



2020 Benefit Guide

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2020 ENROLLMENT AND IMPORTANT REMINDERS



This year's annual enrollment will be conducted in the Direct Access Portal, made available beginning 8:00 a.m. Monday November 11. This year's enrollment is passive, which means all current elections will remain in place for the 2020 calendar year with the exception of the Flexible Spending Accounts (medical and dependent day care). The IRS requires new elections for these plans each calendar year. Also, those associates who have previously enrolled in an AirMed product (3 year, 5 year, or 10 year) and have paid their annual premiums will see this product waived for the 2020 calendar year. All employees that were enrolled for one year must re-elect for the 2020 calendar year.

Please be sure to update your address and review your and your dependents' dates of birth and Social Security numbers in the system during Open Enrollment. Per IRS Code, employers that offer employer-sponsored medical coverage are required to provide employees with Form 1095-C. Form 1095-C will be mailed to employees and must accompany employees' tax filings in 2020 for the 2019 tax year. Form 1095-C includes information about the health insurance offered to you and your dependents by Erlanger. This form is required in order to avoid tax penalties. As the recipient of Form 1095-C, you should provide a copy to any family members covered under Erlanger's employer-sponsored plan listed in Part III if they request it for their records.

Per IRS regulations: You must re-enroll for both Flexible Spending Accounts (Medical and/or Child/Elder Care) every year, unless you are just carrying over funds from the Medical FSA plan from 2019. The maximum carryover is \$500.

For those enrolling during the 2020 plan year, you must enroll within 31 days of your hire date, change in status date or qualifying event date.

Dependent Verification Reminders

- **If your dependent was verified through the 2019 Dependent Audit process, you WILL NOT be asked to re-submit this documentation.**
- **If you are adding a dependent during the Open Enrollment process and have yet to verify their eligibility, you will receive a dependent verification packet in the mail after enrollment has ended. It is a large white envelope with a return address "c/o Hodges-Mace LLC." Be sure to follow the instructions and submit the required documentation before the Verification End Date date listed in the packet.**



Overview

PLEASE NOTE: Benefit deductions are taken in the paycheck that contains the effective date of the benefits that were elected. If an associate waits to enroll the latter part of their 31 day enrollment periods, the system will retroactively take deductions for the associates paycheck back to the effective date in which the benefits began.

Coverage Effective Dates for Insurance Purposes

NEW HIRE EMPLOYEES:

1st of the month following 31 days

INTERNAL TRANSFERS:

1st of the month following transfer date

QUALIFYING EVENTS:

You have 31 days from the date of the qualifying event to completed Family Status Change/Qualifying Event Form and return to Human Resources, unless you have Medicare, or Medicaid Entitlement Event, in which case you get 60 days, along with all required documentation.

BIRTH OR ADOPTION:

Date of Child's Birth or date the child legally comes into home.

MARRIAGE: Effective date of marriage. Must receive the required documents within 31 days of marriage.

LOSS OF COVERAGE:

Effective date of loss of coverage. Must receive the required documents within 31 days of loss of coverage.

GAIN ADDITIONAL

COVERAGE: Date of gain of coverage.

ELIGIBILITY

Employee Eligibility

To be eligible for benefits, you must be classified as a:

- Regular Full-time employee with a minimum FTE level of 0.80 (working 30 hours per week) to 1.00 (working 37.5 hours per week), or a
- Regular Part-time employee with FTE level of 0.51 (below 19.5 hours per week) to .79 (working 29 hours per week).

Eligibility is lost upon separation of employment. If an employee's status changes to below a 0.52 FTE, the employee will no longer qualify for Regular Full-time or Regular Part-time benefits; however, they will be eligible to enroll in the Erlanger Part-time/PRN medical plan.

Spouse/Child(ren) Eligibility

You may elect coverage for your eligible dependents. Eligible dependents include:

- Your legal spouse
- Your dependent child(ren) or step-child(ren) up to age 26 for medical, dental and vision
- Any child(ren) placed with you for adoption or for whom you have legal guardianship
- Any unmarried, disabled child(ren) of any age who resides with you and who was medically certified as disabled prior to his or her 26th birthday and who is primarily dependent on you for support
- Any child(ren) under 26 years of age (including natural child(ren), step-child(ren), legally adopted child(ren), and children placed with you for adoption) for whom healthcare coverage is required by Qualified Medical Child Support Order (QMCSO) or other court or administrative order – even if the child does not reside with you

STATUS CHANGE/ QUALIFYING EVENT FORM

You have 31 days from the date of the qualifying event to complete the Family Status Change/Qualifying Event Form and return it to Human Resources, unless you have a Medicare, or Medicaid Entitlement Event, in which case you get 60 days, along with all required documentation. Forms are located on the Benefits website at <http://ehsod.org/benefits> or in Human Resources.

Documentation required:

- Birth – A copy of certified birth certificate or birth facts from the hospital
- Adoption or placement for adoption – Court document with judge's signature
- Step-child(ren) – A copy of the certified marriage license and certified birth certificate
- Marriage – Certified marriage license
- Divorce – The front and back page of the divorce decree with employee's name and judge's signature
- Death – Certified death certificate
- Medicare/Medicaid/CHIP – Copy of letter stating eligibility
- Loss of coverage – HIPAA letter with start and end dates of coverage or letter on company letterhead stating reason for loss of coverage with the start and end dates of coverage and all dependents who are affected

Changes cannot be made until the next Open Enrollment if qualifying event elections are not made timely. NO EXCEPTIONS

QUALIFYING EVENTS

As a Section 125 Cafeteria Plan, participant elections are irrevocable and cannot be changed during the period of coverage, generally a plan year. However, an employer may design the plan to permit certain exceptions to the rule, known as Qualifying Events, which are governed by the Treasury regulations in Section 1.125. In general, if an employee requests an election change under these events, the request must be consistent with the event, and the request made within the time period governed by the Cafeteria Plan Document, 31 days.

HIPAA Special Enrollment Rights

HIPAA requires group health plans to give special enrollment opportunities to certain employees, dependents and COBRA-qualified beneficiaries.

A “special enrollee” is allowed to enroll or change his or her existing plan option in the plan after:

- A loss of eligibility for group health coverage or health insurance coverage
- A loss of eligibility for CHIP or Medicaid
- Becoming eligible for state premium assistance, Medicaid or CHIP
- Subsidies
- Marriage
- Birth, adoption or placement for adoption

Special enrollment rights typically apply with respect to the employee, dependents of the employee and the spouse of the employee. In other words, existing family members who may have previously declined coverage have another opportunity to enroll (for example, in the case of a birth of a child, a spouse can be enrolled due to the birth even if not previously covered under the plan).

OTHER QUALIFYING EVENTS MAY INCLUDE:

Significant Coverage Curtailment

A significant coverage curtailment (reduction of benefits) without a loss of coverage or significant coverage curtailment with loss of coverage (for example, if a carrier discontinues offering a specific network, and an employer elects to offer another benefit option that includes many of the same providers, then an employee can change elections to avoid the coverage curtailment).

Addition or Significant Improvement of Benefits Options

If a plan adds a new benefits package option or other coverage option, or improves an existing option, an employee may drop coverage for an existing option, add coverage for the new option or switch plans.

Change of Coverage Under Another Employer’s Plan

This provision allows for a new election or revoking a previous plan election when a change is made under another employer plan (including a plan of the same employer or of another employer) for the employee, spouse or dependent.

Loss of Group Coverage Under a Governmental or Educational Institution

This provision allows adding coverage under a Cafeteria Plan for the employee, spouse or dependent if the employee, spouse or dependent loses coverage under any group health coverage sponsored by a governmental or educational institution, which includes State CHIP, coverage through an Indian tribe or state risk pool.

Judgments, Orders or Decrees

This provision applies to a judgment, decree or order resulting from a divorce, legal separation, annulment, changes in legal custody or Qualified Medical Support Order (QMSO).

Medicare or Medicaid Entitlement

If an employee, spouse or dependent becomes enrolled in coverage under Part A or Part B of Medicare, or Medicaid, or loses coverage under these, a Cafeteria Plan may permit the employee to make an election change to increase, change or revoke coverage of that employee, spouse or dependent. The employee has **60 days** to make election changes.

Family Medical Leave Act (FMLA)

An employee taking FMLA may revoke their election for medical, dental and vision and choose another option for the remaining period of leave. For example, if an employee qualifies for unpaid FMLA and does not have enough paid time accrued to earn a full salary during the full 12 weeks of leave, the employee may request to revoke coverage during his or her leave. This is permitted under Section 125 provisions. Upon return, the employee has the right to be reinstated to coverage in effect prior to the leave.

4 Tiers

The health plans have 4 tiers of benefits:

- **TIER 1** benefits apply to services from physicians and providers employed by Erlanger.
- **TIER 2** benefits apply to services from providers in the Cigna Open Access Plus (Cigna OAP) network and VHAN Networks in TN for services not available at Erlanger Health System (excludes local healthcare systems and their employed providers inside the state of TN).
- **TIER 3** benefits apply to services from providers in the Cigna Open Access Plus (Cigna OAP) network outside of TN.
- **TIER 4** is Out-of-Network benefits. There is no coverage unless a “true” medical emergency.

Erlanger Express Care Clinic locations

(WALK-IN / URGENT CARE)

ERLANGER EXPRESS CARE

9448 Dayton Pike
Soddy Daisy, TN 37379

ERLANGER EXPRESS CARE

325 Market, St.
Chattanooga, TN 37402

ERLANGER EXPRESS CARE

1635 Gunbarrel Rd
Chattanooga, TN 37421

ERLANGER EXPRESS CARE

6982 Nashville St.
Ringgold, GA 30736

ERLANGER EXPRESS CARE

146 Highway 46 East
Hayesville, NC 28904

ERLANGER EXPRESS CARE

Paul Huff Parkway & Ellis Circle
Cleveland, TN 37312

COVERAGE OVERVIEW

Medical Plan Design Changes for 2020

- EHS will continue offer two medical plan options: Erlanger PPO Plan 1 and Erlanger PPO Plan 2. There are no changes to the plans' deductibles, out of pocket maximums, or physician copayment amounts.
- Transition to Allegiance: Erlanger is excited to announce a new partnership with Allegiance Benefit Plan Management, Inc. (a Cigna company) for the Erlanger Employee Health Plan. Allegiance is an industry-leading Health Plan administrator with personalized customer service and unsurpassed benefits flexibility. We believe this partnership will improve your health benefits experience while keeping costs low.
 - » A new Allegiance identification card (ID card) will be mailed in mid to late December to your home mailing address on file within Direct Access.
- With Erlanger adding six Erlanger Express Care Clinics in the 2019 calendar year, all other Urgent Care clinics will be excluded from our plans' network. The copay for Erlanger Express Care Clinics will be \$25.
- Beginning 1/1/2020, maintenance medications can ONLY be filled at a CVS Pharmacy, and only in a 90-day supply. You will receive a letter from Navitus (our health plan's pharmacy benefit manager) explaining any steps you need to take before this requirement goes into effect.
- Despite increasing health care costs nationwide, Erlanger continues to offer a highly competitive medical plan offering, both in cost and plan design. Please review the 2020 bi-weekly rates listed on page 9 so you are familiar with the new payroll deductions for coverage beginning January 1st, 2020.



Prescription Coverage

ERLANGER EMPLOYEE REDUCED CO-PAY PHARMACY LIST

Preferred Pharmacies*

CVS CarePlus Pharmacy

Erlanger Medical Mall
979 East Third Street
Chattanooga, TN 37403
423-713-9453

CVS Dodson Avenue

1200 Dodson Avenue
Chattanooga, TN 37406
423-713-9440

CVS at Target

1816 Gunbarrel Road
Chattanooga, TN 37421
423-954-9063

CVS (24 hour)

887 Battlefield Parkway
Fort Oglethorpe, GA 30742
706-861-3337

CVS (24 hour)

5120 Highway 153
Hixson, TN 37343
423-876-9396

CVS

8034 E. Brainerd Road
Chattanooga, TN 37421
423-894-3836

CVS

796 Ridgeway Avenue
Signal Mountain, TN 37377
423-886-3269

CVS

4700 Highway 58
Chattanooga, TN 37416
423-892-8802

* **Effective immediately, associates will receive the reduced copay at all CVS Pharmacy locations nationwide.**

2020 PRESCRIPTION DRUG BENEFITS

CVS PHARMACY	30 DAY	90 DAY
1/1/2020: Mandatory 90-day fill on maintenance medications at CVS		
GENERIC	\$10 Co-pay	\$20 Co-pay
DEDUCTIBLE <i>(applies to Brand Name, Non-Preferred)</i>	\$125	\$125
BRAND NAME	\$40 Co-pay	\$80 Co-pay
NON-PREFERRED BRAND NAME	\$65 Co-pay	\$130 Co-pay
SPECIALTY	50% (\$100 min. to \$200 max.)	No Coverage
Smoking Cessation – Zyban, Wellbutrin and Chantix (first 3 months covered at \$0 co-pay; then \$5 Generic co-pay, for 9 months)	\$0 Co-pay	Not Available
Nicorette Gum and NicoDerm CQ Patches (3-month coverage at 100%)	\$0 Co-pay	Not Available
OTHER PHARMACIES	30 DAY	90 DAY
GENERIC	\$20 Co-pay	No Coverage
DEDUCTIBLE <i>(applies to Brand Name, Non-Preferred)</i>	\$125	No Coverage
BRAND NAME	\$55 Co-pay	No Coverage
NON-PREFERRED BRAND NAME	\$80 Co-pay	No Coverage
SPECIALTY	50% (\$175 min. to \$425 max.)	No Coverage

Note: Prescription drug deductibles and co-pays apply to the medical plan out-of-pocket maximums.

The Navitus prescription drug formulary (preferred drug list) is available at www.navitus.com/members/members-main.aspx.

90-Day at CVS Pharmacy Benefit

This program is part of your pharmacy benefit. It is mandatory for maintenance medications. The 90-day program allows you to receive a 90 day supply of maintenance medications at the CVS pharmacies.

Call 855-673-6504, Monday–Friday, 8 am–8 pm Eastern Time to reach a dedicated service team ready to assist you with all your health benefit needs.

Nicotine-Free Incentive

Current nicotine users must complete each step of the Erlanger Health System's Nicotine Cessation Program in order to qualify for the bi-weekly premium reduction. Erlanger is committed to helping its employees achieve their best health. If you think you might be unable to meet the standards for the nicotine-free benefit under Erlanger's Wellness Program, you may qualify for an opportunity to earn the same benefit by different means. Contact Human Resources/Benefits Department at **1.423.778.7969 option 3** and we will work with you (and, if you wish, with your physician) to find a reasonable alternative program with the same reward that is right for you in light of your health status.

While nicotine-free medical premiums are increasing slightly for the 2020 plan year, the nicotine-free incentive has also increased.

Erlanger Health System is a tobacco-free campus and promotes healthy lifestyles for all of our employees, their family members and our patients. In support of healthy lifestyles, we instituted a per-pay-period medical premium differential. *Current nicotine users may opt out of the nicotine test and participate in Erlanger's Nicotine Cessation Program to receive the bi-weekly premium reduction.* The cessation program is open to all employees.

Erlanger's Nicotine Cessation Program

- Call Workforce at **1.423.778.4800** to make an appointment.
- The physician at Workforce will determine the best plan for cessation and make the referral to the Erlanger Nicotine Cessation Program.
- Call the Health Link Line **1.423.778.LINK (5465)** for class schedule and registration. (Participants have to stay in the Workforce program for 12 months and see the Workforce physician once/month during that time. If one month is missed, a grace period may be allowed if the next regular monthly visit is kept. If not, HR/Benefits is notified and will adjust the premium accordingly.)
- Make two copies of the program completion certificate – one for HR/Benefits and one for Workforce. Keep the original.

Note: Some employees may see the credit on their next paycheck. However, it is likely that the premium reduction may not appear until the second paycheck after the event that results in premium reduction.



Medical Contributions Per Pay Period

Erlanger contributes \$32 million towards employee and dependents medical coverage annually.

MEDICAL Erlanger PPO Plan 1 Full-time Employee Bi-weekly Premiums	FULL-TIME EMPLOYEE'S CONTRIBUTION		
		Nicotine Free	Nicotine User
	Employee	\$75.00	\$97.50
	Employee + Spouse	\$180.00	\$234.00
	Employee + Child (ren)	\$156.00	\$202.80
Employee + Family	\$275.00	\$357.50	
MEDICAL Erlanger PPO Plan 1 Part-time Employee Bi-weekly Premiums	PART-TIME EMPLOYEE'S CONTRIBUTION		
		Nicotine Free	Nicotine User
	Employee	\$113.00	\$146.90
	Employee + Spouse	\$265.00	\$344.50
	Employee + Child (ren)	\$231.00	\$300.30
Employee + Family	\$390.00	\$470.00	
MEDICAL Erlanger PPO Plan 2 Full-time Employee Bi-weekly Premiums	FULL-TIME EMPLOYEE'S CONTRIBUTION		
		Nicotine Free	Nicotine User
	Employee	\$45.00	\$58.50
	Employee + Spouse	\$116.00	\$150.80
	Employee + Child (ren)	\$100.00	\$130.00
Employee + Family	\$177.00	\$230.10	
MEDICAL Erlanger PPO Plan 2 Part-time Employee Bi-weekly Premiums	PART-TIME EMPLOYEE'S CONTRIBUTION		
		Nicotine Free	Nicotine User
	Employee	\$79.00	\$102.70
	Employee + Spouse	\$196.00	\$254.80
	Employee + Child (ren)	\$169.00	\$219.70
Employee + Family	\$286.00	\$361.00	

2020 Plan Highlights

Erlanger PPO Plan 1	TIER 1 Erlanger Health Network (Erlanger-Employed Providers)	TIER 2 Cigna Open Access Plus (Cigna OAP) network and VHAN Networks for services not available at Erlanger Health System (excludes local healthcare systems and their employed providers inside the state of TN)	TIER 3 OUT-OF-AREA Cigna Open Access Plus (Cigna OAP) network (services provided outside of TN)	TIER 4 OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
Individual	\$850	\$950	\$5,500	No Coverage
Family	\$2,250	\$2,250	\$13,500	No Coverage
ANNUAL OUT-OF-POCKET MAXIMUMS (includes deductible and co-pays)				
Individual	\$5,000	\$5,000	\$7,150	No Coverage
Family	\$10,000	\$10,000	\$14,300	No Coverage
	Deductible and Out-of-Pocket Maximum accumulations cross-apply for Tiers 1 and 2		Deductibles and Out-of-Pocket Maximums apply only to Tier 3	No Coverage
LIFETIME MAXIMUM	Unlimited			Not applicable
PHYSICIAN SERVICES				
Primary Care Physician	\$15	\$35	\$50	No Coverage
Specialty	\$30	\$60	\$75	No Coverage
Behavioral Health Office Visit	\$15	\$35	\$35	No Coverage
Chiropractic/Manipulative Therapy (limit 30 visits per calendar year)	\$20	\$20	\$20	No Coverage
Provider-Administered Specialty Drugs	\$250 Co-pay	70% after deductible	70% after deductible	No Coverage
Physical, Speech and Occupational Therapy (limit 40 visits per calendar year)	80% after deductible	80% after deductible	70% after deductible	No Coverage
Urgent Care Services	\$25 Co-pay	\$125 Co-pay	\$125 Co-pay	No Coverage
PREVENTIVE HEALTHCARE SERVICES				
Mammography (routine and diagnostic)	100%	No Coverage	No Coverage	No Coverage
Colonoscopy (preventive and non-preventive)	100%	No Coverage	No Coverage	No Coverage
Smoking Cessation Intervention/Counseling (limit 12 visits per 12 months)	WorkForce	No Coverage	No Coverage	No Coverage
EMERGENCY SERVICES				
Emergency Care Services (waived if admitted)	\$250 Co-pay	\$250 Co-pay	\$250 Co-pay	\$250 Co-pay
Ambulance Service (ground/air)	\$75/\$300	\$75/\$300	\$75/\$300	\$75/\$300
FACILITY SERVICES – EFFECTIVE 10/1/2018 GEORGIA FACILITIES ARE NOT COVERED ON THIS HEALTH PLAN				
Inpatient Services	80% after deductible	70% after deductible	70% after deductible	No Coverage
Outpatient Surgery	80% after deductible	70% after deductible	70% after deductible	No Coverage
High-Tech Imaging	\$350 Co-pay	70% after deductible	70% after deductible	No Coverage
OUTPATIENT SERVICES				
Outpatient Diagnostic Lab & X-ray	\$75 Co-pay	70% after deductible	70% after deductible	No Coverage

2020 Plan Highlights

Erlanger PPO Plan 2	TIER 1 Erlanger Health Network (Erlanger-Employed Providers)	TIER 2 Cigna Open Access Plus (Cigna OAP) network and VHAN Networks for services not available at Erlanger Health System (excludes local healthcare systems and their employed providers inside the state of TN)	TIER 3 OUT-OF-AREA Cigna Open Access Plus (Cigna OAP) network (services provided outside of TN)	TIER 4 OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
Individual	\$1,250	\$1,350	\$5,500	No Coverage
Family	\$3,750	\$3,750	\$13,500	No Coverage
ANNUAL OUT-OF-POCKET MAXIMUMS (includes deductible and co-pays)				
Individual	\$4,000	\$4,000	\$7,150	No Coverage
Family	\$8,000	\$8,000	\$14,300	No Coverage
	Deductible and Out-of-Pocket Maximum accumulations cross-apply for Tiers 1 and 2		Deductibles and Out-of-Pocket Maximums apply only to Tier 3	No Coverage
LIFETIME MAXIMUM	Unlimited			Not applicable
PHYSICIAN SERVICES				
Primary Care Physician	\$15	\$35	\$50	No Coverage
Specialty	\$30	\$60	\$75	No Coverage
Behavioral Health Office Visit	\$15	\$35	\$35	No Coverage
Chiropractic/Manipulative Therapy (limit 30 visits per calendar year)	\$20	\$20	\$20	No Coverage
Provider-Administered Specialty Drugs	\$250 Co-pay	70% after deductible	70% after deductible	No Coverage
Physical, Speech and Occupational Therapy (limit 40 visits per calendar year)	80% after deductible	80% after deductible	70% after deductible	No Coverage
Urgent Care Services	\$25 Co-pay	\$125 Co-pay	\$125 Co-pay	No Coverage
PREVENTIVE HEALTHCARE SERVICES				
Mammography (routine and diagnostic)	100%	No Coverage	No Coverage	No Coverage
Colonoscopy (preventive and non-preventive)	100%	No Coverage	No Coverage	No Coverage
Smoking Cessation Intervention/Counseling (limit 12 visits per 12 months)	WorkForce	No Coverage	No Coverage	No Coverage
EMERGENCY SERVICES				
Emergency Care Services (waived if admitted)	\$250 Co-pay	\$250 Co-pay	\$250 Co-pay	\$250 Co-pay
Ambulance Service (ground/air)	\$75/\$300	\$75/\$300	\$75/\$300	\$75/\$300
FACILITY SERVICES – EFFECTIVE 10/1/2018 GEORGIA FACILITIES ARE NOT COVERED ON THIS HEALTH PLAN				
Inpatient Services	80% after deductible	70% after deductible	70% after deductible	No Coverage
Outpatient Surgery	80% after deductible	70% after deductible	70% after deductible	No Coverage
High-Tech Imaging	\$350 Co-pay	70% after deductible	70% after deductible	No Coverage
OUTPATIENT SERVICES				
Outpatient Diagnostic Lab & X-ray	\$75 Co-pay	70% after deductible	70% after deductible	No Coverage

Dental Plan



A healthy smile equals a healthy you. Erlanger offers a voluntary indemnity dental plan through Delta Dental of Tennessee to help meet your dental needs. No changes have been made to the dental plan for the 2020 plan year.

Delta Dental Customer Service Representatives are available Monday through Friday, 7:00 a.m. to 5:00 p.m. CST, at **1.800.223.3104**. Online at www.deltadental.com.

Erlanger contributes \$750,000 annually towards dental insurance for employees and dependents.

DENTAL PLAN

DEDUCTIBLES (Apply to Coverage B and C Only)

Individual	\$25.00
Family	\$75.00

ANNUAL MAXIMUM

Per Person for Coverage A, B and C	\$1,250.00
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COVERED SERVICES

Diagnostic & Preventive Services (Coverage A)*	100%
Restorative Services (Coverage B)**	80%
Prosthetics & Complex Restorative Services (Coverage C)**	60%

ORTHODONTIA

Orthodontia Services for Dependents Under Age 19 (Coverage D)	50%
Lifetime Maximum	\$1,500.00

*Up to two times (2x) per year **Plan pays after the annual deductible is satisfied

RATES

REGULAR FULL- & PART-TIME EMPLOYEES	EMPLOYEE'S CONTRIBUTION PER PAY PERIOD
Employee Only	\$8.00
Employee + Spouse	\$17.00
Employee + Child(ren)	\$18.00
Family	\$29.00

Regular dentist visits can do more than keep your smile attractive – those visits disclose information about your overall health to your dentist, including whether or not you may be developing a disease like diabetes.

Vision Plan



Routine eye exams are important – regardless of your age or physical health.

Vision changes

During a comprehensive eye exam, your eye doctor does much more than just determine your prescription for eyeglasses or contact lenses; he or she will also check for common eye disease, assess how your eyes work and evaluate your eyes as an indicator of your overall health. Erlanger offers a voluntary vision plan through Superior Vision. If you access a Superior Vision provider, you will have no out-of-pocket expenses other than the applicable co-payments, unless you choose optional items or exceed the plan allowance. However, you can receive vision care services from any provider, but you will receive less coverage. Superior Vision **does** issue identification cards. Superior Vision has a large selection of providers, including Costco, LensCrafters and other chain and independent vision providers.

Although laser vision correction services are not a covered benefit under the medical or vision plans, you can contact Superior Vision to help guide you to one of their in-network providers for a significant discount. For vision questions, contact Superior Vision at **1.800.507.3800** or **www.superiorvision.com**.

VISION PLAN

IN-NETWORK BENEFITS

SERVICE	FREQUENCY	CO-PAYMENTS
Basic Eye Exam	12 months	\$10.00
Frames	24 months	\$20.00
Retail Frame Allowance		\$130.00
Lenses	12 months	\$20.00
Lenses (Standard) Per Pair		Covered in Full
Single Vision		Covered in Full
Bifocal		Covered in Full
Trifocal		Covered in Full
Progressive		Covered at Lined Trifocal Level
Lenticular		Covered in Full
Contact Lens Fitting	12 months	\$25.00
Contact Lens Allowance (Retail)		\$130.00

RATES

REGULAR FULL- & PART-TIME EMPLOYEES	EMPLOYEE'S CONTRIBUTION PER PAY PERIOD
Employee Only	\$2.78
Employee + Spouse	\$5.76
Employee + Child(ren)	\$6.31
Family	\$10.08

Flexible Spending Accounts



ELIGIBLE HEALTHCARE FSA EXPENSES

- Medical, dental and vision co-payments, coinsurance, and deductibles
- Orthodontia (braces)
- Contact lenses and eyeglasses that are not covered under your vision plan (for instance, an extra pair of prescription sunglasses)
- Hearing aids and batteries
- Vision correction surgery
- Nicotine cessation programs and drugs

For a complete list of eligible expenses, go to www.payflex.com/products-and-services/flexible-spending-account and click on the “Eligible Expenses” link.

Erlanger Health System offers two types of Flexible Spending Accounts (FSAs). FSAs are a great way to save money on healthcare and/or dependent care expenses. You never pay Federal, State or FICA taxes on money you contribute to an FSA, since your contributions are deducted on a pre-tax basis. You could save up to 33 $\frac{1}{3}$ % on healthcare and dependent care expenses, depending on your tax bracket. PayFlex® is our vendor for the Healthcare and Dependent Care Flexible Spending Accounts.

THE HEALTHCARE FSA

- Documentation for eligible expenses, required by the IRS, includes a receipt containing the following information:
 - Date service was received or purchase made
 - Description of service or item purchased
 - Dollar amount (after insurance, if applicable)
- Unacceptable forms of documentation include the following:
 - Provider statements that only indicate the amount paid, balance forward or previous balance
 - Credit card receipts that only reflect a payment
 - Bills for prepaid eligible expenses where services have not yet occurred
- Claims substantiation is an IRS requirement. It is your responsibility to save receipts and back-up documentation in the event of an audit. You can also request additional information from PayFlex.

Healthcare FSA Eligibility

- Employees are eligible after **12 months** of employment.
- Employees must be in an eligible class (Regular Full-time or Regular Part-time) on their 12-month anniversary date.
- Plan year is January 1, 2020, through December 31, 2020.
- Maximum contribution for the 2020 plan year is \$2,750.
- Employee’s entire annual contribution is available immediately at the start of the plan year (January 1st) to pay for eligible healthcare expenses.
- Employees have until March 31, 2021, to submit receipts for eligible expenses incurred during the 2020 plan year (January 1, 2020 – December 31, 2020).
- Employees can “carry over” up to \$500 into the next plan year for any Healthcare (Medical) FSA funds not spent during the 2020 plan year; this carryover does not affect the maximum amount of salary reduction contributions an employee is permitted to make under Section 125(i) of the IRS code.



ELIGIBLE DEPENDENT (CHILD/ELDER) CARE FSA EXPENSES

- Childcare (child(ren) under the age of 13)
- Care for a disabled spouse, elderly parent, or dependent of any age who cannot care for himself/herself, lives in your home at least eight (8) hours a day, and is listed as a dependent on your income tax return
- Childcare provided in your home, except when provided by a participant's child or stepchild under the age of 19 or if the participant claims the provider as a dependent on their income tax return
- After-school care for a child under the age of 13
- Nursery school or daycare center
- The part of private school fees that are for the before- or after-school care of your dependent

DEPENDENT (CHILD/ELDER) CARE FSA

A participant is only eligible to participate in the Dependent/Elder Care Flexible Spending Account if he or she pays dependent care expenses in order to be able to work or go to school. If married, the participant's spouse must also work, go to school full-time or be incapable of self-care.

- Employees are eligible to enroll immediately.
- Only dependents under the age of thirteen (13) or dependent adults or child(ren) over the age of thirteen who are incapable of self-care can be covered; *must be listed as a dependent on your income tax return.*
- Maximum contribution for the 2020 plan year is \$5,000.
- Dependent care services may take place either inside or outside the home.
- A participant's maximum contribution amount cannot be more than the smaller of either of the following: (1) The smaller of the participant's or the participant's spouse's income. If the participant's spouse is a full-time student or incapable of self-care, he or she is considered to earn: \$2,400/year with one dependent or \$4,800/year with two or more dependents. (2) \$5,000/year if a participant's tax filing status is "married filing jointly" or "single head of household" or \$2,500/year if the status is "married filing separately."
- Expenses are not eligible if the service provider is the participant's child or stepchild and is under the age of 19, or if the participant claims the provider as a dependent for income tax purposes.
- In addition to the documentation required for all reimbursable expenses, dependent care claims submissions must include: provider's Taxpayer Identification Number (TIN) or Social Security number (SSN), dependent's age and signature of the provider.
- Dependent care reimbursements cannot exceed the election amounts deposited into your Dependent Care FSA to date, minus any reimbursements previously paid (meaning election amounts are available on the first day of the plan year; however, your Dependent Care FSA funds are only available as the money is deducted from your paycheck).



PAYFLEX DEBIT CARD FOR DEPENDENT CARE FSA

You can use a PayFlex debit card to pay for eligible expenses with Health Care or Dependent Care FSA funds.

If you already have a PayFlex debit card, you can use that card for both your Healthcare FSA and your Dependent Care FSA in 2020. No new card will be issued. If you enroll in an FSA for the first time – you'll receive a PayFlex debit card following Open Enrollment.

Some points to remember when using your PayFlex card for dependent care expenses:

- Dependent Care FSA funds are available as deposits are made during the year, up to your annual election amount. This is different from the Healthcare FSA, in which your full election amount is available January 1. You'll need to check your Dependent Care FSA balance before using the PayFlex debit card to be sure there is enough in the account to cover expenses. If not, the transaction will be declined.
- You can only use the PayFlex debit card to pay for eligible expenses if your childcare provider has a credit card machine and uses one of these merchant codes: 8211 (Schools, Educational Services and Day Care) or 8351 (Child Care Services). If not, you'll need to submit your dependent care claims manually to PayFlex.
- You should only use the PayFlex debit card to pay for dependent care expenses that have been incurred, not in advance of services. And while you won't need to provide receipts to PayFlex for debit card transactions, you should keep a copy of those receipts for your records.

For more information, go to www.payflex.com.

VOLUNTARY SUPPLEMENTAL GROUP TERM LIFE AND AD&D INSURANCE

You may purchase Voluntary Supplemental Group Term Life and AD&D Insurance coverage in multiples of one half of your annual salary up to 5x your annual salary, not to exceed \$1,000,000. This is a voluntary benefit paid for by you, the employee. *As a new hire, the Guaranteed Issue Limit is 4x your annual salary or \$500,000 (whichever is lower).*

The maximum benefit for Basic Life and AD&D coverage is \$1,000,000, and the minimum benefit is \$10,000. The Basic Life and AD&D carrier is Unum. The Guarantee Issue Limit for 2020 is \$1,000,000 for employees up to age 69. This means no Evidence of Insurability (EOI) is required up to the maximum benefit amount of \$1,000,000. The maximum combined benefit for Basic and Voluntary Supplemental Life and AD&D insurance is \$1,000,000.

Voluntary Supplemental Group Term Life and AD&D Insurance is available for your spouse and child(ren) up to age 26, if you elect coverage under the Employee Voluntary Life & AD&D benefit. You can elect up to 50% of your Voluntary Supplemental Group Term Life coverage amount on your spouse. The minimum coverage amount on your spouse is \$5,000, and the maximum is \$375,000. *The Guarantee Issue Limit for a spouse is \$50,000 for new hires, but all coverage increases during open enrollment will require Evidence of Insurability.*

For your children, there are two Voluntary Supplemental Group Term Life and AD&D options:

Option 1 – \$5,000

Option 2 – \$10,000

This benefit is available for children age 6 months to age 25. Children age live birth to 6 months of age are covered with an initial benefit of \$1,000 for either option elected.

Voluntary Supplemental Life and AD&D deductions are post-tax.

Remember – In order to obtain coverage on your spouse or children, you must be enrolled in the Voluntary Supplemental Group Term Life and AD&D benefit.

Employee Basic and Supplemental Group Life and AD&D coverage reduces to 65% at age 65, to 45% at age 70 and to 30% at age 75. Coverage terminates at retirement.

The maximum benefit for Basic Life and AD&D coverage is \$1,000,000, and the minimum benefit is \$10,000. The Basic Life and AD&D carrier is Unum Life. The maximum combined benefit for Basic and Voluntary Supplemental Life and AD&D insurance is \$1,000,000.

EMPLOYER-PAID BASIC GROUP TERM LIFE AND AD&D INSURANCE

All Regular Full-time and Regular Part-time team members will continue to be enrolled in Basic Life and AD&D coverage after 6 months of continuous service. The Basic Life & AD&D Insurance Plan provides a benefit equal to one time (1x) your annual base earnings. Basic Life and AD&D coverage is an Employer-Paid benefit, meaning Erlanger pays the premium. There are no tax consequences if the total amount of Employer-Paid coverage does not exceed \$50,000. If, however, the coverage is in excess of \$50,000, the imputed (value) cost of the coverage must be included as income, using the IRS Premium Table, and is subject to Social Security and Medicare taxes.

To change beneficiaries in Direct Access follow this path:

Erlanger Intranet
Applications/Links on the left
Employee Direct Access
Self Service
Benefits

Benefits Summary

Click on the Basic Coverage you are changing (Basic Life AD/D or the Voluntary Life AD/D (2 or 1 times). These will be Blue in color.

Click on the Name
Click Edit

This will bring up the screens of all your beneficiaries

Check the box you want to edit

Go to the New Primary Allocation, key in 100

Then go to and key in 50/50 for each one in the **New Secondary Allocation**.

Then **SAVE**.

What is the Difference in the Life Insurance Options?

Basic Life and AD&D

- Employer paid
- Coverage terminates upon separation of employment, but there is a conversion option available (*cost depends on age and the amount of coverage converted*)

Supplemental Group Term Life and AD&D

- Employee paid
- Term insurance
- Offered at group rates, which are lower than most individual policy rates
- Portability and conversion available (*cost depends on age and the amount of coverage converted*)
- Spouse and children coverage available

Voluntary SUPPLEMENTAL GROUP TERM LIFE & AD&D BI-WEEKLY RATES

EMPLOYEE \$0.103 per \$1,000 per pay period

SPOUSE \$0.102 per \$1,000 per pay period

CHILDREN

Option 1 \$0.48 per pay period

Option 2 \$0.97 per pay period

During enrollment, you can get Whole Life insurance up to a specified amount without answering any medical questions.

WHOLE LIFE INSURANCE

Whole Life Insurance, provided through Unum, is designed to pay a death benefit to your beneficiaries, but it can also build cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that will not increase with age. Unlike term life insurance, this coverage can continue into retirement. This coverage is portable so you can take it with you if you ever leave Erlanger.

Plan Details

- Coverage is available to eligible employees age 15 to 80 who are actively at work. You can also buy coverage for your spouse.
- The policy can build cash value at a guaranteed rate of 4%, which you may be able to borrow from during your working years. Later in life, you can use this cash value to buy a smaller “paid up” policy with no more premiums due.
- You get affordable rates through Erlanger and your premium does not increase with age.

Coverage Amounts

- Employee — \$30,000
- Spouse — \$15,000

If you currently have Unum whole life insurance, you can keep what you have through payroll deduction. You can also purchase additional coverage during this enrollment without answering any medical questions.

Disability Insurance

What happens if you are suddenly injured off the job? Can you afford to be without income while off the job? This is where Voluntary Short Term and Employer-Paid Long Term Disability Insurance benefits are able to help. Both pay a percentage of your earnings for a specified time, if you are ill or injured, and cannot work.

During this year's enrollment, the Short Term Disability plan will require evidence of insurability (EOI) if electing coverage for the first time. Coverage as a new hire does not require EOI.

VOLUNTARY SHORT TERM DISABILITY INSURANCE

All Regular Full-time and Regular Part-time team members can purchase Short Term Disability. This is a voluntary benefit paid for by you, the employee. The weekly benefit provided by Short Term Disability is 60% of your base weekly earnings to a maximum of \$2,500 per week. The Employer-Paid Long Term Disability Program elimination period for all employees is 180 days; **the Voluntary Short Term Disability plan's benefit extends for 25 weeks (6 months), meaning it dovetails into the Long Term Disability benefit. The elimination period will be 8 days injury/8 days illness.** The administrator of this benefit is Unum. We have negotiated a **flat rate for all employees of \$1.13 per \$10.00 of weekly benefit based on your base salary. This plan has a pre-existing condition clause.** If you have received treatment for an illness or injury within 3 months prior to enrolling in the Short Term Disability Plan, **the plan will not cover the treated injury or illness for 12 months.**

Voluntary Short Term Disability Insurance deductions are taken post-tax.

If you elect to participate in the Voluntary Short Term Disability Insurance, this will offset the amount of PTO and EIB/STD Bank you will be able to use if you go out for an injury/illness. You will only be able to draw 40% of your PTO or EIB/STD Bank if your Short Term Disability claim is approved by the carrier.

LONG TERM DISABILITY INSURANCE

All Regular Full-time and Regular Part-time team members will continue to be enrolled in Long Term Disability coverage after 6 months of continuous service. Long Term Disability is an Employer-Paid benefit, meaning Erlanger pays the premium. **The elimination period for Long Term Disability is 180 days, and the plan is administrated by Unum.** The coverage provides a benefit of 60% of pay to a maximum monthly benefit of \$15,000. If you have received treatment for an illness or injury within 3 months prior to being enrolled in the Long Term Disability Plan, **the plan will not cover the treated injury or illness for 12 months.**

Disability Insurance

Unum

www.unum.com

Telephone: 888-295-2565

Fax: 800-447-2498

HOW TO REPORT A DISABILITY CLAIM

- When your health care provider has determined you are unable to work due to illness, injury or pregnancy.
- Thirty days before a disability based on the expected delivery date of a child or prescheduled medical treatment.

WHAT TO DO NEXT

- Notify your manager or supervisor of your absence from work.
- To submit your claim via telephone, call the toll-free number listed to the left. Please be prepared with the information listed in the blue box below.
- To submit your claim via the Unum website, go to www.unum.com and follow the claim submission instructions.
- Provide your health care provider with a signed and dated copy of the disability authorization form (last page of brochure). This form authorizes the release of medical information needed to evaluate your disability claim.
- Fax a copy of the signed and dated disability authorization to the Unum Benefits Center at the following toll-free fax number, 800-447-2498. If you prefer, you may mail a copy to the address at the top of the authorization, or you may sign and submit your authorization electronically at www.unum.com/claims.

PLEASE BE PREPARED TO PROVIDE THE FOLLOWING:

- Name of the company where you work
- Policy number: 472932
- Your name and Social Security number or employee ID number
- Complete address and phone number
- Date of birth
- Marital status
- Occupation (or job title)
- Supervisor's name and telephone number
- Your last day worked and your first day absent from work due to your claim
- The date you expect to return to work (if you know), or the actual date if you have already returned to work at the time you call

IN ADDITION, THE FOLLOWING INFORMATION WILL BE NEEDED WHEN SUBMITTING A DISABILITY CLAIM.

- Healthcare provider's name, address, fax and telephone number
- A brief description of your medical condition including cause of condition (illness or injury), date of injury or beginning of illness, and whether it's work-related
- The dates of your first visit, your most recent visit, and your next scheduled visit with your healthcare provider for this condition
- Work restrictions or limitations stated by your healthcare provider, if any.
- Prompt and complete information from you and your healthcare provider will help assure a timely decision and payment if you are eligible.

Unum may require additional medical information to better understand your claim. The timing of the decision depends on how quickly the information is received.

Unum will partner with you to gather all required information for the duration of your claim.

Retirement Savings Plan

How to Enroll in a Retirement Savings Plan

You may enroll in an Erlanger Plan by contacting the Benefits Department at **1.423.778.7969 option 3**.

Monthly Meetings

Erlanger hosts monthly meetings with a Prudential representative (by appointment only). To book a reservation for a meeting, go to <https://ehs.exceedlms.com/student/catalog/show/231321>. Or from the Intranet home page:

- Click on Erlanger Online Learning
- Log in with your employee ID as your login and your employee ID as your password
- Click on Catalog
- Click on Prudential Retirement Rep Meeting

Be sure to scroll down and click "load more sessions" to see all the available times.

403(B) RETIREMENT SAVINGS PLAN

Erlanger Health System offers a 403(b) Retirement Savings Plan designed to assist with your financial needs during your retirement years. The plan allows you to contribute to your retirement account with pre-tax dollars, and have matching contributions from Erlanger. Prudential offers a variety of options in which to place retirement fund contributions.

Eligibility

You may enroll and begin making contributions immediately.

How Much Can I Contribute?

The IRS allows you contribute (pre-tax) up to \$19,000 per calendar year if you are under age 50. If you are age 50 or older you may contribute up to \$25,000 per calendar year. Maximum contribution amounts are increased based on the Consumer Price Index each year. The contribution limit is announced each December by the IRS.

Erlanger's Matching Contributions

If you elect to participate, you are also eligible for the company match of \$0.50 for every \$1.00 contributed, up to 4% of your per pay period income. For example, if you contribute 4%, then Erlanger will match 2%. If you contribute 3%, Erlanger will match 1.5%.

You must work 1,000 regular hours and satisfy the one year waiting period, and be at least age 25 to receive the match.

You are 100% vested in your contributions. Erlanger's match is vested after three years of working at least 1,000 hours per year.

Retirement Savings Plan (cont.)

How to Access Your Retirement Savings Plan

You can access benefits you may have at Prudential Retirement®. Visit www.prudential.com/online/retirement to register and check your account balance, review plan information and model pension benefit estimates. You can also call Prudential's Participant Service Center at **1.877.778.2100** toll-free for confidential, easy access to information about your plan account.

Pension Plan

Prudential Retirement is also the Trustee of our pension plan available to employees who were hired prior to June 30, 2009. This means that Prudential generates retirement checks and serves as the trustee for the pension plan trust fund.

401(A) RETIREMENT SAVINGS PLAN

Employees who work at least 1,000 hours per year, satisfy the one year waiting period and are at least age 25 are automatically enrolled in the 401(a).

Erlanger provides a 3% contribution of eligible earning per pay period. You do not contribute to this plan.

You are vested if you work at least 1,000 hours in a regular position for three plan years after meeting the plan's eligibility requirements. A plan year is defined as July 1 through June 30. Time worked as a PRN employee will not count toward the three-year vesting schedule.

457(B) RETIREMENT SAVINGS PLAN

Erlanger Murphy Medical employees are not eligible for this benefit.

This plan allows employees the opportunity to defer additional pre-tax earnings for retirement. You can defer up to \$19,000 per calendar year. If you are over age 50, you can contribute an additional \$6,000 making your annual deferral max \$25,000. Erlanger does not make any matching contributions to this plan. You are 100% vested in contributions.

How to Change 403(b) and 457(b) Elections

- Go to Direct Access
- Self Service
- Benefits
- Benefits Summary
- Scroll to Retirement Savings. Highlight and click to see your current contribution amount
- Click EDIT on the next screen
- Elect a Flat Dollar Amount or a percentage of your base pay
- Select SAVE at the bottom of the page
- SAVE Confirmation will appear. (The Save was Successful)
- Click OK

Note: You will not be able to STOP a Deduction – this will require a paper form.

Additional Benefits

Voluntary benefits add additional financial protection when you need it most.

Employees must be a U.S. citizen or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

See schedule of benefits for a full list of covered injuries and treatments.

This is a limited policy.

Employees who currently have Aflac accident insurance will automatically be enrolled in the Unum accident insurance.

GROUP ACCIDENT INSURANCE

Unum's Accident Insurance can pay benefits based on an injury you receive and the treatment you need, including emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays. The plan is portable; please refer to the policy for complete details.

Hospital Admission	\$750
Hospital Confinement	\$200 / Day (up to 365 days)
Emergency Room Services	\$150
Urgent Care	\$75
Concussion	\$150
Eye Injuries (Surgical)	\$300
Fractures	Up to \$7,500 (per schedule of benefits)
Dislocations	Up to \$3,000 (per schedule of benefits)

BI-WEEKLY RATES

Employee	\$6.94
Employee and Spouse	\$11.27
Employee + Dependent Child(ren)	\$12.33
Employee + Family	\$16.65

It is not possible for this synopsis of benefits to include every detail or circumstance that may apply; the Unum Group Accident Insurance policy supersedes this overview.

This information is not intended to be a complete description of the insurance coverage available.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to the Unum Group Accident Insurance policy.

All Unum voluntary product deductions are taken post-tax.

CRITICAL ILLNESS INSURANCE

If serious illness strikes, the last thing you need to worry about is how to pay the bills: medical copayments, car payments, rent or mortgage, and utilities. You don't want anyone in your family worrying about money if you develop a critical illness. That's why Unum's Critical Illness Insurance provides cash to help with the extra expenses associated with your recovery.

With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit — even if you receive benefits from other insurance. Use the cash benefit however it is needed — whether for treatments not covered by other insurance or a dream vacation to celebrate your recovery — you decide.

Coverage options

- Employee: \$20,000
- Spouse: \$10,000
- Child(ren): automatically covered at 50% of the employee coverage

Examples of covered illnesses include:

- Cancer
- Heart attack or stroke
- Major organ failure
- Paralysis due to covered accident
- End-stage renal (kidney) failure
- Coronary artery bypass surgery

Features of the plan:

- Wellness benefit — The wellness benefit pays \$50 per year if an insured undergoes a covered health screening.
- Portability — You can keep your coverage if you leave Erlanger.

Additional Benefits (cont.)



GROUP HOSPITAL INDEMNITY INSURANCE

Group Hospital Indemnity Insurance provides a benefit regardless of any other insurance program. The plan covers injuries and sickness.

Benefits are available for both spouse and/or dependent children. The plan is portable; please refer to the policy for complete details.

Employees must be a U.S. citizen or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

UNUM GROUP HOSPITAL INDEMNITY INSURANCE OVERVIEW

Hospital Confinement (per day)	\$400
Hospital Admission (per confinement)	\$1,500
Surgical Benefit (per procedure)	up to \$1,500
Diagnostic Procedure	\$500 (per insured per calendar year)
Transportation	\$0.40 per mile, up to \$1,200 miles per trip (3 trips per covered sickness or accident)
Lodging	\$150 per day (30 days per covered sickness or accident)
Wellness	\$50 per insured per calendar year

BI-WEEKLY RATES

Employee	\$27.19
Employee + Spouse	\$48.87
Employee + Dependent Child(ren)	\$39.07
Employee + Family	\$60.74

It is not possible for this synopsis of benefits to include every detail or circumstance that may apply; the Unum Group Hospital Indemnity Insurance policy supersedes this overview.

This information is not intended to be a complete description of the insurance coverage available.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Unum's Group Hospital Indemnity Insurance policy.

All Unum voluntary product deductions are taken post-tax.

AIRMED CARE NETWORK® LIFE FORCE

AirMed Care Network is America's largest air medical membership network, providing air medical transport in the event of a medical emergency. In the event you (or your family member) are flown for a life- or limb-threatening emergency, AirMed works with your benefits provider to secure payment for your flight. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses. As a member, if you are flown by any AirMed Care Network participating provider, you will have no out-of-pocket expenses related to your flight. Whatever your benefits provider pays will be considered payment in full. You can only enroll in this benefit during Open Enrollment. New hires are not eligible to enroll.

Learn more by visiting www.amcnrep.com/robert-keen or by calling **1.800.793.0010**.

Additional Benefits (cont.)

Access Your Group Legal Benefits

Please use the following contact information to access your benefits. Always identify yourself as a Legal Club of America member when accessing any of your benefits.

LEGAL REFERRALS

1.800.305.6816

www.legalclub.com

ID MONITORING, RESTORATION & LOST/STOLEN CREDIT CARD ASSISTANCE

1.888.490.0382

FINANCIAL EDUCATION SERVICES

1.888.214.7949

www.budgetlounge.com/lca

IDENTITY THEFT INSURANCE

1.866.434.3572

Policy Number: 916304

TAX PREPARATION & ADVICE

1.866.544.4399

www.taxhotline.net

LIFEEVENTS™ COUNSELING

1.800.292.1166

GROUP LEGAL

Most legal issues are usually accompanied by other personal and/or financial issues. Knowing this, a voluntary benefit through Legal Club of America called the Family Protection Plan (FPP) is being offered for plan year 2020. The FPP, anchored by the Family Legal Plan, provides team members who elect the benefit access to a nationwide network of pre-qualified professionals in the areas listed on the following pages.

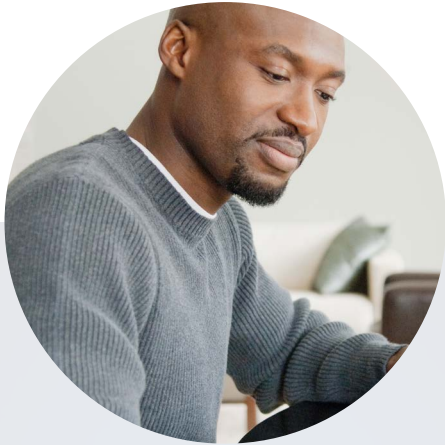
The cost for this program is \$6.46 per pay period. The deduction will be taken post-tax each pay period.

Membership includes the member's spouse or domestic partner, dependent children who are under the age of 25 and any dependent individuals living in the plan member's home, such as a parent or grandparent.

Free & Discounted Legal Services

- Initial phone consultations for each new matter
- Initial face-to-face consultations for new legal matter
- Review of independent legal documents (6-page max per document)
- Preparation of a free Simple Will for you and your family, as well as an update to the Will annually for free. Refer to www.legalclub.com/simplewill for the definition of a Simple Will.
- A state-specific, web-based, free Living Will form. This form can be notarized by a Notary Public.
- Plan attorneys who will help members represent themselves in small claims court.
- Assistance in solving problems with government programs, such as INS and Welfare.

Additional Benefits (cont.)



Group Legal Discounted Fees

LEGAL SERVICE	MEMBER RATES	NON-MEMBER RATES
TRAFFIC TICKET DEFENSE	\$89.....	\$199
NAME CHANGE	\$155.....	\$365
SIMPLE WILL (w/Minors Trust)	\$250.....	\$530
CHAPTER 7 BANKRUPTCY	\$750.....	\$1,500
NON-SUPPORT (Spouse/Child)	\$275.....	\$1,490
SIMPLE DIVORCE	\$275.....	\$1,100
REGULAR INCORPORATION	\$295.....	\$585
PERSONAL REAL ESTATE CLOSING	\$250.....	\$675

*Above fees do not include additional filing fees, costs or administrative expenses. They are only for legal services rendered. Refer to www.legalclub.com for definitions of legal services.

- Letters on your behalf when deemed appropriate by your plan attorney, (one letter per legal matter). Phone calls on your behalf when deemed appropriate by your plan attorney, (one phone call per legal matter).

In certain situations, attorney liability may require plan attorneys to ask for a retainer from the member prior to providing some of the free legal services.

Group Legal Hourly Rates & Contingency Fees

Guaranteed Low Hourly Rate

Plan attorneys have contracted to charge no more than \$125 per hour, or 40% off their usual and customary hourly rate, whichever is greater, for legal care that goes beyond the free and discounted services.

Contingency Fee Discount

Members will receive a 10% discount on contingency-based cases.

Additional Benefits (cont.)



Identity Theft Solutions

Keylogging Defense System™

The Keylogging Defense System helps to proactively prevent online identity theft by encrypting every keystroke at the keyboard level and then reroutes those encrypted keystrokes directly to your browser. The Keylogging Defense System bypasses the multiple communication areas that are normally vulnerable to keylogging attacks that could compromise your vital information.

Members can email, access critical business applications, browse, shop and bank with confidence knowing that each and every keystroke is encrypted and not being transmitted to an awaiting identity thief.

The download and installation instructions, along with your individual license key, will be included in your new member fulfillment kit. If you're already a member of Legal Club of America, then simply contact Member Services at **1.800.305.6816** to obtain your license key.

Identity Theft Restoration

Legal Club of America Privacy Advocates will:

- Issue fraud alerts with major credit reporting agencies
- Follow up with affected agencies, creditors, financial institutions
- Call/email/send documentation to state agencies/financial institutions
- Complete and mail "Fraud Packet" via certified mail
- Assist with restoration of identity to its pre-theft state

Identity Monitoring

In addition to monitoring credit, Identity Monitoring uses innovative technology to detect misuse or even an elevated likelihood for misuse of an individual's Social Security number, name, address, phone number, and date of birth. By creating a SNAPD identity blueprint, this program monitors billions of data points from sources such as:

- Wireless carrier applications
- Auto/Mortgage/Payday loans
- Utility accounts
- DMV records
- Government databases
- Court/Public records

Lost or Stolen Credit Card Assistance/ Document Recovery Services

Privacy Advocates will:

- Obtain credit reports from each of three major credit bureaus
- Cancel affected credit cards and request new cards
- Provide daily ID monitoring for 6 months to help prevent further fraud

Group Legal Insurance Benefit

Each member is provided with \$25,000 worth of Identity Theft Insurance.* This coverage will help offset some of the cost of restoring their identity to its original status.

**Identity Theft Insurance is not available in NY. Identity Theft Insurance is underwritten by a nationally recognized insurance carrier with an "A" or better AM Best Rating. Contact Legal Club of America for more details. Restoration and Lost Credit Card Services are available to members and their eligible dependents. Identity Monitoring is limited only to the member.*

Additional Benefits (cont.)

Tax Preparation & Advice

A panel of Certified Public Accountants will provide the following services to you at no charge:

- Unlimited advice on federal taxation via toll-free phone call/fax/e-mail
- Free tax return preparation (includes 1040EZ, 1040A, and 1040)*
- Free preparation of any tax schedules that accompany the form 1040*
- Unlimited advice on federal taxation for small business owners (sole proprietors)
- IRS audit and notification assistance
- Tax planning
- Member portal with tax tips, tax law changes, tax organization area, IRS audit area, IRS notification area, and member advice online
- Review of prior year's tax return
- Members receive a discount on tax preparation at H&R Block®**

*Limited to one (1) per household.

**For new H&R Block clients only. A new client is a person who did not use H&R Block services to prepare their prior year return. Not valid on federal form 1040EZ and related forms. Valid only at participating U.S. offices. Void if sold, purchased or transferred, and where prohibited. Offer must be presented prior to completion of initial tax office interview and may not be combined with any other offer, discount or special promotion or pricing program. Valid only for tax prep fees for an original personal income tax return. © 2009 HRB Tax Group, Inc.

Financial Education & Credit Counseling Services

This program provides members with personalized services 24 hours a day, 7 days a week via telephone and online tools.

The following free services are included with this program:

- Complete financial assessment
- A complete credit and debt analysis by Certified Credit Counselors
- Advice covering first-time home ownership, mortgages, refinancing, reverse mortgages, and much more
- Online tools, articles, and easy-to-use calculators
- Links to access consumer resources
- Tests and quizzes to improve money-management skills
- Courses to teach members the skills needed for smart money management

Life-Events counseling

This program is designed to meet the needs of Legal Club of America's members and their families. Members have toll-free, 24/7/365 access to Advocates who will provide them with personal consultation services. These Member Advocates are masters-level clinicians who have specialized training in phone-based assessment and consultation.

The following comprehensive services are available and have proven to be effective in managing personal issues with various levels of care:

- 24-hour member advocate line
- Crisis and urgent needs management
- Goal and success planning consultation
- Resource materials
- Follow-up

Legal Club of America® is donating 2% of all revenue from new worksite cases to The Breast Cancer Research Foundation®. BCRF is dedicated to preventing breast cancer and finding a cure in our lifetime by funding clinical and translational research worldwide. For more information about BCRF, visit www.bcrfcure.org.

Additional Benefits (cont.)



Pet Wellness Plan Plus FOR EVERYDAY CARE

- No deductible
- Covers wellness exams, shots, tests and more
- Freedom to use any vet, anywhere
- Maximum annual benefit of \$500
- Includes 24/7 access to vethelpline

Major Medical FOR COMPREHENSIVE CARE

- \$250 annual deductible
- Covers accidents, illnesses, procedures, X-rays and more
- Chronic condition coverage included
- Freedom to use any vet, anywhere
- Limited hereditary coverage after first year
- Includes 24/7 access to vet help line

Toll-Free Telephone Number

1.877.PETS.VPI (738-7874)

www.petsvpi.com

PET INSURANCE

All Regular Full-time and Regular Part-time team members can enroll in this benefit. Get coverage and care for your pets with Veterinary Pet Insurance (VPI) through Nationwide. Plan options are:

- **Pet Wellness Plan Plus** (everyday care)
- **Major Medical Plan** (comprehensive care)
- **Pet Wellness Plan Plus + Major Medical Plan**

Cost is based on the age and type of pet (dog or cat).

EVERYDAY & COMPREHENSIVE CARE	PET WELLNESS PLAN PLUS + MAJOR MEDICAL PLAN	
	SERVICE	
	Physical Exam: Two Exams Per Policy Term	\$60 (\$30 max per exam)
	Behavioral Exam and/or Treatment	\$30
	Vaccination or Titer	\$75
	Heartworm or FeLV/FIV Test	\$35
	Fecal Test	\$25
	Deworming	\$25
	Nail Trim	\$20
	Microchip	\$40
	Health Certificate	\$40
	Flea Control or Heartworm Prevention	\$75
	One Additional Test (One Test Per Policy Term):	\$75
	1. Health Screen (Blood Test) or	
	2. Radiograph (X-rays) or	
	3. Electrocardiogram (EKG)	
	MAXIMUM ANNUAL BENEFIT	\$500

Additional Benefits (cont.)



529 COLLEGE SAVINGS PLAN

You may contribute post-tax dollars through payroll deduction for your designated beneficiary (the student for whom you are saving), as long as the funds are utilized for qualified higher education expenses, and the gains may be tax free. All regular employees hired to work a minimum of 19.5 hours per week (FTE 0.52 to 1.00) are eligible. You may enroll, make changes or cancel your coverage any time during the year. To cancel your coverage, you submit a written request to Human Resources.

TUITION REIMBURSEMENT

Erlanger Health System offers tuition reimbursement of up to \$2,500 per fiscal year for Regular Full-time employees and up to \$1,500 per fiscal year for Regular Part-time employees. Up to \$400 per fiscal year in reimbursement is available for Regular Full-time and Part-time employees for initial certification exams. Tuition discounts are available through academic partnerships.

E-KIDS CHILDCARE PROGRAM

Erlanger's E-kids recognizes healthcare families have unique needs, and we plan to meet those needs by offering flexible hours and programs. E-kids is open Monday through Friday from 6:00 a.m. to 7:30 p.m. We have infant, toddler, and preschool programs for children ages six weeks to five years of age, and we also have a "Kids' Camp" for children ages 5 to 12 years for vacation and holiday care. E-kids is a 3-Star center, which is the highest rated license in the state of Tennessee. We are dedicated to providing the foundation to encourage your child's lifelong love of learning. If you are interested in taking a tour, we would love for you to come by or call our center at **1.423.778.HUGS (4847)**, and we can set up a convenient time.

AUTOMOBILE & HOMEOWNERS INSURANCE

Special savings are available for auto, home and renters insurance through Group Savings Plus from Liberty Mutual Insurance. And you can sign up for payroll deduction so that your Liberty Mutual Insurance monthly premium will be automatically deducted from your paycheck. This coverage is available to all employees hired to work a minimum of 19.5 hours per week (FTE 0.52 to 1.00). Eligible employees may enroll, make changes, or cancel their coverage anytime during the year by contacting Steve Kulik at Liberty Mutual Insurance at **1.423.894.1237** ext. **55604** or visiting **www.libertymutual.com/erlanger** to learn more and get a free quote.

Additional Benefits (cont.)

PAID TIME OFF (PTO)

PTO ACCRUAL PER PAY PERIOD			
YEARS OF SERVICE	HOURLY EMPLOYEES	SALARIED EMPLOYEES (NON-KEY MANAGERS)	ANNUAL MAXIMUM
0 to 5 years	.0846	6.34	165 hours
6 to 10 years	.1038	7.78	202.5 hours
11 to 20 years	.1231	9.23	240 hours
21 + years	.1423	10.67	277.5 hours

- PTO buy-back: You can elect to sell an unlimited number of hours per calendar year at 75% of your current base earnings, provided 37.5 hours is kept in the PTO bank.
- Upon separation of employment, your PTO balance will be paid at 100%.

SHORT TERM DISABILITY BANK (STD BANK)

- Employees accrue at .0306 per hour.
- Maximum of 8 days (60 hours) earned per year may be used for illness or injury.
- STD bank hours are prorated for part-time employees.

Employee Assistance Plan

Erlanger understands that everyone needs help with life's challenges from time to time and Aetna Resources For LivingSM is standing by to help. This benefit is available to you, our employee, and to your immediate family members, to help you stress less and live more. It's free and confidential.

Find emotional support by talking with a counselor. Whatever your goals, we can help you:

- Manage your stress
- Improve your relationships
- Cope with depression
- Deal with substance misuse and other addictions
- Reduce anxiety, and more

We're here for you and your household members 24 hours a day, 365 days a year. You can meet face-to-face, online by video stream or get in-the-moment support by phone. Or, visit the website for video resources, articles, assessments, webinars and more.

- Call **1.888.825.3509**
- Online visit **www.resourcesforliving.com**
 - Username: Erlanger
 - Password: EAP

LEAVE OF ABSENCE

Family Medical Leave Act (FMLA) – Unum

Erlanger Health System provides unpaid, job-protected leave pursuant to the Family and Medical Leave Act (FMLA). To be eligible for leave under FMLA, an employee must (at the time leave begins) (1) have completed 12 months of service with Erlanger; (2) have worked at least 1,250 hours in the previous 12 months; and (3) work at a worksite at which EHS has 50 or more employees or 50 or more employees within 75 miles of the worksite. Eligible employees may request a leave of absence for one or more of the following reasons:

- A serious health condition that makes the employee unable to perform the employee's job.
- Incapacity due to pregnancy, for prenatal medical care, for the birth of the employee's child, and to care for the newborn child.
- Placement of a child with the employee for adoption or foster care and to care for the newly placed child.
- To care for the employee's spouse, child or parent who has a serious health condition.
- A qualifying exigency arising out of the fact that an employee's spouse, child or parent is on covered active duty (or has been notified of an impending call or order to active duty) in the Armed Forces, including National Guard or Reserves. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

ONLINE www.Unum.com

TOLL-FREE PHONE NUMBER 866.295.2565

Military Caregiver Leave

An eligible employee who is the spouse, child, parent or nearest blood relative of a covered service member may request up to 26 weeks of leave during a **single 12-month period** to care for such service member (Military Caregiver Leave). During this single 12-month period, the combined total weeks of FMLA and Military Caregiver Leave will **not exceed 26 weeks**. To qualify for care, a covered service member must be either:

- A current member of the Armed Forces, including the National Guard or Reserves, who (1) has a serious injury or illness that was incurred in the line of duty on active duty (or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty) that may render the service member medically unfit to perform his or her military duties for which he or she is undergoing medical treatment, recuperation, or therapy; (2) is otherwise in qualified outpatient status; or (3) is otherwise on temporary disability retired list; or
- A veteran of the Armed Forces, including the National Guard or Reserves, who has a qualifying injury or illness that was incurred in the line of duty on active duty (or that existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty) for which he or she is undergoing medical treatment, recuperation, or therapy.
- The veteran must have been a member of the Armed Forces at some time during the 5 years preceding the date on which he or she undergoes the medical treatment, recuperation or therapy.

Please refer to Erlanger Health System's Leaves of Absence policy number **8327.0700** for more information on FMLA.

Erlanger Health System's FMLA program is administered by Unum. Unum will aid in simplifying the claim process.

Reporting an FMLA Claim

When to Report a Claim

Report a claim if you need to miss work due to:

- Your own serious health condition, which would include any illness, injury or maternity
- Care for your spouse, child or parent with a serious health condition
- Adoption or foster placement of a child
- Care for an injured service member
- Qualified exigency leave

CHOOSE YOUR PREFERRED CLAIM FILING METHOD

- Call Unum to submit your claim at **1.866.295.2565**, Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern
- Log in to: **www.unum.com**

Filing an FMLA Claim

Information Needed to File a Claim

The following information may be required when you make your claim request. Please be prepared. If someone else makes the call on your behalf, he or she will need to provide this information:

- Employer name: Erlanger Health System
- Policy number: 472932
- Your name and identification number
- Address and phone number
- Date of birth
- Marital status
- Occupation (or job title)
- Your last day worked and your first day absent from work due to your claim
- The date you expect to return to work (if you know), or the actual date if you have already returned to work at the time you call

Filing a Claim for your Own Serious Health Condition

- Healthcare provider's name, address, fax and telephone number
- A brief description of your medical condition including cause of condition (illness or injury), date of injury or beginning of illness, and whether it's work-related
- The dates of your first visit, your most recent visit and your next scheduled visit with your healthcare provider for this condition
- The dates of your first visit, your most recent visit, and your next scheduled visit with your healthcare provider for this condition
- Work restrictions or limitations advised by your healthcare provider, if any

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

Under this 2009 federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group on the basis of genetic information. A health plan is also prohibited from requiring an individual or his or her family member to undergo a genetic test, although the plan may request that a voluntary test be taken for research purposes

HEARING AID BENEFIT FOR CHILDREN

Legislation has mandated coverage of up to \$1,000 per hearing aid, per ear, every three years for children under age 18. According to the mandate, "hearing aid" includes ear molds and services to select, fit, and adjust the hearing aid. That means fittings are covered and included in the \$1,000 limit. Any accessories, including batteries, cords, and other assistive listening devices, such as FM systems, are excluded. This benefit is subject to deductibles and coinsurance. An audiologist should be used as the provider for this service.

NEWBORNS' & MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally, under federal law, may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA SPECIAL ENROLLMENT RIGHTS

(Excluding Medicaid or a State Children's Health Insurance Program) If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/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 dependent's coverage. To be eligible for this special enrollment opportunity, you must request enrollment **within 31 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption – 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/or your dependent(s). To be eligible for this special enrollment opportunity, you must request enrollment **within 31 days** after the marriage, birth, adoption, or placement for adoption.

Other special enrollment circumstances include:

- **TERMINATION OF MEDICAID OR SCHIP COVERAGE** – If the employee or dependent is covered under a Medicaid plan or under a State Children's Health Insurance Plan and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
- **ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR SCHIP** – If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. In this program, the state usually assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity, you must request coverage under the group health plan within **60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date your or your dependent's Medicaid or state-sponsored CHIP coverage ends. To request special enrollment or obtain more information, please contact Human Resources – Benefits Department at **1.423.778.7969 option 3**.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheseses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, call your plan administrator at **1.800.346.2862**.

MENTAL HEALTH & PARITY ACT

The 2009 Wellstone Act added to the requirements of the 1996 Mental Health Parity Act (MHPA). The act extends parity requirements to substance use disorder benefits in addition to mental health benefits. It prohibits applying financial requirements (e.g., co-payments and deductibles) or treatment limitations (e.g., annual limits on outpatient visits or hospital days) to mental health or substance use disorders, unless those requirements and limitations are no more restrictive than those that apply to most medical and surgical benefits. The act also maintained the MHPA's ban on lower annual or lifetime dollar limits for mental health benefits.

HIPAA PRIVACY REMINDER

Erlanger Health System is committed to the privacy of your health information. The administrators of the Erlanger Health System Employee Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources at **1.423.778.7969 option 3**.

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM(CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on pages 48 and 49 of this brochure, you can 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, you can contact your state Medicaid or CHIP office by calling **1.877.KIDS.NOW** or visiting **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1.866.444.EBSA (3272)**.

STATE MEDICAID & CHIP CONTACT INFORMATION

ALABAMA

MEDICAID

WEB: www.medicaid.alabama.gov
PH: 1.855.692.5447

ALASKA

MEDICAID

WEB: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
PH (Outside of Anchorage): 1.888.318.8890
PH (Anchorage): 1.907.269.6529

ARIZONA

CHIP

WEB: www.azahcccs.gov/applicants
PH (Outside of Maricopa County): 1.877.764.5437
PH (Maricopa County): 1.602.417.5437

COLORADO

MEDICAID

MEDICAID WEB: www.colorado.gov/
MEDICAID PH (In state): 1.800.866.3513
MEDICAID PH (Out of state): 1.800.221.3943

FLORIDA

MEDICAID

WEB: www.flmedicaidtprecovery.com/
PH: 1.877.357.3268

GEORGIA

MEDICAID

WEB: <http://dch.georgia.gov/>
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
PH: 1.800.869.1150

IDAHO

MEDICAID & CHIP

MEDICAID WEB: www.accesstohealthinsurance.idaho.gov
MEDICAID PH: 1.800.926.2588
CHIP WEB: www.medicaid.idaho.gov
CHIP PH: 1.800.926.2588

INDIANA

MEDICAID

WEB: www.in.gov/fssa
PH: 1.800.889.9949

IOWA

MEDICAID

WEB: www.dhs.state.ia.us/hipp/
PH: 1.888.346.9562

KANSAS

MEDICAID

WEB: www.kdheks.gov/hcf/
PH: 1.800.792.4884

KENTUCKY

MEDICAID

WEB: <http://chfs.ky.gov/dms/default.htm>
PH: 1.800.635.2570

LOUISIANA

MEDICAID

WEB: www.lahipp.dhh.louisiana.gov
PH: 1.888.695.2447

MAINE

MEDICAID

WEB: www.maine.gov/dhhs/ofi/public-assistance/index.html
PH: 1.800.977.6740
TTY: 1.800.977.6741

MASSACHUSETTS

MEDICAID & CHIP

MEDICAID & CHIP WEB: <http://mass.gov/MassHealth>
MEDICAID & CHIP PH: 1.800.462.1120

MINNESOTA

MEDICAID

WEB: www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
PH: 1.800.657.3739

STATE MEDICAID & CHIP CONTACT INFORMATION (CONT.)

MISSOURI

MEDICAID

WEB: www.dss.mo.gov/mhd/participants/pages/hipp.htm
PH: 1.573.751.6944

MONTANA

MEDICAID

WEB: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.html>
PH: 1.800.694.3092

NEBRASKA

MEDICAID

WEB: www.ACCESSNebraska.ne.gov
PH: 1.800.383.4278

NEVADA

MEDICAID

WEB: <https://dwss.nv.gov/>
PH: 1.800.992.0900

NEW HAMPSHIRE

MEDICAID

WEB: www.dhhs.nh.gov/oii/documents/hippapp.pdf
PH: 1.603.271.5218

NEW JERSEY

MEDICAID & CHIP

MEDICAID WEB: www.state.nj.us/humanservices/dmahs/clients/medicaid/
MEDIACAI D PH: 1.800.356.1561
CHIP WEB: www.njfamilycare.org/index.html
CHIP PH: 1.800.701.0710

NEW YORK

MEDICAID

WEB: www.nyhealth.gov/health_care/medicaid/
PH: 1.800.541.2831

NORTH CAROLINA

MEDICAID

WEB: www.ncdhhs.gov/dma
PH: 1.919.855.4100

NORTH DAKOTA

MEDICAID

WEB: www.nd.gov/dhs/services/medicalserv/medicaid/
PH: 1.800.755.2604

OKLAHOMA

MEDICAID & CHIP

WEB: www.insureoklahoma.org
PH: 1.888.365.3742

OREGON

MEDICAID & CHIP

WEB: www.oregonhealthykids.gov
www.hijossaludablesoregon.gov
PH: 1.800.699.9075

PENNSYLVANIA

MEDICAID

WEB: www.dpw.state.pa.us/hipp
PH: 1.800.692.7462

RHODE ISLAND

MEDICAID

WEB: www.ohhs.ri.gov
PH: 1.401.462.5300

SOUTH CAROLINA

MEDICAID

WEB: www.scdhhs.gov
PH: 1.888.549.0820

SOUTH DAKOTA

MEDICAID

WEB: <http://dss.sd.gov>
PH: 1.888.828.0059

TEXAS

MEDICAID

WEB: www.gethipptexas.com/
PH: 1.800.440.0493

UTAH

MEDICAID & CHIP

WEB: <http://health.utah.gov/medicaid>
PH: 1.866.435.7414

VERMONT

MEDICAID

WEB: www.greenmountaincare.org/
PH: 1.800.250.8427

VIRGINIA

MEDICAID & CHIP

MEDICAID WEB: www.dmas.virginia.gov/rcp-HIPP.htm
MEDIACAI D PH: 1.800.432.5924
CHIP WEB: www.famis.org/
CHIP PH: 1.866.873.2647

WASHINGTON

MEDICAID

WEB: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>
PH: 1.800.562.3022 ext. 15473

WEST VIRGINIA

MEDICAID

WEB: www.dhhr.wv.gov/bms/
PH: 1.877.598.5820, HMS Third Party Liability

WISCONSIN

MEDICAID

WEB: <https://dhs.wisconsin.gov/medicaid/publications/p-10095.htm>
PH: 1.800.362.3002

WYOMING

MEDICAID

WEB: <http://health.wyo.gov/healthcarefin/equalitycare>
PH: 1.307.777.7531

Contact Information

Allegiance

Member Services: 1.855.999.1527
www.askallegiance.com/EHS

COBRA

1.888.678.7835
www.payflex.com
PayFlex Systems USA, Inc.
Benefits Billing Department
P.O. Box 953374
St. Louis, MO 63195-3374

Delta Dental of Tennessee

Customer Service Line
1.800.223.3104
www.deltadentaltn.com

Flexible Spending Account (FSA)

PayFlex
FSA Customer Service
1.888.678.8242

FSA Claims

Fax: 1.888.238.3539
PayFlex Systems USA, Inc.
P.O. Box 4000
Richmond, KY 40476-4000

Aetna Resources for Living EAP

1.888.825.3509
www.resourcesforliving.com

Erlanger Health System

Benefits Department
1.423.778.7969 option 3
www.erlanger.org
(Click on Employee Gateway,
then click on Benefits)

FMLA Claims – Unum

1.866.295.2565
www.Unum.com

Liberty Mutual

Automobile, Home Owner's
and Renter's Insurance
1.423.894.1237 ext. 55604
Steven Kulik – 423.208.4578
Jon Carver – 423.505.4344
www.libertymutual.com/erlanger

VPI Pet Insurance/Nationwide

1.877.PETS.VPI (738-7874)
www.petsvpi.com

Prudential Retirement Savings

1.877.PRU.2100 (778.2100)
www.prudential.com/online/retirement

Prescription Drug Services

1.855.673.6504
www.navitus.com/members/members-main.aspx

Superior Vision

1.800.507.3800
www.superiorvision.com

Unum

Basic and Voluntary Life and AD&D
(includes spouse and child life)
1.800.445.0402
www.unum.com

Unum

Critical Illness, Accident,
and Whole Life
1.800.635.5597
www.unum.com

Unum

Disability Claims
Policy #: 472932
1.866.295.2565
Fax: 800.447.2498
www.unum.com

If there is any conflict or inconsistency between the materials in this document, booklets, certificates, information on our website and other descriptive materials and the contracts and agreements constituting the official written plan document, or with respect to provisions not discussed in the descriptive materials, the legal documents constituting the official written plan document shall control. Chattanooga - Hamilton County Hospital Authority reserves the right to amend or modify the Benefits Program at any time and for any reason, with respect to both current and former employees, retirees and their dependents. Such changes may include, but are not limited to, the right to:

- Change or eliminate benefits
- Increase or decrease participant contributions
- Increase or decrease deductibles and/or co-payments and
- Change the class(es) of participants and/or dependents covered by the Program.

Chattanooga - Hamilton County Hospital Authority reserves the right to terminate the Benefits Program, or any portion of the Benefits Program, at any time and for any reason by or pursuant to a written instrument executed by Chattanooga - Hamilton County Hospital Authority. No amendment, termination or partial termination for the Program will affect claims incurred for which items or services have been provided prior to the date of amendment, termination or partial termination.

2020 Benefit Rates

MEDICAL Erlanger PPO Plan 1 NON-NICOTINE RATES

NON-NICOTINE USER	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Full-time (1.00 - 0.080 FTE) BI-WEEKLY	\$75.00	\$180.00	\$156.00	\$275.00
Full-time (1.00 - 0.080 FTE) MONTHLY	\$162.50	\$390.00	\$338.00	\$595.83
Erlanger FTE Monthly Contribution	\$438.73	\$878.59	\$823.78	\$1,369.92
Part-time (0.52 - 0.79 FTE) BI-WEEKLY	\$113.00	\$265.00	\$231.00	\$390.00
Part-time (0.52 - 0.79 FTE) MONTHLY	\$244.83	\$574.17	\$500.50	\$845.00
Erlanger PTE Monthly Contribution	\$356.39	\$694.42	\$661.28	\$1,120.75
Suggested Monthly Premium	\$601.23	\$1,268.59	\$1,161.78	\$1,965.75
COBRA Monthly Premium (+2%)	\$613.25	\$1,293.96	\$1,185.01	\$2,005.06
LOA (Monthly)	\$270.48	\$567.53	\$495.08	\$819.89
PRN	Not Eligible	Not Eligible	Not Eligible	Not Eligible

MEDICAL Erlanger PPO Plan 1 NICOTINE RATES

NICOTINE USER	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Full-time (1.00 - 0.080 FTE) BI-WEEKLY	\$97.50	\$234.00	\$202.80	\$357.50
Full-time (1.00 - 0.080 FTE) MONTHLY	\$211.25	\$507.00	\$439.40	\$774.58
Erlanger FTE Monthly Contribution	\$389.98	\$761.59	\$722.38	\$1,191.17
Part-time (0.52 - 0.79 FTE) BI-WEEKLY	\$146.90	\$344.50	\$300.30	\$470.00
Part-time (0.52 - 0.79 FTE) MONTHLY	\$318.28	\$746.42	\$650.65	\$1,018.33
Erlanger PTE Monthly Contribution	\$282.94	\$522.17	\$511.13	\$947.42
Suggested Monthly Premium	\$601.23	\$1,268.59	\$1,161.78	\$1,965.75
COBRA Monthly Premium (+2%)	\$613.25	\$1,293.96	\$1,185.01	\$2,005.06
LOA (Monthly)	\$270.48	\$567.53	\$495.08	\$819.89
PRN	Not Eligible	Not Eligible	Not Eligible	Not Eligible

MEDICAL Erlanger PPO Plan 2 NON-NICOTINE RATES

NON-NICOTINE USER	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Full-time (1.00 - 0.080 FTE) BI-WEEKLY	\$45.00	\$116.00	\$100.00	\$177.00
Full-time (1.00 - 0.080 FTE) MONTHLY	\$97.50	\$251.33	\$216.67	\$383.50
Erlanger FTE Monthly Contribution	\$468.56	\$943.05	\$877.15	\$1,467.25
Part-time (0.52 - 0.79 FTE) BI-WEEKLY	\$79.00	\$196.00	\$169.00	\$286.00
Part-time (0.52 - 0.79 FTE) MONTHLY	\$171.17	\$424.67	\$366.17	\$619.67
Erlanger PTE Monthly Contribution	\$394.89	\$769.72	\$727.65	\$1,231.08
Suggested Monthly Premium	\$566.06	\$1,194.38	\$1,093.81	\$1,850.75
COBRA Monthly Premium (+2%)	\$577.38	\$1,218.27	\$1,115.69	\$1,887.76
LOA (Monthly)	\$262.20	\$553.04	\$481.79	\$799.37
PRN	Not Eligible	Not Eligible	Not Eligible	Not Eligible

MEDICAL Erlanger PPO Plan 2 NICOTINE RATES

NICOTINE USER	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Full-time (1.00 - 0.080 FTE) BI-WEEKLY	\$58.50	\$150.80	\$130.00	\$230.10
Full-time (1.00 - 0.080 FTE) MONTHLY	\$126.75	\$326.73	\$281.67	\$498.55
Erlanger FTE Monthly Contribution	\$439.31	\$867.65	\$812.15	\$1,352.20
Part-time (0.52 - 0.79 FTE) BI-WEEKLY	\$102.70	\$254.80	\$219.70	\$361.00
Part-time (0.52 - 0.79 FTE) MONTHLY	\$222.52	\$552.07	\$476.02	\$782.17
Erlanger PTE Monthly Contribution	\$343.54	\$642.32	\$617.80	\$1,068.58
Suggested Monthly Premium	\$566.06	\$1,194.38	\$1,093.81	\$1,850.75
COBRA Monthly Premium (+2%)	\$577.38	\$1,218.27	\$1,115.69	\$1,887.76
LOA (Monthly)	\$262.20	\$553.04	\$481.79	\$799.37
PRN	Not Eligible	Not Eligible	Not Eligible	Not Eligible

2020 Benefit Rates

VISION

Bi-Weekly Rate

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Regular Full-time & Part-time	\$2.78	\$5.76	\$6.31	\$10.08
COBRA (Monthly)	\$6.26	\$12.98	\$14.23	\$22.73
PRN	Not Eligible	Not Eligible	Not Eligible	Not Eligible

DENTAL

Bi-Weekly Rate

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Regular Full-time & Part-time	\$8.00	\$17.00	\$18.00	\$29.00
COBRA (Monthly)	\$24.94	\$50.95	\$61.59	\$97.05
PRN	Not Eligible	Not Eligible	Not Eligible	Not Eligible

