

# CHI BENEFITS


at a glance

Saint Francis Medical Center



† CATHOLIC HEALTH  
INITIATIVES<sup>®</sup>

*A spirit of innovation, a legacy of care.*



Our mission to create healthier communities extends to our own workplace. Not only do we want all employees and their families to enjoy good health, we want them to have affordable health care and adequate savings when they retire. That's why we offer a competitive and sustainable benefits program, including affordable health care, wellness programs, retirement savings options and more. These programs help you care for yourself and your family — physically, financially, mentally and spiritually.

This booklet contains a benefit eligibility summary followed by an overview of the benefits for Saint Francis Medical Center employees. Additional information is available on HR/Payroll Connection.

## Benefit Eligibility

Employee eligibility may vary, based on the benefit. Read below to learn about eligibility and when coverage begins.

<p>A full-time employee (regularly scheduled to work at least 72 hours or 64 hours flex time per two-week pay period) or a part-time employee (regularly scheduled to work at least 40 hours per two-week pay period), is eligible on the first day of the month following 30 days of employment.</p>	<ul style="list-style-type: none"> <li>■ Catholic Health Initiatives Medical Plan*</li> <li>■ Catholic Health Initiatives Dental Plan*</li> <li>■ Employers' Healthcare Center Plan</li> <li>■ Vision Plan*</li> <li>■ Employee Basic Life and Accidental Death and Dismemberment (AD&amp;D) Insurance</li> <li>■ Employee Supplemental Life and Accidental Death and Dismemberment (AD&amp;D) Insurance</li> <li>■ Spouse and Child Life Insurance*</li> <li>■ Adoption Assistance</li> <li>■ Health Care Flexible Spending Account</li> <li>■ Dependent Care Flexible Spending Account</li> </ul>
<p>All employees are eligible on date of hire.</p>	<ul style="list-style-type: none"> <li>■ Military Leave</li> <li>■ Catholic Health Initiatives Employee Savings Plan</li> <li>■ Employee Assistance Program</li> </ul>
<p>An employee is eligible after 12 months of service if at least 1,250 hours are worked during that 12-month period.</p>	<ul style="list-style-type: none"> <li>■ Family and Medical Leave Act (FMLA)</li> </ul>
<p>An employee becomes a participant on January 1 following the first 1,000 hours paid in a calendar year.</p>	<ul style="list-style-type: none"> <li>■ Catholic Health Initiatives Retirement Plan</li> </ul>
<p>A full-time employee (regularly scheduled to work at least 72 hours or 64 hours flex time per two-week pay period) or a part-time employee (regularly scheduled to work at least 40 hours per two-week pay period), begins to accrue paid time off immediately. An employee is eligible to take paid time off on the first day of the month following 30 days of employment.</p>	<ul style="list-style-type: none"> <li>■ Paid Time Off (PTO)</li> </ul>
<p>A full-time employee (regularly scheduled to work at least 72 hours or 64 hours flex time per two-week pay period) or a part-time employee (regularly scheduled to work at least 40 hours per two-week pay period), is eligible on first day of the month following 90 days of employment.</p>	<ul style="list-style-type: none"> <li>■ Short-term Disability</li> </ul>
<p>A full-time employee (regularly scheduled to work at least 72 hours or 64 hours flex time per two-week pay period), is eligible on the first day of the month following 90 days of employment.</p>	<ul style="list-style-type: none"> <li>■ Long-term Disability</li> </ul>
<p>A full-time employee (regularly scheduled to work at least 72 hours or 64 hours flex time per two-week pay period) or part-time employee (regularly scheduled to work at least 40 hours per two-week pay period), is eligible on date of hire.</p>	<ul style="list-style-type: none"> <li>■ Tuition Assistance</li> <li>■ Business Travel Accident Insurance</li> </ul>

\* Eligible dependents include a legal spouse, unmarried children up to age 19, full-time students who attend accredited U.S.-based post-secondary institutions up to age 25. Unmarried children of any age who are physically or mentally handicapped and financially dependent on an employee may be eligible.



Benefit	Description																																																							
<b>Health and Welfare Plans</b>																																																								
Catholic Health Initiatives Medical Plan	<p>Comprehensive medical and prescription drug coverage through a Principal PPO plan with an extensive network of physicians, hospitals and pharmacies across the country. Four benefit options are available to meet employees' specific needs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Medical Plan</th> <th style="text-align: left;">Enhanced 500</th> <th style="text-align: left;">Core 1000</th> <th style="text-align: left;">Basic 1500</th> <th style="text-align: left;">HD/HSA*</th> </tr> </thead> <tbody> <tr> <td>Deductible</td> <td>\$500 Individual/ \$1,000 Family</td> <td>\$1,000 Individual/ \$2,000 Family</td> <td>\$1,500 Individual/ \$3,000 Family</td> <td>\$2,000 Individual/ \$4,000 Family</td> </tr> <tr> <td>Coinsurance for Office Visits</td> <td>80%</td> <td>75%</td> <td>70%</td> <td>75% AD</td> </tr> <tr> <td>Coinsurance for Other Services</td> <td>80% AD</td> <td>70% AD</td> <td>60% AD</td> <td>70% AD</td> </tr> <tr> <td>CHI Facility Coinsurance**</td> <td>95%</td> <td>90%</td> <td>85%</td> <td>90% AD</td> </tr> <tr> <td>Out-of-Pocket Maximum</td> <td>\$2,000 Individual/ \$4,000 Family</td> <td>\$3,500 Individual/ \$7,000 Family</td> <td>\$5,000 Individual/ \$10,000 Family</td> <td>\$5,500 Individual/ \$11,000 Family</td> </tr> <tr> <th style="text-align: left;">Prescription Drug</th> <th style="text-align: left;">Enhanced 500</th> <th style="text-align: left;">Core 1000</th> <th style="text-align: left;">Basic 1500</th> <th style="text-align: left;">HD/HSA*</th> </tr> <tr> <td>Retail (30-day supply)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Retail Generic</td> <td>\$10</td> <td>\$10</td> <td>\$10</td> <td>\$10 AD</td> </tr> <tr> <td>Retail Formulary Brand</td> <td>90% (\$25 min/\$50 max)</td> <td>80% (\$30 min/\$75 max)</td> <td>70% (\$35 min/\$100 max)</td> <td>80% AD (\$30 min/\$75 max)</td> </tr> <tr> <td>Retail Nonformulary Brand</td> <td>80% (\$40 min/\$100 max)</td> <td>60% (\$50 min/\$125 max)</td> <td>50% (\$60 min/\$150 max)</td> <td>60% AD (\$50 min/\$125 max)</td> </tr> </tbody> </table> <p>*The High Deductible with Health Savings Account (HD/HSA) plan is available for employees earning \$165,000 or more in base pay.</p> <p>**If an employee visits a CHI facility, the CHI facility coinsurance will apply to any services billed as a facility charge. The annual deductible does not apply to CHI facility coinsurance, except under the HD/HSA plan.</p> <p>Note: AD means after deductible.</p> <p>In-network benefit levels and costs are shown. Out-of-network services and prescriptions are covered at the applicable out-of-network benefit levels and costs.</p> <p>Preventive care is covered 100 percent. For most other services (including office visits), the Plan will pay a percentage of the cost. Office visits do not apply to the annual deductible, except under the HD/HSA plan. However, some services will require the employee to pay the deductible first.</p> <p>The Catholic Health Initiatives Medical Plan defines:</p> <ul style="list-style-type: none"> <li>■ Deductible: the amount an employee pays for covered services before the Catholic Health Initiatives Medical Plan benefits subject to coinsurance begin.</li> <li>■ Copay: a specified dollar amount an employee pays each time covered services subject to copays are received (i.e., ER visits).</li> <li>■ Coinsurance: the percentage of an eligible charge an employee is required to pay when covered services subject to coinsurance are received.</li> </ul> <p>Additional information about the Medical Plan, including a provider directory, may be located on the Principal Web site at <a href="http://www.principal.com">www.principal.com</a>.</p>	Medical Plan	Enhanced 500	Core 1000	Basic 1500	HD/HSA*	Deductible	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	\$1,500 Individual/ \$3,000 Family	\$2,000 Individual/ \$4,000 Family	Coinsurance for Office Visits	80%	75%	70%	75% AD	Coinsurance for Other Services	80% AD	70% AD	60% AD	70% AD	CHI Facility Coinsurance**	95%	90%	85%	90% AD	Out-of-Pocket Maximum	\$2,000 Individual/ \$4,000 Family	\$3,500 Individual/ \$7,000 Family	\$5,000 Individual/ \$10,000 Family	\$5,500 Individual/ \$11,000 Family	Prescription Drug	Enhanced 500	Core 1000	Basic 1500	HD/HSA*	Retail (30-day supply)					Retail Generic	\$10	\$10	\$10	\$10 AD	Retail Formulary Brand	90% (\$25 min/\$50 max)	80% (\$30 min/\$75 max)	70% (\$35 min/\$100 max)	80% AD (\$30 min/\$75 max)	Retail Nonformulary Brand	80% (\$40 min/\$100 max)	60% (\$50 min/\$125 max)	50% (\$60 min/\$150 max)	60% AD (\$50 min/\$125 max)
Medical Plan	Enhanced 500	Core 1000	Basic 1500	HD/HSA*																																																				
Deductible	\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	\$1,500 Individual/ \$3,000 Family	\$2,000 Individual/ \$4,000 Family																																																				
Coinsurance for Office Visits	80%	75%	70%	75% AD																																																				
Coinsurance for Other Services	80% AD	70% AD	60% AD	70% AD																																																				
CHI Facility Coinsurance**	95%	90%	85%	90% AD																																																				
Out-of-Pocket Maximum	\$2,000 Individual/ \$4,000 Family	\$3,500 Individual/ \$7,000 Family	\$5,000 Individual/ \$10,000 Family	\$5,500 Individual/ \$11,000 Family																																																				
Prescription Drug	Enhanced 500	Core 1000	Basic 1500	HD/HSA*																																																				
Retail (30-day supply)																																																								
Retail Generic	\$10	\$10	\$10	\$10 AD																																																				
Retail Formulary Brand	90% (\$25 min/\$50 max)	80% (\$30 min/\$75 max)	70% (\$35 min/\$100 max)	80% AD (\$30 min/\$75 max)																																																				
Retail Nonformulary Brand	80% (\$40 min/\$100 max)	60% (\$50 min/\$125 max)	50% (\$60 min/\$150 max)	60% AD (\$50 min/\$125 max)																																																				
Employers' Healthcare Center Plan	<p>Comprehensive medical and prescription drug coverage through a local point of service plan. In order to have lower out-of-pocket costs, members seek medical services through the Employers' Healthcare Center doctors office, which is staffed with several family practice physicians. If necessary, a referral from the Employers' Healthcare Center physicians to a specialist may be given. Additional information is available in Human Resources.</p>																																																							

Please refer to the appropriate plan documents or contracts for full benefit details, exclusions and limitations.

Benefit	Description																
<b>Health and Welfare Plans Continued</b>																	
Catholic Health Initiatives Dental Plan	<p>MetLife administers a comprehensive dental plan with open access to any dentist and orthodontist across the country. There are three options available to meet employees' needs. All options pay 100 percent for preventive and diagnostic services. The PPO option also offers an enhanced benefit if the employee visits a dentist in the MetLife network.</p> <table border="1" data-bbox="594 510 1477 678"> <thead> <tr> <th data-bbox="594 510 802 535">Dental Plan Coverage</th> <th data-bbox="842 510 889 535">Core</th> <th data-bbox="1130 510 1177 535">PPO</th> <th data-bbox="1422 510 1469 535">Basic</th> </tr> </thead> <tbody> <tr> <td data-bbox="594 552 695 577">Deductible</td> <td data-bbox="842 552 1110 577">\$50 Individual/\$150 Family</td> <td data-bbox="1130 552 1398 577">\$50 Individual/\$150 Family</td> <td data-bbox="1422 552 1469 577">None</td> </tr> <tr> <td data-bbox="594 594 764 619">Annual Maximum</td> <td data-bbox="842 594 919 619">\$1,000</td> <td data-bbox="1130 594 1206 619">\$1,500</td> <td data-bbox="1422 594 1477 619">\$500</td> </tr> <tr> <td data-bbox="594 636 846 678">Orthodontia (for children under age 19)</td> <td data-bbox="842 636 878 661">Yes</td> <td data-bbox="1130 636 1166 661">Yes</td> <td data-bbox="1422 636 1458 661">No</td> </tr> </tbody> </table> <p>Additional information about the Dental Plan, including a provider directory, may be located on the MetLife Web site at <a href="http://www.metlife.com">www.metlife.com</a>. Employees with access to HR/Payroll Connection may find more detailed information by logging into HR/Payroll Connection, clicking on the "My Handbook" tab, selecting "Benefits &amp; Time Off," selecting "CHI Health Plans" and selecting "Dental Plan."</p>	Dental Plan Coverage	Core	PPO	Basic	Deductible	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family	None	Annual Maximum	\$1,000	\$1,500	\$500	Orthodontia (for children under age 19)	Yes	Yes	No
Dental Plan Coverage	Core	PPO	Basic														
Deductible	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family	None														
Annual Maximum	\$1,000	\$1,500	\$500														
Orthodontia (for children under age 19)	Yes	Yes	No														
Vision Plan	<p>A vision plan is provided to ensure optimal eye health. The vision plan is administered by Vision Service Plan (VSP). An enhanced benefit is available if employees and their dependents receive care from a provider within the VSP network.</p> <p>When visiting a VSP network provider, you'll receive:</p> <table border="1" data-bbox="594 993 1507 1224"> <thead> <tr> <th data-bbox="594 993 797 1018">Vision Plan Coverage</th> <th data-bbox="972 993 1045 1018">Benefit</th> </tr> </thead> <tbody> <tr> <td data-bbox="594 1035 646 1060">Exam</td> <td data-bbox="972 1035 1442 1060">\$15 copay; limited to one exam every 12 months</td> </tr> <tr> <td data-bbox="594 1077 951 1119">Lenses (single, lined bifocal and lined trifocal)</td> <td data-bbox="972 1077 1393 1102">\$15 copay; limited to once every 12 months</td> </tr> <tr> <td data-bbox="594 1140 662 1165">Frames</td> <td data-bbox="972 1140 1507 1182">\$120 allowance, plus 20% discount available for out-of-pocket expenses; limited to once every 24 months</td> </tr> <tr> <td data-bbox="594 1203 735 1228">Contacts Exam</td> <td data-bbox="972 1203 1507 1245">\$105 allowance; contacts and contact lens exam in lieu of glasses; limited to once every 12 months</td> </tr> </tbody> </table> <p>Additional information about the Vision Plan, including a provider directory, may be located on the Vision Service Plan Web site at <a href="http://www.vsp.com">www.vsp.com</a>.</p>	Vision Plan Coverage	Benefit	Exam	\$15 copay; limited to one exam every 12 months	Lenses (single, lined bifocal and lined trifocal)	\$15 copay; limited to once every 12 months	Frames	\$120 allowance, plus 20% discount available for out-of-pocket expenses; limited to once every 24 months	Contacts Exam	\$105 allowance; contacts and contact lens exam in lieu of glasses; limited to once every 12 months						
Vision Plan Coverage	Benefit																
Exam	\$15 copay; limited to one exam every 12 months																
Lenses (single, lined bifocal and lined trifocal)	\$15 copay; limited to once every 12 months																
Frames	\$120 allowance, plus 20% discount available for out-of-pocket expenses; limited to once every 24 months																
Contacts Exam	\$105 allowance; contacts and contact lens exam in lieu of glasses; limited to once every 12 months																
Catholic Health Initiatives Flexible Spending Account	<p>Two flexible spending account options are offered to enable employees to use tax-free dollars to pay for out-of-pocket health care and dependent care expenses for themselves and individuals who qualify as dependents based on Internal Revenue Service requirements. Employees can deposit up to \$5,000 in each of the health care and dependent care flexible spending accounts.</p>																
Employee Basic Life and Accidental Death and Dismemberment (AD&D) Insurance Business Travel Accident Insurance	<p>Basic life and AD&amp;D insurance protects an employee's loved ones from loss of income in the event of an employee's death.</p> <ul style="list-style-type: none"> <li>■ Basic life and AD&amp;D insurance is provided at one times an employee's base pay.</li> <li>■ Business Travel Accident insurance is provided at three times an employee's base pay or \$750,000, whichever is less.</li> </ul> <p>Basic life and AD&amp;D insurance and Business Travel Accident insurance are available at no cost to the employee.</p>																
Employee Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance Spouse and Child Life Insurance	<p>Employee supplemental life and AD&amp;D insurance is available for purchase in increments of \$10,000. The combined plan maximum for basic and supplemental life is five times an employee's base pay or \$750,000, whichever is less.</p> <p>Life insurance for your spouse is available for purchase in increments of \$10,000 up to \$200,000. Life insurance for your child(ren) is available for purchase in increments of \$2,000 up to \$20,000.</p>																

Please refer to the appropriate plan documents or contracts for full benefit details, exclusions and limitations.

Benefit	Description																
<b>Disability Plans</b>																	
Short-term Disability	Short-term disability provides employees with replacement income for up to 26 weeks if sickness or injury prevents them from working their regularly scheduled hours. Short-term disability benefits begin after a seven consecutive day elimination period. Employees will then receive 60 percent of their base pay for up to 26 weeks.																
Long-term Disability	The long-term disability plan provides a monthly benefit to full-time employees if they are continually disabled due to illness or injury beyond 26 weeks. The monthly payments are equal to 60 percent of an employee's base pay, up to a maximum of \$10,000 per month.																
<b>Paid Time Off</b>																	
Paid Time Off (PTO)	<p>Paid time off is available to provide employees with time away from work for rest, relaxation and leisure, as well as to cope with short-term illness, to care for dependents or to fulfill other personal commitments.</p> <p>Below are the new hire PTO accrual levels based on 80 hours per pay period.</p> <table border="1" data-bbox="592 1192 1502 1354"> <thead> <tr> <th>Employee Status</th> <th>Hours Earned (annually)</th> <th>Days per Year</th> <th>Carryover Maximum</th> </tr> </thead> <tbody> <tr> <td>Employees</td> <td>184</td> <td>23</td> <td>150%</td> </tr> <tr> <td>Directors</td> <td>224</td> <td>28</td> <td>150%</td> </tr> <tr> <td>Vice Presidents</td> <td>248</td> <td>31</td> <td>150%</td> </tr> </tbody> </table> <p>PTO hours are accrued based on the hours worked in a pay period. Employees can view the complete PTO accrual schedule by logging on to HR/Payroll Connection from Inside CHI, clicking on "My Handbook" tab, selecting "Benefits &amp; Time Off," then selecting "Employee Time Off" and clicking on "Paid Time Off."</p> <p>Once an employee accrues the maximum amount of PTO, the employee will stop accruing PTO until the employee takes time off.</p>	Employee Status	Hours Earned (annually)	Days per Year	Carryover Maximum	Employees	184	23	150%	Directors	224	28	150%	Vice Presidents	248	31	150%
Employee Status	Hours Earned (annually)	Days per Year	Carryover Maximum														
Employees	184	23	150%														
Directors	224	28	150%														
Vice Presidents	248	31	150%														
Holidays	<p>Designated holidays are included in PTO accruals and are provided to employees for a time of celebration or relaxation. The following holidays are observed during the year:</p> <ul style="list-style-type: none"> <li>■ New Year's Day</li> <li>■ Memorial Day</li> <li>■ Fourth of July</li> <li>■ Labor Day</li> <li>■ Thanksgiving Day</li> <li>■ Christmas Day</li> </ul> <p>Employees must use PTO in order to get paid.</p>																

Please refer to the appropriate plan documents or contracts for full benefit details, exclusions and limitations.



Benefit	Description																						
<b>Retirement Program</b>																							
Catholic Health Initiatives Retirement Plan	<p>The Catholic Health Initiatives Retirement Plan is designed to help employees prepare for the years beyond their careers. Each year, Catholic Health Initiatives will make a contribution varying from 5 percent to 10 percent to the employee's retirement plan account. The contribution varies based on years of vesting service and annual eligible pay. Employees also earn interest on their account balance. Employees receive one year of vesting service for each calendar year in which the employee is paid for at least 1,000 hours of service. After five years of vesting service, the employee is vested in the CHI Retirement Plan account.</p> <table data-bbox="594 583 1222 804"> <thead> <tr> <th data-bbox="594 583 821 611">Years of Vesting Service</th> <th data-bbox="967 583 1222 611">Annual Retirement Credits</th> </tr> </thead> <tbody> <tr> <td data-bbox="594 617 646 638">1 – 5</td> <td data-bbox="967 617 1065 638">5% of pay</td> </tr> <tr> <td data-bbox="594 646 662 667">6 – 10</td> <td data-bbox="967 646 1065 667">6% of pay</td> </tr> <tr> <td data-bbox="594 676 675 697">11 – 15</td> <td data-bbox="967 676 1065 697">7% of pay</td> </tr> <tr> <td data-bbox="594 705 675 726">16 – 20</td> <td data-bbox="967 705 1065 726">8% of pay</td> </tr> <tr> <td data-bbox="594 735 675 756">21 – 25</td> <td data-bbox="967 735 1065 756">9% of pay</td> </tr> <tr> <td data-bbox="594 764 643 785">26+</td> <td data-bbox="967 764 1081 785">10% of pay</td> </tr> </tbody> </table> <p><b>Additional Retirement Credits</b>  An employee's account may also receive additional retirement credits based on the employee's level of pay and is designed to work with Social Security. Social Security benefits replace a greater portion of pay for workers at lower pay levels. As an employee's pay increases, the portion of pay replaced by Social Security benefits decreases. Additional retirement credits offset this decrease. The additional credits are tied to the Social Security Wage Base, which is the amount of an employee's pay subject to Social Security taxes and is adjusted on an annual basis.</p> <p>There are two levels of additional retirement credits:</p> <table data-bbox="594 1052 1487 1178"> <thead> <tr> <th data-bbox="594 1052 813 1079">If pay is greater than...</th> <th data-bbox="1000 1052 1455 1079">Employees receive additional credits equal to...</th> </tr> </thead> <tbody> <tr> <td data-bbox="594 1085 919 1106">1/2 the Social Security Wage Base</td> <td data-bbox="1000 1085 1487 1106">2% of pay above 1/2 the Social Security Wage Base</td> </tr> <tr> <td data-bbox="594 1115 643 1136">AND</td> <td data-bbox="1000 1115 1049 1136">AND</td> </tr> <tr> <td data-bbox="594 1144 886 1165">Full Social Security Wage Base</td> <td data-bbox="1000 1144 1455 1165">3% of pay above the Social Security Wage Base</td> </tr> </tbody> </table> <p><b>Interest Credit</b>  In addition to the annual retirement credit, an employee will receive an annual interest credit to help protect future retirement benefits from inflation. The interest credit is based on the change in the Consumer Price Index (CPI) as of the previous October 31, plus 3 percent. Interest will be calculated on the account balance as of January 1, prior to the addition of the annual retirement credit.</p>	Years of Vesting Service	Annual Retirement Credits	1 – 5	5% of pay	6 – 10	6% of pay	11 – 15	7% of pay	16 – 20	8% of pay	21 – 25	9% of pay	26+	10% of pay	If pay is greater than...	Employees receive additional credits equal to...	1/2 the Social Security Wage Base	2% of pay above 1/2 the Social Security Wage Base	AND	AND	Full Social Security Wage Base	3% of pay above the Social Security Wage Base
Years of Vesting Service	Annual Retirement Credits																						
1 – 5	5% of pay																						
6 – 10	6% of pay																						
11 – 15	7% of pay																						
16 – 20	8% of pay																						
21 – 25	9% of pay																						
26+	10% of pay																						
If pay is greater than...	Employees receive additional credits equal to...																						
1/2 the Social Security Wage Base	2% of pay above 1/2 the Social Security Wage Base																						
AND	AND																						
Full Social Security Wage Base	3% of pay above the Social Security Wage Base																						
Catholic Health Initiatives Employee Savings Plan	<p>The Catholic Health Initiatives Employee Savings Plan, a 403(b) plan, enables employees to save for retirement now and pay taxes later by investing a portion of their eligible pay in the plan. The plan offers a wide array of investment options, including:</p> <ul data-bbox="594 1499 1385 1591" style="list-style-type: none"> <li>■ Five Profile Portfolios that range from conservative to aggressive investment mixes</li> <li>■ Fifteen variable mutual fund investment options</li> <li>■ One fixed return option</li> </ul> <p>A Catholic Health Initiatives investment committee selects and monitors these investment options to ensure that the plan provides viable investment options now and in the future.</p>																						

Please refer to the appropriate plan documents or contracts for full benefit details, exclusions and limitations.



Benefit	Description
<b>Additional Benefit Options</b>	
Tuition Assistance	Tuition assistance is designed to encourage and assist employees to pursuing educational objectives that will aid the employee in their current position or a future position. <ul style="list-style-type: none"><li>■ Full-time employees have a maximum annual reimbursement of \$3,000.</li><li>■ Part-time employees have a maximum annual reimbursement of \$1,500.</li></ul> Employees who receive this benefit are obligated to maintain employment with Saint Francis Medical Center for the following 12 months.
Adoption Assistance	Adoption assistance is designed to provide reimbursement to employees for some of the financial obligations related to adopting a child. <ul style="list-style-type: none"><li>■ Full-time employees are eligible to receive up to \$4,000 for each child being adopted.</li><li>■ Part-time employees are eligible to receive up to \$2,000 for each child being adopted.</li></ul>
Employee Assistance Program	The Employee Assistance Program is intended to help all employees and their family members access confidential, professional counseling that can make it easier to cope with a variety of personal issues and life challenges.



*A spirit of innovation, a legacy of care.*

3900 Olympic Boulevard  
Suite 400  
Erlanger, Kentucky 41018  
[www.catholichealthinitiatives.org](http://www.catholichealthinitiatives.org)

## St. Francis Medical Center—Grand Island 2010 Employee Benefits Cost

This rate sheet contains an overview of the 2010 employee benefits cost per pay period (based on 26 pay periods per year.) Cost information is also available to employees from work or home on HR/Payroll Connection accessible through Inside CHI at <http://home.catholichealth.net>.

Benefit	Employee / Employer Contribution Per Pay Period							
<b>Catholic Health Initiatives Medical Plan</b>								
<b>Full-time Employees</b>	You Only You pay	You Only CHI pays	You + Spouse You pay	You + Spouse CHI pays	You + Child(ren) You pay	You + Child(ren) CHI pays	Family You pay	Family CHI pays
Basic 1500	\$14.59	\$184.79	\$51.26	\$347.05	\$44.22	\$313.93	\$92.57	\$525.43
Core 1000	\$23.31	\$189.00	\$62.77	\$361.85	\$57.69	\$324.46	\$120.00	\$539.08
Enhanced 500	\$49.66	\$184.80	\$128.77	\$339.23	\$111.23	\$310.15	\$201.31	\$525.61
EHC	\$49.66	\$239.19	\$128.77	\$590.26	\$111.23	\$438.65	\$201.31	\$615.96
<b>Part-time Employees</b>	You Only You pay	You Only CHI pays	You + Spouse You pay	You + Spouse CHI pays	You + Child(ren) You pay	You + Child(ren) CHI pays	Family You pay	Family CHI pays
Basic 1500	\$28.44	\$170.94	\$69.72	\$328.59	\$62.68	\$295.47	\$111.03	\$506.97
Core 1000	\$37.15	\$175.16	\$81.23	\$343.39	\$76.15	\$306.00	\$138.46	\$520.62
Enhanced 500	\$63.51	\$170.95	\$147.23	\$320.77	\$129.69	\$291.69	\$219.78	\$507.14
EHC	\$63.51	\$225.34	\$147.23	\$571.80	\$129.69	\$420.19	\$219.78	\$597.49
<b>Catholic Health Initiatives Dental Plan</b>								
<b>Full-time Employees</b>	You Only You pay	You Only CHI pays	You + Spouse You pay	You + Spouse CHI pays	You + Child(ren) You pay	You + Child(ren) CHI pays	Family You pay	Family CHI pays
Basic	\$3.09	\$4.64	\$6.27	\$7.66	\$6.96	\$8.51	\$10.91	\$13.34
Core	\$4.13	\$6.19	\$8.35	\$10.21	\$9.52	\$11.63	\$14.62	\$17.87
PPO	\$5.16	\$7.74	\$10.21	\$12.48	\$11.37	\$13.90	\$17.64	\$21.56
<b>Part-time Employees</b>	You Only You pay	You Only CHI pays	You + Spouse You pay	You + Spouse CHI pays	You + Child(ren) You pay	You + Child(ren) CHI pays	Family You pay	Family CHI pays
Basic	\$4.26	\$3.48	\$8.36	\$5.57	\$9.29	\$6.19	\$14.54	\$9.70
Core	\$5.67	\$4.64	\$11.14	\$7.42	\$12.69	\$8.46	\$19.50	\$13.00
PPO	\$7.09	\$5.80	\$13.62	\$9.08	\$15.17	\$10.11	\$23.52	\$15.68
<b>Catholic Health Initiatives Vision Plan</b>								
<b>Full-time and Part-time Employees</b>	You Only You pay	You Only CHI pays	You + Spouse You pay	You + Spouse CHI pays	You + Child(ren) You pay	You + Child(ren) CHI pays	Family You pay	Family CHI pays
VSP	\$2.91	\$0.00	\$5.34	\$0.00	\$5.44	\$0.00	\$8.06	\$0.00

**See next page for highly compensated employee costs and life insurance costs.**

*This rate sheet is intended to be an overview. It is not meant to be all-inclusive. If there are any conflicts between the information presented in this rate sheet and the legal plan documents that govern each benefit, the legal plan documents will govern. Catholic Health Initiatives reserves the right to change or terminate any or all benefits plans at the Company's discretion. Nothing contained in these materials constitutes, or is intended to create, a promise of continued employment.*

**Highly compensated employees** who earn more than \$165,000 in annual base pay will contribute more than staff employees to participate in the CHI Medical Plan. A new medical plan option, a high deductible plan with a health savings account (HD with HSA) will be offered only to these employees. Employees who earn less than \$165,000 in annual base pay will not be eligible for the HD with HSA plan because of the potentially high out-of-pocket costs.

**Benefit** **Highly Compensated Employee / Employer Contribution Per Pay Period**

**Catholic Health Initiatives Medical Plan**

<b>Full-time Employees</b>	<b>You Only You pay</b>	<b>You Only CHI pays</b>	<b>You + Spouse You pay</b>	<b>You + Spouse CHI pays</b>	<b>You + Child(ren) You pay</b>	<b>You + Child(ren) CHI pays</b>	<b>Family You pay</b>	<b>Family CHI pays</b>
Basic 1500	\$21.36	\$178.02	\$72.65	\$325.66	\$64.27	\$293.88	\$124.29	\$493.71
Core 1000	\$28.37	\$183.94	\$87.32	\$337.30	\$77.41	\$304.74	\$147.84	\$511.24
Enhanced 500	\$49.66	\$184.80	\$138.29	\$329.71	\$122.36	\$299.02	\$214.32	\$512.60
EHC	\$49.66	\$239.19	\$138.29	\$580.74	\$122.36	\$427.52	\$214.32	\$602.95
HD with HSA	\$9.08	\$167.23	\$46.98	\$304.71	\$41.29	\$275.33	\$83.09	\$463.37

<b>Part-time Employees</b>	<b>You Only You pay</b>	<b>You Only CHI pays</b>	<b>You + Spouse You pay</b>	<b>You + Spouse CHI pays</b>	<b>You + Child(ren) You pay</b>	<b>You + Child(ren) CHI pays</b>	<b>Family You pay</b>	<b>Family CHI pays</b>
Basic 1500	\$31.33	\$168.05	\$92.55	\$305.76	\$82.19	\$275.96	\$155.20	\$462.80
Core 1000	\$38.34	\$173.97	\$107.22	\$317.40	\$95.33	\$286.82	\$178.74	\$480.34
Enhanced 500	\$63.51	\$170.95	\$158.19	\$309.81	\$140.28	\$281.10	\$245.23	\$481.69
EHC	\$63.51	\$225.34	\$158.19	\$560.84	\$140.28	\$409.60	\$245.23	\$572.04
HD with HSA	\$20.20	\$156.11	\$69.76	\$281.93	\$61.74	\$254.88	\$119.14	\$427.32

**Supplemental Life Insurance Costs**

Employees can purchase supplemental life insurance for themselves, their spouse and/or children.

- When employees purchase employee supplemental life insurance they automatically receive the same amount of supplemental accidental death and dismemberment insurance.
- Employee supplemental life insurance is available in \$10,000 increments. The cost varies based on the employee's age and amount of insurance purchased.
- Dependent life insurance is available for a spouse and children. Spouse life insurance may be purchased in increments of \$10,000 based on the employee's age. Child life insurance may be purchased in increments of \$2,000. Cost remains the same no matter how many children are covered.

**Non-Executives**

**Supplemental Life and AD&D (in increments)**

**Per \$10,000 of Coverage**

<b>Age Band</b>	<b>Per Pay Period</b>	<b>Monthly</b>	<b>Annual</b>
< 20	\$0.220	\$0.477	\$5.72
20 – 24	\$0.220	\$0.477	\$5.72
25 – 29	\$0.234	\$0.507	\$6.08
30 – 34	\$0.257	\$0.557	\$6.68
35 – 39	\$0.294	\$0.637	\$7.64
40 – 44	\$0.423	\$0.917	\$11.00
45 – 49	\$0.622	\$1.347	\$16.16
50 – 54	\$0.917	\$1.987	\$23.84
55 – 59	\$1.540	\$3.337	\$40.04
60 – 64	\$2.149	\$4.657	\$55.88
65 – 69	\$3.096	\$6.707	\$80.48
70 – 74	\$4.674	\$10.127	\$121.52
75 – 79	\$4.674	\$10.127	\$121.52

**Spouse Life (in increments)**

**Per \$10,000 of Coverage**

<b>Age Band</b>	<b>Per Pay Period</b>	<b>Monthly</b>	<b>Annual</b>
< 20	\$0.171	\$0.370	\$4.44
20 – 24	\$0.171	\$0.370	\$4.44
25 – 29	\$0.194	\$0.420	\$5.04
30 – 34	\$0.222	\$0.480	\$5.76
35 – 39	\$0.249	\$0.540	\$6.48
40 – 44	\$0.365	\$0.790	\$9.48
45 – 49	\$0.618	\$1.340	\$16.08
50 – 54	\$1.034	\$2.240	\$26.88
55 – 59	\$1.518	\$3.290	\$39.48
60 – 64	\$2.285	\$4.950	\$59.40
65+	\$3.314	\$7.180	\$86.16
<b>Child Life (Per \$2,000 of Coverage)</b>			
All ages	\$0.081	\$0.176	\$2.11

## Saint Francis Medical Center 2010 Benefit Summary

The following is intended to summarize your benefits as an employee of Saint Francis Medical Center. Please remember the contracts under which these coverages are provided will be the final authority for the payment or denial of a claim.

Most insurance plans have certain times you may enroll. You may also enroll within the restrictions of the plans during our open enrollment period (generally November) for a January 1 effective date.

HEALTH INSURANCE			Pre-tax deductions
Eligibility	Benefit Amount	Employee Cost Per Pay Period	Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible the first of the month after 30 days of employment</p>	See the following pages	See 2010 Employee Benefits Cost information sheet	<ul style="list-style-type: none"> <li>• May enroll within 30 days of hire date, within 30 days of special qualifying event, or during open enrollment.</li> <li>• Must be actively at work on coverage effective date.</li> <li>• May change coverage election (example: Employee Only to Family, adding or canceling coverage) and/or change between plans (example: Employers' Healthcare Center Plan to CHI Medical Enhanced 500 Plan) during open enrollment at end of calendar year or within 30 days of the following special qualifying events. Change in coverage due to special qualifying event must be consistent with qualifying event.               <ul style="list-style-type: none"> <li>• Legal marital status</li> <li>• Number of dependents</li> <li>• Employment status change by employee, spouse or dependent</li> <li>• Employee, spouse or dependent increase or decrease in work hours, part time to full time or vice versa, beginning or return from an unpaid leave of absence</li> <li>• Dependent no longer satisfies or does satisfy requirements for coverage</li> <li>• Significant change in health coverage of employee or spouse</li> <li>• Relocation of employee, spouse or dependent</li> </ul> </li> </ul>

SFMC offers a choice of four health insurance plans – 1) **EMPLOYERS' HEALTHCARE CENTER PLAN\***, 2) **CATHOLIC HEALTH INITIATIVES (CHI) MEDICAL PLAN – ENHANCED 500**, 3) **CHI MEDICAL PLAN – CORE 1000**, and 4) **CHI MEDICAL PLAN BASIC 1500**.

If you select the **EMPLOYERS' HEALTHCARE CENTER PLAN**, you may receive care from the primary care (family practice) physicians at the Employers' Healthcare Center clinic for a low co-payment. The Employer's Healthcare Center is located at 908 N Howard Ave. in Grand Island, 381-2224. You may also seek care from any legally licensed provider. Eligible services provided through the Midlands Choice network will have higher benefits than services provided outside the Midlands Choice network. The Midlands Choice network is made up of contracted physicians, hospitals, and other health care providers. Regional Care, Inc is the claims administrator. Prescriptions may be purchased at the Employers' Healthcare Center. Prescriptions purchased outside the Employers' Healthcare Center may be purchased through the Caremark network. This plan does not have a pre-existing condition waiting period. You must be enrolled in the Employers' Healthcare Center Plan to have access to services provided there. \* Please note the Employers' Healthcare Center Plan will no longer be offered after 12-31-10.

If you select one of the three **CHI MEDICAL PLANS**, you may seek care from any legally licensed provider. Eligible charges will be paid according to whether you have services from a provider in the designated network, Midlands Choice, or outside of the network. Eligible services provided through the Midlands Choice network will have higher benefits than services provided outside the Midlands Choice network. The Midlands Choice network is made up of contracted physicians, hospitals, and other health care providers. Principal is the claims administrator. Prescriptions may be purchased through the Caremark network. These plans do not have a pre-existing condition waiting period.

\* \* \*

You may contact Midlands Choice at 800-605-8259 or [www.midlandschoice.com](http://www.midlandschoice.com) to check on network participation.

\* \* \* \* \*

### **Women's Health and Cancer Rights Act of 1998**

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

If you would like a detailed description of the mastectomy-related benefits available under our health insurance plans, you may call Regional Care, Inc. at 800-795-7772 for the Employers' Healthcare Center Plan or Principal at 1-877-244-7765 for the CHI Medical Plans.

### **Health Insurance Portability and Accountability Act (HIPAA)**

#### Special Enrollment Periods

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 and 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 your 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 request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Human Resources Department at Saint Francis Medical Center.

#### Certificate of Creditable Coverage

As required by law, Saint Francis Medical Center will automatically send each employee a certificate of plan coverage at the time medical coverage ends (and at the time continuation of medical coverage ends.) Covered persons may request a certificate of prior medical coverage any time within 24 months of the time medical coverage ceases. The certificate will be sent within a reasonable time after such person calls or writes the Human Resources Department at Saint Francis Medical Center. You may need the certificate to obtain other medical coverage.

The certificate may be used to demonstrate creditable coverage. Creditable coverage means coverage under any of the following health insurance programs, excluding excepted benefits, as defined in HIPAA: group health plan, health insurance, Medicare, Medicaid, CHAMPUS, State Risk Pool, Federal Employee Health Plan, Public Health Plan, health care plans run by the Indian Health Service.

A pre-existing condition exclusion period may be decreased by the amount of creditable coverage. Days of creditable coverage that occur before a significant break in coverage (63 days) and not counted.

**DENTAL  
INSURANCE**

**METLIFE**  
Pre-tax deductions

Eligibility	Benefit Amount			Comments	
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible the first of the month after 30 days of employment.</p>	Three dental plans are available:			<ul style="list-style-type: none"> <li>• May enroll within 30 days of hire date, within 30 days of special qualifying event, or during open enrollment.</li> <li>• Must be actively at work on coverage effective date.</li> <li>• Charges are subject to usual and customary fees unless provider is a part of the MetLife Dental Network.</li> <li>• May change coverage election (example: Employee to Family, adding or canceling coverage) and/or change plans (example: Basic to Core) during open enrollment at end of calendar year or within 30 days of the following special qualifying events. Change in coverage due to special qualifying event must be consistent with qualifying event.               <ul style="list-style-type: none"> <li>• Legal marital status</li> <li>• Number of dependents</li> <li>• Employment status change by employee, spouse or dependent</li> <li>• Employee, spouse or dependent increase or decrease in work hours, part time to full time or vice versa, beginning or return from an unpaid leave of absence</li> <li>• Dependent no longer satisfies or does satisfy requirements for coverage</li> <li>• Significant change in health coverage of employee or spouse.</li> </ul> </li> </ul> <p>You may contact the CHI Dental Plan at 888-865-6873 or visit the MetLife website at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>.</p>	
	<b>Calendar Year Deductible</b>	<b>Basic</b> None	<b>Core</b> \$50/person \$150/family		<b>PPO</b> \$50/person \$150/family
	<b>Preventive</b> (exams, cleanings, x-rays)	100%/0%	100%/0% No deductible		100%/0% No deductible
	<b>Basic</b> (fillings, Extractions, oral surgery, endodontics, periodontics)	50/50%	Ded, then 50%/50%		Ded, then 80%/20% or 90%/10% if in MetLife network
	<b>Major</b> (crowns, bridges, dentures, implants)	No benefit	Ded, then 50%/50%		Ded, then 50%/50% or 60%/40% if in MetLife network
	<b>Annual Maximum Benefit Per Person</b>	\$500	\$1,000		\$1,500
	<b>Orthodontia</b> (for children up to age 19)	No benefit	50%/50% \$1000 lifetime maximum		50%/50% \$1500 lifetime maximum
	<b>TMJ</b>	No Benefit	Ded, then 50%/50% \$500 lifetime maximum		Ded, then 50%/50% \$500 lifetime maximum
	<b>Employee Cost Per Pay Period</b>				
	See the 2010 Employee Benefits Cost information sheet				

**VISION INSURANCE**

**VISION SERVICE PLAN**  
Pre-tax deductions

Eligibility	Benefit Amount	Employee Cost	Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Spouse and dependent children to age 19, to age 25 if full time student.</p> <p>Eligible the first of the month after 30 days of employment.</p>	<p>VSP Member Doctor</p> <ul style="list-style-type: none"> <li>• \$15 co-pay for eye exams.</li> <li>• \$15 co-pay for glasses (single vision, lined bifocal, lined trifocal lenses &amp; frames up to allowed dollar amount) OR</li> <li>• Up to \$105 payable toward Contact lens exam and contact lenses.</li> </ul> <p>Partial benefits for a non-member provider.</p> <p>Certain limits apply</p> <p>You may contact VSP at <a href="http://www.vsp.com">www.vsp.com</a> or 800-877-7195.</p>	<p>See 2010 Employee Benefits Cost information sheet</p>	<ul style="list-style-type: none"> <li>• Member providers are part of the Vision Service Plan (VSP) provider network.</li> <li>• Vision exam once each 12 months.</li> <li>• May choose between glasses or contacts, not both, during the same service period.</li> <li>• Spectacle Lenses once each 12 months.</li> <li>• Frames once each 24 months or contact lenses once each 12 months.</li> <li>• 12 or 24 month periods are based on last date of service.</li> <li>• Must enroll within 30 days of hire date, within 30 days of special qualifying event, or during open enrollment.</li> <li>• May change coverage election (example: Employee to Family, adding or canceling coverage) during open enrollment at end of calendar year or within 30 days of the following special qualifying events. Change in coverage due to special qualifying event must be consistent with qualifying event. <ul style="list-style-type: none"> <li>• Legal marital status</li> <li>• Number of dependents</li> <li>• Employment status change by employee, spouse or dependent</li> <li>• Employee, spouse or dependent increase or decrease in work hours, part time to full time or vice versa, beginning or return from an unpaid leave of absence</li> <li>• Dependent no longer satisfies or does satisfy requirements for coverage</li> <li>• Significant change in health coverage of employee or spouse</li> <li>• Relocation of employee, spouse or dependent.</li> </ul> </li> </ul>

## FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts let you deduct money from your paycheck and put the money into a special account. You then use the account to reimburse yourself for eligible expenses. There are two types of accounts – a health care account and a dependent care account. Since your deductions are taken on a pre-tax basis, you pay no federal, state, or Social Security taxes on the money you set aside. Plus, a flexible spending account may be used for all eligible family members, even if they are not enrolled in an insurance plan offered by Saint Francis Medical Center. You decide how much to set aside in your flexible spending account. The amount you elect is divided evenly by the number of pay periods for the year, and then deducted from each paycheck and deposited into your account. As expenses are incurred, you can submit your receipts for payment via fax or mail. If you have money left in any account at the end of the plan year, the Internal Revenue Service regulations require that it be forfeited to the plan. This is the “use it or lose it” rule.

Eligibility	Eligible Expenses	Employee Cost	Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible the first of the month after 30 days of employment. (Employees hired between October 1<sup>st</sup> and November 30<sup>th</sup> are not eligible until the following January 1<sup>st</sup>.)</p> <p>Spouse and dependent children per IRS regulations.</p> <p>A new election must be completed by all those wishing to participate during open enrollment before the beginning of each calendar year.</p>	<p><b>Health Care Account</b> As allowed per IRS rules: Examples of eligible expenses for <u>Health Care Account</u>: medical deductibles, dental deductibles, co-insurance, co-payments, routine exams, eye exams, contacts, glasses, hearing expenses, orthodontia, gold crowns, sterilization procedures, smoking cessation programs, certain weight loss programs, over-the-counter drugs for personal injuries or illnesses, etc.</p> <p><b>Dependent Care Account</b> Day care expenses as would be permitted as a credit on your income tax return.</p> <ul style="list-style-type: none"> <li>• Day care for Children under age 13.</li> <li>• Day care for a dependent of any age who is mentally or physically incapable of self care.</li> </ul>	<p><b>Health Care Account</b> May contribute up to \$5,000/calendar year (max. \$192.30/ pay period)</p> <p><b>Dependent Care Account *</b> May contribute up to \$5,000/calendar year if single or married and file a joint tax return, or up to \$2,500 if married and file a separate tax return. (maximum \$192.30/ pay period)</p> <p>*can't exceed the lesser of your or your spouse's earned income.</p> <ul style="list-style-type: none"> <li>• Deductions are pre-tax 26 pay periods/calendar year.</li> <li>• Pro-rated contribution limits if not enrolled a full year.</li> </ul>	<ul style="list-style-type: none"> <li>• Must enroll within 30 days of hire date, within 30 days of special qualifying event, or during open enrollment.</li> <li>• An estimator tool and a list of eligible expenses are available on the <i>Your Spending Account</i> link located under the My Benefits tab of HR/PR Connection.</li> <li>• Eligible expenses must be incurred (date of service) during the plan year while enrolled or the 2 and ½ month grace period following the end of the plan year.</li> <li>• Eligible expenses must be submitted by March 31<sup>st</sup> of the following plan year.</li> <li>• Any money remaining in account at end of calendar year and grace period is forfeited per IRS regulations</li> <li>• Money from one account cannot be used to pay expenses from another.</li> <li>• Reimbursement may be given to you by check or direct deposit following approval of your claim.</li> <li>• If you contribute \$150 or more to a health care account, you will receive a Your Spending Account card. When you use the card to pay for eligible health care expenses, the amount will be automatically deducted from your Health Care Account (up to your annual contribution amount). This eliminates the need to pay for expenses then submit claims for reimbursement. Receipts must still be saved for possible proof and submission later.</li> <li>• Expenses reimbursed through the Health Care Account cannot also be used as a medical deduction on your income tax return.</li> <li>• Day care expenses reimbursed through the Dependent Care Account cannot also be used as a tax credit on your income tax return.</li> <li>• Contribution elections can be started, cancelled, or changed during calendar year only if you have a special qualifying event and notify the HR/PR Connection Support Center within 30 days of the event. Change must be consistent with qualifying event.</li> </ul>

**EMPLOYEE & DEPENDENT LIFE INSURANCE**

Life insurance needs vary widely from one person's situation to another. If your family depends entirely on your earned income, you may need a high level of life insurance. If you are single and have no dependents, you may have little use for coverage. You choose the amount of coverage that fits your needs.

The death of a family member can also have a serious financial impact. In addition to final expenses, the family's income may be significantly reduced, or greater child care expense may result. Dependent life insurance provides protection against increased expenses and income loss.

<b>BASIC TERM LIFE INSURANCE</b>			<b>Prudential</b>
<b>Eligibility</b>	<b>Benefit Amount</b>	<b>Employee Cost</b>	<b>Comments</b>
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Coverage effective first of month after 30 days of employment.</p>	<p>One times base annual salary rounded up to next highest \$1,000</p> <p>Maximum benefit = \$750,000.</p>	\$0	<ul style="list-style-type: none"> <li>• Must be actively at work on coverage effective date.</li> <li>• Payable to whomever you designate.</li> <li>• Waiver of premium if totally disabled before age 60.</li> <li>• Benefit reduces to 50% at age 70, 30% at age 75, to 20% at age 80.</li> <li>• May convert to whole life policy within 31 days of termination of insurance due to employment termination, status change, or reduction of benefit due to age or status change.</li> <li>• If coverage is over \$50,000, IRS requires income tax withholding on the "imputed income" (value of the company-paid benefits over \$50,000).</li> </ul>
<b>ACCIDENTAL DEATH/DISEMBERMENT</b>			<b>CIGNA</b>
<b>Eligibility</b>	<b>Benefit Amount</b>	<b>Employee Cost</b>	<b>Comments</b>
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Coverage effective first of month after 30 days of employment.</p>	<p>Up to one times base annual salary rounded up to next highest \$1,000</p> <p>Maximum benefit = \$750,000.</p> <p>See Prudential Accidental Death &amp; Dismemberment Insurance for specific losses for dismemberment benefits.</p>	\$0	<ul style="list-style-type: none"> <li>• Must be actively at work on coverage effective date.</li> <li>• Death benefit payable to whomever you designate.</li> <li>• Dismemberment benefits paid to you.</li> <li>• Waiver of premium if totally disabled before age 60.</li> <li>• Loss must be within 365 days of accident.</li> <li>• Seat belt benefit.</li> <li>• Benefit reduces to 50% at age 70, 30% at age 75, to 20% at age 80.</li> </ul>
<b>SUPPLEMENTAL EMPLOYEE TERM LIFE INSURANCE WITH ACCIDENTAL DEATH AND DISMEMBERMENT</b>			<b>CIGNA</b> After tax deductions

Eligibility	Benefit Amount	Employee Cost	Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible first of month after 30 days of employment.</p>	<p>Coverage in \$10,000 units.</p> <p>Cannot exceed 4 times base annual salary.</p> <p>Maximum = \$500,000</p> <p>Maximum benefit when combined with Basic Life = \$750,000.</p> <p>See Prudential Accidental Death &amp; Dismemberment Insurance for specific losses for dismemberment benefits.</p>	<p>See 2010 Employee Benefits Cost information sheet</p>	<ul style="list-style-type: none"> <li>• Must be actively at work on coverage effective date.</li> <li>• Must enroll within 30 days of hire date.</li> <li>• May enroll or increase during open enrollment with evidence of insurability.</li> <li>• Payable to whomever you designate.</li> <li>• Waiver of premium if totally disabled before age 60.</li> <li>• Premium automatically adjusts when you move to a higher age bracket.</li> <li>• Benefit reduces to 50% at age 70, 30% at age 75, to 20% at age 80.</li> <li>• May convert to whole life policy or continue term coverage on a direct billed basis within 31 days of termination of insurance due to employment termination. May convert to a whole life policy within 31 days of termination of insurance due to status change or reduction of benefit due to age or status change.</li> </ul>

**SUPPLEMENTAL DEPENDENT TERM LIFE INSURANCE**

**CIGNA**

After tax deductions

Eligibility	Benefit Amount	Employee Cost	Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible first of month after 30 days of employment.</p> <p>Spouse up to age 70. Dependent children 6 months to 19 years, to age 25 if full time student</p> <p>Spouse or child must be performing "Normal Daily Activities" to be eligible. Cannot be hospitalized or home confined, must be able to perform activities for persons of same sex and age, and not receiving disability benefits from any source due to sickness or injury.</p>	<p><u>Spouse:</u></p> <ul style="list-style-type: none"> <li>• Coverage in \$10,000 units</li> <li>• Maximum \$200,000. Amounts over \$50,000 require evidence of insurability.</li> </ul> <p><u>Children:</u></p> <ul style="list-style-type: none"> <li>• Coverage in \$2,000 units</li> <li>• Maximum \$20,000</li> <li>• Each child covered with benefit amount elected without extra premium</li> </ul>	<p>See Employee Benefit Costs information sheet</p>	<ul style="list-style-type: none"> <li>• Must be actively at work on coverage effective date.</li> <li>• Must enroll within 30 days of hire date or upon acquiring a dependent.</li> <li>• May enroll or increase during open enrollment with evidence of insurability.</li> <li>• Benefits paid to you.</li> <li>• Waiver of premium if employee is totally disabled before age 60.</li> <li>• Spouse coverage premium based on employee's age.</li> <li>• Premium amount automatically adjusts when move to a higher age bracket.</li> <li>• May convert to whole life policy or continue term coverage on a direct billed basis within 31 days of termination of insurance due to employment termination or child's loss of eligibility. May convert to whole life policy within 31 days of termination of insurance due to status change or loss of eligibility due to spouse's age.</li> </ul>

## BUSINESS TRAVEL ACCIDENT INSURANCE

Eligibility	Benefit Amount	Employee Cost	Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Coverage effective first of the month after 30 days of employment.</p>	<p>Accidental death &amp; dismemberment coverage up to 3 times annual pay. Maximum benefit = \$750,000.</p>	<p>\$0</p>	<p>Benefit to help protect your loved ones from loss of income in the event of your death when traveling on company business.</p>

## TUITION ASSISTANCE

## SFMC

Eligibility	Benefit Amount	Employee Cost	Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible immediately for classes that begin 30 days of employment.</p>	<p>Up to \$3,000 per calendar year for Full Time employees.</p> <p>Up to \$1,500 per calendar year for Part time employees.</p> <p>Benefit is based on when the class ends.</p>	<p>Employee initially pays eligible costs to educational institution, then is reimbursed upon successful completion of class.</p>	<ul style="list-style-type: none"> <li>• <b>Must submit request for approval at least 30 days before class begins to HR/Payroll Connection Support Center.</b> Signature of Director required.</li> <li>• Relevant to the jobs within CHI.</li> <li>• Tuition costs eligible for reimbursement (books, registration fees, etc. are not eligible). Tuition costs covered by scholarships, grants, etc. are not eligible for reimbursement.</li> <li>• Class must be from an accredited educational institution.</li> <li>• Class must be completed with grade of C or better.</li> <li>• Must be in an eligible status when class is completed.</li> <li>• If receive assistance, must agree to work at SFMC for 12 months or repay tuition received.</li> <li>• Forms available in My Handbook of HR/PR Connection.</li> </ul>

## DISABILITY

Loss of the ability to work, due to an illness or injury, has a serious financial impact on most workers and their families. To protect against this risk, your benefits package provides income continuation benefits for all eligible employees.

<b>SHORT TERM DISABILITY INSURANCE</b>			<b>UNUM</b>
<b>Eligibility</b>	<b>Benefit Amount</b>	<b>Employee Cost</b>	<b>Comments</b>
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Coverage effective first of month after 90 days employment</p>	<p>7 consecutive calendar day elimination period. PTO must be used during elimination period for scheduled hours missed, up to 40 hours of PTO.</p> <p>Must see a doctor if expect absence to be longer than 7 calendar days</p> <p>60% of base pay after 7<sup>th</sup> consecutive calendar day missed for approved claim up to 26 weeks of absence</p>	\$0	<ul style="list-style-type: none"> <li>• Must contact HR/PR Support Center to initiate a claim.</li> <li>• Claim must be accepted by insurance company in order for STD benefits to begin.</li> <li>• Elimination period begins with first scheduled day missed.</li> <li>• Must be actively at work on coverage effective date.</li> <li>• Payable for employee illness or injury.</li> <li>• Does not pay if injured at another place of employment.</li> <li>• Percentage is of base pay excluding shift differential.</li> </ul>
<b>LONG TERM DISABILITY INSURANCE</b>			<b>UNUM</b>
<b>Eligibility</b>	<b>Benefit Amount</b>	<b>Employee Cost</b>	<b>Comments</b>
<p>All active Full Time employees.</p> <p>Coverage effective first of month following 90 days employment.</p>	<p>60% of monthly income up to \$10,000 per month if disabled longer than 180 days (26 weeks.)</p>	\$0	<ul style="list-style-type: none"> <li>• Must be actively at work on coverage effective date.</li> <li>• Covers on and off the job.</li> <li>• Benefit offset by other income such as, social security, workers' compensation, pension, etc.</li> <li>• Must be disabled from own occupation 1<sup>st</sup> two years, after two years from any occupation.</li> <li>• Benefit payable up to age 65.</li> <li>• Pre-existing conditions requiring treatment 3 months prior to coverage are not covered for 12 months.</li> </ul>

## PAID TIME OFF (PTO) BENEFITS

PTO is used to cover scheduled time off for holidays, vacations, personal reasons, or short term illness. PTO is earned based on the number of paid hours you have (includes regular work hours, PTO hours, meeting hours.)

Eligibility	Benefit Amount			Comments
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible to use accrued PTO first of month after 30 days of employment.</p> <p>Eligible to use accrued PTO for holidays and mandatory low census immediately</p>	<u>Completed Years Of Service</u>	<u>Accrual Amounts Per Year Based On 80 Hours</u>	<u>Amount Accrued Per Eligible Hour Worked</u>	<ul style="list-style-type: none"> <li>• Begin accruing PTO hours immediately, but will not show on paycheck until first of the month after 30 days of employment.</li> <li>• PTO for vacations should be requested one month in advance.</li> <li>• Maximum accrual level is 150% of the annual accrual for each level of accrued service. Hours stop accruing when maximum accrual limit is reached.</li> </ul> <p style="margin-left: 20px;">0 through 5 years = 276 hours 6 through 10 years = 336 hours 11 through 20 years = 372 hours 21 plus years = 408 hours</p> <ul style="list-style-type: none"> <li>• PTO Cash Out Options for Hourly Non-exempt Employees and Exempt Patient Care Employees:                             <ol style="list-style-type: none"> <li>1) <u>Annual Enrollment</u> Can elect to cash out a portion of PTO at annual open enrollment. Hours selected will be paid at 100% of base pay on the last payday of the following calendar year. Cannot change election during the calendar year.</li> <li>2) <u>Emergency Cash Out</u> Can apply for cash out during the year if emergency occurs that meets criteria. Will receive 90% of your pay.</li> </ol> <p style="margin-left: 20px;">Annual enrollment and emergency cash out elections cannot exceed the maximum amount available to be cashed out.</p> </li> <li>• PTO Donation Bank: Donations may be made on hour-to-hour basis at any time. Employees may receive donated time if all PTO has been used and meet guidelines of own serious medical condition or that of a family member.</li> </ul>
	0 through 5	23 8-hr days or 184 Hours	.088	
	6 through 10	28 8-hr days or 224 Hours	.108	
	11 through 20	31 8-hr days or 248 Hours	.119	
	21 plus years	34 8-hr days or 272 Hours	.131	

<b>BEREAVEMENT LEAVE</b>			<b>SFMC</b>
<b>Eligibility</b>	<b>Benefit Amount</b>	<b>Employee Cost</b>	<b>Comments</b>
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible immediately.</p>	<p>Bereavement time off with pay for the death of a family member.</p> <p>Three consecutive days for death of an immediate family member.</p> <p>One day for death of other covered family members.</p> <p>See policy in HR/PR Connection for definition of family members.</p>	\$0	<ul style="list-style-type: none"> <li>• Consecutive days are normally day before, day of, and day after the funeral.</li> <li>• Hours paid per day are regularly scheduled shift.</li> <li>• Additional time off may be requested as PTO or without pay if PTO is not available, subject to manager approval.</li> </ul>
<b>ADOPTION ASSISTANCE</b>			<b>SFMC</b>
<b>Eligibility</b>	<b>Benefit Amount</b>	<b>Employee Cost</b>	<b>Comments</b>
<p>All active Full Time and benefits eligible Part Time employees scheduled to work at least 40 hours per pay period.</p> <p>Eligible first of the month after 30 days of employment.</p>	<p>Reimbursement for financial obligations related to adopting a child.</p> <p>Full Time up to \$4,000 per child.</p> <p>Part Time up to \$2,000 per child.</p>	\$0	<ul style="list-style-type: none"> <li>• Assistance for adopting a child under age 18 or a child over age 18 who is physically or mentally incapable of caring for himself.</li> <li>• Covered expenses may include medical expenses, court fees, legal expenses, agency fees, etc.</li> <li>• Complete and submit Adoption Assistance form to HR/Payroll Connection Support Center after adoption is finalized. Supporting documents will be required.</li> </ul>

## ENROLLING IN BENEFITS

- Newly eligible employees may enroll in benefits from the Home tab Activities Center on HR/Payroll Connection
  - Can enroll in benefits as soon as you have access to HR/Payroll Connection
  - **Must enroll within 30 days of hire date**
  - Will receive information in the mail from the HR/Payroll Connection Support Center within several weeks of date of hire
  - Call the Support Center with questions or to enroll by phone
  - The HR/Payroll Support Center is available at 1-888-450-9450, Monday – Friday 7 a.m. to 7 p.m. Central Time.

# 2010 Medical Plan Designs

In-Network = Midlands Choice Network AD = After Deductible N/A = No Benefits Payable

	Enhanced 500		Core 1000		Basic 1500	
	In-Network	Out	In-Network	Out	In-Network	Out
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	N/A
<b>Annual Deductible</b> (Single/Family)	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	N/A
<b>Annual Coinsurance Maximum</b> (Single/Family)	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500/\$7,000	N/A
<b>Physician / Professional Services -- Plan pays...</b>						
Office Visits (Primary/Specialist)	80% (no deductible)	60% AD	75% (no deductible)	50% AD	70% (no deductible)	N/A
Outpatient Professional Services	80% AD	60% AD	70% AD	50% AD	60% AD	N/A
<b>Outpatient / Inpatient Care – Facility Charges -- Plan Pays ...</b>						
CHI Facility	95% (no ded)	95% (no ded)	90% (no ded)	90% (no ded)	85% (no ded)	85% (no ded)
Non-CHI Facility	80% AD	60% AD	70% AD	50% AD	60% AD	N/A
<b>Emergency Room Care – You pay...</b>						
CHI and Non-CHI Facility	\$100 Copay		\$125 Copay		\$150 Copay	
<b>Preventive Care - Plan pays...</b>						
Preventive Services	100%	100%	100%	100%	100%	N/A
<b>Therapy – Plan pays...</b>						
Physical, Speech, Massage, Occupational Therapy (\$1,000 combined annual max benefit per person)	80% AD	60% AD	70% AD	50% AD	60% AD	N/A
<b>Chiropractic Services – Plan pays</b>						
(\$500 annual max benefit/person)	80% AD	60% AD	70% AD	50% AD	60% AD	N/A

# 2010 Medical Plan Designs

In-Network – Caremark Pharmacy Network

N/A = No Benefit Payable

	Enhanced 500		Core 1000		Basic 1500	
PRESCRIPTIONS	In-Network	Out	In-Network	Out	In-Network	Out
<b>Retail (30-day Supply)</b>						
Generic	\$10 Copay	60% of Caremark's discounted amount	\$10 Copay	50% of Caremark's discounted amount	\$10 Copay	N/A
Brand Formulary	90% (\$25 min/\$50 max)	60% of Caremark's discounted amount	80% (\$30 min/\$75 max)	50% of Caremark's discounted amount	70% (\$35 min/\$100 max)	N/A
Brand Non-Formulary	80% (\$40 min/\$100 max)	60% of Caremark's discounted amount	60% (\$50 min/\$125 max)	50% of Caremark's discounted amount	50% (\$60 min/\$150 max)	N/A
<b>Mail Order (90-day supply)</b>						
Generic	\$20 Copay	N/A	\$20 Copay	N/A	\$20 Copay	N/A
Brand Formulary	90% (\$60 min/\$100 max)	N/A	80% (75 min/\$125 max)	N/A	70% (\$85 min/\$150 max)	N/A
Brand Non-Formulary	80% (\$100 min/\$200 max)	N/A	60% (\$125 min/\$250 max)	N/A	50% (\$150 min/\$300 max)	N/A

# 2010 MEDICAL PLAN DESIGNS

## Employers' Healthcare Center Plan

N/A = Not Applicable in EHC Clinic    In-Network = Midlands Choice Network

	In EHC Clinic	In Network	Out of Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Deductible</b> (Single/Family)	N/A	\$300/\$600	\$750/\$1,500
<b>Coinsurance</b> Maximum (Single/Family)	N/A	\$1,500/\$3,000	\$2,500/\$5,000
<b>Physician / Professional Services – Plans Pays ...</b>			
Office Visits (Primary/Specialist)	\$20 co-pay	80% after deductible	60% after deductible
Outpatient Professional Services	N/A	80% after deductible	60% after deductible
<b>Outpatient / Inpatient Care – Facility Charges – Plan Pays ...</b>			
CHI Facility	N/A	95% (no deductible)	95% (no deductible)
Non-CHI Facility	N/A	80% after deductible	60% after deductible
<b>Emergency Room Care – You pay ...</b>			
CHI and Non-CHI Facility	N/A	\$100 Copay	\$100 Copay
<b>Preventive Care – Plan pays ...</b>			
Preventative Services	100%	80% after deductible	60% after deductible
<b>Therapy – Plan pays ...</b>			
Physical, Speech, Occupational Therapy	N/A	80% after deductible	60% after deductible
<b>Chiropractic Services – Plan pays ...</b>			
(\$500 annual max benefit/person)	\$20 co-pay	80% after deductible	60% after deductible

# 2010 MEDICAL PLAN DESIGNS

## Employers' Healthcare Center Plan

PRESCRIPTIONS	Employer's Healthcare Center	Caremark Pharmacy
<b>Retail (30-day Supply)</b>		
Generic	\$10 Copay	\$10 Copay
Brand Formulary	\$25 Copay	\$35 Copay
Brand Non-Formulary	\$40 Copay	\$60 Copay
	<b>(90-day supply)</b>	<b>Mail Order (90-day supply)</b>
Generic	\$20 Copay	\$20 Copay
Brand Formulary	\$50 Copay	\$85 Copay
Brand Non-Formulary	\$80 Copay	\$150 Copay