



## 2017 BENEFIT SUMMARY

### Full-Time Employees

*Benefits under the Group Health Plan are available after completing the employment waiting period. Benefits are effective on the first of the month following 30 days from date of hire as an active employee.*

**Medical Coverage/Two Plan Options** – Two-tiered, self-funded medical plan designed to encourage participation in our wellness program and use of Hillsdale Hospital services and designated local providers.

**Premium Plan:** Level 1 (*In-Network*): \$500 Single / \$1,000 Family Deductible. 80% Coinsurance percentage. Level 2 (*Out-of-Network*): \$2,000 Single / \$4,000 Family Deductible. 50% Coinsurance percentage. \$25 Primary Care Office Visit Co-pay. \$45 Specialist Care Office Visit Co-pay.

Premium Plan	Single	Employee Spouse	+ Employee Child(ren)	+ Family
<b>With Wellness</b>	\$38	\$75	\$56	\$81
<b>Without Wellness</b>	\$54	\$106	\$85	\$134

**Core Plan:** Level 1 (*In-Network*): \$1,000 Single / \$2,000 Family Deductible. 80% Coinsurance percentage. Level 2 (*Out-of-Network*): \$4,000 Single / \$8,000 Family Deductible. 50% Coinsurance percentage. \$25 Primary Care Office Visit Co-pay. \$45 Specialist Care Office Visit Co-pay.

Core Plan	Single	Employee Spouse	+ Employee Child(ren)	+ Family
<b>With Wellness</b>	\$23	\$45	\$34	\$49
<b>Without Wellness</b>	\$32	\$64	\$51	\$80

**Medical Coverage Opt Out** – Medical coverage is waived in exchange for a cash consideration of \$3,500 annually. All other coverages remain in tact according to the employee’s benefit elections.

**Prescription Drugs** – Self-funded, self-administered prescription drug benefit available through the hospital pharmacy. Employees pay a \$15.00 co-payment for generic and a \$40.00 co-payment for brand formulary prescription medication. Brand non-formulary prescriptions require documentation from the health care provider to demonstrate that

the participant has experienced treatment failure and/or intolerance to at least three (3) generic prescriptions or similar documentation that states why it would be medically inappropriate to prescribe a formulary generic or brand medication. A \$70.00 co-payment for brand non-formulary prescription medication will be charged. Specialty drugs have a 20% co-payment up to a \$150.00 maximum. All prescription drugs must be obtained through the hospital pharmacy. Prescription drugs not available through the hospital pharmacy may be obtained from Nash Drugs, when referred by the hospital pharmacy. (Individuals must be enrolled in Medical Coverage to receive this benefit.)

**Dental Coverage** – Self-funded dental plan. Up to \$1,000 per Plan Year per covered person for Type A – Preventive (100%), Type B - Basic (80%), and Type C - Major (50%) expenses. Type D - Orthodontia benefit (50%) has a \$1,000 lifetime benefit for covered dependent children up to the age of 19. Premium contribution required. Contribution for coverage is as follows: Employee - \$2.65, Employee + Child(ren) - \$10.60, Employee + Spouse - \$12.92, Family - \$21.20 Semi-Monthly.

**Vision Coverage** – Self-funded vision plan. Select vision providers only. One exam per covered person every 12 months (100%). Lenses (100%) after \$25.00 co-payment/Maximum Benefit of \$150.00 every 24 months. Frames (100%) after \$25.00 co-payment/Maximum Benefit of \$150.00 every 24 months. Contact Lenses (100%) after \$25.00 co-payment/Maximum Benefit of \$200.00 every 24 months. Premium contribution required. Employee - \$5.50, Employee + Child(ren) - \$10.45, Employee + Spouse - \$11.00, Family - \$13.50 Semi-Monthly.

#### **Flexible Spending Accounts (FSAs) –**

- **Health Care Reimbursement Account (HCRA)** - Employees contribute pretax dollars up to a maximum of \$2,650 annually into a HCRA for eligible medical expenses not covered by insurance.
- **Dependent Care Reimbursement Account (DCRA)** – Employees contribute pretax dollars up to a maximum of \$5,000 annually into a DCRA for eligible dependent care expenses.

**Paid Time Off (PTO)** – PTO is accrued on all hours worked up to 40 hours per week commencing upon employment. After 60 days of employment, PTO may be used for vacation, holidays, sick time and personal time. Maximum accrual is 480 hours.

**Short Term Sick Pay (STSP)** – Waiting period applies. Self-funded benefit equal to \$100 per week, less required withholdings, for up to a maximum of 12 weeks for qualifying individuals. Employees are required to use all accrued PTO before becoming eligible for short term sick pay.

**Life and Accidental Death and Dismemberment (AD&D)** – One times the employee's gross annual earnings up to a maximum of \$150,000.

**Retirement Benefits** – 403(b) Plan managed by Fifth Third Bank. Hillsdale Hospital contributes up to a 3% employer matching contribution following 12 months of services as defined by the Plan. Employees may contribute a percentage up to IRS limits.

**Educational Loan** – for eligible employees pursuing approved fields of study.

**Voluntary Benefits** – In addition to the above eligible employees may purchase the following voluntary insurance products available through payroll deduction on an after tax basis through select vendors.

- **Accident-Only Insurance** – AFLAC
- **Critical Illness Insurance** - AFLAC
- **Short-Term Disability** - AFLAC
- **Long-Term Disability** – UNUM
- **Supplemental Life and AD&D Insurance** – UNUM

*This Summary is intended to serve as an easy-to-read explanation. Please refer to the Plan Document and Summary Plan Description for Hillsdale Hospital Employee Benefit Plan(s) that govern actual rights and benefits. This is not a substitute for the Plan Document itself.*