



Weeks Medical Center

2016 Employee Benefit Booklet

*Benefit Booklet provided compliments of
CGI Business Solutions*

Our Mission

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient health care services to ensure the well-being of our patients, families and community.

Our Quality Vision Statement

Weeks Medical Center will improve the health of the residents of our Community by providing excellent and appropriate services. We will be recognized as a leader by being in the top 10% of hospitals and healthcare organizations for quality, effectiveness and value.



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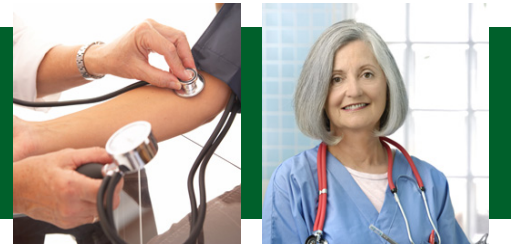
Your Individual Benefits Plan

Welcome to Weeks Medical Center, the official sponsor of your benefits program! As a full-time employee working a minimum of 30 hours per week, you are eligible to participate in a competitive benefits program beginning on the first of the month following the completion of 30 days of initial employment. As a part-time employee working a minimum of 20 hours per week, you are eligible to participate in life and disability benefits beginning on the first of the month following the completion of 30 days of initial employment. This summary of benefits is provided to give you a general overview of the benefit choices you have as a Weeks Medical Center employee.

We have attempted to make this summary as up to date and accurate as possible; however, if there are any discrepancies between this summary and the plan documents, the plan documents will supersede this summary. Employee benefit plans and policies may be changed at the sole discretion of the company. Please make sure that you read all benefits information provided to you.

Once you make benefit elections they will be in effect for the Plan Year. **The only time you may change your benefits during the Plan Year is in the event of a qualified life change.** A qualified life change is defined as the birth or adoption of a dependent, death of a dependent, marriage, divorce or loss of other coverage. **In order to make a change, you must notify the Human Resources Department within 30 days of the qualifying event.** Weeks Medical Center has an open enrollment period once a year for each benefit option. Anyone who wants to change their personal benefits package can make changes at that time.

Medical Insurance



Weeks Medical Center offers medical coverage through Anthem BCBS. Eligible employees and their eligible dependents may choose to enroll in the Anthem Lumenos HSA Plan.

Plan Features		BlueChoice New England HSA Lumenos BHSA 1020 VI
Lumenos Health Savings Account HSA With the Lumenos Health Savings Account HSA, in 2016 you may contribute pre-tax dollars to your HSA account in amounts of \$3,350 individual coverage and \$6,750 family coverage. You may use these dollars to help meet your annual deductible responsibility. Unused dollars may be saved or invested and accumulated through retirement.		
Earn Healthy Rewards With your Lumenos HSA plan you may earn reward incentives in the form of an account deposit into HRA or as gift cards. Future Moms: Individualized obstetric support for expectant high-risk and non-high-risk mothers. Members can earn up to a \$200 Future Mom's incentive. This includes three milestones: \$100 initial enrollment, \$50 interim, and \$50 postpartum; timing and rules apply. Complete the Healthy Lifestyle Online Assessment earn \$50 and continue in the program you may earn an additional \$100, all covered adults age 18 and over may join the program Enroll in ConditionCare , any qualifying family member age 18 and over can qualify, you may earn \$100 incentive Graduate from ConditionCare , any qualifying family member age 18 and over can qualify, you may earn \$200		
Deductible The deductible is the annual amount you pay – using your HSA or out-of-pocket- before you reach the traditional health coverage portion of the plan. In-Network and Out-of-Network deductibles do not cross accumulate	In-Network (Anthem's BlueChoice NE Network) \$5,000 per Member \$10,000 per Family	Out-of-Network (Any non-participating provider in NE and all providers Outside of NE) \$10,000 per Member \$20,000 per Family
Traditional Health Coverage Similar to a PPO, after you meet your deductible, you pay coinsurance (a percentage of the providers charges) when you visit a out-of-network provider. Your traditional health coverage begins:	Traditional Health coverage After your deductible, then plan pays: 80% for in-network providers After your deductible, your coinsurance responsibility: 20% for in-network providers	After your deductible, then plan pays: 70% for out-of-network providers After your deductible, your coinsurance responsibility: 30% for out-of-network providers
Additional protection: For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the plan pays 100% of the cost for covered services for the remainder of the benefit year.	Annual out-of-pocket maximum Network Providers \$6,550 Individual coverage \$13,100 Family coverage	Out-of-Networks Providers \$20,000 Individual coverage \$40,000 Family coverage
Preventive Care	100% covered as long as you receive care from a in-network provider	If you see an out-of-network provider, then your deductible or out-of-network coinsurance will apply
Inpatient Hospital Services Outpatient Surgery Services Diagnostic X-rays/ lab test Emergency Hospital Services (network coinsurance applies to both network and out-of network) Inpatient & Outpatient Mental Health & Substance Abuse Services Maternity Chiropractic Care Prescription Drugs Home Health & Hospice Care Physical, Speech & Occupational Therapy Services Durable Medical Equipment	Covered at 100% for in-network provider after deductible and coinsurance has been satisfied	70% for out-of-network providers, after deductible has been satisfied
Total annual deductible must be met before Tiered Rx copays apply	Rx Retail: \$10/\$35/30% up to \$250 per 30 day fill coinsurance maximum up to your annual out of pocket maximum Mail: \$20/\$70/30% up to \$750 per 90 day supply coinsurance maximum up to your annual out-of-pocket maximum.	

Plan Features		National Anthem LUMENOS HSA GHSA 331VI	
Lumenos Health Savings Account HSA With the Lumenos Health Savings Account HSA, in 2016 you may contribute pre-tax dollars to your HSA account in amounts of \$3,350 individual coverage and \$6,750 family coverage. You may use these dollars to help meet your annual deductible responsibility. Unused dollars may be saved or invested and accumulated through retirement.			
Earn Healthy Rewards With your Lumenos HSA plan you may earn reward incentives in the form of an account deposit into HRA or as gift cards. Future Moms: Individualized obstetric support for expectant high-risk and non-high-risk mothers. Members can earn up to a \$200 Future Mom's incentive. This includes three milestones: \$100 initial enrollment, \$50 interim, and \$50 postpartum; timing and rules apply. Complete the Healthy Lifestyle Online Assessment earn \$50 and continue in the program you may earn an additional \$100, all covered adults age 18 and over may join the program Enroll in ConditionCare , any qualifying family member age 18 and over can qualify, you may earn \$100 incentive Graduate from ConditionCare , any qualifying family member age 18 and over can qualify, you may earn \$200			
Deductible The deductible is the annual amount you pay – using your HSA or out-of-pocket- before you reach the traditional health coverage portion of the plan.	In-Network \$5,000 per Member \$10,000 per Family	Out-of-Network (<i>any provider or facility not participating with their local Blue Cross & Blue Shield</i>) \$5,000 per Member \$10,000 per Family	
Traditional Health Coverage Similar to a PPO, after you meet your deductible, you pay coinsurance (a percentage of the providers charges) when you visit a out-of-network provider. Your traditional health coverage begins:	Traditional Health coverage After your deductible, then plan pays: 80% for in-network providers After your deductible, your coinsurance responsibility: 20% for in-network providers	70% for out-of-network providers 30% for out-of-network providers	
Additional protection: For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the plan pays 100% of the cost for covered services for the remainder of the benefit year.	Annual out-of-pocket maximum Network Providers \$6,550 Individual coverage \$13,100 Family coverage	Out-of-Networks Providers \$10,000 Individual coverage \$20,000 Family coverage	
Preventive Care	100% covered as long as you receive care from in-network provider	If you see an out-of-network provider, then your deductible and coinsurance will apply	
Inpatient Hospital Services Outpatient Surgery Services Diagnostic X-rays/ lab test Emergency Hospital Services (network coinsurance applies to both network and out-of network) Inpatient & Outpatient Mental Health & Substance Abuse Services Maternity Chiropractic Care Prescription Drugs Home Health & Hospice Care Physical, Speech & Occupational Therapy Services Durable Medical Equipment	Covered at 100% for in-network provider, after deductible and coinsurance has been satisfied	70% for out-of-network providers, after deductible and coinsurance has been satisfied	

Your medical plan is fully insured with: Anthem Blue Cross and Blue Shield of New Hampshire

Note: Please be advised this is a brief overview. Refer to your Summary Plan Description for complete benefit information. For more detailed information on benefits, limitations and exclusions refer to the Summary of Benefits and Subscriber Certificate provided by the carrier. Please contact Anthem Customer Service at 1-800-870-3122 with questions regarding coverage or claims. For an online provider directory — www.anthem.com.

Note: Employees that complete a Biometric Screening by December 31, 2015 will be eligible to receive a monthly wellness credit beginning January 1, 2016 (go to the Employee Benefits Portal of the Intranet for more information on the Wellness Credit).

2016 Medical Rates per Pay Period

BlueChoice New England HSA Lumenos BHSA 764 VD

Full-time Tier 1 base pay > \$11.00	Employee \$66.15	Employee + 1 \$144.21	Family \$194.04
Full-time Tier 2 base pay < \$11.01	Employee \$52.92	Employee + 1 \$115.37	Family \$155.24

National Anthem LUMENOS HSA GHSA 331VA

Full-time Tier 1 & 2	Employee \$86.44	Employee + 1 \$188.46	Family \$253.65
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Health Reimbursement Arrangement & Health Savings Account



Health Reimbursement Arrangement (HRA)

Weeks Medical Center is excited to continue the Health Reimbursement Arrangement (HRA) as part of your benefits package. The HRA is an employer sponsored benefit plan where the employer reimburses a portion of your plan's annual deductible.

Eligibility: Employees covered under the Weeks Medical Center medical plan with Anthem Lumenos HSA Plan or Anthem Blue Choice.

Benefit: Each member is responsible for the first \$1,300 per member up to \$2,600 for a two-person/family plan of deductible related services. Once the deductible has been met, members will be responsible for non-prescription coinsurance.

- **Then:** For services received at Weeks Medical Center or Northwoods Home Health & Hospice, **Weeks Medical Center** will reimburse 100% of the cost for the remaining \$3,700 for single plans and \$7,400 for two-person/family plans of deductible related services.
- **OR:** For services received at any other provider not referenced above, **Weeks Medical Center** will reimburse 50% of the deductible related services up to \$1,850 for single plans and up to \$3,700 for two-person/family plans. The member would therefore be responsible for 50% of the claims until the deductible is met.

Once the deductible is met, Weeks Medical Center will reimburse prescription copays and coinsurance up to the single out of pocket max of \$6,550 and the family out of pocket max of \$13,100.

Your Anthem Lumenos Plan is qualified for a Health Savings Account. Employees enrolled in the Lumenos HSA plan are eligible to participate. Employees may make a pre-tax contribution up to \$3,350 for single and \$6,650 for family plan. The funds in the Health Savings Account may be used to subsidize qualified deductible expenses. Employees age 55 or older may be eligible to make a catch-up contribution of \$1,000 in 2016.

Note: If you participate in any Medicare programs you cannot contribute to a Health Savings Account.

Dental Insurance



Weeks Medical Center offers dental insurance through Northeast Delta Dental.

Preventative Services	Basic Services
Covered 100%	Covered 80%
<ul style="list-style-type: none"> Diagnostic (evaluations twice every 12 months) Full Mouth/ Panoramic X-rays , once in a 5 year period Bitewing X-ray once each 12 month period X-rays of individual teeth as necessary Preventative: Cleanings twice in a 12 month period Fluoride once in a 12 month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a lifetime per tooth, to age 15 	<ul style="list-style-type: none"> Basic Restorative: Amalgam and composite fillings Oral Surgery (surgical & routine extractions) Endodontics (Root Canal Therapy) Periodontics: Periodontal cleaning (maintenance procedures) once per 6 month period; this can be routine (coverage A or coverage B, but not both) Denture Repair Emergency Palliative Treatment
Calendar Year Deductible \$0 / \$0 Maximum Calendar Year Benefit \$1,000 per member	

Your Dental Plan is fully insured with Northeast Delta Dental.

Note: Please be advised this is a brief overview. For more detailed information on benefits, limitations and exclusions refer to the Summary of Benefits and Subscriber Certificate provided by the carrier. Please contact NE Delta Dental's Customer Service at 1-800-832-5700 with questions regarding coverage or claims.

2016 Dental Rates per Pay Period

Full-time	Employee \$0.0	Employee + 1 \$14.38	Family \$31.95
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Vision Discount Program



All Delta Dental plan participants are eligible for the Delta Dental Eye Med Vision discount program. You will receive the best value when you choose a participating Eye Med doctor. If you see a non-Eye Med provider, you will typically pay more out of pocket.

For more information go to the Electronic Library found on your enrollment website.

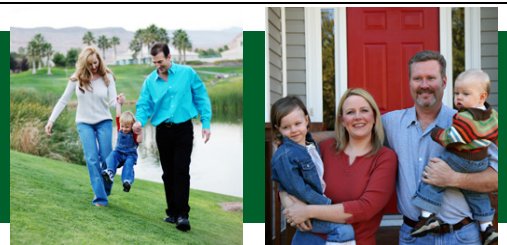
Vision Insurance Plan Included with Anthem Medical



Vision coverage is available with enrollment in the Anthem's LUMENOS HSA plan, at no additional cost. Anthem Blue View Vision Plan offers a national network of providers and provider locations. To find a provider visit www.anthem.com and select View National Vision Directory or call customer service at 866-723-0515.

Blue View Vision	In-Network	Out-of-Network
Routine Eye Exam (once every 12 months from last day of service)	\$20 copay, then covered in full	\$48 allowance
Eyeglass Frames (once every 24 months after last date of purchase)	Plan allowance: \$100 retail frame Frame discount: 20% off remaining balance after plan allowance	\$52 allowance
Eyeglass Lenses (Once every 24 months from last date of purchase) Factory scratch coating Polycarb Lenses and or Transitions lenses included for children under 19 years old See additional discounts for lens upgrade	\$20 copay, then covered in full for standard lenses: plastic lenses with factory scratch coating. These include the following: Single Vision Bifocal Trifocal Lenticular	\$32 allowance \$47 allowance \$66 allowance \$88 allowance
Contact lenses-elective (once every 24 months from last date of service)	Plan allowance: \$100 elective lenses Lens discount: 15% off remaining balance on conventional (non-disposable)	\$84 allowance
Contact lenses- non-elective (once every 24 months from last date of service)	Covered in full	\$210 allowance
Eyeglass lens upgrades	Member cost for upgrades UV Coating \$15 Tint (solid and gradient) \$15 Standard Polycarbonate (adults) \$40 Transitions Lenses (adults) \$75 Progressive lenses standard \$65 premium tier 1 \$91 premium tier 2 \$97 premium tier 3 \$103 Anti-reflective coating Standard \$45 premium tier 1 \$57 premium tier 2 \$68 Other add-ons and services 20% off retail price	Discounts on lens upgrades are not available out-of-network
Additional Benefits	40% off additional pair of complete eyeglasses.	

Group Term Life Insurance



Eligible employees will be enrolled in the Anthem Group Term Life and AD&D Insurance. Your Life and AD&D insurance plans are paid for in full by Weeks Medical Center.

LIFE INSURANCE	100% Employer Paid	1x Annual Salary to \$450,000 maximum
AD&D	100% Employer Paid	1x Annual Salary to \$450,000 maximum

Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information. Your Life and AD&D insurance is fully insured through Anthem.

Voluntary Life and AD&D Insurance

Eligible employees are able to purchase Voluntary Life and AD&D insurance through Anthem. Employee coverage may be purchased in increments of \$10,000 up to a maximum benefit of \$500,000. Guarantee issue upon initial eligibility: \$200,000.

Voluntary Life Insurance and AD&D for spouse may be purchased in increments of \$5,000, to a maximum amount of \$500,000. Guarantee issue upon initial eligibility: \$25,000.

Voluntary Life Insurance for children 6 months to age 19 years (26 if unmarried full-time student) may be purchased in \$2,000 increments to \$10,000. For dependent children, 15 days old to 6 months, the benefit amount is \$250.

Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information. Your supplemental Life and AD&D is fully insured by Anthem.

Disability Insurance



VOLUNTARY SHORT TERM DISABILITY INCOME PROTECTION (STD)

Eligible employees may also purchase Short Term Disability Insurance through Anthem. Short Term Disability is paid for by the employee on a voluntary basis.

The Short Term Disability benefit is **70% to a maximum of \$1,500 per week** for a non-occupational injury or illness. Benefits begin on the 15th day of an injury or illness and are payable for a maximum duration of 24 weeks.

VOLUNTARY LONG TERM DISABILITY INCOME PROTECTION (LTD)

Eligible employees may also purchase Long Term Disability insurance through Anthem. Long Term Disability is paid for by the employee on a voluntary basis.

The Long Term Disability benefit is 60% of your monthly earnings to a maximum of \$5,000. Benefits will coordinate with the voluntary STD if you have elected that benefit, otherwise benefits will begin after a 180 day elimination period.

Regarding pre-existing conditions, your conditions will not be covered if you sought treatment 3 months prior to your coverage effective date. Once you have been covered for 12 consecutive months, pre-existing conditions will be covered within the plan guidelines.

Please be advised this is a brief overview. Refer to your Summary Plan Description for complete benefit information. Your Short and Long Term Disability benefits are fully insured through Anthem.

403(b) Salary Savings Plan



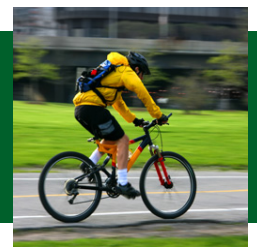
The retirement plan is based on Employee directed investments administered by MetLife. All employees are enrolled automatically after one year of service with minimum of 1,000 hours worked. Completely vested in first month of participation. Weeks Medical Center automatically deposits on a bi-weekly basis 2% of each pay period's gross wages. If you choose to contribute an additional 2% of gross wages, WMC will match 50% of your contribution (total of 3% contributed by WMC). You may choose to have these funds invested in low risk funds, balance funds, high risk funds, or a combination of funds. Contributions are pre-tax. For example, if you earn \$10,000 in a year and contribute \$1,000, you are taxed on only \$9,000. There are some restrictions for early withdrawal.

Employee Assistance Program



Employee Assistance Program is available to employees and immediate family members residing in the same household and dependent children attending college. EAP available through ESI to assist in dealing with life issues that can interfere with job performance and personal well being. Services include assessments and referrals for emotional worries, work/life issues and financial difficulties. It is a completely confidential counseling program that covers issues such as marital or family concerns, depression, substance abuse, grief and loss, financial and other personal stressors. For confidential assistance call 1-800-225-2527 or 1-800-252-4555 or visit the website at: www.myhealthcareeap.com. Employees receive unlimited telephonic counseling and up to 3 face to face counseling sessions.

Holidays



Weeks Medical Center observes the following holidays:

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Additional Information to All Eligible Employees

COBRA Information: COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

Health Insurance Marketplace: You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

HIPAA Information: Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60 day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

Women's Health and Cancer Rights Act of 1998 (WHCRA): WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if

available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE. The information contained in this Employee Benefits Summary is presented for illustrative purposes only and is based on information provided by the employer and in certificates of insurance supplied by the insurance carrier. CGI Business Solutions, your company's insurance broker, has prepared this Summary to assist employees in understanding their company's benefits plan. While every effort has been made to describe these benefits accurately, discrepancies or errors are possible. You should also read the actual plan documents in their entirety. If there is a discrepancy between the Employee Benefits Summary and the actual plan documents, the plan documents will prevail. If you have any questions about the Employee Benefits Summary, please contact Human Resources.

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Customer Service Numbers

Refer to this list when you need to contact one of your benefit vendors. For general information contact the Human Resources department.

Medical

Anthem Blue Cross Blue Shield of NH 800-870-3122
www.anthem.com

Dental Benefits

NE Delta Dental 800-832-5700
www.nedelta.com

Life and AD&D

Supplemental Life and AD&D

Voluntary Short and Long Term Disability

Anthem 800-232-0113
www.anthem.com

Employee Assistance Program

ESI 800-225-2527 or 800-252-4555
<http://www.theeap.com>

Human Resources Department

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