



# Overview of Your Benefits

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### WELCOME TO PRESTON MEMORIAL HOSPITAL

Preston Memorial Hospital is proud to provide access to high-quality benefits that support your health and financial goals as part of your total compensation package.

This booklet provides information about the wide range of benefits available. Many of these benefits are subsidized or even free of charge.

There are several important decisions you need to make regarding your benefits, some of which need to be decided within your first 30 days of eligibility or during annual open enrollment. Please review this booklet carefully to see what best meets your needs.

You may contact us at 304-329-1400 with any questions you may have.

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# INTRODUCTION

This Benefits Overview Booklet is not intended to be a formal statement of benefits. It is designed to provide general information about the available plans. It is intended to be a first step in helping you choose the most appropriate benefit plan for you and your family. Actual benefits may be more specific and, on occasion, may change during the plan year.

Questions about benefits, limitations, costs, providers, or restrictions, should be directed to the individual vendors for answers.

PMH cannot guarantee the quality of services offered by the various plans, so please gather information and make your decision carefully. Before enrolling, assure yourself that the plan you choose offers a level of care and convenience with which you and your family will feel comfortable.

## **DISCLAIMER**

We have tried to ensure that the information in this booklet is accurate. If, however, a conflict arises between this document and any formal plan documents, laws or rules governing the plans, the latter will necessarily control.

## **YOUR RESPONSIBILITIES**

It is important that you know how your health plan works and what is required of you. Here are some important things that you need to remember:

- Complete an enrollment form to add new dependents (newborn, adoption, marriage) within 30 days after the event;
- Notify the Department of Human Resources in writing when your address changes;
- Review your payroll check to ensure appropriate premiums are deducted;
- Know your rights and responsibilities under COBRA continuation coverage.

## **IF YOU NEED ASSISTANCE**

Contact the Department of Human Resources at (304) 329-1400;

- For questions concerning eligibility and enrollment, including changes in family status
- For questions regarding deductions for health benefits
- To obtain appropriate benefits enrollment forms
- To change your address

## **WHEN SHOULD I CONTACT MY BENEFIT VENDOR?**

- If you have questions regarding covered services
- To obtain written information about covered services
- For information about the status of pending claims or claim disputes
- For claim allowances (How much will a plan pay towards a claim?)
- For plan service areas

# Benefits Summary

Preston Memorial Hospital strives to offer a comprehensive total rewards package including competitive benefits. This is a summary of those benefits. Refer to the applicable plan, program and/or policy for additional information. If this summary differs from the plan, program or policy, the plan, program or policy will govern.

## BENEFITS WE PAY FOR

### Holidays

PMH observes 6 holidays per year as outlined in Holidays Policy.

### Leave Programs

The following is a sample of the various leave policies available:

- Family and Medical Leave (FML)
- Jury Duty
- Personal Days
- Sick Leave
- Vacation

### Long-term Disability Insurance (LTD)

In the event you become disabled from a non-work related injury or sickness, PMH-paid LTD coverage provides disability income benefits as a source of income. The monthly LTD benefit is based on your earnings and pays 66.67% of your pay up to \$5,000 per month.

### Basic Life / AD&D Insurance

This benefit provides 1 X Annual Salary (rounded up to nearest \$1,000 and capped at \$400,000), at no cost to the employee. Physicians, Mid-Level Providers, and Administrative Staff Members, please see a member of HR to discuss coverage amounts.

## BENEFITS WHERE WE SHARE THE COST WITH YOU

### Medical Benefits

PMH offers a choice of medical plans (PPO & HDHP), through Highmark BCBS, which include a prescription drug program. (via a 340b reduced cost plan) Both medical plans provide 100% coverage for preventive care services received at PMH.

### Health Savings Account (HSA)

A HSA is a tax-advantaged medical savings account available to employees who are enrolled in a high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit. HSA funds may be used to pay for qualified medical expenses at any time without federal tax liability or penalty.

### Vision Benefits

Vision coverage provides an annual vision exam and corrective lenses.

## BENEFITS AVAILABLE AT A DISCOUNTED COST

### Dental Plan

Dental coverage provides preventive, diagnostic and restorative care for employees and eligible dependents.

### Flexible Spending Accounts

FSA is an optional program that allows redirection of pre-tax payroll deductions into separate account(s) for use in paying eligible health care and/or dependent care expenses.

### Optional Group Term Life / AD&D Insurance

All active, full-time employees working a minimum of 20 hours per week are eligible to participate in the Monongalia Health System, Inc. Group Life and Accidental Death & Dismemberment (AD&D) insurance plan underwritten by Liberty Life Assurance Company of Boston. Participating employees may also purchase coverage for a legal spouse and eligible dependent child(ren) at least 15 days, but under 19 years of age, or 23 if a full-time student.

### Short-term Disability Insurance (STD)

Replaces a portion of an employee's income if he or she becomes disabled from a covered accident or sickness. STD is a voluntary benefit an employee may purchase.

## FINANCIAL BENEFITS

### Retirement Programs

To help you prepare for the future, Preston Memorial Hospital sponsors a comprehensive Deferred Compensation Plan as part of its benefits package. The Plan offers both a traditional 403(b) and a Roth option. Benefits are open to all employees regardless of hourly status; this includes IPT and Per Diem employees. Eligible status is: age 21, 1<sup>st</sup> of the month after 30 days of service

### Wellness & Other Programs

The Wellness Program is available for all employees regardless of their status. Participants in the Wellness Program enjoy free health screenings, education activities, rewards, and discounts on Health Care premiums.

### Tuition Reimbursement

Preston Memorial Hospital supports those employees who wish to enhance their professional effectiveness through continuing education by offering tuition assistance for approved courses at accredited educational institutions. The amount available for reimbursement is set annually based upon the financial status of the hospital.

### Other Programs

- Free Flu Shot
- Free Parking
- Fitness Center – Free Membership
- Employee of the Year Award

# TERMS & DEFINITIONS

Term	Definition
Benefit	Type of benefits offered to employees such as Medical Insurance or Basic Life Insurance. Within benefits, multiple plans and options are offered.
Benefit Period	July 1 – June 30
COBRA	Requires continued provision of health plans after a qualifying event which causes loss of eligibility under the group health plan. Such events; are a termination of employment, loss of coverage due to divorce or age out of a child. Participant usually pays the full cost of the plan plus 2%.
Co-Pay	The amount an insured person is expected to pay for a medical expense at the time of visit. Co-pay insurance plans require the insured to pay a set dollar amount at the time the service is rendered.
Co-Insurance	A co-sharing agreement between the insured and the insurer under a health insurance policy which provides that the insured will cover a set percentage of the covered costs after the deductible has been paid.
Deductible	The amount you have to pay out-of-pocket for expenses before the insurance company will cover the remaining costs.
Flexible Spending Account (FSA)	An account available to you if you are enrolled in a PPO plan. You can set aside pre-tax dollars to pay for co-pays or deductibles. Once you elect a monthly contribution into the account, you can't change it during the year. You can roll over \$500 from the previous year's unused account balance, but any remainder above \$500 is lost at the end of the fiscal year.
Health Savings Account (HSA)	An account created for individuals who are covered under high-deductible health plans to save for medical expenses that the plan does not cover. Contributions are made into the account by an individual or the employer, and are limited to a maximum amount each year. The contributions are invested over time and can be used to pay for qualified medical expenses, which include most medical care such as dental, vision and over-the-counter drugs. In order to open a HSA, an individual must first have an HDHP.
High Deductible Health Insurance	A health insurance plan that has a high minimum deductible, which does not cover the initial costs or all the costs of medical expenses. The deductible forces the insurance holder to pay for the first portion of a medical expense before the insurance kicks in. The minimum deductible for a plan to fall into the category of an HDHP varies each year.
Out-of-Pocket Limit	The most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
PPO Plan	A health insurance plan that has a lower deductible, and includes a co-pay for things like a physician office visit, emergency room visit, or prescription.
Primary Care Physician (PCP)	A provider in a network who coordinates members' health care. PCPs are usually family doctors, general practice physicians, internists, or pediatricians.
Supplemental Life Insurance	Additional life insurance purchased for yourself, spouse or dependent through the employer's life insurance company.



# ELIGIBILITY

Term	Explanation
<b>New/Current Employees</b>	<ul style="list-style-type: none"> <li>• Health, Dental and Vision Insurance - .8 FTE. (32 hours per week)</li> <li>• Basic, Optional Life and AD&amp;D Insurance .5 FTE (20 hours per week)</li> </ul>
<p><b>Dependents</b> The following are considered as eligible dependents unless otherwise noted.</p>	<ul style="list-style-type: none"> <li>• your legal spouse (remember, if you divorce, you must remove your ex-spouse from your health and life insurance plans immediately. An ex-spouse is NOT eligible for coverage under the plan.);               <ul style="list-style-type: none"> <li>○ <b>Working Spouse Provision:</b> The spouse of an eligible employee will be excluded from coverage under the medical plan for any period that:                   <ul style="list-style-type: none"> <li>▪ Group health plan coverage is available through the spouse's employer; and</li> <li>▪ The contribution that the spouse must make (through payroll deductions) to obtain coverage under his/her employer's group health plan does not exceed 50% of the employer's cost of providing coverage.</li> </ul> </li> </ul> </li> <li>• your biological children, adopted children, or stepchildren under age 26; or</li> <li>• other children for whom you are the court-appointed guardian to age 18.</li> </ul>
<b>Terminated Coverage</b>	<p>If your coverage terminates due to loss of employment or cancellation of coverage, you <b>MUST</b> cease using your medical ID card. Any claims incurred after the termination date will be the responsibility of the person incurring the claims, and may be considered fraud.</p>
<b>Special Enrollment</b>	<p>If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage.</p> <p>However, you must request enrollment within thirty (30) days following the date you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the thirty (30) days following the marriage, birth, adoption or placement for adoption by contacting the Department of Human Resources.</p>
<b>Note</b>	<p>Health insurance ends at midnight on the date a covered participant becomes ineligible to participate. Last paycheck deductions will be taken if you work at least one day within the second week of the payroll period (i.e., payroll is September 1-14, worked at least one day from 1-7 and none 7-14, deductions will not be taken. Work one day from 7-14, deductions will be taken.</p>

# BENEFITS WE PAY FOR

## PAID TIME OFF

### PERSONAL DAYS

Eligibility	Hire Date	Number of Days
<ul style="list-style-type: none"> <li>Full-Time regular status employees                             <ul style="list-style-type: none"> <li>36-40 hours per week</li> </ul> </li> </ul>	January 1 – June 30	2
	July 1 – August 31	1
	September 1 – December 31	0
<ul style="list-style-type: none"> <li>Part-Time regular status                             <ul style="list-style-type: none"> <li>32 hours per week</li> </ul> </li> </ul>	January 1 – June 30	1
	July 1 – December 31	0

### SICK DAYS

Eligibility	Accrual Rate	Maximum Accrual Amount
Full-time or Part-Time regular status <ul style="list-style-type: none"> <li>20 hours per week or more</li> </ul>	.04625 hours per hour worked, with a maximum multiplier of forty (40) hours per week	480 hours

### VACATION DAYS

Full Time, Hourly, Non-Exempt Employees:			
Seniority	Accrual Per Pay Based On 80 Hours	Estimated Annual Accrual	Maximum Balance (2x Annual Accrual)
Up to and including seven years of service	3.08 hours	2 weeks	4 weeks
Beginning with eight years (85 <sup>th</sup> month) and through fourteen years of service	4.62 hours	3 weeks	6 weeks
Beginning with 15 years (169 <sup>th</sup> month) and beyond of service	6.15 hours	4 weeks	8 weeks

Full Time, Exempt Employees			
Seniority	Accrual Per Pay Based On 80 Hours	Estimated Annual Accrual	Maximum Balance (2x Annual Accrual)
Up to and including four years of service	4.62 hours	3 weeks	6 weeks
Beginning with five years (49 <sup>th</sup> month) of service	6.15 hours	4 weeks	8 weeks

**NOTE:** Part-Time employees (16 hours per week): Hours prorated based on paid hours per pay period and seniority.

# LONG-TERM DISABILITY INCOME PLAN

## LIBERTY LIFE ASSURANCE COMPANY

Long-term Disability (LTD) insurance can help safeguard your family's lifestyle and provide some peace of mind in the event you become disabled and are unable to work.

Who pays the premium?

Preston Memorial Hospital pays the full cost of this coverage beginning the first of the month following sixty (60) days of employment.

When do LTD benefits become payable?

If your LTD claim is approved by Standard Insurance Company, LTD benefits become payable at the end of the 180-day benefit waiting period.

What is the LTD benefit?

In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. The monthly LTD benefit is based on your earnings and pays 66.67% of your pay up to \$5,000 per month.

Action	Explanation
Benefits Begin	180 Day Elimination
Percentage of Income Replaced	66.67%
Maximum Monthly Benefit	\$5,000

### LIBERTY LIFE ASSURANCE COMPANY LONG-TERM DISABILITY PREMIUM

No Cost to Employees. Paid for by Preston Memorial Hospital

# BASIC LIFE / AD&D INSURANCE

## LIBERTY LIFE ASSURANCE COMPANY

Description	Benefit (1 <sup>st</sup> of month following thirty (30) days of employment)
Employee	1 X Annual Salary (rounded up to nearest \$1,000 and capped at \$400,000)
Physicians, Mid-Level Providers, and Administrative Staff Members	See a member of HR to discuss coverage amounts

### LIBERTY LIFE ASSURANCE COMPANY BASIC LIFE / AD&D INSURANCE PREMIUM

No Cost to Employees. Paid for by Preston Memorial Hospital



# BENEFITS WE SHARE THE COST WITH YOU

## MEDICAL INSURANCE Highmark Blue Cross/Blue Shield

### SUMMARY – SUPER BLUE PLUS

Benefit Description	PPO				HDHP			
	PMH	MHS	Network	Non-Network	PMH	MHS	Network	Non-Network
<i>Co-insurance percentages listed below do not include any applicable co-pay and/or deductible.</i>								
<i>Payment is based on the plan allowance. The plan allowance will generally be less for services received from a non-network provider. In addition, you will be responsible for the non-network liability.</i>								
<b>BENEFIT HIGHLIGHTS</b>								
Deductible								
-Individual	\$0	\$250	\$500	\$5,000	\$2,750	\$3,000	\$3,250	\$7,000
-Family	\$0	\$500	\$1,500	\$15,000	\$5,500	\$6,000	\$6,500	\$14,000
Carry-Over Deductible Period	None				None			
Coinsurance Limit								
-Individual	\$0	\$250	\$500	Unlimited	\$2,350	\$2,600	\$3,100	\$14,000
-Family	\$0	\$500	\$1,500	Unlimited	\$4,700	\$5,200	\$6,200	\$28,000
Total Maximum Out-of-Pocket								
-Individual	\$3,000			Not Applicable	\$6,350			Not Applicable
-Family	\$6,000			Not Applicable	\$12,700			Not Applicable
Lifetime Maximum Benefit	Unlimited				Unlimited			
PCP Medical Office Visit / Office Consultation	\$20 Copay per Office Visit, 100% thereafter	\$25 Copay per Office Visit, 85% thereafter, No Deductible	\$25 Copay per Office Visit, 75% thereafter, No Deductible	\$30 Copay per Office Visit, 50% thereafter, No Deductible	75%	65%	50%	40%
Specialist Medical Office Visit / Office Consultation – (Includes Specialist Virtual Visit)	\$50 Copay per Office Visit, 100% thereafter	\$50 Copay per Office Visit, 85% thereafter, No Deductible	\$50 Copay per Office Visit, 75% thereafter, No Deductible	\$75 Copay per Office Visit, 50% thereafter, No Deductible	75%	65%	50%	40%
Urgent Care Center Visits	\$25 Copay per Office Visit, 100% thereafter	\$25 Copay per Office Visit, 85% thereafter, No Deductible	\$25 Copay per Office Visit, 75% thereafter, No Deductible	\$30 Copay per Office Visit, 50% thereafter, No Deductible	75%	65%	50%	40%
<b>PHYSICIAN SERVICES</b>								
In-Hospital Medical Visit	85%	85%	75%	50%	75%	65%	50%	40%
Surgery, Assistant to Surgery, Anesthesia	100%	85%	75%	50%	75%	65%	50%	40%
Second Surgical Opinion Services (outpatient)	100%	85%	75%	50%	75%	65%	50%	40%
Bariatric Surgery – Physician/Professional Services.	No Benefit	No Benefit	80%, PMH credentialed physicians only	No Benefit	No Benefit	No Benefit	50%, PMH credentialed physicians only	No Benefit
Maternity Care - Dependent daughters are not covered.	N/A	85%	75%	50%	N/A	65%	50%	40%
Newborn Care including circumcision.	N/A	85%	75%	50%	N/A	65%	50%	40%
Occupational and Physical Therapy- Note: Limitations are Physician and Outpatient Facility services combined (per contract year).	100%, No Limit	85% for the first 30 visits, 50% thereafter	75% for the first 30 visits, 50% thereafter	50%	75%	65%	50%	40%

Benefit Description	PPO				HDHP			
	PMH	MHS	Network	Non-Network	PMH	MHS	Network	Non-Network
Chiropractic Services	N/A	85%	80% for the first 15 visits, then 50% thereafter	50%	N/A	65%	50%	40%
Aquatic Therapy	100%	85%	No Benefit	No Benefit	75%	65%	No Benefit	No Benefit
Respiratory Therapy	100%	85%	75%	50%	75%	65%	50%	40%
Hyperbaric and Pulmonary Therapy	N/A	85%	75%	50%	N/A	65%	50%	40%
Speech Therapy when necessary due to a medical condition. Maximum of 30 visits per contract year. Note: Limitations are Physician and Outpatient Facility services combined (per contract year). Maximums are all networks combined.	N/A	85%	75%	50%	N/A	65%	50%	40%
Rehabilitation Services	N/A	85%	75%	50%	N/A	65%	50%	40%
Temporomandibular Joint Dysfunction / Craniomandibular Disorders	N/A	85%	75%	50%	N/A	65%	50%	40%
Diagnostic, X-ray, Lab and Testing	100%	85%	75%	50%	75%	65%	50%	40%
Allergy Testing and Treatment	N/A	85%	75%	50%	N/A	65%	50%	40%
Allergy Lab Testing	100%	85%	75%	50%	75%	65%	50%	40%
<b>PREVENTIVE CARE SERVICES</b>								
Services are limited to those listed on the Highmark preventive schedule (women's health preventive schedule may apply). Gender, age and frequency limits may apply. See human resources for a copy								
<b>Routine Adult</b>								
Physical Exams	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Adult Immunizations	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Colorectal cancer screening	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Routine gynecological exams, including a Pap Test	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Mammograms, annual routine and medically necessary	Routine: 100%, No Deductible Medically Necessary: 100% After Deductible	Routine: 100%, No Deductible Medically Necessary: 85% After Deductible	Routine: 100%, No Deductible Medically Necessary: 75% After Deductible	50%	Routine: 100%, No Deductible Medically Necessary: 75% After Deductible	Routine: 100%, No Deductible Medically Necessary: 65% After Deductible	Routine: 100%, No Deductible Medically Necessary: 50% After Deductible	40%
Diagnostic services and procedures	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
<b>Routine Pediatric</b>								
Diagnostic services and procedures	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Pediatric immunizations	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Diagnostic services and procedures	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Prostate Specific Antigen (PSA) Test - one per contract year	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Routine Immunization Services: MMR, Pneumococcal Polysaccharide, Influenza, Varicella, Hepatitis A & B Series and Meningococcal vaccinations*	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%

Benefit Description	PPO				HDHP			
	PMH	MHS	Network	Non-Network	PMH	MHS	Network	Non-Network
Routine Diagnostic Services: Lipid panel, urinalysis, complete blood count, blood glucose screening and rubella titer test*	100%, No Deductible	100%, No Deductible	100%, No Deductible	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Routine Immunization Services (In addition to the above services*)	100%, No Deductible	100%	80%	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
Routine Diagnostic Services (In addition to the above services*)	100%, No Deductible	100%	80%	50%	100%, No Deductible	100%, No Deductible	100%, No Deductible	40%
<b>INPATIENT HOSPITAL/FACILITY SERVICES</b>								
Unlimited Days Semi-Private Room and Board	100%	85%	75%	50%	75%	65%	50%	40%
Ancillaries, Drugs, Therapy Services, X-ray and Lab	100%	85%	75%	50%	75%	65%	50%	40%
General Nursing Care	100%	85%	75%	50%	75%	65%	50%	40%
Surgical Services	100%	85%	75%	50%	75%	65%	50%	40%
Birthing Center Care / Maternity Services - Dependent daughters are not covered.	N/A	85%	75%	50%	N/A	N/A	50%	40%
Bariatric Surgical Services- Must be medically necessary. (other than professional services)	100%	No Benefit	No Benefit	No Benefit	75%	No Benefit	No Benefit	No Benefit
<b>OUTPATIENT HOSPITAL/FACILITY SERVICES</b>								
Non-Emergency Medical Care provided in the ER- Copays waived if admitted.	100%	85%	75%	50%	75%	65%	50%	40%
Pre-Admission Testing	100%	85%	75%	50%	75%	65%	50%	40%
Diagnostic, X-ray, Lab and Testing	100%	85%	75%	50%	75%	65%	50%	40%
Surgery, Operating Room (Other than professional services)	100%	85%	75%	50%	75%	65%	50%	40%
Radiation and Chemotherapy	N/A	N/A	75%	50%	N/A	N/A	50%	40%
Occupational and Physical Therapy	100%	85%	75%	50%	75%	65%	50%	40%
Respiratory Therapy	100%	85%	75%	50%	75%	65%	50%	40%
Hyperbaric and Pulmonary Therapy	N/A	85%	75%	50%	N/A	65%	50%	40%
Aquatic Therapy	100%	85%	No Benefit	No Benefit	75%	65%	No Benefit	No Benefit
**Speech Therapy when necessary due to a medical condition. Maximum of 30 visits per contract year.	N/A	85%	75%	50%	N/A	65%	50%	40%
Rehabilitation Services	N/A	85%	75%	50%	N/A	65%	50%	40%
Outpatient Mental Health Services	N/A	\$50 Copay per Office Visit, 85% thereafter, No Deductible All other services covered at 85%	\$50 Copay per Office Visit, 75% thereafter, No Deductible All other services covered at 75%	\$75 Copay per Office Visit, 50% thereafter, No Deductible All other services covered at 50%	N/A	65%	50%	40%
Outpatient Substance Abuse Services	N/A	\$50 Copay per Office Visit, 85% thereafter, No Deductible All other services covered at 85%	\$50 Copay per Office Visit, 75% thereafter, No Deductible All other services covered at 75%	\$75 Copay per Office Visit, 50% thereafter, No Deductible All other services covered at 50%	N/A	65%	50%	40%
Inpatient Mental Health Care Services	N/A	N/A	75%	50%	N/A	N/A	50%	40%
Inpatient Substance Abuse Care Services	N/A	N/A	75%	50%	N/A	N/A	50%	40%

**NOTE**

\*Limitations are Physician and Outpatient Facility services combined (per contract year)

\*\*Limitations are Physician and Outpatient Facility services combined (per contract year). Maximums are all networks combined.

Benefit Description	PPO				HDHP			
	PMH	MHS	Network	Non-Network	PMH	MHS	Network	Non-Network
<b>EMERGENCY CARE SERVICES</b>								
Emergency Accident Care and /or Emergency Medical Care provided in the ER \$75 Copay is Waived if Admitted	\$75 ER Co-Pay 100% after MHS deductible	\$75 ER Co-Pay 100% after MHS deductible	\$75 ER Co-Pay 100% after MHS deductible	\$75 ER Co-Pay 100% after MHS deductible	75%	75%	75%	75%
<b>OTHER COVERED SERVICES</b>								
Private Duty Nursing - 35 Visit Maximum per Benefit Year Note: Maximums are all networks combined.	N/A	N/A	75%	50%	N/A	N/A	50%	40%
Skilled Nursing Facility	100%	N/A	75%	50%	75%	N/A	50%	40%
Infertility Services	100%	85%	75%	50%	75%	65%	50%	40%
Durable Medical Equipment and Oxygen at home	N/A	85%	75%	50%	N/A	65%	50%	40%
Orthotic Devices and Prosthetic Appliances	N/A	85%	75%	50%	N/A	65%	50%	40%
Home Health Care - Maximum 100 visits per contract year Note: Maximums are all networks combined.	N/A	85%	75%	50%	N/A	65%	50%	40%
Emergency Ambulance	N/A	100%	100%	100%	N/A	65%	50%	40%
Other Ambulance Services	N/A	85%	75%	50%	N/A	65%	50%	40%
Hospice Care	N/A	85%	75%	50%	N/A	65%	50%	40%
Diabetes Education/Control	N/A	N/A	80%	50%	N/A	N/A	80%	40%
<b>HUMAN ORGAN TRANSPLANT / BONE MARROW PROCEDURES</b>								
Human Organ Transplant	N/A	N/A	75%	50%	NA	N/A	50%	40%
Bone Marrow Procedures	N/A	N/A	75%	50%	N/A	N/A	50%	40%

Benefit Description	PPO			HDHP		
	PMH Pharmacy	Network	Non-Network	PMH Pharmacy	Network	Non-Network
<b>PRESCRIPTION DRUG BENEFIT</b>						
*Prescription Drugs are provided through a Preferred Pharmacy Network*	\$5 Generic \$35 Preferred Brand \$50 Non-preferred Brand	\$5 Generic \$35 Preferred Brand \$50 Non-preferred Brand	NO BENEFITS	75%	50%	NO BENEFITS
Specialty Drugs. Retail and Mail Order. (Maximum 30-day supply)	N/A	\$150 Co-Pay	NO BENEFITS	N/A	50%	NO BENEFITS
Additional Benefits with Prescription (Retail or Mail Order) Adults: Aspirin, Smoking Cessation, Folic Acid, Children: Iron Supplements and Oral Fluoride **	100%, No Deductible		NO BENEFITS	100%, No Deductible		NO BENEFITS
Mail Order Drugs ***	NO BENEFITS	\$12.50 Generic \$87.50 Preferred Brand \$125 Non-preferred Brand	NO BENEFITS	NO BENEFITS	50%	NO BENEFITS

**NOTE:**

\*Members will be required to pay the difference between the brand and generic allowance in addition to the coinsurance, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 34-day supply.

\*\* (guidelines as determined by certain Governmental Agencies) - You may access this information at [www.healthcare.gov](http://www.healthcare.gov). You may also contact Customer Service using the number on the back of your ID Card.

\*\*\* Members will be required to pay the difference between the brand and generic allowance in addition to the coinsurance, unless the physician writes "brand necessary" (DAW) on the prescription, or if no generic equivalent exists. Maximum 90-day supply.

<b>PREMIUMS</b>						
	<b>PPO (per pay)</b>			<b>HDHP (per pay)</b>		
Coverage Type	Standard	Wellness OR Tobacco Free	Wellness AND Tobacco Free	Standard	Wellness OR Tobacco Free	Wellness AND Tobacco Free
EMPOYEE	\$73.34	\$58.65	\$46.67	\$47.21	\$32.73	\$23.71
EMPLOYE PLUS CHILD(REN)	\$145.21	\$113.86	\$88.01	\$82.89	\$59.99	\$40.57
EMPLOYEE PLUS SPOUSE	\$176.02	\$140.77	\$112.01	\$104.32	\$78.53	\$56.91
FAMILY	\$267.70	\$214.09	\$170.35	\$158.66	\$119.43	\$86.54

# HEALTH SAVINGS ACCOUNT

## What Is An HSA?

- A bank account
- Offers tax advantages and allows savings to build over time
- Available with high deductible health plans only
- Remaining funds in account roll over every year, never lose contributions
  - Even if you separate or retire
- Funds earn interest and grow tax-free with investment options available once minimum balance is met
  - Potential for long-term, tax-free savings
- No limit on account balance
- Funds available to beneficiary in the event of death

## HSA Contributions

- PMH Contribution:
  - Individual - \$500
  - Family - \$1,000
- Contributions are deposited pre-tax and available for use on or after each pay date
- IRS Limits (employee and employer combined)
  - Individual - \$3,400 per year
  - Family - \$6,750 per year
  - Age 55 or older – additional \$1,000 per year

Consider Saving the difference between the PPO and the HDHP (Per Pay) (Assuming Wellness AND Tobacco Free)			
Coverage	Per Pay Contribution Difference	PMH Contribution	Annual Account Balance
Individual	\$22.96	\$500	\$1,096.96
Employee + Child(ren)	\$47.44	\$1,000	\$2,233.44
Employee + Spouse	\$55.10	\$1,000	\$2,432.60
Family	\$83.81	\$1,000	\$3,179.06

## HSA WITHDRAWALS

- Funds never taxed when used for eligible expenses such as:
  - Medical (e.g. doctor visit, hospital stay)
  - Prescription and Over-the-counter drugs (with doctor's prescription)
  - Vision (e.g. contacts, glasses)
  - Dental (e.g. fillings, braces)
- Upon retirement , use funds tax-free for medical premiums and eligible medical expenses
  - Including COBRA, Medicare premiums and supplement plans, and long-term care premiums
  - Age 65 or older able to pay tax and withdraw funds with no tax penalty for any reason



# Davis Vision Direct



## Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at [davisvision.com](http://davisvision.com) and enter client code 4937 or call 1.888-790-9910 to locate providers or for additional information.

**Using your benefits is easy!** Just log on to our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider," or call us at 1.888.790.9910.

**Make an appointment.** Tell your provider you are a Davis Vision member with coverage through Davis Vision Direct. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

## Your Davis Vision Designer Plan Benefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$10	After copay, covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	12 months	\$25	After copay, clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	24 months	\$0	<p><b>Covered in Full Frames:</b> Any Fashion or Designer level frame from Davis Vision's Collection<sup>2</sup> (retail value, up to \$160).</p> <p><b>OR, Frame Allowance:</b> \$130 toward any frame from provider plus 20% off any balance.<sup>1</sup> No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$25	<p><b>Davis Vision Collection Contacts:</b> After copay, covered in full.</p> <p><b>Standard, Soft Contacts:</b> After copay, covered in full.</p> <p><b>Specialty Contacts<sup>3</sup>:</b> \$60 allowance less copay plus 15% off balance<sup>1</sup>.</p>
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	<p><b>Covered in Full Contacts:</b> From Davis Vision's Collection<sup>2</sup>, up to:  <b>Planned Replacement Disposable</b>                      Four boxes/multi-packs*                      Eight boxes/multi-packs*  <b>OR, Contact Lens Allowance:</b> \$130 allowance toward any contacts from provider's supply plus 15% off balance.<sup>1</sup> No copay required.</p> <p><b>OR, Medically Necessary Contacts:</b> Covered in full with prior approval.</p> <p>*Number of contact lens boxes may vary based on manufacturer's packaging.</p>

### Significant savings on optional frames, lens types and coatings!

### Member Price

Davis Vision Collection Frames: Premier .....	\$25
Tinting of Plastic Lenses or Glass Grey #3 Lenses .....	\$0
Oversize Lenses .....	\$0
Scratch Resistant Coating .....	\$0
Ultraviolet Coating .....	\$12
Anti-Reflective Coating: Standard   Premium   Ultra .....	\$35   \$48   \$60
Polycarbonate Lenses .....	\$0 <sup>4</sup> -\$30
High-index Lenses .....	\$55
Progressive Lenses: Standard   Premium   Ultra .....	\$50   \$90   \$140
Polarized Lenses .....	\$75
Photochromic Lenses (i.e. Transitions <sup>®</sup> , etc. <sup>5</sup> ): Plastic   Glass .....	\$65   \$20
Intermediate Lenses .....	\$30
Blended Segment Lenses .....	\$20
Scratch Protection Plan: Single Vision Lenses   Multifocal Lenses .....	\$20   \$40

<sup>1</sup>Additional discounts not applicable at Walmart, Sam's Club or Costco locations.  
<sup>2</sup>The Davis Vision Collection is available at most participating independent provider locations.

<sup>3</sup>Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup>For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.

<sup>5</sup>Transitions<sup>®</sup> is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers.

## Frequently Asked Questions

### How can I contact Member Services?

Call 1.888.790.9910 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

### What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at [davisvision.com](http://davisvision.com) and take a look!

### When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

### Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

### Can I split my benefits?

You may split your benefits by receiving your eye examination, spectacle lenses and a frame or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

### Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$40 | single vision lenses - \$40 | bifocal/ progressive - \$60 | trifocal - \$80 | lenticular - \$100 | frame - \$50 | elective contacts - \$105 | medically necessary contacts - \$225.

### Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

## DAVIS VISION EXTRAS!

**One Year Breakage Warranty** Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

**Additional Savings** At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit and 10% off disposable contact lenses.<sup>15</sup>

**Mail Order Contact Lenses** Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://www.DavisVisionContacts.com) mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

**Laser Vision Correction** Up to 25% discount off participating provider's U&C or 5% off advertised special (whichever is lower). Log on to our member Web site for details and to locate a provider.

**Low Vision Services** Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

**Eye Health & Wellness** Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

**For more details...** about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.888.790.9910.

*Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.*

\*Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

Fully insured plan Underwritten by HM Life Insurance Company of New York. Administered by Davis Vision, which may operate as Davis Vision Insurance Administrators in California.

## Vision Premiums

DAVIS VISION PREMIUMS (per pay)				
	Employee	Employee/Child(ren)	Employee/Spouse	Family
Premium Cost Per Pay*	\$ .62	\$1.11	\$1.17	\$1.85

# BENEFITS AVAILABLE AT A DISCOUNTED COST



## Keep Smiling Delta Dental PPO<sup>SM</sup>



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](http://deltadentalins.com).<sup>4</sup>

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at [deltadentalins.com](http://deltadentalins.com). This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>5</sup> You can find this date by logging in to Online Services.

### Newly covered?

Visit [deltadentalins.com/welcome](http://deltadentalins.com/welcome).

## Save with a PPO dentist



PPO



NON-PPO

<sup>1</sup> In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

<sup>4</sup> We recommend verifying before each appointment that your dentist is a PPO dentist.

<sup>5</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan at [deltadentalins.com/about/legal/index-enrollee.html](http://deltadentalins.com/about/legal/index-enrollee.html).



**Plan Benefit Highlights for:** Preston Memorial Hospital  
**Group No:** 17837

DELTA DENTAL PPO<sup>SM</sup>

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to age 26		
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P)?	\$50 per person / \$150 per family each plan year Yes		
<b>Maximums</b> D & P counts toward maximum?	\$1,000 per person each plan year Yes		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %
<b>Basic Services</b> Fillings, bridges and dentures	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	80 %	80 %
<b>Prosthodontics</b> Implants	50 %	50 %

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

Delta Dental of West Virginia  
 One Delta Drive  
 Mechanicsburg, PA 17055

**Customer Service**  
 800-932-0783

**Claims Address**  
 P.O. Box 2105  
 Mechanicsburg, PA 17055-6999

**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

HLT\_PPO\_2COL\_DDP (Rev.06.03.2015)

**Dental Premiums**

<b>DELTA DENTAL PREMIUM (PER PAY)</b>		
<b>Employee</b>	<b>Employee Plus One</b>	<b>Family</b>
<b>\$11.57</b>	<b>\$21.71</b>	<b>\$35.49</b>

# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts can help you pay healthcare and dependent care cost on a pre-tax basis, thus providing you with an important tax advantage. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income. YOU MUST RE-ENROLL EVERY YEAR TO CONTINUE THE BENEFIT.

## Health Care Reimbursement FSA

This program allows employees to pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. **A minimum annual deposit of \$150** and a maximum annual deposit of up to \$2,600 can be elected. Over-The-Counter medications are no longer eligible without a prescription. Some eligible examples include:

- Hearing services, including hearing aid and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Deductibles
- Coinsurance

## Dependent Care FSA

This program allows employees to use pre-tax dollars towards paying for qualified dependent child day time care such as daycare for children under the age of 13 or caring for elders, so you may work. **The minimum annual deposit is \$150** and the annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or the employee's earned income, or the earned income of their spouse – whichever of the three are lower) per calendar year. Some examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

**Note:** Flexible Spending Accounts are only for current benefit year expenses beginning July 1, 2017 – June 30, 2018. Remaining funds (up to \$500) will be available for the next plan year.

# OPTIONAL GROUP TERM LIFE / AD&D INSURANCE

## LIBERTY LIFE ASSURANCE COMPANY

Employees who want to supplement their employer paid Basic Life/AD&D benefits may purchase additional coverage. When you enroll yourself and your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions.

### Who's Eligible?

All active, full-time employees working a minimum of 20 hours per week are eligible to participate in the Monongalia Health System, Inc. Group Life and Accidental Death & Dismemberment (AD&D) insurance plan underwritten by Liberty Life Assurance Company of Boston. Participating employees may also purchase coverage for a legal spouse and eligible dependent child(ren) at least 15 days, but under 19 years of age, or 23 if a full-time student.

### What Are My Coverage Options?

#### Term Life and Accidental Death & Dismemberment (AD&D) Coverage Options

Employee	<b>Optional Term Life and AD&amp;D:</b> Coverage is equal to 1, 2, 3, 4, or 5 times your base annual salary rounded up to the next \$1,000
Spouse	<b>Optional Dependent Spouse Life and AD&amp;D:</b> Optional Spouse coverage is equal to 1, 2, or 3 times your base annual salary rounded up to the next \$1,000. This amount may not exceed \$200,000
Dependent Child(ren)	<b>Optional Dependent Child(ren) Life and AD&amp;D:</b> Child coverage is equal to: \$250 if at least age 15 days but under age 6 months, and \$5,000 or \$10,000 if at least age 6 months, to age 19 or age 23 if a full-time student

- The Employee must enroll in Optional Life and Accidental Death and Dismemberment (AD&D) coverage to elect Optional Dependent Life and AD&D coverage. The optional Spouse Benefit cannot be greater than 100% of the Employee Optional Benefit.
- Accidental Death and Dismemberment insurance provides a benefit when an injury resulting from an accident causes the death or other covered losses to the insured.
- For the definition of your base annual salary, please contact the Human Resources department.
- Please Note: Coverage reduces to 65% at age 70 and to 50% at age 75.
- Online completion of Evidence of Insurability will be required for amounts exceeding 3x an employee's annual salary OR if the desired amount exceeds \$200,000. To do so, please visit [www.MyLibertyConnection.com](http://www.MyLibertyConnection.com).

### What is the cost for employee and dependent optional group term life and AD&D insurance?

Rates are effective as of 7/1/2015.

Employee and Spouse Optional Term Life and AD&D Premium Rate Table				Dependent Child Optional Term Life and AD&D Premium Rate Table	
Age	Rate per \$1,000 of coverage per pay period	Age	Rate per \$1,000 of coverage per pay period	Rate per \$1,000 of coverage per pay period	\$0.062
<30	\$0.053	50-54	\$0.150		
30-34	\$0.062	55-59	\$0.219		
35-39	\$0.062	60-64	\$0.325		
40-44	\$0.072	65-69	\$0.607		
45-49	\$0.113	70+	\$0.972		

### How much will I pay?

Use the Employee Optional Term Life and AD&D Premium Rate Table provided above to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in Employee Optional Term Life and AD&D insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.062	\$
Step 2	Enter the desired coverage amount in dollars.	\$100,000	\$
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	100	
Step 4	Calculate the cost per pay period. <i>Multiply Step 1 by Step 3.</i>	\$6.20	\$



# VOLUNTARY SUPPLEMENTAL BENEFIT OPTIONS

Additional Voluntary Benefits are offered to PMH employees through Boston Mutual and Colonial Life Insurance Company. These products are purchased on an individual basis and paid 100% by the employee through payroll deduction. You may purchase many of these products for your spouse and/or children.

## Boston Mutual

- Accident (on or off the job)
  - Cash paid directly to insured for an injury due to accident
  - 24 Hour Coverage – On or Off the Job
  - Guarantee Issue – No Medical Questions
  - Sports Package – *Pays extra benefits if injured while playing sports*
  - \$50 Health Screening Benefit *Paid Annually*
  - Portable – Coverage and cost remains the same if you leave your employment
  
- Short Term Disability (Income Protection)
  - Income Protection – There are two questions you should ask yourself:
    - *“If I become disabled how much money will my family need?”*
    - *“Where will the money come from?”*
  - Disability Coverage – provides an inexpensive way to help protect your income should you become disabled
  - Duration:
    - *Seven-day elimination period; benefits pay for six months*
  - Premiums – Disability premiums do not increase as you age
  
- Critical Illness (with Cancer Coverage)
  - Lump Sum Benefit for many conditions *including Heart attack, Stroke, Cancer, Renal Failure, Major Organ Transplant, and more*
  - Guarantee Issue – *No Medical Questions for Newly Eligible Employees*
  - Coverage available for Spouse
  - Dependent Children Covered at 25% of Employee Coverage at NO Additional Cost
  - \$50 Health Screening Benefit *Paid Annually*
  - Additional Occurrence and Re-Occurrence Benefits
  - Portable – Coverage continues at same cost should you leave your employment
  
- Permanent Life Insurance (with Catastrophic Loss Rider)
  - Guarantee Issue – No Medical Questions
  - Flexible – *Coverage available for Spouse/Children/Grandchildren, employee does not have to purchase coverage to insure a loved one*
  - Catastrophic Loss Rider – Helps pay for the unexpected loss of independence
  - Portable – Coverage and cost remains the same if you leave your employment

## Colonial

- Disability Insurance - replaces a portion of an employee's income if he or she becomes disabled from a covered accident or sickness.
  
- Life Insurance - There are numerous options, including term, universal and whole life insurance. Dependent coverage is available.
  
- New Critical Illness Insurance - provides a lump-sum benefit that can be used to pay for the direct and indirect costs related to a covered critical illness
  
- Cancer Insurance - offset the out-of-pocket medical expenses and indirect, non-medical costs related to cancer that most medical plans don't cover.
  
- New Accident Insurance - help offset the unexpected medical expenses that can result from a fracture, dislocation or other covered accidental injury.

# FINANCIAL BENEFITS

## Retirement Plans

### Mass Mutual

To help you prepare for the future, Preston Memorial Hospital sponsors a comprehensive Deferred Compensation Plan as part of its benefits package. The Plan offers both a traditional 403(b) and a Roth option. Benefits are open to all employees regardless of hourly status; this includes IPT and Per Diem employees. Eligible status is: age 21, 1<sup>st</sup> of the month after 30 days of service.

With these plans, you can save up to 15% of your pay to an annual maximum of \$18,000 on either a before-tax basis in the traditional or an after-tax basis in the Roth. Preston Memorial Hospital contributes 50% up to 6% of the employee contribution.

For employees age 50 or older, PMH offers a "Catch-Up" plan. These employees may contribute an additional \$6,000 per year to either plan.

By saving on a before-tax basis with the 403(b) plan, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earning, until you withdraw the money from the plan upon retirement.

The Roth account is deducted on an after-tax basis, funds in the plan grow tax free, and is also tax free when you withdraw money from the plan upon retirement.

### POTENTIAL RETIREMENT SAVINGS

Contribution Chart Assuming 6.0% Hypothetical Return (does not include PMH contributions)							
Per Pay Contribution	Net pay Decrease	5 years to Retirement	10 Years to Retirement	15 Years to Retirement	20 Years to Retirement	25 Years to Retirement	30 Years to Retirement
\$25	\$18.75	\$3,478	\$8,133	\$14,363	\$23,699	\$33,855	\$48,784
\$50	\$37.50	\$6,957	\$16,267	\$28,726	\$45,398	\$67,711	\$97,569
\$75	\$56.25	\$10,435	\$24,400	\$43,089	\$68,098	\$101,566	\$146,354

# WELLNESS & OTHER PROGRAMS

## WELLNESS

The goal of the PMH Wellness Program is to improve wellness of all PMH employees. The Wellness Program is available for all employees regardless of their status. Participants in the Wellness Program enjoy free health screenings, education activities, rewards, and discounts on Health Care premiums.

## EMPLOYEE ASSISTANCE PROGRAM

Lytle EAP Partners understands that sometimes problems or difficulties may affect your personal well-being and your ability to perform your job.

These may include:

- relationship, marital, and family problems
- financial or legal difficulties
- emotional or stress related problems
- drug or alcohol abuse
- depression, anxiety
- problems related to work

The EAP is available to assist you and your immediate family members with these concerns, **call 800-327-7272 for assistance.** (password "pmh")

Confidentiality is one of the most important aspects of the EAP. Be assured that if you or a family member contacts the EAP, no one in your company will know unless you tell them.

## TUITION ASSISTANCE

Preston Memorial Hospital supports those employees who wish to enhance their professional effectiveness through continuing education by offering tuition assistance for approved courses at accredited educational institutions. The amount available for reimbursement is set annually based upon the financial status of the hospital.

## OTHER PROGRAMS AND OPPORTUNITIES

- Holidays
- Free Flu Shot
- Free Parking
- Stellar Idea
- Fitness Center – Free Membership
- Employee of the Year Award
- Years of Service Awards
- Employee Appreciation Day
- Cafeteria Birthday Coupon
- Thanksgiving Gift Card
- Free meal for employees work on Thanksgiving or Christmas Day

# VENDOR CONTACTS

WHO	WHY	PHONE	WEBSITE
Ameriflex	Flexible Spending Account	888-868-3539	<a href="http://www.flex125.com">www.flex125.com</a>
BSI – Boston Mutual	Voluntary Supplemental	Trina Folden 888-342-8977 <a href="mailto:tfolden@bsi-va.com">tfolden@bsi-va.com</a> Customer Service 800-669-2668	
Colonial Supplemental	Voluntary Supplemental	Arick Martin <a href="mailto:arickm@verizon.net">arickm@verizon.net</a> 412-908-0708 or Customer Service 800-325-4368	
Davis Vision	Vision	888-790-9910	<a href="http://www.davisvision.com">www.davisvision.com</a>
Delta Dental	Dental	800-422-4234	<a href="http://www.Deltadentalins.com">www.Deltadentalins.com</a>
Express Scripts	Pharmacy	800-820-9730	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
FMLASource	FMLA	1-877-462-3652	<a href="http://www.fmlasource.com">www.fmlasource.com</a>
Highmark BCBS	Medical Insurance	888-809-9121	<a href="http://www.mybenefitshome.com">www.mybenefitshome.com</a>
Liberty Life Insurance	Basic Life/AD&D Voluntary Life/AD&D	800-451-7065	
Liberty Life Insurance	Long-Term Disability	800-210-0268	
Lifetime Benefit Solutions	COBRA Health Benefit	800-828-0078	
Lytle	Employee Assistance Program (EAP)	800-327-7272 24 hours a day	<a href="http://www.lytleap.com">www.lytleap.com</a> password: PMH
Mass Mutual	Retirement Savings 403(b)/Roth	800-743-5274 24 hours a day Live assistance M-F 8am – 9pm	<a href="http://www.retiresmart.com">www.retiresmart.com</a>



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