

# HUMAN RESOURCES

## CO-WORKER BENEFITS



### SJ/C BENEFITS ENROLLMENT GUIDE

JULY 1, 2021 THROUGH JUNE 30, 2022

# Contents



Eligibility .....	2	Long Term Care.....	20
Enrollment Instructions .....	3	Cancer Insurance .....	21
SJ/C Employment Requirements.....	4	Accident Care Insurance .....	21
SJ/C Health Plans.....	4	Critical Illness Insurance .....	21
Wellness Reward Discount Program .....	7	Retirement Program.....	22
Optional Incentives Program.....	11	Employee Assistance Program (EAP) .....	23
Dental Plans .....	13	Home & Auto Insurance .....	23
Vision Plan.....	14	<b>NEW</b> Legal Plan/Identity Theft .....	24
Basic Term Life & AD&D Insurance.....	15	Student Loan Financial Planning.....	25
Supplemental Term Life Insurance .....	16	HIPAA Enrollment Rights.....	25
Disability Income Protection.....	17	COBRA Continuation of Coverage Rights .....	26
Flexible Spending Accounts – Medical & Dependent Care.....	18	CMS Notification.....	28
Whole Life Insurance .....	19		

## Important Notice:

This booklet has been prepared as a guide to assist you in evaluating coverages and making benefit elections. Benefit descriptions and explanations of rules are presented in summary form for your convenience and are not to be construed as legally binding. This is not a contract nor is it a Summary Plan Description. You can request a Summary Plan Description for each coverage you elect. If there is uncertainty as to the provisions of any coverage, the actual contract with our insurance carrier will govern.


# — Welcome —

Dear Fellow Co-workers,

Welcome to your Co-worker Benefits Enrollment Guide — St. Joseph's/Candler's exciting benefits program that encourages healthier lifestyles among our valued co-workers and their families.

Our benefits initiative is designed to stimulate a positive and healthy change, while offering a variety of choices, including Wellness Reward Discount options for each health plan, Weight and Disease Management Programs, dental and vision insurance, as well as other voluntary supplemental plans.

Please read this guide thoroughly. You will find the necessary details that more completely explain each of our benefits and the numerous healthcare advantages that await both you and your family.

As you read through this guide, please note that NEW benefits are clearly marked with the  (see table of contents). This will assist you in quickly identifying new features and other important details for the plan year.

As we continue our commitment to enhancing the collective health of our co-workers and further our quest to live smarter and healthier lives, I strongly encourage you to learn about these choice options, and make the smartest health choice for you and your families.

Sincerely,



Paul P. Hinchey  
President & CEO

# Eligibility



You are eligible for SJ/C benefits if you are budgeted to work 60 hours or more per pay period, classified as Full Time or Part Time Benefited.

Benefits become effective the first day of the month following 28 days from your date of hire / status change date.

SJ/C Retirement Plan has different eligibility requirements. Please refer to Retirement Summary Plan Description.

## Eligible Dependents

Dependents who are eligible to participate in SJ/C benefit plans include:

**Spouse:** Co-worker's spouse of the same or opposite sex legally married under the laws of any state

**Child:** Child related to the co-worker by birth, marriage or adoption/legal guardianship that is either under age 26 and not eligible for their own employer sponsored health plan or any age that is permanently and totally disabled

You are required to submit a copy of:

- Certified marriage certificate/license to cover a spouse on health, dental and/or vision plans
- Certified birth certificate to cover child(ren) on health, dental and/or vision plans

This documentation should be submitted before your benefit eligibility date. You may fax the documents to Human Resources at 912-819-3422, please include your name and employee number.

Failure to submit the documents will result in those dependent(s) being removed from the plans until the next open enrollment for the following fiscal year. COBRA rights will not be offered to non-verified dependents.

## Plan Year & Participation

SJ/C's plan year for coverage is July 1st through June 30th.

The Wellness Program, if elected, applies to co-workers and spouses participating in our health plans. Maintaining the Wellness Reward Discount requires successful completion of the Program annually.

## Pre-Tax Benefits: Section 125

SJ/C benefit programs complies with the requirements of Section 125 of the Internal Revenue Code. This enables you to pay for premiums for eligible coverage on a pre-tax basis. When you use pre-tax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck. Under Section 125, you can actually have more spendable income than if the same deductions were taken on an after tax basis.

**An important requirement of Section 125 is that once you make your benefit elections as a new hire or during annual enrollment, those elections will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless you experience a qualified life event.**

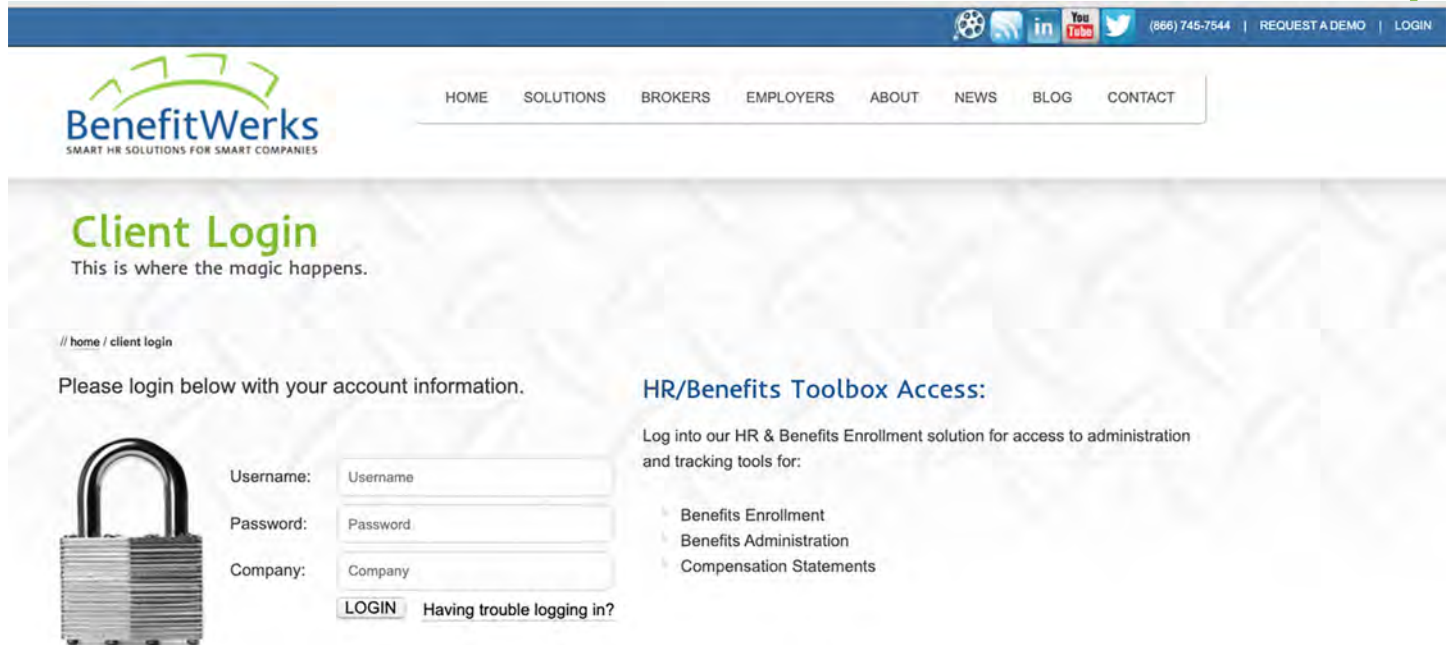
## Qualifying Life Events

Marriage, divorce, birth or adoption of a child, death of spouse or child, or change in spouse's employment that affects the availability of coverage are qualifying life events.

**You must notify Human Resources and provide supporting documentation within 30 days from the qualifying life event in order to make changes to your benefit elections that are relevant to the event.**

# Enrollment Instructions

You will be able to enroll for benefits online 24 hours a day, by following the instructions below. Before you enroll, you should carefully review this Enrollment Guide to understand your options. When you are ready to enroll, follow these instructions:



1. Enroll via the internet, go to [www.benefitwerks.com](http://www.benefitwerks.com)
2. Click **Login** in the top right corner
3. To access the **Client Login**, use the following:  
**Username** = your employee # (located on the back of most badges)  
**Password** = YOUR LAST NAME + last 4 digits of your SSN (last name in upper case)  
**Company** = SJCHS (upper case)
4. The home screen of the benefits enrollment system will enable you to start your enrollment process. Click **Enroll Now** to get to the next page.
5. Use your mouse rather than the Tab key to move around in this program.
6. At the next screen you will be able to view the Enrollment Guide (click on Enrollment Guide) if you wish to further review your options. Otherwise, click on **Start Enrollment**.
7. The enrollment screens will sequentially appear after you make and save each election, and the checklist on the left side of the page will let you know which election items have been accessed.

You must save each election by using the **Save and Continue** icon at the top of the screen in order to move forward with the enrollment process.

Once you have completed making and saving your elections, a summary of your elections will appear. Please review the summary to ensure your elections are what you want. Click the Submit icon to confirm. This will constitute your signature, agreement, and final benefit selection. Click on **Confirmation Statement** if you would like a copy of your enrollment. You will be printing the report as an Acrobat PDF file and not from the system file menu. The Confirmation Statement is also automatically emailed to you. **Congratulations, your enrollment is complete!**

**QUESTIONS OR ASSISTANCE:** If you should experience any challenges or have items that need to be corrected, please contact Human Resources at 912-819-2442.

# SJ/C Employment Requirements



Your Occupational Health (OH) Assessment is due annually in your hire month, or in the month of your adjusted hire date. The following items are required:

- Medical history survey
- TB Screen
- Vitals (height, weight and blood pressure)
- Respirator fit testing (if required by job description)
- Lab work, if indicated

Failure to complete your annual OH requirements may result in suspension pending completion.

Co-workers who are enrolled in a SJ/C health plan with the Wellness Reward Discount will be sent for fasting

lab work during their annual OH Assessment. This will assist with SJ/C health plan Wellness Reward Program success.

## Contact Information for Occupational Health

### St. Joseph's Hospital Campus

Hours: 7:30 am - 4:00 pm

Plaza A, Building 6

912-819-2495

### Candler Hospital Campus

Hours: 7:30 am - 4:00 pm

POB Suite 401A

912-819-8992



## SJ/C Health Plans

St. Joseph's/Candler offers competitive health plan options for our co-workers. As a self-insured employer, SJ/C and co-workers directly contribute to the cost of care. SJ/C knows the health and well-being of co-workers is our greatest asset.

**SJ/C is proud to offer you a choice between two health plans. Coverage under both plans includes medical care and prescription drug coverage. Acceptance is guaranteed for you and your eligible dependents.**

### Smart Plans: Smart Plan \$1,000 and Smart Plan \$3,000

**You may change from one plan option to another only once a year at annual enrollment.**

**All care must be received from in-network providers.**

There is no coverage for care received from non-network providers. It is your responsibility to ensure providers are in your network before services are rendered to avoid full responsibility of charge.

## HEALTHGRAM ONLINE PORTAL:

[www.healthgram.com](http://www.healthgram.com)

- Search for in-network providers
- View your claims, deductible met and co-insurance met
- View the full Summary Plan Description
- Access HealthTrax, your Wellness Program and Optional Incentives Program checklist

## THE CARE NETWORK: [www.sjchs.org](http://www.sjchs.org)

Health plan participants who reside in Chatham, Bryan, Effingham, Liberty, Long & McIntosh GA and Beaufort & Jasper SC.

## FIRST HEALTH NETWORK: [www.myfirsthealth.com](http://www.myfirsthealth.com)

Health plan participants who reside or are traveling outside of The Care Network.

With either Smart Plan, SJ/C will fund a personal Health Reimbursement Account (HRA) as follows\*:

- Co-worker only coverage: \$500
- Co-worker plus one coverage: \$1,000
- Co-worker plus 2 or more coverage: \$1,500

\* HRA contributions are prorated for health plans effective mid-plan year. This applies to new health plans only. If you are adding or removing a dependent mid-plan year, your HRA does not increase or decrease.

**HRA is provided to assist you with meeting your health plan deductible for eligible medical expenses.** Eligible medical expenses are services covered by the health plan that are subject to your deductible and co-insurance. This does not include prescription costs, dental and vision costs. HRA not spent in the plan year will carry over and combined with the employer contribution for the following year. HRA funds will cap out at \$6,000. You may access your HRA funds by use of the Benefits Card issued by Benefit Alternatives or you can file a claim form for reimbursement.

## BENEFIT ALTERNATIVES ONLINE PORTAL:

[www.retirementlogin.com/benefitalternatives](http://www.retirementlogin.com/benefitalternatives)

- View your HRA balance and transactions.
- File claim forms for reimbursement and receive via direct deposit if you don't use the Benefits Card.

## Pre-certification

Prior to non-emergency admission or an outpatient treatment, participants are required to contact Healthgram for prior approval. A penalty may apply if you or your physician does not call and obtain pre-certification prior to planned hospital admission or surgery.



## Smart Plans: Your Cost Per Pay Period

	SMART PLAN \$1000				SMART PLAN \$3000			
	Regular Rate		Wellness Reward		Regular Rate		Wellness Reward	
	You	SJ/C	You	SJ/C	You	SJ/C	You	SJ/C
Co-worker	\$120.44	\$302.62	\$85.01	\$338.05	\$64.78	\$194.09	\$46.45	\$212.42
Co-worker + Spouse	\$205.85	\$538.16	\$149.51	\$594.49	\$117.63	\$366.17	\$86.81	\$396.99
Co-worker + Child(ren)	\$191.74	\$501.19	\$139.26	\$553.67	\$109.95	\$341.72	\$81.04	\$370.62
Family	\$235.16	\$648.19	\$177.51	\$705.85	\$172.33	\$565.76	\$132.17	\$605.92

## Smart Plans: Description of Benefits

IN-NETWORK SERVICE	YOUR COST FOR APPROVED CARE	
	Smart Plan \$1000	Smart Plan \$3000
Preventive Care	Covered at 100%	
Primary Care Visits	Deductible first, then 10%	
Specialist Visits	Deductible first, then 10%	
Annual Deductible	\$1,000 per person (\$3,000 family max)	\$3,000 per person (\$6,000 family max)
Co-insurance	20% after deductible is met; 10% after deductible is met for Imaging, OR, GI and Therapy at SJ/C	
Co-insurance Out of Pocket Maximum (includes Rx copays)	\$7,150 per person ( \$14,300 family max)	
Emergency Room Visit	Deductible first, then 20%	
Urgent Care Visit	Deductible first, then 20%	
Inpatient Hospital	Deductible first, then 20%	
Outpatient Surgery	Deductible first, then 20%; 10% at SJ/C	
Lab Work	Deductible first, then 20%; 100% covered at SJ/C labs	
Mental Health & Substance Abuse	Covered the same as any other illness	
Lifetime Maximum	Unlimited	
SJ/C funded HRA	\$500 per covered life up to \$1500 maximum	

## Generic Drug Plan and Step Therapy

**Health plan participants are required to use generic drugs when available.** Should you choose a brand name drug rather than the generic equivalent, you will be responsible for the cost difference between the generic and brand name drug in addition to the brand name co-pay, even if a DAW (Dispense As Written) is written by the prescribing physician.

**Step Therapy is a program especially for people who take prescription drugs regularly for ongoing conditions.**

In Step Therapy, drugs are grouped in categories based on cost:

- Front-line drugs – the first step – are generic drugs proven to be safe, effective and affordable. These drugs should be tried first because they can provide the same health benefit as more expensive drugs, at a lower cost.
- Back-up drugs – Step 2 and Step 3 drugs – are brand-name drugs. There are lower-cost brand drugs (Step 2) and higher-cost brand drugs (Step 3). Back-up drugs typically cost more than front-line drugs.



## Smart Plans: Prescription Coverage

	TIER 1 (Generic)	TIER 2 (Preferred)	TIER 3 (Non-preferred)
Candler Prescription Center (or First Health members at Retail)	\$7.00	\$30.00	10% (\$75 Min, \$150 Max)
SJ/C Diabetes Management	\$0.00	\$20.00	\$50.00
Retail Pharmacies	\$27.00	\$57.00	10% (\$75 Min, \$150 Max)
90-Day Supply (Mail order only available for First Health)	2x 30-day copay		10% (\$150 Min, \$300 Max)
Specialty	20% (\$150 Min, \$250 Max)	20% (\$150 Min, \$325 Max)	20% (\$150 Min, \$350 Max)



The Candler Prescription Center, located at Candler Hospital in the Professional Office Building, delivers to St. Joseph's and Pooler campuses certain days of the week. Please call 912-819-7272 to set up pick-up or delivery.

## Wellness Reward Discount Program



**SJ/C encourages co-workers to make smart, healthy choices. The goal of our Wellness Program is to reward co-workers and their families who actively manage their health. To track wellness program success, participants will access their checklist, HealthTrax, at [www.healthgram.com](http://www.healthgram.com).**

- Successful completion of each requirement is how you maintain the Wellness Reward Discount each plan year.

- If not successful in the current plan year, you will lose the Discount for the next plan year (7/1 – 6/30), considered the 'off' plan year.
- Successful completion of each requirement is expected during the 'off' plan year to be eligible for the Discount again.

## For Co-workers and Covered Spouses

WELLNESS PROGRAM REQUIREMENT	HOW DO I GET CREDIT?
Tobacco/Nicotine Free (or participation in a cessation program)	<p><b>Co-worker:</b> Test performed prior to benefit eligibility date and random testing thereafter</p> <p><b>Spouse:</b> Tobacco/Nicotine status is recorded by PCP annually on the Bio/Lab work Form – due by April 30<sup>th</sup> each year</p>
Biometrics (height, weight, & BP)	<p><b>Co-worker:</b> Obtained from annual OH Assessment during month of hire</p> <p><b>Spouse:</b> Obtained annually by PCP and recorded on Bio/Lab work form – due by April 30<sup>th</sup> each year</p>

WELLNESS PROGRAM REQUIREMENT	HOW DO I GET CREDIT?
Fasting Lipid & A1C	<b>Co-worker:</b> Obtained from annual OH Assessment during month of hire <b>Spouse:</b> Obtained annually by PCP and recorded on Bio/Lab work form – due by April 30 <sup>th</sup> each year
Age/Gender Preventive Screenings	Completed Screenings are reported by claims submitted to Health-gram – due by April 30 <sup>th</sup> each year
Disease Management	Potential disease management cases are reported through claims, labs or OH screening. If you are identified, you will be contacted by a SJ/C WellPath Navigator.

## For Co-workers ONLY

WELLNESS PROGRAM REQUIREMENT	HOW DO I GET CREDIT?
Weight Management (BMI 30 or greater)	BMI is recorded from the annual OH Assessment during your month of hire. Participate in SJ/C Weight Management Program or self-manage resulting in a 5% reduction in weight at next annual OH Assessment.

## Details of the Wellness Program Requirements

### TOBACCO/NICOTINE FREE

Co-workers who are new to health coverage, OH performs a nicotine saliva test prior to your benefit eligibility date. Once you have a negative tobacco/nicotine test on file, you will be subject to random testing thereafter. Spouse tobacco/nicotine use must be recorded on the Bio/Lab Work Form (located on the HR SharePoint) during their annual PCP visit, due by April 30<sup>th</sup> of each year. To receive credit, the completed form should be submitted to SJ/C WellPath Navigator.

### TOBACCO/NICOTINE CESSATION PROGRAM OPTIONS

If you desire to quit using tobacco and/or nicotine, you have the opportunity to earn the Wellness Reward Discount by participating in a program below. Proof of completed program or purchase of cessation product must be submitted to HR prior to your benefit effective date.

- SJ/C Tobacco Cessation Program: 819-8407 for details

- Hypnosis - Services must be provided by a licensed hypnotist
- Plan will cover up to two 90-day supplies (if already covered on health plan) for Zyban, Chantix, nicotine inhaler cartridge, nicotine spray, nicotine gum or lozenge, or nicotine transdermal patches (generic, quantity limits and trial requirements may apply).

### BIOMETRICS

Height and weight are used to calculate BMI. Biometrics and your blood pressure are taken at your OH Assessment annually during your month of hire. Spouse biometrics must be recorded on the Bio/Lab Work Form (located on the HR SharePoint) during their annual PCP visit, due by April 30<sup>th</sup> of each year. To receive credit, the completed form should be submitted to SJ/C WellPath Navigator.

## **FASTING LIPID - CORONARY RISK PROFILE**

(Total Cholesterol, HDL, LDL, and Triglycerides) and Hemoglobin A1C

Fasting lab work will be drawn at your OH Assessment annually during your month of hire. Spouse lab work must be recorded on the Bio/Lab Work Form (located on the HR SharePoint) during their annual PCP visit, due by April 30th of each year. To receive credit, the completed form should be submitted to SJ/C WellPath Navigator.

## **AGE AND GENDER PREVENTIVE SCREENINGS**

Applicable screenings must be completed by April 30th of each year. Early detection is the quickest and safest way to catch health problems early to help minimize their efforts and improve your quality of life. These preventive screenings are fully covered by the Health Plans and do not require a co-pay or deductible.

### **Men**

- Primary Care Physician (PCP) check-up at age 21+, each year
- Colorectal Screening Endoscopy at age 50+, every 10 years or Cologuard®, every 3 years\*

### **Women**

- Primary Care Physician (PCP) check-up at age 21+, each year
- Cervical Examination (PAP Smear) at age 21+, every three years
- Mammography at age 40+, every two years
- Colorectal Screening Endoscopy at age 50+, every 10 years or Cologuard®, every 3 years\*

*\* Cologuard® colorectal screening is an at-home risk based test ordered by your physician. Your physician determines which screening method is preferred based on medical and family history.*

## **DISEASE MANAGEMENT PROGRAMS**

Chronic conditions like diabetes, asthma, COPD and/or heart disease can be managed if detected and treated properly. Plus, it's the largest drain on your healthcare dollar if not managed properly. Potential disease management cases are reported to Healthgram through claims and lab work. If you and/or your covered spouse are identified as moderate to high risk for any disease program below, you will be contacted by a SJ/C WellPath Navigator with specific information on how to participate and the steps to take for success with the Wellness Program.

Disease Management for Wellness Program:

- Asthma Management
- Cardiac Rehab Management
- Diabetes Management
- Hyperlipidemia Management
- Hypertension Management

## **WEIGHT MANAGEMENT PROGRAM OPTIONS (CO-WORKER ONLY)**

Participation in one of the Weight Management Programs below is required if your BMI is 30 or greater. If your BMI is less than 30, you are not required to participate. Your BMI is obtained at your most recent annual OH Assessment and you may obtain the results by logging on to [www.healthgram.com](http://www.healthgram.com), calling Healthgram at 1-800-446-5439 or SJ/C WellPath Navigator at 912-819-8805.

- SJ/C Comprehensive Weight Management program
- Diabetes "Weigh to Go" program
- SJ/C "Weigh to Go" program
- Self-Management

Success under the first three weight management programs is based on your full participation in the program. Success with the Self-Management program is a 5% weight reduction (or BMI under 30) at your next annual OH Assessment.

***Please contact the SJ/C Wellness Center at 912-819-8828 with questions regarding all management programs available.***

The health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all co-workers. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.

Contact the SJ/C WellPath Navigator at 912-819-8805 to work with you (and, if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Physician documentation may be required.

Successful completion of each requirement is how you maintain the Wellness Reward Discount each plan year. If not successful in the current plan year, you will lose the Discount for the next plan year (7/1 – 6/30), considered the ‘off’ plan year. Successful completion of each requirement is expected during the ‘off’ plan year to be eligible for the Discount again.

## **ARE YOU A NEW HIRE OR GAINING BENEFITS FOR THE FIRST TIME?**

- Tobacco/Nicotine Free – negative test required PRIOR to your benefit eligibility date and random thereafter
- Biometrics (height, weight and blood pressure) & Fasting Lipid & A1C– required within the first 60 days of health plan coverage through OH and during month of hire annually thereafter
- All other Wellness Program requirements are due as mentioned in the Wellness Program chart

## **QUESTIONS OR ASSISTANCE:**

Call Human Resources at 912-819-2422 and ask for the Benefits Team.



# Optional Incentives Program

Participation in the Wellness Program is not required to participate in the Optional Incentive Program.

**SJ/C offers an incentive program as an additional way to reward those who are living a healthy and active lifestyle.** The Optional Incentives Program gives you an opportunity to earn additional Health Reimbursement Account (HRA) dollars. To track Optional Incentives, participants will access their checklist, HealthTrax, at [www.healthgram.com](http://www.healthgram.com). Optional Incentives are for the co-worker only (does not include spouse).

**The Incentive Points translate to a potential increase of your annual HRA dollars.** This is in addition to the HRA dollars SJ/C already funds. The dollars earned through incentives are added to your HRA at beginning of each plan year. Dollars earned in current plan year are added to account at beginning of the next plan year.

200–399 POINTS = \$50 HRA

400–599 POINTS = \$100 HRA

600+ POINTS = \$150 HRA

## For Co-workers ONLY

Incentive	Incentive Points	How do I get credit?
Health Risk Assessment Questionnaire (HRA)	50	Complete at <a href="http://www.healthgram.com">www.healthgram.com</a> ; Credit given upon completion
BMI < 25 BMI = 25.1 – 29.9	100 50	Reported to Healthgram from biometrics obtained from your annual OH Assessment
LDL Cholesterol < 130 HDL Cholesterol > 40	50 50	Reported to Healthgram from lab work obtained from your annual OH Assessment
Blood Pressure < 140/90	50	Reported to Healthgram from your annual OH Assessment
Edugames – On-line Educational Games at <a href="http://www.healthgram.com">www.healthgram.com</a>	10 per Game	Complete at <a href="http://www.healthgram.com">www.healthgram.com</a> ; Credit given upon completion
EXERCISE 1. Self-document exercise quarterly: Goal is 8 sessions per month OR 2. Fitness tracker - Goal is an average of 7,500 steps per day over the course of the quarter	45 per Quarter	1. Self-report on HealthTrax at <a href="http://www.healthgram.com">www.healthgram.com</a> OR 2. Steps are passed from your fitness tracker to Healthgram (this option requires an initial registration of your device at <a href="http://www.healthgram.com">www.healthgram.com</a> and weekly sync of your device)
Nutrition – Goal is maintaining healthy eating habits	15 per Quarter	* Self-report on HealthTrax at <a href="http://www.healthgram.com">www.healthgram.com</a>
Volunteer Activity	25 per Quarter	* Self-report on HealthTrax at <a href="http://www.healthgram.com">www.healthgram.com</a>

Incentive	Incentive Points	How do I get credit?
Annual Dental Check-up	25	* Self-report on HealthTrax at <a href="http://www.healthgram.com">www.healthgram.com</a>
Annual Vision Check-up	25	* Self-report on HealthTrax at <a href="http://www.healthgram.com">www.healthgram.com</a>

*\*Self-reported incentives may be subject to audit*

Quarterly incentive modules close 14 days after the end of each quarter. The last quarter closes on June 30<sup>th</sup>.

### HEALTHGRAM:

[www.healthgram.com](http://www.healthgram.com)

Want to know what you have completed and earned? View your Healthtrax checklist periodically for the Wellness Program and Optional Incentives Program!

## Details of the Optional Incentives Program

### HEALTH RISK ASSESSMENT

The Health Risk Assessment (HRA) questionnaire is located at [www.healthgram.com](http://www.healthgram.com). Complete each plan year (7/01 – 6/30) for the incentive points.

### BMI – CHOLESTEROL – BLOOD PRESSURE

The goal is to maintain healthy levels and the values will be obtained from your last annual OH Assessment.

### EDUGAMES

Online health related Educational Games provided by Healthgram. You can access the games by logging on to [www.healthgram.com](http://www.healthgram.com). Completion of these games over the plan year (07/01-06/30) is required to obtain this incentive.

### EXERCISE

The goal is to be consistently active with an exercise regimen. Select Option 1 OR Option 2 for this incentive.

**Option 1** - Goal is eight sessions per month. Suggestions for exercise sessions include:

- Documented gym attendance
- Walks/Runs (5K,10K, community runs)

- Fitness classes (Circuit, Boot Camp, Yoga, Pilates, etc.)
- Healthgram offers an on-line exercise log you can use or you may use your own. You will document your exercise quarterly over the plan year (07/01 - 06/30) on HealthTrax at [www.healthgram.com](http://www.healthgram.com) to obtain this incentive.

**Option 2** - Goal is an average of 7,500 steps per day over the course of the quarter

- Steps are passed automatically from your fitness tracker device to Healthgram
- An initial fitness tracker registration is required at [www.healthgram.com](http://www.healthgram.com)
- You are required to sync your fitness tracker app weekly
- Incentive points are quarterly over the plan year (07/01 - 06/30)

### NUTRITION

The goal is to maintain healthy eating habits. You will document your nutrition goal quarterly over the plan year (07/01 - 06/30) on HealthTrax at [www.healthgram.com](http://www.healthgram.com) to obtain this incentive.

Suggestions to meet nutrition goal:

- Food journals
- Healthy recipe exchanges
- Attend nutrition classes (cooking demonstrations, Weight Watchers, dietitian, supermarket tours)

## VOLUNTEER ACTIVITY

Volunteer at one activity/event minimum per quarter for credit of this incentive. You are required to self-report quarterly. Eligible volunteer activities/events:

- SJ/C or Foundations sponsored
- Angels of Mercy
- Community organization sponsored (i.e. American Cancer Society, Leukemia & Lymphoma Society, Cure Childhood Cancer)
- Church sponsored
- United Way sponsored
- Pet Rescue involvement and sponsored

## Dental Plans



**SJ/C offers two dental plans through MetLife.**

You may change from one plan to another once a year during annual enrollment. Preventive services do not count towards your annual dental maximum and are not

subject to deductible. Wellness feature allows you to use any combination of adult cleanings and periodontal maintenance treatments, up to four per plan year.

DESCRIPTION OF BENEFIT	High Option	Low Option
Preventive Services (exams, cleanings, routine X-rays, space maintainers and fluoride treatments for children)	Covered at 100% No deductible	Covered at 90% No deductible
Basic Services (anesthesia, fillings, extractions, oral surgery, endodontics, periodontics, sealants and full mouth x-rays)	Covered at 80%	Covered at 70%
Major Services (major restorations, dentures, crowns, bridges, inlays and outlays)	Covered at 50%	Covered at 40%
Annual Deductible (applies to Basic and Major only)	\$50.00 (\$150.00 family max)	\$50.00 (\$150.00 family max)
Annual dental benefit maximum	\$2,500.00 per person	\$1,250.00 per person
Orthodontics (children & adults)	50% to a lifetime maximum of \$1,000.00	Not Covered
Payment level to non-network providers	90th percentile of reasonable and customary	70th percentile of reasonable and customary

*With both plan options, pre-treatment review is recommended for all procedures which may exceed \$300.00 in cost.*

## METLIFE DENTAL ONLINE PORTAL:

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

- View MetLife Network (PDP Plus)
- View Full Summary Plan Description

## Dental Plans: Your Cost Per Pay Period

YOUR COST	High Option	Low Option
Co-worker:	\$20.78	\$12.11
Co-worker & Spouse:	\$41.50	\$21.90
Co-worker & Children:	\$46.25	\$25.41
Family:	\$66.96	\$36.59

## Vision Plan

**SJ/C vision coverage is offered by EyeMed.** The network includes many independent providers, retail providers and online providers.

**EYEMED VISION ONLINE PORTAL:** [www.eyemed.com/member](http://www.eyemed.com/member)

- Locate network providers in the Select Network
- View the full Summary Plan Description
- Use the “Know Before You Go” pricing estimator
- Out of Network requires claim form submission to be reimbursed

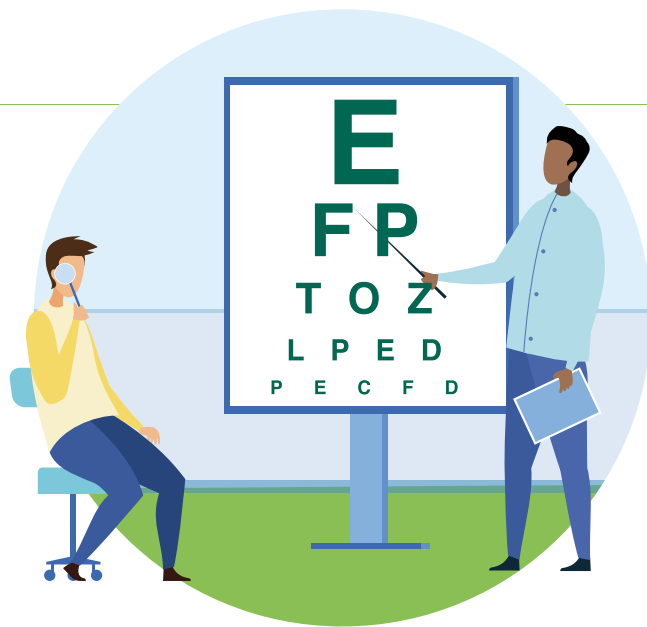
DESCRIPTION OF BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 co-pay	Up to \$45
<b>LENSES</b> (per pair)		
Single Vision	\$20 co-pay	Up to \$35
Bifocal	\$20 co-pay	Up to \$50
Trifocal	\$20 co-pay	Up to \$65
Standard Progressive (no-line bifocal)	\$85 co-pay	Up to \$50
Premium Progressive	80% of charge less \$120 allowance + \$85 co-pay	Up to \$50
Contacts - Conventional	\$0 co-pay, \$125 allowance, 15% off amount over \$125	Up to \$125
Contacts - Disposable	\$0 co-pay, \$125 allowance	Up to \$125



DESCRIPTION OF BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Frames	\$0 co-pay, \$130 retail allowance, 20% off amount over \$130	Up to \$65
Frequencies (months) Exam/Lens/Frame	Exam 12/ Lens 12/ Frame 24	

## Vision Plan: Your Cost Per Pay Period

	YOUR COST
Co-worker:	\$2.92
Co-worker & Spouse:	\$5.81
Co-worker & Children:	\$6.09
Family:	\$9.12



## Basic Term Life & AD&D Insurance



SJ/C provides Full Time and Part Time Benefited co-workers with Basic Term Life insurance in the amount of 1x your base annual pay (double for accidental death). **This is at no cost to you.**

MUTUAL OF OMAHA	BASIC LIFE
Benefit Amounts for Eligible Co-workers	1x your base annual pay up to \$300,000 max
Accidental Death & Dismemberment Benefit	Amount equal to your Basic Life benefit
Accelerated Death Benefit	Included
Waiver of Premium (life only)	Included
Conversion (life only)	Included
AGE REDUCTIONS: 65-69	Reduces to 65%
70-74	Reduces to 45%
75 +	Reduces to 30%

# Supplemental Term Life Insurance



In addition to the Basic Term Life coverage provided by SJ/C, you may purchase low cost group term life insurance on yourself, your spouse and your children. **The cost of supplemental term life is paid for by you.**

MUTUAL OF OMAHA	SUPPLEMENTAL/VOLUNTARY LIFE		
	Minimum	Guaranteed Amount	Maximum
Benefit Amounts for: CO-WORKER	1 x your base annual pay	4 x your base annual pay up to \$500,000	4 x your base annual pay up to \$500,000
SPOUSE Spouse life will end when you reach age 80	\$10,000	100% of co-worker benefit, up to \$50,000	100% of co-worker benefit, up to \$150,000
CHILD(REN) Age 14 days to age 26	\$5,000	100% of co-worker benefit	100% of co-worker benefit, up to \$25,000
Accelerated Death Benefit	Included		
Waiver of Premium	Included		
Conversion	Included		
Portability	Included		
AGE REDUCTIONS (based on co-worker age): 65-69	Reduces to 65%		
70-74	Reduces to 45%		
75 +	Reduces to 30%		

Rates will be calculated for you in the enrollment portal at [www.benefitwerks.com](http://www.benefitwerks.com).

## TERM LIFE ONLINE PORTAL:

[www.mutualofomaha.com](http://www.mutualofomaha.com)

### Important Reminders!

- Be sure to designate beneficiaries for your Basic Life and Supplemental Life.
- You are the beneficiary for Spouse Life and Child Life.
- Supplemental Life does not include AD&D.
- If spouses are SJ/C co-workers and both eligible for benefits, neither may elect Spouse Life.

**As a co-worker new to benefits, you have the opportunity to elect the guaranteed amounts.** If you elect less than guaranteed amounts, and decide at future enrollments to increase, you, and your spouse if applicable, will be required to complete an Evidence of Insurability (EOI) through Mutual of Omaha. The additional coverage may be denied on the basis of health.

Upon annual enrollment each year, you may increase your supplemental life insurance by one level without completing an Evidence of Insurability (EOI). This does not apply to your spouse.

## Added Features of Term Life Insurance

### WILL PREP SERVICES

Mutual of Omaha works with Epoq, Inc. to offer co-workers an online will prep tool. In just a few clicks you can complete a customized plan to protect your family and property. To get started, visit [www.willprepservices.com](http://www.willprepservices.com) and use code MUTUALWILLS to register.

### TRAVEL ASSISTANCE

Provides assistance for your travels over 100 miles away from home or outside the country.

### HEARING DISCOUNT

Provides you and your family discounted hearing products, including hearing aids and batteries.

Call 888-534-1747 or visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.

## Disability Income Protection



### LONG TERM DISABILITY (LTD)

SJ/C provides long term disability to Full Time and Part Time Benefited co-workers. **This is at no cost to you.**

MUTUAL OF OMAHA	LONG TERM DISABILITY
Elimination Period	180 days
Benefit Percentage	60%
Maximum Monthly Benefit	\$7,500
Minimum Monthly Benefit	\$100
Maximum Period of Payment	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Definition of Disability	Own occupation for 2 years
Pre-Existing Condition	3 months / 12 months
Survivor Benefit	3x lump sum benefit

Your monthly benefit will be calculated for you in the enrollment portal at [www.benefitwerks.com](http://www.benefitwerks.com)

### SHORT TERM DISABILITY (STD)

**The cost of STD coverage is paid for by you.** The cost is deducted from your pay on an after tax basis. As a result, the benefit is tax-free. Maternity is covered, routine childbirth as well as complications of pregnancy. Work related disabilities are not payable by STD.

MUTUAL OF OMAHA	SHORT TERM DISABILITY
Elimination Period	14 days
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	\$25
Maximum Period of Payment	24 weeks
Pre-Existing Condition	3 months / 6 months

Your weekly benefit and rate will be calculated for you in the enrollment portal at [www.benefitwerks.com](http://www.benefitwerks.com)

# Flexible Spending Accounts – Medical & Dependent Care



## Benefit Alternatives administers the Dependent Care and Medical Care Reimbursement Accounts for SJ/C.

The way both accounts work is that you authorize SJ/C to reduce your pay and have the difference go into an account for you. These dollars are set aside on a pre-tax basis, lowering your taxable income. Eligible expenses are then reimbursed to you from your account. You will be reimbursed from your flex account(s) by using the Benefit Alternatives Wex Cloud™ Visa® or by direct deposit after you submit a claim form. You may submit a claim form to Benefit Alternatives via mail, fax, or website.

**There is a risk of forfeiture. Any money left in your account at the end of the plan year is forfeited. It cannot be refunded to you. This could happen if you didn't have sufficient eligible expenses to use all of the money. Under both Reimbursement Accounts, you will have an additional 2 ½ months at the end of the plan year to incur claims and file for reimbursement.**

## Medical Care Reimbursement

If you or your family have predictable medical, dental or eye care costs that are not fully reimbursed by insurance, you could benefit from the Medical Care Reimbursement Account. You may contribute up to a maximum of \$2,750 to be deposited into your Medical Care Reimbursement Account.

Eligible out-of-pocket expenses include your deductible and co-insurance amounts under the SJ/C health insurance plan (after HRA is exhausted), dental expenses, orthodontics, eye exams, glasses and contact lenses, hearing aids, etc. The IRS has determined many over the counter medications were not eligible for Medical Care Reimbursement without a prescription from your doctor. Please take this into consideration when determining the amount spent on medical needs.

## Dependent Care Reimbursement

If working requires you to pay for day care for your children under age 13, or for a disabled dependent of any age living in your home, you could benefit from the Dependent Care Reimbursement Account. You may contribute up to a maximum of \$2500 (married filing separately) or \$5000 (married filing jointly or single) to be deposited into your reimbursement account. If you elect to participate in the Dependent Care Reimbursement Account and your children stay at the Children's House, SJ/C can arrange for direct payment from your paycheck to the center on a pre-tax basis.

There are very important rules and considerations which you must understand fully before electing to participate. For example, if you have eligible day care expenses, you currently receive a tax credit each year. If you pay your day care costs through the Dependent Care Reimbursement Account, you will lose the tax credit. Which is more advantageous for you? This depends upon the amount of income you earn: the more income you have the less credit you may take, and the more advantageous the SJ/C Dependent Care Account becomes. You should consult your tax advisor to determine whether or not this will be a benefit to you.



## Benefit Alternatives Wex Cloud™ Visa®

Your prepaid benefits debit card is a special-purpose Visa® that gives you an automatic way to pay for qualified expenses. You can electronically access the pre-tax dollars set aside in your Flex Accounts. The card works like a Visa®, with your Flex Accounts annual election loaded on it. When you have a qualified, eligible expense

at a business that accepts Visa® debit cards, you simply swipe your prepaid benefits debit card. The amount of the qualified purchases will be deducted — automatically — from your account, and the pre-tax dollars will be electronically transferred to the provider/merchant for payment.

You should always save itemized receipts or EOBs for FSA expenses in case they are requested by Benefit Alternatives or the IRS. You may be asked to submit those documents to verify that your expenses comply with IRS guidelines.

Your card can be used to pay for eligible expenses at healthcare providers who accept Visa®.

- “Amount Due” on medical (after HRA is exhausted) and dental statements
- Prescription co-pays
- Eligible Over-the-Counter (OTC) items such as: First aid products such as bandages, ointments, rubbing alcohol and sunburn cream
- Contact lens solutions and supplies
- Medical equipment like crutches, blood pressure and heart rate monitors and braces

## BENEFIT ALTERNATIVES ONLINE PORTAL:

[www.retirementlogin.com/benefitalternatives](http://www.retirementlogin.com/benefitalternatives)

- View your Flex Account balances and transactions.
- File claim forms for reimbursement and receive via direct deposit if you don't use the Benefits Card.
- Remember: HRA (funded by SJ/C if a health plan is elected) will cover eligible medical expenses before FSA!

- Asthma flow meters and nebulizers
- Insulin and diabetic supplies
- Orthodontics
- Vision services and eyeglasses
- LASIK surgery

For more a full list of Healthcare FSA expenses, please visit [www.irs.gov](http://www.irs.gov).

## Whole Life Insurance

***This is only available during annual open enrollment through Unum.***

Substantial amounts of group term life insurance are available to you and your family in our Supplemental Group Life Insurance plan through Mutual of Omaha. While group term life insurance is very inexpensive, it is only intended to provide protection during your working years. The cost increases and the death benefit will decrease as you get older. Whole life insurance is an alternative to group term life insurance. Although initially more expensive, the cost does not increase nor does the death benefit decrease with age. This means you get protection during your working years and into retirement.

Whole life insurance also earns interest, or cash value. You can borrow from that cash value or you can buy a smaller, paid-up policy — with no more premiums due.

Coverage is available for you, your spouse, your children and grandchildren.

Portability: You will own individual policies which you may take with you if you leave SJ/C.

Guaranteed issue amounts for new co-workers at their initial annual enrollment. New co-workers are those who are hired before February 1 each year. You can also increase up to guaranteed issue amount after initial election without medical questionnaire.

## WHAT'S INCLUDED?

- A “Living” Benefit – You can request an early payout of your policy’s death benefits, up to
- \$150,000 maximum, if you’re expected to live 12 months or less. It would reduce the benefit that’s paid when you die.
- Waiver of Premium – If you’re disabled for at least six months before age 65 and you remain disabled,

you won’t have to pay premiums until you recover and return to work.

- Long Term Care Rider – You may be able to use your death benefit to pay for long term care. Subject to rider conditions.
- Child Term Life Rider – You can purchase a benefit up to \$10,000, which can be added to an employee or spouse policy.

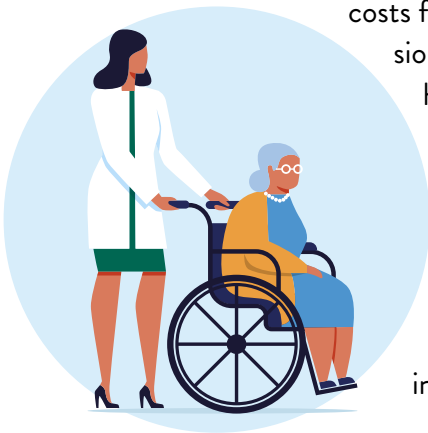
## Long Term Care

***This is only available during annual open enrollment through Unum.***

Most of us will be confronted at some time with the need for long-term care, whether for ourselves, spouses, parents or other family members. Advances in medical technology and the aging of our population make this even more likely for each of us. The average cost for nursing home care today may exceed \$80,000 per year, and usually Medicare, Medicaid and most types of medical insurance pay little of this cost.

Long-term care can sometimes be administered at home, but also at considerable cost. There are direct costs for the help of profes-

sional caregivers in the home, and indirect costs in the form of time required of family members. Very little of such costs are covered by Medicare, Medicaid or insurance.



Unum has pioneered a form of insurance designed to meet this need: Long Term Care Insurance. The coverage makes direct payments to the insured for the cost of institutional care and home care. Such protection can make the difference in allowing a family to maintain its living standard while affording the best care when a family member suffers a long-term illness or other disability.

**In recognition of the value and contribution long term co-workers make to the System, SJ/C provides a Long Term Care base plan to co-workers with fifteen years of eligible service.** The base program provides those co-workers with a benefit of \$1,000 per month, payable for up to 36 months. This coverage will go into effect for all eligible co-workers on the first day of the month following completion of 15 years of service. Co-workers who receive this benefit will have an opportunity to buy up to higher levels of coverage once a year at annual enrollment.

**As a new co-worker, you have a onetime guaranteed issue opportunity for this coverage at the first annual enrollment following your date of hire.**

Co-workers who did not enroll during the qualifying period or would like to make changes to existing coverage may enroll during open enrollment by completing a Benefit Election Form and the Evidence of Insurability Form (medical questionnaire).

Spouses and eligible family members (parents, grandparents, children 18+ and siblings 18+) of SJ/C co-workers can apply with full underwriting.

## Cancer Insurance



### **SJ/C offers Group Cancer insurance from Colonial Life & Accident Insurance Company.**

Cancer is not only a prevalent serious illness, but treatment can be long and costly. Even with good health insurance, cancer patients and their families will have increased expenses and financial needs during the cancer treatment period. The value of cancer insurance is that the policy benefits are paid directly to the insured (you) whenever treatments or covered events occur regardless of payments from any other coverage. Please note that you may only cover yourself, spouse, children and stepchildren under this policy.

- Coverage is guaranteed issue
- A limited pre-existing condition exclusion period (12 months for new coverage only)
- \$2,000.00 initial diagnosis benefit
- COBRA continuation and guaranteed conversion to individual coverage if employment terminates.

- Pre-tax payroll deduction premium payments while employed at SJ/C.

### **BENEFITS INCLUDE:**

- \$75 wellness benefit per covered person per calendar year
- Hospital confinement benefits double after 30 days of confinement
- Intensive care benefits available
- Other highly utilized benefits include radiation/ chemotherapy, surgery, supportive or protective care drugs, and second medical opinion

### **Cancer Insurance: Your Cost Per Pay Period**

	YOUR COST
Co-worker:	\$8.65
Family:	\$14.38

## Accident Care Insurance



### **SJ/C offers Group Accident insurance from Colonial Life & Accident Insurance Company.**

Accidents happen in the places where you and your family spend the most time – at work, in the home, or during sports and leisure activities. Accidents often result in unexpected out-of-pocket expenses and, many times, in lost wages. Designed to help see you through the different stages of care, this plan provides benefits for initial care and treatment, in addition to

the follow-up care you may need. Our Group Accident offers these advantages to you:

- Portable at the same rate
- Guaranteed issue
- Individual, spouse and children can be covered
- Pre-tax payroll deduction premium payments while employed at SJ/C

## Critical Illness Insurance



### **SJ/C offers Group Cancer insurance from Colonial Life & Accident Insurance Company.**

Chances are, you know someone who has faced a critical illness, so you know the physical and emotional

drain such an illness can impose. But have you thought about the financial problems a critical illness can bring? Even those of us who carefully plan for the unexpected with life, disability and medical insurance may discover



that some expenses can still remain unpaid. The benefits you receive from Group Critical Illness insurance from Colonial Life & Accident Insurance Company can help provide financial protection if you are struck with one of the following covered illnesses:

Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure, Coronary Bypass Surgery\*\*, Permanent Paralysis due to a Covered Accident, Coma, Blindness, Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D 100%

*\*\*Reduced benefits apply.*

Our Group Critical Care offers these advantages to you:

- Guaranteed issue up to \$20,000
- Spouse and children can be covered at 50% of the employee benefit
- No lifetime maximum benefit
- Recurring events are covered
- No pre-existing exclusions up to \$20,000 face amounts of coverage
- The policy remains portable

## Retirement Program

**A comprehensive retirement program is provided to all eligible co-workers of SJ/C. The primary purpose of this program is to ensure that co-workers who make their careers at SJ/C may retire at a level of income that preserves the living standard they enjoyed while working. A secondary objective is to enable co-workers who do not remain with SJ/C until retirement to accrue benefits while here which can be preserved and combined with other benefits accrued elsewhere to provide an adequate retirement income.**

### 401(K) PLAN

The 401(K) plan allows you to save for retirement by contributing your own earnings on a tax deferred basis and receive matching contributions from SJ/C. **The current employer match is 50% to a maximum deferral of 6% of pay.** In other words, any contributions you make to a maximum contribution of 6% of your base annual pay will be matched at 50% by SJ/C. The maximum match you can receive will be 3% of your base annual pay, and this will require that you contribute 6% of your base annual pay. You may contribute more than 6% of your base annual pay, but the matching contribution ends at 6%. To qualify for the matching contribution benefit, co-workers must complete one year of service and 1,000 hours or more of service and reach age 21 or older by the quarter following their date of hire.

The Plan also provides a discretionary employer contribution annually to those co-workers employed on January 1st and December 31st each year, who have completed 1,000 hours or more of service, are 21 years of age or older and have completed one year of service.

Co-workers will be 100% vested in any SJ/C employer match or discretionary contributions after three full years of service.

For more information about the SJ/C 401(K) Retirement Plan, please contact one of our on-site MetLife Financial Representatives, Jim Diemer at 912-819-2132 or Heather O'Donovan at 912-819-2443 or contact Human Resources at 912-819-2442.





# Employee Assistance Program (EAP)



**SJ/C's Employee Assistance Program (EAP) is administered by Mutual of Omaha.**

When you're dealing with a personal problem, it can feel overwhelming – you may not know where to turn for help and solutions can seem hard to find. EAP can help you find solutions that work for you and through the EAP both you and your immediate family members can receive no-cost, confidential help for a wide variety of concerns.

Mutual of Omaha EAP can provide confidential assistance in the following areas:

- Depression
- Stress Management
- Anxiety
- Family Conflict

- Relationship Problems
- Financial or Legal Concerns
- Alcohol or Drug Addictions
- Problem Gambling
- Parenting Concerns
- Child and Elder Care
- Eating Disorder

## HOW DO I ACCESS SERVICES?

- Call 1-800-316-2796 for confidential consultation and resource services. Professional, Master's degreed counselors are available to help 24 hours a day, seven days a week.
- Visit online at [www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap).

# Home & Auto Insurance



St. Joseph's/Candler is pleased to offer a Voluntary Personal Insurance program for all benefit eligible co-workers. This program will provide voluntary auto and home insurance products to co-workers with affordable group rates.

**MetLife Auto & Home** is committed to providing a seamless, reliable, and accessible service to all eligible co-workers who choose to participate in this program. MetLife Auto & Home has developed a multi-carrier platform that will give all eligible co-workers a unique advantage when shopping for auto and home insurance through a group benefits program.

## ELIGIBILITY CRITERIA:

- Must be in a benefited position working 60 hours or more per pay period.
- Must be eligible for payroll deductions.

## PROPERTY AND LIABILITY PROTECTION:

- |                              |                             |
|------------------------------|-----------------------------|
| • Auto                       | • Personal Excess Liability |
| • Boat                       | • Renters                   |
| • Recreational Vehicle       | • Flood                     |
| • Mobile/Motor Home          | • Home                      |
| • Landlord's Rental Dwelling | • Condo                     |

## PRODUCT FEATURES:

- Full Replacement Cost Coverage on new vehicles with no deduction for depreciation.
- Full Replacement Cost Coverage on damaged special auto parts with no deduction taken for depreciation.
- Deductible Savings Benefit – a \$50 credit toward the insured's deductible for every year of claim free driving (up to five years)

- Full Replacement on home and contents – restores your home at today’s rebuilding costs with no deduction for depreciation of contents
- ID Protection Services – an automatic feature provided at no added cost to co-workers with auto, homeowners, renters, condo and several other policy types.

#### **SUPERIOR SERVICES:**

- Claim Department available 24 hours, 7 days a week

- Claim Representatives available during business hours, weekday evenings and Saturdays
- Guaranteed Repair Programs are available for convenient and professional repair service

#### **HOW DO I ACCESS SERVICES?**

Simply call 1-877-638-7515 as your needs change. Use code: BTW. You can also visit online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

## **NEW Legal Plan/Identity Theft**

Legal experts on your side, whenever you need them, from MetLife Legal Plans. For \$21.00 a month, you, your spouse and eligible dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. You can choose one from the network of prequalified attorneys, or use an attorney outside of the network to be reimbursed some of the cost.

Protect your identity with comprehensive credit monitoring services. MetLife Legal Plans has partnered with CyberScout, LLC, the nation’s premier provider of identity management services, to give you the most comprehensive identity monitoring and protection service available. Save time, hassle and money with this package of tools and resolution assistance.

#### **PERSONAL LEGAL MATTERS:**

- Money matters
- Home and real estate
- Estate planning
- Family and personal
- Civil lawsuits
- Elder-care issues
- Vehicle and driving

Legal help made easy. Call 800-821-6400 or visit [info.legalplans.com](http://info.legalplans.com) and use access code 9904604 to learn more and find an attorney. Call the attorney you select, provide your case number and schedule a time to talk or meet. That’s it!



# Student Loan Financial Planning

**Voluntary Loan Relief™ benefit from Fiducius**, so you can take control of your student loans, put more money in your pocket and focus on what really matters to you.

Let the student loan experts at Fiducius get to work for you:

- Assess - learn about your personal financial situation and goals
- Advise – identify the best option to solve your student loan issue

- Relieve – provide a customized Student Loan Financial Wellness Plan

Visit <https://sjchs.myfiducius.com/register>, register with code SJC and learn how much you can save in a few minutes.



# HIPAA Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you, or your dependents, other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid

coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan.

However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, please contact SJ/C Human Resources.

# COBRA Continuation of Coverage Rights

You are receiving this notice because you have recently become covered under a group health plan as a co-worker/dependent of SJ/C. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by 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.

## What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are a co-worker, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or

- Your employment ends for any reason other than your gross misconduct.
- If you are the spouse of a co-worker, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:
  - Your spouse dies;
  - Your spouse's hours of employment are reduced;
  - Your spouse's employment ends for any reason other than his or her gross misconduct;
  - Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
  - You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-co-worker dies;
- The parent-co-worker's hours of employment are reduced;
- The parent-co-worker's employment ends for any reason other than his or her gross misconduct;
- The parent-co-worker becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a dependent child.

## When is COBRA coverage available?

The Plan will offer COBRA continuation of coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the co-worker, or the co-worker's becoming entitled to

Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You must give notice of some qualifying events. For the other qualifying events (divorce or legal separation of the co-worker and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Plan administrator within 60 days after the qualifying event occurs. You must provide the notice to:

SJ/C Human Resources  
11700 Middleground Road  
Savannah, GA 31419  
912-819-2442

## How long will continuation coverage last?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered co-workers may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued only for up to a total of 18 months. In the case of losses of coverage due to a co-worker's death, divorce or legal separation, the co-worker's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the co-worker's hours of employment, and the co-worker became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the co-worker lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

There are two ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of continuation coverage:

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

### Second qualifying event extension of 18-month period of continuation coverage:

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the co-worker or former co-worker dies or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## IF YOU HAVE QUESTIONS:

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact(s) identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Co-worker Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES:

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan Contact Information:

SJ/C Human Resources  
11700 Middleground Road  
Savannah, GA 31419  
912-819-2442

# CMS Notification



## Important Notice about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SJ/C and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SJ/C has determined that the prescription drug coverage offered by us is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is

therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current SJ/C coverage will not be affected. You can keep this coverage if they elect part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current SJ/C coverage, be aware that you and your dependents will be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with SJ/C and don't join a Medicare



drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SJ/C changes. You also may request a copy of this notice at any time.

### **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### **FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:**

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is

available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778.)

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Name of Entity/Sender:** St. Joseph's/Candler  
**Contact—Position/Office:** Human Resources  
**Address:** 11700 Middleground Rd,  
Savannah, GA  
**Phone Number:** 912-819-2442

### **CMS FORM 10182-CC — UPDATED APRIL 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### **Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility.

#### **ALABAMA – Medicaid**

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

#### **ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

#### **ARKANSAS – Medicaid**

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

#### **CALIFORNIA – Medicaid**

Website: [https://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_cont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)

Phone: 916-440-5676

#### **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

#### **FLORIDA – Medicaid**

Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>

Phone: 1-877-357-3268

#### **GEORGIA – Medicaid**

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext 2131

#### **INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

#### **IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

#### **KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/default.htm>

Phone: 1-800-792-4884



### **KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)

KCHIP Website:

<https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

### **LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/la hipp](http://www.ldh.la.gov/la hipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### **MAINE – Medicaid**

Enrollment Website:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740

TTY: Maine relay 711

### **MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

### **MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

### **MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

### **MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

### **NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-763

Lincoln: 402-473-7000

Omaha: 402-595-1178

### **NEVADA – Medicaid**

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

### **NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP program:  
1-800-852-3345, ext 5218

### **NEW JERSEY – Medicaid and CHIP**

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

### **NEW YORK – Medicaid**

Website:

[https://www.health.ny.gov/health\\_care/medicaid](https://www.health.ny.gov/health_care/medicaid)

Phone: 1-800-541-2831

### **NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

### **NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

### **OKLAHOMA – Medicaid**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

### **OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

### **PENNSYLVANIA – Medicaid**

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311  
(Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

**UTAH – Medicaid**

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT– Medicaid**

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Website: <https://www.coverva.org/hipp/>  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-855-242-8282

**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid**

Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP  
(1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## NOTICE OF COMPLIANCE WITH THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 was passed into law on October 21, 1998 amending the Co-worker Retirement Income Security Act of 1974 (ERISA). The law requires plans which provide mastectomy coverage to provide notice to individuals of their rights to benefits for breast reconstruction following a mastectomy. Your Plan currently provides coverage for a mastectomy and reconstructive breast surgery following a mastectomy.

Benefits for medical and surgical treatment for reconstruction in connection with a mastectomy are further clarified as follows according to the requirements of the Women's Health and Cancer Rights Act of 1998:

1. reconstruction of the breast on which the mastectomy has been performed
2. surgery and reconstruction of the other breast to produce symmetrical appearance

3. coverage for prostheses and physical complications of all stages of mastectomy, including lymphedema in a manner determined in consultation with the attending physician and the patient.

These benefits will be paid at the same benefit level as other benefits payable under the Plan.

## SUMMARY OF BENEFITS and COVERAGES (SBC)

---

In order to comply with the Affordable Care Act (PPACA), SJ/C provides a Summary of Benefits and Coverages (SBC) for each medical plan offered. The requirements for these documents are issued by the U.S. Department of Labor (DOL), and are available for download on the SJ/C Intranet and the online enrollment system via the internet.

The SBC's include the following information:

- Uniform definitions of standard medical and insurance terms;
- A description of the coverage;

- Any exceptions, reductions, or limitations of coverage;
- Cost-sharing requirements, such as deductibles and copayments;
- Coverage examples which illustrate sample medical situations and describe how much coverage the plan would provide.

Questions: Call Human Resources at (912) 819-2442 or Healthgram at (800) 446-5439 or visit [www.healthgram.com](http://www.healthgram.com). Please see the Glossary if you aren't clear about any of the underlined terms used in the SBC.

## NOTICE REGARDING WELLNESS PROGRAM

---

St. Joseph's/Candler Wellness Reward Discount Program is a voluntary wellness program available to all health plan participants. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary biometric screening, which will include a fasting lipid panel (coronary risk profile and hemoglobin A1C), be tobacco/nicotine free, participate in applicable age and gender preventive screenings, disease management, and weight management.

You are not required to complete the biometric screening, be tobacco/nicotine free, or participate in applicable preventive screenings, disease management, and weight management. However, co-workers who choose to do

so will receive a reduced health plan premium for a plan year as incentive.

An additional incentive of up to \$150 may also be added to your Health Reimbursement Account by St. Joseph's/Candler for co-workers who participate in certain health-related activities, such as documenting a consistent exercise regimen and nutrition log quarterly, completing on-line health related educational games or eligible volunteer activity.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the SJ/C WellPath Navigator at 912-819-8805.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks,

and may also be used to offer you services through the wellness program, such as disease management or weight management. You also are encouraged to share your results or concerns with your own doctor.

## **PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and St. Joseph's/Candler may use aggregate information it collects to design a program based on identified health risks in the workplace, the Wellness Reward Discount Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness

program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are the WellPath Navigator and Healthgram's Health Coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact St. Joseph's/Candler Human Resources at 912-819-2442.

## BENEFITS CONTACT INFORMATION

Carrier	Website	Phone / Email
<b>MEDICAL</b> Healthgram	<a href="http://www.healthgam.com">www.healthgam.com</a>	800-446-5469: Customer Service 800-472-5001: Precertification
<b>PRESCRIPTION</b> Optum Rx Candler Prescription Center	<a href="http://www.optumrx.com">www.optumrx.com</a>	844-265-1735 912-819-7272
<b>HEALTH REIMBURSEMENT ACCOUNT (HRA) &amp; FLEXIBLE SPENDING ACCOUNTS (FSA/DCA)</b> Benefit Alternatives	<a href="http://www.retirementlogin.com/benefitalternatives">www.retirementlogin.com/benefitalternatives</a>	866-323-2363 or 770-993-8683 770-640-6938: Fax <a href="mailto:claims@benefitalt.com">claims@benefitalt.com</a>
<b>DENTAL</b> MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-942-0854
<b>VISION</b> EyeMed	<a href="http://www.eyemed.com">www.eyemed.com</a>	866-723-0514
<b>TERM LIFE</b> Mutual of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a> Group#: G000B69K	800-775-8805 402-997-1835: Fax
<b>DISABILITY</b> Mutual of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a> Group#: G000B69K	800-877-5176 402-997-1865: Fax
<b>Will Preparation</b>	<a href="http://www.willprepservices.com">www.willprepservices.com</a> Use code: MUTUALWILLS	
<b>Hearing Discount</b>	<a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a>	888-534-1747
<b>EMPLOYEE ASSISTANCE PROGRAM</b> Mutual of Omaha	<a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> Group#: G000B69K	800-316-2796
<b>CANCER, ACCIDENT, CRITICAL ILLNESS</b> Colonial Life & Accident Insurance	<a href="http://www.coloniallife.com">www.coloniallife.com</a>	800-325-4368 912-657-9303: Local Rep
<b>WHOLE LIFE</b> Unum		800-635-5597
<b>LONG TERM CARE</b> Unum	<a href="http://www.myltcguide.com/SJCHS">www.myltcguide.com/SJCHS</a>	877-286-2852
<b>HOME &amp; AUTO INSURANCE</b> MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	877-638-7515 Use code: BTW
<b>LEGAL PLAN/IDENTITY THEFT INSURANCE</b> MetLife	<a href="http://info.legalplans.com">info.legalplans.com</a>	800-821-6400
<b>STUDENT LOAN FINANCIAL PLANNING</b> Fiducius	<a href="https://sjchs.myfiducius.com/register">https://sjchs.myfiducius.com/register</a> Use registration code: SJC	

## BENEFITS CONTACT INFORMATION

Carrier	Website	Phone / Email
<b>401(K) Retirement</b> MetLife	<a href="http://www.metlife.retirementpartner.com">www.metlife.retirementpartner.com</a>	800-543-2520 912-819-2443/2132: St. Joseph's 912-819-7840: Candler
<b>SJ/C Wellness Center</b>		912-819-8800
<b>SJ/C Weight Management</b>		912-819-8828
<b>SJ/C WellPath Navigator</b>		912-819-8805 912-819-5118: Fax
<b>SJ/C Occupational Health</b>		912-819-2495: St. Joseph's 912-819-8992: Candler
<b>SJ/C Human Resources</b>		912-819-2442

**QUESTIONS OR ASSISTANCE**

For claims assistance call the applicable insurance carrier. Have your ID number, date of service, and provider name available.

**Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.

**For claims assistance call the applicable insurance carrier. Have your ID number, date of service, and provider name available.**

**Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.

## Notes:

## OUR MISSION

Rooted in God's love, we treat illness and promote wellness for all people.

## OUR VALUES

Compassion • Quality • Integrity • Courtesy • Accountability • Teamwork

