

As the premier Hospitalist organization in the nation, IPC offers a comprehensive compensation package that includes a competitive base salary, bonus program and benefits. This document summarizes the many benefits offered.



The Hospitalist Company

Benefits SUMMARY

CONTRIBUTORY BENEFIT PLANS

The practice pays a large portion of your monthly premium.

HEALTH INSURANCE



PPO Plan with HRA

- Network coverage identical to PPO Plan.
- Higher annual deductible than PPO Plan, but lower monthly premium. After deductible is met, most medical care is covered at 100% within network.
- IPC funds the first \$500 of the annual deductible for employees and the first \$1,000 of the annual deductible for families.
- Any balance of IPC's funding allowance remaining at the end of the plan year rolls over into the following year's fund balance.
- Pharmacy: Once the calendar year deductible is met, prescriptions filled at participating pharmacies are paid at 100% (no copay). Costs will be higher at non-participating pharmacies.

PPO Plan

- Go to any doctor within PPO network. Out-of-network costs will be higher.
- Lower annual deductible than the PPO with HRA, but higher monthly premium.
- 90/10 Plan
- In-network calendar year deductible is \$300 per person, and \$600 for family plan. Deductible waived for routine physicals, well woman care and routine office visits.
- Pharmacy: Three-tier open formulary plan (\$10/\$20/\$35) at participating pharmacies. Costs will be higher at non-participating pharmacies.

DENTAL INSURANCE



Basic Dental Plan

- Covers preventive care at 100% with no annual deductible in network.
- Basic and major dental services require annual deductible of \$50 per person (or \$150 per family).
- Covers basic care at 80% and major care at 50%, up to an annual maximum benefit of \$1,500.
- Orthodontia is covered at 50% up to a lifetime maximum of \$1,500 per person.

Enhanced Dental Plan (not available in Texas)

- Covers preventive care at 100% with no annual deductible in network.
- Basic and major dental services require annual deductible of \$50 per person (or \$150 per family).
- Covers basic care at 90% and major care at 60%, up to an annual maximum benefit of \$1,500 in network.
- Orthodontia covered at 60% up to lifetime maximum of \$1,500 per person.

IPC-PAID BENEFIT PLANS

The practice pays 100% of the monthly premiums for eligible employees.

LIFE INSURANCE

- The practice pays for employee and family coverage
- \$50,000 life/AD&D coverage amount for employee (full-time)
- \$10,000 life/AD&D coverage amount for employee (part-time)
- \$10,000 coverage amount for spouse (full-time)
- \$5,000 coverage amount per dependent (full-time)
- No spouse/dependent coverage for part-time



LONG-TERM DISABILITY (LTD)

- Benefit pays you 60% of your monthly salary to a maximum of \$14,000 per month, after 90 days of disability.
- Benefit will be reduced by any other disability benefits you may receive (or be entitled to receive) i.e. state disability insurance or social security.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP program provides strictly confidential counseling through outside professionals to help you and your family members manage stress and resolve personal issues. It is available to help you with a wide range of problems that may be affecting your daily life, including:

- Marriage or family issues
- Stress and depression
- Alcohol or drug abuse
- Anger management
- Workplace conflict
- Grief or bereavement
- Legal and financial issues

PAID TIME OFF

- Vacation, sick and CME time is provided to certain employees based on employment category, status and position.

CONTINUING MEDICAL EDUCATION (CME) ALLOWANCE

The practice pays a biweekly allowance to full-time hospitalists to assist with expenses related to continuing medical education and professional associations.

VOLUNTARY BENEFIT PLANS

The following affordable benefit plans are voluntary. If elected, the employee pays 100% of the monthly cost/premium.

VISION

- In-Network: no claim forms to fill out.
- Out-of-Network: expenses reimbursed up to allowances for services provided.
- Examinations every 12 months (\$20 co-pay).
- Lenses every 12 months (\$20 co-pay).
- Contacts in lieu of lenses (\$20 co-pay).
- Frames every 24 months.



SHORT-TERM DISABILITY (STD)

- Plan pays 60% of your weekly base earnings (excluding overtime, bonus and/or commission), to a maximum benefit of \$3,000 per week.
- Benefits begin on the 8th day of disability.
- Benefit will be reduced by any other disability benefits you may receive (or be entitled to receive), i.e. state disability insurance or social security.

FLEXIBLE SPENDING ACCOUNT (FSA)

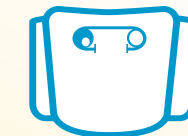
The IRS allows you to save money by using an FSA to pay for certain health and dependent care expenses on a before-tax basis. Because these expenses are deducted from your gross pay before taxes are withheld, you pay taxes on a smaller amount on income. You will pay less in federal income tax, Social Security (FICA) tax, and Medicare tax. Depending on where you live, your state income taxes may also be reduced.

Healthcare

- Up to \$6,000 per year for eligible healthcare expenses for you and your dependents.
- Minimum contribution is \$300 per year.
- \$3 per month administrative fee withheld from your paycheck.

Dependent Care

- Up to \$5,000 per year for eligible dependent care expenses.
- Minimum contribution is \$300 per year.
- \$3 per month administrative fee withheld from your paycheck.



GROUP LEGAL SERVICES

This plan is designed to help you and your family manage your legal affairs. The plan gives you and your dependents unlimited telephone advice and office consultations on personal legal matters, including preparation of wills, living trusts, powers of attorney, immigration assistance, personal bankruptcy, civil litigation defense, premarital agreements, and more with a plan attorney of your choice.

401(k) RETIREMENT SAVINGS PLAN

- You may contribute from 1% to 70% of your annual salary on a before-tax basis, subject to IRS regulations.
- IPC will match 50% of your contributions to the 401(k) plan. This match is capped at 7% of your eligible annual compensation, resulting in a total maximum match of 3.5% of your eligible annual compensation.
- You are 100% vested in your contribution to the plan; the IPC match is subject to a one year vesting schedule.



BENEFIT ELIGIBILITY

All benefits (except 401(k)) are effective the first of the month following date of hire. 401(k) eligibility is 60 days from date of hire.

- **Full-time employees:** Eligible for all benefit plans. Under the contributory benefit plans, the practice pays 80% of the premium for employee-only coverage and 50% of the dependent coverage based on the lowest cost plan in the market.
- **Part-time employees:** Certain part-time employees are eligible for health and dental insurance, a reduced life/AD&D benefit for employee only, EAP and the 401(k) plan. Under the contributory benefits plans, the practice pays 75% of the premium for employee-only coverage based on the lowest cost plan in the market.

HOW DO I ENROLL?

You have two options when enrolling in your benefits:

- Enroll via telephone by contacting the IPC Benefits Service Center at (800)765-4670 Monday through Friday, 9:00am to 6:00pm Central Time

OR

- Enroll online by accessing the Virtual Office by clicking on the Benefits button and then selecting the Health and Welfare Benefits website.
- Enroll online by accessing the Benefits website at www.hospitalist.com
 - Select IPC Employees from the blue navigation bar
 - Click on the IPC Employee Benefits link.

This document is intended as a summary of the benefits offered by IPC and such benefits may vary based on employment category, status and work schedule. If there are any discrepancies between this summary and the plan documents or policies, the plan document or policies shall govern. IPC reserves the right to change the benefits at any time without notice.

Questions? Please call the IPC Benefits Service Center at (800)765-4670