



# Honor Employees

# 2017

## **BENEFITS AT-A-GLANCE**

HonorHealth's commitment to make healthy personal extends to you and your family as much as it does to the patients we serve.

Employee benefits for you and your family range from health insurance options that meet your individual and family needs to wellness, retirement, financial and other important benefits.

This information gives you a high-level overview of benefits available to you (based on eligibility). Detailed information can be found in the 2017 guidebook and at [employeebenefits.honorhealth.com](http://employeebenefits.honorhealth.com).

**HONORHEALTH**<sup>TM</sup>

# MEDICAL | You have **THREE** medical plans to choose from.

All three plans offer comprehensive coverage for medical and prescription drug expenses, as well as access to HonorHealth's contracted providers, Innovation Care Partners and HonorHealth facilities. You'll also have access to the Blue Cross Blue Shield of Arizona network and the Private Healthcare Systems Network for participants who reside outside of Arizona. Magellan Health Services of Arizona is the network provider for behavior health coverage and EnvisionRX is the prescription drug provider.

## MEDICAL AND PRESCRIPTION DRUG PLANS

Deductible
Out-of-pocket maximum
Wellness visit
Primary care physician/Immediate care visit
Specialist office visit
Urgent care
Physical therapy
Laboratory services
MRI/CT scan
Hospital admissions
Emergency room services (co-pay waived if admitted)
Behavioral health visit with social worker (MSW)
Behavioral health visit with PhD or MD
Generic medications (for asthma, cardiac hypertension and diabetes diagnoses)
Tier 1 medications (generics)
Tier 2 medications (formulary brands and single source generics)
Tier 3 medications (non-formulary)
Specialty medications

	Coordinated Care Plan		Standard Plan		Health Savings Account Plan (High-Deductible Plan with HSA)*	
	Innovation Care Partners/ HonorHealth	Blue Cross Blue Shield of Arizona	Innovation Care Partners/ HonorHealth	Blue Cross Blue Shield of Arizona	Innovation Care Partners/ HonorHealth	Blue Cross Blue Shield of Arizona
Deductible	None		None		\$2,600/single; \$5,200/family	
Out-of-pocket maximum	\$5,000/single; \$10,000/family <i>Includes deductible and prescription drug co-pays.</i>		\$6,450/single; \$12,900/family <i>Includes deductible and prescription drug co-pays.</i>		\$6,450/single; \$12,900/family <i>Includes deductible and prescription drug co-pays.</i>	
Wellness visit	100% covered	Not covered	100% covered	100% covered	100% covered	100% covered
Primary care physician/Immediate care visit	\$10 co-pay	Not covered	\$20 co-pay	\$40 co-pay	Plan covers 90%	Plan covers 80%
Specialist office visit	\$30 co-pay	\$100 co-pay if the specialty is in Innovative Care Partners; \$40 if not	\$50 co-pay	\$100 co-pay if the specialty is in Innovative Care Partners; \$60 if not	Plan covers 90%	Plan covers 80%
Urgent care	Not available	\$25 co-pay	Not available	\$25 co-pay	Not available	Plan covers 80%
Physical therapy	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	Plan covers 80%	Plan covers 80%
Laboratory services	\$10 co-pay	\$10 co-pay	\$15 co-pay	\$15 co-pay	Plan covers 90%	Plan covers 90%
MRI/CT scan	\$100 co-pay, then plan pays 90%	Not covered	\$150 co-pay, then plan pays 85%	\$200 co-pay, then plan pays 50%	Plan covers 90%	Plan covers 50%
Hospital admissions	\$150 co-pay per day up to 5 days, then plan pays 100%	Not covered	\$200 co-pay per day up to 5 days, then plan pays 100%	\$400 co-pay per day up to 5 days, then plan pays 100%	Plan covers 90%	Plan covers 50%
Emergency room services (co-pay waived if admitted)	\$250 co-pay	\$250 co-pay	\$300 co-pay	\$300 co-pay	Plan covers 80%	Plan covers 80%
Behavioral health visit with social worker (MSW)	<b>Magellan Health Services of Arizona</b>		<b>Magellan Health Services of Arizona</b>		<b>Magellan Health Services of Arizona</b>	
	\$20 co-pay		\$30 co-pay		Plan covers 80%	
Behavioral health visit with PhD or MD	\$40 co-pay		\$60 co-pay		\$80 co-pay	
Generic medications (for asthma, cardiac hypertension and diabetes diagnoses)	<b>EnvisionRX</b>		<b>EnvisionRX</b>		<b>EnvisionRX</b>	
	\$0 co-pay		\$5 co-pay, 30-day supply. \$15 co-pay, 90-day supply.		\$5 co-pay, 30-day supply. \$15 co-pay, 90-day supply.	
Tier 1 medications (generics)	\$4 co-pay, 30-day supply. \$10 co-pay, 90-day supply.		\$15 co-pay, 30-day supply. \$37.50 co-pay, 90-day supply.		\$7 co-pay, 30-day supply. \$17.50 co-pay, 90-day supply.	
Tier 2 medications (formulary brands and single source generics)	30% with a minimum of \$30 and a maximum of \$80, 30-day supply. 30% with a minimum of \$75 and a maximum of \$200, 90-day supply.		35% with a minimum of \$40 and a maximum of \$100, 30-day supply. 35% with a minimum of \$100 and a maximum of \$250, 90-day supply.		35% with a minimum of \$40 and a maximum of \$100, 30-day supply. 35% with a minimum of \$100 and a maximum of \$250, 90-day supply.	
Tier 3 medications (non-formulary)	60% with a minimum of \$100 and no maximum, 30-day supply only.		60% with a minimum of \$125 and no maximum, 30-day supply only.		60% with a minimum of \$125 and no maximum, 30-day supply only.	
Specialty medications	30% with a minimum of \$50 and a maximum of \$100, 30-day supply only. †\$2,500/member		30% with a minimum of \$60 and a maximum of \$150, 30-day supply only. †Included in maximum for medical.		30% with a minimum of \$60 and a maximum of \$150, 30-day supply only. †Included in maximum for medical.	

\*HonorHealth matches a portion of your Health Savings Account contributions. See the guidebook for complete details.

## MEDICAL PREMIUMS PER PAY PERIOD\*\*

Employment Status: <sup>Δ</sup>	Coordinated Care Plan		Standard Plan		Health Savings Account Plan	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee only	\$25	\$84	\$103	\$236	\$25	\$84
Employee & spouse	\$138	\$307	\$246	\$515	\$138	\$307
Employee & children	\$54	\$141	\$109	\$247	\$54	\$141
Employee & family	\$180	\$390	\$302	\$625	\$180	\$390

# DENTAL

You have **THREE** dental plans to choose from.

Two dental plans are through Delta Dental of Arizona. Major services and orthodontics are included in the Buy-Up plan only. With the Employers Dental Services Plan, all covered family members use the same dentist. Services are based on a set fee schedule outlined in detail in the benefits guidebook.



## DENTAL PLANS

Annual maximum  
Deductible  
Preventive care  
Basic care  
Major care  
Orthodontia  
Lifetime orthodontia maximum

	Delta Dental Base Plan		Delta Dental Buy-Up Plan		Employers Dental Services Plan
	PPO dentist	Premier dentist	PPO dentist	Premier dentist	In-network (dentist only)
Annual maximum	\$1,000	\$1,000	\$2,000	\$2,000	\$0
Deductible	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family	\$0
Preventive care	100% covered	90% covered	100% covered	90% covered	Fee schedule
Basic care	80% covered*	70% covered*	80% covered*	70% covered*	Fee schedule
Major care	Not covered	Not covered	50% covered*	50% covered*	Fee schedule
Orthodontia	Not covered	Not covered	50% covered	50% covered	25% discount
Lifetime orthodontia maximum	N/A	N/A	\$2,000	\$2,000	No maximum

\*Deductible applies to these services.

## DENTAL PREMIUMS PER PAY PERIOD

Employment Status:  $\Delta$

	Delta Dental Base Plan		Delta Dental Buy-Up Plan		Employers Dental Services Plan	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee only	\$5.23	\$7.85	\$10.78	\$16.17	\$1.71	\$2.56
Employee & spouse	\$13.22	\$19.83	\$27.23	\$40.85	\$3.69	\$5.53
Employee & children	\$13.77	\$20.65	\$28.38	\$42.57	\$4.91	\$7.36
Employee & family	\$24.58	\$36.87	\$50.64	\$75.96	\$5.72	\$8.58



# FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts are an excellent tax-saving method you can use to pay for many of your out-of-pocket healthcare and daycare expenses. You can open a health flexible spending account, a daycare flexible spending account or both. Each year, you must re-enroll in your flexible spending account. Current maximum contributions are \$2,550 for healthcare and \$5,000 for daycare expenses.

# VISION

You have **TWO** vision plans to choose from.

Both provide coverage for routine eye exams, glasses and contacts.

## VISION PLANS

Eye Exam  
Lenses  
Frames  
Contact lenses (in lieu of frames)

## Vision Service Plan

### In-network

Eye Exam	\$10 co-pay
Lenses	\$30 co-pay
Frames	\$130 allowance
Contact lenses (in lieu of frames)	\$130 allowance

## UnitedHealthcare Plan

### In-network

Eye Exam	\$10 co-pay
Lenses	\$30 co-pay
Frames	\$130 allowance
Contact lenses (in lieu of frames)	\$130 allowance

## VISION PREMIUMS PER PAY PERIOD

	Vision Service Plan	UnitedHealthcare Plan
Employee only	\$3.15	\$2.26
Employee & spouse	\$6.30	\$4.20
Employee & children	\$6.75	\$5.25
Employee & family	\$10.78	\$7.34

\*\* **Medical Premiums:** Add \$20 per pay period unless requirements are met as outlined in the Wellness Program.

$\Delta$  Employees in a budgeted position scheduled to work 60 to 80 hours per pay period are considered full-time. Employees in a budgeted position scheduled to work 32 to 59 hours per pay period are considered part-time. Certain full-time positions (i.e., housekeeper, food service and transporter) will pay less in premiums.





# PAID TIME OFF

Paid time off hours may be used for holidays, vacations, personal business, short-term personal illness and family needs. On-call/per diem staff do not accrue paid time off.

Length of Service	Paid Time Off Hours	2017 max. accrual	2018 max. accrual
Years 0-2	.089 an hour/7.12 per pay period	325	240
Years 3-6	.108 an hour/8.64 per pay period	364	260
Years 7-9	.119 an hour/9.52 per pay period	394	280
Years 10-14	.127 an hour/10.16 per pay period	422	300
Years 15+	.135 an hour/10.80 per pay period	450	320

# OTHER BENEFITS

*These benefits are supported or matched by HonorHealth:*

### Basic life insurance

One times salary with a minimum of \$25,000. Fully paid by HonorHealth.

### Retirement plan

Pre-tax 403(b) retirement savings plan offers multiple investment choices administered by Prudential. **HonorHealth will match dollar-for-dollar up to four percent of your eligible compensation.**

### Short & long-term disability

Company-paid short- and long-term disability is available to eligible staff after one year of service.

### Tuition assistance

After six months of employment in an eligible status, tuition reimbursement is available, up to an annual maximum of \$5,250.



### Commuter connection

Free bus and light rail passes, referrals for carpools and sheltered bike lockers. **Quarterly prize drawings for all users.**

*These additional benefits are offered to provide discounted services:*

### Voluntary life insurance

Optional additional life insurance for you and your eligible dependents.

### Critical illness

This benefit pays you a lump sum to use as you want if you're diagnosed with a critical condition such as cancer or heart attack. Available to you and your eligible dependents.

### Accident plan

This benefit pays you if you become injured due to an accident (such as fractures, burns, cuts, emergency room care). Available to you and your eligible dependents.

### 529 college savings plan

Save through payroll deduction and withdraw funds tax-free when used to pay college expenses.

### Childcare and elder care

HonorHealth offers an array of discounted childcare and learning programs for children as well as elder care options.



### Pet insurance

Discounted rates for all staff for pet insurance coverage for your dog, cat, bird or rabbit.

### Fitness facilities

Employees can use fitness facilities at a discounted or free rate, depending on the location.

### Legal plan

This benefit provides affordable access to lawyers and financial advisors.

### Credit union membership

HonorHealth has partnered with Credit Union West and Alliant Credit Union to offer low-interest rates and convenient access.

### Group automobile and homeowners insurance

Discounted rates for all staff and payroll deduction for eligible staff are available.



*The benefits highlighted in this brochure are effective as of Jan. 1, 2017. This information provides only highlights of certain features of HonorHealth's 2017 benefits coverage. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan Document language will govern. HonorHealth reserves the right to amend, modify or terminate the Plans at any time.*