

2018

Employee Health Benefits Overview



South
Peninsula
Hospital



At South Peninsula Hospital we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

**The benefits in this summary are effective:
July 1, 2018 - June 30, 2019**

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Who Can You Cover?



WHO IS ELIGIBLE?

Employees who are 1.0 FTE to .5 FTE (or .45 FTE if a 12 hour scheduled employee) are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental, vision and dependent life plans.

Your spouse

- The person you are legally married to under state law, including a same-sex spouse.

Your children

- Under the age of 26 are eligible to enroll in medical, dental and vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
- Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
- Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHEN CAN I ENROLL?

Employees are eligible for benefits the 1st of the month following 60 days from date of hire.

If you do not make an election within 30 days of becoming eligible, you will not be able to enroll until the next open enrollment, unless you experience a qualifying life event.

Open enrollment is the one time each year that you can make benefit changes without a qualifying life event. Notify Human Resources within 60 days if you have a qualifying life event and need to change (add or drop) your benefit election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or
- Divorce

Medical

We are pleased to offer you the choice between two medical plans with Premera.

Credit for Services at SPD Providers and Facilities: We offer an internal credit for services provided and billed at all SPH providers and facilities for employees, spouses and dependents enrolled on either of the Premera health plans. The Core Plan provides a \$2,000 credit per family unit per year and the Buy-Up plan provides a \$1,500 credit per family unit per year.

	Premera Core Plan		
	South Peninsula Hospital Providers	Premera Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible			
Individual	\$500	\$500	\$1,500
Family	\$1,500	\$1,500	\$4,500
Annual Out-of-Pocket Max			
Individual	\$5,000	\$5,000	\$10,000
Family	\$7,500	\$7,500	\$17,500
Lifetime Max	Unlimited	Unlimited	Unlimited
Primary Provider and Specialist Office Visits	\$30 copay then Plan pays 100%	\$35 copay then Plan pays 100%	Plan pays 60% after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100% up to \$1,000 then Plan pays 60%
Chiropractic Care Up to 12 visits per year	\$30 copay then Plan pays 100%	\$35 copay then Plan pays 100%	Plan pays 60% after deductible
Diagnostic Lab/X-ray	\$30 copay then Plan pays 100%	\$35 copay then Plan pays 100%	Plan pays 60% after deductible
Complex Imaging	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan 60% after deductible
Inpatient Hospitalization	Plan pays 80% after deductible	\$250 copay then Plan pays 70% after deductible	\$500 deductible then Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan 60% after deductible
Urgent Care	Hospital based: \$150 copay then plan pays 80% Freestanding Center: \$30 copay then plan pays 100%	Hospital based: \$150 copay then plan pays 80% Freestanding Center: \$35 copay then plan pays 100%	Hospital based: \$150 copay then plan pays 80% Freestanding Center: Plan pays 60% after deductible
Emergency Room	\$150 copay then Plan pays 80% after deductible (copay waived if admitted)	\$150 copay then Plan pays 80% after deductible (copay waived if admitted)	\$150 copay then Plan pays 80% after deductible (copay waived if admitted)
Mental Health Outpatient	\$30 copay then Plan pays 100%	\$30 copay then Plan pays 100%	Plan pays 60% after deductible
Mental Health Inpatient	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible

Medical

	Premera Buy-Up Plan		
	South Peninsula Hospital Providers	Premera Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible			
Individual	\$250	\$250	\$750
Family	\$750	\$750	\$2,250
Annual Out-of-Pocket Max			
Individual	\$2,750	\$2,750	\$4,750
Family	\$5,750	\$5,750	\$9,250
Lifetime Max	Unlimited	Unlimited	Unlimited
Primary Provider and Specialist Office Visits	\$20 copay then Plan pays 100%	\$25 copay then Plan pays 100%	Plan pays 70% after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100% up to \$1,000 then Plan pays 70%
Chiropractic Care Up to 12 visits per year	\$20 copay then Plan pays 100%	\$25 copay then Plan pays 100%	Plan pays 70% after deductible
Diagnostic Lab/X-ray	\$20 copay then Plan pays 100%	\$25 copay then Plan pays 100%	Plan pays 70% after deductible
Complex Imaging	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Inpatient Hospitalization	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Outpatient Surgery	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Urgent Care	Hospital based: \$100 copay then plan pays 90%	Hospital based: \$100 copay then plan pays 90%	Hospital based: \$100 copay then plan pays 90%
	Freestanding Center: \$20 copay then plan pays 100%	Freestanding Center: \$25 copay then plan pays 100%	Freestanding Center: Plan pays 70% after deductible
Emergency Room	\$100 copay then Plan pays 90% after deductible (copay waived if admitted)	\$100 copay then Plan pays 90% after deductible (copay waived if admitted)	\$100 copay then Plan pays 90% after deductible (copay waived if admitted)
Mental Health Outpatient	\$20 copay then Plan pays 100%	\$20 copay then Plan pays 100%	Plan pays 70% after deductible
Mental Health Inpatient	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible

How to Find Premera Providers

- Go to www.premera.com, use the Premera mobile app or call 800.508.4722
- Online, you will need to log in or register on the site if you haven't already done so
- Our medical network is 'Heritage Plus'

Prescription Drugs



If you enroll in either Premera medical plan, you will automatically receive coverage for prescription drugs.

	Premera Core Plan		Premera Buy-up Plan	
	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*
Pharmacy				
Generic	\$20 copay then Plan pays 100%	\$20 copay then Plan pays 100%	\$10 copay then Plan pays 100%	\$10 copay then Plan pays 100%
Preferred Brand	\$30 copay then Plan pays 100%	\$30 copay then Plan pays 100%	\$20 copay then Plan pays 100%	\$20 copay then Plan pays 100%
Non-preferred Brand	\$60 copay then Plan pays 100%	\$60 copay then Plan pays 100%	\$40 copay then Plan pays 100%	\$40 copay then Plan pays 100%
Supply Limit	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$20 copay then Plan pays 100%	Not covered	\$10 copay then Plan pays 100%	Not covered
Preferred Brand	\$30 copay then Plan pays 100%	Not covered	\$20 copay then Plan pays 100%	Not covered
Non-preferred Brand	\$60 copay then Plan pays 100%	Not covered	\$40 copay then Plan pays 100%	Not covered
Supply Limit	Up to 90 days	N/A	Up to 90 days	N/A

Mail Order

The mail order option allows you to purchase your prescriptions in 90-day quantities for the same copay as a 30-day supply at the pharmacy. For information about the mail order program, go to www.premera.com.

**Non-participating Pharmacies*

When you fill a prescription at a non-participating pharmacy, you will pay the full price for the drug and submit a claim for reimbursement. Prescriptions filled at a non-participating pharmacy are subject to the 'Allowable Charge' which means you may owe more than the copay if the cost of the drug exceeds the allowable charge.

Additional Premera Information



Premera Nurseline

When your health question can't wait, you can call Premera's 24 hour Nurseline at 800.841.8343. With the Nurseline, you can speak to a registered nurse about health issues at any time, day or night. The call is free, confidential and you can call as many times as you need to.

Premera Online

Premera's self-service website provides members with a single source for online health and benefits information 24/7. Members can view or print a digital ID card or view benefit plan information, find forms, contact Premera directly and access health and wellness information.

Premera online also includes secure, personalized features for registered members including access to claims activity.

Premera Health Help

When a health crisis hits you or your family, it's easy to get overwhelmed. There are many things to learn, resources to find, and systems to juggle—all at a time when all you want is for you and your loved one to feel better.

Premera's licensed healthcare professionals work with you and your healthcare providers as a single point of contact who can get answers to your questions and advocate on your behalf. We can help you find providers, coordinate care with you and your doctors or find resources to help you with things that may not be covered by your health plan. We can also help locate community resources to support both the patient's and caregiver's needs.

For help with a complex medical situation, call 888.742.1479 or email healthhelp@premera.com.

Medical Travel Support Program

Premera's Medical Travel Support benefit reimburses you for approved travel expenses when you travel for qualified medical procedures at pre-approved medical facilities outside of Alaska. Approved travel expenses are partly covered for both you and a travel companion. In addition, the deductible and coinsurance are waived when you receive an eligible procedure at a qualified facility.

What Are the Benefits of the Medical Travel Support Program?

- Deductible and coinsurance are waived for approved procedures
- Round trip airfare is reimbursed for you and a companion
- Hotel is reimbursed up to \$50 per person per day (up to 10 nights for outpatient and 20 for inpatient procedures)
- Rental cars, taxis, parking and other transportation services are reimbursed up to \$35 per day
- Ferry is reimbursed up to \$50 per person per day each way

What You Need to Know

- Pre-approval of medical travel is required
- Travel must be to a pre-approved facility outside Alaska
- Westgate Travel can be used to make travel arrangements. There is a \$40 refundable fee for using their services. You can also make your own arrangements and submit all required receipts for reimbursement.
- Premera has partnered with pre-approved facilities that specialize in specific procedures not available locally.
- Food is not a reimbursable expense

Eligible Procedures

This program is available for a wide variety of procedures. You must receive pre-approval from Premera before obtaining any Medical Travel procedure. Below is a partial list of eligible procedures:

- Left heart catheterization
- Repair detached retina
- Dysrhythmia focus ablation
- Cardiac Defibrillator
- Removal of plaque build-up in the major neck arteries
- Hip replacement
- Major cardiovascular procedures
- Ear drum repair
- Coronary bypass with cardiac catheterization

Pre-Approved Facilities

Premera has selected renowned hospitals and facilities for care in our region. We recommend working you're your local provider to choose the best facility for your procedure. Below is a partial list of pre-approved facilities:

- Virginia Mason Medical Center (Seattle, WA)
- Evergreen Health Medical Center (Kirkland, WA)
- Valley Medical Center (Renton, WA)
- Overlake Medical Center (Bellevue, WA)
- North Seattle Surgery Center (Seattle, WA)
- Providence Regional Medical Center (Everett, WA)

For pre-approval or for a complete list of approved procedures and facilities, contact Premera Medical Travel Program at 800.508.4722. For travel arrangements, contact Westgate Travel at 800.877.3778.

Dental and Vision

We are pleased to offer dental and vision plans with Premera. These plan allow you to seek care from any licensed provider but you will have lower out-of-pocket expenses when you visit a network provider. If you visit a non-network provider, services will be paid at the same benefit level as network providers but you will be responsible for amounts above the allowable charge in addition to any applicable deductible and coinsurance.

Premera Dental Plan		
	Network Providers	Non-Network Providers
Calendar Year Deductible	\$100 per person up to a family maximum of \$300	\$100 per person up to a family maximum of \$300
Annual Plan Maximum	\$3,000	\$3,000
Diagnostic and Preventive	Plan pays 100%	Plan pays 100% of allowed amount
Basic Services Fillings, Periodontics, Simple Extractions	Plan pays 80% after deductible	Plan pays 80% of allowed amount after deductible
Major Services Bridges, Dentures, Crowns	Plan pays 50% after deductible	Plan pays 50% of allowed amount after deductible

Pre-Treatment Estimate

Before beginning extensive dental work, it is STRONGLY recommended that you have your dentist obtain a pre- treatment estimate from Premera.

Frequency Limitations

Dental benefit contracts include limits on how frequently certain services are covered. Services with frequency limitations include routine exams and cleanings, x-rays, periodontal work and crown replacement. Please refer to your plan booklet for limitations.

Premera Vision Plan		
	Network Providers	Non-Network Providers
Examination		
Benefit	Plan pays 100% up to \$100	Plan pays 100% of allowed amount up to \$100
Frequency	1 x every 24 months	1 x every 24 months
Materials		
Benefit	Plan pays 100% up to \$400	Plan pays 100% of allowed amount up to \$400
Frequency	1 x every 24 months	1 x every 24 months

How to Find Premera Dental and Vision Providers

- Go to www.premera.com, use the Premera mobile app or call 800.508.4722
- Online, you will need to log in or register on the site if you haven't already done so
- Our dental network is 'Dental Choice'. For vision, browse the vision care directory.

Flexible Spending Account (FSA)



A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year.

The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. And reimbursements from your FSA accounts are tax-free. The catch is that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. Premera administers this program.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending allowed between the healthcare and dependent care accounts.
- Expenses must be incurred between 7/1/2018 and 6/30/2019 and submitted no later than 09/30/19.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for eligible expense incurred by you, your spouse, and your tax dependents only. Your spouse or tax dependent children do not have to be covered on the South Peninsula Hospital health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.

HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental and vision costs, including plan deductible, copays, coinsurance and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year.

2018 Limit: \$2,650

DEPENDENT CARE FSA ACCOUNT

Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan.

2018 Limit: \$5,000 per household

Life and AD&D Insurance



If you have loved ones who depend on your income for support, having life and accidental death (AD&D) insurance can help protect your family's financial security. Age may affect coverage levels.

BASIC LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

Basic Life and AD&D benefits are provided through Cigna. Enrollment is automatic and the cost of coverage is paid in full by the South Peninsula Hospital.

Basic Life and AD&D Coverage	
Employee	1 x salary rounded to the next \$5,000, plus \$5,000 up to a maximum of \$200,000
Spouse and Child	\$1,000

Taxes: A life insurance benefit of \$50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

VOLUNTARY LIFE

You have the opportunity to purchase Voluntary Life Insurance if you need additional insurance to protect your family's financial security. Coverage is provided through Cigna.

Voluntary Life Coverage	
Employee	Increments of \$10,000 up to the lesser of 5x annual salary or \$500,000
Spouse	Increments of \$5,000 up to the lesser of 50% of employee amount or \$50,000
Child(ren)	\$5,000 up to a maximum of \$5,000

Evidence of Insurability: If you elect voluntary life insurance when you and/or your spouse are first eligible, you can request up to \$50,000 for yourself and \$25,000 for your spouse without providing evidence of insurability. If you request coverage for yourself or spouse after you are first eligible, you will need to submit evidence of insurability for all amounts of coverage requested.

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Disability Insurance



If you become disabled and cannot work, no benefit becomes more important to your financial security than disability income protection. Protecting your income stream can provide you and your family with peace of mind.

LONG-TERM DISABILITY INSURANCE (LTD)

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a period of time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

Long-Term Disability coverage is provided through Cigna. Enrollment is automatic and South Peninsula Hospital pays the full cost of coverage.

Long Term Disability Coverage	
Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	\$2,500
Benefits Begin After	180 days of disability
Maximum Payment Period*	Social Security normal retirement age

*The age at which the disability begins may affect the duration of the benefits.

Note: Additional Short-Term Disability insurance can be purchased through Colonial Life. Please see the 'Additional Benefits' on page 13 for more information.

Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program through SupportLinc can help. Enrollment is automatic and South Peninsula Hospital pays the full cost of your coverage for you and your household members.

The program provides you and your household members up to 3 in person visits per issue with a licensed counselor. Call to request a referral. In addition, the program includes confidential assistance from trained counselors with issues including:

- Stress, Anxiety and Depression
- Substance Abuse
- Grief and loss
- Relationship and Parenting Issues
- Work/life Balance
- Legal and Financial Services Referrals
- Child Care and Elder Care Referrals

Help is available 24/7, 365 days a year by phone at 888.881.5462. Other resources are available online at www.supportlinc.com (username: sphosp password: linc123). Video and web chat counseling sessions are available on the SupportLinc website. Support is also available on the eConnect mobile app.

VOLUNTARY SUPPLEMENTAL BENEFITS – COLONIAL LIFE

We are pleased to provide you with the opportunity to purchase supplemental benefits through Colonial Life. These plans are designed to help cover the out of pocket expenses related to health insurance as well as paycheck protection if you're not able to work because of an illness or injury. These cash benefits are paid directly to you and there is no coordination of benefits with your health insurance or other plans.

Disability (Paycheck) Insurance

Provides income replacement to help make ends meet if you are unable to work due to a covered injury or sickness. This coverage helps you to maintain your lifestyle and day-to-day bills.

Accident

Helps offset the unexpected medical expenses, such as deductibles and copayments that can result from a fracture, dislocation, or other covered accidental injury.

Life Insurance

Enables you to tailor coverage for your individual needs and helps provide financial security for your family members. A helpful rule of thumb to determine the amount of life insurance you may need is to multiply your current salary by five to eight years.

Cancer Coverage

Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

Critical Illness Coverage

Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

Rates and enrollment information are provided by Colonial Life. For questions, contact Brian Murphy at 206.372.5157 or Brian.Murphy@ColonialLife.com.

PERSONAL TIME OFF (PTO)

PTO begins accruing upon calculation of a regular employee's first paycheck. PTO may not be used until completion of the employee's first 640 hours of successful employment. PTO is earned based on the number of hours worked; with an accrual no less than an employee's designated FTE. PTO cap is 400 hours.

Each regular employee covered under this Agreement may use accrued paid time off in increments of not less than fifteen (15) minutes which must be scheduled with the consent of the Employer. Approval for use of PTO is contingent on a reasonable expectation that the employee will have sufficient PTO accrued to cover the absence. All personal leave hours shall be paid at the regular employee's base rate of pay.

Requirements: Status of 1.0 FTE to no less than a .50 FTE (.45 FTE if a 12-hr scheduled employee); eligible first day of month following 60 days of employment.

HOLIDAYS

South Peninsula Hospital observes the following holidays:

- New Year's Day - January 1
- Memorial Day - Last Monday in May
- Independence Day - July 4
- Labor Day - First Monday in September
- Veteran's Day - November 11
- Thanksgiving - Fourth Thursday in November
- Christmas Day - December 25

SICK LEAVE

Sick leave is earned at a rate equal to .030768 times the hours regularly scheduled to be worked for regular full-time employees and all hours actually worked or equivalent to regular part-time employees designated FTE. Sick leave begins accruing upon calculation of a regular employee's first paycheck. Sick leave may not be used until completion of the employee's first 640 hours successful employment. This bank is to be used for illness or injury.

For the first 16 hours of work missed because of sickness or accident, employees will be required to use PTO, any days missed thereafter sick leave will be used. For absence due to hospitalization, elective outpatient surgery, or on-the-job injury (Workers' Compensation) or an infectious disease, sick leave will be paid beginning with the first 8 hours of work missed. The bank cap is 400 hours.

EXTENDED ILLNESS BANK (EIB)

EIB is a benefit for those employees who have accrued hours beyond the 400 hour cap of their sick leave bank. Once the cap is reached, additional sick leave hours will accrue to the individual employee's EIB. The accrual rate matches the accrual rate of regular sick leave.

Requirements: Be an employee of SPH

NON-VOLUNTARY 403(b) RETIREMENT PLAN

Provides for an employer contribution plus a dollar for dollar match of elective deferrals. Your employee status will determine which plan you are eligible for. Must enroll in the voluntary plan to receive either employer contribution.

Requirements: 1000 hours of work per year and be at least age 19

VOLUNTARY 403(b) (Non-Profit Hospital) RETIREMENT PLAN

All Employees may enjoy the benefits of a retirement savings account that can be contributed to every pay period. The money is taken from your check prior to taxes being calculated. Your Federal Taxes are based on the remaining dollars in your paycheck.

Requirements: Be an employee of SPH

401(k) PLAN

An employee only contribution plan is available through the Teamsters Local 959 for bargaining unit members. There is a \$1.00 monthly administrative fee that is paid by the hospital. More information is available from your Union local.

Requirements: Teamster's 959 member

WELLNESS PLAN

The following programs are available to eligible employees as 50% co-payment up to a maximum of \$400.00 reimbursement per calendar year. Listed below are some examples:

- Membership or participation fees for an approved weight loss or control program when done in conjunction with a Nutrition consultation
- Smoking cessation clinic
- Nutrition consultation or participation in CHIP's (Complete Health Improvement Plan)
- Exercise/fitness program or class: Yoga, Zumba, Pilates, basketball, soccer, volleyball, high school walking punch card, High School weight room punch card
- Swimming punch card at Homer High School pool
- Health Club membership fees: Bay Club Fitness Center, AK Training Room
- Hockey or Ice skate punch card
- Physical Therapy Facility usage at SPH (**monthly fee of \$20 for unlimited use**).
- Exercise equipment which provides cardiovascular/total body workout, purchased from a retail outlet.
- Light Therapy Box (white light with illuminance of 10,000 lux)

The following are **not** covered under the Wellness Program: massage therapy, rolfing, or any other alternative health therapies (some alternative therapies may be covered through your Flexible Spending Account with an order from a healthcare provider).

Requirements: Be an employee of SPH

Cost of Coverage – Per Pay Period

Premera Core Medical Plan		.8 – 1.0 FTE	< .8 FTE
Employee Only		\$35.29	\$52.93
Employee + Spouse		\$138.15	\$207.22
Employee + Child		\$103.25	\$154.88
Employee + Children		\$113.93	\$170.89
Employee + Family		\$185.44	\$278.16
Premera Buy-Up Medical Plan		.8 – 1.0 FTE	< .8 FTE
Employee Only		\$83.50	\$113.86
Employee + Spouse		\$163.44	\$222.87
Employee + Child		\$122.16	\$166.58
Employee + Children		\$134.79	\$183.80
Employee + Family		\$219.39	\$299.16
Premera Dental Plan		.8 – 1.0 FTE	< .8 FTE
Employee Only		\$8.74	\$10.93
Employee + Spouse		\$17.11	\$21.39
Employee + Child		\$12.79	\$15.99
Employee + Children		\$14.12	\$17.66
Employee + Family		\$22.97	\$28.71
Premera Vision Plan		.8 – 1.0 FTE	< .8 FTE
Employee Only		\$3.60	\$4.50
Employee + Spouse		\$7.04	\$8.80
Employee + Child		\$5.26	\$6.58
Employee + Children		\$5.81	\$7.27
Employee + Family		\$9.45	\$11.82
Cigna Voluntary Life Plan		Voluntary EE & Spouse Life Rate per \$1,000 of Benefit	
Age 29 & Younger	\$0.065	50 - 54	\$0.410
30 - 34	\$0.087	55 - 59	\$0.670
35 - 39	\$0.108	60 - 64	\$0.845
40 - 44	\$0.152	65 - 69	\$1.473
45 - 49	\$0.260	Child Life Rate per \$1,000 of Benefit	\$0.200

Plan Contacts



For information about your benefits, you can contact our benefit carriers directly or reach out to Human Resources at HR@sphosp.org or 907.235.0386.

Plan Type	Provider	Phone Number	Website/Email	Policy/Group #
Medical	Premera	800.508.4722	www.premera.com	4006590
Nurseline	Premera	800.841.8343	N/A	4006590
Medical Travel	Premera	800.508.4722	www.premera.com	4006590
Dental	Premera	800.508.4722	www.premera.com	4006590
Vision	Premera	800.508.4722	www.premera.com	4006590
Flexible Spending Account	Premera	800.941.6121	www.premera.com	4006590
Life/AD&D	Cigna	800.331.9548 For Claims: 800.362.4462	www.cigna.com	FLX968019/ OK969503
Long Term Disability	Cigna	800.331.9548	www.cigna.com	BK960180
Employee Assistance Program	SupportLinc	888.881.5462	www.supportlinc.com	Username: sphosp Password: linc123
Supplemental Benefits	Colonial	206.372.57	Brian.Murphy@ColonialLife.com	N/A

Additional Assistance

BENEFIT ADVOCATE

South Peninsula Hospital offers you confidential access to a Benefit Advocate who can help you with benefit questions or resolving claim issues.

Christie McDonald

cmcdonald@alliant.com

800.410.6571 ext. 2049177

Hours: 8:30-5:00, Monday – Friday

If you have benefit questions or a problem with claims payments, your Benefit Advocate is available to help you and your covered family members. Benefit Advocates are benefits professionals who are available to help you better understand your benefit program and to assist you in resolving complex issues such as claims appeals.

If Christie is unavailable when you call, you may request to be redirected to another Benefit Advocate. You can call toll-free from anywhere in the U.S. or Canada. All calls are confidential. Your Benefit Advocate will track your issue through completion to make sure that it is resolved.

Benefit Advocates are a service provided by Alliant Employee Benefits

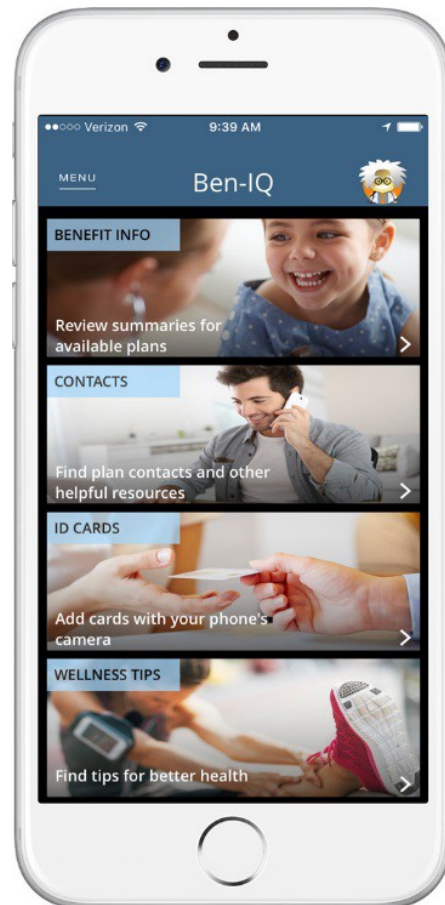
Meet Ben-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips — your smartphone. Ben-IQ is available for Android and iPhone.

GETTING STARTED WITH BEN-IQ

1. Download and launch the app.
2. Enter your assigned Employer Key: **SPH**
3. Read and agree to the Terms and Conditions.

With Ben-IQ you can, review your plan summaries, find important contact information, store your ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members too.



Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are in the Annual Notices booklet. Notices include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- [HIPAA Notice of Privacy Practices](#)
Describes how health information about you may be used and disclosed.
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
Describes availability of premium assistance for Medicaid eligible dependents.
- [Nondiscrimination and Accessibility Requirements Notice](#)
Describes organization's compliance with Federal non-discrimination laws along with communication and language assistance services.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

CURRENT PLAN DOCUMENTS

Important documents for our benefit plans are available from Human Resources and include:

Summary Plan Descriptions (SPD)

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available:

- Premera Core Medical Plan
- Premera Buy-Up Medical Plan

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to South Peninsula Hospital Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices for more details.

