

## **2025 EMPLOYEE BENEFIT SUMMARY**

			ELIGIBLE		_		
BENEFIT	BENEFIT EXPLANATION	WHEN ELIGIBLE	FT PT PT PD			PAID BY	
			60-80	40-59	32-39		
Medical Insurance (Harvard Pilgrim)	Deductible Plan with *HRA:  • EE Only \$4,000 - \$3,250 reimbursed; total out of pocket is \$750  • EE+1 \$8,000 - \$6,500 reimbursed; total out of pocket is \$1,500  • Family \$12,000 - \$9,750 reimbursed; total out-of-pocket is \$2,250  Deductible is per calendar year. Includes Mail Order Prescription Program. Rates noted are bi-weekly.	New Hires: Effective 1st of month following date of hire. Status Changes: Effective upon status change date.	Yes	Yes	No	No	NRHN/ Employee
*Health Reimbursement Arrangement (HRA)	Funds provided to help offset the Harvard Pilgrim deductible expenses: \$3,250 (EE Only), \$6,500 (EE+1), \$9,750 (Family) per calendar year. Total out-of-pocket for deductible is \$750 (EE Only), \$1,500 (EE+1), \$2,250 (Family).	New Hires: Effective 1st of month following date of hire.  Status Changes: Effective upon status change date.	Yes	Yes	No	No	NRHN
Dental Insurance (NE Delta Dental)	PPO/Premier plan. Preventative coverage 100%; Basic \$80%; Major 50%. Deductible \$50 Basic/Major (\$150/Family) per calendar year. \$1,500 calendar year benefit maximum. Rates noted are biweekly.	New Hires: Effective 1st of month following date of hire.  Status Changes: Effective upon status change date.	Yes	Yes	No	No	NRHN/ Employee
Vision Insurance (VSP)	WellVision Exam \$10 copay every 12 months; prescription glasses \$25 copay every 12 months; \$160 allowance every 24 months for frames. Rates noted are biweekly.	New Hires: Effective 1st of month following date of hire. Status Changes: Effective upon status change date.	Yes	Yes	No	No	NRHN/ Employee
Flexible Spending Accounts	Pre-taxed dollars saved for Health Care and Dependent Care accounts. Debit Card optional. Maximum Yearly Contributions: Health Care: \$3,300 for 2025; Dependent Care: \$5,000	Immediately upon hire or status change date.	Yes	Yes	No	No	Employee
Fidelity 401k Plan	Traditional 401k and Roth 401k available.  Contribution Limits for 2025: Age 21-49 is \$23,500 Age 50-59 and 64+ is \$31,000 Age 60-63 is \$34,750  NRHN match is 100% of the first 3%; 50% of 4-5% after six (6) months of service. Eligibility for monthly enrollment with 30-day notice. (800) 835-5097.	1st pay date of the month following date of enrollment or change.  VESTING: 100% Immediately  Must be 21 years of age.	Yes	Yes	Yes	No	Employee
Voluntary Life Insurance (The Standard)	Employee: Additional life insurance in \$10,000 units up to 5x annual salary (max. of \$550,000 combined with Basic Life).  Spouse: Up to 100% of employee additional life insurance in \$5,000 units up to maximum of \$250,000.  Children: Birth - 26 years; \$5,000, \$10,000 or \$20,000.	Immediately upon hire or status change date.	Yes	Yes	No	No	Employee

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Disability Insurances (The Standard) Long Term Disability	Accident or Illness disability insurance protection lasting longer than 90 days. Benefit: 60% of gross base monthly salary up to a maximum of \$6,000/month.	Immediately upon hire or status change date.	Yes	Yes	No	No	NRHN
Voluntary Short- Term Disability	Accident or illness disability insurance protection lasting longer than 14 days.  Benefit: 70% of weekly base salary up to a maximum of \$1,000/week. 12/12 preexisting clause.						Employee
Aflac							
Accident Insurance  Critical Illness Insurance	Helps offset unexpected expenses that may occur due to an accidental injury at home or work.  Helps preserve your lifestyle in the event of a critical illness such as stroke, heart attack, cancer, etc. \$10K or \$20K benefit value amounts offered.	1st of month following date of hire.	Yes	Yes	No	No	Employee
MetLife Legal Plan	Legal representation and consultation provided through MetLife Legal Plans.	1st of the month following date of hire.	Yes	Yes	No	No	Employee
EAP (Employee Assistance Program)	Available for employees and their household family members. Please contact HR for more information.	Immediately upon hire or status date change.	Yes	Yes	Yes	Yes	NRHN
Farmer's Home/Auto Insurance	Discount offered through Farmers Insurance when Payroll deduction option is elected. Contact Michelle Gendron at MGendron@Farmersagent.com or 603-497-3450	Immediately	Yes	Yes	Yes	No	Employee
Liberty Mutual Auto/ Home & Pet Insurance Protection	Discount offered through Liberty Mutual. 603-898-1747, x52140. Direct bill only.	Immediately	Yes	Yes	Yes	Yes	Employee
Employee Health	Meets all Federal and State Requirements. 603-681-3190	Immediately	Yes	Yes	Yes	Yes	NRHN
Holidays	6 Holidays per year (used from Paid Time Off total).	Immediately	Yes	Yes	Yes	No	NRHN
Tuition Reimbursement	Up to \$1,500/calendar year. Accredited undergrad/grad courses and certifications. Pre-approval required by Division VP and HR.	Immediately following removal of probationary status.	Yes	Yes	No	No	NRHN
Internal Continuing Education	Internal Training Sessions – Check with Supervisor for details.	Immediately	Yes	Yes	Yes	Yes	NRHN
Paid Time Off	Pro-rated based on number of hours worked and length of service.	Immediate accrual.	Yes	Yes	Yes	No	NRHN
Leave of Absence	FMLA, Military and Personal LOA available; unpaid. Mass PFML for Massachusetts-based employees. Bereavement and Jury Duty; paid.	Please refer to Hospital-Wide Policies and/or Employee Handbook for clarification and eligibility.	Yes	Yes	Yes	No	NRHN/ Employee

Harvard Pilgrim Healthcare – 2025						
\$4,000/\$8,000/\$12,000	Employee	Employee +1	Family			
FT (30-40 hrs./wk.)	\$154.57	\$326.14	\$434.34			
PT (20-29 hrs./wk.)	\$252.93	\$533.69	\$710.74			

Delta Dental - 2025				
	Employee	Employee +1	Family	
FT (30-40 hrs./wk.)	\$13.07	\$18.48	\$32.27	
PT (20-29 hrs./wk.)	\$17.50	\$26.21	\$45.98	

## Vision Service Plan – 2025

	Employee	Employee +1	Family
FT (30-40 hrs./wk.)	\$3.02	\$4.38	\$7.86
PT (20-29 hrs./wk.)	\$3.02	\$4.38	\$7.86