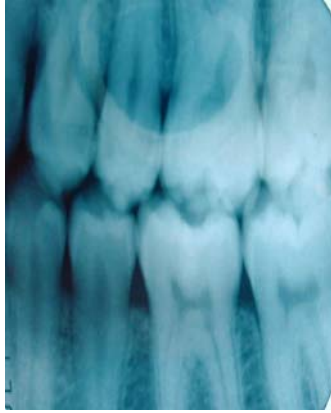


Employee Benefits and Wage Incentive Summary

January 1, 2017



Health Insurance



Dental Insurance



Life Insurance



Short & Long Term Disability



Paid Time Off (PTO)



Retirement Plans



Tuition Assistance



Wellness & Fitness Program



**Competitive Wages, Incentives,
and Group Incentive Program**

Spencer Hospital is pleased to offer a comprehensive and competitive benefit package. This document is a summary of benefits and is **not** all-inclusive. This benefit summary does **not** constitute a contract. To receive more detailed information regarding a specific benefit, please contact the Human Resources office at anytime.

Spencer Hospital 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

Benefit Contacts:

	Company Name	Phone Number	Fax Number	Website
Health Insurance	HealthSCOPE	(800) 501-9528		www.healthscopebenefits.com
Dental Insurance	Delta Dental	(800) 544-0718		www.deltadentalia.com
Vision Insurance	VSP	(800) 877-7195		www.vsp.com
Life Insurance	CIGNA	(800) 732-1603		www.cigna.com
Retirement	IPERS	(800) 622-3849	(515) 281-0053	www.ipers.org
Additional Retirement	IA Retirement Investors' Club	(515) 242-5120		www.ric.iowa.gov
Flexible Spending Accounts	HealthSCOPE	(877) 385-8775	(877) 240-0135	www.healthscopebenefits.com
Optional Supplemental	AFLAC	(712) 580-5339	(712) 580-5333	www.aflac.com
Employee Assistance Program	Connections	(800) 779-6125		www.connectionseap.com
Online Benefit Enrollment Platform	Maxwell Health	(866) 629-7445		www.maxwellhealth.com

To enroll in benefits, check your Spencer Hospital email for a link to reset your password from Maxwell Health. Make sure to complete your elections ASAP, as you only have 30 days to elect.

Your Medical Insurance

Spencer Hospital's health insurance plan is self-funded and administered by HealthSCOPE. The monthly premium is shared by the employee and the hospital. Your portion of the premium is deducted from your paychecks on a **pre-tax** basis; the amount deducted depends on the plan you choose and your employment status. The premiums are paid one month in advance of coverage.



This is a PPO Plan. If you use PPO providers, you will receive greater benefits. To locate a preferred provider:

Location	PPO	Phone	Website
Midwest	Midlands Choice	(800) 605-8259	www.midlandschoice.com
Other	PHCS	(866) 680-7427	www.phcs.com

ELIGIBILITY: Employees: Full-time: 72-60 hours/pp, Part-time: 40-59 hours/pp, Weekend Package w/ Benefits

*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.

Dependents: Spouse, Children to age 26, Adult children over age 26, if unmarried FT student or disabled and continuously covered after age 18

EFFECTIVE DATE FOR NEW PARTICIPANTS: First day of the month, following one full month of employment.

Special Notes: Work-related injuries are not covered (self-employment, etc.)

Deductibles The H.S.A. is a non-embedded (aggregate) deductible for a plan of more than one. The individual deductible applies only if one person is on the H.S.A. plan. If more than one person is on the plan, the family deductible of 5,000 applies to all. **The Traditional plan is an embedded deductible** for a plan of more than one. Although more than one person may be on the plan, one person stops at the single deductible, leaving the remainder for other members.

Office Copays Office Visit Copays apply to Traditional plan. These copays do not go towards the deductible but do go towards the out-of-pocket maximum. They cover standard charges for the office visit. Any procedure, test, lab, or supply used during that office visit may be subject to the deductible. Specialist copays work the same as the standard office visit. Chiropractic visits are covered at the Specialist Office Visit copay up to \$50/visit and are still subject to the 24 annual visit maximum. Office visits outside of the PPO network are subject to the deductible.

ED Copays The ED visit copay covers the primary ED physician charge. They do not go towards the deductible but do go towards the out-of-pocket maximum. Any additional charges incurred during that visit, such as any facility charges (labs, tests, supplies etc.) or other physician charges, may be subject to the deductible. If a member is admitted into the hospital, the \$100 ED copay is waived.

Single Health Insurance	Traditional	Health Savings Account
Annual In-Network Deductible	\$1000	\$2500
Out-Of Network Deductible- NEW IN 2017	\$2000	\$5000
Coinsurance – Spencer Hospital	90% / 10%	100%
Coinsurance – PPO	80% / 20%	100%
Coinsurance – Non PPO	60% / 40%	60% / 40%
Annual Out of Pocket Max – PPO	\$3000	\$2500
Annual Out of Pocket Max – Non PPO	\$4000	\$5000
FT Rate/Pay Period	\$65 (\$1560 annually)	\$28 (\$672 annually)
PT Rate/Pay Period	\$159 (\$3816 annually)	\$72 (\$1728 annually)

EE +/-Family Health Insurance	Traditional	Health Savings Account
Annual In-Network Deductible	\$2000 *One person would stop at \$1000	\$5000
Out-Of Network Deductible	\$4000	\$10,000
Coinsurance – Spencer Hospital	90% / 10%	100%
Coinsurance – PPO	80% / 20%	100%
Coinsurance – Non PPO	60% / 40%	60% / 40%
Annual Out of Pocket Max – PPO	\$6000	\$5000
Annual Out of Pocket Max – Non PPO	\$8000	\$10,000

FT Rate EE + Child(ren)/Pay Period	\$197 (\$4728 annually)	\$84 (\$2016 annually)
PT Rate EE + Child(ren)/Pay Period	\$286 (\$6864 annually)	\$140 (\$3360 annually)

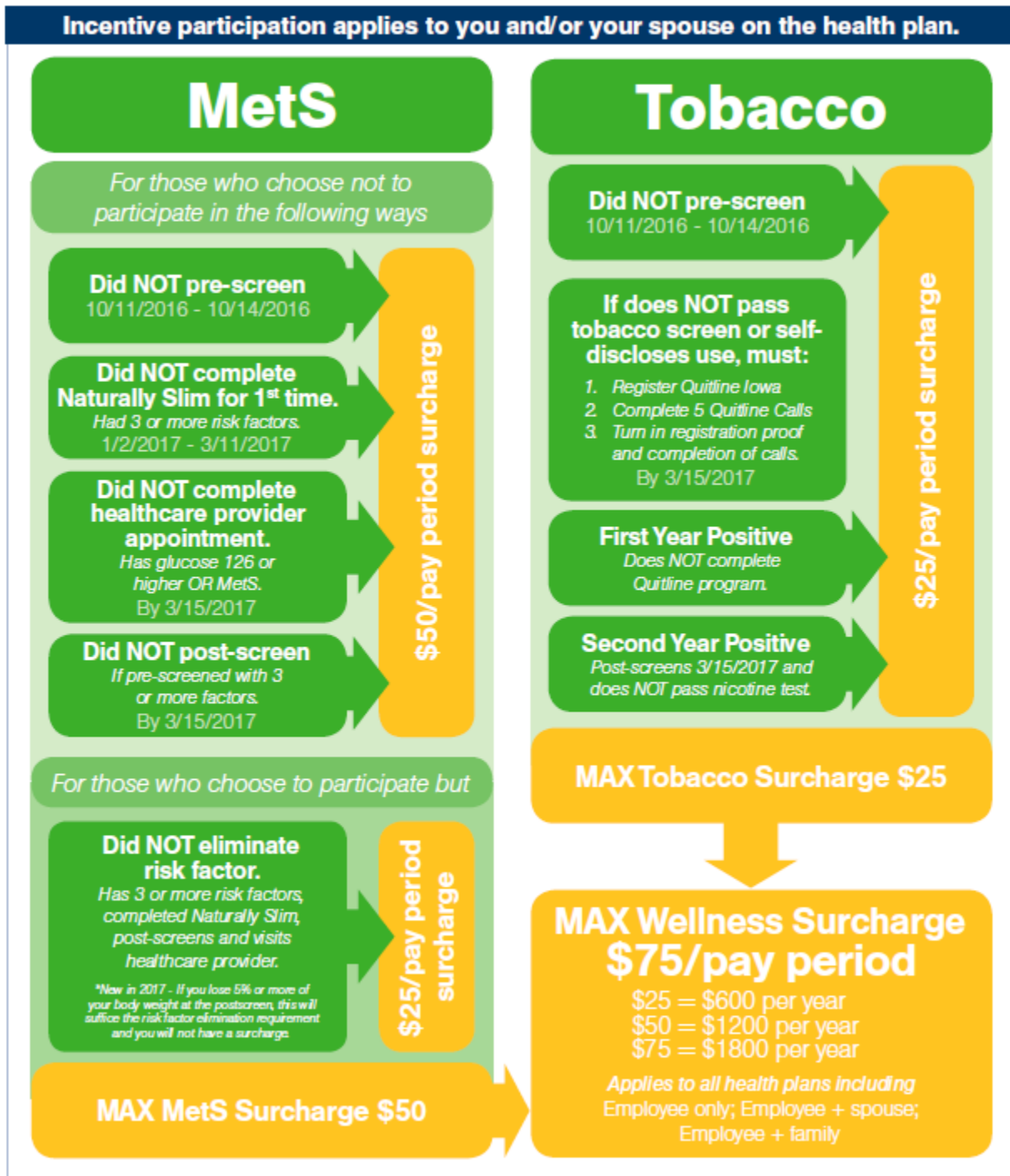
FT Rate EE + Spouse /Pay Period	\$238 (\$5712 annually)	\$102 (\$2448 annually)
PT Rate EE + Spouse/Pay Period	\$346 (\$8304 annually)	\$170 (\$4080 annually)

FT Rate Family/Pay Period	\$253 (\$6072 annually)	\$117 (\$2808 annually)
PT Rate Family/Pay Period	\$351 (\$8424 annually)	\$180 (\$4320 annually)

Visit www.midlandschoice.com to verify if a provider or facility is within our primary PPO network.

	Traditional	Health Savings Account
Office Visit Copay**other charges may be subject to deductible	\$25	Subject to deductible and coinsurance
Specialist Visit Copay*	\$35	
ED Provider Copay **waived if admitted	\$100	
Prescription Benefit-MedTrak	Up to 30-day supply	Prescriptions are processed through the health plan, subject to deductible
Tier 1 – Generic	\$5 In 2018: or 10% if over \$100	
Tier 2 – Brand Name	\$30 (If generic is available, \$30 PLUS difference in cost of generic and brand) In 2018: or 10% if over \$300	
Tier 3 - Multiple Source	\$50 In 2018: or 10% if over \$500	
Tier 4 – Self-Injectable (non-diabetic) & Specialty	\$125 In 2018: or 10% if over \$1250	
<p>Visit www.medtrakrx.com to register for an account to look at Rx prices and possible lower cost alternatives.</p> <p>Max out-of-pocket (deductibles, co-payments and other amounts, but not premiums) for 2017 is \$7,150 Single/\$14,300 for Family</p>		

2017 Wellness Incentive/Penalties



*New Employees are grandfathered into wellness until the following fall's screenings.

*If you or your spouse would like a screening prior to the fall screening to know your numbers and will be on our health insurance, please contact Employee Health RN, Joyce Tewes at 264-6636.

*Annual screenings are at the end of October, with penalties occurring the following April 1st through March 31.

THRIVE-WORKPLACE WELLNESS

Our wellness benefits are constantly evolving. Our wellness program is geared around the Metabolic Syndrome.



What is “Metabolic Syndrome?”

Metabolic syndrome is a collection of risk factors that dramatically increases your risk of developing heart disease, diabetes, depression, stroke, cancer, and a number of other unpleasant medical conditions. According to a national health survey, one out of every 3 working adults has metabolic syndrome. These 5 questions can tell if you are at risk:

1. **Blood pressure:** Is yours 130/85 or higher?
2. **HDL (good) cholesterol:** Is your level less than 40 mg/dl (milligrams/deciliter) for men; less than 50 mg/dl for women?
3. **Fasting blood glucose:** Is your glucose level 100 mg/dl or higher?
4. **Triglycerides:** Is yours 150 mg/dl or higher?
5. **Waistline:** Does yours measure 40” or more for men; 35” or more for women (when measured across the belly button)?

If you answered “yes” three or more times, you may have metabolic syndrome. People with metabolic syndrome have a significantly higher chance of developing a medical condition in the next several years.

What is Naturally Slim?

For employees on our health insurance that have 3 or more Metabolic Syndrome factors, we offer a program called Naturally Slim. Naturally Slim is a requirement for folks with 3 or more MetS factors to receive the wellness premium discounted rate. Depending on the timing of your hire date, you may have to wait until the next Naturally Slim and screening rollout. Naturally Slim focuses on the issue of metabolic syndrome and offers methods to help you create changes in your behavior. More specifically, it:

- Fights metabolic syndrome by focusing on weight loss and maintaining a healthy lifestyle.
- Enables you to develop a lifestyle of eating your favorite foods while still improving health and losing weight.
- Teaches you to identify personal eating habits, recognize the difference between true hunger and psychological hunger, understand how hydration habits influence hunger, and practice ways to minimize fat storage.
- Addresses how exercise, stress, and your environment affect weight loss.
- Includes 10 self-paced, online video sessions, as well as frequent correspondence and positive guidance from a personal health counselor over a 10-week period.

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



2017 Spencer Hospital Wellness Benefits

ELIGIBILITY	YOUR COST	DESCRIPTION
Comprehensive Wellness Screening including Preventative Blood Work Contact Joyce in Employee Health at 264-6636		
Employees & Spouses on Health Plan <i>Required for employees and spouses to avoid the wellness surcharge.</i> Screening Dates: October 11-14 Register on Intranet	FREE Value: \$50/each \$10/Thyroid \$25/PSA	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 & Spouses NOT on Health Plan Every third Wednesday of each month.	\$10 (See value above)	
Naturally Slim Contact Joyce in Employee Health at 264-6636		
Employees & Spouses on Health Insurance <i>Required to avoid the wellness surcharge if 3 or more Metabolic Syndrome Factors are present if never done Naturally Slim before. Optional if previously completed.</i> Program begins 1/2/17	FREE Value: \$385	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.
Quit Line Iowa Tobacco Cessation Contact Joyce in Employee Health at 264-6636		
All Employees & Spouses <i>Required for employees and spouses that test positive the first year to avoid the surcharge.</i> Complete five Quit Line Iowa calls by March 15, 2017.	FREE Value: \$350	Series of five, smoking cessation calls through Quit Line Iowa.
Athletic Enhancement Discount Contact Tim or Jason in Athletic Enhancement at 264-6633		
All Employees & Spouses	FREE** Value: \$300 yr./each	AE is accessible 24/7 and personal training programs are available. **\$25 enrollment fee/each & free thereafter if attend 6 times a month or more
EW Weight Watchers Online (Etools) Contact Candace in HR at 264-6643		
All Employees & Spouses Thursday 12-12:30 p.m. in Shape Room or online e-tools	\$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 ½ price by losing 5% of your body weight and 100% of the cost by losing 10% of your body weight. Payroll deduction is available.
EW Chewin' the Fat Contact Candace in HR at 264-6643		
All Employees Thursday 12-12:30 p.m. in Shape Room	FREE	All Spencer Hospital employees are encouraged to attend this informal lunch group. Weigh-in on the scale if you choose for your own accountability and enjoy discussions with your coworkers. Look for different wellness speakers to visit on occasion as well.
CT Cardiac Score or Ultrasound Stroke Screening Contact Diagnostic Imaging at 264-6500		
All Employees & Spouses	\$10 each Value: \$50/each	A cardiovascular risk identification and reduction program operated by Spencer Hospital. Must meet appropriate age and other criteria.
Flu Vaccine Contact Joyce in Employee Health at 264-6636		
All Employees Benefit Fair Oct. 26 from 9 a.m. - 3 p.m. Spouses on Spencer Hospital Health Insurance may receive at wellness screening if supplies are available.	FREE Value: \$35	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.
EW FitBit Wearables Devices Contact Candace in HR at 264-6643		
All Employees Ongoing	\$50 subsidy & payroll deduct remaining cost	Participate in the hospital's NEW wearable wireless device campaign, with the most popular device by 88% of wearable users, FitBit. Choose from 7 different FitBits ranging in cost from \$59 up to \$249.95. Spencer Hospital will subsidize \$50 of the cost and you can payroll deduct the remaining cost. If you already have a FitBit, you'll be able to participate in Challenges set up in 2017 without purchasing another device.
Miscellaneous Wellness Extras Contact Candace in HR at 264-6643		
All Employees	FREE	Free online wellness assessment through WebMD Indoor/Outdoor Walking Paths Well-being improvement initiative - www.bluezonesproject.com Code SMH

Meet the Fitbit Family

\$59.50/\$51

\$79.95/\$65

\$99.95/\$85

\$129.95/\$110.50

\$149.95/\$127.45

\$199.95/\$170

\$249.95/\$212.50



EVERYDAY FITNESS

ACTIVE FITNESS

PERFORMANCE FITNESS

zip

Activity Tracker

- Steps, distance & calories burned
- Large top display
- Discreet clip
- Replaceable battery lasts up to 6 months
- Works with iPhone® Android™ & Windows®

one

Activity + Sleep Tracker

- Steps, distance, calories burned & floors climbed
- Sleep tracking & alarms
- OLED display + clock
- Discreet clip
- Battery lasts up to 14 days
- Works with iPhone® Android™ & Windows®

flex 2

Fitness Wristband

- Steps, distance & calories burned
- Auto sleep tracking & alarms
- SmartTrack™ auto exercise recognition
- Swim-proof + tracks swimming
- Removable tracker fits in bands, bracelets and pendants
- Call & text alerts
- Reminders to Move
- LED progress display
- Battery lasts up to 5 days
- Works with iPhone® Android™ & Windows®

alta

Fitness Wristband

- Steps, distance & calories burned
- Auto sleep tracking & alarms
- SmartTrack™ auto exercise recognition
- Call, text & calendar alerts
- OLED display + clock
- Reminders to Move
- Horizontal or vertical view
- Accessory bands
- Battery lasts up to 5 days
- Works with iPhone® Android™ & Windows®

charge 2

Heart Rate + Fitness Wristband

- Steps, distance, calories burned & floors climbed
- Auto sleep tracking & alarms
- PurePulse™ heart rate
- SmartTrack™ auto exercise recognition
- Multi-sport tracking + Connected GPS
- Call, text & calendar alerts
- Reminders to Move
- Guided breathing sessions
- OLED display + multiple clock faces
- Accessory bands
- Battery lasts up to 5 days
- Works with iPhone® Android™ & Windows®

blaze

Smart Fitness Watch

- Steps, distance, calories burned & floors climbed
- Auto sleep tracking & alarms
- PurePulse™ heart rate
- SmartTrack™ auto exercise recognition
- Multi-sport tracking + Connected GPS
- On-screen workouts
- Call, text, calendar alerts & expanded notifications
- Reminders to Move
- Music control
- Color touchscreen + multiple clock faces
- Accessory bands & frames
- Battery lasts up to 5 days
- Works with iPhone® Android™ & Windows®

surge

Fitness Super Watch

- Steps, distance, calories burned & floors climbed
- Auto sleep tracking & alarms
- PurePulse™ heart rate
- SmartTrack™ auto exercise recognition
- Multi-sport tracking
- Built-in GPS
- Run cues
- Call & text alerts
- Music control
- Touchscreen display
- Battery lasts up to 7 days
- Works with iPhone® Android™ & Windows®

Zip
Activity Tracker

One
Activity + Sleep Tracker

Flex2
Fitness Wristband

Alta
Fitness Wristband

Charge2
Heart Rate + Fitness Wristband

Blaze
Smart Fitness Watch

Surge
Fitness Super Watch

	Zip Activity Tracker	One Activity + Sleep Tracker	Flex2 Fitness Wristband	Alta Fitness Wristband	Charge2 Heart Rate + Fitness Wristband	Blaze Smart Fitness Watch	Surge Fitness Super Watch
Steps, Calories & Distance	✓	✓	✓	✓	✓	✓	✓
Floors Climbed	—	✓	—	—	✓	✓	✓
Active Minutes	✓	✓	✓	✓	✓	✓	✓
Clock/Time	✓	✓	—	✓	✓	✓	✓
Sleep Tracking & Silent Alarm	✓	✓	✓	✓	✓	✓	✓
SmartTrack™	—	—	✓	✓	✓	✓	✓
Reminders to Move	—	—	✓	✓	✓	✓	—
Hourly Activity & Stationary Time	✓	✓	✓	✓	✓	✓	✓
Swim-Proof	—	—	✓	—	—	—	—
Multi Sport Modes	—	—	—	—	✓	✓	✓
PurePulse® Heart Rate	—	—	—	—	✓	✓	✓
On-Screen Workouts	—	—	—	—	—	✓	—
Built-in GPS	—	—	—	—	—	—	✓
Connected GPS	—	—	—	—	✓	✓	—
Call & Text Notifications	—	—	✓	✓	✓	✓	✓
Calendar Alerts	—	—	—	✓	✓	✓	—
Music Control	—	—	—	—	—	✓	✓
Interchangeable Accessories	—	—	✓	✓	✓	✓	—

Health Savings Account

This \$2500/\$5000 deductible plan qualifies as a high deductible health plan with which you can set up a **Health Savings Account (HSA)**. 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. Annual HSA contribution limits are set each year by the IRS.

2017 Health Savings Account	Single Plan	Family/Employee+ Plan	If a spouse is also 55 or older, a second HSA may be established & a second contribution of \$1,000 may be made.
Contribution Limit	\$3,400	\$6,750	
Catch-Up Contribution (55+)	\$1,000	\$1,000	

The money contributed to your Health Savings Account is tax deductible, earns interest, carries over from year to year, and stays with you even if you change employers. At Spencer Hospital, you may contribute after tax dollars to your HSA through direct deposit. You will realize your tax savings when you file your tax return – contact your tax advisor. Check out www.irs.gov for more details.

Note - You may have either an HSA or a Medical Flexible Spending Account. However, you may have a Limited Purpose FSA to submit dental and vision expenses if you have Health Savings Account.

WELLNESS BENEFITS

Both plans will provide preventive services at 100% at **Spencer Hospital (SH)** or within the **PPO network for all members meeting appropriate age and risk status** as follows:

- Items or services rated A or B in the current recommendations of the US Preventive Services Task Force (**USPSTF**)
- Immunizations recommended by the Advisory Committee on Immunization Practices (**ACIP**) of the Centers for Disease Control and Prevention (**CDC**)
- Evidence-informed preventive care and screenings for infants, children and adolescents as provided in the comprehensive guidelines supported by the Health Resources and Services Administration (**HRSA**)
- Additional preventive care and screening with respect to women provided in the comprehensive guidelines supported by the HRSA



Highlighted items include:

Preventive/Routine Physical, Diagnostic Tests & Labs (All ages): 100% at SH or within PPO network.

Preventive/Routine Pelvic Exam/Pap Test: 100% at SH or within PPO network.

Preventive/Routine Immunizations Rated A or B by the USPSTF: (All Ages): 100% at SH, CHS or PPO network.

Beyond the guidelines, the plan will continue to provide services *earlier* than the recommended guidelines as follows:

Preventive/Routine Mammogram: 100%-Age 40+ annually at Spencer Hospital or within the PPO network.

Preventive/Routine PSA: 100% Age 50+, at SH or within the PPO network.

Preventive/Routine Colonoscopy: Subject to deductible & 90% coinsurance, if performed at SH. (Once every 5 yrs age 40-49) 100% Age 50+ at SH or within the PPO network.

Contraceptive: within PPO network.

FDA Method	Product	Coverage	Type of Coverage
Hormonal	Oral drugs, patches, rings	Generic Rx products @ \$0 to the Member. Brand products still subject to Brand copay*/ plan design.	MedTrak-Prescription
	Injectables	Generic Injectable \$0 to Member	HealthScope-Medical for Injectable
Barrier	Diaphragms	No Generic available, Brand products @ \$0 to the Member.	MedTrak-Prescription or HealthSCOPE-Medical
Emergency	“Morning After” Pill	Generic Rx / OTC products @ \$0 to the Member. Brand products still subject to Brand copay / plan design.	MedTrak-Prescription
Implants	IUDs	No Generic products available, Brand products @ \$0 to the Member	HealthScope-Medical
Sterilization Procedure	N/A	Sterilization Procedure done w/in PPO @ \$0 to Member (Vasectomy included)	HealthScope-Medical

*Brand Drugs with a generic equivalent will be covered at a \$0 copay to the Plan’s members when the prescriber has indicated “Dispense as Written” (DAW1) on the prescription. On the other hand, members requesting the Brand Drug over the Generic equivalent (DAW2) will be subject to the standard copay by the member.

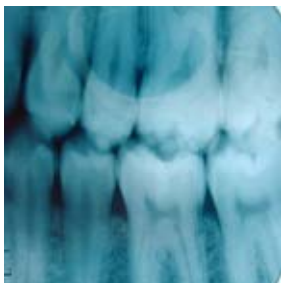
This list is not all-encompassing. Although an individual may receive many preventive services within the network at 100%, utilization of Spencer Hospital, Spencer Hospital’s Clinics, and Community Health is **strongly encouraged**

ATHLETIC ENHANCEMENT MEMBERSHIP

Employee and Spouse Membership- Employee pays \$25 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

Your Dental Insurance (Delta Dental PPO)

You are eligible to participate in the hospital's comprehensive dental insurance program. The premiums are paid by the employee and are deducted from your paychecks on a **pre-tax** basis. The plan is designed to cover all or a majority of **preventative** services and offset the cost of basic & major repair services. Employees who sign-up when **first** eligible are not subject to late entrant restrictions. **This is a PPO Plan. If you use PPO providers, you will receive greater benefits.**



<u>Plan Option</u>	<u>Cost Per Pay Period</u>
Employee Only	\$12.50 (\$25.00/month)
Employee+ Spouse	\$25.00 (\$50.00/month)
Employee + Child(ren)	\$25.00 (\$50.00/month)
Employee & Family	\$42.50 (\$85.00/month)

Dental Summary of Covered Services and Benefits

Our Plan: Delta Dental PPO Visit www.deltadentalia.com to obtain a list of participating dentists.	DEDUCTIBLE	COINSURANCE ¹	BENEFIT PERIOD MAX	ORTHO LIFETIME MAX
BENEFIT CATEGORIES	\$50/person PPO \$75/person Premier \$100/person Out-of-Network	Delta Dental PPO/ Delta Dental Premier/ Out-of-Network	\$1,000 *Eligible for Annual Maximum Carryover-To Go	
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services) 1. Dental Cleaning 2. Oral Evaluations 3. Fluoride Applications 4. X-rays 5. Space Maintainers 6. Sealant Applications	Waived	0%/10%/30%	Yes	
Cavity Repair and Tooth Extractions* (Routine and Restorative Services) 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery	Yes	20%/30%/50%	Yes	
Root Canals* (Endodontic Services Includes) 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy	Yes	50%/50%/60%	Yes	
Gum and Bone Diseases* (Periodontal Services Includes) 1. Conservative Procedures (Non-Surgical) 2. Complex Procedures (Surgical) 3. Maintenance Therapy	Yes	50%/50%/60%	Yes	
High Cost Restorations* (Cast Restorations Includes) 1. Cast Restorations a. Crowns b. Inlays c. Onlays d. Posts and Cores	Yes	50%/50%/60%	Yes	
Dentures and Bridges* (Prosthetics - replacement of missing teeth) 1. Bridges 2. Dentures	Yes	50%/50%/60%	Yes	
Straighter Teeth* (Orthodontics – dependents to age 26 and adults)	Waived	50%/50%/50%		\$1,000
<p>*12 month waiting period for late entrant applies This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the certificate and and Enrollment regulations in force when the certificate becomes effective certain exclusions and limitations apply.</p>				

Protect your vision with VSP.



Get the best in eye care and eyewear with SPENCER MUNICIPAL HOSPITAL and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location who carries these brands.

Enroll in VSP today.
You'll be glad you did.
Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary



SPENCER MUNICIPAL HOSPITAL and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 08/01/2017

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$10	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Semi-Monthly Contribution	\$5.37 Employee only \$8.58 Employee + 1 \$8.76 Employee + children \$14.13 Employee + family		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
<small>Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.</small>			

Your Flexible Spending Accounts (FSA) HealthSCOPE

You may have money withheld from your paychecks on a **pre-tax** basis to be used for dependent care expenses and/or unreimbursed medical expenses. HealthSCOPE offers automatic reimbursement where you can have all claims ran through medical insurance directly sent to your flexible spending reimbursement account.



ELIGIBILITY

Employees: Full-time: 60-80 hours/pay period
 Part-time: 40-59 hours/pay period
 Weekend Package with Benefits

EFFECTIVE DATE OF FLEX FOR NEW PARTICIPANTS

First day of the month, following one full month of employment.

MEDICAL SPENDING ACCOUNT

You may set aside up to \$2,550, per participant, on a pre-tax basis for certain IRS-approved medical expenses not covered by your insurance plan. Examples include: deductibles, coinsurance, vision services and dental services. Up to \$500 can be rollover from the previous year, with the possibility of starting the year with a total of \$3,000 (\$500 from rollover and \$2,550 new year election)

DEPENDENT CARE SPENDING ACCOUNT

You may set aside up to \$5,000 (\$2,500 if married and filing separately) on a pre-tax basis for qualifying dependent care expenses. Qualifying dependent care includes care for children under the age of 13 while you and your spouse are working and/or attending school full-time.

Estimated Annual Expenses & Tax Savings Worksheet

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

Tax Estimate Table

Annual Household Taxable Earnings	Estimated Tax Rate
< \$30,000	25%
\$30,000-\$40,000	29%
\$40,000-\$70,000	31%
>\$70,000	33%

Your Disability Benefits

Spencer Hospital provides qualifying employees with short and long-term disability and pays the full cost of this coverage.

ELIGIBILITY

Employees: Full-time: 60-80 hours/pay period
Part-time: 40-59 hours/pay period
Weekend Package with Benefits



SHORT-TERM DISABILITY

This program provides 60% of your pay if you are off work due to an accident, illness, or maternity. The plan runs concurrently with FMLA and begins paying following a 24-hour waiting period and will pay until recovery or up to 13 weeks.

EFFECTIVE DATE FOR NEW PARTICIPANTS

After one full year of employment.

LONG-TERM DISABILITY

This program provides income equal to 60% of your insured salary for disabilities lasting beyond 90 days.

EFFECTIVE DATE FOR NEW PARTICIPANTS After 90 days of employment.

AFLAC SUPPLEMENTAL INSURANCE

AFLAC offers four supplemental insurance policies available to eligible employees on a voluntary basis. Available plans include: Accident, Cancer, Hospital Protection, & Group Critical Illness. These supplemental insurance plans are meant to reduce the impact of deductibles, coinsurance, etc., not to replace or duplicate our existing health insurance. Premiums are taken on a **pre-tax** basis.

ELIGIBILITY

Employees: Full-time: 60-80 hours/pay period
Part-time: 40-59 hours/pay period
Weekend Package with Benefits

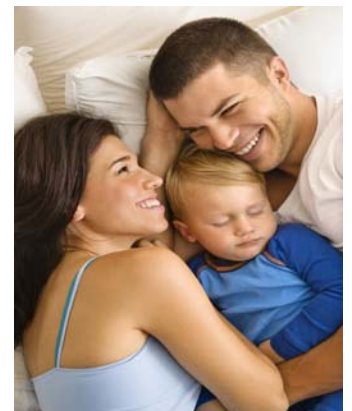
Dependents: Spouse
Children up to age 26



EFFECTIVE DATE FOR NEW PARTICIPANTS First day of the month, following one full month of employment.

Your Life Insurance & AD & D (CIGNA)

All eligible employees receive term life and Accidental Death & Dismemberment insurance equal to one time your annual salary. You may purchase additional coverage of one or two times your annual pay up to a maximum of \$500,000. If electing voluntary, you may also elect up to half of your voluntary election in spousal coverage and voluntary children coverage of \$5,000 or \$10,000.



ELIGIBILITY FOR LIFE INSURANCE:

Employees: Full-time: 60-80 hours/pay period, Part-time: 40-59 hours/pay period, Weekend Package with Benefits

EFFECTIVE DATE FOR NEW PARTICIPANTS: After 90 days of employment.

Additional Voluntary coverage paid 100% by employee.

Additional Features of CIGNA:

- **Healthy Rewards**-Discounts on health programs and services for you and family members.
- **Secure Travel**-Emergency medical/travel services, when traveling 100 miles or more from home.
- **Will Preparation**-Personal Estate planning including essential life and health legal documents online at no cost (hrs/year) per person at no cost. This service is totally free and confidential.

ELIGIBILITY

Employees: All employee classifications.

Family Members: All employee’s family members within household.

	Employee	Spouse	Child																																										
Benefit Amount	Option 1: One times Basic Annual Earnings to a maximum of \$500,000 Option 2: Two times Basic Annual Earnings to a maximum of \$500,000	Units of \$5,000 to the lesser of \$250,000 or 50% of Employee’s <u>Voluntary Life Amount</u> .	Birth to 6 months: \$1,000 6 months to 19 (up to 26 if FT student): \$5,000 or \$10,000																																										
Employee must participate in Employee Voluntary to elect spousal and/or children voluntary coverage.																																													
Guarantee Issue	\$200,000 – Supplemental Life (During regular enrollment period.) \$260,000 – Basic Life During Open Enrollment period, subject to underwriting.	\$25,000	All																																										
Age Reduction	Benefits will be reduced by 50% at Age 70. Terminates at Retirement.	Coverage ends at 70.	Ends at age 19 or through age 26 if Full Time Student.																																										
<u>Monthly Premium</u> (Per \$1,000 of Coverage) *Spousal rates are based on employee’s age.	<table border="0"> <tr><td>Under age 30</td><td>\$.04</td></tr> <tr><td>30 to 34</td><td>\$.06</td></tr> <tr><td>35 to 39</td><td>\$.08</td></tr> <tr><td>40 to 44</td><td>\$.10</td></tr> <tr><td>45 to 49</td><td>\$.15</td></tr> <tr><td>50 to 54</td><td>\$.23</td></tr> <tr><td>55 to 59</td><td>\$.33</td></tr> <tr><td>60 to 64</td><td>\$.43</td></tr> <tr><td>65 to 69</td><td>\$1.03</td></tr> <tr><td>70 to 74</td><td>\$1.66</td></tr> <tr><td>75 to 79</td><td>\$6.84</td></tr> </table>	Under age 30	\$.04	30 to 34	\$.06	35 to 39	\$.08	40 to 44	\$.10	45 to 49	\$.15	50 to 54	\$.23	55 to 59	\$.33	60 to 64	\$.43	65 to 69	\$1.03	70 to 74	\$1.66	75 to 79	\$6.84	<table border="0"> <tr><td>Under age 20</td><td>\$.05</td></tr> <tr><td>20 to 34</td><td>\$.08</td></tr> <tr><td>35 to 39</td><td>\$.09</td></tr> <tr><td>40 to 44</td><td>\$.14</td></tr> <tr><td>45 to 49</td><td>\$.20</td></tr> <tr><td>50 to 54</td><td>\$.32</td></tr> <tr><td>55 to 59</td><td>\$.52</td></tr> <tr><td>60 to 64</td><td>\$.80</td></tr> <tr><td>65 to 69</td><td>\$1.35</td></tr> <tr><td>70 and above</td><td>N/A</td></tr> </table>	Under age 20	\$.05	20 to 34	\$.08	35 to 39	\$.09	40 to 44	\$.14	45 to 49	\$.20	50 to 54	\$.32	55 to 59	\$.52	60 to 64	\$.80	65 to 69	\$1.35	70 and above	N/A	\$1.26 for \$5,000 \$2.50 for \$10,000 *Rate is for <u>all</u> children
Under age 30	\$.04																																												
30 to 34	\$.06																																												
35 to 39	\$.08																																												
40 to 44	\$.10																																												
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65 to 69	\$1.35																																												
70 and above	N/A																																												
Suicide	Benefits will not be payable for a loss caused by suicide or intentionally self-inflicted injuries.																																												

Employee Assistance Program (Connections)

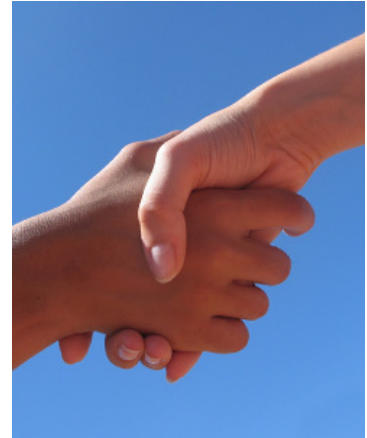
EFFECTIVE DATE FOR NEW PARTICIPANTS

Upon hire.

TYPES OF SERVICES

This program is designed to assist employees & dependent family members in coping with personal, family, financial and other concerns by providing initial assessment sessions (up to 3 hrs/incident) and additional counseling sessions (up to 7 brief therapy sessions in a year) Examples of problems/issues that Connections may be able to help with include:

- Personal
- Marriage
- Parenting
- Addictions
- Stress
- Financial
- Legal
- Elder Care
- Child Care
- Adoption
- Depression and Anxiety



CONTACT INFORMATION

Phone: (712) 476-2889 or (800) 779-6125

Website: www.connectionseap.com

Username: spenemp

Password: eap

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.

Your 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.

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: 5.95% of covered wages through payroll deductions (Paramedics: 6.56%)

Hospital: 8.93% (Paramedics: 9.84%)



Deferred Compensation-(Iowa Retirement Investor's Club)

You may participate in this tax-deferred 457 (b)tax plan, issued by 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.

ELIGIBILITY

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

EFFECTIVE DATE FOR NEW PARTICIPANTS Upon hire.

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.

ELIGIBILITY

Employees: 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.

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.

ELIGIBILITY

Employees: 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.

ELIGIBILITY

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

EFFECTIVE

Upon Hire



Discounts and Miscellaneous Perks

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

ELIGIBILITY:

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

EFFECTIVE: Upon Hire

Outpatient Discount Employees may receive a 25% 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 25% 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.

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.