



YUMA REGIONAL MEDICAL CENTER



2019 WELLNESS AND BENEFITS GUIDE

WELCOME

Welcome to your 2019 benefits guide. This guide provides a summary of the benefit options available for Yuma Regional Medical Center employees for 2019. Please review it carefully so you can choose the coverage that is right for you and your family.

All elections you make as a new hire will take effect on the first day of employment. No changes to the medical, dental, or vision plans are allowed at any other time unless you have a Qualified Life Event (birth, marriage, divorce, adoption, etc.).

To get the best value from your health care plan, please take the time to evaluate your coverage options and determine which plans best meet your health care and financial requirements. By being a wise consumer, you can support your health and maximize your health care dollars.



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IMPORTANT CHANGES FOR 2019

We're making some important changes to our benefits program for 2019, including:

- New medical plan option: HDHP with Health Savings Account (HSA)
- Flexible Spending Account (FSA) vendor change
- New Life carrier
- New Wellness incentive

ELIGIBILITY

You are eligible for benefits if you work at least 60 hours per pay period. Most of your benefits are effective on your date of hire in an eligible position.

You may enroll your eligible dependents for coverage once you qualify. Your eligible dependents include:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency, or marital status
- Children who are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return, may continue coverage past age 26

QUALIFIED LIFE EVENTS

Generally, you may only change your benefit elections during the annual enrollment period. However, you may change your benefit elections during the year if you experience a Qualified Life Event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change of employment status by you or your spouse
- A significant change in your or your spouse's health coverage due to your spouse's employment
- Qualification by the plan administrator of a Medical Child Support Order

You must notify Human Resources within 30 days of the Qualified Life Event. Depending on the type of event, you may need to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

HOW TO ENROLL

You can enroll through Employee Space or directly on the benefits platform. Simply follow the steps below.

Benefits Platform:

- Go to yumaregional.hrintouch.com
- Log in
 - Username:** YRMC (all caps) + 6 digit employee ID number (example: YRMC123456)
 - Password:** For first time users, it is your last name (all caps) plus the last 4 digits of your SSN. For returning users, use existing password.
 - Do you need a password reset? No problem. Email benefits@yumaregional.org to request a temporary password.
- Click on *Click here* to enroll

Don't forget to print a copy of your benefits summary report for your records.

QUESTIONS?

If you need help with your elections, or have questions, email a benefits representative at: benefits@yumaregional.org.



MEDICAL COVERAGE

Our plans let you visit the doctor of your choice. Although you may see a provider who doesn't participate in the plan's network, in most cases your benefits are greater (and your out-of-pocket expenses smaller) when you see a network provider.

Once you reach the Individual, Employee + Spouse, Employee + Child, or Family in-network or out-of-network out-of-pocket maximum in any calendar year, either plan will pay 100% of additional covered in-network or out-of-network expenses you or your covered family members incur during the rest of that year, as applicable, and subject to plan rules. The out-of-pocket maximum, however, does not include penalties (such as late cancellation fees for doctor's appointments).

MEDICAL PLANS COMPARISON

	PPO PLAN			HEALTH SAVINGS PLAN		
	TIER 1	TIER 2	OUT-OF-NETWORK	TIER 1	TIER 2	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE						
Individual	\$500		\$3,000	\$1,500		\$3,000
Family	\$1,000		\$6,000	\$3,000		\$6,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)						
Individual	\$3,000		\$8,000	\$3,000		\$8,000
Family	\$6,000		\$16,000	\$6,000		\$16,000
Lifetime Maximum	Unlimited			Unlimited		
	YOU PAY			YOU PAY		
COINSURANCE / COPAYS						
Preventive Care	No charge	No charge	50%*	No charge	No charge	50%*
Primary Care Physician	No charge	\$30 copay	50%*	0%*	20%*	50%*
Specialist	\$20 copay	\$40 copay	50%*	0%*	20%*	50%*
Diagnostics, X-ray and Lab	No charge, \$75 or \$100 copay	20%*	50%*	0%*	20%*	50%*
Urgent Care	\$30 copay	\$30 copay	50%*	0%*	20%*	50%*
Emergency Room	\$350 copay	\$350 copay	\$350 copay	0%*	0%*	0%*
Inpatient Hospital Care	20%*	20%*	50%*	0%*	20%*	50%*
Outpatient Surgery	10%*	20%*	50%*	0%*	20%*	50%*
PHARMACY						
RETAIL RX (UP TO 30-DAY SUPPLY)						
Tier 1	\$10 copay			Deductible + 20%		
Tier 2	\$25 copay			Deductible + 20%		
Tier 3	\$50 copay			Deductible + 20%		
MAIL ORDER RX (UP TO 90-DAY SUPPLY)						
Tier 1	\$20 copay			Deductible + 20%		
Tier 2	\$50 copay			Deductible + 20%		
Tier 3	\$100 copay			Deductible + 20%		

* After deductible

Visit myhealthtoolkitaz.com to view your Explanation of Benefits, order cards and review medical coverage.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is an account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the Health Savings medical plan.

HOW A HEALTH SAVINGS ACCOUNT (HSA) WORKS



Eligibility

You must be enrolled in the Health Savings Plan (HSP).



Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$3,500 if you enroll only yourself or \$7,000 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55.



The Company's Contribution

\$250 for Employee Only coverage

\$500 for Employee + Child coverage

\$500 for Employee + Spouse coverage

\$500 for Employee + Family coverage

Note: You can receive an additional \$250 if you complete the YRMC wellness activities.



Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. If you want to enroll in a Health Care FSA, you are eligible to enroll in a Limited Purpose FSA.



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Remaining Funds

Money left in your HSA at the end of the year will roll over to the next year — you'll never lose your HSA dollars. If you leave the Company or retire, you can take your HSA with you and continue to pay and save for future eligible health care expenses.

YOUR HSA IS ALWAYS YOURS — NO MATTER WHAT!

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the company or retire, your HSA goes with you!

THE TRIPLE TAX ADVANTAGE

1

You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too — tax free, or retire — tax free.

2

Unused funds grow and can earn interest over time — tax free.

3

You can save your HSA funds to use for your health care when you leave the Company or retire — tax free.

THE HSP AND HSA: HOW THEY WORK TOGETHER

Your contributions help to cover a portion of your deductible and coinsurance.



Free In-Network Preventive Care

To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.



Deductible

You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plan, but offset by HSA contributions you and the Company may make.



Coinsurance

Once the deductible is met, you and the Company share any further health care costs until you meet the out-of-pocket maximum.



Out-of-Pocket Maximum

The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

HOW THE HSA WORKS

Please note: Funds available for reimbursement are limited to the balance in your HSA.

Choose the Health Savings Plan.

The Company opens an HSA for you at HSA Bank and you begin to make deposits into your account. You may open an HSA at any financial institution of your choice. However, payroll deductions and YRMC funding are available only for HSAs through HSA Bank.

You determine how much to contribute (tax-free) to your HSA each pay period.

Use money in your HSA for eligible medical, dental and/or vision expenses.

Money left over at the end of the year rolls over for future use.

Yolanda enrolls herself only in the HSP with HSA. She chooses to use her HSA to pay for covered services — this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

YEAR 1 EXAMPLE	YEAR 2 EXAMPLE
The Company deposits \$250 in Yolanda's HSA	The Company deposits \$250 in Yolanda's HSA
She contributes \$3,250 for total of \$3,500	She contributes \$3,250 for total of \$3,500
She uses her HSA to pay \$700 of eligible expenses	\$2,550 rolls over from last year for total of \$6,050
She has \$2,550 in her HSA to roll over to next year	She uses her HSA to pay \$1,250 of eligible expenses
	She has \$4,800 in her HSA to roll over to next year



DENTAL PLAN

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Therefore, the plan pays benefits for covered preventive and diagnostic services with no need for you to pay a deductible (whether services are obtained in-network or out-of-network). Your contribution for dental coverage during 2019 will reflect the option you choose and the family members you cover. **Note: You may elect dental coverage for 2019 whether or not you elect medical coverage.**

	DPPO PREVENTIVE		DPPO COMPREHENSIVE	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE				
Individual	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100
CALENDAR YEAR BENEFIT MAXIMUM				
Per Individual	\$500 per individual (Basic and Major Services combined)		\$1,500 per individual (Basic and Major Services combined)	
	SERVICES			
PREVENTIVE CARE				
Exams, Cleanings, X-rays, Fluoride Treatments	100%	100% of UCR	100%	100% of UCR
BASIC SERVICES				
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	80%	80% of UCR	80%	80% of UCR
MAJOR PROCEDURES				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	Not covered	Not covered	50%	50% of UCR
ORTHODONTIA				
24-Month Treatment Fee – Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding				
Adults	Not Covered		50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived	
Children				

VISION PLAN

Our vision plan provides affordable, quality vision care. Although vision care services and supplies are covered in- and out-of-network, your benefits are generally greater when you use network providers. Your cost for 2019 reflects the family members you cover. **Note: You may elect vision coverage for 2019 whether or not you elect medical coverage.**

	VISION PLAN	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	YOU PAY	REIMBURSEMENT
COST		
Exam	\$10	Up to \$45
Materials	\$25 copay	—
COVERED SERVICES – LENSES		
Single Lenses	\$25 copay	Up to \$30
Bifocals	\$25 copay	up to \$50
Trifocals	\$25 copay	Up to \$65
Frames	\$25 copay	Up to \$70
COVERED SERVICES – CONTACTS IN LIEU OF FRAMES/LENSES		
Contacts – Medically Necessary	\$25 copay	Up to \$210
Contacts – Elective	\$25 copay	Up to \$105
BENEFIT FREQUENCY		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Contacts	Once every 12 months	Once every 12 months



FLEXIBLE SPENDING ACCOUNTS (FSAs)

To help you pay for certain expenses using pretax dollars, you can participate in a health care or dependent care reimbursement account, also known as a Flexible Spending Account (FSA). There are two types of FSAs —the Health Care FSA and the Dependent Care FSA.

When you enroll in an FSA, you choose to contribute a certain amount, through pretax payroll deductions during the year, to the account. Because your contributions are deducted before federal and Social Security taxes are withdrawn, you save money on your taxable income.

Think of an FSA as a personal checking account. You make regular deposits to your account(s) through pretax payroll deductions. You are reimbursed when you incur eligible expenses.

Your contributions will be deducted from your paycheck in equal installments over the course of the calendar year. For example, if you choose to contribute \$1,200 to your Health Care FSA, \$100 would be withdrawn each month.

HEALTH CARE FSA

When you open a Health Care FSA, you can set aside pretax dollars to pay for the medical, dental and vision care expenses not covered under your other benefit plans. You have until March 31 to submit claims for expenses incurred between January 1 of the current plan year through December 31. The Plan allows you to carry over up to \$500 of unused amounts remaining in your Health Care Spending Account at the end of a Plan Year to be used for medical expenses incurred during the next Plan Year.

Remember: If you do not spend all the money in your FSA by the deadline, IRS regulations state that it cannot be reimbursed to you as regular pay because it was taken in pretax dollars. As a result, any unused dollars in your account(s) after the deadline will be forfeited.

Note: If you are a participant in a Health Savings Account (HSA), you are not eligible for the Health Care FSA reimbursement account.





DEPENDENT CARE FSA

When you open a Dependent Care FSA, you can set aside pretax dollars to pay for dependent care costs. The money in your Dependent Care FSA **cannot** be used to pay for your dependents' health care expenses. Health care expenses can be reimbursed only from your Health Care FSA (if you have elected one).

You have until March 31 of the following year to submit claims for expenses incurred between January 1 and December 31 of the current plan year.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	Maximum contribution is \$2,700 per year
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)

FSAS HELP YOU SAVE ON YOUR TAXES

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

ACCOUNT TYPE	WITH FSA	WITHOUT FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to Health Care FSA and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$36,299	\$35,645
TAX SAVINGS WITH THE HEALTH CARE AND DEPENDENT CARE FSAS	\$654	N/A

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Basic Life insurance coverage is provided at no cost to you, and you are not required to enroll in any other health and protection program. You are automatically covered up to the amount of one times your basic annual earnings (to \$500,000 maximum). A designated beneficiary is required to complete your enrollment.

AD&D is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

VOLUNTARY LIFE COVERAGE

When you purchase additional Life insurance for yourself, you may also purchase Voluntary coverage for your spouse and your dependent children. If you leave Yuma Regional Medical Center, you may take the insurance with you.

COVERAGE FOR	COVERAGE AVAILABLE
Employee	One, two, three or four times your basic earnings to \$500,000 maximum.
Spouse	\$30,000. Available up to age 70.
Child(ren)	\$10,000



GUARANTEED ISSUE & EVIDENCE OF INSURABILITY

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to \$250,000 Guaranteed Issue (GI) without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective. If you enroll your spouse when first eligible, you may buy up to \$30,000 without providing EOI. Your spouse will need to provide EOI if coverage is requested at a later date. No EOI is required for Child Life.



VOLUNTARY AD&D COVERAGE

When you purchase additional AD&D insurance for yourself, you may also purchase Voluntary coverage for your spouse and your dependent children.

COVERAGE FOR	COVERAGE AVAILABLE	
Employee + Family	One, two, three or four times your basic earnings to \$500,000 maximum.	

AGE	MONTHLY EMPLOYEE RATE PER \$1,000	SPOUSE MONTHLY RATE PER \$1,000
<25	\$0.055	\$0.30
25–29	\$0.065	\$0.30
30–34	\$0.086	\$0.30
35–39	\$0.098	\$0.30
40–44	\$0.108	\$0.30
45–49	\$0.162	\$0.30
50–54	\$0.249	\$0.30
55–59	\$0.464	\$0.30
60–64	\$0.713	\$0.30
65–69	\$1.371	\$0.30
70–74	\$2.223	\$0.30
75–79	\$2.223	\$0.30
CHILD RATE	\$0.095	
EMPLOYEE AD&D RATE	\$0.023 per \$1,000	
FAMILY AD&D RATE	\$0.035 per \$1,000	



DISABILITY INSURANCE

If you're suddenly unable to earn a paycheck due to illness or an accident, disability insurance can help you meet expenses and maintain your standard of living. It can help you pay bills like your mortgage, tuition and car payments, and to help cover expenses for food, clothing and utilities. Disability insurance can help provide financial security until you are able to return to work.

LONG-TERM DISABILITY

Long-Term Disability (LTD) covers a portion of your base annual earnings to a set monthly maximum amount. Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. Certain exclusions as well as pre-existing condition limitations may apply. Please refer to your Summary Plan Description for details or contact Human Resources about specific benefits.

PLANNING FOR RETIREMENT

A 401(k) is a company sponsored retirement plan that is available to you as part of your total benefits package. You are automatically enrolled at 2% and the company matches up to 4%. You may decide to put an additional percentage of each paycheck into the account. These contributions are placed into investments that you've selected based on your retirement goals and risk tolerance. When you retire, the money you have in the account is available to support your living expenses.

YOUR CONTRIBUTIONS ARE TAX-DEFERRED

Your 401(k) contributions are deducted right from your paycheck and go directly into your account before taxes are withheld. So if your salary is \$50,000 a year and you contribute \$3,000 to your 401(k), you will pay income tax on \$47,000 next April instead of the entire \$50,000 that you earned.

You may contribute up to 75% of your earnings, not to exceed \$19,000 (the IRS limit). You may change the amount of your contributions or stop contributions at any time. You also decide how to invest the assets in your account and you may change your investment choices anytime.

YOUR CONTRIBUTION	HOSPITAL MATCH
1%	1%
2%	2%
3%	3%
4%	3.5%
5% or more	4%

CATCH-UP CONTRIBUTIONS

If you are or will be age 50 or older in this calendar year and contribute the maximum allowed to your account, you may also make "catch-up contributions." The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. The maximum catch-up contribution is \$6,000 for 2019. See your plan administrator for more details.

TO MAKE CHANGES

You can make changes in the Yuma Regional Medical Center's 401(k) plan, by using one of the following methods:

1. Call the Wells Fargo Benefits Helpline at 800-728-3123
Username: Your Social Security Number
PIN: Last four digits of your Social Security Number (for first time users)
2. Go online to www.wellsfargo.com/retirementplan
Click on New User Username: Your Social Security Number
Password: Your birth date (mm/dd/yyyy) (for first time users)

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

We offer our employees and their eligible family members free access to licensed counselors through our Employee Assistance Program (EAP). Through this coverage, employees and their families receive immediate support and guidance, as well as assessments and referrals for further services. Each employee and their family members are entitled to 6 free sessions annually.

ALL EAP CONVERSATIONS ARE VOLUNTARY AND STRICTLY CONFIDENTIAL.

There's never a cost when you contact an EAP counselor. If you and your counselor determine that additional assistance is needed, however, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

EAP counselors can help with a number of items, including stress, marital or family problems, anxiety and depression, alcohol or drug abuse, financial issues, and concerns about children and aging parents.

The EAP can also help with child care issues, such as identifying day care centers, nursery schools, before/after school programs, private schools and tutoring services. Other services include researching pet care centers, maintenance and repair providers, and community volunteer opportunities.

EMPLOYEE TIME OFF STRUCTURE

PAID TIME OFF

Paid time off to give you a chance to take care of personal business, enjoy a special vacation or just unwind from the demands of everyday life. You earn paid time off as soon as you begin working.

Non-exempt accrual:

- If employed less than four (4) years (continuously), you will accrue PLT for each hour worked, up to a maximum of 24 eight-hour days per year.
- If employed more than four (4) years (continuously), you will accrue PLT for each hour worked, up to a maximum 29 eight-hour days per year.

Exempt accrual:

- If employed less than four (4) years (continuously), you will accrue PLT for each hour worked, up to a maximum of 27 eight-hour days per year.
- If employed more than four (4) years (continuously), you will accrue PLT for each hour worked, up to a maximum of 32 eight-hour days per year.



PAID SICK AND ILLNESS TIME OFF

Paid sick time to use when you or your immediate family are sick. Extended Illness Bank (EIB) for when you need to be out for a long period of time.

Paid Sick Time (PST)

- **For core employees (at least 0.75 FTE year-round)** PST is an annual allotment of 40 hours, frontloaded (all-at-once) during the first pay period of each new calendar year. Any unused balance will be automatically cashed out after the last pay period of the calendar year (to be replaced by a fresh allotment of 40 hours). PST may not be carried forward and has no redeemable cash value at the time of termination.
- **For supplemental employees (less than 0.75 FTE year-round)** These employees are not eligible for a frontloaded allotment. Instead, they accrue one hour for every 30 hours worked (0.0334 hours of PST per hour worked) up to a maximum of 40 hours. They may carry-over hours (never to exceed a 40-hour balance), but may not cash-out PST at any time.
- New hires and rehires are not eligible to use PST within the first 90 days of employment.
- Newly hired core-employees will receive a prorated allotment of PST, based upon start date.

Extended Illness Bank (EIB)

- Requires 24-hour waiting period and approved medical certification to qualify.
- Accrues at a rate of 0.0384 hour of EIB for each hour paid up to a maximum of 80 hours of EIB per year. EIB may carry-over year-to-year and accumulate up to a maximum balance of 488 hours.

Physician and Advance Practice Professionals to refer to contract for specific time off structure.

BUSINESS TRAVEL ACCIDENT INSURANCE

Business Travel Accident insurance offers coverage in the event of sickness, accidental death or dismemberment when you're traveling for business. In addition, this coverage includes:

- 24-hour worldwide business travel protection
- Travel assistance services
- Emergency medical evacuation

For more information about coverage, contact Human Resources.

COST OF COVERAGE

MEDICAL	MONTHLY RATES PPO PLAN	MONTHLY RATES HEALTH SAVINGS PLAN
Employee	\$106.08	\$60.03
Employee + Spouse	\$261.74	\$144.06
Employee + Child(ren)	\$235.92	\$114.05
Employee + Family	\$362.00	\$186.08

DENTAL	MONTHLY RATES PREVENTIVE PLAN	MONTHLY RATES COMPREHENSIVE PLAN
Employee	\$4.34	\$17.40
Employee + Spouse	\$10.40	\$38.72
Employee + Child(ren)	\$10.40	\$39.72
Employee + Family	\$16.66	\$60.98

VISION	MONTHLY RATE
Employee	\$10.22
Employee + Spouse	\$20.50
Employee + Child(ren)	\$21.76
Employee + Family	\$22.88

EMPLOYEE WELLNESS PROGRAM

FIT FOR LIFE

Fit for Life is Yuma Regional Medical Center's internal employee wellness program. Fit for Life's top priority is the wellbeing of YRMC's employees.

Programs and services provided through Fit for Life include:

- Biometric Screenings
- Health Survey
- Incentive challenges
- Educational programs
- Wellness on Demand to provide wellness activities as requested per department
- Health Coaching to provide employees with a one on one opportunity to improve their health and overall wellness

Department wellness ambassadors help the wellness team keep employees informed of ongoing and upcoming programs. Each department at YRMC has 1-3 wellness ambassadors who are committed to build awareness of the wellness programs and initiatives as well as promote overall wellness throughout the organization.

YRMC received the Healthy Arizona Worksite Program award for four consecutive years, most recently receiving the Platinum award. This award requires employers in Arizona to meet certain criteria in providing a robust employee wellness program and YRMC is pleased to provide this level of wellness program to our employees.

To learn more about the Fit for Life program visit the YRMC intranet, YRMC Employee Facebook page and read the Weekly Dose.

YRMC Wellness

Office is located in Human Resources in the Administration Building

928-336-7958 • yrmcwellness@yumaregional.org

WELLNESS INCENTIVES

One of YRMC's top priorities is the health and wellbeing of our employees. In an effort to encourage our employees to be proactive when it comes to their health, we provide a \$250 incentive for completing the following activities:

- Rally Health Survey
- Biometric Screening ordered by primary care provider
- Wellness/Preventative Visit with primary care provider
- Participation in one of the wellness campaigns or three health coaching sessions

A one-time \$250 incentive will be provided once all four activities have been completed. It could take up to 90 days for incentive to be processed.

RALLY

Rally is a website and mobile app that offers personalized recommendations to help you move more, eat better and feel great. Rally is a product of Rally Health Inc., an independent company that offers a digital health platform on behalf of your health plan. Here's how it works.

CREATE YOUR USER ACCOUNT

Log in to My Health Toolkit, myhealthtoolkitaz.com. Select the *Wellness* tab, then click *Rally*. If this is your first time visiting Rally, select *Sign Up* and follow the instructions to complete registration.

TAKE YOUR HEALTH SURVEY

Rally gets to know you with a fast and fun health survey. When you complete the survey, you'll find out your Rally Age, a snapshot of your overall health.



IMPORTANT CONTACTS

COVERAGE	CONTACT	PHONE	WEBSITE
Medical	BlueCross BlueShield	833-747-0541	www.myhealthtoolkitaz.com
Pharmacy	CVS Caremark	844-499-9581	www.caremark.com
Wellness Program	YRMC	928-336-7958	yrmcwellness@yumaregional.org
Health Savings Account	HSA Bank	866-471-5946	www.hsabank.com
Dental	Delta Dental of Arizona	800-352-6132	www.deltadentalaz.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts	BlueCross BlueShield	800-300-5248	www.myhealthtoolkitaz.com
Life and AD&D	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	800-877-5776	www.mutualofomaha.com
Business Travel Accident	Prudential	800-524-0542	www.prudential.com/mybenefits
401(k) Retirement	Wells Fargo	800-728-3123	www.wellsfargo.com/retirementplan
Employee Assistance Program	Cura Linc	888-881-5462	www.supportlinc.com ID: yrmc pswd: linc123
YRMC Human Resources	Kristi Anderson Diana Maldonado Julieta Gist	ext. 7144 ext. 7122 ext. 7148	benefits@yumaregional.org



YUMA REGIONAL MEDICAL CENTER

This brochure highlights the main features of the Yuma Regional Medical Center Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Yuma Regional Medical Center reserves the right to change or discontinue its employee benefits plans at any time.