Benefit Program Overview

2020

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Citizens Memorial Healthcare

To Our Employees:

As an expression of our appreciation for your contribution to our success, we are pleased to provide a variety of insurance benefit options to help meet your needs and the needs of your family.

We also understand that insurance benefits can sometimes be confusing. And it can be hard to quickly find answers amongst the mounds of paper insurance companies generate. To better communicate our benefits we have prepared a **Benefit Program Overview**. This booklet provides a brief description of the insurance benefits offered to you as an employee of Citizens Memorial Healthcare. We hope you find the information in this booklet to be a helpful overview of your insurance plan options. Please keep in mind that the content is not all-inclusive and is not intended to be a legal document. If you need more detailed information on insurance benefits that you may be entitled to receive, consult the actual plan documents which are available from the Human Resource Department.

Once again, thank you for your contribution and should you have any questions or comments, please contact Sasha Winder, our Human Resources Benefits Specialist for assistance.

Donald J. Babb Chief Executive Officer/Executive Director

Eligibility

Full-time, part-time, and Contract-D employees are eligible for benefits the first of the month following date of hire. Benefits in this booklet, unless otherwise indicated, are effective based upon the above eligibility requirements being met.

If an employee meets the eligibility requirements above, benefits become effective the first of the month after the employee's hire date. Employees are required to complete their online enrollment through Infinity HR within 30 days of coverage effective date. For example, if an employee's benefit effective date is *4/1/2020* then the employee only has until *4/30/2020* to complete their online enrollment. The employee will have to wait until annual open enrollment if they fail to enroll during the required new hire eligibility period.

All employees will be assigned a Healthstream upon hire, after a status change from PRN to full-time or part-time, and yearly during open enrollment. This Healthstream course will help you better understand the online enrollment process. If an employee leaves employment or moves to a PRN status their elected coverages will extend to the end of the month in which they leave employment or change their status.

2020 ADVANTAGE PLAN HEALTH INSURANCE PREMIUMS

Citizens Memorial Healthcare is pleased to offer our employees a comprehensive health plan. You may choose between two plans: the **Basic or Buy-Up**. Premiums for these plans are as follows:

(Rates per Pay Period)

Full-Time Employees

	Basic Healthy Roads Participant	Basic Non Participant	Buy-Up Healthy Roads Participant	Buy-Up Non Participant
Employee Only	$0	$35	$20	$54
Employee & Children	$66	$123	$95	$154
Employee & Spouse	$109	$167	$149	$209
Employee & Family	$153	$212	$210	$274
Surcharge for Covered spouse if other coverage available	$50	$50	$50	$50

Part-Time & Contract D Employees

	Basic Healthy Roads Participant	Basic Non Participant	Buy-Up Healthy Roads Participant	Buy-Up Non Participant
Employee Only	$53	$60	$92	$132
Employee & Children	$118	$146	$171	$233
Employee & Spouse	$160	$189	$224	$287
Employee & Family	$203	$233	$286	$352
Surcharge for Covered spouse if other coverage available	$50	$50	$50	$50

CMH Advantage Plan

Medical Insurance

The medical portion of the Health Plan is a Preferred Provider Organization (PPO) through Meritain. Vision and prescription drug coverage is included. The provider you choose will determine whether benefits are covered by the CMH Network, as In-Network (under Cox or Mercy), or as Out-of-Network. **The network you utilize will determine your out-of-pocket expense.** Each plan is detailed on pages 6-8.

CMH Vision Advantage Plan

Citizens Memorial Healthcare is pleased to include vision coverage as part of the CMH Advantage Plan (medical plan). Employees may receive one eye exam annually with a participating in-network doctor. Glasses and contacts are not covered, but employees may receive discounted prices at the CMH eye clinic. These expenses may be conveniently payroll deducted if you choose.

Vision Reimbursement

Employees may also opt to enroll themselves and/or their dependents in the CMH vision materials only program to receive reimbursements on glasses, and contacts. Employees enrolled in this plan may purchase materials at the location of their choice – see below for **annual** reimbursement amounts:

Employee Only	**$3.75 per pay period**
Employee + 1	**$5.30 per pay period**
Employee + 2 or More	**$7.42 per pay period**

Frames	**Up to $85**
Single Vision Lenses	**Up to $60**
Bifocal Lenses	**Up to $80**
Trifocal Lenses	**Up to $95**
No Line	**Up to $100**
Lenticular Lenses	**Up to $100**
Contact Lenses*	**Up to $125**

HealthyRoads Wellness Program

HealthyRoads is a phone and internet-based Wellness Coaching Program designed to help you achieve your health and wellness goals whether you want to:

- Stop Smoking
- Reduce Stress
- Lose Weight
- Or simply improve your healthy lifestyle habits

The program includes the following:

- One on one telephone sessions with your own personal health coach to focus on healthy lifestyle, weight management, tobacco cessation, and stress management.
- Benefit paid for by CMH for all full and part time employees (PRN employees are not eligible at this time. PRN can participate in the monthly contests) – no cost to the employee!
- The goal is to help support employees in living a healthier lifestyle.
- Award-winning guidebooks
- User-friendly health improvement website, **www.healthyroads.com**
- Personal Health Assessment and Healthy Living Score
- Health Status and Feedback
- Personal Health Plan
- Meal Plans and exercise routines customized to your unique need
- Access to all www.healthyroads.com tools, trackers, online classes, and more!

Basic Plan 2020

SERVICES	CMH Network Tier I	Cox Tier II	Aetna Choice POS II Tier III	Out-of-Network
Coinsurance Percentage	80%	75%	70%	50%
Deductible:				
Individual	$3,000	$5,500	$6,500	$8,000
Dependent	$5,500	$8,000	$10,000	$12,000
Family	$7,500	$10,500	$13,000	$16,000
Out of Pocket Coinsurance Maximum:				
Individual	$7,000		$7,900	$16,000
Dependent	$10,000		$12,000	$24,000
Family	$13,000		$15,800	$32,000

PHYSICIAN SERVICES	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
Deductible does not apply to physician office visits in the CMH network only				
Office Visits	$35 PCP / $70 SCP / visit	75%	70%	50%
Urgent Care/CMH Walk-In	$35 PCP/visit	75%	70%	50%
Preventive Care	100%	100%	100%	N/A
Annual Vision Exam (1/yr)	100%	75%	70%	N/A
Chiropractic Services	N/A	N/A	N/A	N/A

HOSPITAL SERVICES	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
Inpatient	80%	75%	70%	50%
Outpatient	80%	75%	70%	50%
Lab, X-Ray, Diagnostics	80%	75%	70%	50%
Emergency Room	80%	75%	70%	50%

OUTPATIENT SERVICES	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
Rehabilitation (limit 60 visits/yr)	80%	75%	70%	50%
Radiation and Chemotherapy	80%	75%	70%	50%
DME and Prosthetics	80%	75%	70%	50%

BEHAVIORAL HEALTH	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
Outpatient	$35/visit	75%	70%	50%
Inpatient	N/A	75%	70%	50%

NURSING, HOME HEALTH, HOSPICE	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
SKILLED NURSING SERVICES	80%	75%	70%	50%
HOME HEALTH VISITS	80%	75%	70%	50%
HOSPICE ($10,000 lifetime max)	80%	75%	70%	50%

PRESCRIPTION DRUGS	CMH Pharmacy	Non-CMH	Out-of-Network
Deductible	$0	$125	Not Covered
Generic - Tier One	$15	$25	
Tier Two	$45	$55 (or 50%)	
Tier Three	$75 (or 45%)	$85 (or 60%)	
Mail Order (No Tier 2 Included)	2x Retail Co-pay	2x Retail Co-Pay	
*DEDUCTIBLE DOES NOT APPLY TO PHYSICIAN OFFICE VISITS			
EMPLOYER-PAID TERM LIFE INSURANCE		1X annual salary, $300,000 max.	

Buy-Up Plan 2020

SERVICES	CMH Network Tier I	Cox Tier II	Aetna Choice POS II Tier III	Out-of-Network
Coinsurance Percentage	80%	75%	70%	50%
Deductible:				
Individual	$1,500	$3,000	$4,500	$6,000
Dependent	$3,000	$5,000	$7,000	$9,000
Family	$6,000	$7,000	$9,500	$12,000
Out of Pocket Coinsurance Maximum:				
Individual	$5,000		$7,900	$14,000
Dependent	$8,000		$12,000	$20,000
Family	$10,000		$15,800	$26,000

PHYSICIAN SERVICES	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
****Deductible does not apply to physician office visits in the CMH network only****				
Office Visits	$30 PCP / $60 SCP / visit	75%	70%	50%
Urgent Care/CMH Walk-In	$30 PCP/visit	75%	70%	50%
Preventive Care	100%	100%	100%	N/A
Annual Vision Exam (1/yr)	100%	75%	70%	N/A
Chiropractic Services	N/A	N/A	N/A	N/A

HOSPITAL SERVICES	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
Inpatient	80%	75%	70%	50%
Outpatient	80%	75%	70%	50%
Lab, X-Ray, Diagnostics	80%	75%	70%	50%
Emergency Room	80%	75%	70%	50%

OUTPATIENT SERVICES	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
Rehabilitation (limit 60 visits/yr)	80%	75%	70%	50%
Radiation and Chemotherapy	80%	75%	70%	50%
DME and Prosthetics	80%	75%	70%	50%

BEHAVIORAL HEALTH	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
Outpatient	$30/visit	75%	70%	50%
Inpatient	N/A	75%	70%	50%

NURSING, HOME HEALTH, HOSPICE	CMH Network	Cox	Aetna Choice POS II	Out-of-Network
SKILLED NURSING SERVICES	80%	75%	70%	50%
HOME HEALTH VISITS	80%	75%	70%	50%
HOSPICE ($10,000 lifetime max)	80%	75%	70%	50%

PRESCRIPTION DRUGS	CMH Pharmacy	Non-CMH	Out-of-Network
Deductible	$0	$100	Not Covered
Generic - Tier One	$10	$25	
Tier Two	$35	$45 (or 50%)	
Tier Three	$50 (or 45%)	$70 (or 60%)	
Mail Order (No Tier 2 Included)	2x Retail Co-pay	2x Retail Co-Pay	
***DEDUCTIBLE DOES NOT APPLY TO PHYSICIAN OFFICE VISITS**			
EMPLOYER-PAID TERM LIFE INSURANCE		2X annual salary, $300,000 max	

CMH Advantage Plan – Dental Insurance

Citizens Memorial Healthcare is pleased to offer our employees a comprehensive dental plan. You may choose between two plans: the Basic Plan and the Buy-Up Plan. Dependents can be covered up to their 26th birthday. Benefit payments are based on usual, customary, and reasonable charges. The benefit period is January 1st through December 31st. Plan information and premiums are per pay period for these plans are as follows:

FULL TIME DENTAL 2020		
	BASIC	BUY UP
EMPLOYEE ONLY	$0	$11
EE+CHILDREN	$8	$43
EE+SPOUSE	$9	$30
EE+FAMILY	$17	$61

PART TIME DENTAL 2020		
	BASIC	BUY UP
EMPLOYEE ONLY	$5	$16
EE+CHILDREN	$13	$48
EE+SPOUSE	$14	$35
EE+FAMILY	$22	$66

BOTH PLANS INCLUDE:

Preventative Dental Services: Pays 100%
• Routine periodic examinations, twice in any benefit period.
• Bitewing and periapical x-rays as required.
• Full-mouth x-rays, once in any 36 consecutive months.
• Prophylaxis (cleaning and scaling), twice in any benefit period.
• Topical fluoride application to age 19, once in any benefit period.
• Palliative emergency treatment as required.
• Space maintainers for prematurely lost teeth in children to age 16, once in 5 years.

Basic Dental Services: Pays 80%
• **Sealants**: For dependent children to age 19, limited to caries-free first and second permanent molars, once in 5 years.
• **Fillings**: Amalgam, synthetic porcelain and plastic restorations.
• **Periodontics**: Treatments for the diseases of the gums and bone supporting the teeth.
• **Endodontics**: Includes pulpal therapy and root canal filling.
• **Extractions**: Provides for simple and surgical extractions.

BASIC
• Individual deductible per contract year: $25
• Family maximum deductible per contract year: $75
• Deductible applies to: Basic Services
• Individual benefit maximum per contract year: $750

BUY-UP
• Individual deductible per contract year: $0
• Individual benefit maximum per contract year: $1,000
• Lifetime orthodontic maximum per person: $1,500
Major Dental Services: Pays 50%
• Oral surgery (except for extractions under coverage B).
• Prosthetics: Bridges and dentures.
• Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes.
• Orthodontic Care: Treatment for correction of malposed teeth to establish proper occlusion through the movement of teeth or their maintenance in position. Applies to dependent children to age 19.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Life and AD&D Insurance

Effective the first of the month following date of hire, employees will receive an employer-paid term life insurance policy provided by RELIANCE. The health plan option an employee chooses will determine the life policy provided to that employee (maximum $300,000). In the event that an employee waives the health option, he/she will automatically receive 1 times his/her annual salary to a maximum of $100,000. Age reduction schedule applies.

Accidental Death and Dismemberment (AD&D)

While insured under this policy, if the employee has an accident which results in death or dismemberment, RELIANCE will pay between 25-100% of the principal sum (certain restrictions apply). If an employee dies as a result of an automobile accident while properly wearing a seat belt at the time of the accident, RELIANCE will pay an additional Accidental Death Benefit.

Voluntary Term Life Insurance

Through Reliance, you may purchase up to 5 times your annual salary (not to exceed $500,000) in term life insurance. You may also purchase up to half of your amount of life coverage on your spouse and up to $10,000 on dependent children, in $2,000 increments.*

Rates depend on the employee's age, rate of pay, and status (full-time, part-time, or Contract D). Employees can receive a personalized printout with the amounts and cost by contacting Sasha Winder in HR at 328-6622.

During your initial enrollment period you are guaranteed up to $250,000 on self and up to $50,000 on spouse. Spouses who are 70 years of age and older are not eligible for coverage. ** Any amounts exceeding the guaranteed issue amounts will be subject to medical underwriting and approval.

In the event an employee chooses not to enroll during his/her initial enrollment period, employees may apply for the additional voluntary term life during open enrollment, but will be subject to medical underwriting and approval.

***A dependent child is any child until they reach the age of 26. This coverage will automatically cancel at the end of the month in which they reach the age of 26.**
*** Your child age 26 or older, who is unable to be self-supporting by reason of mental or physical handicap and is incapacitated, provided the child suffered such incapacity prior to the end of the month in which he/she attained age 26. Your child must be unmarried, primarily dependent upon you for support, and not eligible for any other type of health coverage (other than Medicaid or Medicare). The Plan Sponsor may require subsequent proof of your Child's disability and dependency, including a Physician's statement certifying your child's physical or mental incapacity.**
****Dependents spouse coverage will automatically cancel at age 70. Please contact HR to make sure premiums are adjusted accordingly when a covered spouse reaches age 70.**

Whole Life Insurance

Employees in a requisitioned position of 40 hours or more per pay period have the opportunity to purchase interest-sensitive whole life insurance through Boston Mutual based on their individual needs. Employees may enroll when they have met their eligibility. Coverage is effective the date the application is signed.

This particular policy, in addition to providing death benefits, builds cash value. The policy's accumulated cash value may also be used to buy a smaller, "paid up" policy on which no further premiums are due. Optional riders can also be added to the policy. An Accidental Death Benefit rider could double or even triple your death benefit if the insured is killed accidentally. The Waiver of Premium rider can pay the premiums on the policy in the event that the payer becomes totally disabled before age 60 for at least 6 consecutive months.

Coverage options are available for you, your spouse, children, and/or grandchildren. Choose the amount of insurance or cost that best suits your needs and budget. The cost for this insurance never changes and is available for as little as $2 per week.

If you are a newly eligible CMH employee, you will have a guaranteed issue for the amount of $22 per week. Rates are based on the amount of deduction you choose at your age and tobacco use. Premiums are paid, after-tax, through payroll deductions while you are employed by CMH. Coverage is portable, which means you can take your policy with you if you retire or leave the company.

Short Term Disability

Employees in a requisitioned position of 40 hours or more per pay period have the opportunity to purchase Short Term Disability through RELIANCE.
This disability plan will pay a weekly benefit directly to you in the event of a disability from a covered accident or sickness and resulting in the loss of income. Maternity benefits are available as long as the employee is still under medical necessity. STD does not cover bonding time under FMLA. Upon becoming disabled, the employee needs to contact Sasha Winder in HR (328-6622) to complete paperwork. If approved, you could receive 60% of your weekly earnings to a maximum of $1,000 per week.
Disability benefits will begin after a 30 day elimination period. If Paid Time Off hours are not exhausted during the 30 day elimination period, STD benefits will be offset if an employee uses PTO while on a disability claim. Benefits will pay for up to 9 weeks of disability, as long as you qualify as being disabled.

Long Term Disability

Employees will automatically receive, at no cost, group long term disability coverage starting the first of the month following one year of employment. This benefit is offered through RELIANCE, and pre-existing conditions do apply.
Upon becoming disabled, the employee needs to contact Sasha Winder in HR (328-6622) to complete paperwork for claim approval. If approved, you will receive 60% of your gross monthly salary to a maximum of $12,000 per month.
Disability benefits will begin after a 90 day elimination period. This program will integrate with any Social Security benefits awarded. Monthly benefits will continue until normal Social Security Retirement Age, as long as you qualify as being disabled.

Auto/Home

Citizens Memorial Healthcare has teamed with MetLife for a special group rate savings discount for employees on a full range of insurance policies including:

Auto	Renters
Boat	Recreational Vehicle
Fire	Personal Excess Liability
Home/Condo	Landlord Renters Dwelling
Mobile Home	

If you choose automatic checking account deduction as your payment option, you may qualify for an additional 5% off of the group rates. For rate and policy information, contact MetLife at:

1-800-GET-MET8 (438-6388)

Other CMH Employee Benefits

Paid Time Off

Paid Time Off is based on employee status (exempt, non-exempt) and years of service at CMH. The chart below shows PTO accumulation per 80 hours paid. The approximations reflect days per year for full-time employees.

Non Credentialed		
Employed	**Hourly**	**Exempt**
>1 year	3.38	4.92
1-5 years	6.46	7.69
5-10 years	8	9.23
10 years+	9.54	10.77

Mid Level Provider Nurse Practitioner Physicians Assistant	
Employed	**Accrued**
1-5 years	6.31
5-10 years	8.62
10 years+	9.54

Cafeteria Discount

All employees are eligible, upon hire, for a cafeteria discount when working and wearing their nametags.

Employee Health Screens

Upon hire, all employees are eligible for a post-offer health screen, TB test, blood pressure, vaccination, and education materials.

Bereavement Leave

Full-time employees may receive three days leave for immediate family and two days leave for in-laws, grandparents, etc. Other situations will be considered on an individual basis.

Jury Duty

All full-time and part-time employees called to serve as jurors will be paid for regularly scheduled hours of work. This benefit begins the date of hire.

Employee Discounts

As an employee at CMH you are eligible for local discounts as well as discounts for some larger sponsors and cooperation's. For a full list please go to the intranet and click employee info → employee benefits → CMH Discounts.

TRANSAMERICA®

Retirement Plan

CMH Advantage Retirement Plan
Profit Sharing and Matched Savings Plan through Transamerica

What is the Profit Sharing Plan?
The organization will automatically contribute an amount of money to your retirement account. The amount is based on a percentage of your annual salary. You must be employed for one year. You must work at least 1,000 hours per year to be eligible. You will enter into the plan either on January 1st or July 1st, depending upon your date of hire and you must be employed on the last day of the plan year that you entered into the plan to be eligible for the contribution.

What is the Matched Savings Plan?
The matched savings plan is a pre-tax payroll deduction that lowers taxable income while putting aside money for retirement. CMH will match up to 1 percent. For example, for every 1 percent you invest, CMH will match .25 of a percent up to 1 percent. All employees will automatically have 4% deducted from their paycheck the first paycheck following 30 days of employment. Employees who do not wish to contribute to the plan must notify Transamerica Retirement Solutions at 1-800-755-5801. Employees can stop contributing, change amount deducted from paycheck and or begin, if initially declined, at any time. There is a Roth option for your 403(b) which allows you to contribute to your account on an after-tax basis - and pay no taxes on qualifying distributions when the money is withdrawn.

How do I make changes to the Matched Savings Plan?
For any type of changes to the retirement plan, employees need to go on-line at www.trsretire.com, or call Transamerica's toll free number 1-800-755-5801, or make an appointment with either with the representatives listed above.

Can I rollover an existing retirement plan from a previous employer?
Yes. You would just need to complete the required forms which you can obtain by contacting Sasha Winder in the Human Resources department.

What is a vesting schedule?
Vesting refers to your "ownership" of your account. You are always 100% vested in your salary reduction (matched saving) contributions including any rollover contribution you have made to the program, plus any earnings generated on those contributions. Employer contributions to the program, plus any earnings they generate, are vested as follows:

Years of Vesting Service	Vesting Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

One year of vesting is considered to be 1,000 hours worked in the plan year. Vesting begins from date of entry into the Profit Sharing Plan. Plan years begin on the January or July following an employee's hire date with the organization.

Can I withdrawal money from my retirement account?
As long as you are employed with CMH, the only way money can be withdrawn is through a hardship withdrawal and/or a loan withdrawal. **Both options are only available <u>if you qualify for it and certain restrictions apply.</u>** For more information on both, contact Transamerica at
1-800-755-5801.

If you max out on your 403B and want to contribute more we have a 457B plan available for our highly compensated individuals. Please contact Transamerica if you are interested in this service.

Flexible Spending Account

A Flexible Spending Account allows you to set aside pre-tax dollars for funding of qualified medical/dental and dependent care expenses not covered by traditional insurance. This benefit is conveniently payroll deducted and dollars are reimbursed upon filing a claim.

Medical Expense Account

Employees may contribute up to $2,650 annually to cover health care costs not paid for through the CMH Advantage Plan, such as out-of-pocket or deductible expenses and over the counter drugs. **Employees can carry over $500 of flex funds to the next plan year.** Medical debit cards are available.

Dependent Care Account

Employees may contribute up to $5,000 annually for dependent care costs. If both employee and spouse are contributing, filing separately each may contribute up to $2,500.

Your reimbursement expenses must take place in the current year that you are participating. Funds cannot be carried over to the next plan year. **NOTE:** You must re-enroll annually during open enrollment: October 15th – November 15th.

If you have any questions about Flexible Spending Accounts, contact TASC's Customer Care department at: 800-422-4661.

WHAT EXPENSES QUALIFY FOR HEALTHCARE REIMBURSEMENT?

The following healthcare expenses qualify for reimbursement under a FSA Plan (Only healthcare expenses not reimbursed by insurance can be claimed).

- Acupuncture (excluding remedies and treatments prescribed by acupuncturist)
- Alcoholism treatment
- Ambulance
- Artificial limbs/teeth
- Chiropractors
- Christian Science practitioner's fees
- Contact lenses and solutions
- Co-payments
- Costs for physical or mental illness confinement
- Crutches
- Deductibles
- Dental fees (cosmetic procedures not eligible)
- Dentures
- Diagnostic fees
- Dietary supplements and vitamins with doctor's letter of medical necessity
- Drug and medical supplies (i.e. syringes, needles, etc.)
- Eyeglasses prescribed by your doctor
- Eye examination fees
- Eye surgery (cataracts, LASIK, etc.)
- Hearing devices and batteries
- Home health care
- Hospital bills
- Insulin
- Laboratory fees
- Laser eye surgery
- Obstetrical expenses
- Oral surgery
- Orthodontic fees (paid on a monthly schedule)
- Orthopedic devices
- Oxygen
- Physician fees (cosmetic procedures not eligible)
- Prescribed medicines
- Psychiatric care
- Psychologist's fees
- Routine physicals and other non-diagnostic services or treatments
- Smoking-cessation over-the-counter drugs
- Smoking-cessation programs
- Surgical fees
- Weight-loss over-the-counter drugs with doctor's letter of medical necessity
- Weight-loss programs with a doctor's letter of medical necessity

- Wheelchair
- Vitamins, with a doctor's letter of medical necessity
- X-rays

WHAT EXPENSES DO NOT QUALIFY FOR REIMBURSEMENT?

The following healthcare expenses *do not* qualify for reimbursement under a FSA plan.

- Cosmetic surgery, procedures, and/or medications
- Dental bleaching
- Hair restoration (procedures, drugs, or medications)
- Health club or gym memberships for general health
- Marriage and family counseling
- Weight loss programs for general health or appearance
- Premiums you or your spouse pay for insurance coverage

WHAT DEPENDENT CARE EXPENSES QUALIFY FOR REIMBURSEMENT?

The following dependent care expenses qualify for reimbursement under a FSA Plan. Dependent care expenses are those that are necessary for you and your spouse (if married) to be gainfully employed.

- Nanny expenses, for services provided inside your home, are eligible to the extent they are attributable to dependent care expenses and expenses of incidental household services.
- Dependent care expenses incurred for services outside your home, providing they are incurred for the care of a qualifying dependent that regularly spends at least 8 hours per day in your home.
- Registration fees to a daycare facility are eligible as long as the fees are allocable to actual care and not described as materials or other fees.
- Nursery school expenses are eligible, even if the school also furnishes lunch and educational services.
- Food and incidental expenses (diapers, activities, etc.) may be eligible if part of dependent care charge.
- Expenses paid to a relative (e.g. child, parent, or grandparent of participant) are eligible. However, the relative cannot be under age 19 or a tax dependent of the participant.
- FICA and FUTA payroll taxes of the daycare provider are eligible.
- Dependent care expenses incurred to enable the employee to find work are eligible.
- The reimbursement may not exceed the smaller of the following limits:
    - The maximum allowed under the plan.
    - $5,000 (if you are married and filing a joint tax return or are filing as single, head of household) and $2,500 if you are married and separate returns are filed.
    - Your taxable compensation (after all compensation reduction elections).
    - If you are married, your spouse's actual or deemed income.

WHAT DEPENDENT CARE EXPENSES DO NOT QUALIFY FOR REIMBURSEMENT?

The following dependent care expenses *do not* qualify for reimbursement under a FSA Plan.

- Kindergarten fees are almost always an education expense and should never be reimbursed under a dependent care plan.
- Elementary school expenses for a child in first grade or higher are not eligible
- Food, transportation, and incidental expenses (diapers, activities, etc.) are not eligible if charged separately from dependent care expenses.
- Expenses paid to a housekeeper, maid, cook, etc. are not eligible, except where incidental to child or dependent adult care.
- Mass transit and parking.

Critical Illness Coverage

Critical Illness insurance is offered through Guardian and will pay a lump sum benefit upon diagnosis of a covered critical illness. Some of these covered illnesses include heart attack, stroke, kidney failure, coma, Alzheimer's and paralysis. Employees are eligible for coverage amounts from $10,000 to $20,000. Employees may elect to add coverage for a spouse and/or child(ren). A cancer-screening benefit is also included in this plan and can pay $100 per calendar year per insured individual, if a preventive exam or testing is performed. For your convenience, payment for this benefit can be payroll deducted. Coverage is portable which means that you can take it with you if you leave the company or retire.

Accident Coverage

Accident insurance is available through Guardian. This insurance is designed to help you pay for expenses resulting from injuries that occur both on and off the job. Physical therapy following an accident, intensive care, ambulance, family member lodging and MRIs are some of the expenses that are covered. Some examples of covered injuries include: dislocations, fractures, burns, and lacerations. Coverage is available for you and your family and can be conveniently payroll deducted.

Group Cancer Coverage

Group Cancer insurance is available through Guardian. This insurance is a voluntary coverage that provides a cash benefit for cancer. Under this plan some of the expenses covered include radiation, chemotherapy, hospice care, outpatient lodging, and new/experimental treatment. Benefits are paid directly to you. Coverage is available for you and your family and can be conveniently payroll deducted. Annual cancer screening is also covered on this plan and can pay $100 per calendar year per insured individual if a preventive exam or testing is performed.

Employee Assistance Program

- Full-time, Part-time, and Contract D employee eligible
- 6 FREE sessions
- Benefits will include assistance with: Mental Health Consultations, Legal Advice, Financial Advice, Stressful Transitions, Drug and Alcohol Use, Grief/Loss and Marital Issues
  https://www.ndbh.com/EmployeeAssistanceProgram/MembersArea/LogIn.aspx
  Company log-in: citizens

Women's Health and Cancer Rights

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses;
- Treatment of physician complications of the mastectomy, including lymphedema.

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

The Newborns' and Mothers' 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).

Annual Notice

Do you know that your employer's group health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Ask your Plan Administrator or call your Plan Supervisor and claims processor at 1-800-824-5034 for more information.

Privacy Policy Statement

Purpose: The following privacy policy is adopted to ensure that the Plan complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to this organization. Violations of any of these provisions will result in severe disciplinary action including termination of employment and possible referral for criminal prosecution.

Effective Date: This policy is in effect as of April 14, 2004.

Expiration Date: This policy remains in effect until superseded or cancelled.

Policy Owner:
Gary Fulbright, Plan Administrator
Citizens Memorial Hospital
1500 N. Oakland Bolivar, Missouri 65613
Phone: (417) 328-6402 Fax: (417) 328-6242

Uses and Disclosures of Protected Health Information
It is the policy of the Plan that protected health information may not be used or disclosed except when at least one of the following conditions is true:

1. The individual who is the subject of the information (i.e. the "subject individual") has authorized the use or disclosure.
2. The individual who is the subject of the information has consented to the use or disclosure and the use or disclosure is for treatment, payment, or health care operations.
3. The individual who is the subject of the information does not object to the disclosure and the disclosure is to persons involved in the health care of the individual or for facility directory purposes.
4. The disclosure is to the individual who is the subject of the information or to HHS for compliance-related purposes.
5. The use or disclosure is for one of the HIPAA "public purposes" (i.e. required by law, etc.).

A sanctions policy has been implemented to ensure protection of Personal Health Information. Sanctions may be applied when personal health information, whether accidental or intentional, is misused or disclosed. Different levels of sanctions are assigned to meet the different degrees of infringement.

Deceased Individuals
It is the policy of the Plan that privacy protections extend to information concerning deceased individuals.

Notice of Privacy Practices
It is the policy of the Plan that a notice of privacy practices must be published, that this notice and any revisions to it be provided to all subject individuals at the earliest practicable time, and that all uses and disclosures of protected health information be done in accord with this organization's notice of privacy practices.

Restriction Requests
It is the policy of the Plan that serious consideration must be given to all requests for restrictions on uses and disclosures of protected health information as published in this organization's notice of privacy practices. It is furthermore the policy of this organization that if a particular restriction is agreed to, then this organization is bound by that restriction.

Minimum Necessary Disclosure of Protected Health Information
It is the policy of the Plan that (except for disclosures made for treatment purposes) all disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the disclosure. It is also the policy of this organization that all requests for protected health information (except requests made for treatment purposes) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

Access to Protected Health Information
It is the policy of the Plan that access to protected health information must be granted to each employee or contractor based on the assigned job functions of the employee or contractor. It is also the policy of this organization that such access privileges should not exceed those necessary to accomplish the assigned job function. Training of how to protect personal health information is completed annually by staff.

Access to Protected Health Information by the Subject Individual
It is the policy of the Plan that access to protected health information must be granted to the person who

is the subject of such information when such access is requested.

Amendment of Incomplete or Incorrect Protected Health Information
It is the policy of the Plan that incorrect protected health information maintained by this organization will be corrected in a timely fashion. It is also the policy of this organization that notice of such corrections will be given to any organization with which the incorrect information has been shared.

Access by Personal Representatives
It is the policy of the Plan that access to protected health information must be granted to personal representatives of subject individuals as specified by subject individuals.

Confidential Communications Channels
It is the policy of the Plan that confidential communications channels be used, as requested by subject individuals, to the extent possible.

Disclosure Accounting
It is the policy of the Plan that an accounting of all disclosures of protected health information be given to subject individuals whenever such an accounting is requested.

Complaints
It is the policy of the Plan that all complaints relating to the protection of health information be investigated and resolved in a timely fashion. Complaints should be made in writing using the Complaint Form to: Gary Fulbright Plan Administrator Citizens Memorial Hospital
1500 N. Oakland
Bolivar, Missouri 65613
Phone: (417) 328-6402 Fax: (417) 328-6242
If you are not satisfied with the handling of a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W. Room 509F HHH
Building Washington, DC 20201

Prohibited Activities
It is the policy of the Plan that no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA privacy regulations. It is also the policy of this organization that no employee of contractor may condition treatment, payment, enrollment, or eligibility for benefits on the provision of an authorization to disclose protected health information.

Responsibility
It is the policy of the Plan that the responsibility for designing and implementing procedures to implement this policy lies with the chief privacy officer (i.e. “CPO”).

Verification of Identity
It is the policy of the Plan that the identity of all persons who request access to protected health information be verified before such access is granted.

Mitigation
It is the policy of the Plan that the effects of any unauthorized use or disclosure of protected health information by mitigated to the extent possible.

Business Associates
It is the policy of the Plan that business associates must be contractually bound to protect health information to the same degree as set forth in this policy.

Cooperation with Privacy Oversight Authorities
It is the policy of the Plan that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information within this organization. It is also the policy of this organization that all personnel must cooperate fully with all privacy compliance reviews and investigations.

Useful Benefit Websites

Infinity HR – To access current benefits, make changes, or complete enrollment please go to the employee Infinity HR website at www.infinityhr.com/login

Flexible Spending Accounts
Employees participating in one of the Flexible Spending Accounts (Medical and/or Dependent care) can access the flex account link on the employee intranet.
https://www1.tasconline.com/loginproxy/mytasc/index.php

Delta Dental - Premier
Want to know what dentists are covered? Want to know what is covered? Want to order more dental cards? Log on to Delta Dental's website at www.deltadentalmo.com

Diversified Investment Advisors
Want to know your retirement account balance? Want to make changes to your current allocations? Want to help planning for retirement? Log on to Transamerica's website at www.trsretire.com

Meritain Health
View health claims by logging in or registering with your Member ID at www.meritain.com

Contacts for Information on your Benefits

Medical Coverage – Meritain Health Customer Service
Hours: 7:00 am to 6:30 pm
Phone: 1-800-925-2272

Dental Coverage – Delta Dental Customer Service
1-800-392-1167

Long-Term Disability, Short-Term Disability, and Life Insurance - RELIANCE - Customer Service
(800)351-7500

Flexible Benefits Plan - TASC -
Customer Care: 800-422-4661

Retirement and Matched Savings Plan – Transamerica Retirement Solutions
General acct. balance, change of allocation of funds, etc.
Customer Service 1-800-755-5801

CMH Health Plan Contact
Sasha Winder – Human Resources
417-328-6622
Sasha.Winder@citizensmemorial.com

Additional Voluntary Benefits
Met Life – Auto, Homeowners, and Renters Insurance
1-800-438-6388

Boston Mutual – Whole Life Insurance
1-800-669-2668 X 222

Guardian
Sherry Scott, Employee Benefit Design
417-889-6345
Fax-417-882-0018

1500 N. Oakland
Bolivar, MO 65613

This summary of benefits is not intended to be a complete description of the terms and the Company's benefit plans. Please refer to the Source Plan Document (SPD) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the benefits provided by the Plan. In the event of any conflict between a summary of the plan and the official document, the official document (SPD) must control. Although Citizens Memorial Healthcare maintains its benefits plans on an ongoing basis, the Company reserves the right to terminate or amend each plan in its entirety or in any part at any time.