



## 2008 SUMMARY OF BENEFITS

### Health Insurance: Medical, Vision & Pharmaceutical

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**COST AND WHO PAYS:**

Hall Ambulance Service, Inc. and you share in the cost. Your share is based on coverage elected, salary level, and length of time you've been employed (must be full-time eligible employee).

Employee pays upgrade cost from HMO to POS.

Premiums may be paid via payroll reduction pre-tax 125 Plan

**WHEN AND WHO IS ELIGIBLE:**

Insurance benefits are provided to eligible full-time employees as follows:

1. 0-6 months of service – You may purchase health insurance at your own expense.
2. The 1<sup>st</sup> day of your 7<sup>th</sup> month of continuous full-time service, the Company will provide you (employee only) with health insurance. Payment of premiums shall be 90% by the Company and 10% by you.
3. Dependent coverage during your first 5 years of employment shall be paid in the following manner (subject to 90% of the premiums paid by the Company and 10% by you):
  - a. Eligible dependent coverage during your first 3 years of employment is payable by you.
  - b. After your third anniversary, the Company will pay 25% of your eligible dependent's coverage.
  - c. After your fourth anniversary, the Company will pay 50% of your eligible dependent's coverage.
4. After your fifth anniversary, the Company will provide you and your eligible dependents health insurance. Payment of premiums shall be 90% by the Company and 10% by you.
5. Open enrollment begins October 1<sup>st</sup> for November effective date.

**WHAT YOU RECEIVE:**

**KAISER MEDICAL, Rx & OPTICAL HMO Traditional Plan ID – 228497**

**Web Page: Kaiser.com**

- \$20.00 per doctor visit
- Rx 30 day \$10 generic/\$20 brand
- Mail Order 100 day Rx \$20 generic/\$40 brand
- (800) 752-4737
- Member Services 7:00-7:00 (800)464-4000 or (661)328-9831 in Kern County

**Policy/Plan POS – (upgrade charge)**

**Web Page: www.phcs.com**

- \$25/10%/30% per doctor visit
- Rx 30 day \$10/\$30/\$40 Kaiser Facility
- Rx 30 day \$20/\$40/\$50 Kaiser PHCS
- Mail Order 100 day Rx \$20/60/80 Kaiser
- **No optical coverage**
- Plan year begins November 1st

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### Health Insurance: Dental

**COST AND WHO PAYS:**

Hall Ambulance Service, Inc. and you share in the cost. Your share is based on coverage elected, salary level, and length of time you've been employed (must be full-time eligible employee).

Premiums may be paid via payroll reduction pre-tax 125 Plan

**WHEN AND WHO IS ELIGIBLE:**

Insurance benefits are provided to eligible full-time employees as follows:

1. 0-6 months of service – You may purchase health insurance at your own expense.
2. The 1<sup>st</sup> day of your 7<sup>th</sup> month of continuous full-time service, the Company will provide you (employee only) with health insurance. Payment of premiums shall be 90% by the Company and 10% by you.
3. Dependent coverage during your first 5 years of employment shall be paid in the following manner (subject to 90% of the premiums paid by the Company and 10% by you):
  - a. Eligible dependent coverage during your first 3 years of employment is payable by you.
  - b. After your third anniversary, the Company will pay 25% of your eligible dependent's coverage.
  - c. After your fourth anniversary, the Company will pay 50% of your eligible dependent's coverage.
4. After your fifth anniversary, the Company will provide you and your eligible dependents health insurance. Payment of premiums shall be 90% by the Company and 10% by you.
5. Open enrollment begins August 1<sup>st</sup> for September effective date.

**WHAT YOU RECEIVE:**

**DENTAL: The Guardian**

**Policy/Plan #325893**

**Web Page: www.guardianlife.com**

**Member Page: www.GuardianAnytime.com**

- \$50.00 calendar year deductible
- Preventive services at 100%
- Basic services at 90%
- Major services at 60%
- Calendar year maximum \$1,500
- Lower rates when you use Preferred Provider (lists available on line or in HR Dept.)
- Member Services **1 (800) 541-7846**
- Late enrollment rules are enforced
- Plan year begins September 1st



## 2008 SUMMARY OF BENEFITS

### Life and Long-Term Disability Insurance & Accidental Death Benefit

**COST AND WHO PAYS:**

Hall Ambulance Service, Inc. pays 100% Life Insurance and Long-Term Disability & Accidental Death Benefit for all eligible full-time employees.

**WHEN AND WHO IS ELIGIBLE:**

Full-time employees who complete six months of employment and are enrolled in Medical & Rx insurance are eligible on the first day of the 7<sup>th</sup> month of employment.

**WHAT YOU RECEIVE:**

**LIFE INSURANCE:** *The Guardian* Policy/Plan #325893

**Web Page:** [www.guardianlife.com](http://www.guardianlife.com)

**Member Page:** [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

- \$25,000 Life Insurance

**ACCIDENTAL DEATH BENEFIT:** *The Guardian* Policy/Plan #325893

- Your beneficiary will receive \$25,000 in addition to the \$25,000 Basic Life Insurance payment (double indemnity)

**LONG-TERM DISABILITY INS:** *The Guardian*

- Payments begin on the 31<sup>st</sup> day of disability
- Pays 66 & 2/3 % of salary up to \$3,500 monthly
- Coordinates with State Disability and Workers' Compensation benefits

### Optional Life Insurance

**COST AND WHO PAYS:**

Employee

Premiums may be paid via payroll reduction pre-tax 125 Plan

**WHEN AND WHO IS ELIGIBLE:**

Full-time employees who complete six months of employment and are enrolled in Medical & Rx insurance are eligible on the first day of the 7<sup>th</sup> month of employment.

**WHAT YOU RECEIVE:**

**OPTIONAL LIFE INSURANCE:** *The Guardian*

- \$25,000 to \$100,000 coverage

- Available at low cost group term life rate

### 401(k) Retirement Plan

**COST AND WHO PAYS:**

Employee & Hall Ambulance Service

Premiums may be paid via payroll reduction pre-tax 125 Plan. You may contribute 1% to 25% of your pay.

**WHEN AND WHO IS ELIGIBLE:**

Full-time employees, at least 21 years of age, who complete one year of employment are eligible to participate.

Open enrollment at the beginning of each pay period.

**WHAT YOU RECEIVE:**

**401(k) PLAN:** *ADP/Morgan Stanley*

**Web Page:** [www.myKplan.com](http://www.myKplan.com)

- Hall Ambulance Service, Inc. will match employee contributions up to \$600 per year.

- Customer Service (800)695-7526

- (661)322-3971

### Vacation Leave/Paid Time Off

**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

Full time employees are eligible for vacation benefits. You must be employed for a period of one year prior to taking accrued vacation time off. Requires 30 day advance notice. (Vacation Request forms available in Human Resources Department.) Dates of conflict will be determined by seniority. Vacation pay does not accrue while an employee is on leave of absence or layoff. Part-time employees are not eligible for vacation benefits.

*\*NOTE: Union member employees must refer to the policies set forth in the Collective Bargaining Agreement (CBA) regarding Paid Time Off.*

**WHAT YOU RECEIVE:**

**Non-Union Employees**

<u>Yrs of Employment</u>	<u>Annual Paid Time Off</u>
After 1 year	40 hours
After 2 years	80 hours
After 5 years	120 hours
After 10 years	160 hours
After 15 years	200 hours

### UNION MEMBER EMPLOYEES SHIFT ACCRUAL RATES PER PAY PERIOD

<u>Employment Length</u>	<u>Accrual Hours 24 Hour Shifts</u>	<u>Accrual Hours 12 Hour Shifts</u>	<u>Accrual Hours 10 Hour Shifts</u>	<u>Accrual Hours 8 Hour Shifts</u>
90 days to 2 years	5.08	3.00	2.50	2.62
3 years to 5 years	6.92	4.38	4.04	4.15
6 years to 10 years	9.70	6.23	5.58	5.69
11 years to 15 years	11.54	7.62	7.12	7.23
16 years to 20 years	13.38	9.46	8.65	8.46
20 + years	16.61	11.08	10.38	10.46



## 2008 SUMMARY OF BENEFITS

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### **Paid Personal Leave Day**

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**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

Available to full-time non-union member employees following 90 day introductory period. Requires 30 day advance written notice (Vacation Request forms available in Human Resources Department). Dates of conflict will be determined by seniority.

**WHAT YOU RECEIVE:**

- One Personal Leave Day per calendar year

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### **Holidays**

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**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

Upon employment.\*

*\*NOTE: Union member employees must refer to the policies set forth in the Collective Bargaining Agreement (CBA) regarding Holiday Pay and Holiday Time Off.*

**WHAT YOU RECEIVE:**

- At the beginning of each calendar year, all non-union employees will receive a schedule of approved holidays for their department

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### **Paid Sick Time Off**

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**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

Full-time non-union employees are eligible following 90 day introductory period.\* You must have time accrued prior to using. Time will not be advanced.

Requires 2 hour notification to your supervisor or Manager.

*\*NOTE: Union member employees must refer to the policies set forth in the Collective Bargaining Agreement (CBA) regarding Paid Time Off.*

**WHAT YOU RECEIVE:**

- 40 hours per calendar year
- Sick time off may be used for personal or family illness and medical or dental appointments

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### **Employee Referral Bonus Plan**

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**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

Most full-time employees are eligible. Forms must be completed and are available in Human Resources Department.

**WHAT YOU RECEIVE:**

- Employee Referral Bonus amounts are:
  - \$ 1,000 Paramedics
  - \$ 750 EMTs
  - \$ 500 Other eligible positions

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### **Employee Assistance Program**

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**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

All employees are eligible.

**WHAT YOU RECEIVE:**

- Professional confidential counseling for:
  - Job related stress
  - Alcohol & drug abuse
  - Depression & persistent anxiety
  - Battered spouse & rape
  - Family – Marital – Children
- **The Professional Group 324-1982**

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### **Legal Consultation Program**

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**COST AND WHO PAYS:**

Employee (following initial free consultation).

**WHEN AND WHO IS ELIGIBLE:**

All employees are eligible.

**WHAT YOU RECEIVE:**

- **Young & Nichols (661) 861-7911**
- Free initial consultation & preferred rates for:
  - Personal Injury
  - Auto accident
  - Divorce
  - Tax law



## 2008 SUMMARY OF BENEFITS

### Flexible Benefits Spending Accounts - FBSA

**COST AND WHO PAYS:**

Employee

Premiums may be paid via payroll reduction pre-tax 126 Plan

**WHEN AND WHO IS ELIGIBLE:**

Full-time employees who complete the enrollment process prior to the December 1st enrollment deadline may participate in the upcoming year.

**WHAT YOU RECEIVE:**

**HEALTH CARE SPENDING ACCOUNT**

<http://www.flexdirect.adp.com>

- Coordinate with Human Resources Department
- Reimbursement of up to \$4,000 out-of-pocket medical, dental and vision expenses for employees and dependents

**DEPENDENT CARE SPENDING ACCOUNT**

<http://www.flexdirect.adp.com>

- Reimbursement of up to \$5,000 of daycare expenses for children, disabled dependents or parents
- Participant Line (800) 654-6695

### Continuing Education

**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

IAEP Union member employees

**WHAT YOU RECEIVE:**

- Reimbursement for up to 3 of the following classes annually up to \$150 per class
  - ALS – Advanced Life Support
  - NLS – Neo-Natal Life Support
  - ACLS – Advanced Cardiac Life Support
  - BTLS – Basic Trauma Life Support
  - PALS – Pediatric Advanced Life Support
  - PBLS – Pre-Hospital Burn Life Support

### AFLAC Pre-Tax 125 Plans

**COST AND WHO PAYS:**

Employee

Premiums may be paid via payroll reduction pre-tax 125 Plan

**WHEN AND WHO IS ELIGIBLE:**

Full-time employees who complete six months of employment are eligible on the first day of the 7<sup>th</sup> month of employment.

Many of these plans may be purchased for employees and dependents.

**WHAT YOU RECEIVE:**

**AFLAC: Intensive Care Insurance Benefit**

- Contact Cheryl O'Brien (661) 633-6029
- Hospital intensive care unit \$600-\$1,000/day
- Sub-acute intensive care unit \$250/day
- Human organ transplant \$25,000
- Ambulance: up to \$250 ground & \$2,000 air

**AFLAC: Personal Cancer Indemnity**

- Cancer screening wellness benefits
- Experimental treatment
- Immunotherapy treatment
- Hospital confinement/nursing services
- Skin cancer surgery

**AFLAC: Personal Accident Policy**

- Disability income protection
- Emergency treatment & follow-up
- Accidental Death & Dismemberment

**AFLAC: Hospital Confinement Indemnity**

- Hospital confinement benefit

**AFLAC: Personal Recovery Plan**

- Heart attack and coronary artery bypass surgery
- Stroke
- End-stage renal failure
- Major human organ transplant
- Major 3<sup>rd</sup> degree burns
- Coma
- Paralysis

### ADP iPay Statements

**COST AND WHO PAYS:**

Hall Ambulance Service, Inc.

**WHEN AND WHO IS ELIGIBLE:**

All employees are eligible.

Access at <https://paystatemetns.adp.com>

Initial Access:

1. Log on to above website
2. Click on "Register Now"
3. Self Service Registration Pass Code is **hallamb-93301**
4. Using your most recent pay statement, enter the information requested on the

**WHAT YOU RECEIVE:**

<https://ipay.adp.com>

On-line access to your earnings statements & W-2 8 hours a day 7 days a week and make changes to your W-4 withholding.

Following initial access, you may access your account at the above website using your new system generated User ID.

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