



# High Point Regional Health System

# ***BENEFIT HIGHLIGHTS***

This is a brief summary of benefits offered to employees of High Point Regional Health System. Please refer to the Summary Plan Description for detailed information on the plan benefits. In case of discrepancy between this information and the actual plan documents, the actual plan documents will prevail. For more information, contact Human Resources at 336-878-6000 ext 2009.

## **PRE-TAX BENEFITS**

### **MEDICAL**

You have a choice of two medical plans offered through High Point Regional Health System. Plan 1 and Plan 2 provided through MedCost Benefit Services.

### *Schedule of Benefits*

	<b>Plan 1</b>	<b>Plan 2</b>
<b>Calendar Year Deductible</b>	\$500 Individual \$1,000 Family	\$800 Individual \$1,600 Family
<b>Out-of-Pocket</b>	\$1,850 Individual \$3,700 Family	\$2,500 Individual \$5,000 Family
<b>Lifetime Maximum</b>	\$1,000,000	\$1,000,000
<b>Hospital Services</b> Inpatient and Outpatient	HPRHS 90% after deductible MedCost 80% after deductible	HPRHS 90% after deductible MedCost 80% after deductible
<b>Emergency Room Visit</b>	\$125 Co-pay	\$125 Co-pay
<b>Urgent Care Center</b>	\$50 Co-pay	\$50 Co-pay
<b>Physician Office Visits</b> Primary Care	100% after \$30 Co-pay	80% after deductible
Specialist	80% after deductible	80% after deductible
Wellness/Preventive Care	100% up to \$400 max after \$30 Co-pay	100% up to \$400 max after \$30 Co-pay
<b>Non-PPO Network</b>	50% after deductible	50% after deductible

	<b>Generic/Preferred/Non-Preferred</b>	
<b>Prescription Drug Benefits</b>	\$10/\$35/\$60 Retail Pharmacy \$7/\$25/\$50 HPRHS In-House Pharmacy 30 Day Supply	80% after deductible

## **DENTAL**

As a benefit eligible employee of the Health System, you and your dependents are eligible to participate in the Dental Insurance Plan.

### ***Schedule of Benefits***

<b>Calendar Year Deductible:</b>	\$50 Individual \$150 Family
<b>Dental Benefit Annual Maximum:</b>	\$1,500
<b>Preventative:</b>	100%
<b>Basic:</b>	80%
<b>Major Services:</b>	50%
<b>Employee &amp; Children (under age 19) Orthodontia Lifetime Maximum:</b>	\$1,500

## **VOLUNTARY VISION COVERAGE**

Community Eye Care benefits provide for one eye exam every 12 month with a \$10 copay and \$150 eyewear benefit every twelve months for glasses and/or contact lenses.

## **CANCER INSURANCE**

The Hospital sponsored Cancer Plan provides a high or low option. Payments are based on a schedule of benefits that renew on an annual basis. Benefits are paid direct to the insured and provide an annual \$100 wellness benefit. A, B, and C Class employees will receive guaranteed coverage if enrolled within 30 days of employment.

## **MEDICAL SPENDING & DEPENDENT CARE**

Employees have the option to set aside up to \$5,000 per year on a pre-tax basis to pay for eligible health care or dependent care expenses. You may set up the accounts after 30 days of employment.

Your elected amount is payroll deducted and reimbursed when documented expenses are incurred and receipts are submitted.

***It is important to accurately calculate the amount to be placed into this account. Any money left in this account at the end of the plan year must be forfeited and cannot be returned to you.***

## **RETIREMENT SAVINGS PLAN**

Any employee is eligible to contribute to the Health System's Retirement Savings Plan through AIG Retirement on a pre-tax basis by payroll deduction. *You may also direct all or part of your contributions to a Roth 403(b) post tax account. You will forgo the pretax contribution in exchange for tax free income during your retirement years.* Employees with at least one year of service and 1,000 hours worked during the Plan year and employed on the last day of the Plan year are eligible for employer basic and matching contributions.

The Health System will make the following contributions:

<b>Years of Service</b>	<b>Basic Contribution</b>	<b>Matching Contribution</b>
Less than One	0%	0%
One – Four years	1.5% of salary	50% up to your 4%
Five – Nine years	3.0% of salary	75% up to your 4%
Ten or more years	4.5% of salary	100% up to your 4%

Vesting refers to your "ownership" of a benefit in the Plan. You are always 100 percent vested in your own contributions. You are fully vested in matching and basic contributions after three years of qualifying service.

## **AFTER TAX BENEFITS**

### **VOLUNTARY SHORT-TERM DISABILITY**

A, B & C Class employees have the opportunity to purchase Short Term Disability (STD) insurance. STD pays 60 percent of your base pay and begins after 30 days of disability. You must enroll within the first 30 days of employment or during our annual enrollment.

### **LONG TERM DISABILITY**

The Health System provides A, B, and C Class employees with paid Long-Term Disability coverage after one year of employment. If you change to a non-benefited position, coverage will end. If you become disabled, at the end of a waiting period of 180 days the plan will begin to pay 60 percent of your income. However, the benefits paid by this plan are reduced by any other disability benefits you receive, such as Social Security.

### **LONG TERM CARE INSURANCE**

HPRHS offers long term care insurance for you and other qualified family members. This benefit covers nursing home care, assisted living, home health care and adult day care. You can tailor a plan that will meet your needs today and in the future.

## **ACCIDENT INSURANCE**

Employees may choose a high or low option accident plan that also provides a wellness benefit. You may elect coverage for your dependents. The plan pays you directly if you are injured due to an accident. You may use this benefit to meet deductibles, travel costs or living expenses.

## **CRITICAL ILLNESS**

This plan pays an immediate one-time lump sum payment of the benefit amount you elected in the event you are diagnosed with heart attack, coronary artery bypass surgery, stroke, renal failure, or major organ transplant. Employee benefit amounts are available from \$5,000 to \$50,000. Each dependent child is covered at 10 percent of the primary insured amount at no additional charge. You may purchase group specified critical illness coverage for your spouse in amounts up to \$25,000.

## **BASIC LIFE INSURANCE**

The Health System provides all A, B, and C Class employees basic life insurance equal to two times annual base salary, at no additional cost. This coverage ends if you terminate, retire, or change to a non-benefit eligible status. Federal law requires taxes to be withheld on the value of the life insurance premiums greater than \$50,000. The amount reduces to 65 percent at age 65 and 50 percent at age 70.

## **SUPPLEMENTAL LIFE INSURANCE**

Employees may purchase additional life insurance coverage. Certain amounts of coverage are available on a guaranteed issue basis, if you enroll when first eligible. Rates are based on your age. You may also elect coverage for family members.

## **EDUCATION ASSISTANCE**

*Career Assistance:* Employees with one year of service working in an A, B, or C Class position may be eligible for Career Assistance. Considered courses or programs are those directly related to improving skills or advancing an employee's career.

*Scholarship Assistance:* Employees enrolled in fulltime accredited educational programs may be eligible for Scholarship Assistance. Career and Scholarship Assistance require the employee to sign a Work Agreement.

## **SECTION 529 COLLEGE SAVINGS PLAN**

If you will be paying for all or a portion of a child's higher education, then you should consider investing in our Section 529 College Savings Plan. This flexible Plan will provide you with the funding methods and other tools to help you reach your college funding goals. For more information, contact our AIG Retirement Representatives.

## **CHANGE IN FAMILY STATUS?**

*Benefit selections remain in effect until the end of the year. You may change your benefits during the year only if you have a change in family status (marriage, birth, adoption, divorce, etc.). You have 30 days from the date of the status change to complete the necessary forms.*

**Remember** your dependents are eligible for medical, dental, vision and dependent life, if they are.....

- Your spouse.
- Unmarried children up to age 19 or 25 (if a full-time student). *This includes adopted, stepchild, or foster child.*

## **EMPLOYEE ASSISTANCE PROGRAM**

Because your mental well being is as important as your physical health, the Health System has established an Employee Assistance Program. The program, through **Frank Horton Associates**, provides support and guidance to employees and their families when they are struggling with personal or work related issues. The program is confidential and available 24 hours a day. Counselors are skilled in helping with parenting issues, marital difficulties, emotional problems, substance abuse, financial problems, or job stress.

## **PAID ANNUAL LEAVE (PAL)**

The Health System offers the following Paid Annual Leave (PAL) Program to all A, B, and C Class employees based on your years of service and number of hours worked. Employees may use PAL for personal days, vacations, holidays, family and personal illnesses.

<b>Length of Service in Years</b>	<b>PAL Accrual</b>	<b>Maximum Accrual</b>
One to Four	.0885 hours/hour worked	256 hours
Five to Fourteen	.1077 hours/hour worked	296 hours
Fifteen or more	.1269 hours/hour worked	356 hours