OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT. THIS PLAN ALLOWS PARTICIPANTS TO USE PRE-TAX DOLLARS TO SET UP REIMBURSEMENT ACCOUNTS FOR MEDICAL EXPENSES NOT COVERED BY INSURANCE, AND/OR FOR DEPENDENT CARE EXPENSES.

BENEFITS AVAILABLE:

- ✓ PAYROLL DEDUCTED HEALTH AND DENTAL INSURANCE PREMIUMS
- ✓ HEALTH CARE REIMBURSEMENT ACCOUNT PLAN ANNUAL MAX: \$2,550 PER EMPLOYEE
- ✓ DEPENDENT CARE REIMBURSEMENT ACCOUNT PLAN ANNUAL MAX: \$5,000



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SHORT-TERM DISABILITY INCOME COVERAGE

THIS VOLUNTARY COVERAGE OFFERS A 66.67% INCOME REPLACEMENT BENEFIT WHICH IS PAYABLE (UPON APPROVAL BY THE CARRIER) STARTING ON THE 1ST DAY OF DISABILITY FOR AN ACCIDENT, OR THE 8TH DAY OF DISABILITY FOR AN ILLNESS. THE MAXIMUM PAYMENT PERIOD IS 26 WEEKS. THE COST FOR THIS BENEFIT IS INDIVIDUALIZED AND WILL BE SET UP THROUGH WEEKLY PAYROLL DEDUCTION. PRE-EXISTING CONDITION LIMITATIONS WILL APPLY FOR ALL EMPLOYEES, AND MEDICAL UNDERWRITING WILL BE REQUIRED FOR LATE ENROLLEES. THIS INFORMATION DOES NOT PERTAIN TO EMPLOYEES RESIDING IN NEW JERSEY SINCE THEY ARE COVERED UNDER THE NJ STATE DISABILITY PROGRAM.

LONG-TERM DISABILITY INCOME COVERAGE

THIS VOLUNTARY COVERAGE OFFERS BENEFITS WHICH ARE PAYABLE (UPON APPROVAL BY THE CARRIER) AFTER 26 WEEKS OF DISABILITY. THIS PLAN FEATURES A 60% INCOME REPLACEMENT BENEFIT WHICH IS PAYABLE UP TO AGE 65. THE COST FOR THIS BENEFIT IS INDIVIDUALIZED AND WILL BE SET UP THROUGH WEEKLY PAYROLL DEDUCTION. PRE-EXISTING CONDITION LIMITATIONS WILL APPLY FOR ALL EMPLOYEES, AND MEDICAL UNDERWRITING WILL BE REQUIRED FOR LATE ENROLLEES.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

THIS PROGRAM ALLOWS EMPLOYEES, AND IMMEDIATE FAMILY MEMBERS ACCESS TO PROFESSIONAL COUNSELING SERVICES (UP TO THREE SESSIONS FREE OF CHARGE). PARTICIPATION IN THE EAP IS KEPT CONFIDENTIAL BETWEEN THE EMPLOYEE AND THE PROVIDER.

THIS SHEET IS PROVIDED FOR PLAN HIGHLIGHT PURPOSES ONLY. THE VARIOUS PLANS CONTAIN CERTAIN EXCLUSIONS, REDUCTIONS, LIMITATIONS AND TERMS FOR KEEPING THEM IN FORCE. WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE ACCURACY, ANY DISCREPANCIES BETWEEN THE INFORMATION ON THIS SHEET AND THE PLAN DOCUMENTS WILL BE GOVERNED BY THE OFFICIAL PLAN DOCUMENTS. ALMOST FAMILY/CARETENDERS RESERVES THE RIGHT TO CHANGE OR TERMINATE ANY BENEFIT PROGRAM AT ANY TIME.

REV. 11/14