

Eligibility

All employees working at least 24 hours per week are eligible for benefits on the first of the month following 90 days of employment. Dependent children are eligible for health and dental insurance coverage until the month in which they turn age 19, the child marries or, if they are a full time student, coverage is available until reaching age 24. Open enrollment will be offered annually during the month of April.

Medical Plan

- After meeting the annual deductible (\$575 single, maximum \$775 per family) the plan pays 90% for a CHPO or Cofinity (formerly Sloan's Lake) provider and 70% for an Out-of-Network provider.
- In-patient stays, skilled nursing facility services, home health, case management and organ/tissue transplants all require pre-authorization.
- Prescription coverage under the plan for those who obtain prescriptions through Orchard Pharmacy the following co-pays apply: \$8 for generic and \$25 for brands. Prescriptions filled with an Innoviant pharmacy have \$16 generic and \$40 brand co-pays.
- Office co-pays are \$15 for CHPO physicians and \$25 for Cofinity providers. Services are subject to the deductible and then paid at 90%. Out-of-network provider services will be paid at 70% upon satisfying applicable deductibles.
- Routine well child care, ages 0-18 years is covered at 100% up to \$1,000. Children, ages 0-18 years, immunizations are covered at 100% with deductible waived. Mammograms are covered at 100% with no deductible in network (see Summary Plan Document at www.fiservhealthservices.com).
- The deductible does not apply to the out-of-pocket maximum limits or co-pays.

Dental Plan

- Preventative services are paid at 100% with no deductible (includes oral exam and preventative x-rays).
- The following benefits are subject to a \$50.00 individual or \$150.00/family deductible: Basic dental services are then paid at 80%, major dental services are paid at 50%, and the maximum benefit per person is \$1500 per year.

Pre-existing Condition (New Enrollees) – Credible Coverage

- This plan contains a pre-existing condition limitation. Please refer to the Summary Plan Document at www.fiservhealthservices.com for detailed information or contact Human Resources. A Certificate of Credible Coverage will decrease the 12-month limitation if you had other insurance coverage within 63 days of date of hire.

Voluntary Vision Plan – Vision Service Plan (VSP)

Vision coverage is strictly voluntary and is paid by the employee at 100%.

- After a \$10 co-pay, one basic eye exam during each 12-month period is covered (see participating doctors list @ www.vsp.com).
- After a \$25 co-pay, eyeglasses and contact lenses are covered during each 12-month period. Additional charges may apply.
- Frames are covered once during each 24-month period up to \$130. Certain restrictions may apply.

Flexible Spending Accounts

- Entitles employees to have pre-tax deductions withheld from gross earnings. Un-reimbursed medical accounts (with a \$4000.00 maximum per plan year) and Dependent Care accounts (with a \$5000.00 maximum per plan year) are available.

Hospital Sponsored Life Insurance

- Basic life insurance is one time the annual salary to a maximum of \$500,000. Accidental Death and Dismemberment is equal to the life insurance amount. Dependent Life Insurance: \$10,000 for spouse, \$5000 per dependent child.

Voluntary Life Insurance

- Voluntary life is available. Guaranteed Issue (for new employees only) at 5x annual salary with a max of \$140,000 guaranteed issue. Spouse may apply for 50% of employee salary with a max of \$30,000 guaranteed issue.

Short Term Disability Insurance

- The hospital provides short-term disability coverage for all benefit eligible employees. This coverage includes up to 13 weeks of benefit paid at 60% of gross earnings up to \$1500.00 per week with no limits of incidents per year. Zero day elimination for accidents, 7-calendar day elimination period for illness. Employees pay the tax on the premium not on the benefit.

Voluntary Long Term Disability Insurance

- This coverage provides 60% of gross earnings to a maximum of \$5,000.00 per month. Ninety-day elimination period with duration of up to 5 years maximum coverage.

Premiums

- Community Hospital is dedicated to keeping premium costs as reasonable as possible and comparable within our geographic region.

****Per Pay Period Premium Deductions****

	Medical	Medical	Dental	Vision
	Full-time	Part-time		Monthly Rate
Employee	\$26.00	\$39.00	\$7.50	\$11.34
Employee + 1	\$84.00	\$125.50	\$18.00	\$16.44
Family	\$132.00	\$198.50	\$22.00	\$29.48

Coordination with other Insurance Coverage

- Benefits are not available for Workers' Compensation claims. If your spouse also has coverage with their employer, their plan is primary for them, and the Community Hospital Employee Benefit Plan will be primary for you. Covered children are primary under the parent's plan whose birth date falls first in the calendar year.