

CITIZENS MEMORIAL HOSPITAL
CITIZENS MEMORIAL HEALTH CARE FOUNDATION

2024 Benefits Guide

CITIZENS MEMORIAL HOSPITAL

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What's In This Guide

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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 Benefits Guide. This booklet provides a brief description of the insurance benefits offered to you as an employee of Citizens Memorial Hospital and Citizens Memorial Health Care Foundation. 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 Savannah Pope, our Human Resources Benefits Specialist for assistance.

Michael Calhoun

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 coinciding with the employee's hire date. Employees are required to complete their online enrollment through PlanSource before the last day of the benefit eligible month. For example, if an employee's benefit effective date is 4/1/2022 then the employee only has until 4/30/2022 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, 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 end the last day of the month in which they leave employment or change their status.

2024 Advantage Plan Health Insurance Premiums

Citizens Memorial Healthcare is pleased to offer our employees a comprehensive health plan. You may choose between three plans: Basic, Buy-Up, or HSA. Premiums for these plans are as follows (rates per pay period):

Medical Coverage Premiums - Full-Time Rates (Per Pay Period)

	HSA		BASIC		BUY-UP	
	Participant HSA Eligible	Non Participant HSA Eligible	Wellness Participant	Non Participant	Wellness Participant	Non Participant
Employee Only	\$0	\$40	\$40	\$80	\$80	\$150
Employee & Children	\$76	\$145	\$114	\$209	\$175	\$275
Employee & Spouse	\$140	\$225	\$189	\$324	\$302	\$427
Employee & Family	\$200	\$275	\$275	\$382	\$401	\$500
Spousal Surcharge	\$90	\$90	\$90	\$90	\$90	\$90

Medical Coverage Premiums - Part-Time Rates (Per Pay Period)

	HSA		BASIC		BUY-UP	
	Participant HSA Eligible	Non Participant HSA Eligible	Wellness Participant	Non Participant	Wellness Participant	Non Participant
Employee Only	\$64	\$75	\$100	\$140	\$177	\$217
Employee & Children	\$130	\$170	\$203	\$298	\$254	\$349
Employee & Spouse	\$200	\$230	\$280	\$405	\$374	\$479
Employee & Family	\$235	\$295	\$379	\$479	\$486	\$566
Spousal Surcharge	\$90	\$90	\$90	\$90	\$90	\$90



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 (Aetna providers), 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:

VISION REIMBURSEMENT	
Employee Only	\$3.75 per pay period
Employee + 1	\$5.30 per pay period
Employee + 2 or more	\$7.42 per pay period
VISION REIMBURSEMENT	
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



ManageWell®

CMH Wellness Program

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

- Better health, more energy, less stress
- Healthier habits
- Fewer acute and chronic illnesses
- Better managed chronic health conditions
- Reduced medical utilization (less money out of your pocket!)
- Longer and better quality of life

The Employee Wellness Program utilizes ManageWell, a Personal Health Management Portal to support employees in living a healthier lifestyle at NO COST to the employee and includes the following:

- Health Risk Assessment
- Personalized feedback based on your personal risks
- Trackers
- Mini challenges
- Team challenges
- Educational games
- Goal setting and intentions
- Build new skills and understanding with Mayo Clinic developed content and tools
- Socially connect to colleagues, earn incentives and give feedback
- Build expertise and accelerate the pace of transformation
- Engagement with CMH Wellness Champions for support and engagement

HSA PLAN 2024

	CMH Providers - Tier I	Aetna CP-II Network - Tier II	Out of Network - Tier III
Coinsurance Percentage	85%	70%	50%
Deductible			
Individual	\$2,000	\$4,500	\$7,000
Family	\$3,500	\$9,500	\$14,000
Out of Pocket Coinsurance Maximum			
Individual	\$5,000	\$6,000	Unlimited
Family	\$10,000	\$12,000	Unlimited
Services	CMH Providers - Tier I	Aetna CP-II Network - Tier II	Out of Network - Tier III
The deductible amounts shown above must be met before the coinsurance presented below will take effect.			
Inpatient Hospital Services	15%	30%	50%
Diagnostic Testing & X-rays	15%	30%	50%
Lab Services	15%	30%	50%
Advanced Imaging	15%	30%	50%
Emergency Room Services	15%	15%	15%
Urgent Care Copay	15%	30%	50%
Preventive Care (including eye exam)	100%	100%	Not Covered
Primary Physician Copay	15%	30%	50%
Specialist Copay	15%	30%	50%
Prescription Drug (30-day)	15%	30%	Not Covered

BASIC PLAN 2024

	CMH Providers - Tier I	Aetna CP-II Network - Tier II	Out of Network - Tier III
Coinsurance Percentage	80%	70%	50%
Deductible			
Individual	\$3,000	\$6,000	\$8,000
Family	\$6,000	\$12,000	\$16,000
Out of Pocket Coinsurance Maximum			
Individual	\$7,000	\$8,000	Unlimited
Family	\$14,000	\$16,000	Unlimited
Services	CMH Providers - Tier I	Aetna CP-II Network - Tier II	Out of Network - Tier III
The deductible amounts shown above must be met before the coinsurance presented below will take effect.			
Inpatient Hospital Services	20%	30%	50%
Diagnostic Testing & X-rays	20%	30%	50%
Lab Services	\$35 copay	30%	50%
Advanced Imaging	20%	30%	50%
Emergency Room Services	20%	20%	20%
Urgent Care Copay	20%	30%	50%
Preventive Care (including eye exam)	100%	100%	Not Covered
Primary Physician Copay	\$35	30%	50%
Specialist Copay	\$75	30%	50%
Prescription Drug (30-day)	Generic \$15 Preferred Brand \$45 Non-Preferred > of \$75 or 50%	\$125 Rx Deductible, Generic \$25 Preferred Brand \$55 or 49% Non-Preferred >\$85 or 60%	Not Covered

BUY UP PLAN 2024

	CMH Providers - Tier I	Aetna CP-II Network - Tier II	Out of Network - Tier III
Coinsurance Percentage	80%	70%	50%
Deductible			
Individual	\$2,000	\$4,500	\$7,000
Family	\$4,000	\$9,500	\$14,000
Out of Pocket Coinsurance Maximum			
Individual	\$5,000	\$6,000	Unlimited
Family	\$10,000	\$12,000	Unlimited
Services	CMH Providers - Tier I	Aetna CP-II Network - Tier II	Out of Network - Tier III
The deductible amounts shown above must be met before the coinsurance presented below will take effect.			
Inpatient Hospital Services	20%	30%	50%
Diagnostic Testing & X-rays	20%	30%	50%
Lab Services	\$30 copay	30%	50%
Advanced Imaging	20%	30%	50%
Emergency Room Services	20%	20%	20%
Urgent Care Copay	20%	30%	50%
Preventive Care (including eye exam)	100%	100%	Not Covered
Primary Physician Copay	\$30	30%	50%
Specialist Copay	\$60	30%	50%
Prescription Drug (30-day)	Generic \$10 Preferred Brand \$35 Non-Preferred > of \$50 or 45%	\$100 Rx Deductible, Generic \$25 Preferred Brand \$35 Non-Preferred > of \$60 or 60%	Not Covered

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 until the last day of the month of their 26th birthday. Benefit payments are based on usual, customary, and reasonable charges. The benefit period is January 1 through December 31. Plan information and premiums are per pay period for these plans are as follows:



FULL TIME DENTAL		
	Basic	Buy-Up
Employee Only	\$0	\$11
Employee + Children	\$8	\$43
Employee + Spouse	\$9	\$30
Employee + Family	\$17	\$61

PART TIME DENTAL		
	Basic	Buy-Up
Employee Only	\$5	\$16
Employee + Children	\$13	\$48
Employee + Spouse	\$14	\$35
Employee + Family	\$22	\$66

BOTH PLANS INCLUDE

Preventative Dental Services: Pays 100%	Basic Dental Services: Pays 80%
Routine periodic examinations, twice in any benefit period.	Sealants: For dependent children to age 19, limited to caries-free first and second permanent molars, once in 5 years.
Bitewing and periapical x-rays as required.	Fillings: Amalgam, synthetic porcelain and plastic restorations.
Full-mouth x-rays, once in any 36 consecutive months.	Periodontics: Treatments & cleanings for the diseases of the gums and bone supporting the teeth.
Prophylaxis (cleaning and scaling), twice in any benefit period.	Endodontics: Includes pulpal therapy and root canal filling.
Topical fluoride application to age 19, once in any benefit period.	Extractions: Provides for simple extractions.

BASIC PLAN	BUY-UP PLAN
Individual deductible per calendar year: \$25	Individual deductible per calendar year: \$0
Family maximum deductible per calendar year: \$75	Individual benefit maximum per calendar year: \$1,000
Deductible applies to: Basic Services	Lifetime orthodontic maximum per person: \$1,500
Individual benefit maximum per calendar year: \$750	Major Dental Services: Pays 50% (up to benefit max per year) Oral surgery. 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.

Life and AD&D Insurance

Effective the first of the month coinciding with the date of hire, employees will receive an employer-paid term life insurance policy provided by Reliance Standard. Age reduction schedule applies. All employees will receive 1x annual salary up to \$300,000.



Accidental Death and Dismemberment (AD&D)

While insured under this policy, if the employee has an accident which results in dismemberment, Reliance Standard 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 Standard will pay 100% of Accidental Death Benefit.

Voluntary Term Life Insurance

Through Reliance Standard, you may purchase up to 5 times your annual salary (not to exceed \$500,000) in term life insurance. You may also purchase 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 or part-time). Employees can receive a printout with the amounts and cost by contacting Savannah Pope 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. Any amounts exceeding the guaranteed issue amounts will be subject to medical underwriting and approval. Spouses who are 70 years of age and older are required to go through the medical underwriting and approval process for any elected amount. If the elected amount is approved by Reliance Standard, the spouse will still be subject to the age reduction schedule.

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.





Whole Life Insurance

This benefit was offered in previous years, employees can continue their coverage. 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. Coverage is portable, which means you can take your policy with you if you retire or leave the company.



Bankers Fidelity Whole Life

Employees who work 20 hours or more per week have the option to purchase whole life insurance through Bankers Fidelity Life Insurance Company for themselves, spouse, and children. Employee elections are made in increments of \$10,000 up to \$100,000. Spouse elections are made in \$10,000 increments up to \$30,000. Child election is \$10,000 only. No medical underwriting is required!

Premium prices are set and guaranteed not to increase as you age. Rates are based on the whole life insurance amount you elect at your current age. Eligible employee age ranges from 18 – 70. Eligible spouse age ranges from 18 – 65. Eligible child age ranges from 15 days – 25. Employees can enroll during their New Hire Enrollment, Open Enrollment, and Qualifying Life Events: birth or adoption, marriage, divorce, or death.

Living benefits can assist employees with large expenses after they have been diagnosed with a qualifying chronic illness that is expected to be permanent. This policy is portable. This means you can take this benefit with you when you leave employment with CMH.

Short Term Disability

Benefit eligible employees have the opportunity to purchase Short Term Disability through Reliance Standard.

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 Savannah Pope 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. Pre-existing condition exclusions apply.

With Option 1 disability benefits will begin after a 30 day elimination period. Benefits will pay for up to 9 weeks of disability, as long as you qualify as being disabled.

With Option 2 disability benefits will begin after a 14 day elimination period. Benefits will pay for up to 11 weeks of disability, as long as you qualify as being disabled.

Long Term Disability

Full-Time 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 Standard, and pre-existing conditions do apply.

Upon becoming disabled, the employee needs to contact Savannah Pope 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.

Voluntary Hospital Indemnity

All eligible employees, under the age of 70, are able to elect Voluntary Hospital Indemnity plan for themselves, spouse, and eligible children. This benefit helps compensate members who have been admitted to a hospital for 23 hours or more due to sickness, injury, maternity stay, or ICU. No payment will be made for self-inflicted injury, acts of war, assault, or felony, or elective surgery (except when required for appropriate care as determined by a physician as a result of an insured's injury or sickness). Benefit payments increase by 10% for utilizing Citizens Memorial Hospital. There are no preexisting limitations and there is a guarantee issue. Employees may elect this benefit during their initial enrollment, after an eligible life event, or during Open Enrollment. This benefit is portable, which means you can take it with you if you were to change to a non-benefit eligible position or leave employment. Benefits ending the last day of the month.



Norton LifeLock

All eligible employees are able to elect Voluntary Norton LifeLock. Plans are sold as an individual plan or a family plan. LifeLock offers the following benefits:

- Identity Lock
- Social Media Monitoring
- Dark Web Monitoring
- Stolen Wallet Protection
- Data Breach Notifications
- Bank and Credit Card Activity Alerts
- Credit Monitoring
- Password Protection
- Parental Controls
- 24/7 Live Member Support
- Mobile App



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 Farmers at: 866-910-4442 and mention code: AFR

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 to the right shows PTO accumulation per 80 hours paid.

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.

NON CREDENTIALLED		
Employed	Hourly	Exempt
<1 year	4.92	6.46
1-5 years	6.46	7.69
5-10 years	8	9.23
10-14 years	9.54	10.77
15+ years	10.16	11.39
MID LEVEL PROVIDER (NURSE PRACTICER, PHYSICIAN ASSISTANT)		
Employed	Accrued	
1-5 years	6.31	
5-10 years	8.62	
10 years	9.54	
15+ years	10.16	



Retirement Plan

CMH Profit Sharing Plan through Transamerica

Matching

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 4 percent. For example, for every 1 percent you invest, CMH will match .50 of a percent up to 4 percent. All employees will automatically have 4% deducted from their paycheck the first paycheck following 30 days of employment. Employees are enrolled in an auto escalation as well. This increases contributions 1% each year to a max of 8%. 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.trsrretire.com, or call Transamerica's toll free number 1-800-755-5801, or make an appointment with either representative listed below:

Michelle Smith- 417-224-3287 Aaron Garrett- 417-814-4078

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 Savannah Pope 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 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
<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 Jan. 1-Dec. 31. 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 if you qualify for it and certain restrictions apply. For more information on both, contact Transamerica at 1-800-755-5801.

If your annual salary is \$100,000 or more and you have maxed your 403B, CMH has a 457B plan available to help save more toward retirement. Please contact Savannah Pope or TransAmerica for the enrollment form.

What is the Profit Sharing Plan?

At the discretion of the organization, CMH may 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.

Flexible Spending Account

A Flexible Spending Account allows you to set aside pre-tax dollars for funding of qualified medical, dental, vision 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 \$3,200 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 \$640 of flex funds to the next plan year. Medical debit cards are available. Detailed documentation for purchases may be required to be turned in to substantiate purchases meet IRS regulations

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: mid-October – mid-November.

If you have any questions about Flexible Spending Accounts, contact Meritain's Customer Care department at: 1-800-566-9305; prompt #5, then #2, then #1.

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

What Expenses Qualify for Healthcare Reimbursement? Cont.

- 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 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.
- 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. Relative must provide paid receipts and report earnings on taxes.
- 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:



Flexible Spending Account Cont.

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.

Health Savings Account

A Health Savings Account (HSA) is a type of personal savings account you can set up to pay certain health care costs. An HSA allows you to put money away and withdraw it tax free, as long as you use it for qualified medical expenses, such as deductibles, copayments, coinsurance, and more. You can't contribute to an HSA if you have Medicare coverage. Must follow IRS Guidelines and Substantiation Rules.

What are the benefits of an HSA?

- No federal income tax. You aren't taxed on money you put into it, or on interest earned, in an HSA account. You also don't pay tax on withdrawals for qualified medical expenses.
- No expiration date on funds. Your HSA contributions don't expire. The money stays in the HSA until you use it.
- Possible use for spouse and dependents. You can use your HSA to pay for qualified medical expenses for your spouse and dependents, even if your high deductible health plan doesn't cover them.
- HSA doesn't go away if job changes. You can keep your HSA, even if you change employers or retire.
- Preventative services are still covered at 100% under HSA health plan.

HSA Cont.

Annual Contribution Maximums: \$4,150 Individual/
\$8,300 Family
\$1,000 Catch Up (age of 55 years or older)
Unlimited Rollover

Some HSA Eligible Items:

- Acupuncture
- Bandages and gauze
- Chiropractor
- Adult diapers
- Over-the-counter sinus and allergy medication
- Breast feeding – pump, shield, gel pads, nursing bras, and lactation supplies

- Deductible and coinsurance amounts
- Contact lens and corrective eyeglasses
- Over-the-counter cough, cold, and flu medication
- CPAP supplies
- Dental expenses
- Glucose meters
- Hearing aids
- Over-the-counter indigestion and antacid medication
- Insulin
- Nightguard
- Occupational therapy
- Orthodontia
- Prenatal vitamins
- Prescription medications

- Speech therapy
- Sunscreen
- X-ray fees

Ineligible HSA Items:

- Athletic club membership
- Cosmetics
- Electrolysis or hair removal
- Hair coloring or transplants
- Maternity clothes
- Meals
- Nutritional supplements
- Swim lessons
- Teeth whitening

Critical Illness Coverage

Voluntary Critical Illness Insurance will pay a lump sum upon diagnosis of a covered Critical Illness. Examples of illnesses that benefits will be paid for: heart attack, stroke, organ failure, Alzheimer's and Lou Garrett Disease. Pre-Existing conditions apply. Wellness Benefit will be paid for each covered member who has an annual preventative critical illness screening (one time per year per member). Once an employee files a claim, Guardian will mail a check to the employee. The employee will designate where those funds go. Coverage is available for eligible dependents and are conveniently payroll deducted.

Accident Coverage

Voluntary Accident Insurance is designed to help offset expenses resulting from accidental injuries, both on or off the job. Types of injuries that can be claimed: dislocations, fractures, burns, and lacerations. Physical therapy following an accident, intensive care, ambulance, emergency room fees, and imaging scans are additional examples of covered services. Once an employee files a claim, Guardian will mail a check to the employee. The employee will designate where those funds go. Wellness Benefit will be paid for each covered member who has an annual wellness exam (one time per year per member). Coverage is available for eligible dependents and are conveniently payroll deducted.

Cancer Coverage

Voluntary Cancer Insurance is offered to help covered members pay for expenses resulting from cancer. Benefits are payable for an initial diagnosis of cancer, treatments (chemotherapy, radiation, and experimental), lodging and mileage, hospice care and surgery. Pre-Existing conditions apply. Wellness Benefit will be paid for each covered member who has an annual preventative cancer screening (one time per year per member). Once an employee files a claim, Guardian will mail a check to the employee. The employee will designate where those funds go. Coverage is available for eligible dependents and are conveniently payroll deducted.



Employee Assistance Program

- All employees are eligible
- 6 FREE sessions, per episode
- Benefits will include assistance with: Mental Health Consultations, Legal Advice, Financial Advice, Stressful Transitions, Drug and Alcohol Use, Grief/Loss and Marital Issues

<https://helpwhereyouare.com/CompanyLogin/1515/mercy>

Username: Citizens

Password: Citizens

Phone Number: 800-413-8008 – enter #2

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).

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:

Michael Calhoun, Plan Administrator

Citizens Memorial Hospital

1500 N. Oakland Bolivar, Missouri 65613

Phone: 417-326-6000 Fax: 417-328-6338

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 any 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:

Michael Calhoun Plan Administrator Citizens Memorial Hospital
1500 N. Oakland Avenue
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 or 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 Corporate Compliance Officer.

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 be 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

PlanSource

To access current benefits, make changes, or complete enrollment please go to the employee Plan Source website at www.plansource.com

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. www.meritain.com

Transamerica

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.trsrretire.com

Meritain Health

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

Guardian

www.guardianlife.com

PayFlex - Health Savings Account

www.payflex.com

Norton LifeLock

us.norton.com

Contacts for Information on your Benefits

Medical Coverage – Meritain Health Customer Service

Hours: 7 a.m. to 6:30 p.m. Phone: 800-925-2272

Long-Term Disability, Short-Term Disability, Hospital Indemnity, and Life Insurance - Reliance Standard - Customer Service

800-351-7500

Flexible Benefits Plan - Meritain

Hours: 7 a.m. to 6:30 p.m. Customer Care: 800-925-2272

Retirement and Matched Savings Plan – Transamerica Retirement Solutions

General acct. balance, change of allocation of funds, etc.
Customer Service 800-755-5801

CMH Health Plan Contact

Savanah Pope – Human Resources
417-328-6622 Savanah.Pope@citizensmemorial.com

Additional Voluntary Benefits

Farmers – Auto, Homeowners, and Renters Insurance 800-438-6388

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

Guardian

Customer Response Unit
800-541-7846

Norton LifeLock

800-607-9174

PayFlex - Health Savings Account

844-729-3539



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.