



Spencer Hospital
Healthier Together.



Employee Benefit Summary January 1, 2021



DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by your company.

If this benefit summary does not address your specific benefit questions, please refer to the Customer Service Contact page of this booklet. This page will provide you with the information you need to contact the specific insurance carriers and/or your Human Resources Department for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Contained within this document is your annual Medicare Part D notice as required by the Centers for Medicare & Medicaid. Please see the table of contents for page number.

Created by Holmes Murphy & Associates for Spencer Hospital.



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CUSTOMER SERVICE CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL & RX:

HealthPartners
(800) 883-2177
www.healthpartners.com

WORKSITE BENEFITS:

MetLife
(800) 438-6388
www.metlife.com

DENTAL:

Delta Dental of Iowa
(800) 544-0718
www.deltadentalia.com

EMPLOYEE ASSISTANCE PROGRAM:

EFR Employee & Family Resources
(800) 327-4692
www.efr.org/myeap

VISION:

MetLife
(855) 638-3931
www.metlife.com

RETIREMENT:

IPERS
(800) 622-3848
(515) 281-0053
www.ipers.org

FLEXIBLE SPENDING ACCOUNTS (FSA):

WEX (Formerly Discovery Benefits)
(866) 451-3399
www.discoverybenefits.com

ADDITIONAL RETIREMENT:

IA Retirement Investors' Club
(515) 242-5120
www.ric.iowa.gov

LIFE/AD&D/DISABILITY:

Cigna
(800) 732-1603
www.cigna.com

ONLINE ENROLLMENT PLATFORM:

Maxwell Health
(866) 629-7445
www.maxwellhealth.com

HUMAN RESOURCES CONTACTS:

Beth Henningsen	HR Generalist	(712) 264-8451	bhenningsen@spencerhospital.org
Candace Daniels	HR Generalist	(712) 264-6643	cdaniels@spencerhospital.org
Jennifer Engel	HR Assistant	(712) 264-6205	jengel@spencerhospital.org
Michael Schauer	HR Director	(712) 264-6642	mschauer@spencerhospital.org
Joyce Tewes	Employee Health	(712) 264-6636	jtewes@spencerhospital.org

KEY HIGHLIGHTS FOR 2021

What's Changing?

- Flexible Spending Limits
 - \$2,750 Medical care maximum
 - \$2,750 Limited purpose maximum
- Health Savings Account Limits
 - \$3,600 Individual
 - \$7,200 Family

What's Remaining the Same?

- Medical-No changes
- Dental-No changes
- Vision-No changes
- Life & Disability-No changes
 - **Please note:** your voluntary life rate could change should you age into a new age bracket at the beginning of the plan year.

WHO IS ELIGIBLE?

If you are a full-time employee (working 60-72 hours per pay period), part-time employee (working 40-59 hours per pay period) or weekend package with benefits you are eligible to enroll in the benefits described in this guide. In accordance with Health Care Reform legislation, Spencer Hospital does have a one-year measurement period for hours of service and a one-year stability period, upon completion of one year of employment, so a PRN, CPT, or PT might qualify for FT benefits. You and your family members are eligible for medical, dental, vision, life-disability and optional supplemental products through Spencer Hospital.

New Hire effective dates by benefit

Medical-1st of the month following one full month of employment

Wellness-New employees are grandfathered into wellness until the following years screenings

Dental-1st of the month following one full month of employment

Vision-1st of the month following one full month of employment

Flexible Spending-1st of the month following one full month of employment

Life & AD&D- 1st of the month following 90 days of employment

Short-Term Disability-After one full year of employment

Long-Term Disability-1st of the month following 90 days of employment

EAP-Upon hire

IPERS-Upon hire, except PRN must work two consecutive quarters making \$1,000 or more.

Deferred Compensation-Upon hire

HOW TO ENROLL

Simply login to www.maxwellhealth.com to review your current benefit and make any election changes for 2020. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

WHEN TO ENROLL

The open enrollment period runs from October 12th through October 31st. The benefits you elect during open enrollment will be effective from January 1, 2021 through December 31, 2021.

WHEN TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partners benefits or employment status, reduction in hours, or marketplace open enrollment. See HIPAA Special Enrollment Rights later in this packet for notification requirements.



If you are adding your spouse and/or children to Spencer Hospital's health, dental or vision insurance, we will need the following documents provided prior to start of coverage. Coverage will not start until documentation has been provided.

Relationship(s)	Required Documentation
Legal Spouse	<p>Standard Document: Marriage certificate (recognized legal jurisdiction) + (1) Joint Document</p> <p>In addition to your marriage certificate, you will be required to provide joint documentation. Joint documentation is an item addressed to both parties and dated within the last 90 days.</p> <p>Examples of Acceptable Joint Documentation: Utility Bill, Mortgage Statement, Auto Insurance Statement, Property Tax Statement or your 2016 or 2017 Federal Income Tax Form – 1040</p>
Biological/adopted child	<p>Standard Document: Birth certificate or court document (paternity test or divorce decree)</p>
Stepchild	<p>Standard Document: Birth certificate or court document (paternity test or divorce decree) & confirm eligibility of the spouse</p>
Child placed for adoption	<p>Standard Document: document establishing the child has been placed for the purpose of adoption</p>
Legal Guardianship	<p>Standard Document: Court document assigning minor child to employee under permanent legal guardianship.</p>
Dependents over age 26	<p>Standard Document: Birth certificate or court document</p> <p>Question: Is this dependent married? If yes, please provide the date of marriage. Is this dependent enrolled as a full-time student at an accredited institution of higher education? If yes, please provide proof of their enrollment.</p>

If you do not have a required certificate or document copy, please order it immediately. The vital statistics website (<http://www.cdc.gov/nchs/w2w.htm>) can help you determine the process for obtaining document copies. You may be required to contact the County Clerk's office directly and there may be non-reimbursable costs associated with obtaining new copies.

All your company benefits, anywhere you go!

Manage and shop for all the same great benefits information you see online in Maxwell, straight from your phone. Log in to our secure app wherever and whenever you want.

With the Maxwell mobile app you can:

VIEW YOUR BENEFITS ON-THE-GO

Continue to access coverage details for all of your benefits on Maxwell

GET A FULL FINANCIAL VIEW OF YOUR BENEFITS

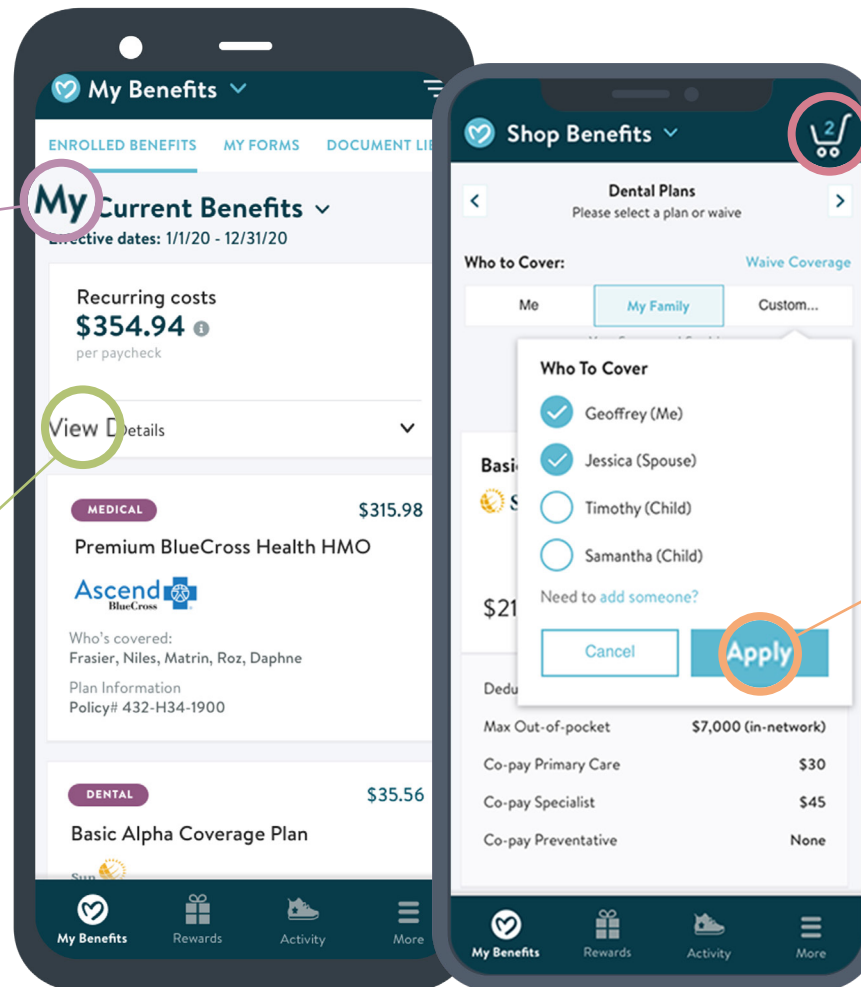
With all the benefit details included in the app, you can continue to keep a pulse on benefit costs from wherever you are

SHOP FOR YOUR BENEFITS

When it's time for enrollment, you can choose and enroll in benefits quickly and simply right from the mobile app.

MAKE CHANGES TO YOUR BENEFITS

Use the app to make important updates to benefits when life events happen, like getting married or having a baby



Download the app for Android and Apple devices

GET IT ON Google Play

Download on the App Store

MEDICAL INSURANCE

Health Partners

Traditional PPO Plan-This is a PPO plan. If you use PPO providers, you will receive greater benefits. To locate a preferred provider visit www.healthpartners.com/openaccess or call (866) 843-3461.

Plan Feature	In-Network	Out-of-Network ⁽¹⁾
Deductible (Calendar Year)	\$1,000 single \$2,000 family* <i>*(single deductible per person)</i>	\$2,000 single \$4,000 family* <i>*(single deductible per person)</i>
Coinsurance	10% Spencer Hospital 20% PPO	40%
Medical Out-of-Pocket Maximum (Calendar Year)	\$3,000 single \$6,000 family	\$4,000 single \$8,000 family
Prescription Out-of-Pocket Maximum (Calendar Year)	\$3,600 single \$7,200 family	\$3,600 single \$7,200 family
Office Visit Copayment	\$25 PCP Copayment \$35 Specialist Copayment <i>Other charges may be subject to deductible</i>	Deductible, 40% coinsurance
ER Provider Copayment	\$100 (waived if admitted)	
Retail Prescription Drug Coverage (30 day supply)	Tier 1: 10% with a minimum \$5 copay, maximum \$15 Tier 2: 10% with a minimum \$30 copay, maximum \$60 Tier 3: 10% with a minimum \$50 copay, maximum \$100 Specialty: 10% with a minimum \$125 copay, maximum \$250	Deductible, 40%
Retail Prescription Drug Coverage (90 day supply)	Tier 1: 10% with a minimum \$10 copay, maximum \$30 Tier 2: 10% with a minimum \$60 copay, maximum \$120 Tier 3: 10% with a minimum \$100 copay, maximum \$200	Not Covered
EMPLOYEE COST	Full-Time per Pay Period	Part-Time per Pay Period
Employee	\$80.00	\$194.00
Employee/Spouse	\$290.00	\$420.00
Employee/Child(ren)	\$240.00	\$347.00
Family	\$306.00	\$426.00

- (1) For out-of-network providers, the member may incur some charges above usual, customary and reasonable, which are the responsibility of the member and do not apply to the out-of-pocket maximum.
- (2) In and out-of-network deductibles and out-of-pocket maximums do not apply to each other.
- (3) Premiums are paid on a pre-tax basis by payroll deduction 24 of the 26 annual pay periods. These are the base rates; wellness penalties may apply. See Wellness Criteria flow chart for more information.

MEDICAL INSURANCE

Health Partners

HDHP-Health Savings Account-This is a HDHP plan. If you use in-network providers, you will receive greater benefits. To locate a preferred provider visit www.healthpartners.com/openaccess or call (866) 843-3461.

Plan Feature	In-Network	Out-of-Network ⁽¹⁾
Deductible (Calendar Year)	\$2,500 single \$5,000 family* <i>*(any combination of one or more family members)</i>	\$5,000 single \$10,000 family* <i>*(any combination of one or more family members)</i>
Coinsurance	0%	40%
Out-of-Pocket Maximum (Calendar Year)	\$2,500 single \$5,000 family	\$5,000 single \$10,000 family
Office Visit Copayment	Deductible, 0% coinsurance	Deductible, 40% coinsurance
ER Provider Copayment	Deductible, 0% coinsurance	
Retail Prescription Drug Coverage (30 day supply)	Deductible, 0% coinsurance	Not Covered
Retail Prescription Drug Coverage (90 day supply)	Deductible, 0% coinsurance	Not Covered
EMPLOYEE COST	Full-Time per Pay Period	Part-Time per Pay Period
Employee	\$34.00	\$88.00
Employee/Spouse	\$125.00	\$206.00
Employee/Child(ren)	\$103.00	\$170.00
Family	\$143.00	\$219.00

- (1) For out-of-network providers, the member may incur some charges above usual, customary and reasonable, which are the responsibility of the member and do not apply to the out-of-pocket maximum.
- (2) In and out-of-network deductibles and out-of-pocket maximums do not apply to each other.
- (3) Premiums are paid on a pre-tax basis by payroll deduction 24 of the 26 annual pay periods. These are the base rates; wellness penalties may apply. See Wellness Criteria flow chart for more information.

You're covered from coast to coast

We're so happy to have you as a HealthPartners member

Your health insurance is from HealthPartners, and we partner with Midlands Choice and Cigna. That means you have a lot of doctors and clinics in your network.

Here are some ways to find a doctor:

- Go to healthpartners.com/openaccess or download the **myHP** mobile app. Select "Find Care" to search by ZIP code, specialty or location.
- Give your Member Services team a call at **866-843-3461**.

How will your doctor know you're covered?

Show the office staff your member ID card. Point to the Midlands Choice and Cigna logos on the front of the card. If your doctor's office has questions, show them the back of your card for contact information.

		Print Date 10/16	
ID	55555555	Group	12345
Name	JANE K DOE	Renewal Mo.	January
Care Type	HPUPH Choice		
<hr/>			
Office			\$XX.00
Urgent Care			\$XX.00
Convenience Care			\$XX.00
RxBIN	003585 RxCN	24002	
healthpartnersunitypointhealth.com			
	OAP Open Access Plus Plan		

Member Services: HealthPartners Member Services, P.O. Box 1309, Minneapolis, MN, 55440-1309. Phone 866-843-3461 .
Emergency Hospital Admission Notification For any out of network emergency hospital admission call 800-316-9807.
Behavioral Health Contact Precedence at 800-361-1492 for required preauthorization of behavioral health inpatient, detoxification, intensive outpatient and partial hospital stays.
Claims Submission: <i>Provider:</i> healthpartners.com/eservices Medical and Behavioral Health Claims: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN, 55440-1289.
Pharmacy: <i>Provider:</i> healthpartners.com/preferredrx
AWAY FROM HOME CARE Administered by HealthPartners UnityPoint Health, Inc.

P.S. Don't forget!

You can always find your member ID card on the **myHP** app. You can fax a copy to your doctor's office.

Remember, we're here to help.

Call us with any questions at **866-843-3461**. We're here to help you understand your coverage, claims, benefits and more.

Get the most from your meds

Knowing what you'll pay for your medicine is important. Use these tools and resources to understand your costs and get support if your medicine isn't working for you.

Call Member Services at **866-843-3461** when you have prescription benefit questions.

Check your formulary

A formulary, also called a drug list, tells you what medicines are covered by your health plan and generally how much you'll pay. You'll also learn if there are any requirements before you can start a medicine.

Your formulary is called PreferredRx.

1. Go to healthpartners.com/preferredrx.
2. Search by the name or type of medicine.
3. Use your Summary of Benefits and Coverage (SBC) in your enrollment materials to understand how each type of medicine is covered.

Try generics

Generics are just as safe and effective as brand-name medicines, but cost a lot less. Talk to your doctor or pharmacist about switching to a generic medicine.

Search for the lowest cost

Medicine prices can change from pharmacy to pharmacy. Shop around. See what your costs are at different pharmacies. Members can get started at healthpartners.com/pharmacy.

Talk with a pharmacy navigator

One call will give you answers to your questions around benefits, coverage, costs, formularies and more. Call Member Services at the number on the back of your member ID card. Ask to talk with a pharmacy navigator.

Meet with a pharmacist

In a one-on-one visit, a pharmacist will review your medicines with you to make sure they're working and are right for you. Plus, it's free. Visit healthpartners.com/mtminfo to learn more.



Our team is here to support you. If you can't find your medicine on the formulary or shopping tool, give us a call. We'll help you find it or an alternative that's covered.

Annie, Pharmacy Navigator

Care today for a healthy tomorrow

Prevent problems before they start so you can enjoy the things you love. Your health plan covers in-network preventive care at 100%; you don't pay anything.

Protect your health with routine visits

Even if you're not sick, it's smart to go in for regular checkups and screenings. If there are any issues, you can catch them early – when treatment is most effective.

Preventive care includes:

- Alcohol, tobacco and weight screenings
- Blood pressure, diabetes and cholesterol tests
- Colorectal, breast and cervical cancer screenings
- Routine pre- and post-natal care
- Vaccines
- Well-child visits
- And more!

Visit healthpartners.com/preventive to find out what care is recommended for you.

Questions about benefits?

We can help. Call Member Services at **866-843-3461**.



I always encourage members to go in for their screenings. If you're ever wondering whether a service counts as routine preventive care, give us a call.

Renae, Member Services

Live your best life

We can help you get healthy and live better, no matter what your goals are. These programs and resources are free for HealthPartners members.

If you want to	You can	Here's how
Quit smoking	Talk with a health coach	Call 800-311-1052
Eat better	Find tasty recipes	Visit powerup4kids.org
Feel less stressed	Learn to manage stress through confidential online support	Visit healthpartners.com/btb
Manage your weight	Talk with a health coach if you're an adult with a body mass index of 30 or greater	Call 952-883-7800
Save money	Get discounts on exercise equipment, eyeglasses and more	Visit healthpartners.com/discounts
Meet other people like you	Sign up for a class or group session for things like asthma, car seat clinics, weight loss and more	Visit healthpartners.com/classes
Get your health questions answered	Talk with a nurse 24/7	Call 800-551-0859
	Search health topics or use a symptom checker	Visit healthpartners.com/healthlibrary
Make sure you're getting the right care	Talk with a nurse to figure out what care is best for you	Call Member Services at the number on the back of your member ID card. Ask for a nurse navigator.
Make sure your medicine is working the way it should	Talk with a pharmacist	Visit healthpartners.com/mtminfo

Find even more support at healthpartners.com/healthyliving.



You're busy and it's hard to find time to do the healthy stuff you want. We get it. We can help.

Sara, Health Coach

Healthy choices = hefty savings



“I’m a health coach with a home mortgage. I know what a difference being healthy can make in your life and how a little support – and savings – can be a big help.”

SARA, HEALTH COACH

Save money at your favorite gym

Work out 12 days or more each month and you’ll save up to \$20 per person on your monthly membership*.

Participating gyms include:

- Anytime Fitness
- Curves
- LA Fitness
- Life Time Fitness
- Snap Fitness
- And more!

Get discounts at other places

Just show your member ID card to save money at many places to help you live a little healthier.

You can save money on:

- Eyewear
- Exercise equipment
- Fitness and wellness classes
- Healthy eating programs and delivery services
- Healthy mom and baby products
- Hearing aids
- Orthodontics
- Pet insurance
- Swim lessons
- And more!

Saving money is one more way we can help you live a healthier life.

Visit healthpartners.com/discounts to see all the places where you can get big savings.



Take care of your furry family

We treat our pets like family, so why not cover their health care costs? Save up to 12 percent on pet insurance. There are many coverage and cost levels to choose from, so pick the one that works best for your family.

*Not all club locations apply. Some national clubs are owned by individual franchise owners and may not participate in the program. Frequent Fitness is limited to members, age 18 years or older, of certain HealthPartners medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. Workout requirements and program eligibility may vary by employer. Please check with your employer or call Member Services to verify eligibility and visits requirements.

Here for you, 24/7

Call us at one of these numbers if you have questions about your health or what your plan covers. We have people ready to help.



One thing I love about my job is how my team helps people all day, every day.

Rachel, Registered Nurse, CareLine

Member Services

For questions about:

- Your coverage, claims or plan balances
- Finding a doctor, dentist or specialist in your network
- Finding care when you're away from home
- Health plan services, programs and discounts

Monday – Friday,
7 a.m. to 7 p.m. CT
Call the number on the back of your member ID card,
866-843-3461.
Interpreters are available if you need one.
Español: **866-398-9119**
healthpartners.com

Member Services can help you reach:

Nurse NavigatorSM program	For questions about: <ul style="list-style-type: none"> • Understanding your health care and benefits • How to choose a treatment 	Monday – Friday, 7:30 a.m. to 5 p.m. CT
Pharmacy Navigators	For questions about: <ul style="list-style-type: none"> • Your medicines or how much they cost • Doctor approvals to take a medicine (prior authorization) • Your pharmacy benefits • Transferring medicine to a mail order pharmacy 	Monday – Friday, 8 a.m. to 6 p.m. CT
Behavioral Health Navigators	For questions about: <ul style="list-style-type: none"> • Finding a mental or chemical health care professional in your network • Your behavioral health benefits 	Monday – Friday, 8 a.m. to 5 p.m. CT

CareLineSM service nurse line

For questions about:

- Whether you should see a doctor
- Home remedies
- A medicine you're taking

24/7, 365 days a year
800-551-0859

BabyLine phone service

For questions about:

- Your pregnancy
- The contractions you're having
- Your new baby

24/7, 365 days a year
800-845-9297

Take charge of your health plan

You go online to research, plan and follow up on big decisions. A myHealthPartners account makes it just as easy to stay on top of your health care and insurance.

Get personalized information when and where you need it

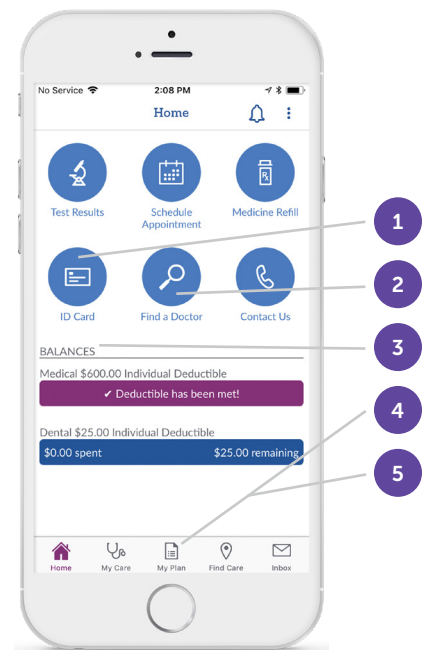
With an online account, you have real-time access to your personal health plan information in one place. No more guessing or waiting until business hours to get answers to your questions.

Log on to your account at healthpartnersunitypointhealth.com or the myHP app.

Don't have an account yet? It's quick and easy to sign up – you'll just need your member ID card.

Top 5 ways to use your online account and mobile app

1. View your HealthPartners UnityPoint Health member ID card and fax it to your doctor's office.
2. Search for doctors near you in your plan's network.
3. Check your balances, including how much you owe before your plan starts paying (deductible) and the most you'll have to pay (out-of-pocket maximum).
4. Compare pharmacy costs to find the best place to get your medicines.
5. See recent claims, what your plan covered and how much you could owe.



I love directing members to their online accounts and the mobile app. You can easily get your health plan info, even when I'm not in the office.
Marissa, Member Services

HEALTH SAVINGS ACCOUNT (HSA) ADMINISTRATION

HSA Overview

You may set up an HSA with the financial institution of your choice and begin saving for medical, dental, vision and other expenses on a tax deferred basis.

Account Provisions

Who is eligible?

- 1) Anyone covered under a qualified High Deductible Health Plan (HDHP) on the first day of the month, but not covered under any other medical plan.
- 2) Anyone not enrolled in Medicare. **Note:** an actively at-work employee who is older than 65 may not enroll in an HSA unless he/she has waived Medicare.

For individuals who delay enrolling in Medicare, Part A coverage may retroactively begin six months prior to their application date. To avoid making excess HSA contributions (and incurring a tax penalty), CMS recommends that individuals stop contributing to their HSAs at least six months before applying for Medicare.

- 3) When contributing to an HSA, member and spouse (if applicable) may only participate in a "limited-purpose" flexible spending account.
- 4) Anyone not claimed as a dependent on another person's tax return.

Is there a limit on the amount that can be contributed per year?

\$3,600 for an individual plan, \$7,200 for a family plan for 2021. These numbers are indexed annually by the Treasury Department. In addition, individuals age 55 are allowed a \$1,000 catch-up contribution.

What are the advantages of enrolling in an HSA?

- 1) Monies go in tax-free.
- 2) Monies grow tax-free.
- 3) Monies come out tax-free if spent on qualified medical expenses.
- 4) Unspent monies roll over year to year, grow, and earn interest.
- 5) The account owner decides whether to use the HSA dollars for current expenses or to save them for future expenses.
- 6) The account is portable.

What expenses are eligible for reimbursement?

Internal Revenue Code Section 213(d) medical expenses for the employee and qualified dependents (even if the dependents are not on the employee's HDHP); COBRA premiums; qualified long-term care expenses; retiree medical premiums to employer-sponsored medical coverage (if age 65 or older); Medicare Parts B & D premiums, but not Medicare supplement premiums.

What if funds are used for non-qualified expenses?

Distributions for an account owner under age 65 are subject to income tax plus a 20% penalty. Distributions for an account owner 65 and older are subject to income tax only.

For more details:

Check out www.irs.gov for more details.

UNDERSTANDING YOUR BENEFITS

Medical Plan Terms

What is a PPO?

PPO stands for Preferred Provider Organization. It is a network of doctors, hospitals, and other healthcare providers that participate in a managed care plan. Members receive greater benefits by staying within the network but also have the option of receiving medical care outside of the network.

In choosing the PPO option, you and the covered members of your family may select care in or out-of-network. No primary care physician (PCP) is required and you may see a specialist without a referral from your regular doctor. In-network care provides the highest level of benefits and lower out-of-pocket expenses. In choosing a healthcare provider outside of the network, you will incur higher out-of-pocket expenses, which could include charges above usual, customary, and reasonable.

What is an HMO?

HMO stands for Health Maintenance Organization. It is a network of doctors, hospitals, and other healthcare providers that participate in a more tightly managed care plan. Members receive benefits by staying within the network; there are no benefits when using non-preferred providers unless the services are for a life or limb threatening emergency.

What is a Qualified High Deductible Health Plan (QHDHP) and what is a Health Savings Account (HSA)?

A QHDHP protects you from catastrophic medical bills. This plan contains a deductible which must be met before the health plan provides coverage – this typically means that 100% of the charges you and your family members incur for health and prescription services are subject to the deductible – this plan has no copays for office visits, prescription, etc. The federal government has set various guidelines on the qualified deductible amounts, the rules on making withdrawals, etc. Please review all your medical plan information carefully, before enrolling in this plan.

Section 1201 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (I.R.C. Sec. 223) was effective 1/1/2004. This law created a tax-advantaged trust or custodial account for the benefit of an individual covered under a QHDHP. Your Health Savings Account (HSA) is your own tax-exempt trust account that you can use to pay for your current medical expenses, including out-of-pocket expenses, coinsurance, and deductibles. Or, you may elect to save these HSA dollars for future unreimbursed expenses. *The choice is yours!*

How does an HSA work?

An HSA allows you to make tax-free payroll contributions to an account that you may then use to pay for certain out-of-pocket medical expenses. Paying for certain expenses with tax-free dollars reduces the amount you pay in taxes and increases your take-home pay. To be eligible to open an HSA, you must participate in a Qualified High Deductible Health Plan. Your employer may also make deposits into your HSA, on your behalf. If this is your case, then you will need to subtract the employer HSA contribution from the annual maximum contribution amount, to determine what you may contribute through payroll deduction. Example: you are enrolling as a single in a HDHP, and your employer is contributing \$500. You would subtract \$500 from the annual maximum contribution of \$3,600 to determine that you may contribute up to \$3,100 of your own dollars.

Funds in your Health Savings Account accumulate on a tax-free basis, and if the funds are used for *qualified* medical expenses, they are never taxed. This includes most medical care and services, dental and vision care, and also includes over-the-counter drugs. If you do withdraw HSA monies for a *non-qualified* expense, however, you would be subject to a 20% excise penalty, and you would be required to pay income taxes on the amount withdrawn. Please note that after you turn age 65, the 20% additional penalty no longer applies.

HSA monies may be used to pay for certain medical insurance premiums. Under today's tax laws, qualified premiums include: COBRA, qualified long-term care insurance, Medicare premiums and out-of-pocket expenses including deductibles, copays, and coinsurance for Part A (hospital and inpatient services), Part B (physician and outpatient services), Part C (Medicare HMO and PPO plans), and Part D (prescription drugs).

You can use the money in the account to pay for medical expenses for yourself, your spouse, or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

NOTE: For those employees who enroll into a Qualified High Deductible Health Plan/Health Savings Account, you may only participate in the Health Care Flexible Spending Account on a *limited* basis: i.e., you may only defer expenses for dental and vision expenses, not medical services that are subject to the high deductible in the QHDHP.

Who is eligible to participate in a Health Savings Account?

There are several rules to follow that include, but are not limited to:

1. You must be covered under a qualified high deductible health plan, that has the following features:
 - a. Minimum deductible of \$1,400 for single coverage; \$2,800 for family coverage
 - b. Maximum out-of-pocket of \$7,000 for single coverage; \$14,000 for family coverage
2. You may not be covered under any first-dollar medical plan (note: other types of insurance like specific injury insurance or accident, disability, dental, vision, or long-term care insurance are permitted)
3. You may not be enrolled in Medicare
4. You may not be claimed as a dependent on someone else's tax return

What is the maximum contribution that can be made to an HSA?

In 2021, \$3,600 for self-only coverage, and \$7,200 for family coverage. These amounts are adjusted annually for inflation.

In addition, individuals who are age 55 or older can also make "catch-up" contributions. The maximum annual catch-up contribution is as follows:

2013 and beyond – \$1,000

What are the advantages of enrolling in a HDHP/HSA?

There are a number of advantages:

- Security – your high deductible health plan protects you in the case of catastrophic accident or illness.
- Affordability – the premiums for HDHP's are typically lower than a 'traditional' health plan.
- Flexibility – you may use the funds in your HSA to pay for current or future medical expenses.
- Savings – you can save the money in your HSA and have it grow on a tax-deferred basis.
- Control – you decide how to spend the money in your account, and you decide how to invest the monies as well.
- Portability – your HSA account is completely portable and goes with you if you would leave your current employer, become unemployed, change your medical coverage, move to another state, or change your marital status.
- Ownership – you own the funds in your HSA account, even the dollars your employer may contribute on your behalf. There are no "use it or lose it" rules for HSA's.
- Tax Savings – there are three ways your HSA account provides tax savings:
 - Your contributions go in tax-free
 - The monies earn interest on a tax-deferred basis
 - Withdrawals are tax-free for qualified medical expenses

WELLNESS

Our wellness benefits are constantly evolving. We strive to slow the progression of disease. Typically our annual wellness screenings take place in January for both employees and spouses on our health plan. In 2021, due to the current pandemic, we hope to offer a voluntary screening option to employees only. More information on how to register will be announced.

NEW HIRES: If you are hired after the main screenings, we typically grandfather employees in until the next year. However, if you would like to know your numbers prior to the main screening, please contact Employee Health RN, Joyce Tewes at 264-6636 to set a personalized time.

Note: If it is unreasonably difficult due to a medical condition for you to achieve the criteria under this program, or if it is medically inadvisable for you to attempt to achieve the criteria under this program, call Employee Health at 6636 and we will work with you to develop another way to qualify for the program.

Know Your Wellness Benefits



2021 Spencer Hospital Wellness Benefits

ELIGIBILITY	YOUR COST	DESCRIPTION
Comprehensive Wellness Screening including Preventive Blood Work <i>Contact Joyce in Employee Health at 264-6636</i>		
Employees on Health Plan <i>January</i>	FREE <i>Value: \$50/each \$10/Thyroid \$25/PSA</i>	Includes: Height, Weight, & Waist Circumference, Resting Blood Pressure & Heart Rate, Complete Blood Count (CBC), Lipid Panel (HDL, LDL, Triglycerides & Cholesterol), Comprehensive Chemistry Panel, Prostate Specific Antigen (PSA) - Optional by request- Males over 50, Thyroid (TSH) - All age 35+.
Employees NOT on Health Plan & Spouses <i>Every third Wednesday of each month.</i>	\$10 <i>(See value above)</i>	
Empowr (Formerly Naturally Slim) <i>Contact Joyce in Employee Health at 264-6636</i>		
Employees & Spouses on Health Insurance w/ Qualifying Biometrics	FREE <i>Value: \$385</i>	New and improved program taught by Marcia Upson, ARNP, this 10-week online course is geared towards slowing the progression of disease by reducing Metabolic Syndrome factors, including diabetes, obesity, and cardiac health. Apply at www.naturallyslim.com/spencerhospital
Quit Line Iowa Tobacco Cessation <i>Contact Joyce in Employee Health at 264-6636</i>		
All Employees & Spouses	FREE <i>Value: \$350</i>	Series of five, smoking cessation calls through Quit Line Iowa.
Athletic Enhancement Discount <i>Contact Tim or Jason in Athletic Enhancement at 264-6633</i>		
All Employees with Budgeted hours and their Spouses	FREE** <i>*Tax implications may apply Value: \$480 yr/ each</i>	AE is accessible 24/7 and personal training programs are available. **\$40561 enrollment fee/each & free thereafter if attend 6 times a month or more
Weight Watchers Online (Etools) <i>Contact Candace in HR at 264-6643</i>		
All Employees & Spouses	\$59.84 a Quarter	Spencer Hospital offers Weight Watchers Online (Etools) to all employees and spouses. Cost of a 3-month code is \$59.84. Qualify for 100% reimbursement by losing 5% of your body weight. Payroll deduction is available.
CT Cardiac Score or Ultrasound Stroke Screening <i>Contact Diagnostic Imaging at 264-6500</i>		
All Employees & Spouses Men 40+ years; Women 45+ years	\$10 each <i>Value: \$50/each</i>	A cardiovascular risk identification and reduction program operated by Spencer Hospital. Must meet appropriate age and other criteria.
Flu Vaccine <i>Contact Joyce in Employee Health at 264-6636</i>		
All Employees	FREE <i>Value: \$35</i>	It is highly recommended that all Spencer Hospital employees receive the influenza vaccine annually through the Employee Health, especially employees who provide direct patient care.
FitBit Wearables Devices <i>Contact Candace in HR at 264-6643</i>		
All Employees Ongoing	One time \$50 subsidy & payroll deduct remaining cost	Participate in the hospital's wearable wireless device campaign, with the most popular device by 88% of wearable users, FitBit. Choose from various FitBits ranging in cost from \$50 to \$200+. Spencer Hospital will subsidize \$50 of the cost and you can payroll deduct the remaining cost.
Miscellaneous Wellness Extras <i>Contact Candace in HR at 264-6643</i>		
All Employees	FREE	Free online wellness assessment through WebMD
		Indoor/Outdoor Walking Paths
		Participate in monthly challenges for prizes ranging from Yeti coolers to Bose headphones.

Questions? Call Human Resources at (712) 264-6205

DENTAL INSURANCE

Delta Dental

If you use PPO providers, you will receive greater benefits. To locate a preferred provider visit www.deltadentalia.com or call (800) 544-0718.

Type of Service	PPO	Premier	Out-of-Network
Deductible	\$50/person	\$75/person	\$100/person
Plan Maximum*	\$1,000 Annual maximum w/ Carryover-To-Go		
Diagnostic & Preventive Services <i>Deductible waived</i> Dental cleanings Oral evaluation Fluoride application X-rays Space maintainers Sealant applications	\$0 deductible, 0% coinsurance	\$0 deductible, 10% coinsurance	\$0 deductible, 30% coinsurance
Routine & Restorative Services <i>Deductible applies</i> Cavity repair Tooth extractions Emergency treatment General anesthesia/sedation Restoration of decayed or fractured teeth Limited occlusal adjustment Routine oral surgery	\$50 deductible, 20% coinsurance	\$75 deductible, 30% coinsurance	\$100 deductible, 50% coinsurance
Major Services <i>Deductible applies</i> Root Canals Gum & Bone Diseases High Cost Restoration-crowns, inlays, onlays Dentures, bridges and implants	\$50 deductible, 50% coinsurance	\$75 deductible, 50% coinsurance	\$100 deductible, 60% coinsurance
Orthodontia <i>Deductible waived</i> (Covers dependents to the age of 26 and adults)	\$0 deductible, 50% coinsurance	\$0 deductible, 50% coinsurance	\$0 deductible, 50% coinsurance
Orthodontia Lifetime Maximum	\$1,000		
EMPLOYEE COST	Pay Period		
Employee	\$12.50		
Employee/Spouse	\$25.00		
Employee/Child(ren)	\$25.00		
Family	\$42.50		

*12 month waiting period for late entrant applies

VISION INSURANCE

MetLife

If you use in-network providers, you will receive greater benefits. To locate an in-network provider visit www.metlife.com/mybenefits or call (855) 638-3931.

Type of Service	In-Network	Out-of-Network Reimbursement
Exam	\$10 Copayment	Up to \$45
Materials	\$10 Copayment	n/a
Frames	\$150 retail allowance with an additional 20% off balance (\$85 Costco allowance)	Up to \$70
Standard Lenses -Single -Bifocal -Trifocal -Lenticular -Progressive Standard	\$10 Copayment \$10 Copayment \$10 Copayment \$10 Copayment Up to \$55 Copayment	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$50
Contact Lenses (in lieu of frame and spectacle lenses) -Contact fitting and evaluation -Elective Contacts -Medically Necessary Contacts	\$60 Maximum Copayment \$150 Allowance Covered in Full after eyewear copay	Up to \$105 Up to \$210
Lasik Vision	15% off regular price or 5% off a promotional offer	N/A
Frequency -Eye Exam -Lenses or contact lenses -Frame		Once every 12 months Once every 12 months Once every 24 months
EMPLOYEE COST	Pay Period	
Employee	\$4.22	
Employee/Spouse	\$8.46	
Employee/Child(ren)	\$7.16	
Family	\$11.81	

FLEXIBLE SPENDING ACCOUNTS (FSA)

WEX (Formerly Discovery Benefits)

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Plan Overview

Pre-Tax Premium Benefits

This plan allows you to fund several of your premium contributions with pre-tax dollars and to fund either a Health Care Reimbursement Account and/or Dependent Care Reimbursement Account. Your contributions are deducted from your gross wages before FICA, Federal and State taxes are deducted. You save money because you are taxed at a reduced income level. Your taxes are calculated after your premiums and reimbursement account monies are deducted from your gross wages.

Health Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Health Care Reimbursement Account to pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. Some examples include:

- Deductible, coinsurance and copayments
- Over the counter medications – with prescription
- Dental services and orthodontia
- Vision services, including contact lenses, contact lens solution, eye exams and eyeglasses
- Hearing services, including hearing aids and batteries

Medical Care Maximum: \$2,750

Limited Purpose Account

If you are contributing to an HSA you are eligible to use the Health Care Reimbursement Account for vision and dental expenses only.

Limited Purpose Maximum: \$2,750

Dependent Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Dependent Care Reimbursement Account. You may request reimbursement as you incur expenses to provide day care for qualified dependents: children under age 13, or an older disabled dependent child, or a disabled adult.

*Dependent Care Maximums: \$5,000 if married filing jointly or head of household;
\$2,500 if married filing single.*

Plan Provisions

Please Note: Your election in the Spencer Hospital Section 125 Flexible Benefit Plan is irrevocable for the entire plan year (January 1st through December 31st) without a qualifying change in status (i.e. birth, adoption, divorce, job status change, etc.) Please be advised that any unused FSA monies over \$500 will be forfeited back to the Plan at the end of the plan year.

Claim Submission

Claims may be filed by mailing, faxing, or online. Please be aware that your plan has a 90-day run out period, after the end of the plan, where you may still file claims. Remember that the expense, however, must have been incurred during the plan year.

Claim Processing

Claims are processed on a daily basis. Reimbursements may be automatically deposited into your checking account or mailed to you in the form of a check.

FLEXIBLE SPENDING ACCOUNTS

How do Flexible Spending Accounts Work?

Flexible Spending Accounts (FSAs) are like personal bank accounts. They allow you to set aside money for healthcare and/or dependent care expenses on a pre-tax basis. You can enroll in a Healthcare FSA and/or a Dependent Day Care FSA. Your election will cover you from your enrollment date through the end of the plan year unless you have a change in family status.

You can elect to have a portion of your salary withheld on a pre-tax basis for health or dependent care expenses you incur during the plan year. The funds will be placed into an account to be used during the year. If you contribute to both FSAs, you cannot use amounts contributed to one account to pay expenses eligible for payment from another account. For example, you cannot pay medical expenses from your Dependent Day Care FSA.

Health Care FSA

During annual enrollment, you may elect to contribute monies into the Health Care FSA during the coming plan year. The amount you elect to set aside will be deducted from your paycheck in equal installments during the plan year.

Eligible health care expenses include copayments, deductibles, coinsurance, certain orthodontic procedures and other health-related expenses incurred by you or a family member. In addition, over-the-counter medicines are eligible for reimbursement with a prescription.

Dependent Care FSA

You can contribute up to \$5,000 each year to the Dependent Day Care FSA to pay for dependent care expenses. The amount you elect to set aside will be deducted from your paycheck in equal installments during the coming year.

Eligible expenses are only those incurred for the care of a child under 13 years of age (or a disabled child older than age 13) who qualifies as your dependent for tax purposes; or, anyone you can claim as a dependent, such as an elderly parent or disabled spouse.

Use It or Lose It

It is very important that you estimate accurately when determining how much to contribute to either FSA. FSAs can provide significant tax advantages for employees when the contributions are made on a pre-tax basis. For this reason, the IRS requires that you use all of the money in your account(s) during the plan year. Any money remaining in your account(s) over \$500 at the end of the plan year will be forfeited.

FSA TAX SAVINGS WORKSHEETS

What will you do with the money you save by participating in the Flex Plan?

Use this worksheet to help determine your potential tax savings.

FSA Reimbursement Account Expenses							
Medical		Vision		Dental		Dependent Care	
Deductibles	\$	Exams	\$	Routine Exam	\$	Children	\$
Copays	\$	Eye Surgery	\$	Fillings/ Crowns	\$	Adults	\$
Prescriptions	\$	Lenses/ Frames	\$	Orthodontics	\$		
Other	\$	Contacts	\$	Other			
Total	\$	Total	\$	Total	\$	Total	\$

Estimated Annual Expenses & Tax Savings	
Total Medical + Vision + Dental Expenses	\$ _____
Total Dependent Care Expenses	+ \$ _____
Total Expenses	\$ _____
Tax Bracket Percentage (see below)	X _____
Annual Tax Savings	\$ _____
Number of Pay Periods	/ _____
Estimated Savings Per Pay Check	\$ _____

Tax Estimate Table	
Annual Household Earnings	Estimated Tax Rate
\$0 - \$19,050	10%
\$19,051-\$77,400	12%
\$77,401 - \$165,000	22%
\$165,001 - \$315,000	24%
\$315,001 - \$400,000	32%
\$400,001 - \$600,000	35%
> \$600,000	37%



BENEFITS DEBIT CARD

EMPLOYEE HANDOUT

BENEFITS SPENDING MADE EASY



ONE DEBIT CARD FOR ALL OF YOUR BENEFITS



ABILITY TO REQUEST ADDITIONAL CARDS FOR A SPOUSE OR ELIGIBLE DEPENDENTS FOR FREE



NO FEES FOR LOST OR STOLEN CARDS

The Benefits Debit Card

The Discovery Benefits debit card is the fastest and most convenient way to pay for eligible expenses. The debit card makes it easy to access funds in your pre-tax benefits accounts, reducing your out-of-pocket costs. At many merchants, it also simplifies the way expenses are verified for eligibility.

How It Works

Swipe your benefits debit card to instantly pay for eligible expenses with funds from your benefits accounts. Make sure to swipe your card before your final service date to ensure funds pull from your current plan year. Where you swipe the card will determine whether any steps are needed after that. In addition to using your benefits debit card to pay for services at your healthcare provider's office, you can also use it at the following types of merchants:

IIAS

Many merchants provide IRS-required information for documentation right at the point of sale through an Inventory Information Approval System (IIAS). An IIAS merchant auto-substantiates the claim, so you won't need to provide additional documentation on qualifying expenses.

90% Merchants

Our debit card also works at pharmacies or drug stores that meet the IRS' 90 percent rule. At least 90 percent of the gross sales at these merchants come from eligible medical expenses. For a full list of IIAS and 90 percent rule merchants, visit www.DiscoveryBenefits.com.

Submitting Documentation for Debit Card Transactions

Occasionally, documentation will be needed to verify the eligibility of an expense paid for on your debit card. Even places like doctors' and dentists' offices may require you to submit documentation because some expenses available at these facilities may not be IRS-eligible (e.g. cosmetic procedures, teeth whitening).

When Documentation Isn't Needed

- When used at an IIAS merchant
- When used for recurring expenses that match the provider and dollar amount for previously substantiated claims
- When used for co-payments tied to the account holder's health plan (Note: These amounts need to be communicated to Discovery Benefits by your employer)
- When used to access HSA funds

If none of the above criteria apply, you'll be notified via email or mail that documentation is needed.

What to Submit

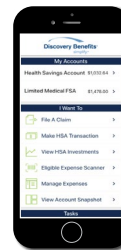
When submitting documentation for a debit card transaction, an Explanation of Benefits (EOB) from your insurance company will typically be your best bet, as it contains all the information you need to substantiate a claim.

But, when in doubt, the IRS has identified the criteria for what needs to be included when submitting documentation for eligible expenses:

- Name of the provider/merchant
- Date(s) of service
- Type(s) of service
- Amount (after insurance, if applicable)
- Name of person who received the services (if the account covers dependents)

How to Submit

You can submit documentation in seconds using the Benefits Mobile App by Discovery Benefits. Our app is the quickest and easiest way to submit documentation because it lets you use your phone's camera to take pictures of your documents and upload them on the spot.



DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID SMARTPHONES AND TABLETS



You can also submit documentation through your online account or via fax or mail. No matter how you choose to submit documentation, we'll process your claim in two business days.



Watch our Easy Substantiation video at www.DiscoveryBenefits.com/easysubstantiation to learn more about submitting documentation for debit card transactions.



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a  company



BENEFITS MOBILE APP

EMPLOYEE HANDOUT

ACCESS YOUR BENEFITS ANYTIME, ANYWHERE

Access your benefits on the go 24/7 with the Benefits Mobile App by Discovery Benefits. Our free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

The Benefits Mobile App keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log in to our secure app to get answers to those questions and so many more — wherever and whenever you want.

WITH OUR BENEFITS MOBILE APP, YOU CAN:

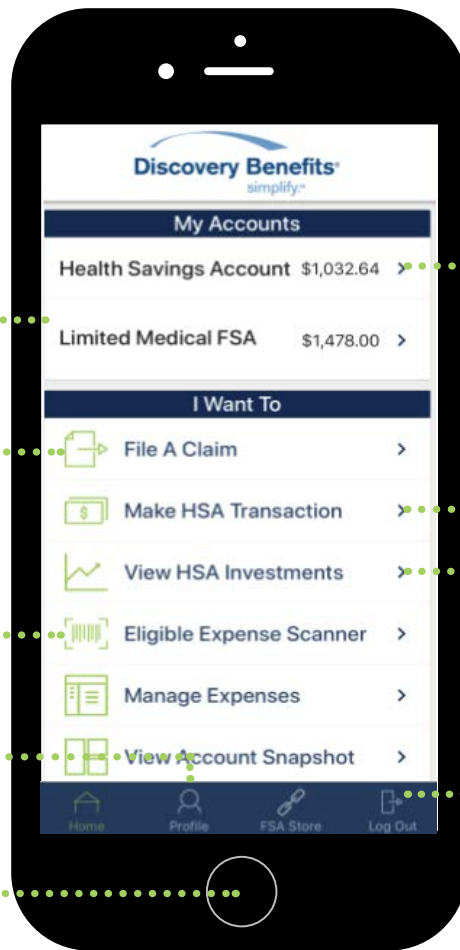
GET INSTANT NOTIFICATIONS ON THE STATUS OF YOUR CLAIMS.

FILE A CLAIM AND UPLOAD DOCUMENTATION IN SECONDS USING YOUR PHONE'S CAMERA.

SCAN AN ITEM'S BAR CODE WITH YOUR PHONE'S CAMERA TO DETERMINE IF IT'S AN IRS CODE SECTION 213(D) ELIGIBLE EXPENSE.

REPORT A CARD AS LOST OR STOLEN.

LOG IN WITH YOUR FINGERPRINT.



CHECK YOUR BALANCE AND VIEW ACCOUNT ACTIVITY.

EASILY MOVE FUNDS FROM YOUR HSA INTO YOUR BANK ACCOUNT TO COVER ELIGIBLE EXPENSES.

VIEW CURRENT HSA INVESTMENTS BALANCE, RECENT ACTIVITY AND RATE OF RETURN.

RESET LOGIN CREDENTIALS.

SECURITY ON THE GO
OUR MOBILE APPS USE SECURE ENCRYPTION AND WON'T STORE PICTURES ON YOUR PHONE, KEEPING YOUR DOCUMENTATION SAFE AND SECURE.

DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID SMARTPHONES AND TABLETS



RESOURCES

BENEFITS MOBILE APP 101 VIDEO
www.DiscoveryBenefits.com/mobileappvideo

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a wex company



FILING CLAIMS

EMPLOYEE HANDOUT

FILE CLAIMS QUICKLY



EASILY VIEW OR FILE A CLAIM
THROUGH THE BENEFITS MOBILE
APP OR YOUR ONLINE ACCOUNT



GET A CLAIM PROCESSED
IN TWO BUSINESS DAYS



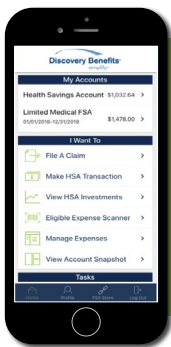
When you pay for eligible expenses out of pocket, filing a claim lets you receive reimbursement and take advantage of your pre-tax benefits. With Discovery Benefits, the claim filing process is quick and simple. The Benefits Mobile App by Discovery Benefits and your online account let you file a claim with just a few taps or clicks.

Note: You don't need to file a claim for purchases made with your Discovery Benefits debit card. However, you may still need to submit documentation via our mobile app or online account on those claims.

THE EASIEST WAYS TO FILE CLAIMS

Benefits Mobile App

You can file claims and submit documentation in seconds using the Benefits Mobile App. Our app is the quickest and easiest method for filing claims and submitting documentation. Just use your phone's camera to take a picture of documentation and upload it on the spot.



DOWNLOAD THE APP FOR
FREE ON APPLE AND ANDROID
SMARTPHONES AND TABLETS



The app also allows you to:

- Get instant notifications on the status of your claims.
- Check your balance and view account activity.
- Report a card as lost or stolen to keep your account secure.
- Determine 213(d) eligible expenses by using the eligible expense scanner and your phone's camera.

Online Account

You can also file claims through your online account by clicking the "File A Claim" button within the "I Want To" menu on the homepage of your online account.

Note: You may also file a claim by submitting an Out-of-Pocket Reimbursement Request Form and supporting documentation via fax or mail.



RESOURCES



EASY SUBSTANTIATION VIDEO

www.DiscoveryBenefits.com/easysubstantiation



BENEFITS MOBILE APP VIDEO

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BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

Cigna

Plan Overview

Basic Benefit Amount

1 x Annual Salary up to \$500,000

Accidental Death Benefit

Amount is the same as the Basic Life amount.

Waiver of Premium

Life insurance continues for totally disabled employees without payment of premium if:

- Disability begins while the employee is insured;
- Disability begins prior to age 60 and terminates at age 70;
- Proof of disability is given to Carrier, prior to the end of the Disability Elimination Period;
- Proof of continued disability is verified periodically, according to the terms of the contract.

Living Care Benefits

If you have a qualifying medical condition, you may apply for an accelerated benefit to receive a portion of your life insurance once *during your lifetime*. Amount of benefit: Up to 75% of the Life Insurance in force, but not to exceed \$500,000.

Conversion

Must apply for conversion within 31 days of termination of policy.

Age Reduction Schedule

Coverage reduces to 50% at age 70

Benefits terminate at retirement

VOLUNTARY TERM LIFE INSURANCE

Cigna

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself, you may also elect coverage on your dependents in this benefit, you pay the full cost through payroll deductions.

Voluntary Coverage Amounts	
Employee may elect up to X times his/her annual salary	
Minimum:	1x or 2x Annual Salary
Maximum:	\$500,000
Spouse may be covered for up to 50% of the employee amount to \$250,000	
Minimum:	\$5,000
Maximum:	\$250,000
Multiples of:	\$5,000
Child(ren)	
Minimum:	\$5,000
Maximum:	\$10,000
Multiples of:	\$5,000
Guarantee Issue Amounts⁽¹⁾	
Employee:	\$200,000
Spouse:	\$25,000
Child(ren):	\$10,000
Waiver of Premium	
Life insurance continues for totally disabled employees without payment of premium if:	
<ul style="list-style-type: none"> • Disability begins while the employee is insured; • Disability begins prior to age 60 and terminates at age 70; • Proof of disability is given to Carrier, prior to the end of the Disability Elimination Period; • Proof of continued disability is verified periodically, according to the terms of the contract. 	
Portability	
Apply for within 31 days of termination.	
Age Reduction Schedule	
At age:	Benefits reduce to:
70	50%

⁽¹⁾The levels of Guarantee Issue (GI) coverage are available for employees & family members when the employee is initially eligible. At later annual enrollment periods, all applications for coverage are subject to approval by the carrier.

Monthly Cost for Each \$1,000 of Employee & Spouse Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$0.04	\$0.06	\$0.08	\$0.10	\$0.15	\$0.23	\$0.33	\$0.43	\$1.03	\$1.66
Spouse	\$0.08	\$0.08	\$0.09	\$0.14	\$0.20	\$0.32	\$0.52	\$0.80	\$1.35	\$1.35
Children	\$0.25 per \$1,000									

MATCHING YOUR LIFE INSURANCE TO YOUR NEEDS

The primary role of life insurance is to provide money for your family if you should die. As a first step in making your life insurance election, you'll want to look at your family's needs and determine the coverage amount that would be necessary to meet those needs if you were to die today.

1	You can start by figuring out the annual living expenses for your survivors. Experts suggest that their needs will probably equal about 75% of your current expenses. You may prefer to enter a different amount, depending on what you believe your survivors will need.	\$
		<hr/>
		Current Annual Expenses
		X .75
		\$
		<hr/>
		Survivor's Annual Expenses
		+
2	Next, consider any future annual expenses that may come into play, such as college tuition. Add this amount to the current annual expenses.	\$
		<hr/>
		!
3	Subtract any annual income you expect your survivors to receive. This might include a spouse's income or Social Security or pension plans, if applicable.	\$
		<hr/>
		Estimated Annual Income Benefits
4	The result is an estimate of the amount your family would require to meet their ongoing needs.	\$
		<hr/>
		Estimated Amount to be Replaced by Life Insurance

SHORT TERM DISABILITY INSURANCE

Spencer Hospital

Short Term Disability Income Benefits

Spencer Hospital provides Full-time, Part-Time and Weekend Package benefit eligible employees with short term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Effective for new employees after one full year of employment.

Plan Overview	
Benefits Begin	24 Hour Injury 24 Hour Sickness
Maximum Benefit Period	13 Weeks
Percentage of Income Replaced	60% of Weekly Earnings
Paid Time Off Supplemental	Optional up to 40%
Exclusions	Benefit does not cover work-related accidents or injuries.
Pre-existing Condition Waiting Period	Not Applicable.

LONG TERM DISABILITY INSURANCE

Cigna

Long Term Disability Income Benefits

Spencer Hospital provides Full-Time, Part-Time and Weekend Package benefit eligible employees with long term disability income benefits, and pays the full cost of this coverage. In the event you become disabled, disability income benefits are provided as a source of income. Effective for new employees after 90 days of employment.

Plan Overview	
Class Description	Class 1: Executives Class 2: Part-time and full-time employees
Benefit Amount	60% of monthly salary
Own Occupation Period	2 years
Elimination Period	90 days
Maximum Benefit Period	Varies based on the age disability occurs. Refer to your summary plan description for details
Maximum Benefit Amount	Class 1: \$15,000 and Class 2: \$6,000
Survivor Benefit	3 months
Zero Day Residual	Zero day residual stipulates that full-time or part-time work in which the employee is performing all of the material duties of his or her regular, or some other occupation, will not interrupt the qualifying (elimination) period, or the period of disability
Pre-Existing Condition Waiting Period	3/12 applies to all employees covered less than 12 months. In the event of a claim, the carrier will review information from 3 months prior to the employee being insured on this plan; if the disabling condition had been treated or diagnosed, there would be no LTD benefits for the first 12 months. After that time, benefits will be payable according to the terms of the contract.

Accident Insurance Plan Summary

ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type ¹	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures ²	\$50 – \$3,000	\$100 – \$6,000
Dislocations ²	\$50 – \$3,000	\$100 – \$6,000
Second and Third Degree Burns	\$50 – \$5,000	\$100 – \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 – \$200	\$50 – \$400
Eye Injuries	\$200	\$300
Medical Services & Treatment		
Ambulance	\$200 – \$750	\$300 – \$1,000
Emergency Care	\$25 – \$100	\$50 – \$200
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
Hospital³ Coverage (Accident)		
Admission	\$1,000 (non-ICU) – \$1,000 (ICU) per accident	\$2,000 (non-ICU) – \$2,000 (ICU) per accident
Confinement	\$100 a day (non-ICU) – up to 31 days \$200 a day (ICU) – up to 31 days	\$200 a day (non-ICU) – up to 31 days \$400 a day (ICU) – up to 31 days
Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier ⁵	\$50,000 \$150,000 for common carrier ⁵
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging ⁶ - Pays for lodging for companion up to 30 nights per calendar year	\$100 per night, up to 31 nights; up to \$3,100 in total lodging benefits available per calendar year	\$200 per night, up to 31 nights; up to \$6,200 in total lodging benefits available per calendar year
Health Screening Benefit (Wellness) ⁷ benefit provided if the covered insured	\$100	\$100

takes one of the covered screening prevention/tests

Payable 1x per calendar year

Payable 1x per calendar year

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance Coverage Options	Semi-Monthly Cost to You	
	Low Plan	High Plan
Employee	\$3.78	\$5.98
Employee & Spouse	\$7.81	\$12.54
Employee & Child(ren)	\$7.96	\$12.49
Employee & Spouse/Child(ren)	\$9.96	\$15.64

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!⁹ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you.¹⁰ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Who do I call for assistance

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

¹ Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

³ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁴ Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

⁵ The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

⁶ The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).

⁷ Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

⁸ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁹ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.



Critical Illness Insurance Plan Summary

COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	Initial Benefit	Requirements
Employee	\$5,000 increments up to \$50,000	Coverage is guaranteed provided you are actively at work. ³
Spouse	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
Dependent Child(ren) ²	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300%.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁵	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁵	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁸	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one payment for each Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

SUPPLEMENTAL BENEFITS

MetLife provides coverage for the Supplemental Benefits listed below. This coverage would be in addition to the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit¹⁰ MetLife will provide an annual benefit of \$50 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year. Eligible screening/prevention measures may include:

• annual physical exam	• flexible sigmoidoscopy
• biopsies for cancer	• hemocult stool specimen
• blood test to determine total cholesterol	• hemoglobin A1C
• blood test to determine triglycerides	• human papillomavirus (HPV) vaccination
• bone marrow testing	• lipid panel
• breast MRI	• mammogram
• breast ultrasound	• oral cancer screening
• breast sonogram	• pap smears or thin prep pap test
• cancer antigen 15-3 blood test for breast cancer (CA 15-3)	• prostate-specific antigen (PSA) test
• cancer antigen 125 blood test for ovarian cancer (CA 125)	• serum cholesterol test to determine LDL and HDL levels
• carcinoembryonic antigen blood test for colon cancer (CEA)	• serum protein electrophoresis
• carotid doppler	• skin cancer biopsy
• chest x-rays	• skin cancer screening
• clinical testicular exam	• skin exam
• colonoscopy	• stress test on bicycle or treadmill
• digital rectal exam (DRE)	• successful completion of smoking cessation program
• Doppler screening for cancer	• tests for sexually transmitted infections (STIs)
• Doppler screening for peripheral vascular disease	• thermography
• echocardiogram	• two hour post-load plasma glucose test
• electrocardiogram (EKG)	• ultrasounds for cancer detection
• endoscopy	• ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
• fasting blood glucose test	• virtual colonoscopy
• fasting plasma glucose test	

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Semi-Monthly Premium for \$1,000 of Coverage (Non-Tobacco)

Employee Age	Semi-Monthly Premium For: \$1000 of Coverage			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Child(ren)
<25	\$0.34	\$0.64	\$0.65	\$0.95
25-29	\$0.35	\$0.66	\$0.66	\$0.97
30-34	\$0.40	\$0.74	\$0.71	\$1.05
35-39	\$0.47	\$0.86	\$0.79	\$1.18
40-44	\$0.62	\$1.09	\$0.93	\$1.41
45-49	\$0.79	\$1.39	\$1.10	\$1.71
50-54	\$1.00	\$1.79	\$1.31	\$2.10
55-59	\$1.28	\$2.32	\$1.59	\$2.63
60-64	\$1.70	\$3.11	\$2.01	\$3.42
65-69	\$2.33	\$4.26	\$2.65	\$4.57
70+	\$3.39	\$5.94	\$3.70	\$6.25

Semi-Monthly Premium for \$1,000 of Coverage (Tobacco)

Employee Age	Semi-Monthly Premium For: \$1000 of Coverage			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Child(ren)
<25	\$0.39	\$0.70	\$0.70	\$1.02
25-29	\$0.40	\$0.74	\$0.72	\$1.05
30-34	\$0.50	\$0.89	\$0.81	\$1.20
35-39	\$0.62	\$1.10	\$0.94	\$1.42
40-44	\$0.89	\$1.52	\$1.20	\$1.83
45-49	\$1.20	\$2.06	\$1.52	\$2.38
50-54	\$1.59	\$2.78	\$1.90	\$3.09
55-59	\$2.09	\$3.73	\$2.40	\$4.05
60-64	\$2.83	\$5.15	\$3.15	\$5.47
65-69	\$3.98	\$7.22	\$4.29	\$7.54
70+	\$5.86	\$10.20	\$6.17	\$10.52

Hospital Indemnity Insurance Plan Summary

HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a plan which provides payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.¹

Benefit Type ²	Low Plan MetLife Hospital Indemnity Insurance Pays YOU	High Plan MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)		
Admission must occur within 180 days after the accident	\$500 per accident (non-ICU) \$500 per accident (ICU)	\$1,000 per accident (non-ICU) \$1,000 per accident (ICU)
Confinement must occur within 180 days after the accident	\$100 a day (non-ICU) for up to 15 days \$100 a day (ICU) for up to 15 days	\$200 a day (non-ICU) for up to 15 days \$200 a day (ICU) for up to 15 days

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance Coverage Options	Semi-Monthly Cost to You	
	Low Plan	High Plan
Employee	\$7.64	\$14.35
Employee & Spouse	\$13.22	\$24.83
Employee & Child(ren)	\$12.27	\$23.05
Employee & Spouse/Child(ren)	\$17.85	\$33.52

QUESTIONS & ANSWERS

Who is eligible to enroll for this Hospital Indemnity coverage?

You are eligible to enroll yourself and your eligible family members⁷. You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

How do I pay for my Hospital Indemnity coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.⁸

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.



CORE EAP BENEFIT SUMMARY

EFR EMPLOYEE & FAMILY RESOURCES

Maintaining work-life balance is more stressful than it's ever been. An Employee Assistance Plan (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems, and everything in between. **Your EAP benefits are cost free to you, confidential, and available 24/7/365.** Let us help you get the services and resources you need. Here are some of issues and concerns we can help with:

- ✓ Managing Stress
- ✓ Relationship Concerns
- ✓ Personal Growth & Development
- ✓ Coping with Anxiety or Depression
- ✓ Personal Family or Legal Issues
- ✓ Caring for Elderly Family Members
- ✓ Credit Concerns and Reports
- ✓ Identity Theft Resolution
- ✓ Resources for Elder Care
- ✓ Managing Budgets and Debts
- ✓ Legal Questions & Concerns
- ✓ Tax-Related Questions

SERVICE PROVIDED	PER PERSON	SERVICES PROVIDED ARE CONFIDENTIAL AND AT NO COST TO THE COVERED PERSON
Phone-Based Support	Unlimited	Call us anytime you have an issue, concern, or question. Calls are answered by masters-leveled clinicians.
In-person Counseling	6 Sessions per circumstance, per year	Confidential, in-person assessment and counseling with a licensed mental health therapist near your home or work location. Each member of your family is eligible for counseling services for each separate incident or set of circumstances within a rolling 12-month period. <i>*incidents involving multiple family members will be assessed based on specific circumstance</i>
Telephonic Life Coaching	6 Sessions per year	Confidential scheduled telephonic sessions with a life coach for matters such as improving time management skills, work-life integration, goal setting, communication skills, and other areas of personal growth. Sessions renew annually.
Telephonic Financial Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic consultation with a financial professional with expertise in the area of concern. Access to a free financial check-up, financial library and a large variety of financial tools & calculators at http://efr.clcmembers.com/ .
In-Person or Telephonic Legal Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic or in-person consultation with a licensed attorney with expertise in the area of need. If the member chooses to retain the attorney for ongoing legal representation, it will be provided at 25% discount off the attorney's usual rate. Access to over 5000 free self-help (& fill-in) legal documents and a variety of other legal information is available at http://efr.clcmembers.com/ . <i>All legal issues are covered except employment related, which are specifically excluded.</i>
Eldercare Resources	As needed	Information, referral resources and support for those caring for an aging parent or other family member, including connections to local resources for in-home care, alternative living arrangements, legal and financial issues and more.
Childcare Resources	As needed	Childcare resource referrals where locally available. Referrals are only to state licensed/ certified childcare providers.
Identity Theft Resolution Services	As needed	Services will be provided by a highly trained FCRA certified fraud resolution specialist (or licensed attorney) assisting with restoring identity and good credit.
Additional Benefits & Resources		<i>Real Life Solutions</i> (monthly newsletter), monthly topical live webinars, a library of previously recorded webinars and recorded benefit orientation webinars and other information is available via your HR manager or on our website www.efr.org



EFR EMPLOYEE & FAMILY RESOURCES

RETIREMENT

Iowa Public Employees' Retirement System (IPERS)

As a municipal hospital, Spencer Hospital is able to offer the Iowa Public Employees' Retirement System (IPERS) to all qualifying employees as a retirement vehicle. This defined benefit is a mandatory state retirement program designed as a supplement to Social Security.

Please contact Human Resources if you would like an enrollment booklet. You can elect this benefit at anytime throughout the year.

EMPLOYEE ELIGIBILITY: All employee classifications. (As long as certain requirements are met)

EFFECTIVE DATE FOR NEW PARTICIPANTS

Immediately upon meeting IPERS eligibility requirements.

The lifetime monthly benefit you receive is defined; it is calculated using a formula. Your benefits grow with you during your working career. The average monthly benefit paid to members retiring in the fiscal year of 2007 was \$1,506.

Normal retirement age is one of the following, whichever comes first:

- 1) Age 65
- 2) Age 62 if you have 20 or more years of covered IPERS employment (60/20)
- 3) When your years of service plus your age equals or exceeds 88 (Rule of 88)

CONTRIBUTION LEVELS

Employee: 6.29% of covered wages through payroll deductions (Paramedics: 6.21%)

Hospital: 9.44% (Paramedics: 9.31%)

Deferred Compensation (Iowa Retirement Investor's Club)

You may participate in this tax-deferred 457 (b)tax plan, issued by Empower (Formerly know as Mass Mutual) through the Iowa Retirement Investor's Club. Life plan funds are available. Rollover is available for qualifying 401K, 403(b), and other retirement accounts.

EMPLOYEE ELIGIBILITY:

Full-time:	60-80 hours/pay period
Part-time:	40-59 hours/pay period
Casual Part-time or Weekend Package	



Financial Advisors Representing Spencer Hospital

Iowa Retirement Investors' Club (RIC) 457 Deferred Compensation Plan

Employees may work with any other financial advisor appointed with Empower (Formerly MassMutual) and the Iowa Retirement Investors Club plans.

Alex Johnson Leonard Langner	LPL Financial Corporation 122 W 5th St., Spencer, IA 51301 712-262-2600
A.J. Spielman Kirby Froehlich	Ameriprise Financial Services, Inc. 823 Highway Blvd. Ste. 1, Spencer, IA 51301 712-262-1777
Jeremy Eller Kevin Hanson	Edward Jones 323 Grand Ave., Spencer, IA 51301 712-262-0142
Richard Noah	LPL Financial Corporation 1200 W. 18 th St., Ste.1, Spencer, IA 51301 712-580-5432
Levi Morris Rian McGill	Securities America Inc. 1812 Hwy. Blvd., Spencer, IA 51301 712-262-3030
Anthony (Tony) Elbert	Edward Jones 3131 Main Street, Emmetsburg, IA 50536 712-852-9074
Ronald Riha	Ameriprise Financial Services Inc. 1005 Broadway, Emmetsburg, IA 50536 ronald.f.riha@ampf.com
Tom Fuhrman	Edward Jones 1724 Hill Ave., Spirit Lake, IA 51360 712-336-4172
Richard Vander Wel	Woodbury Fin Svcs Inc 1701 Chicago Ave, Unit 101, Spirit Lake, IA 51360 712-339-9021
Bradley Schmitz	LPL Financial Corporation 1525 18 th Street, Spirit Lake, IA 51360 712-332-0505
Jeffrey Vander Sluis	Principal Securities, Inc. Spirit Lake, IA 51360 712-336-5494

OTHER DISCOUNTS & MISCELLANEOUS BENEFITS

ATHLETIC ENHANCEMENT MEMBERSHIP

Employee and Spouse Membership- Employee pays \$35 for the first month and the next monthly rate will be **waived** if the employee or spouse exercises a minimum of six workouts during each calendar month. *Tax implications of the value of the benefit may apply. Benefit available for all employees **with budgeted hours**.

GROUP INCENTIVE PROGRAM

Each fiscal year, eligible staff members may receive a bonus of up to 4% of their earnings if established patient satisfaction, employee productivity, and financial performance goals are met.

SERVICE AWARDS

Service awards are presented to employees for every five years of continuous employment with the hospital.

TUITION ASSISTANCE & EDUCATIONAL PROGRAMS

Tuition Assistance is a Spencer Hospital benefit designed to promote the personal and professional growth and development of employees. To learn more about this benefit, contact Danelle Stumbo in Human Resources Development at extension 6623.

EMPLOYEE ELIGIBILITY: Full-time: 60-80 hours/pay period
Part-time: 40-59 hours/pay period
Weekend Package

EFFECTIVE: After one year of employment

If you are a full-time employee, based on Tuition Assistance budget, awards equal up to:

- AA degree or Initial Certifying Exam: the amount of the award is 50% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to \$2,000 per fiscal year.
- Bachelor degree: the amount of the award is 75% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to \$3,000 per fiscal year.
- Graduate degree: the amount of the award is 75% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to \$4,000 per fiscal year.

EDUCATIONAL PROGRAMS

You may attend all hospital-sponsored educational programs free of charge (unless stated otherwise per program). Examples of classes include: Basic Life Saving (BLS) and Advanced Cardiac Life Support (ACLS) classes. If you are governed by continuing education requirements, you are eligible annually for eight hours of wages to attend an approved outside program.

EMPLOYEE ELIGIBILITY: All employee classifications (as long as hourly requirements are met)

EFFECTIVE: Upon Hire

As a Spencer Hospital employee, you are eligible for various discounts noted below.

ELIGIBILITY: All employee classifications (as long as hourly requirements are met)

EFFECTIVE: Upon Hire

Outpatient Discount

Employees may receive a 20% discount on all hospital outpatient charges if they carry health insurance and the bill is paid within 60 days of the invoice date. A 10% discount applies if no health insurance is carried. This discount cannot be combined with any other discount available in Patient Accounts.

Cafeteria Discount

While working you receive a 20% discount on your own meals in the hospital's cafeteria. Payment may be made through payroll deduction or cash. Note: Some items such as vendor-provided soda pop and ice cream treats may be ineligible for this discount.

YMCA Discount

The Spencer Family YMCA offers a membership discount to Spencer Hospital employees. Various other discounts are offered to our employees. More information on these discounts can be found on Policy Manager.

Vaccinations

You may receive certain vaccinations, including flu, recommended by the hospital at no cost.

PAID-TIME OFF

Paid time you receive while away from work. You may use this time for vacation, holiday, illness, or personal reasons pending manager approval.

EMPLOYEE ELIGIBILITY: Full-time: 60-80 hours/pay period
Part-time: 40-59 hours/pay period

EFFECTIVE: Starts accruing immediately, available for use after 90 days of employment. Employees may use PTO to supplement holidays within the first 90 days of employment.

Annual PTO accrual (80 hours/pay period)

	Annual Accrual	Maximum Days
0-4 years	22 days (.084615/hr)	46.50 days
5-9 years	27 days (.103846/hr)	46.50 days
After 10 years	31 days (.11923/hr)	46.50 days

PTO may be carried over from year to year, may be donated to fellow employees, and PTO buy back options are offered twice a year to eligible employees over 150 hours for Full-time and 75 hours for Part-time.

WAGE INCENTIVES

Here at the Spencer Hospital, we recognize the importance of maintaining competitive wages and recognizing career milestones of our employees.

INCENTIVE	ELIGIBILITY	DESCRIPTION
Holiday Pay	All employee classifications	If you are scheduled and work on any one of the seven holidays recognized by the hospital, you will be compensated at 1½ times your regular hourly rate.
Overtime Pay	All employee classifications	You will be paid 1½ times your regular hourly wage for all time worked over 40 hours per week.
Call Pay	All employee classifications	Eligible employees will receive \$2.00 per hour for all time spent on call status.
Callback Pay	All employee classifications	Regularly scheduled employees who are granted call-back status by hospital administration and are called to work non-scheduled time will receive 1½ times their regular hourly rate for time worked, plus an additional half hour for travel time.
Double-shift Pay	All employee classifications	Staff members who work an entire double shift, or 4 hours past a 12-hour shift, will be compensated at a rate of 1½ times their regular hourly rate for the second shift.
Shift Differential	All employee classifications	Eligible staff members are paid an additional \$1.25 per hour for the 3-11 shift and \$1.70 per hour for the 11-7 shift.
Weekend Differential	All employee classifications	Eligible staff members are paid an additional \$.85 per hour for all weekend shifts beginning on Saturday or Sunday.
Additional Weekend Pay	All employee classifications	When staff members work an additional weekend shift approved by their managers, they will be paid a premium for working the extra weekend.
Instructor Incentive Pay	All employee classifications	Employees teaching an approved continuing education class are eligible for a \$6 per hour differential for both instructor and prep time.
BSN Credit	Staff nurses	Eligible staff nurses will receive a 3% increase to their base wage with verification of a Bachelor of Science in Nursing.

IMPORTANT NOTICE FROM SPENCER MUNICIPAL HOSPITAL ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Spencer Municipal Hospital has determined that the prescription drug coverage offered by the Health Partners Plans, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Spencer Municipal Hospital coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Spencer Municipal Hospital coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Spencer Municipal Hospital and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice or Your Current Prescription Drug Coverage...

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

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	1/1/2021
Name of Entity/Sender:	Spencer Municipal Hospital
Contact--Position/Office:	Candace Daniels
Address:	1200 First Avenue East, Spencer, Iowa 51301
Phone Number:	(712) 264-6643

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage (including Medicaid and State Child Health Coverage)

If you are declining coverage for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

Marriage, Birth, or 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 your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or State Child Health Coverage

If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Candace Daniels at (712) 264-6643 or cdaniels@spencerhospital.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

NOTICE REGARDING WELLNESS PROGRAM

Spencer Hospital wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary biometric screening, which will include a blood test for cholesterol, triglyceride and glucose levels, as well as measurements of height, weight, waist and blood pressure. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of reduced medical premiums. Although you are not required to participate in the biometric screening, only employees who do so will receive the wellness incentive.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Naturally Slim or wellness coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, a doctor, or a health coach in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Candace Daniels at (712) 264-6643 or cdaniels@spencerhospital.org.

PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.

Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we

can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Holmes Murphy & Associates has assembled the finest staff of benefits professionals whose expertise is matched by their intelligence and integrity. We further arm them with continuous education, training, and cutting-edge technical resources. These highly specialized consultants have helped us build our reputation for excellence and fuel our growth.



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your benefits manager.

Personal Information

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

457 Payroll Deduction

Designate the deduction amount to send to your provider. *The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.*

	Pretax	Roth (post-tax)	
Empower *	\$ _____ /check	\$ _____ /check	

Effective date. *Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.*

Future effective date (if desired)

Begin as of _____ (check date)

1 check only _____ (check date)

Final check _____ (check date)

Participant Signature

I authorize my employer to direct my contributions and make payroll deductions as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a RIC At-A-Glance and Plan Document. I have established 457 and 401a accounts with one of the RIC providers. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution. I understand that the total of all 457 contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 457b.

X _____

Participant Signature _____ Date _____

Form Submission

New Accounts:	Provider account forms: Forward to the provider
	RIC Account Form: Forward to your payroll office
Changes to Existing Accounts:	Forward this form to your payroll office (shown below)

Agent Use Only (Not required for existing accounts)

I am authorized to open accounts for this employee and verify that he/she has established 457/401a accounts with the provider shown below.

Print Agent Name _____ Agent Signature _____ Agent Phone Number _____ Provider Name _____ Date _____

Payroll Office	Date Received: _____	Paycheck Effective Date: _____	Name: _____
RIC Use Only	Date Pended: _____	Entered: _____	Checked: _____



Visit the RIC website at <https://das.iowa.gov/RIC> to access the RIC At-A-Glance (under *Providers & Investments*), IRS maximum contribution limits, and other plan options specific to the Iowa RIC 457/401a plans.

*Empower-formerly Mass Mutual Retirement