



Welcome to the Team

Employee Orientation Resource Book

Today

VISIT THE ORIENTATION STATIONS

As You Arrive:

- ___ ❶ Check-in
- ___ ❷ Badge Station
- ___ ❸ Fire Demonstration & Parking Station

All morning stations checked?
Grab a snack and have a seat!

During Lunch:

- ___ ❹ Benefits Questions
- ___ ❺ LifeSavers Club Sign-up

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Welcome to the Team

Welcome to the HH Health System Care Team. You are joining a dynamic company that provides essential services and lifesaving care across northern Alabama.

Our mission at HH Health System is to provide quality care that improves the health of those we serve. I hope you will share with me the pride that is reflected in the professionalism and dedication of the employees who make HH Health System a great place to work. As a health care professional, you have made an important career choice.

If you have any questions, the Human Resources Department will assist you. Thank you for joining the exceptional staff of HH Health System. I look forward to working with you to build a brighter future for you, our hospital, and our community.

Jeff Samz

CEO, Huntsville Hospital Health System

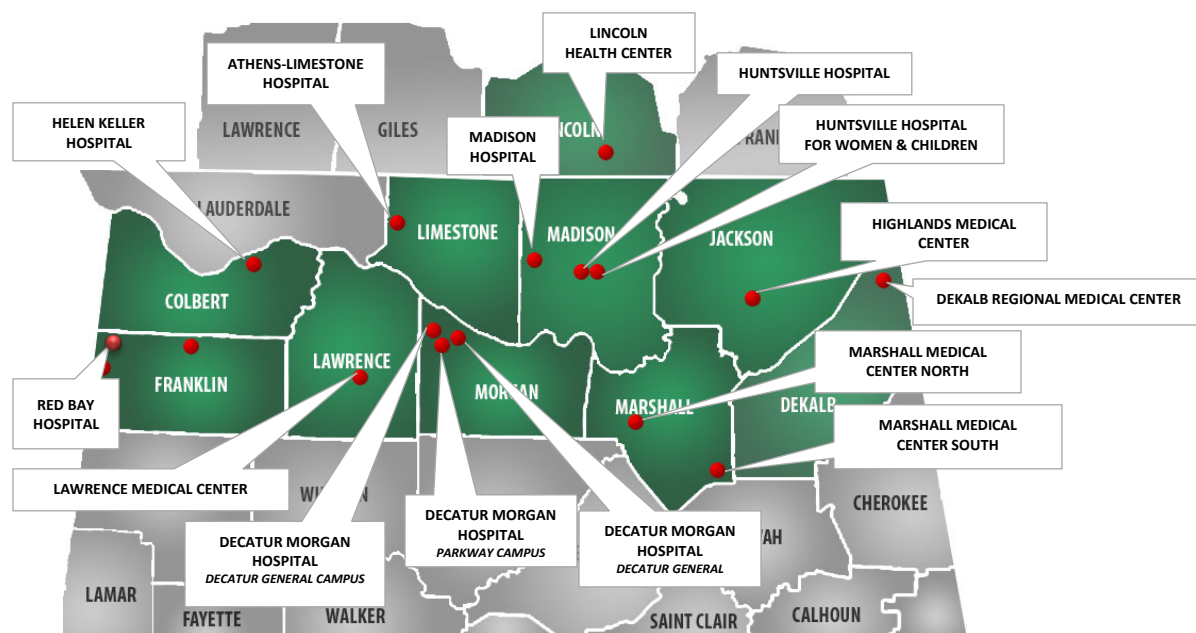


I. Our Organization

Huntsville Hospital is part of the Health System, which includes 19 hospital campuses, approximately 20,000 employees, and over 2,500 licensed beds, stretching over the north part of the state of Alabama, as well as southern Tennessee, and eastern Mississippi. Below is a listing of our in-patient facilities, and ambulance systems.

- Huntsville Hospital
- Huntsville Hospital for Women & Children
- HH Physician Network
- The Heart Center / The Heart Hospital
- Hospice Family Care / Caring for Life
- Madison Hospital
- Athens-Limestone Hospital
- Decatur Morgan Hospital
- DeKalb Regional Medical Center
- Helen Keller Hospital
- HEMSI
- Red Bay Hospital
- Marshall Medical Centers
- Lawrence Medical Center
- Highlands Medical Center
- Lincoln Medical Center
- The Orthopedic Center (TOC)

Below is a map of the regional footprint of our inpatient facilities.



Our organization is driven by our core values, which are reflected in our Vision, Mission and Values. These are stated below:

Vision

To be the choice for care and careers in the community we service

Mission

To provide high quality care and coordinated services
that improves the health of our communities

Values

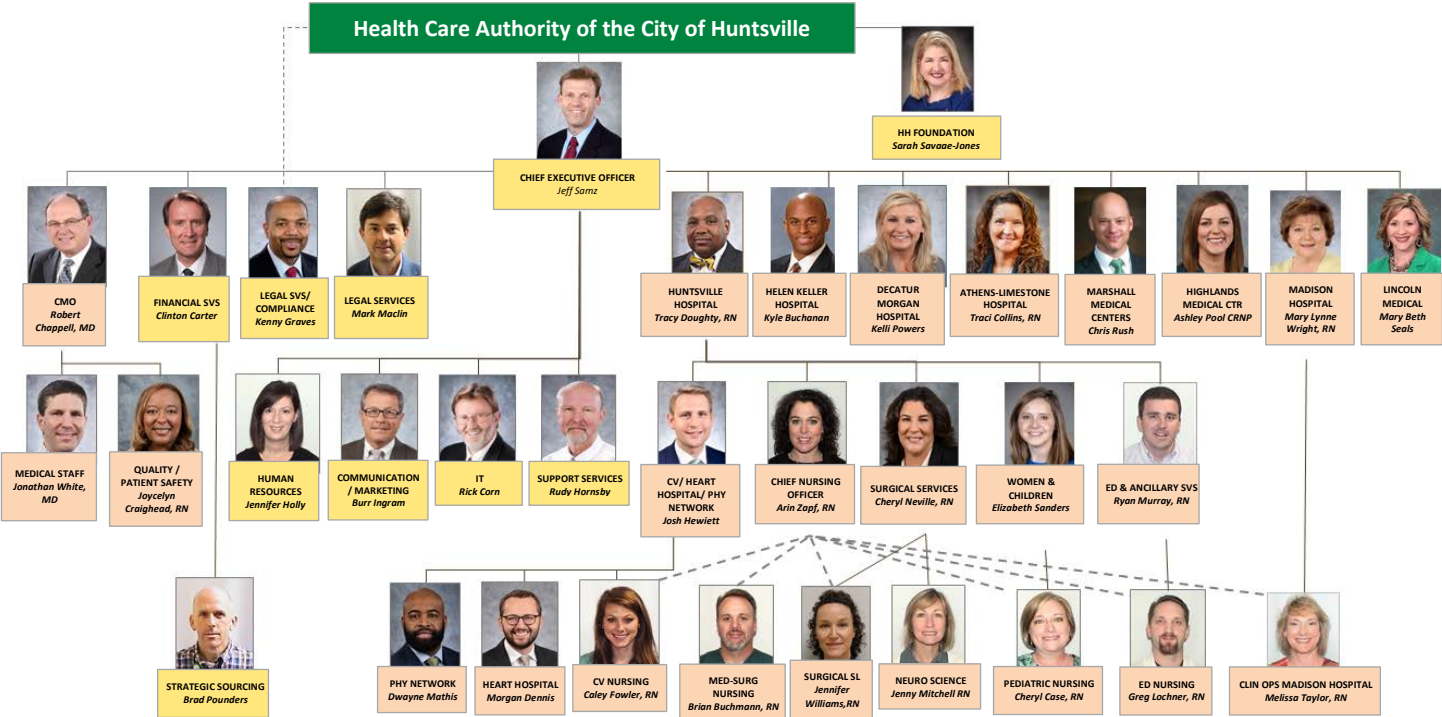
Safety • Compassion • Integrity • Excellence • Innovation • Accountability • Diversity, Equity, & Inclusion

Our Hospital's Administrative Structure

Huntsville Hospital is governed by The Health Care Authority, comprised of a 11-member volunteer board, which is appointed by the City of Huntsville.



Huntsville Hospital is structured with the following executives reporting through our CEO and the Healthcare Authority Board.



Staying Current on Organizational News

To stay current on news, leadership, and changes related to the organization, you are encouraged to read the organization's digital newsletter **The Scope**, watch our monthly news video **News in 90**, and regularly check our Intranet page for the organization **PULSE**. More on these communication platforms can be reviewed in the addendum of this document.

II. Parking

All employees are assigned designated parking and are required to adhere to their assigned parking to ensure we all have a place to park when working.

A. Parking Assignments and Requirements

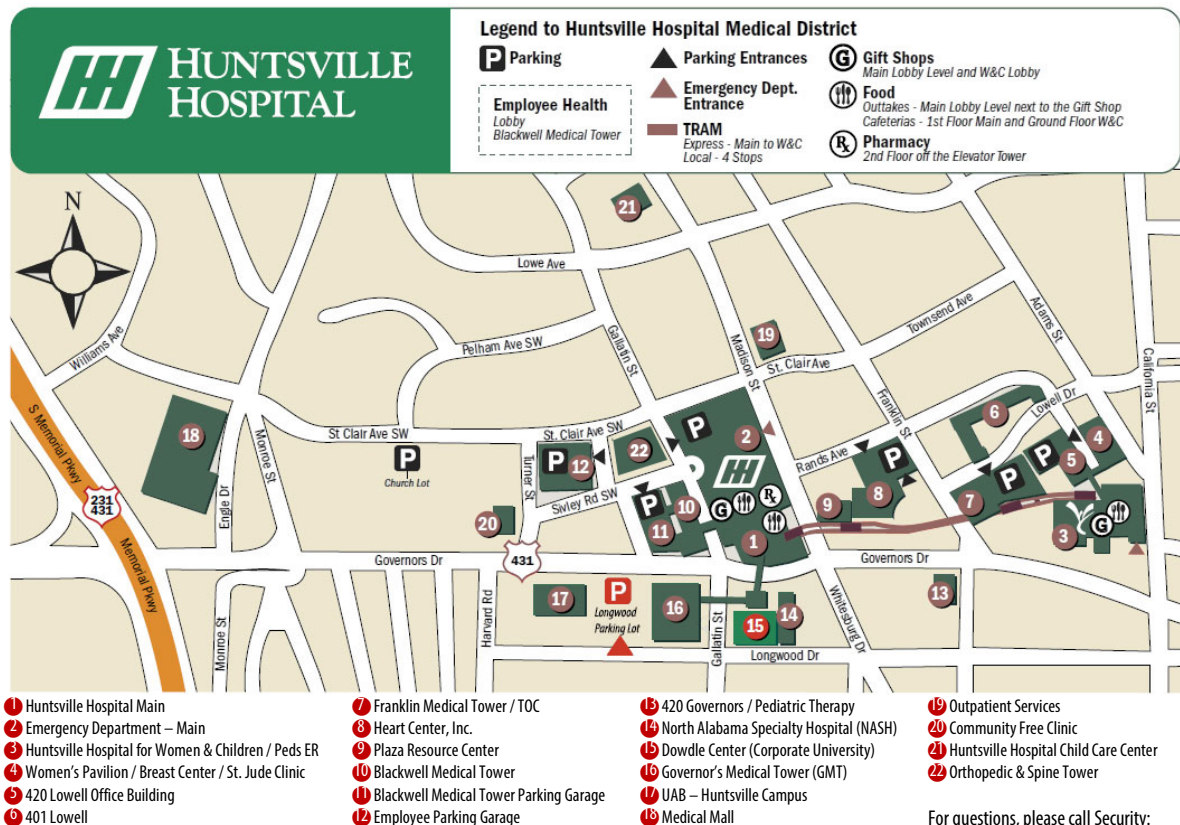
You will find out your parking location for work during the first day of Orientation. Please note that Parking Guidelines are updated frequently as circumstances change, so be sure to check the Pulse page often for updates. If you have any questions regarding parking, please feel free to reach out to our Security department at (256) 265-5666.

B. Parking Violations

All employees are required to adhere to their assigned parking, to ensure we all have a place to park. If an employee doesn't adhere to their parking assignment, there are penalties per offense. Parking fines/penalties include:

- 1st offense \$50.00
- 2nd offense \$250.00
- 3rd offense Termination

The following map is an overview of the downtown Huntsville Hospital buildings, parking locations, and other resources located in the Huntsville Hospital Medical District. For more information and the most current parking assignments, visit the PULSE Intranet page for Security and Parking rules, or contact Security at 256-265-5666.



III. Online Resources

As an employee there are many resources you will need to access. The hospital provides an Intranet page, PULSE, which provides a comprehensive interface to many of the online systems, news, employee resources that are fully accessible inside the hospital. There is also an “Employee Portal” link from our external website, www.huntsvillehospital.org, which provides key employee resources outside of the hospital. *For more information please reference the Online Resources Overview, provided in your orientation bag.*

IV. Huntsville Hospital Foundation



Huntsville Hospital Foundation is our personal, in-house nonprofit that raises money for Huntsville Hospital, Huntsville Hospital for Women & Children, and Madison Hospital. Because HH Health is a not-for-profit hospital system, this support is critical to making our equipment, facilities and programs the best they can be for both patients and team members.

HHF provides more than \$8 million each year to support your work. Key funding areas include:

- Equipment & technology
- Programs like Canines for Coping, Arts in Medicine and Music Therapy
- Facilities upgrades
- Employee support and professional development



A. The Lifesaver Club

The Lifesaver Club, Huntsville Hospital’s employee giving club. You can get involved and take care of your co-workers as a Lifesaver Club donor! **Lifesaver Club employee giving** is made easy through payroll deduction, and all donations raised provide employee emergency assistance, equipment from our department wish lists, and funding for some of our favorite programs like Canines for Coping! Club perks include uniform sale discounts, exclusive swag, annual events and more!



Honoring Care Champions:

The Foundation also honors our employees through the Care Champion program. Grateful patients can say thank you and share their story, and 100% of their donation fuels our hospitals. Care Champion honorees are presented with a special badge pin and certificate at Department Leadership meetings.



To learn more about HHF funding, events and programs, visit www.huntsvillehospitalfoundation.org.

V. Employee Expectations – Policies & Procedures

As a new employee, it is important to understand what is expected of you as a team member. In this part of the Resource Book, there are some key highlights regarding expectations. Additionally a link to the Employee Handbook is located on Pulse, the organization's intranet page.

A. Your Employee Profile

Your employee profile will be sent to you as you begin working. Please review it to ensure it accurately reflects your salary, position, social security number, and home address. Salary issues or any other changes to your profile can be accomplished by contacting the recruiter that you worked with during the hiring process.

The recruiter team includes the following team members:

Recruiter, Laura Boyer	Laura.Boyer@hhsys.org
Recruiter, Jamie Bruno	Jamie.Bruno@hhsys.org
Recruiter, Beverly Burke	Beverly.Burke@hhsys.org
Recruiter, Christy Burton	Christy.Burton@hhsys.org
Recruiter, Cambrie Daniels	Cambrie.Daniels@hhsys.org
Madison, Gabby Ellis	265-5020, Gabby.Ellis@hhsys.org
Recruiter, Lauren Johnston	Lauren.Johnston@hhsys.org
Madison, Andy Parrish	Andy.Parrish@hhsys.org
Recruiter, Cora Perry	Cora.Perry@hhsys.org
Recruiter, Phyllis Poe	Phyllis.Poe@hhsys.org
Recruiter, Fannie Proctor	Fannie.Proctor@hhsys.org
Recruiter, Jessica Shrove	Jessica.Shrove@hhsys.org
Recruiter, Katelyn Turnage	Katelyn.Turnage@hhsys.org

All employees are required to complete an employment eligibility (I9) form. You have 3 days from your date of hire to complete this form and submit the required documentation.

You will receive your badge on day one of orientation. Replacement badges, as well as badge holders, are available for sale in the security offices. Replacement badges are \$20.00. You must wear your badge above the waist, with your picture and name visible at all times. You may wear up to 2 approved pins on your badge holder and submit the required documentation.

B. Absences and Punctuality

An unscheduled absence occurs when an employee is not available for their assigned work schedule without prior approval, regardless of reason. It includes time away from work for a complete or partial shift. Unscheduled absences are recorded in the time editing system and excessive unscheduled absences have associated discipline action. A summary is listed below:

Unscheduled Absences – New Employees, in their first 90 days

- 3 absences during the first 90 days = Subject to discharge

Unscheduled Absences – Full Time Employees:

- 9 Shifts in a rolling 26 pay period cycle = Final Warning
- 12 Shifts in a rolling 26 pay period cycle = Termination

Unscheduled Absences – Part Time/ PRN Employees:

- 6 Shifts in a rolling 26 pay period cycle = Final Warning
- 9 Shifts in a rolling 26 pay period cycle = Termination

Each department defines their standards for punctuality based on the department's operational needs. For new employees:

Lack of Punctuality – New Employees, in their first 90 days

- A pattern of failure to clock in and out during the first 90 days = Subject to discharge
- 4 tardies during the first 90 days of work = Subject to discharge

Please make sure you know the approval process for punctuality, scheduling time off, and dealing with an absence in your department. Department-specific procedures will be covered with your supervisor during the orientation process. *For more information regarding absences and punctuality, please refer to the Employee Handbook.*

C. Department Orientation & Provisional Period

After your general orientation, you will be provided with a department orientation by your supervisor. This orientation will include:

- A review of your Job Description
- Department-specific dress and appearance policy requirements (if any apply)
- Department-specific attendance policy requirements (if any apply)
- A review of all the items on your Department Orientation Checklist

All employees are considered to be in their provisional period during the first 6 months of work. During this period of time, your performance must be satisfactory to maintain employment. You will also be limited in the number of absences and tardies during your first 90-days of your provisional period, which cannot exceed 3 absences and/or 4 tardies.

There are several mandatory tasks and licensing requirements that must be completed during your orientation period, these include:

- If your position requires licensure or job-specific certifications, it is your responsibility to make sure these are current.
- If required, you have 90 days to turn in your current American Heart Association (AHA) BLS certification, and one year to complete any advanced certifications such as ACLS, PALS, or NRP. A copy must be sent to Corporate University for recording, and your department supervisor for your department file.
- For employees working in certain clinical areas, tuberculin testing must also be completed annually and kept current.
- All required online classes must be completed during the orientation process.

D. Standards of Behavior

As employees of the hospital, we are all expected to play a part in ensuring we deliver safe compassionate care for our patients, patient families, and those we support. Our Standards of Behavior are driven by our organization's commitment to being a High-Reliability Organization. All new employees will learn about these standards in the required initial class: **HRO Putting Patient Safety Culture to Work**.

In this class you will learn about **The 5 Universal Relationship Tools**:

- **Smile & greet others**
- **Ask for and use preferred names**
- **Listen with empathy and intent to understand**
- **Communicate positive intention of your actions**
- **Provide opportunities for others to ask you questions**

In class you will also learn tools to support **Safety Behaviors**, which include:

- **Supporting each other**
- **Attention on task**
- **Focusing on best practices, &**
- **Effectively communicating**

The goal for this training is to build practices that ensure we deliver safe and compassionate care; and that we cause Zero Harm to our patients, staff, and visitors. With these goals in mind, we are ensuring that we work in a High-Reliability Organization. As our organization focuses on our Journey to Zero Harm, our organization has adopted a **Fair and Just Culture** approach to safety events.

This means the organization:

- Expects employees **to follow policies and procedures**
- Expects employees **to report safety events**

- Reviews **processes and systems** to prevent predictable events
- Acknowledges that **we all** occasionally make mistakes, but **events are a learning opportunity**
- Does not tolerate deliberate violations of policy, and will **hold individuals accountable** for their choices

E. Performance Appraisals, Merit Increases, and Employee Classifications

The hospital provides an annual performance appraisal for all employees, which measures an individual's adherence to our Standards of Behavior and performance of essential functions of the job. The essential functions of each employee role are outlined in their job description.

Merit increases are determined based on the financial performance of the hospital and individual performance. Also, the classification of the employee is part of the eligibility requirement. *Please refer to the Employee Handbook for details related to eligibility for the merit, as well as definitions for the different classifications of employees.*

The organization also adopts Annual Employee Goals, which are tied to annual variable pay. If the hospital meets their financial goals each employee performance goal met has an associated variable payment amount. The annual variable pay is paid to those employees eligible. The Annual Employee Goals are posted on our Intranet website, PULSE; and below is a list:

Employee Goals for 2024-2025	
Goals	Targets
1. Focused Inpatient Experience Initiative: Responsiveness	Percent of departments with "Responsiveness of Hospital Staff" rating on HCAHPS survey that exceed target [top box \geq 65%] or show 2% (relative) improvement from previous year performance
2. The Joint Commission	Conduct 3 mock surveys to prepare and maintain readiness
3. Improve Overall Patient Experience Performance	<ul style="list-style-type: none"> • % of inpatient departments with Overall Rating (9 or 10) that exceed target [top box \geq 75%] or show 2% (relative) improvement from previous year performance • % of outpatient and ambulatory departments with "Overall Rating of Care" that exceed target [top box \geq 83%] or show 2% (relative) improvement from previous year performance • % of emergency departments with "Overall Rating of Care" that exceed target or show 2% (relative) improvement from previous year performance: <ul style="list-style-type: none"> — HH Main: top box \geq 50th percentile rank, Safety Net Hospitals — HH W&C: top box \geq 65th percentile rank, Pediatric Hospitals, All Hospitals — Madison: top box \geq 65th percentile rank, All Hospitals • % of medical practices with "Recommend This Provider Office" that exceed target [top box \geq 90%] or show 2% (relative) improvement from previous year performance
4. Culture	Increase employee de-escalation training (MOAB) by 100% (1,415 in FY24)
5. Employee Vaccinations	Percentage of employees vaccinated or completed a declination \geq 90% <i>*Must receive the influenza vaccination or have an approved exemption to be eligible</i>
6. Be Safe. Be Caring. Be Kind. Initiative	Complete Culture of Patient Safety Survey and improvement plan

These goals are updated for each fiscal year. Please check PULSE for the most current Employee Goals.

F. Dress and Appearance

The hospital has a general appearance policy that stipulates the general dress, hygiene, and professionalism required of all employees. The hospital also has more specific uniform policy requirements for specific departments, campuses, and job-types.

Also, additional guidelines have been adopted for all employees to combat COVID-19 infection rates. All employees may be required to wear masks:

- If requested by a patient or patient family
- If required due to infection control protocols
- If advised by Employee Health after an illness

Acceptable masks and face coverings include:

- Solid colors & patterns
- HH Logo or HH themed
- Hospital issued
- Team sports or school logoed
- Cartoon or child-themed patterns in pediatric areas only.

PLEASE NOTE: Masks that have slogans, words, or pictures are not allowed to be worn by hospital employees.

For more information regarding the Dress and Appearance Policy requirements the Employee Handbook.

G. Cell Phones and Social Networking

The hospital provides policy requirements for the use of personal cell phones, Bluetooth devices, and other personal technology. Your department may have department-specific requirements for technology use, which you should learn about during your department orientation.

As an employee, you are not permitted to publically discuss patients, customers, products, or any other work-related matters, whether confidential or not, outside the hospital. The use of social media is not permitted during work hours. Employees should never use social media to harass, discriminate, or make negative comments towards employees or patients on social media. Employees should have no expectation of privacy while using the Internet. Employees should report any violations to these guidelines to your supervisor, manager, or Human Resources.

As an employee you are expected to know and follow the policy for personal technology use in your department. Your supervisor will review department-specific policies during the department orientation process. *For more information regarding technology use, please refer to the Employee Handbook.*

H. Harassment

Huntsville Hospital Health System prohibits unlawful discriminatory practices and harassment on the basis of culture, race, creed, age, disability, ethnicity, gender, gender expression, gender identity, sexual orientation, socioeconomic status, military service, genetic information or any other legally protected status. *Examples of harassment are found in the Employee Handbook.*

To report harassment, report the event directly to Human Resources to one of the following contacts:

- Employee Relations Specialist Huntsville Hospital: Connie Poole or Fannie Proctor
Employee Relations Specialist for Madison Hospital: Gabby Ellis
- The Director of Human Resources Operations: Cynthia Traylor
- The Vice President of Human Resources: Jennifer Holly

I. Annual Mandatory Requirements & Licensure

Each year all employees must successfully complete required education that covers topics required by regulatory bodies by November 1st of the calendar year. All employees are expected to complete this minimum course series, which includes:

- General Care Class CBL (computer-based learning)
- Emergency and Workplace Violence Preparedness CBL
- Flu, Tuberculin, and COVID CBL
- Annual Affirmation Statement CBL
- HRO Annual Review CBL
- Other CBLs may be added throughout the year based on evolving initiatives.

Depending on an employee's scope of practice or role in the workplace, additional requirements are also included annually. Employees that require licensure and certifications are expected to keep these current if required for their role in the workplace. Employees may also be required to successfully demonstrate annual competencies. These include:

- Licensure and continuing education requirements to maintain an active license
- Certifications required for the job; including but not limited to American Heart Association certifications, NRP, TNCC, and other annual or biannual certifications.
- Annual competencies

For more information regarding required education, contact your manager, unit educator, or Corporate University at 256-265-8025.

J. Fair & Just Culture and Problem Solving

The hospital has adopted a "Fair and Just Culture" approach to any errors made in the hospital. To ensure we support a **Fair and Just Culture**, the organization is committed to:

- **Investigating** unacceptable acts to determine
 - Why the employee made the error and
 - How the employee made the error
- Using a **Performance Management Decision Guide (PMDG)** to assure employees are treated fairly and consistently.

A detailed description of Fair and Just Culture is contained in the Employee Handbook under *Rules of Conduct*. Each employee is expected to familiarize themselves with these rules as well as follow the department/organizational wide policies and procedures.

The hospital also encourages employees to discuss work-related concerns freely with their supervisor as the first step in problem solving. If needed, the employee can take the concern to:

1. Department Director/ or Vice President
2. Human Resources
3. CEO/ COO

For more information regarding the Problem Solving Procedure, please refer to the Employee Handbook.

K. Compensation and Special Pay

All employees are paid biweekly, and the associated paycheck is direct deposited in their bank. All new employees need to have their banking direct deposit information turned in to HR before your first paycheck. Your pay check advice, which summarizes your pay, can be accessed or printed from Employee Self-Service. *Instructions on how to access Employee Self-Service can be found in The Online Resources Overview.*

The hospital has special pay guidelines for certain categories of work, which include:

- **Shift Premium Pay** – paid when the majority of the shift is worked between 3:00pm and 7:00am
- **On-Call Pay** - \$2.00 per hour for each hour employees who are placed on on-call status are waiting to be engaged in work
- **Call Back Pay** – 1.5 times base hourly rate of pay plus shift differential for employees called back to work for non-scheduled time.
- **Holiday Pay Premium** - \$4.00 extra dollars per hour for employees scheduled to work in departments that are open on an eligible holiday. These include: Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Eve (after 3:00pm), Christmas Day (before 6:45am), New Year's Eve (after 6:45pm), and New Year's Day (before 6:45am).

Please refer to the Employee Handbook for details related to these categories.

L. Freely Rotating Work Schedule

Huntsville Hospital operates under a **Freely Rotating System**; in turn employees are expected to work the hours and days they are scheduled. Huntsville Hospital is open 7 days a week, 24 hours per day; and to support the patient care we provide, it is necessary for employees to work nights, weekends, and holidays.

Employees may swap their shift with a competent and qualified co-worker as long as they are doing so within Department Guidelines. Any swap must be approved by the employee's supervisor/manager. However, the employee will be required to work the assigned shift when an appropriate replacement cannot be located.

Please note, shift trading will not be allowed when the trade results in extra overtime.

M. Clocking and Work Schedules

After the orientation process, you will need to badge in and out on your department's badge reader. If you are an hourly employee you will clock in and out per shift. For those that are salaried you are only required to clock in. To clock into a time clock, simply hold your badge near the reader on the right side of the clock, and listen for the beep to be certain your clock in time is recorded.

Huntsville Hospital is open 7 days a week, 24 hours per day; and as a result, it is necessary for employees to work nights, weekends, and holidays.

When you report to work, all employees are expected to be mentally and physically prepared to work, as well as able to have good judgement. If anything interferes or impairs an employee's ability to do the essential duties of their job, a review and/or drug screen for cause may be required.



N. Meal, Rest Periods, & Break Times

Employees are provided one **30-minute** unpaid meal break during each shift. The meal period must be taken in an area authorized by their supervisor. If an employee is hourly, they must badge out if they leave the hospital campus, and have supervisor approval.

For Rest Periods, one 15-minute paid break is allowed during each 6 hour shift, if the schedule allows. Employees may not leave the campus during the paid break; and two paid 15 minute breaks for each 12 hours worked. This said, breaks cannot be combined together for one 30 minute paid break; breaks must be taken in an area authorized by supervisor, and breaks are not guaranteed.

O. Break Time for Nursing Mothers

The hospital supports the health and well-being of employees and their infant children by providing nursing mothers with private, safe, and accessible locations to express milk for their infants. Employees are provided reasonable break time to express breast milk for up to 1 year after the birth of a child. Your manager can direct you to the nearest private room or location.

In addition to consideration for employees, the hospital honors Alabama State Law Section 22-1-13, Act 206-526, regarding our visitors in that a mother may breastfeed her child in any location, public or private. The hospital also provides additional resources to the public through Breastfeeding support, t: 256-265-7285.

For more information regarding the break time for nursing mothers, please refer to the Employee Handbook.

P. Diversity and Inclusion

Huntsville Hospital Health System is committed to having a culture without bias or prejudice. Diversity, inclusion, equality, respect, and unity are marks of great organizations and we want to reflect these values individually and collectively.



As part of ensuring this continues to be a current and vibrant organizational value, Huntsville Hospital Health System has established education to address bias, opportunities for leadership development courses, and a mechanism to report and address bias. Diversity is often defined as differences based on:

- | | | |
|--------------|----------------------|---|
| • Culture | • Ethnicity | • Socioeconomic status |
| • Race | • Gender | • Military service |
| • Creed | • Gender expression | • Genetic information |
| • Age | • Gender identity | • Weight |
| • Disability | • Sexual Orientation | • Or any other legally protected status |

As an organization, employees are encouraged to embrace differences. We recognize that differences add value to our organization, but note that we have more similarities than differences. Healthcare professionals must provide the best possible care for all patients, regardless of race, gender or ethnic origin. For more information regarding diversity, please refer to the Employee Handbook.

VI. Corporate Compliance, HIPAA, & IT Security

In healthcare we are working with others most private and confidential information. As a result we are expected to hold the highest ethical practices in adherence to:

- Privacy standards
- Practices that prevent fraud, waste, and abuse

The Corporate Compliance Program promotes this ethical and honest behavior, as well as compliance with laws and regulations at the federal and state level. The Corporate Compliance team and our IT Security team work together to protect the organization.

A. Corporate Compliance

As employees we are required to:

- Follow hospital policies and procedures
- Obtain proper authorizations or consent when required by policy
- Use hospital funds only for hospital purposes
- Submit actual hours worked

Some examples of compliance issues include:

- Billing for a procedure, service, or item that was not provided to the patient
- Stealing property or supplies
- Accepting bribes or kick-backs
- Offering gifts or incentives to recruit business
- Destroying or changing a medical or financial record
- Being paid for hours not worked
- Profiting from insider knowledge
- Violating patient confidentiality (HIPAA)
- Turning away patients who are seeking care for an emergency condition (EMTALA)

As employees, we are required to report any suspected compliance issues. **Our Compliance Officer** for the Health System is **Kenneth Graves**. To report a suspected compliance issue, you can let your manager know, or call (800) 442-0959, or email compliance@hhsys.org. A compliance violation can carry very significant consequences such as:

- Employee Discipline
- Loss of license
- Fines
- Public disgrace/ loss of trust
- Imprisonment

B. Health Insurance Portability & Accountability Act (HIPAA)

HIPAA is a federal law that requires our organization to protect the privacy of patient information, or Protected Health Information (PHI), in any format. Some examples of formats that we find PHI, which should be considered danger zones include:

- Physical (for example paper)
- Electronic (for example email or fax, social media, computer systems, mobile phones)
- Verbal (for example PHI that may be overheard)

Employees should report any suspected violations of privacy to our compliance team, (800) 442-0959 or compliance@hhsys.org. As employees, we should only access PHI if we need it to do our job, if someone else



Corporate Compliance
1-800-442-0959

needs it to do their job, or for minimum necessity. Some examples of Protected Health Information (PHI) include:

- | | | |
|---|----------------------------|--|
| • Name | • Email/ URL/ IP addresses | • Health plan beneficiary # |
| • Postal address | • Social Security number | • Biometric identifiers (fingerprints) |
| • Dates (except year) | • Account number | • Any other unique identifying number, code, or characteristic |
| • Telephone and/or fax number | • License number | |
| • Vehicle/ device identifiers or serial # | • Medical record number | |

Patients also have a role in determining their level of privacy. It is our job to let them know their rights. Some choices include:

- The right to restrict public knowledge of being in the facility; patients can opt to be “No Publicity = NO PUB” status
- The right to complain
- The right to access their medical record
- The right to amend or correct their medical record

As part of the orientation process, you will be asked to electronically sign our Affirmation Statement, confirming that you affirm/promise to uphold our HIPAA and compliance requirements. This form is also signed annually during the performance review cycle.

C. IT Security

Our IT systems are danger zones for unwanted sharing of confidential information. Our **IT Security Officer** is **Ryan Petraszewsky**. If you suspect a breach of an IT system you can report this to the IT Help Desk at (256) 265-7777, or email phishing@hhsys.org. Some practices to adopt to lower the organization's risk of a breach of PHI include:

- Not opening email from an unfamiliar sender
 - Instead forward the email to phishing@hhsys.org
- Not sharing your passwords or making them too simple
 - Passwords should be at least 8 characters, include numbers and capital letters, and be unique for each system you access
- Encrypting all emails that contain Protected Health Information (PHI)
 - To encrypt an email, type **[encrypt]** or **Secure:** in the subject line of your message.



The organization, our patient's information, and your information are safer if we all share this responsibility, and remain vigilant against phishing and computer viruses.

VII. Safety and Security

A. Be Safe

All team members of the Health System need to know what to do in the case of:

- An Emergency
- A Disaster
- A time when we feel unsafe

The organization has an up to date guide, called the Emergency Manual. The Emergency Manual is available online on our PULSE Intranet page under the Hot List / Safety Manual link. Please review the online version of the Emergency Manual for the most up to date information. Also, each Department has an emergency plan which maps out what to do in an emergency in that department. You will learn more about your department plan during your department orientation.




B. Responding Safely to Fire

Inside our organization, we all need to know basic procedures for supporting safety for us, our patients, and our visitors. Many of these safety procedures are determined so that we comply with state and federal regulations for our environment of care in our workplace. The organization provides a rigorous plan for dealing with fire in our facilities.

- **Fire Code:** If a page goes out over our paging system, **Code Red**, with the location, this means there is a fire.
 - Staff in the following groups have special responsibilities in the case of a fire:
 - Security
 - Plant Operations
 - Nursing Supervisors
 - Respiratory Therapy
 - Environmental Services
 - **What to Do if a Code Red is Called:**

The hospital has a clever acronym, **RACE**, which reflects the steps employees must take if a fire code is called. The steps are easy to remember with **RACE**:

 - **R – Rescue** (Rescue those in the fire)
 - **A – Alert** (Alert those in the area that a fire has been discovered, those that respond to the fire include: security, plant operations, nursing supervisors, respiratory therapy, and environmental services).
 - **C – Confine** (Confine the fire to a limited area)
 - **E – Extinguish/ Evacuate** (if possible use a fire extinguisher to extinguish the fire, or horizontally evacuate patients, employees, and visitors from the area)
- 

RESCUE
ALARM
CONFINE
EXTINGUISH
PULL THE PIN
AIM AT BASE OF FIRE
SQUEEZE HANDLE
SWEEP SIDE TO SIDE
ONE RACE YOU HAVE TO WIN!
- **Fire Extinguisher Operation**

There are a few easy to remember steps when using a fire extinguisher. The acronym PASS, stands for:

 - **P – Pull**
 - **A – Aim**
 - **S – Squeeze**
 - **S – Sweep**
 - **Fire Walls & Fire Doors**

By regulation we cannot prop open doors, but many of the walls and the doors are designed to contain fire in a confined area. In our organization “Fire Doors” are kept open with magnets that automatically close and create a fire barrier.
 - **Oxygen and Gas Valves**

In case of fire, or other emergencies, Respiratory Therapy, Biomed, or a trained individual on the floor will handle the oxygen and gas valves for the floor. General staff members should not turn off these valves.
 - **Remember: Oxygen is very flammable!**
 - Green O2 tanks must always be in a rack or rolling cart!
 - Never place O2 tanks on a stretcher with patients!
 - **Halon Gas**

In some areas of the hospital, halon gas is used to suppress fire. When this is initiated, the halon gas will remove oxygen from the air in that area. Leave the area immediately if this process is started; you will only have only 30 seconds to evacuate. There is a special department policy for HH Main Cat Scan Room #2.
 - **Delayed Egress**

Doors that are marked as delayed egress are really only meant to be used as an emergency exit. If used, an alarm will sound and 15 seconds later the door can be opened.
 - **M.R.I. Safety**

Magnetic Resonance Imaging, or MRI machines, are used in some areas of the hospital for imaging procedures. The MRI works with an industrial magnet, which is on at all times. Entering the MRI room requires that no metal be

used, so special wheelchairs, fire extinguishers, etcetera are exclusively used to avoid accidents. In the case of a fire, a specialized fire extinguisher must be used to avoid the dangers of metal in the MRI room.



- When a **Code Red All Clear** is called three times, this means the fire code is all clear and resolved.
- **SPECIAL CONSIDERATIONS: No Unattended Use of Microwaves**
To avoid fire, microwave popcorn and unattended use of staff microwaves is prohibited.
- **Emergency Phone Numbers**
 - In case of emergency inside the hospital, dial **4-5555**
 - For offsite locations, dial **9-1-1**; off site locations are those that are not in the in-patient buildings. You will learn more about this during your department orientation.
- **Emergency Paging System**
The organization uses a series of emergency codes, these codes are universally used at all Health System campuses. In the table below here are the codes, and what each one stands for:

Emergency Codes

- **Code Blue**
- **Code Red**
- **Code Pink**
- **Code Amber**
- **Code Gray**
- **Code Black**
- **Code Green Alert**
- **Code Green Activate**
- **Active Shooter**
- **Severe Weather**

Problem/Emergency

Medical Emergency
Fire, Smoke, or the smell of something burning is observed
An infant is missing and/or the infant protection alarm has been activated
Missing Patient or Visitor
Need for Security Personnel (hostage, combative or civil disturbance)
Bomb Threat
Potential emergency situation exists. Emergency Operations plan on standby
Activation of the Emergency Operations Plan
Active Shooter and /or Person with a weapon
Severe Weather (watches, warnings and inclement weather)

EMERGENCY PHONE NUMBER: 4-5555

- **In the event of a Chemical Spill**
If there is a hazardous spill, take the following steps of caution:
 - **Secure** – the area of the spill
 - **Protect** – persons
 - **Inform** – others by reporting the spill
 - **Leave** – leave the spill in place for the appropriate individuals to take care of the spill
- **Material Safety Data Sheet (MSDS):** (256) 265-6737 or (5-MSDS)
If there is a spill, or any concern about handling something in the hospital, employees can contact 5-MSDS to ask for the Material Safety Data Sheet.
- **Coding for Trash** - All trash is categorized by bag color to reflect handling required.
 - **Red Bags** – are used for lab waste, blood, blood products, body fluids, disposable instruments, surgical waste, needle boxes
 - **Clear Bags** – are used for regular trash
- **Radiation Safety**
In healthcare certain procedures have radiation as a byproduct. When you see the Radiation Safety sign, avoid these areas unless trained in the proper precautions to minimize exposure.
- **Fall Alert**
All patients that have a yellow armband are at a high risk of falling, which should alert staff to take fall precautions.



- **Elevator Safety**

Safety extends to following elevator safety requirements. Always wait to ensure everyone that needs to get on the elevator boards properly. To keep the doors open, use the buttons for the “door open” to be safe. When rolling a wheelchair or bed onto an elevator, always make sure that the wheels are perpendicular to the entrance, to avoid wheels getting stuck in the gap.

- **Tram Safety**

In order to be safe, follow these guidelines when riding on the hospital's Tram system:

- Place all wheeled vehicles against the forward (the direction the tram is traveling) tram wall. No one is to stand between wheeled equipment and the forward wall.
- DO NOT place any wheeled equipment in front of, or in contact with, the sliding emergency door on the forward wall.
- Wheelchairs are ALWAYS to be placed facing Governors Drive, against the forward wall of the tram, with the brakes locked.
- Stretchers and beds are to be placed with the patient's feet first, up against the forward wall, with the brakes locked.
- For ease in achieving the correct position, stretchers, beds, and load hauling equipment should enter the tram car from the rear door.
- Handrails should always be used when the tram car is moving.

C. HH A.W.A.R.E. – Ensuring Personal & Campus Safety: (256) 265-6660

The organization supports the safety of our patients, visitors, and staff with our on-campus Security Team, and an initiative called HH A.W.A.R.E. A workplace violence prevention team meets frequently, monitoring trends and adopting initiatives to respond to workplace violence risks.

If a patient has an elevated potential for violence, our security team will place a magnet on the door to alert staff to be particular aware as they support that patient. There are several safe guards that all employees need to know about to ensure they maximize personal and campus safety.



- **Be HH A.W.A.R.E.**

Always be aware of your surroundings and think about safety in each interpersonal encounter.

- A** Awareness, be aware of your surroundings at all times
- W** Watchful, be watchful for the body language of those we are interacting with; 90% of communication is non-verbal
- A** Alert, help at the first signs of danger! Don't try to deal with or go into potential danger by yourself; get help.
- R** React with a plan. Plans help guide you through potentially dangerous situations. Always have a plan!
- E** Escape, know your escape routes and where exits are located.

- **Be On Guard for Workplace Violence**

Workplace violence can occur more frequently than we expect. Be ready for a potential event by:

- **Watch for Signals**
 - Verbally expressed anger or frustration
 - Threatening gestures
 - Signs of substance abuse
 - Presence of a weapon
- **Diffuse Anger**
 - Present a calm and caring attitude
 - Don't match threats
 - Don't give orders
 - Acknowledge person's feelings

- Avoid behaviors that might be interpreted as aggressive
- **Stay Alert**
 - Evaluate situations
 - Stay on guard
 - Don't isolate yourself
 - Keep an open path for exiting
 - Remove yourself when necessary
 - Call for Security: (256) 265-6660
- **Know your Department's Response Plan**
Know the HH Security tools in your area:
 - Duress or silent alarms available for staff to use when they perceive the need for security.
 - Know your safe place if something occurs
- **Alert Security**
Campus security is just a call away, (256) 265-6660; their services include:
 - Shuttle/support available 24/7
 - Remote monitoring
 - Officer dispatch for help
- Submit broader concerns on Pulse, Pulse/General Info/ Safety Concerns
- **Check Out HH "Most Wanted"**
Security posts photos and locations of any suspicious persons on campus on our hospital's Intranet web page, Pulse. If you see such a person, contact security at (256) 265-6660.
- **Learn How to be prepared through additional training;**
Class such as Management of Aggressive Behavior (MOAB), Escape Eight, and AVERT prepare employees for WPV situations.

VIII. Patient Experience

As a service organization, each of us is challenged to strive to make every interaction with patients, visitors, co-workers, and care team members as great as possible. All new employees receive training in the first day of orientation in order to review the core concepts and responsibilities we each have to support our customers. Some key concepts are listed below.



A. Creating the Total Patient Experience

The Total Patient Experience is the sum of all interactions, shaped by an organization's culture that influences the patient perception across the continuum of care. We do this by:

- Living the Standards of Behavior
- Treating patients, patient families, physicians, co-workers and visitors all as customers.
- Using the Universal Relationship Skills; which includes the 10/5 Rule to create a warm and friendly environment.
- When possible escorting those that are lost to their destination.
- And seeing a Complaint or a Grievance as an opportunity for Service Recovery.

B. How We Each Impact Value-Based Purchasing

One of our largest payors for services is Medicare; and they have established three areas that impact how much we are paid as a hospital:

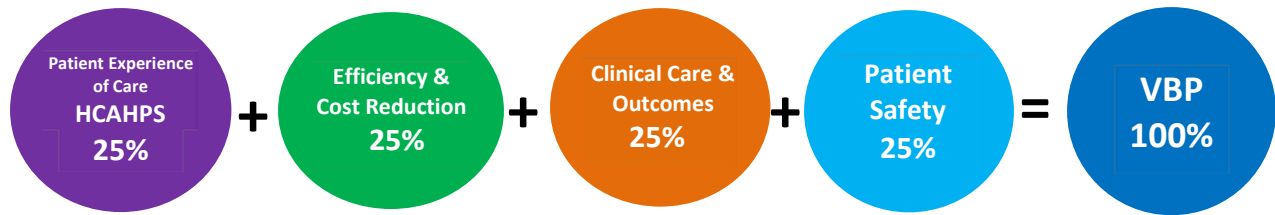
- How well we perform on each HCHAPS measure, compared to other hospitals
- How much we improve in our performance on each HCHAPS measure over time
- How consistently we score on HCHAPS measures over time.

C. Measuring Service

All healthcare providers in the United States are measured by a national survey that measures patients' perception of their care. The survey is referred to as the HCAHPS Survey; which stands for:

Hospital Consumer Assessment of Healthcare Providers & Systems

The survey is provided to patients that have recently received healthcare services. The scores reflect four key areas that work together to influence how we are paid by government entities. The categories being measured and how much they impact our payment are outlined below in the “Value-Based Purchasing” score.



This surveying process was originally established for hospitals, but it has been growing to include other areas of care. Additional areas of care that are surveyed include home health, hospice, physician offices (CGCAHPS), emergency services, and outpatient services. Our organization tracks our results and continues to strive to improve scores. HCAHPS is also a key component of Value-Based Purchasing.

PATIENT EXPERIENCE OF CARE DIMENSIONS

1. Nurse Communication
2. Doctor Communication
3. Staff Responsiveness
4. Medication Communication
5. Cleanliness & Quietness
6. Transition of Care
7. DC Info
8. Overall Rating

CLINICAL CARE MEASURES

Process Measures:

1. AMI-7 Fibrinolytics
2. IMM-2 Influenza Immunization
3. PCI-01 Elective Delivery before 39 weeks

Outcome Measures

1. AMI 30-day Mortality
2. HF 30-day Mortality

SAFETY MEASURES

1. AHRQ PSI-90 Composite
2. CLABSI
3. CAUTI
4. Surgical Site Infection: Colon & Hysterectomy
5. C Diff

EFFICIENCY MEASURE

1. MSPB-1 Spending per Beneficiary

The questions in the HCAHPS survey, and the associated scores, are often a part of our annual employee goals.

D. Complaints and Grievances

Huntsville Hospital supports our patients, families, and co-workers. In such, if a patient has a **Complaint** or **Grievance**, there is a **structured response process**.

Complaint	Is a patient care issue, regarding care in the hospital, that can be resolved on the spot, and the patient is satisfied with the solution.
Grievance	Is a written or verbal complaint regarding patient care, abuse, neglect, or patient harm ; which has occurred in the hospital.

Any grievance must be **reported immediately** to the supervisor; and in turn the Patient Advocate, the Unit Director, House Supervisor, (or Administrator on Call). All Complaints are logged into the Patient Complaint System (RL6) for follow-up. If the patient requests a **patient advocate**, one must be provided by contacting the **Patient Advocate**, or after hours the **House Supervisor**.

IX. Quality & Patient Safety

A. Quality: Core to Our Mission

The core Mission of our hospital is to “**Provide high quality care and services that will improve the health of those we serve.**” Quality and patient safety are our shared responsibility, and that begins with you!



Quality in healthcare means as employees we should all:

- Provide the best possible care for a patient’s illness or condition
- Avoid errors or mistakes in providing care
- Be respectful in our treatment of patients as medical professionals
- Ask and provide clear answers to questions related to care
- Act as a partner to our healthcare provider
- Center all actions around a culture of ensuring patient safety

B. Regulatory Requirements

Many of the rules and regulations that ensure quality are associated with the two accrediting groups:

- **The Joint Commission (TJC)**

- Provides regulations that drives the standards of care
- Surveys the organization every 3 years for compliance
- A “**Code J**” is called overhead when The Joint Commission arrives to survey the organization



The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
630-792-5000

- **Centers for Medicare/ Medicaid (CMS)**

- Defines conditions of participation
- Defines the core measures of quality (reportable quality indicators) in patient care each year

Our organization also selects a group of **Patient Safety Quality indicators** to focus on each year. Currently those areas for continuous improvement include:

- **HOSPITAL PRIORITIES**

- Improve Patient Identification Process
- Reduction of Hospital Acquired Infections
- Reduction in Preventable Readmissions and Preventable Mortalities
- Antimicrobial Stewardship
- Pain Management (*to include opioid safety and assessment/re-assessment*)

- **PATIENT SAFETY PRIORITIES**

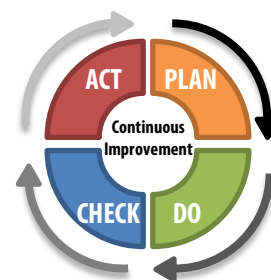
- Alarm Safety
- Capacity Management
- Fall Management

C. Performance Improvement

Performance Improvement is an ongoing effort to provide safe, quality care. In order to improve processes, we use the following PDCA steps:

- **Measure** – Internally monitor patient safety indicators, including Safety Event Reports

- **Analyze** – Incorporate external sources, such as quality databases, national standards, state and national benchmarks, state and federal agencies, and published literature to best measure how we are doing and how to improve
- **Improve** – the only way to improve is to follow the PDCA model:
 - **Plan** – Identify problem, determine goals
 - **Do** – Action plan and execution
 - **Check** – Progress, target versus actual
 - **Act** – Standardize if it worked, adjust if the plans didn't work



D. Safety Event Reporting (HRP Reporting)

A **Safety Event Report (SER)** is a report to capture events which do or could adversely affect patient outcomes. Each time something like this happens in the hospital, we are expected to capture all the details in a SER and later track and trend actions to improve processes and outcomes. The Quality Management group tracks all reported SERs and trends actions to improve outcomes.

If you have any question about whether a SER is needed, “when in doubt, fill it out.” The HRP Reporting system for recording Safety Event Report can be found on Pulse, under the “HotList,” or accessed from the electronic medical record (EMR).

Safety Event Report Categories:

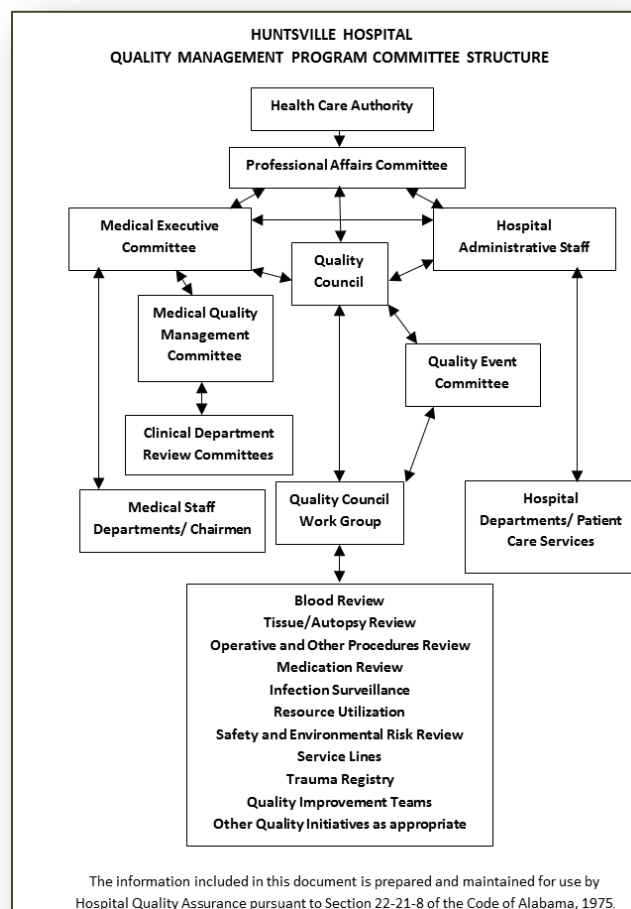
1. **Near Miss** – a variation in process that did not affect an outcome, but if it recurs could cause an adverse outcome
2. **Clinical/ Actual Event** – A safety event that ranges from not causing harm to the patient, to meeting the criteria for a Sentinel Event.

How to Report an Event/ Near Miss:

- Log into HRP Reporting, the SER electronic reporting system
- Never document completion of a SER in the medical record
- Briefly document the occurrence in the medical record (making sure you are objective)

What Happens to a Safety Event Report?

- The SER is received by the involved departments and Quality Management
- The Process Review is initiated and steps are determined by the severity of the event, which could include:
 - **Case Investigation**
 - **Apparent Cause Analysis Report** is filled out
 - **Action Plan** will be developed outlining strategies, and a formal
 - **Evaluation** will be done to ensure the Action Plan has been worked and addressed the issues
- **A Sentinel Event Meeting (as defined by The Joint Commission)** – this occurs if applicable, and the event is Sentinel if the patient safety event (not primarily related to the natural course of the patient's illness



or condition) results in death, permanent harm, or severe temporary harm.

- **Behavioral/Patient Care Event**

If an event occurs that involves a physician, the Behavioral/Patient Care Event Form is used. The form can be found on the Pulse Intranet page, under the Hot List menu, Forms/Behavior/Fill in Blank. Once the form is completed, turn in to the Medical Staff Office.

When quality events occur, or trends need to be reviewed, the hospital has committees that address these issues. Our organization's reporting structure is reflected in the illustration.

The organization also has a way to report and review any inappropriate physician behavior or patient care events. For physician events there is a slightly different form that needs to be filled out and the follow through which occurs through our Medical Staff Office. The form can be accessed through our intranet page Pulse, then go to the Hot List, Forms, Behavior, and fill out online.

X. Infection Prevention & Control

A. Infection Prevention & Control

Infection prevention and control is everyone's responsibility! People, anywhere, can carry and spread germs – which in turn make people sick. Our Quality Management Group has a special team of Infection Preventionists that help support ways to lower infections in the hospital. The team can be reached Monday - Friday, from 7:00am – 4:30pm at 256-265-8094. After hours, weekends, and holidays, please call the on-call phone, 256-698-1805.

B. Preventing Infections in the Hospital

Infections that others get while in the hospital are called Hospital Acquired Infections, or HAIs. HAIs lower the quality of patient outcomes, as well as impact how much we are paid for our care services. We can all be a part of prevention and control of infection by taking steps to prevent infections by:

- Practicing good Hand Hygiene
- Cleaning High Touch areas of our facilities
- Following Standard Precautions and Isolation Protocols when appropriate.

The single most effective way to prevent the spread of infections is to practice Good Hand Hygiene! Proper Hand Hygiene includes:

- **Hand sanitizing with an alcohol-based hand rub**
Use on a routine basis when hands are not visibly dirty.

How to:

- Use one squirt of hand-sanitizer into the palm of one hand
- Rub sanitizer on all surfaces of both hands including under and around fingers and fingernails, and wrists
- Continue to rub sanitizer onto hands until hands are dry.

- **Hand washing with soap and water**

Hand Hygiene by washing with soap and water should happen when hands are visibly dirty and when caring for a patient with Clostridium difficile (C.Diff).

How to:

- Using warm water, apply soap to hands & work into a lather
- Scrub all surfaces of the hands for at least 15 seconds
- Rinse well
- While water is still running, pat hands dry with a paper towel
- Using a dry paper towel, turn off the faucet
- Periodically use hospital approved lotion

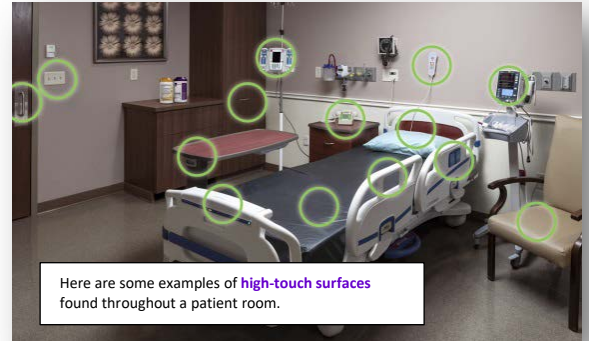


Examples of Appropriate Times to use Hand Hygiene:

- At the beginning and end of your work shift
- Before and after each contact with a patient
- When hands are obviously soiled
- Before and after procedures, or preparing medications
- After using the bathroom
- After removing gloves
- After coughing, sneezing
- Before and after eating
- Upon entering and exiting patient room

The hospital has additional policies for employees that require practices that lower infections:

- **Regularly cleaning “High-Touch” areas**
Areas that are touched often in patient areas and staff areas must be cleaned regularly. A photo of high touch areas that can carry many of the most aggressive bacteria is shown in the illustration.



C. Standard Precautions & Isolation

• Use “Standard Precautions” with all Patients

Staff that have any contact with patients should use the appropriate **Personal Protective Equipment (PPE)**. This includes **Gloves, Gown, Masks, and eyewear** to provide protection from contact with the patient’s:

- Blood/ Body fluids
- Secretions/ Excretions/ Mucous membranes
- All non-intact skin

- **Isolation Precautions** are used for patients known or suspected of having a highly infectious disease, and should ***always*** be used in addition to standard precautions. An indication of suspected disease is indicated when tests are ordered. The types of Isolation Precaution include:

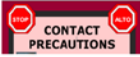
















- Contact precaution
- Droplet precaution
- Airborne precaution
- Contact enteric precaution



Isolation precautions require the use of additional PPE, depending on the type of isolation called for by the policy. A poster related to each type of isolation precaution is listed below:



Additional training for clinical staff will be provided in clinical orientation or can be accessed in the Isolation Manual, found on Pulse. Additional **PPE use includes:**

Isolation Signage	Four Types of Isolation	Gown	Gloves	Soap & Water	N95 Respirator / Eye Protection	Surgical Mask
	Contact Precaution					
	Contact Enteric Precaution					
	Droplet Precaution					
	Airborne Precaution					
	Contact, Droplet, and Airborne Precaution					

D. More Resources

Additional resources are available on Pulse/ Hot List/ Infection Control. This resource also includes:

- Disinfection Guidelines for Hospital Surfaces
- Infection Control Manual
- Isolation Manual
- Exposure Control Plan, and much more

XI. Employee Health

A. Employee Health Resources

The organization offers an Employee Health Clinic, free of charge, at the following locations:

Main Campus Location:

Suite 10, Lobby of Blackwell Tower

Office hours: M-F, 6:30am – 4:30pm

Physician hours: M-F, 8:00am – 4:00pm

Parking:

- Visitor Garage, or your assigned parking
- During your visit you will receive a token

T: 256-265-8046 – or – 256-265-8046

F: 256-265-2660

Madison Hospital Location:

Hours: Tuesdays & Thursdays 7:00am – 12:00pm

B. Employee Health Services

All new employees are scheduled a time to return to Employee Health and review your pre-employment lab results.

Other than your initial on-boarding, Employee Health provides a variety of free health services, such as:

- **Pre-employment Screening**
 - Drug screening
 - Immunity Testing: Rubella, Rubeola, Mumps, Chicken Pox, & Hepatitis B
 - Tuberculosis (TB) Screening
- **Blood/ Body Fluid Exposures support (FREE)**
 - All Employees are to **report to Employee Health** if they have a blood/body fluid exposure, and fill out an **Exposure Report** in the Workforce Safety module of HRP. Your manager can assist you with accessing HRP.
 - Call extension **44357 (4HELP)**, or **(256) 265-4357** to report Body Fluid Exposures



- Order Employee Exposure (patient) in 1Chart – Rapid HIV results will be available within 1 hour after blood arrives in lab.
- Employee Health encourages reducing your risk by never recapping needles, wearing personal protective gear that is procedure appropriate, using safety equipment, and making sure needle boxes are emptied when 2/3 full.
- **Physician Services (FREE)**
The main campus provides physician services:
 - The service is for acute, minor illnesses for HH employees, removal of contagious employees from work, or minor injuries
 - This service also covers student physicals, and post-exposure prophylaxis
- **Immunization Programs**
- **N95 Respiratory Fit Testing**
- **Leave Support**

C. Immunization Programs - (FREE)

Employee Health provides various immunizations to support and protect you in the healthcare setting, which include:

- **Hepatitis B - (FREE & Voluntary)**
 - Highly recommended for employees handling blood and body fluids
 - 3 injection series
- **Measles, Mumps, Rubella (MMR), and Varicella (chicken pox) - (FREE & Mandatory for hire)**
 - If the employee is pregnant, the vaccine can be deferred until after delivery
- **Annual Flu Vaccine - (FREE, and Annual)**
 - Mandatory immunization or annual signature of a declination in Employee Health
 - This requirement is part of the Employee Goals Annually, and impacts incentive pay.
- **Tetanus (with Pertussis-Tdap) - (FREE)**
- **Pneumococcal - (FREE)**
- **Shingles - (FREE)**
- **COVID-19 – (FREE)**



D. Workplace Implications related to Employee Health

Some illnesses require employees to leave work to avoid spreading illnesses to co-workers.

- Illnesses considered contagious:
 - **Group A STREP** – until 24 hours after treatment
 - **MRSA** – which must be cleared by Employee Health for the employee to return to work
 - **C-difficile toxin** - which must be cleared by Employee Health for the employee to return to work
 - **Fever** of 100°F or higher
 - **Flu**
 - **COVID-19** – confirmation testing required at your primary physician or Employee Health
 - **Conjunctivitis** or pink eye – only if draining, or until discharge is gone
 - **Diarrhea or vomiting** – until it resolves
 - **Viral rashes** such as chicken pox, shingles
 - **Oral labial herpes** or fever blisters – only if draining
- If you sustain a work-related injury, the hospital requires several steps for Worker's Compensation:
 - If injured, **notify your supervisor first**
 - Fill out an **Employee Accident Report** in the Workforce Safety module of the HRP. Your manager can assist you with accessing HRP.
 - Call: **Comp1ONE: (256) 532-2777 or extension 22777**
 - If needed, the contact at Comp1ONE will direct you to a physician or the Emergency Room
- The hospital encourages proper lifting techniques to lower the possibility of a back injury.
There are several steps that can minimize the potential of back injury listed below, for those lifting on the job.

- When lifting:
 - Assume the safe lifting position.
 - Keep your feet shoulder-width apart and slightly turned out
 - Maintain your back's natural curves
 - Bring the load close to your body
 - Let your legs do the lifting
 - Don't twist your body
 - Turn your whole body together as you move your feet



E. Leave Support Services

Employee Health supports the Leave Support process for all employees. If an employee must unexpectedly be absent from work for any reason:

- Call the Leave Support Line, 256-265-0000, for each unscheduled absence; and share why you are out.
- Call your manager, according to your department/ unit call in policy, to let them know you will be out.
- If you need to apply for Family Medical Leave (FML), short-term or long-term disability, you simply go through the steps on FMLA Source through Mutual of Omaha. This can be accessed through their website www.fmlasource.com or call (887) 365-2666.

F. Additional Programs that Support Employee Health & Wellness

The hospital provides additional support from two groups that work closely with Employee Health.

- **The Employee Assistance Program (EAP) – for an appointment call 256-265-2600**
The Employee Assistance Program provides free, confidential support for employees to identify mental health issues that are affecting their job. Their services are free and confidential, and include counseling and referral services for:
 - Relationship issues
 - Emotional distress
 - Stress management
 - Substance abuse

The Employee Assistance Program also provides a convenient series of online education topics that support staff.

- **HealthWorks 2.0 Wellness Program for Employees (256) 265-6288**



The organization provides the HealthWorks Program to support Wellness and manage health for our employees. All employees have 60 days from hire to join the program. Those that participate receive many benefits that further support personal management of health and wellness.

These benefits include:

- A FREE confidential Health Risk Assessment (HRA) provided annually for participants
- A FREE biometric health screening, provided annually, for cholesterol levels, glucose levels, blood pressure, height, weight, and body fat analysis.
- FREE health coach support for all participants
- FREE membership for the three HH Wellness Centers
- A health plan premium discount of \$50/month
- FREE access to the Calm APP, to support mental health



- **Corporate Care (256) 817-9999**

Corporate Care is a complimentary service offered that provides you and your family assistance in coordinating care with physicians and services affiliated with the Huntsville Hospital Health System. The service can help you find a new physician, preventative screening options, and other outpatient services.



XII. A Guide to Your Employee Benefits

One of the advantages of being a member of our team is the suite of benefits that are available to support our workforce. There are many benefits that are available to all employees; to support those we value the most.

A. Benefits Available for All Employees:

1. Support for parents:

- **Child Care Center**
An on-campus, corporate sponsored day care facility, with extended hours, and support for employee children. For more information call 256-532-2760.
- **Rethink Care**
This support program provides helpful resources for parents with children of all ages, and focuses on children with learning/behavior challenges or developmental disabilities. For more information please visit RethinkCare.com or enroll in the program at www.connect.rethinkcare.com/sponsor/Huntsville.

2. Support of Health, Wellness, and Mental Health:

- **On-site Employee Clinic** – Employee Health – (256) 265-8046
 - **Employee Assistance Program (EAP)** – Marie Hodges – (256) 265-2600
Provides counselling services to our employees free of charge
 - **HealthWorks 2.0** and **HealthMatters** Wellness Programs – (256) 265-6288
Employer sponsored program, with a full suite of education, incentives, and health management resources
 - **Huntsville Hospital Wellness Centers** - (256) 265-9355
Employees enjoy free membership for those enrolled in the health insurance plan and/or HealthWorks Program. For questions call (256) 265-9355 (WELL). The Wellness Centers have several conveniently located facilities, with courses, equipment, and support to encourage fitness and life balance. Employees may also use the Wellness Centers located at the various Health System hospitals.
 - **Seasonal Farmer's Market** – hosted on the HH campus, available from spring through early fall, providing healthy, fresh, locally-sourced food and goods.
 - **Calm Application** – free access for employees for this application that supports healthy sleep, stress management, meditation, and other support features for healthy living.

3. Support through Development Opportunities:

- **Corporate University**
Provides free courses for development of professional skills, leadership topics, topics supporting life-balance, and many carry continuing education credits for a variety of fields.
- **HH Foundation Employee & Dependent Scholarships**
 - **Thomas & Sharon Bell Radiology Education Fund** – Senior level students of the HH Radiology Tech Program
 - **James Durrell Bramlett Scholarship** – HH employee or child of an employee pursuing any type of degree in a Plant Operations discipline
 - **Ruth B. Camp Scholarship** – HH employee pursuing a degree in nursing or paramedical field
 - **Ronald S. Owen Scholarship** – HH child of an employee pursuing a degree
 - **Meena Dayal Memorial Scholarship** – HH employees in perioperative departments pursuing undergraduate or graduate degree
 - **Dr. Billy V. Hewett & Bradley Hewett Memorial Scholarship** – HH employee or child of an employee pursuing a nursing degree.
 - **Doris V. & Everett C. Mosley Scholarship** – HH employee pursuing a non-clinical degree
 - **Daisy P. Swinton Scholarship** – HH employee pursuing a degree in nursing.
 - **Martha Robinson / Teresa Burton Scholarship** – HH EVS employee/ child of an employee pursuing a degree
- **Tuition Reimbursement Program**
This program provides reimbursement for education taken by employees that support hospital roles. Employees classified as FTE of 0.6 or higher are eligible after completing 90 days of service (exception: nursing pursuing a Nurse Practitioner degree must have worked for 2 years as an RN within the HH Health System). More details related to this program can be found in the Employee Handbook.

4. Support through discounts and purchasing flexibility:

- **Employee Discounts**
Cafeteria Discounts for staff, special discounts with local businesses, all available through Pulse.
- **Badge Purchase/ Sales**
Special sales are provided throughout the year and employees can use their badge for purchases, if feature activated.

- **Local Event Tickets**

5. Employee Recognition:

- Employee of the Month Awards
- Employee of the Year Award
- Nurse, PCA, and Advanced Practice Provider of the Year Awards
- Anniversary Service Awards – every 5 years

6. Benefits Enrollment

New employees have **30 days from their start date to enroll in Benefits**. Enrollment is through Lawson “Self-Service”, and instructions for accessing this platform are outlined in The Online Resources Overview, you received with this book. For employees with a dependent or spouse that has a different last name, those employees will need submit additional documentation to Human Resources showing the family relationship. If you are transferring from another facility within the HH Health System, your benefit elections may transfer over. If you have questions please refer to the Benefits computer-based course (CBL), the Benefits Guide at the back of this book, or call the Benefits team at (256) 265-9400.

7. Daily Pay Option

HH Health System has partnered with DailyPay which allows you to choose to receive your pay any time before payday and easily track how much you’re making. You will need to sign up for an account at DailyPay, and once you do any direct deposit authorization you have in place in payroll will be replaced by your account at DailyPay. There are restrictions to the amount you can receive before pay day, and DailyPay may charge you fees for some transactions. To opt out of DailyPay you will need to contact DailyPay directly. You can then establish a new direct deposit with Huntsville Hospital payroll by completing the Direct Deposit Authorization Form.



8. Badge Purchase Plan

The badge you will receive can be activated to allow you to purchase items from the Cafeteria (\$200 limit), Gift Shop (\$200 limit), and Employee Pharmacy (\$200 limit) – and those charges are deducted from your next pay check. If you would like to participate in this plan, you will need to fill out the **Employee Badge Purchase Form**. The form can be found on the organization’s intranet page, PULSE, linked under Custom Applications. This feature can be started or stopped at any time by going to PULSE-hosted “Custom Applications” and clicking the deactivate link. Your ability to purchase using your badge will not be activated until after you receive your first paycheck.

9. Retirement Plans

The organization offers several retirement plan options for employees, which are briefly outlined below. Full time, part time, PRN, Plus, Choice 10, and Temp employees are eligible to participate in these plans.



The organization’s provider for each plan is **Fidelity Investments**. Employees can access their accounts at www.netbenefits.com/atwork or by calling 1- (800) 343-0860. The plans offered are:

- **401(k) Retirement Plan** – this plan offers both pre-tax and after-tax contribution options
- **457(b) Deferred Compensation Plan** – pre-tax contributions

All new employees, including those hired as PRN, Plus, Choice 10, or Temp, will automatically be enrolled to contribute to the 401(k) Plan effective with the pay period that begins after completing 30 days of employment unless you choose to opt out of automatic enrollment during onboarding. If you wish to change the opt out decision you made during onboarding, please contact the Benefits team within 30 days of your hire date for a new form.

If you do not opt out, a deduction of 3% from each paycheck will automatically occur. Contributions will be invested into a default investment option, the Freedom Funds. Highlights of plan provisions are available in the Annual Benefits Guide, found in the back of this resource book. Detailed information is available from Fidelity.

After one year of service and 1,000 paid hours of work have occurred, the hospital will begin making matching contributions to eligible participants' accounts on a quarterly basis. The hospital match is 50% of the first 5% you contribute. Employees who are PRN, Plus, Choice 10, or Temp will not receive employer matching contributions.

10. Pet Insurance

The organization offers Pets Best Pet Insurance. This benefit is as a voluntary benefit, providing reimbursement for a pet's eligible veterinary bills. Options include flexible accident, illness, and routine care coverage; and the option to customize coverage for your pet and your budget. To learn more about the benefit and to enroll, visit Best Pet at www.petsbest.com/HHHPETS. If you already have pet insurance or your pet has a chronic condition, please call the Pets Best Customer Care team at 1-888-984-8700 and reference our referral/discount code: **HHHPETS**

B. Benefits Available for Full-Time & Part-Time Employees:

Full-time and part-time employees who are classified as ± 0.6 FTE are eligible to enroll in additional benefits. These benefits include: medical, dental, vision, disability insurance, life insurance, flexible spending account, Health Saving Account, and tuition reimbursement.

1. Health, Dental, and Vision Plans

Employees who are classified as FTE of 0.6 or higher are eligible to participate in the health, dental, and vision benefit plans. The plans can also cover the employee's spouse (married and same sex legally married), as well as dependents up to the age of 26, and grandchildren that reside in the employee's home and have more than 50% of their financial support from the employee.

NOTE: If your spouse is employed and eligible for health coverage through their employer, your spouse will only be eligible for secondary coverage on the HH Health System Group Health Plan. They must purchase coverage through their employer in order to be eligible for secondary coverage.



BlueCross BlueShield
of Alabama



Enrollment for benefits is available during the first 30 days of employment, during the annual open enrollment period, and if the employee experiences a qualifying life event. The organization's provider for each plan is outlined below:

- **Dental Insurance Provider:** Ameritas Life Insurance Corporation 1- (800) 487-5553.
NOTE: Please see a summary of plan premiums in Addendum Benefits Guide.
- **Vision Plan Provider:** VSP 1 – (800) 877-7195
NOTE: Please see a summary of plan premiums in Addendum Benefits Guide.
- **Health Insurance Plans:** Blue Cross & Blue Shield of Alabama 1- (800) 321-4398
 - **Health Insurance, Preferred Provider Organization (PPO) Plan**
The PPO Plan is a traditional health insurance plan with copays for many of the services you receive including doctor's visits and prescription drugs. The premium for the PPO plan is higher than the premium for the High Deductible Plan.
 - **Health Insurance, High Deductible Plan / Health Savings Account**
The High Deductible Plan covers the same services as the PPO plan, but claims are processed differently. The premium is lower than the PPO plan, but this plan has a higher deductible that must be met before claims, other than those for preventive care, will be paid by insurance. Employees who enroll in the High Deductible Plan may also be eligible to participate in the Health Savings Account (HSA) which allows you to defer money to help pay for out of pocket health, dental, and vision costs. The hospital will make a contribution to the HSA for eligible participants.
NOTE: When utilizing Employee Health for Services other than preventive care, there will be a \$40.00 charge to the employee. This will be applied toward the employee's annual deductible.

You can view the list of participating health care providers for covered services by either visiting the Blue Cross and Blue Shield website at www.alabamablue.com or by going to the 'Hot List' on the hospital's

Intranet site, and selecting BC/BS of Alabama. To view details regarding the pharmacy benefit, including the preventive drugs available at no cost to participants in the High Deductible Health Plan, please go to www.affirmedrx.com/printdruglist.

All of your premiums for the health plan will be deducted from your paycheck on a pre-tax basis. This will allow you significant savings in the taxes you pay from your paycheck. Please review each plan carefully and determine which plan meets your individual or family needs before you elect coverage. A summary of Benefits and Coverage is available for both plans on Employee Self-Service on the hospital's Intranet site, or you can request a copy in Human Resources.

For more information regarding these benefits for various services, associated fees, restrictions, and approved health care providers, please refer to the Employee Handbook.

2. Pharmacy Prescriptions

Employees that participate in one of the Health Plans are encouraged to use Huntsville Hospital's Employee Pharmacies. All maintenance prescriptions must be filled by the Huntsville Hospital Mail Order Pharmacy, or picked up at the Huntsville Hospital Medical Mall Pharmacy. Prescriptions filled at these pharmacies provide a 90-day supply of maintenance prescriptions for the cost of a two month supply. Non-maintenance medication prescriptions can be filled at the Huntsville Hospital Employee Pharmacy, a Health System affiliate Pharmacy, or a Blue Cross Blue Shield pharmacy network, with the exception of Target and CVS pharmacies. Prescriptions filled at Target or CVS are not eligible for coverage. All specialty medication prescriptions must be filled through the Huntsville Hospital Mail Order Pharmacy.

Below are the Employee Pharmacy locations for maintenance medications, and contact information:

- **Huntsville Hospital Mail Order Pharmacy** – (256) 265-3900
- **The Medical Mall Employee Pharmacy** – (256) 265-3800

Below is the Employee Pharmacy location for non-maintenance medications, and contact information:

- **Huntsville Hospital Employee Pharmacy** 2nd Floor, Main – (256) 265-3400

HH Health System Locations:

- Helen Keller Hospital Locations:
 - **Keller Community Pharmacy** - (256)-386-4600; 1300 South Montgomery Avenue Sheffield, AL 35660
 - **Keller Wellcare Center** - (256)-386-4747; 1300 South Montgomery Avenue Sheffield, AL 35660
- Red Bay Hospital Locations:
 - **Red Bay Hospital Wellcare Center** - (256) 356-1162; 211 Hospital Road Red Bay, AL 35582
 - **Redmont Pharmacy** - (256)-356-9000; 1102 Golden Road Red Bay, AL 35582
- Athens Limestone Hospital Location - (256) 262-6745; **ALH Community Pharmacy**
- Decatur Morgan Hospital Location - (256) 973-2168; **Decatur Campus, Employee Prescriptions**
- **Marshall Professional Center Pharmacy** – (256) 894-6650; 11491 US Highway 431, suite 1, Albertville, AL 35950

Please note, the pharmacy network for non-maintenance medications includes Walgreens.

3. Short-Term and Long-Term Disability

The provider for short and long-term disability is Mutual of Omaha, 1- (800) 877-5176. Both short-term and long-term disability plans essentially are insurance on your paycheck, for a time you might not be able to work. Employees who are an FTE of 0.6 or greater, that are not in the PRN, PLUS, or Choice 10 category, are eligible to participate. Basic coverage is free, and provides:

- Short-Term Disability: \$200.00/ week, for 11 weeks, beginning 14 days after disability
- Long-Term Disability: 50% of gross monthly salary, up to a maximum of \$3,000.00/month, beginning 90 days after disability

Additional short-term and long-term disability coverage can be purchased by the employee.

4. Life Insurance

The provider for life insurance is Mutual of Omaha, 1- (800) 775-8805. Employees classified as a FTE 0.8 or higher, working at least 32 hours a week, who are not in the PLUS category, are eligible to participate. Basic coverage is free, and provides:

- **Basic Payable Benefit:** 1X your annual salary (rounded to the next \$1,000). *The minimum benefit, if the salary is less, is \$20,000. *The value of the life insurance policy will decrease at age 65, and at age 70.*
- **Accidental Death and Dismemberment Clause:** 1X your annual salary or 1X the minimum benefit. Additional life insurance coverage and/or dependent life insurance can be purchased by the employee.

5. Flexible Spending Account (FSA)

The hospital provides two flexible spending account programs for eligible employees. These plans are governed by the IRS, and to participate, eligible employees must enroll each year during Benefits Open Enrollment for the coming year. During enrollment, the employee must decide how much pre-tax pay to defer into the plan to cover out of pocket health, dental, or vision expenses that are not covered by insurance, and/or how much to defer for qualified dependent daycare expenses.

- The Flexible Spending Accounts available are:
 - Unreimbursed medical, dental, and vision expenses – which can be up to \$3,200 per year
 - Dependent Day Care expenses, which can be up to \$5,000 per year

A few more important facts about the Flexible Spending Accounts:

- Employees must re-enroll each year during Benefits Open Enrollment.
- Up to \$640 can be carried over from one year to the next (only on unreimbursed medical, dental or vision expenses)
- To be reimbursed, an employee must send in receipts to the Flex Administrator or use the specified Flex Debit Card
- Employees can withdraw funds from their Flex Account to pay “qualified medical/dental expenses” even if no payroll deduction has been sent to their Flex Account yet
- To be reimbursed for Dependent Child Day Care expenses, the daycare service must have been paid and a deduction made from the employee’s paycheck and deposited into their FSA account before the reimbursement can be processed
- To be eligible to participate in the Dependent Day Care Flexible Spending account, the expenses must be incurred to enable you (and your spouse if married) to work or look for work (this does not include volunteer work).
- Can only stop contributions if your status changes to PRN or if a true life changing event has occurred as defined in the IRS Section 125 regulation

6. Health Savings Account (HSA)

Employees enrolled in the High Deductible Health Plan may be eligible to participate in the Health Savings Account (HSA). This plan is governed by the IRS, and participation in this plan must be elected each year during Benefits Open Enrollment for the coming year. During enrollment each employee will decide how much they want to contribute to their HSA on a pre-tax basis to cover qualified expenses. Below is some important information:

- The hospital will make quarterly contributions for eligible participants based on their health insurance coverage election in place on the first day of the quarter for which the contribution is being made (\$125 per quarter for single coverage or \$250 per quarter for coverage including family members). You must be enrolled in the HSA to be eligible to receive a contribution from the hospital.
- You must go to the Fidelity website at [NetBenefits.com/atwork](https://www.fidelity.com/netbenefits/atwork) or call their customer service line at 1 (800) 742-4015 to activate your HSA in order for money to be deposited into this account.
- The maximum annual contributions to an HSA (including employee & hospital contributions) cannot exceed the IRS limits.
- The funds in your account may be used to cover unreimbursed medical, dental, or vision expenses.
- Employees can utilize the funds in their account either by turning in receipts for reimbursement from available funds, or by using the debit card they will receive from the plan administrator. Funds cannot be used prior to the receipt of the contribution by the plan administrator.

7. Earned Time Off (ETO)

The organization uses an accrual process for paid time off, which we call Earned Time Off (ETO). ETO is used any time the employee is off from work for any reason and accrues each pay period based on hours worked. Employees begin accrual after their first 60 days of employment. Employees transferring from another

organization within the HH Health System who have already completed 60 days of employment will begin accruing immediately. Employees classified as PRN do not accrue ETO. Employees classified as PLUS or Choice 10 receive ETO as outlined in the PLUS or Choice 10 agreements they signed. Employees can also “Cash-in” or donate their ETO.

Your ETO balance at the end of each calendar year will roll over to your ETP (Earned Time Previous) Bank. Your ETO bank contains the paid time off hours accrued only in the current calendar year. Please view the complete ETO policy in the Employee Handbook for further details.

Supporting Materials: Addendum 1

2024/2025 IMPORTANT DATES FOR BENEFITS AUTO ENROLLMENT

(401(K) Retirement Plan revised 5/2024)

Orientation Date	First Pay Check	401(K) Form Due Date	1 st Deduction Pay Period	1 st Deduction Paycheck
November 11	November 29	December 11	December 22	January 10, 2025
*November 18	**November 29	December 18	December 22	January 10, 2025
December 9	December 27	January 9, 2025	January 19, 2025	January 31, 2025
*December 16	**December 27	January 16, 2025	January 19, 2025	January 31, 2025
January 6	January 24	February 6	February 16	February 28
*January 13	**January 24	February 13	February 16	February 28
January 20	February 7	February 20	March 2	March 21
February 3	February 21	March 3	March 16	March 28
February 17	March 7	March 17	March 30	April 11
March 3	March 21	April 3	April 13	April 25
March 17	April 4	April 17	April 27	May 9
March 31	April 18	May 1	May 11	May 23
April 14	May 2	May 14	May 25	June 6
April 28	May 16	May 28	June 8	June 20
May 12	May 30	June 12	June 22	July 4
May 27 (TUE)	June 13	June 27	July 6	July 18
June 9	June 27	July 9	July 20	August 1
*June 16	**June 27	July 16	July 20	August 1
June 23	July 11	July 23	August 3	August 15
July 7	July 25	August 7	August 17	August 29
July 21	August 8	August 21	August 31	September 12
August 4	August 22	September 4	September 14	September 26
August 18	September 5	September 18	September 28	October 10
*August 25	**September 5	September 25	September 28	October 10
September 15	October 3	October 15	October 26	November 7
September 29	October 17	October 29	November 9	November 21
October 13	October 31	November 13	November 23	December 5
October 27	November 14	November 27	December 7	December 19
November 10	November 28	December 10	December 21	January 9, 2026
*November 17	**November 28	December 17	December 21	January 9, 2026
December 8	December 26	January 8, 2026	January 11, 2026	January 23, 2026
December 15	**December 26	January 15, 2026	January 25, 2026	February 7

Please Note: Forms not received in Human Resources by the due date will result in 3% deducted from each pay check until you stop your contributions by calling Fidelity Investments at 1-800-343-0860.

LEGEND:

* Orientation does not fall on the beginning of a pay period.

** First paycheck is only for 1 week of pay due to orientation beginning off schedule.

Addendum 2

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November for coverage starting as early as January 1.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5%¹ of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.²

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

HH Health System Human Resources Department
101 Sivley Road, Huntsville, AL 35801
(256) 265-9400
hrenefits@hhsys.org

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

¹ As that percentage is adjusted by inflation from time to time.

² An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Addendum 2

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PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name HH Health System	4. Employer Identification Number (EIN) 63-0845288 / 26-4830493	
5. Employer address 101 Sivley Road	6. Employer phone number (256) 265-9400	
7. City Huntsville	8. State Alabama	9. Zip 35801
10. Who can we contact about employee health coverage at this job? Human Resources Department		
11. Phone number (if different from above)	12. Email address HRBenefits@hhsys.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are:
 - 1) Employees authorized to work 24 hours or more per week.
 - 2) Employees authorized to work less than 24 hours or on a as needed basis but who meet the definition of a full-time employee as defined by the Affordable Care Act.
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - 1) Legal Spouse not eligible for coverage under a group health plan sponsored by another employer
 - 2) Children up to the age of 26 (or age 26 and older who are mentally or physically disabled and unable to support themselves financially)
 - 3) Eligible grandchild/foster child.See Summary Plan Description for more details.
Employees who are not designated as being in a benefit position but who are determined to be a full-time employee as defined by the Affordable Care Act may enroll themselves and their eligible children, but not their spouses.
 - ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
 - ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Addendum 2

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13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ Yes

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ No

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes

☐ No

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.*
(Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

Date of change: _____ (mm/dd/yyyy):

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Pharmacy Benefits

Prescription drug coverage is included in both medical plans. You should use your BCBS of AL Member ID card to access your pharmacy benefits. Employees covered under the PPO Plan will pay a copay for each prescription. Employees covered under the High Deductible Health Plan will pay the same copays after meeting their calendar year deductible.

Pharmacy Program Features

Mandatory Generic

If a member chooses to fill a name brand drug and there is a generic equivalent, then the member will be responsible for the difference in cost between the brand name drug and the generic, plus the Non-Preferred tier copay.

Maintenance Drug Prescriptions

After one 30-day fill at a retail pharmacy, you are required to fill your maintenance medications using the HH Health System Mail Order program. You can elect to receive your prescriptions as follows:

- Through the mail at your home address
- Pick up at the Huntsville Medical Mall Pharmacy
- Pick up at a HH System Hospital Pharmacy

You will save money using the HH Health System pharmacy network, and have the convenience of home delivery or picking your prescriptions up near where you work. To view the BCBS drug lists including the full list of maintenance medications that may be filled at no charge under the HDHP, please view the Source Rx drug list at www.AlabamaBlue.com/DrugList.

Specialty Drugs

For all specialty medications, members must use the Huntsville Hospital Mail Order pharmacy. Members employed at other HH System hospitals will be required to use the HH Mail Order Pharmacy or their Employee Pharmacy.

At Huntsville Hospital, no pick up will be allowed – delivery of specialty medication will only be through the mail. At other System facilities prescriptions can be picked up at the Employee Pharmacies.

Coinsurance for specialty drugs under the PPO Plan will be 10% for prescriptions filled at HH Health System. For those participating in the HDHP, the deductible must be met before coinsurance fees are required.

Addendum 4

American Heart Association Certifications:

Many job positions at Huntsville Hospital require Basic and/or Advanced Life Support certifications. Your job description will provide a listing of required certifications for your job. If you have questions you can ask your HR contact or your department educator/manager about these specific requirements.

Q. *What if I have current certifications?*

A.1. Card Submission Process:

If you currently have American Heart Association certification(s) you must submit your AHA Healthcare Provider BLS, ACLS, and/or PALS card(s) to our organization's training center:

- Email your card to our American Heart Association team, email: eCard@hhsys.org.
- Please include your phone number, name, and where you work in case the training center contact has any questions.
- Also, a copy of your certificate must be given to your department educator/manager for your department file.

Q. *How do I get/renew my certifications through Huntsville Hospital?*

A. If you do not have, or need to renew your required certifications, please contact your educator, manager, or call Corporate University at 256-265-8025 to help you register for the appropriate class or classes:

Renewal – BLS Healthcare Provider (2 steps):

- **AHA BLS HeartCode BLS**
Complete computer based review and test NetLearning, followed by:
- **BLS-15021121_AHA BLS Renewal - Skills Check + Exam**
Sign up for the test and skill demonstration held in a classroom setting to complete your renewal

Initial Courses:

- **BLS Provider** - Sign up for a BLS-1501 AHA BLS Provider Initial Course held in a classroom setting
- **Advanced Certifications** - Contact your educator or manager to schedule ACLS, PALS, TNCC, or NRP if required for your position.

Q. *How long do I have to obtain the proper certifications for my job?*

A. **BLS:** Must be completed during your orientation period (**not to exceed 90 days**).
ACLS/PALS: Certifications must be obtained within the period defined by your department, but **cannot exceed 1 year** from hire/transfer date.
NRP/TNCC: Please contact your Educator or Supervisor for deadline.

Last updated 2/9/2024

Addendum 5

Madison County Operation Locations

For the most up to date addresses see the website: <https://www.huntsvillehospital.org/locations/other-locations>

Blackwell Medical Tower – 201 Sivley Road, Huntsville, AL 35801 • T: (256) 265-8025
Cochran Offices/ Training Center – 259 Dunlop Boulevard, Huntsville, AL 35824
Central Business Office - 109 Governors Drive, SW, Huntsville, AL 35801 • T: (256) 265-8025
Dowdle Center / Corp. University - 109 Governors Drive, SW, Huntsville, AL 35801 • T: (256) 265-8025
Health Group of Alabama - 6767 Old Madison Pike Suite 400, Huntsville, AL 35806
The Heart Center, Incorporated - 930 Franklin Street, Huntsville, AL 35801 • T: (256) 539-4080
HEMSI – 2700 6th Avenue, SW, Huntsville, AL 35805 • T: (256) 536-6694
Hospice Family Care - 10000 Serenity Lane, Huntsville, AL 35803 • T: (256) 650-1212
HH Women & Children - 245 Governors Drive, Huntsville, AL 35801 • T: (256) 265-1000
HH Main - 101 Sivley Road, Huntsville, AL 35801 • T: (256) 265-1000
HH Medical Mall - 1963 Memorial Parkway, Suite 24, Huntsville, AL 35801 • T: (256) 265-7000
HH Purchasing & Supply Chain – 470 Quality Circle, 2nd Floor, Huntsville, AL 35806
Madison Hospital - 8375 Highway 72 West, Madison, AL 35758 • T: (256) 265-2012
Plaza Resource Center – 101 Governor's Drive SE, Huntsville, AL 35801

Health System Facilities Outside Madison County

Athens-Limestone Hospital - 700 West Market Street, Athens, AL 35611 • T: (256) 233-9292
Decatur Morgan Hospital:
 Decatur Campus - 1201 7th Street, SE, Decatur, AL 35601 • T: (256) 341-2000
 Parkway Campus - 1852 Beltline Road, Decatur, AL 35601 • T: (256) 350-2211
 Decatur Morgan West Campus – 2205 Beltline Road SW, Decatur, AL 35601 • T: (256) 973-4000
DeKalb Regional Medical Center – 200 Medical Center Drive, SW, Fort Payne, AL 35968 • T: (256) 845-3150
Helen Keller Hospital - 1300 South Montgomery Avenue, Sheffield, AL 35660 • T: (256) 386-4196
Highlands Medical Center - 380 Woods Cover Road, Scottsboro, AL 35768 • T: (256) 256-4444
Lawrence Medical Center - 202 Hospital Street, Moulton, AL 35650 • T: (256) 974-2200
Lincoln Health - 106 Medical Center Boulevard, Fayetteville, TN 37334 • T: (931) 438-1100
Marshall Medical Centers:
 Marshall Medical North - 8000 Alabama 69, Guntersville, AL 35976 • T: (256) 571-8000
 Marshall Medical South - 2505 U.S. 431, Boaz, AL 35957 • T: (256) 593-8310
Red Bay Hospital - 211 Hospital Road, Red Bay, AL 35582 • T: (256) 356-9532
Russellville Hospital – 15155 U.S. 43, Russellville, AL 35653 • T: (256) 332-1611

Addendum 6

Organizational News

Be safe. Be caring. Be kind. Be connected

With more than 10,000 employees spread across Madison County, we're a really big family. We can't all gather around the dinner table to share important hospital news, but you can stay informed by checking your work email for the latest Huntsville Hospital Health System communications.



The Scope is your digital newsletter for Huntsville Hospital, Madison Hospital, Huntsville Hospital for Women & Children and our various clinics. It's delivered right to your email inbox from HH News (The Scope).

NEWS IN 90

New in 90 is your award-winning hospital news video featuring six to seven breaking news stories. Each episode is only 90 seconds, so it's the perfect way to stay informed without taking much time away from your patients. Look for emails from HH Video Highlights.

Help us tell the HH Health System story

We're always on the lookout for great HH-related content. Send us your story tips and favorite photos to thescope@hhsys.org or by scanning the QR code on the right. If we use your idea, you'll WIN A WALMART GIFT CARD!

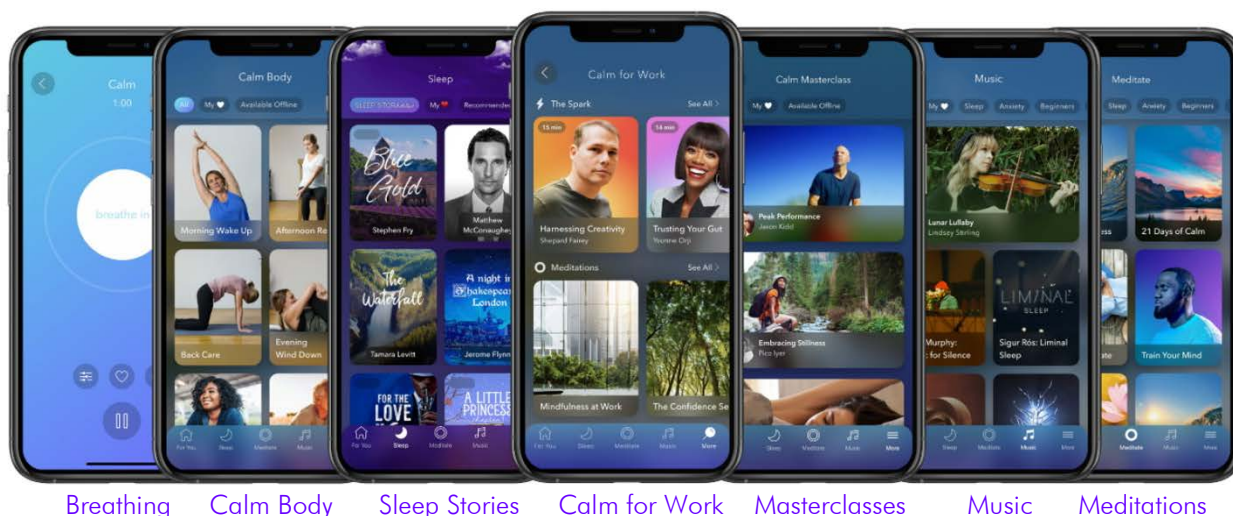


Addendum 7



Free Premium Calm Subscription

Millions of people are experiencing lower stress, less anxiety, improved focus, and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.



To unlock your free Calm subscription, visit:

<https://www.calm.com/b2b/huntsville-hospital/subscribe>

(This must be done on a web or mobile browser (not in the app itself))

Once on the page:

- Create an account with your personal email or sign into your existing Calm account
- Enter your employee ID in the box provided to activate the subscription on your Calm account
- Download the Calm app and log into your account to access the premium content

Need help? Visit calm.com/support for the Calm Help Center or to contact Calm's support team.



Your free Premium Calm app subscription is made possible by generous donations to Huntsville Hospital Foundation.

Addendum 8

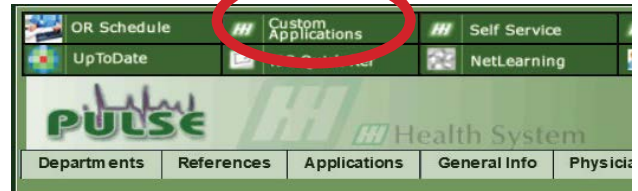
Huntsville Hospital Employee Self-Service Parking System


The Self-Service Parking System allows employees to select their parking assignment based on availability and years of service seniority. The system continues reflect parking opportunities as they come available.

For new employees, to make your parking selection, open the Pulse Page and select **Custom Applications**.

Once you select **Custom Applications**, log in using your badge number and password. Select the option on the left-hand side that says **Employee Parking Self Service**.

Below is the first screen you will encounter which requires an employee to acknowledge simple directions and that they are eligible to be fined if they do not park in their assigned location.



**Employee Parking Self Service**
Portal Menu

It is time to make your parking selection. You will first make a preferred parking selection, followed by a secondary selection if your preference is not available. **Failure to park in the parking location you are assigned may result in penalties up to vehicle immobilization and associated fines.**

Acknowledge

Once you click **Acknowledge**, the next screen is where a parking selection is made.

You will be shown one drop-down menu first. This is where you select your preferred parking lot. If your preferred lot is full, you will be given a second drop-down menu of available parking lots. You will be added to the wait list for your preferred lot.

Preferred Parking Lot		Available Parking Lots	Last Update	Updated by
Add ▾	Go	405 Lowell ▾		
Notice				
BMT	Employees assigned to Blackwell Medical Tower will park on the roof level (where the sun shines).			
Twickenham	Employees assigned to the Twickenham Parking Garage are assigned to the South end of the Third level (just outside of the HH Lab) and all the roof level. Employees are not to walk through the Lab in order to access the hospital.			
MOB	Employees assigned to the MOB will park on the roof level (where the sun shines).			
Madison Street Garage	Employees assigned to the Madison Street Garage are assigned to the roof level (where the sun shines).			
Heart Center Parking	Employees assigned to the Heart Center Garage may park in the basement , on the Northeast side of the 2nd Level on the ramp, or on the entire 3rd and 4th level.			

Once your parking selection is made, your badge access will be updated as needed. Log in to Custom Applications to check the status of your selection. *If you have any questions, please call the Parking Coordinator at (256) 265-8780.*

Addendum 9

The 3Bs of High Reliability: Be Safe, Be Caring, Be Kind!

Huntsville Hospital Health System is on a “Journey to Zero”. This journey is about providing a high level of care that eliminates harm, delivers evidence-based care, and provides care with compassion. These are the reasons most workers chose to work in health care in the first place.

When people come first – safety must come first. First Do No Harm. While the safety of our patients, employees and visitors is our first concern, the reliability strategies that create safety also help us provide the highest quality of care in a compassionate, kind way.



UNIVERSAL RELATIONSHIP TOOLS

Universal Relationship Tools are simple communication practices to show respect and create familiarity among team members. Universal Relationship Tools increase frequency of communications. Some Universal Relationship Tools are non-verbal such as smiling and making eye contact. Some Universal Relationship Tools are verbal – meaning using words. Saying hello is a verbal Universal Relationship Tool.

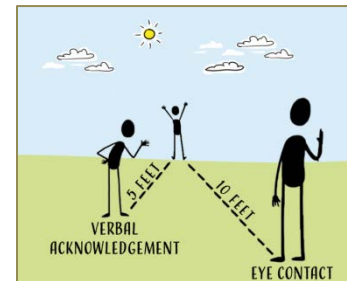
Universal Relationship Tools are good factors in maintaining a culture of teamwork. Frequent use of Universal Relationship Tools creates an environment that – when we need to – we can think well together as a team.

5 Universal Relationship Tools

Respect at ALL times:

1. Smile and Greet Others - Use the 10/5 Rule

- At 10 feet, acknowledge with a smile.
- At 5 feet, say “Hello.”
Greetings such as “Good Morning” and “How are You today?” are also encouraged.



2. Ask for and use preferred names

Refer to others by their preferred name. If you’re not sure, ask the individual. If you can’t ask, assume a more professional title.

3. Listen with empathy and intent to understand

- **Listening with Empathy** is understanding and identifying with another person’s feelings; turn and face the other person and speak heart-to-heart. Nod occasionally to indicate you understand and are following the message.
- **Listening with Intent to Understand** assumes there is value in what you are being told. Repeat short phrases to indicate understanding. Make eye contact periodically and maintain a pleasant neutral facial expression.



4. Communicate positive intention of your actions

- Explain to team members, patients, and family members what you are doing before you do it. Explain how your actions will benefit them and contribute to reaching desired results. Use inclusive words such as *us* and *we*; instead of *you*, *I* or *me*, and *they* or *them*.
- Avoid the appearance of multi-tasking when retrieving information from computers. Instead, explain your positive intent.

5. Provide opportunities for others to ask questions

- Pause! People naturally fill gaps in the dialogue. If they have a question, they will ask during a pause. If you ask for questions, ask: “What questions can I answer for you?” Instead of “Do you have any questions?”

RELIABILITY TOOLS

Universal S.A.F.E.T.Y. Behavior Reliability Tools are actions you can take to better your performance and your team's performance. These tools help us to think critically, remember important steps in handoffs, bring attention to problems, and ask for help when needed.

S.A.F.E.-T.Y. Behaviors		Reliability Tools
S	Supporting each other	<ul style="list-style-type: none"> • Cross Check to reduce errors • Cross Coach using 5:1 feedback • Speak Up using ARCC (Ask a question, Request a change, voice a Concern, & Chain of command)
A	Attention on task	<ul style="list-style-type: none"> • Self-Check with STAR (Stop, Think, Act, and Review)
F	Focusing on best practices	<ul style="list-style-type: none"> • Questioning attitude with Question & Confirm • Know Why and Comply with policy, procedure, & checklist
E	Effectively communicating	<ul style="list-style-type: none"> • Three Way Repeat/ Read Back • Phonetic and Numeric Clarification • Clarifying Questions • Handoff with ISHAPED checklist • SBAR (Situation, Background, Assessment, & Request)

Addendum 10



We know there is a lot going on as a new employee of HH Health System, but don't forget to spend a few minutes focused on your future.

Establish your account at netbenefits.com/atwork

Where you can:

- Enroll in the HH Health System retirement savings plan
- Establish or change your investment option elections
- Designate, review, or change your beneficiary
- Compare available investment options through Fidelity
- Use the Planning & Guidance Center to create a retirement goal and estimate how much income you may have — or need — in retirement
- Access articles, videos, podcasts, and interactive tools

Prefer a mobile experience?



Get instant access to balances, investments, educational resources, and more.

Download our mobile app today.

NetBenefits® smartphone and iPad® app



Schedule a complimentary consultation with a workplace financial consultant

You don't have to know all the answers – we are here to help so ask us anything, really!

Go to www.fidelity.com/schedule or call 800.642.7131.

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IMPORTANT: The projections or other information generated by the Planning & Guidance Center's Retirement Analysis regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results. Your results may vary with each use and over time. Investing involves risk, including risk of loss.

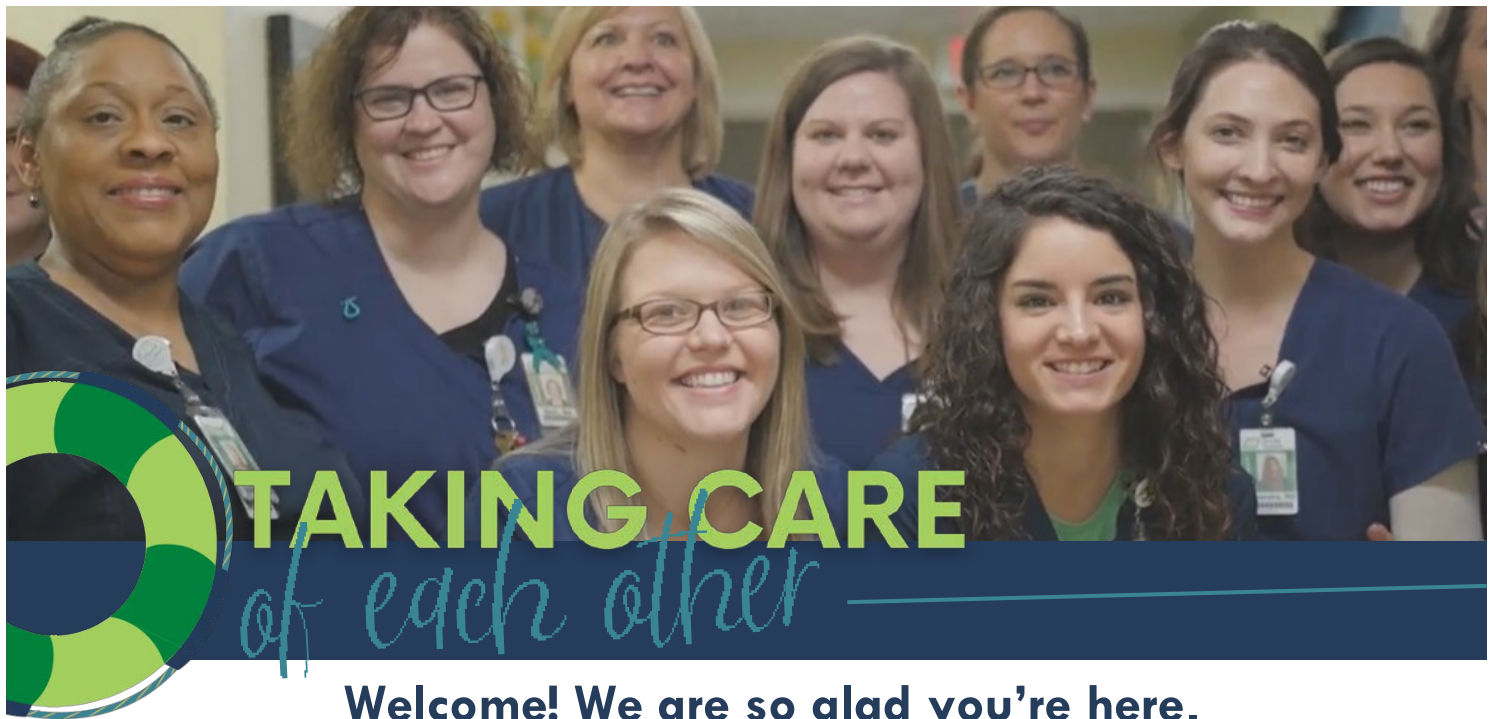
Fidelity Brokerage Services LLC, Member NYSE, SIPC 900 Salem Street, Smithfield, RI 02917
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11/2024 EDITION

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Welcome! We are so glad you're here.

Now that you are part of Huntsville Hospital Health System, you are part of a family. One way we watch out for and support each other is through our Lifesaver Club employee giving program! Almost half of our Huntsville Hospital teammates extend their service and impact through giving.

Why does that matter? As a not-for-profit hospital, Huntsville Hospital relies on donations to meet some of the top needs of our employees and patients. Generous donors, including our employees, make this possible! You can help your co-workers, department and community through a small recurring deduction from your paycheck. Member perks include a uniform sale discount, hospital gift shop discount and more!

There's more than one way to save a life ... Become a Lifesaver Club member today!
100% of your gifts:



HELP CO-WORKERS IN NEED

When an employee experiences a catastrophic emergency, our collective donations help cover essential expenses like rent, mortgages and car payments.



PROVIDE EQUIPMENT

Lifesaver Club helps buy critically needed equipment that exceeds the hospital's budgeted resources, helping every service line each year!



FUND PROGRAMS THAT BRING JOY

Donations fully cover our Canines for Coping facility dog program, Music Therapy, and more! These programs bring joy and support to both employees and patients.



To join the Club:

Scan the QR code or complete & return the printed sign-up form.



LIFESAVER CLUB
employee giving through  HUNTSVILLE HOSPITAL FOUNDATION



**HUNTSVILLE HOSPITAL
FOUNDATION**

huntsvillehospitalfoundation.org/lifesaver

Addendum 12



Benefit Eligibility Chart

Benefits are determined based on FTE status. If you are a full time employee you are eligible for all hospital benefits. Changing statuses will result in different benefit options being available to you, but employees are not able to elect a change between health insurance plans during the year. Please review the chart below for information about which benefits are available to which employee types.

Benefit	Full Time (FTE .8 or higher)	Part Time (FTE .6 or higher)	PLUS*	Choice 10	PRN
Health Insurance	√	√	√	HDHP	**
Dental Insurance	√	√	√	√ Vision	
Insurance	√	√	√	√	
Flexible Spending Accounts	√	√	√	Dependent Care	
Health Savings Account	√	√	√	√	
Life Insurance	√			√	
Disability Insurance	√	√			√
401(k) Match	√	√			
HealthWorks 2.0 Wellness program	√	√	√	√	
ETO	√	√	√	√	
On Site Employee Health Clinic	√	√	√	√	
Employee Assistance Program	√	√	√	√	√
Employee Discounts	√	√	√	√	√
Education Reimbursement	√	√	√	√	

* Not all status options are available on each campus. Check with your HR team for details.

**HH Health System follows the Affordable Care Act in determining when to offer coverage to an employee who is not employed full time.

If you are not PLUS, Choice 10, or PRN, then you will look at the column that includes your FTE designation. For example: a person who is not PLUS, Choice 10, or PRN and is approved to work 40 hours each week is considered an FTE of 1.0, where someone approved to work 24 hours each week is considered an FTE of 0.6.

Benefit Premiums While on Leave

Your premiums will be deducted from any paychecks you receive.

If your paycheck doesn't cover the amount due you can:

- Pay the amount due to the hospital at the end of each month, or
- Have the full balance due deducted from your pay when you return.



Photo Credits: Jenny Deerman, Dekalb Regional Medical Center

Dependent Eligibility Chart

You may also enroll your child(ren), step child(ren) legal ward(s), and legally married spouse. Please see the following chart for benefits your dependents may be eligible for through your employment at Huntsville Hospital Health System. Checkmarks indicate benefits they may be eligible for if you are employed full-time (FTE of .8 or higher).

	Requirements	Medical	Dental	Vision	Child Life	Spouse Life
Natural or Adopted Child	Covered up to age 26 Birth certificate or verification of birth form	√	√	√	√	
Step Child	Covered up to age 26 Birth certificate and marriage license	√	√	√	√	
Legal Ward	Covered up to age 26 Lives with you and is a dependent for tax purposes Court appointed legal guardian ship	√	√	√	√	
Legal Spouse	Marriage license	√	√	√		√
Disabled Children	Must be deemed disabled through review by Blue Cross Blue Shield of Alabama and be your legal dependent. Entitled to same benefits past age 26 if deemed disabled.					

During 2025 HH Health System benefits plans will undergo a full audit of all dependents on our plans. Please make sure the dependents you enroll in coverage meet the eligibility criteria, and if you are not sure please contact your benefits team. Ineligible dependents will be removed from the plans.

Spousal Carve-Out for Health Insurance		
Situation	Spouse Eligibility at HH Health System	Instructions
Spouse is eligible and enrolled in their employer's health plan	Eligible	Can enroll as secondary coverage on our plan. Please print Spouse Affidavit at the end of this guide and provide to Benefits team once your spouse's employer has completed the form so that your spouse can be added to coverage. This form must be received in HR by December 5, 2022.
Spouse self-employed and doesn't have a health plan	Eligible	Can enroll as primary coverage
Spouse works for HHSYS	Eligible	Can enroll as primary coverage
Spouse is employed and their employer doesn't offer health insurance	Eligible	Can enroll as primary coverage
Spouse is eligible, but not enrolled in their employer's health plan	Ineligible	Cannot enroll in our health plan.
This carve out applies to health insurance only. It does not apply to dental or vision insurance.		

Life Events

You can only update some benefits during Open Enrollment or if you have a life changing event. Please check the following chart to see if your change qualifies as a life event and what supporting documentation is needed. Please note that a life event will not let you change health plans during the year. If you don't see your situation listed below please contact your Benefits team for guidance.

Life Event	Supporting Documentation	How to Elect
Adoption	Adoption Decree	Lawson Self-Service
Birth	Verification of Birth/Birth Certificate	Lawson Self-Service
Marriage	Marriage Certificate/License	Lawson Self-Service
Divorce	Divorce Decree	Lawson Self-Service
Loss of Member due to death	Death Certificate	Paper Form from Benefits
Loss/Gain of other coverage for the employee or eligible dependent	Letter stating which insurance is lost/gained with the effective date and who is covered on the plan included in the letter.	Paper Form from Benefits
Medicare, Medicaid, or CHIP eligibility status	Approval/Denial Letter	Paper Form from Benefits
Change in employment status (moving to or from a benefit eligible classification)	Date of status change	Paper Form from Benefits

How to Change your Benefits Due to a Life Event

Log in to Lawson Self-Service and click the three lines next to the menu button.

Under Bookmarks click Employee Self-Service.

Under Benefits click Life Events and follow the screen and make the benefit election adjustments needed.

Please make sure to have your documentation ready to upload. All other changes such as a status change will still be handled with Benefit Enrollment Change Forms that can be found on the Forms Page located on the Pulse Page Hotlist. All rules on benefit changes remain the same. Employees that are currently on a hospital health plan cannot switch to a different plan outside of open enrollment.

You only have 30 days from the date of a life event effective date to make your benefit elections.

Changes will be processed once your required supporting documentation is received. Documentation must provide proof of the event as well as the effective date of the event. Additional information may be requested based on the type of event and specific benefit plan eligibility criteria.



Photo Credits: Jerry Slaughter, HEMSI

Medical (Blue Cross Blue Shield of Alabama)

Health Insurance Plans

HH Health System offers two medical plan designs so that you can choose the option that best fits your needs and lifestyle. Both the PPO and High Deductible medical plans are administered by Blue Cross Blue Shield of Alabama (BCBS of AL). On the following pages, please review each plan carefully and determine which plan best meets your individual needs. A Summary of Benefits and Coverage (SBC) is available for both plans. Please contact your Human Resources Department if you would like to request a copy.

Making Your Choice

When deciding which of the two plans is best for you, please take into consideration:

- The premium cost of the plans

- What kind of out-of-pocket expenses you generally have and how much you usually spend on medical care and prescription drugs

Eligibility: Must be FTE of .6 or higher, PRN employees are not eligible unless they met requirements under the Affordable Care Act. (Notified separately. This is not Open Enrollment for PRN employees.)

Spouse: Spouse Carve-Out applies. See page 8.

Carrier: Blue Cross Blue Shield of Alabama

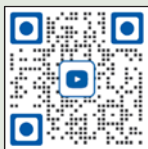
Website: www.AlabamaBlue.com

Phone: 800-321-4398

Dependent Verification

We have partnered with BMI Audit Services to conduct relationship verification of *all dependents* covered on our health benefits plans.

Your response is required. Watch for more information coming Q1 2025 from BMI Audit Services with instructions for completing your requirement. Failure to respond could result in loss of coverage.



WATCH this video for more information.

Medical Premium Rates

To review 2025 medical rates, please turn to the section of this guide with details for premiums applicable to the hospital where you are employed.



Photo Credits: Stephanie Gonder, Highlands Medical Center

Tobacco Surcharge for Health Coverage

If you enroll in a HH Health System Health plan, you will be prompted to answer a question regarding your and your enrolled spouse's tobacco usage.

If either you or your enrolled spouse uses tobacco or has used tobacco products within the past 90 days, you will be required to pay a tobacco surcharge of \$50 per month (\$25 twice monthly), per tobacco user.

Tobacco use is defined as smoking tobacco in all forms, such as cigarette, pipe or cigar; using any smokeless tobacco, such as snuff or chewing tobacco; and vaping or using electronic cigarettes within the past 90 days.

Ready to Quit? To avoid or earn back the tobacco surcharge for this plan year, you and/or your spouse must participate and complete one of the approved cessation opportunities. If you complete a tobacco cessation program directly through your wellness program office they will provide Human Resources with a report each month, no further action is required. If not then you must provide Human Resources with proof of program completion. For information regarding Tobacco Cessation programs contact your Wellness program office.

PPO Plan

A PPO Plan is a traditional health insurance plan offering fixed facility and physician copays with a low calendar year deductible and out-of-pocket maximum. The premiums are higher on this plan, but you will generally pay lower out-of-pocket costs at point-of-service.

PPO Plan Design

The PPO Plan offers a \$500 calendar year deductible per covered individual. The plan also limits the amount of out-of-pocket medical costs (including deductible, copays, and coinsurance) to \$6,000 for individuals and \$12,000 for families.

In addition, this plan also includes pharmacy benefits and limits your out-of-pocket pharmacy costs each calendar year to \$3,200 for individuals and \$6,400 for families. When you use a HH Health System Network facility or provider, most of the covered services on the PPO Plan are covered at 100% after you pay a fixed copay amount.

High Deductible Health Plan (HDHP)

Under the HDHP, health care expenses (except preventive care costs) are subject to an annual deductible. Once the deductible is met, the plan pays a portion of the cost. Although you will generally pay more at point-of-service, your premiums will be lower.

HDHP Plan Design

The HDHP includes a \$1,650 deductible for individual coverage and limits the calendar year deductible for families to \$3,300. The family deductible may be met by any combination of claims submitted by the members covered on the contract. The plan also limits out-of-pocket medical and pharmacy costs (including deductibles and coinsurance) to \$8,050 for individuals and \$16,100 for families.

Although you pay on the front end for your health services, enrolling in the HDHP allows you to contribute to a tax advantaged Health Savings Account (HSA) and use those funds to pay for out-of-pocket health care expenses. HH Health System will make quarterly contributions for employees who are enrolled in the Health Savings Account. Employer Quarterly Contributions to the Health Savings account are: Single - \$125; Family - \$250.

Reminder: You must be enrolled in the High Deductible Health Plan and activate your account at Fidelity to make and receive contributions to the HSA.

HDHP members should review the Preventive Drug Lists which are updated annually. Go to affirmedrx.com/printdruglist-HHHS to review a list of covered preventive drugs that are not subject to the calendar year deductible.

Stay Healthy for Free with In-Network Preventive Care

When filed as preventive, both medical plans pay 100% of the cost of eligible preventive care for each covered member of your family. This is to ensure that you get the regular check-ups and tests recommended for your age and gender. Additional diagnostic tests are covered as preventive care, including colonoscopies, mammograms, and cervical exams (if you meet age or health requirements).

Need Help Navigating Your Health Care?

To find a tier 1 or 2 location for imaging, lab work, urgent care, physicians offices, and many other hospital services visit www.huntsvillehospital.org/locations.

Go to www.AlabamaBlue.com/findadoctor to search for Blue Cross Blue Shield of Alabama Preferred Providers. You are able to search by city, state, zip code, name, practice, facility and specialty.

Provider Network

Both medical plans are administered by BCBS of AL. You are not required to choose a primary care physician, and you may see the in-network health care provider of your choice without a referral.

HH Health System Network (Tier 1)

When you access the System's own network of hospitals, facilities, and providers, your out-of-pocket costs for both System health plans will be the lowest. Both of our medical plans are designed to offer greater benefits and value when you use the HH Health System network. Your out-of-pocket costs will be higher if you receive care outside the System.

Lawrence Medical Center and Med-South (Tier 2)

Some services received at Tier 2 facilities are covered at a higher percentage than BCBS of AL Tier 3 providers.

BCBS of AL (Tier 3)

You can view the list of participating health care providers for covered services by visiting [AlabamaBlue.com](https://alabamablue.com) and selecting "Find A Doctor."

HH Health has partnered with Urgent Team for HH Urgent Care facilities. They operate independently and don't have access to our systems or records.

Urgent care visits usually have a \$75 copay. If billed higher, ask for a review or contact your Benefits office. For lab work, get orders to avoid extra costs. Contact your Benefits team with questions.

HH Health System Network (Tier 1)	
Athens-Limestone Hospital	Hospice of the Valley
Alliance Cancer Center	HH Urgent Care (Cullman, Decatur, Florence, Hazel Green, Huntsville, Madison, Muscle Shoals)
Bradford Health Services	Hospice of Limestone County
Complete Care Inc. DME	Huntsville Hospital
Cumberland Health & Rehab	Huntsville Hospital for Women and Children
Decatur Morgan Hospital	Keller Home Health and Hospice
Dekalb Regional Medical Center	Lincoln Medical Center
Donalson Care Center	Madison Hospital
Encompass (formerly HealthSouth Rehab Hospital)	Marshall Medical Centers
Helen Keller Hospital	Red Bay Hospital
HGA Home Medical Equipment, LLC	J.W. Sommer Rehab Unit at North Alabama Shoals Hospital (Rehabilitation Services only)
Highlands Health & Rehab	Surgery Center of Decatur
Highlands Home Health	The Surgery Center of Huntsville
Highlands Medical Center	P4
Hospice Family Care	All TOC – The Orthopaedic Center facilities
HH Health System Network (Tier 2)	
Lawrence Medical Centers	Med-South

Even if your physician or other health care provider is in the HH Health System, you may be referred to another provider or facility outside of the HH Health System Tier 1 network. If you have concerns about the cost differential, talk to your physician about options within the System.



Additional Provider Information

Primary Care Providers and Specialists

Providers, especially primary care providers, can help streamline the health care experience for employees, which may lead to lower costs and better outcomes.

Members enrolled in the PPO health plan will have a lower office visit copay when visiting a primary care physician versus a specialist. Primary care and Specialist office visit copay amounts are outlined in the health plan summary.

What is Primary Care?

Primary care is meant to manage your day-to-day health needs. As such, a primary care provider (PCP) can help you stay healthy by being the first to treat any health concerns.

Primary Care Providers:

Family Practice	Pediatrician	Physician Assistant
General Practice	Gynecologist	Nurse Practitioner
Internal Medicine	Obstetrics	

***Any practitioner not included in the list above is considered a specialist.**

Oral Maxillofacial Surgeon Network (Tier 1)

A Tier 1 oral max surgeon network was added in January 2024. Check your hospital Human Resources Intranet page for a list of oral max surgeons designated as Tier 1 providers.



Photo Credits: Mackenzie Bishop, Lincoln Medical Center

Pharmacy (AffirmedRx)

Prescription drug coverage is included in both medical plans. You should use your BCBS of AL Member ID card to access your pharmacy benefits. The pharmacy benefit administrator is changing from Prime to Affirmed Rx. Please make sure to share your new pharmacy information with your provider. If you're enrolled in the HDHP medical plan, you'll pay the full cost of your prescription drugs until you reach your deductible (some preventive medications may be obtained under the HDHP at no cost). However, if you have an HSA balance, you can use it to pay for your prescriptions.

About AffirmedRx

HH Health System pharmacy benefits are administered by AffirmedRx. At home, picking up your prescriptions from a HH Health System in-house pharmacy offers you the lowest copays. When you travel outside of the System, AffirmedRx contracts and negotiates with retail pharmacies and pharmaceutical manufacturers to provide the right balance of access to clinically appropriate and low-cost medications.

Pharmacy Program Features

Mandatory Generic – If a member chooses to fill a name brand drug and there is a generic equivalent, then the member will be responsible for the difference in cost between the brand name drug and the generic, plus the Non-Preferred tier copay.

Maintenance Drugs Prescriptions – After one 30-day fill at a retail pharmacy, you are required to fill your maintenance medications through the HH Health System Mail Order Pharmacy.

- HH Health System Mail Order Pharmacy
- Huntsville Medical Mall Pharmacy
- Any affiliate Employee Pharmacy

You save money when you use the HH Health System pharmacy network. When you use our mail order program, your medications can be conveniently shipped directly to your home. To view the full list of Maintenance Medications, visit affirmedrx.com/printdruglist-HHHS.

Specialty Drugs – For all specialty medications, members must use the Huntsville Hospital Mail Order pharmacy or the employee pharmacy at the hospital where you work.

Visit affirmedrx.com/printdruglist-HHHS for a list of specialty drugs.

Pharmacy Convenience at the System

Pick up your maintenance medications and other prescription drugs at these HH System retail pharmacies:

- Huntsville Mail Order Pharmacy (maintenance only)
- Huntsville Outpatient Pharmacy (Main hospital, 2nd floor)
- Huntsville Medical Mall Pharmacy
- ALH Community Pharmacy (1 and 2)
- Keller Community Pharmacy
- Decatur Morgan Hospital Pharmacy
- Redmont Pharmacy
- Red Bay Pharmacy
- Marshall Professional Center Pharmacy

An Important Note About Your Medical Deductible and Prescription Drugs

If you're enrolled in the HDHP medical plan, some preventive drugs are not subject to the medical deductible. Non-preventive drugs are subject to the medical deductible and out-of-pocket maximum.

A list of qualified preventive medications is available on the intranet and at affirmedrx.com/printdruglist-HHHS.

Pharmacy (AffirmedRx) cont.

Patient Care Advocates Are Here to Help!

AffirmedRx is on a mission to improve health care outcomes by bringing clarity, integrity and trust to pharmacy benefit management. With a clinically focused, patient-centric approach, we are committed to making pharmacy benefits easy to understand, straightforward to access and always in your best interest. We accomplish this by bringing total clarity to business practices, leading with a clinical approach and offering the tools, knowledge and support necessary so you can make informed, confident health care decisions.

We promise to do what's right. Always.

If You Need Help With:



Medication Assistance



Adherence Support



Prior Authorization Support



Medication Synchronization



Benefits Explanations/Questions



Cost Savings Opportunities

The AffirmedRx Patient Care Advocates are a resource to you. If you need assistance navigating your pharmacy benefit, please reach out to our team via phone or email. Additionally, our team may reach out to you proactively to assist.

Member Advocacy

AffirmedRx's Patient Navigation team functions as the patient advocate between provider and pharmacy – minimizing disruptions, relieving common frustration and eliminating back and forth communication for patients. Our Patient Navigation team understands the pharmacy ecosystem and leverages that to create a patient-centric approach to pharmacy benefit management.

We are here to help you get the best medication for you at the lowest cost – contact us today!



Save contact information to your phone.



PCA@AffirmedRx.com



Starting January 1st, a more comprehensive prior authorization (PA) process will apply to some medications. If your medication is affected by this change, the PCA team will be available to help guide you through the process.

Medical Plan Comparison

Reminder! You receive the best benefit when you access HH Health System's own network of hospitals, facilities, and providers.

	BCBS Traditional PPO	BCBS HDHP with HSA
Calendar Year Deductible		
Individual	\$500 per individual per calendar year	\$1,650
Family	\$500 per individual per calendar year	\$3,300
Calendar Year Out-of Pocket Maximum		
Medical – Includes deductible	Individual \$6,000 Family \$12,000	Individual \$8,050 Family \$16,100
Pharmacy	Individual \$3,200 Family \$6,400	Pharmacy expenses apply to the Medical OOP Maximum shown above
Copay/Coinsurance		
Routine Immunizations/ Preventive Services	Plan pays 100%	Plan pays 100%
Office Visit	Primary Care Physician: \$40 Specialist: \$50	20%*
Medical Emergency and Accident Injury	\$125	10%*
Inpatient Hospital Copay/Coinsurance		
HH Health System Tier 1 Network	\$150/admission	10%*
Lawrence Medical Centers Tier 2 Network	\$500/admission and 20% coinsurance	20%*
BCBS Preferred Providers Tier 3 Network	\$2,500/admission and 30% coinsurance	30%*
Outpatient Hospital Copay		
HH Health System Tier 1 Network	\$150/procedure	10%*
Lawrence Medical Centers Tier 2 Network	\$200/procedure and 20% coinsurance	20%*
BCBS Preferred Providers Tier 3 Network	\$500/procedure and 30% coinsurance	30%*
Pharmacy Copay		
HH Health System Network		
Tier 1 drugs	\$10 copay	\$10 copay*
Tier 2 drugs	\$50 copay	\$50 copay*
Tier 3 drugs	\$65 copay	\$65 copay*
Tier 4 (Specialty) drugs	10% coinsurance	10% coinsurance*
Retail Pharmacy		
Tier 1 drugs	\$15 copay	\$15 copay*
Tier 2 drugs	\$65 copay	\$65 copay*
Tier 3 drugs	\$80 copay	\$80 copay*

*Indicates After Calendar Year Deductible

Note: This is only a summary of your coverage. In-network services are based on negotiated charges. To view full details for all of the plan coverages, please refer to the Summary Plan Description which is available through Human Resources.

Medical Plan Comparison cont.

	BCBS Traditional PPO	BCBS HDHP with HSA
HSA Participation	No	Yes
Flexible Spending Plan Medical / Dental / Vision	Yes	No
Flexible Spending Plan Dependent Care	Yes	Yes
BCBS Preferred Providers Tier 3 Network	\$150 copay and 30% coinsurance	30%*
HH Health System Tier 1 Network	Plan pays 100%	10%*
BCBS Preferred Providers Tier 3 Network	30% coinsurance	30%*
MRI, CAT Scan, PET Scan, Cardiac Cath, or Nuclear Medicine Facility Services (Outpatient)		
HH Health System Tier 1 Network	\$100 copay	10%*
Lawrence Medical Centers Tier 2 Network	\$150 copay and 20% coinsurance	20%*
BCBS Preferred Providers Tier 3 Network	\$200 copay and 30% coinsurance	30%*
Maternity / Routine Newborn		
Maternity	Covered at 100% of the allowance* Note: First ultrasound paid at 100% of the allowance, no deductible or copay.	20%*
Routine Newborn – Inpatient	Covered at 100%	10%*
Physical, Speech and Occupational Therapy (Limited to 30 visits per therapy each calendar year)		
HH Health System (includes P4 and TOC – The Orthopaedic Center locations)	Covered at 100%	10%*
Lawrence Medical Centers	20%	20%*
BCBS Preferred Providers	30%	30%*

*Indicates After Calendar Year Deductible

Note: This is only a summary of your coverage. In-network services are based on negotiated charges. To view full details for all of the plan coverages, please refer to the Summary Plan Description which is available through Human Resources.



Photo Credits: Garrett Grimsley, Athens Limestone

Dental Plan (Ameritas)

Our dental plan helps you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Orthodontia is included as a covered benefit for adults and children; however, orthodontic treatment that is in progress before your coverage begins under this plan will not be covered.

Ameritas Dental Plan	Dental Bi-Monthly Premiums
Single	\$14.97
Family	\$36.39

Provision	Ameritas Dental Plan
Plan Features	
Choice of Dentists	As an Ameritas dental plan member, you always have the right to receive dental care from any dentist. However, your out-of-pocket costs will almost always be lower if you choose an Ameritas dental network provider.
Dental Health Report Card	What is your dental health score? Find out through the member portal on Ameritas.com . Develop health habits for healthy teeth.
ID Cards	ID cards will be sent after enrollment, but if you lose them you can always print more at Ameritas.com .
Dental Cost Estimator	Both In-Network and Out-of-Network Cost Estimators can be found in the member portal on Ameritas.com .
Dental Rewards	You and your covered dependents may accumulate rewards up to the maximum carryover amount of \$1,000, and use those rewards for any covered dental procedures. The annual carryover amount added to the following year's OOP maximum is \$250.
Annual Limits	
Annual deductible (Individual/Family)	\$50/\$150
Annual Maximum per person	\$1,250
What You Pay for Services	
Type 1 – Diagnostic and Preventive	
Routine Exam (2 per benefit period), Bitewing X-rays (2 per benefit period), Full Mouth/Panoramic X-rays (1 in 3 years), Periapical X-rays, Cleaning (2 per benefit period), Fluoride for Children 18 and under (1 per benefit period), Sealants (age 16 and under), Space Maintainers	100%, no deductible
Type 2 – Basic Services	
Restorative Amalgams, Restorative Composites, Denture Repair, Simple Extractions, Complex Extractions, Anesthesia	80%
Type 3 -- Major Services	
Onlays, Crowns (1 in 5 years per tooth), Crown Repair, Endodontics (nonsurgical and surgical), Periodontics (nonsurgical and surgical), Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)	50%
Orthodontia	
Adult and Child Coverage	50%
Orthodontia Lifetime Maximum – per individual	\$1,250

Vision Plan (VSP)

Healthy eyes and regular vision check-ups can be essential to performing at your best and staying safe in every area of your life.

Visit [VSP’s website](#) for more details on your vision benefits, including how to print an ID card (VSP will not send an ID card to you) search the VSP Choice provider network, and find exclusive savings and promotions for VSP members.

VSP Vision Plan	Vision Bi-Monthly Premiums
Single	\$5.16
Family	\$14.26

Benefit	Description	In-Network Copay	Coverage with Out-of-Network Providers
Well Vision Exam	Focuses on your eyes and overall wellness	\$20	Up to \$45
Prescription		\$20– See frames and lenses	
Frame	\$220 allowance for a wide selection of frames \$240 allowance for featured frame brands 20% savings on the amount over your allowance \$120 Costco® frame allowance	Included in Prescription Glasses	Up to \$70
Lenses	Single vision Lined bifocal Lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Up to \$30 Up to \$50 Up to \$65
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Anti-Reflective Coating (Average savings of 20-25% on other lens enhancements)	\$0 \$50 \$50 \$25	Up to \$50
Contacts (instead of glasses)	\$170 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Up to \$130
Diabetic Eye Care Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.	\$20 – as needed	
Frequency		Once every calendar year	Once every calendar year
Extra Savings			
Glasses and Sunglasses	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	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.		
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted providers.		

Visit [vsp.com](#) for details, if you plan to see a provider other than a VSP network provider.

Flexible Spending Account (Fidelity)

A Flexible Spending Account (FSA) is a benefit that allows you to designate tax-free dollars at the beginning of the plan year to pay for eligible out-of-pocket health care or dependent day care expenses. The money you set aside in each plan reduces your taxable income and can provide you with significant tax savings. There are two types of FSAs:

- Health Care FSA
- Dependent Care FSA



Photo Credits: John Blankenship, HEMSI

	Health Care FSA	Dependent Care FSA
IRS contribution limits?	\$3,200 per year	\$5,000 per year for married and filing jointly or single (\$2,500 per year for married and filing separately)
Use for?	Eligible medical, prescription drug, dental, and vision expenses. Expenses such as copays for doctor's office visits, prescriptions, orthodontia care, chiropractic services, laser eye surgery, insulin testing supplies, and deductibles for medical procedures are all eligible to be paid for with a Medical FSA plan.	Eligible child care or sitter fees, before/ after school care, and summer day camps for dependent children under age 13. You can also use this plan to pay for day care for disabled children above age 13 and elder care for a parent living in your home. The care provided must enable you (and your spouse) to be gainfully employed.
Whose eligible expenses can I pay for?	For you and any eligible dependents claimed within your federal tax household even if they are not covered by an insurance plan at Huntsville Hospital Health System.	For a "qualifying person" which includes: Your dependent under age 13 Your disabled dependent over age 13 Other dependents and persons may be eligible (see IRS publication 503 for specific details)
When can I use funds?	Your entire annual contribution is available up-front, preloaded on your FSA debit card.	Only your current account balance is available for use to pay for eligible expenses. For regular day care expenses, you can submit a recurring dependent care reimbursement form and automatically reimburse your expenses as funds become available.
Deadline for incurring expense and requesting reimbursement?	Expenses incurred between Jan. 1st – Dec. 31st must be submitted by March 31st the following year. Rollover funds are not available for use until May.	Expenses incurred between Jan. 1st – Dec. 31st must be submitted by March 31st.
Rolls over from year to year?	\$640 is the maximum rollover.	No portion of the Dependent Care FSA is eligible to rollover; you will lose any balance remaining in your account after the plan year ends.
Needs to save receipts, EOBs and provider invoices?	Yes; Save all of your receipts throughout the year, even when using your FSA debit card. You may be asked for documentation to substantiate your expenses.	
Contact the IRS for more information on eligible expenses:	800-829-1040 www.IRS.gov (Publication 502)	800-829-1040 www.IRS.gov (Publication 503)

**HAVE
QUESTIONS?**

Contact the Fidelity support staff for further assistance.
Hours: Monday-Friday, 8 AM-8 PM EST
Toll Free: 833-299-5089
Lost or stolen cards: 833-811-7432
Email: Fidelity@service.healthaccountservices.com

Flexible Spending Account (Fidelity) cont.

Tips for Participating in the Medical FSA Plan

Keep itemized receipts for every purchase you make with your FSA debit card. Fidelity may need you to provide substantiation of your spending to ensure that your expenses were FSA eligible.

Receipts should include the item purchased or service provided, name and location of provider or merchant, date the expense was incurred, and the dollar amount of the expense. Use the Fidelity Mobile app to keep up with your itemized receipts!

Remember that contributions and expenses are calendar year specific. For example: money contributed in one year can't be used to pay expenses incurred in the prior year.

Eligible Expenses

Eligible expenses can be incurred by you or any member of your tax household as defined by the IRS.

View IRS publications 502 and 503 at www.irs.gov for a complete list of eligible expenses.

Many products you may use on a regular basis can be conveniently purchased with your FSA dollars at www.fsastore.com.

Considering a Flexible Spending Account?

If you aren't sure how much to contribute or how much you'll save, check out the FSA tax savings example below.



Photo Credits: Emily Cox, Helen Keller Hospital

FSA Tax Savings Example	With FSA	Without FSA
Gross Salary	\$38,000	\$ 38,000
Health/Day Care Expense (set aside before-tax)	\$2,750	N/A
Taxable Income	\$35,250	\$38,000
Federal Income Tax (12%)	\$4,230	\$4,560
FICA Tax (7.65%)	\$2,697	\$2,907
Net Salary	\$28,323	\$30,533
Health/Day Care Expenses (paid after-tax)	N/A	\$2,750
Take-Home Pay	\$28,323	\$27,783
Tax Savings	\$540	N/A

Important Reminder! Annual re-enrollment in the FSA is required to continue contributions. If you don't re-enroll during the annual Open Enrollment period, your contributions will stop at the end of the year.

Health Savings Account (Fidelity)

If you elect the High Deductible Health Plan (HDHP), you may also be eligible to enroll in the Health Savings Account (HSA).

We strongly encourage you to enroll in the HSA if you are eligible. The contributions that you make to an HSA are tax free and you can change your contributions to an HSA at any time while you are enrolled in our HDHP. If you enroll, HH Health System will make a quarterly contribution to your HSA regardless of the contributions you make. You can use your HSA to pay for qualifying medical, dental, and vision expenses that you incur. The funds in your HSA are always yours to spend on future eligible expenses.

Health Savings Account	
Employee Contribution Limit?	Single: \$3,800 Family: \$7,550
Quarterly Hospital Contribution?	Yes. Employer contributions are deposited at the end of the first month of each quarter. Single: \$125 (up to \$500/year) Family: \$250 (up to \$1,000/year)
2025 Total Contribution Limit?	Annual contribution limits include both employee and employer contributions. Single: \$4,300 Family: \$8,550
Catch-Up Contributions (Age 55+)	\$1,000
Use for?	You can spend your HSA funds on out-of-pocket expenses that you have for medical, dental, and vision services, prescription costs, coinsurance, Medicare premiums, and COBRA premiums. A comprehensive list of eligible expenses is available at IRS.gov .
Whose eligible expenses can I pay for?	You can use HSA funds to pay for expenses incurred by you and eligible dependents claimed within your federal tax household, even if they are not covered by an insurance plan through Huntsville Hospital Health System.
When can I use funds?	HSA funds are available to use after they are posted to your Fidelity account.
Rolls over from year to year?	Unused HSA funds roll over year to year, even if you later become ineligible to participate in the HSA or are no longer employed with HH Health System. You can spend your HSA money on eligible expenses that you have for the rest of your life.
Needs to save receipts, EOBs and provider invoices?	Yes. Remember to keep your receipts in case the IRS ever requests them.
Contact the IRS for more information on eligible expenses:	800-829-1040 www.IRS.gov (Publication 969)



Photo Credits: Noah Farrer, Huntsville Hospital

Health Savings Account (Fidelity) cont.

Frequently Asked Questions

You can only participate in this HSA plan if you enroll in the HH Health System HDHP. Additionally:

You cannot be enrolled in Medicare, Medicaid, or TriCare. If you enroll in Medicare after age 65, you should stop your HSA contributions at least 6 months prior to your Medicare start date.

You cannot be receiving Indian Health Services
You cannot be receiving Veterans Administration medical benefits

You cannot be claimed as a dependent on another person's tax return (unless it's your spouse)

You cannot be eligible to receive benefits under a Medical Flexible Spending Account or a non-qualified health insurance plan (Example: a PPO Health Plan). If you switch from the PPO to the HDHP, you will forfeit FSA carryover funds remaining in your account at the end of the year.

If you file a joint tax return with your spouse, it is critical to be aware of the benefits that your spouse is enrolled in through their employer and how it may affect your eligibility to participate in the HSA plan. You can still enroll in an HSA if your spouse currently contributes to an HSA, but you will need to ensure that your combined contributions do not exceed the IRS maximums. If you are unsure that you are eligible to participate in an HSA, please seek guidance from a qualified tax advisor.

Important Facts about Health Savings Account Contributions

Once you enroll in the HDHP and HSA during Open Enrollment, you must go online to www.netbenefits.com/atwork to open your HSA with Fidelity. No contributions can be deposited into your HSA until you open your account online with Fidelity. If after 90 days your account is not opened, your HSA funds will be returned and you will be responsible for any tax implications.

HH Health System employer contributions count toward your annual limit. It is up to you to make sure your annual HSA contributions for the year don't exceed the IRS annual limits.

All contributions (including those made by HH Health System) are FICA and federal income tax-free. State and local taxes may apply. HH Health System contributions to your HSA are made on a quarterly basis.

The amount of the contribution you receive will be based on your enrollment in the HDHP as of the first calendar day of the quarter for which the contribution is being made.

Please check with your tax advisor if you have questions about your eligibility to participate or about the eligibility of your expenses.

Catch-Up Contributions

The IRS limits HSA contributions every calendar year. In the year you turn 55, you become eligible to make an additional \$1,000 Catch-Up contribution. The Catch-Up contribution can't be made through payroll deduction. If you are eligible and want to make the Catch-Up contribution please contact Human Resources for the necessary deposit form.

Important Reminder! Annual re-enrollment in the HSA is required to continue contributions. If you don't re-enroll during the annual Open Enrollment period, your contributions will stop at the end of the year.

Wellness Programs

The Huntsville Hospital Health System is excited to offer wellness programs designed to help guide you on the path to better health and a longer, happier life. All employees are eligible to participate in the wellness programs at no cost. Participants who complete the biometrics and Health Risk Assessment (HRA) are eligible for a health insurance premium discount.

What is Required to Enroll?

Complete the steps required by your Wellness Program.
You must enroll each year during the Wellness Program Open Enrollment window.
This will be the **ONLY** time that any employee (regardless of insurance status) can enroll, even if they experience a qualifying life event or change in status. New hires have 60 days from their date of hire to complete enrollment.
The benefits are terrific! Enroll even if you are not on the health insurance plans.

Additional Resources that may be Available

Personal activity tracking
Health education modules
Health records and journals
Risk resolution guidelines
Medical and video library



Free health screening including bloodwork



Health insurance premiums are discounted \$25 per check (\$50 per month)



Optional health coaching is available at no cost.



Wellness challenges (walking, weight loss, blood pressure)



FREE Wellness Center membership for yourself and discounted family memberships



Access to Tobacco Cessation programs

Huntsville Hospital Health System is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Wellness team and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D insurance offer financial security for you and your family if something happens to you.

Life insurance pays a benefit to your named beneficiary in the event of death due to an illness or accident.

AD&D insurance pays a benefit only in the event of an accident that causes death, paralysis, or the loss of a limb, speech, hearing, or sight.

Employee Basic Life and AD&D Insurance Coverage

Employment Classification	Basic Life Insurance Benefit	Basic AD&D Benefit
FTE .8 or higher	1 times annual base pay	1 times annual base pay
FTE below .8	No benefit	No benefit
PLUS or PRN	No benefit	No benefit

Starting at age 65 your benefits will be reduced according to the insurance carrier's schedule.

The IRS requires you to pay an imputed income tax on the cost of the company-paid life insurance benefit that exceeds \$50,000. The amount of tax you pay is based on your benefit amount and age. This income amount is added to your earnings and shown on your paycheck under Wages as Group Term Life Ins >50k. Taxes on this amount are deducted from your paycheck.

Employee Optional Life Coverage

Benefit	Coverage Options	Spouse and Dependent Coverage Rates	Underwriting Requirements
Employee Life	1x to 3x your annual base salary rounded to the nearest \$1,000	Based on age and coverage amount	You must complete an Evidence of Insurability form if applying for new or increased coverage during Open Enrollment, or if your elected coverage amount is over the \$300K GI limit at new hire.
Spouse Life	\$10,000 \$25,000 \$50,000	<u>Bimonthly rates</u> \$1.25 \$3.13 \$6.25	You must purchase at least 1x in Optional Life Insurance to be able to purchase coverage on your spouse, and your spouse's coverage amount cannot be greater than your coverage amount. You will be required to complete an Evidence of Insurability form if applying for new or increased coverage during Open Enrollment.
Dependent Child Life	Enrollment \$10,000	<u>Bimonthly rates</u> \$0.32	You must purchase at least 1x in Optional Life Insurance to be able to purchase coverage on your child(ren). Covers all eligible dependent children (6 months to age 26) for one cost. No underwriting is required.

Dependent Eligibility Requirement

To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26.

If your spouse or child is employed by the HH Health System, and is eligible for basic life insurance, you cannot purchase voluntary life insurance on them as your dependents. If both you and your spouse are employed, you may both purchase life insurance on your dependent children.

Life and Accidental Death & Dismemberment (AD&D) Insurance cont.

Age Based Reductions for Life and AD&D Insurance

The amount of Employee Life and AD&D insurance you are eligible for reduces once you reach age 65 and again at age 70.

Age	Reduction
65	Reduces to 65%
70	Reduces to 50%



Photo Credits: Megan Foster, Huntsville Hospital

Important Notes about Life Insurance

Evidence of Insurability (EOI)

If you are applying for new or increased life insurance coverage for yourself or your spouse you must complete the Evidence of Insurability Form and submit it to Mutual of Omaha no later than December 16, 2024.

An EOI is not required if you enroll in optional coverage for yourself or your spouse during your first 30 days of eligibility (date of hire, date of status change making you newly eligible for coverage).

[Print EOI Form***](#)

Living Benefits

In the event you become terminally ill, part of your life insurance may be payable to you while you are still living. You can request from 10% to 75% of the amount of life insurance currently in force for you if you have a terminal illness with a life expectancy of 24 months or less. Any amount received by you as a Living Benefit will decrease the life insurance benefit payable to your beneficiary upon your death. Please contact your Benefits Team for information on how to make a request for Living Benefits.

Conversion and Portability of Life and Optional Life Insurance

You can take your life insurance coverage with you or convert it to an individual policy when you leave HH Health System or if you move to a position where you are no longer eligible for this benefit. Please request Conversion and Portability information from your Benefits Team if you experience a loss of coverage.

Policy Exclusions

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. The same applies for any future increases in coverage under this plan.

Beneficiary Designation

It is important to designate a beneficiary who will receive your Life and AD&D insurance benefits. Your beneficiary can be a person, a trust, or an organization you want to support as a legacy. One such organization you might consider is the Huntsville Hospital Foundation where your donation would be put to use helping your department or patients for years to come.

You will be prompted to review your beneficiary designation during Open Enrollment. If you need to change your beneficiary outside Open Enrollment, please contact your Benefits Team.

You are the beneficiary of any Optional Spouse or Child Life policy you elect. If you experience a life changing event such as marriage or divorce please remember to make appropriate changes to your life insurance elections and beneficiary designations.

Retirement

HH Health System offers two great retirement planning options for you. One is a 401(k) Plan, and the other is a 457(b) Deferred Compensation Plan.

Every HH Health System employee is eligible to make contributions to these retirement plans, whether you are full time, part time, PRN, Temp, etc. When you were hired we automatically created an account in each plan for you, and unless you Opted Out of the Automatic Enrollment, we also set you up to contribute 3% of your pay bi-weekly on a pretax basis to the 401(k) plan. You can change your contribution election and your investment selections anytime by logging into Fidelity's website at netbenefits.com/atwork.

Fidelity offers a variety of webinars and education opportunities throughout the year, and representatives are available both in person and virtually to assist you with your retirement planning. To schedule a meeting with the Fidelity representative please call 800-603-4015.

Plan	Your Election	Taxes	Distributions	Maximum Contribution	Employer Match Eligibility and Vesting
401(k) Pretax	0 to 100%	Your contributions are made before tax and are not included in your taxable income for the year.	Your distribution is taxable in the year it is received.		If you are full time or part time (FTE of .6 or higher) you are eligible to receive a matching contribution after you complete one year of employment in which you have at least 1,000 paid hours.
401(k) Roth After Tax	0 to 100%	Your contributions go in after tax and are not tax deductible.	Qualified withdrawals are income tax free after age 59 ½ for workers who have maintained their	\$23,000 plus catch up of \$7,500 if eligible (pretax and Roth combined).	Matching contributions vest 40% with 4 years of vested service credit and 100% with 5 years of vested service credit.

You Decide How to Invest Your Money

Both plans offer a variety of investment options. Until you make an election your funds will be invested in the Target Date Fund Option that aligns closest with your normal retirement year. Contact Fidelity at 800-343-0860, or log into your account at netbenefits.com/atwork to view and update your investment elections.

Want to Increase Your Contributions Over Time?

An easy way to help increase your retirement readiness is to sign up for the Automatic Increase feature Fidelity offers. You can choose when and how much your contributions increase and it will automatically take effect.

DailyPay

What is DailyPay?

DailyPay is an optional benefit that allows you to access a portion of your pay any time before payday and easily track how much you're making.

Why should I sign up?

It's free to create an account, and your available pay will increase every time you work. Transfer your pay for free in one business day, or at any time instantly for a fee. Employees have the option to receive their pay between two accounts.

What happens to my payroll information after I sign up?

The direct deposit account information that you give DailyPay will immediately override the accounts that Huntsville Hospital Payroll has on file for you.

The DailyPay Card

DailyPay Card by DailyPay is a Visa® Prepaid Card that provides users with no-fee, instant on-demand pay.

With DailyPay Card, you have access to a mobile banking platform to manage your money smarter when on a budget, without the hidden fees and tied to traditional banking. You can see your earnings and purchases all in one place in the DailyPay Card mobile app.

The DailyPay Card can also be used to access ATMs, load cash and withdraw money, and make online or in-store purchases anywhere Visa® debit cards are accepted.

What if I want to opt out after taking a transfer?

If you decide to opt out of DailyPay after taking a transfer, you must opt out through DailyPay, not through payroll. The account information that you gave DailyPay will be the new account information on file with payroll once you opt out.

More questions?

Get support and answers 24/7.

Chat: help.dailypay.com

Phone: 866-432-0472

Email: employee.support@dailypay.com

Scan the code to get started or go to dailypay.tm/hh-nh.

*DailyPay is not available to HH System Physicians or Huntsville Hospital Executive Staff



Get Your Money Any Time Before Payday



Get DailyPay

Set up your account in 2 minutes
at dailypay.tm/nh-ach.



Get your money

Transfer for free in 1 business day or
transfer instantly for a fee.



Get the rest on payday

Whatever you don't transfer is
automatically sent to you for free on
your normal payday.

Benefit not available on all campuses. Please check with
your Human Resources team for more information.

Earned Time Off

ETO is accrued each pay period and is based on FTE, length of service, and hours worked up to a maximum of 80 equivalent hours in a pay period. Full-time and part-time employees accrue ETO. PRN and temporary employees do not accrue ETO. Plus and Choice 10 employees accrue ETO based on their letter of agreement. Employees will not accrue ETO while on a leave of absence or when not working unless they receive Budget Hours.

Employees will begin accruing ETO on the pay period that begins after their sixtieth day of employment.

ETO Accrual Rates Per Hours Worked			
Months Worked	Pay Periods Worked	0.9 FTE or higher Authorized to work 36 hrs/week or more	0.875 FTE or lower Authorized to work 35 hrs/week or less
2-35	4-77	0.089	0.063
36-59	78-129	0.116	0.081
60-71	130-155	0.120	0.085
72-83	156-181	0.123	0.089
84-95	182-207	0.127	0.093
96-107	208-233	0.131	0.097
108-179	234-389	0.135	0.100
180-239	390-519	0.139	0.110
240+	520	0.144	0.120

Example: Employee with 2 – 35 months of service; Authorized to work 40 hours a week:

Employees in this category that work the full 40 hours per week will accrue 3.56 ETO hours for that week (.089 x 40 hours worked in a week). If that same employee that is authorized to work 40 hours a week, instead works 32 hours, that employee will accrue 2.84 ETO hours for the week (.089 X 32 hours worked in a week).

Employees at Dekalb Regional Center should refer to the Earned Time Off schedule on page 48.



Photo Credits: Alisha Cannon, Athens Limestone

Education Benefits

Education Reimbursement

Huntsville Hospital Health System is committed to encouraging higher education and facilitating the professional and career growth of our employees. Huntsville Hospital provides financial reimbursement for hospital career related degrees and certifications to eligible employees at Huntsville Hospital, Madison Hospital, Huntsville Hospital for Women & Children, Heart Center, and Physician Network employees authorized as an FTE of .6 or higher. Employees working at other campuses should contact their local Human Resources Department for opportunities that may be available to you.

To view full Education Reimbursement policy go to the Pulse Page and then click on Departments, and click on Human Resources. Under the Benefits section you will find the latest version of the Education Reimbursement Policy. Applications must be submitted before the start of each individual term. Applications can be found by clicking Forms on the Hot List found on the Pulse page.

College Tuition Discounts

Huntsville Hospital Health System is pleased to partner with many area colleges and universities to offer our employees discounted tuition rates. To view these programs go the Pulse page (or your system's intranet site) and then click View Employee Discounts.

Colleges	Discount	Contact Information at School
American College of Education schools	10% off Tuition for employees and immediate family members. Student must meet school Admission Guidelines, obtain Learning Partnership Form from the school and bring to Human Resources for completion.	https://ace.edu/strategic-partners/huntsville-hospital-health-system/
Faulkner University	50% off on most programs	Undergraduate: 256-830-2626 or Graduate: 334-386-7334
Jacksonville State University	RRT to BSRT Bridge Program	256-782-5431
Spring Hill College	10% off for tuition and no application fee	251-380-4000
University of North Alabama	20% off	256-765-4861
University of West Florida	10% off for tuition only	844-406-1357
Walden University	10% tuition reduction	waldenu.edu/huntsvillehealth
Herzing University	20% tuition reduction on Nursing and graduate programs. 10% tuition reduction on all non-nursing undergraduate programs. Waived application fee, Dedicated support team and services, Transcript evaluations.	lewright@herzing.edu
WGU (Western Governor's University)	Scholarship. No discount.	801-274-3280

Click on Jacksonville State University or Spring Hill College to learn more about their discounted tuition rates.

PSLF benefit by Summer and Fidelity

Public Service Loan Forgiveness is a federal program that's designed to encourage and reward those in public service jobs with a unique opportunity to have their federal loan balances forgiven—tax free.

Employees working full time for a qualifying employer—in any position and employees classified as non-profit qualify for this benefit. Visit [StudentAid.gov](https://studentaid.gov) for more information.

What Type of Loans Qualifies?

f Federal Direct Loans only

The repayment plan matters.

f You must be enrolled in a qualifying repayment plan. Either an income-driven repayment plan or a 10-year standard repayment plan will count.

f To learn more, text FORGIVENESS to 343898 or visit Fidelity.com/forgiveness.

Other Benefits

Will Preparation Services

Through Mutual of Omaha, you have access to online will preparation services provided by Epoq, Inc.

- Log on to www.willprepservices.com.
- Answer simple multiple choice questions on your computer or smartphone. Download and print any document instantly.
- Update your information with any major life change, i.e. marriage, divorce, birth of a child.

* Upgraded plans, including naming a guardian for children, Power of Attorney, Living Wills and Transfer of Death Deed, may be available for a fee. Enter MUTUALWILLS to register.

Worldwide Travel Assistance Program

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world for you, your spouse, and dependent children on any single trip up to 120 days in length, and more than 100 miles from home. The program helps with lost luggage, replacement for lost or stolen travel documents, telephonic translation services, emergency medical evacuation if adequate medical facilities are not available, and more.

For assistance 24 hours a day, seven days a week:

- Within the U.S. call: 800-856-9947
- Outside the U.S. call collect: 312-935-3658

Employee Assistance Program

We offer free and confidential counseling services and referral services for:

- Family problems
- Depression
- Stress and anxiety
- Grief and loss
- Work-related problems
- Substance abuse

In addition, we offer in person and telehealth appointments as well as recorded classes in NetLearning on related mental health topics.

For more information or to schedule an appointment, call 256-265-2600 or email EAP@hhsys.org.



Photo Credits: Leslie Owen, Huntsville Hospital

Other Benefits continued

RethinkCare Parental Support Program

RethinkCare's award-winning, research-based program provides support to parents raising children with learning or behavior challenges, or developmental disabilities. Parents receive up to 14 hours every 12 months of free, live tele-consultations with behavioral health experts to answer questions, and provide guidance and resources.

Common tele-consultation topics include:

- Teaching new skills
- Addressing problem behaviors at home
- Troubleshooting lack of progress
- Collaborating with school and other providers

Additionally, RethinkCare provides parents with hundreds of easy-to-follow videos depicting behavioral health experts teaching children skills such as language, socialization, self-help, academics, vocational, and more. Printable materials as well as on demand web-based training complement these tools as parents support their children in reaching their top potential.

Flexible Pet Insurance Coverage

Be the Best Pet Parent You Can Be

You have an unbreakable bond with your pet which is why our coverage eliminates the stress, heartache, and uncertainty associated with unexpected events. When your pet gets sick or injured, they can get treatment they need, when they need it.

- Use any licensed veterinarian in the US or Canada — including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan*
- Optional coverage for routine care
- Around the clock support from the 24/7 pet helpline
- Easy claims submission
- Self-service through our mobile app

Become a RethinkCare Member

It's time to sign up! You'll gain 24/7 access to free virtual consultations with learning and behavior experts, and online tools and resources to help you better understand, teach and communicate with your child who has special needs.

To access this free benefit, register online at connect.rethinkcare.com/sponsor/huntsville

Download the Mobile App

For on-demand access to your favorite family support tools and resources, you can download the RethinkCare app on the Apple App Store or Google Play.

How Pet Insurance Works

1. Attend to Your Pet

When your pet gets sick or injured, they can get treatment from any licensed veterinarian in the US or Canada.

2. File a Claim

You can easily file a claim through our app or online, and you don't need to send us medical records unless we ask for them.

3. Easy Reimbursement

Your reimbursement can be conveniently and easily deposited directly into your bank account, so you never have to wonder where your money is.

Learn more about our pet insurance benefit and enroll at www.petsbest.com/HHHPETS or scan the QR Code.

If you already have pet insurance or your pet has a chronic condition, please call the Pets Best Customer Care Team at 1-888-984-8700 and reference our referral/discount code: HHHPETS.



Huntsville Hospital

If during 2024 you completed all requirements for participation in the hospital wellness program, the premium you pay for health insurance during 2025 will come from this chart.

Wellness Rate	BCBS Traditional PPO				BCBS HDHP with HSA			
	> \$16/hr	≤ \$16/hr	Plus Employee > \$16/hr	Plus Employee ≤ \$16/hr	> \$16/hr	≤ \$16/hr	Plus/Choice 10 > \$16/hr	Plus/Choice 10 ≤ \$16/hr
Single	\$94.50	\$84.00	\$131.00	\$110.00	\$47.50	\$42.00	\$68.87	\$57.08
Employee + Child(ren)	\$167.50	\$142.50	\$219.00	\$187.00	\$81.25	\$69.25	\$126.75	\$105.25
Full Family	\$252.50	\$211.50	\$316.50	\$295.50	\$127.00	\$110.00	\$202.50	\$175.50

If you did NOT complete all requirements for the hospital wellness program during 2024, the premiums you pay for health insurance during 2025 will come from this chart.

Non-Wellness Rate	BCBS Traditional PPO				BCBS HDHP with HSA			
	> \$16/hr	≤ \$16/hr	Plus Employee > \$16/hr	Plus Employee ≤ \$16/hr	> \$16/hr	≤ \$16/hr	Plus/Choice 10 > \$16/hr	Plus/Choice 10 ≤ \$16/hr
Single	\$119.50	\$109.00	\$156.00	\$135.00	\$72.50	\$67.00	\$93.87	\$82.08
Employee + Child(ren)	\$192.50	\$167.50	\$244.00	\$212.00	\$106.25	\$94.25	\$151.75	\$130.25
Full Family	\$277.50	\$236.50	\$341.50	\$320.50	\$152.00	\$135.00	\$227.50	\$200.50

Tobacco Surcharge

If you or your spouse are covered under your health plan and use tobacco products of any type including smokeless, e-cigarettes, or vaping products, you will see a \$25 bi-monthly tobacco surcharge— for each tobacco user— under “deductions”, in addition to the health plan premium on your pay stub. Tobacco Cessation programs are available through your wellness program.

Don't forget that you may be eligible for FREE tobacco cessation programs and products offered through the wellness programs. Call today to inquire about your eligibility for one or more of the below programs.

Smoking Cessation Program	Information
“Beat the Pack” Tobacco Cessation	This four week program is available to employees, spouses, and dependents. It may meet either via Zoom or in person. Participant will receive a certificate upon program completion. For more information call 256-265-7071.
Alabama Tobacco Quitline 1-800-QUIT-NOW	Free telephone coaching service typically consisting of five phone calls within a 30-day period, after which the client receive a certification of completion upon request. Spouse included. Note: Nicotine Replacement Therapy is available for eligible tobacco users participating in telephonic or online coaching.
The Road to Wellness Online	Online smoking cessation program offered through the US Health Center portal under “The Road to Wellness” Employees only. Call 256-386-4608.
Quitter's Circle Phone App	Available to anyone in or out of the above programs, simply download “Quitter's Circle” on your mobile device from your app store or by visiting quitterscircle.com , access code: HHSYS.
Quit Aids	Huntsville Hospital Health System employees can see Employee Health physician for information about prescription quit aids. Note: Nicotine Replacement Therapy is available for eligible tobacco users participating in telephonic or online coaching.

Huntsville Hospital Disability Insurance

HH Health System provides eligible employees with Basic Short Term and Basic Long Term Disability policies at no cost to you. These plans provide you with supplemental income replacement while you are medically unable to work. While you are out on disability, your time editor will add ETO to your timesheet equal to your normally scheduled work week as long as there are ETO hours in your bank.

Short Term Disability and Optional Short Term Disability Buy Up

Short Term Disability provides you with partial weekly income replacement for up to 11 weeks while you are disabled due to an illness or injury. HH Health System provides a Basic Benefit at no cost to you, and you have the option to purchase additional coverage.

STD	Description
Eligible Employees	Employees classified as FTE of .6 or higher who are not PLUS, Choice 10, or PRN.
Basic Short Term Disability Benefit	You will receive \$200 per week (taxes will be withheld) after you have been out of work for 14 consecutive days for the same illness or injury.
Optional Short Term Disability Buy Up	You will receive the Basic Short Term Disability Benefit described above for days 15 – 30. After you have been out for 30 consecutive days for the same illness or injury, if you have purchased the Optional Short Term Disability Buy Up, you may receive 60% of your weekly base wages to a maximum of \$1,000 per week. This policy has a one year pre-existing condition exclusion provision. This means that you will not receive the Optional Short Term Disability Buy Up benefit during the first year you have the policy for any absence related to a condition that was in existence prior to the effective date of this policy. The effective date for elections made during Open Enrollment will be January 1, 2025.

Long Term Disability and Optional Long Term Disability Buy Up

Long Term Disability provides you with partial monthly income replacement after you have been out of work for 90 consecutive days due to an illness or injury. HH Health System provides a Basic Benefit at no cost to you, and you have the option to purchase additional coverage.

LTD	Description
Eligible Employees	Employees classified as FTE of .6 or higher who are not PLUS, Choice 10, or PRN.
Basic Long Term Disability Benefit	You will receive 50% of your base monthly wages to a maximum benefit of \$3,000.
Optional Long Term Disability Buy Up	If you are enrolled in the Optional Long Term Disability Buy up policy you will receive 60% of your base month wages to a maximum benefit of \$7,000.

If you are adding either the optional short term or long term disability coverage, you must complete the Evidence of Insurability (EOI) questionnaire and provide that to Mutual of Omaha by December 16, 2024. This form can be accessed from the last screen of your online Open Enrollment by clicking the red EOI button at the top of your screen. If you do not complete and submit that form to Mutual of Omaha, your application for coverage will not be considered, and you will only have the basic disability benefit.

[Print EOI Form***](#)

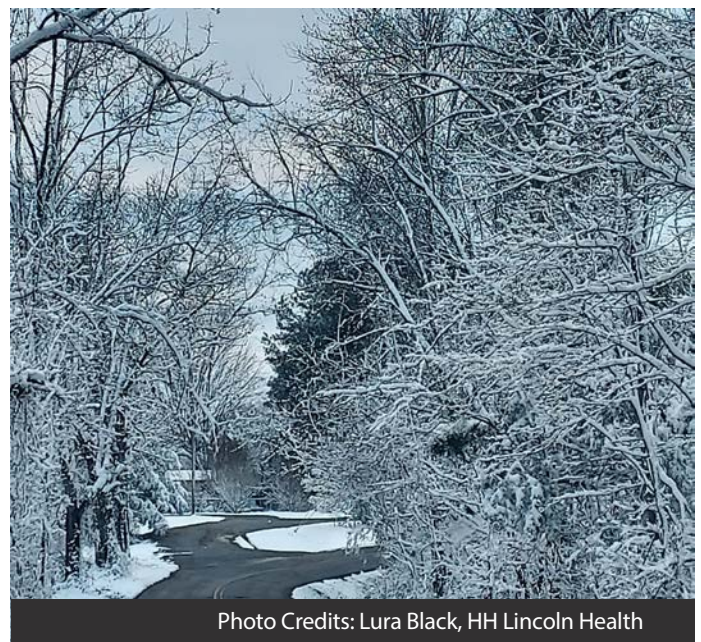
Contacts

Benefit Plans

Plan	Provider	Phone Number	Website
Medical	Blue Cross Blue Shield of AL	800-321-4398	www.alabamablue.com
Health Savings Account (HSA)	Fidelity	800-742-4015	www.netbenefits.com/atwork
Dental	Ameritas	800-487-5553	www.ameritas.com
Vision	Vision Service Plan	800-877-7195	www.vsp.com
Flexible Spending Account (FSA)	Fidelity	833-299-5089	www.netbenefits.com
Life/AD&D Insurance	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Disability	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
401(k)	Fidelity	800-343-0860	www.netbenefits.com/atwork
RethinkCare	RethinkCare	800-714-9285	connect.rethinkcare.com/sponsor/huntsville
COBRA	WEX Health, Inc.	866-451-3399	www.wexinc.com
UNUM Voluntary Benefits	UNUM	800-635-5597	www.unum.com/claims
FMLASource/AbsencePro	FMLASource	877-365-2666	www.fmlasource.com
Pharmacy Benefit Manager Patient Care Advocates (PCA)	AffirmedRx	Account Services: 877-828-5165 PCA: 256-864-5116	Affirmedrx.com/printdruglist-HHHS/ PCA@AffirmedRx.com
Pet Insurance	Pets Best	888-984-8700	www.petsbest.com/HHHPETS Reference discount code: HHHPETS

Human Resources Department

Hospital	Phone Number
Huntsville Hospital	256-265-9400
Athens-Limestone	256-262-6075
Helen Keller/Red Bay	256-386-4148
Decatur Morgan	256-973-2506
Highlands Medical Center	256-218-3816
Marshall Medical Center	256-840-3690
Lincoln Health	931-438-7467
TOC	256-428-3370
Dekalb	256-262-6075
HH EMS	256-428-1059



There's an App for That!

	<p>Alabama Blue</p> <p>The Alabama Blue mobile app is available for your smartphone or mobile device. Save time. Get your plan details, such as copay amounts and deductibles. Find a Doctor — Find a doctor, hospital or dentist nearby. Add the listing to your phone contacts with just one click. You can also view claims and access your Virtual ID Card.</p>
	<p>AffirmedRx Pulse App</p> <p>The AffirmedRx Pulse app helps you manage your medication schedules by providing timely reminders and tracking. The app also includes educational resources to help you better understand and manage your medications.</p>
	<p>Baby Yourself</p> <p>Track your baby's growth and your personal journey to parenthood. You can enroll in the Blue Cross and Blue Shield of Alabama Baby Yourself Program right from the app. Browse through daily pregnancy and parenting tips and even set up one-button dialing to access your physician or Baby Yourself Nurse.</p>
	<p>Fidelity NetBenefits</p> <p>The Fidelity NetBenefits app allows you to conveniently manage your workplace benefits from Fidelity – from sending documents to accessing your retirement savings, HSA and more.</p>
	<p>Fidelity Health</p> <p>Easily manage your health savings account and expenses. With Fidelity Health, you can: save your health plan coverage and info, save your Covid-19 vaccination card, see your HSA balance and transaction history, reimburse yourself from your HSA, pay providers directly from your HSA, scan in medical bills, and scan barcodes to determine if they are HSA and FSA eligible.</p>
	<p>VSP</p> <p>With the VSP Vision Care on the Go app, you can manage your eye care needs at any time and from anywhere. Find a doctor, check your coverage, access your vision card, and shop the latest in eyewear fashion, 24/7. Caring for your eyes has never been so easy.</p>
	<p>RethinkCare</p> <p>RethinkCare is a holistic parenting and behavioral health benefit offered by employers to their workforce. It is not directly available to individuals at this time. It is the only digital platform that uses evidence-based, clinically-validated approaches to support employees' ongoing parental, personal, and professional needs.</p>
	<p>DailyPay</p> <p>DailyPay is the easiest, most secure way to access your earned wages before payday. Get your money when you need it to pay bills on time, avoid late fees and meet your financial goals. Using the DailyPay Card allows employees to get earned wages immediately for free, and even includes a routing and account number.</p>
	<p>Friday</p> <p>Friday allows employees to get earned wages immediately for free by using the Friday debit card with a routing and account number.</p>
	<p>Pets Best</p> <p>Pets Best Mobile App provides easy access to your pet's benefits. Use the app to submit claims, view policy information, connect with veterinary experts 24/7 and more!</p>
	<p>Use the Ameritas app to access on-the-go dental benefit information like ID cards, claims, and in-network providers.</p>

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, menu option 4, ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact the HH Health System or Affiliate Human Resources department where you are employed. Please refer to the HR Contact page in this guide for a list of HR contacts.

Notice of Patient Protections

HH Health System Group Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross and Blue Shield of Alabama at 1-800-321-4398 or visit [AlabamaBlue.com/findadoctor](https://alabamablue.com/findadoctor).

Notice of Women's Health and Cancer Rights Act (WHCRA)

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

- All 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; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. The extent to which any of these items is appropriate following mastectomy is to be determined by the attending provider and the patient. Our plan neither imposes penalties or provides incentives to induce attending providers to furnish care inconsistent with the benefits mandated under WHCRA. If you would like more information on WHCRA benefits, please contact the plan's third party administrator, Blue Cross and Blue Shield of Alabama, at 1-800-321-4398.

Notice of Privacy Practices

Notice of THE HEALTHCARE AUTHORITY OF THE CITY OF HUNTSVILLE DBA. HH HEALTH SYSTEM & AFFILIATES BENEFIT PLANS (the "Plan")

Health Information Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The effective date of this Notice of THE HEALTHCARE AUTHORITY OF THE CITY OF HUNTSVILLE DBA. HH HEALTH SYSTEM & AFFILIATES BENEFIT PLANS (the "Plan"). Health Information Privacy Practices (the "Notice") is January 1, 2025.

THE HEALTHCARE AUTHORITY OF THE CITY OF HUNTSVILLE DBA. HH HEALTH SYSTEM & AFFILIATES BENEFIT PLANS (the "Plan") provides health benefits to eligible employees of HH HEALTH SYSTEM & AFFILIATES (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains, and discloses health information about participating employees and dependents in the course of providing these health benefits.

For ease of reference, in the remainder of this Notice, the words "you," "your," and "yours" refers to any individual with respect to whom the Plan receives, creates or maintains Protected Health Information, including employees and COBRA qualified beneficiaries, if any, and their respective dependents.

The Plan is required by law to take reasonable steps to protect your Protected Health Information from inappropriate use or disclosure.

Your "Protected Health Information" (PHI) is information about your past, present, or future physical or mental health condition, the provision of health care to you, or the past, present, or future payment for health care provided to you, but only if the information identifies you or there is a reasonable basis to believe that the information could be used to identify you. Protected health information includes information of a person living or deceased (for a period of fifty years after the death.)

The Plan is required by law to provide notice to you of the Plan's duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which the Plan uses and discloses PHI. It is not feasible in this Notice to describe in detail all of the specific uses and disclosures the Plan may make of PHI, so this Notice describes all of the categories of uses and disclosures of PHI that the Plan may make and, for most of those categories, gives examples of those uses and disclosures.

The Plan is required to abide by the terms of this Notice until it is replaced. The Plan may change its privacy practices at any time and, if any such change requires a change to the terms of this Notice, the Plan will revise and re-distribute this Notice according to the Plan's distribution process. Accordingly, the Plan can change the terms of this Notice at any time. The Plan has the right to make any such change effective for all of your PHI that the Plan creates, receives or maintains, even if the Plan received or created that PHI before the effective date of the change.

The Plan is distributing this Notice, and will distribute any revisions, only to participating employees and COBRA qualified beneficiaries, if any. If you have coverage under the Plan as a dependent of an employee or COBRA qualified beneficiary, you can get a copy of the Notice by requesting it from the contact named at the end of this Notice.

Please note that this Notice applies only to your PHI that the Plan maintains. It does not affect your doctor's or other health care provider's privacy practices with respect to your PHI that they maintain.

Receipt of Your PHI by the Company and Business Associates:
The Plan may disclose your PHI to, and allow use and disclosure of your PHI by, the Company and Business Associates, and any of their subcontractors without obtaining your authorization.

Plan Sponsor: The Company is the Plan Sponsor and Plan Administrator. The Plan may disclose to the Company, in summary form, claims history and other information so that the Company may solicit premium bids for health benefits, or to modify, amend or terminate the Plan. This summary information omits your name and Social Security Number and certain other identifying information. The Plan may also disclose information about your participation and enrollment status in the Plan to the Company and receive similar information from the Company. If the Company agrees in writing that it will protect the information against inappropriate use or disclosure, the Plan also may disclose to the Company a limited data set that includes your PHI, but omits certain direct identifiers, as described later in this Notice.

The Plan may disclose your PHI to the Company for plan administration functions performed by the Company on behalf of the Plan, if the Company certifies to the Plan that it will protect your PHI against inappropriate use and disclosure.

Example: The Company reviews and decides appeals of claim denials under the Plan. The Claims Administrator provides PHI regarding an appealed claim to the Company for that review, and the Company uses PHI to make the decision on appeal.

Business Associates: The Plan and the Company hire third parties, such as a third-party administrator (the "Claims Administrator"), to help the Plan provide health benefits. These third parties are known as the Plan's "Business Associates." The Plan may disclose your PHI to Business Associates, like the Claims Administrator, who are hired by the Plan or the Company to assist or carry out the terms of the Plan. In addition, these Business Associates may receive PHI from third parties or create PHI about you in the course of carrying out the terms of the Plan. The Plan and the Company must require all Business Associates to agree in writing that they will protect your PHI against inappropriate use or disclosure and will require their subcontractors and agents to do so, too.

For purposes of this Notice, all actions of the Company and the Business Associates that are taken on behalf of the Plan are considered actions of the Plan. For example, health information maintained in the files of the Claims Administrator is considered maintained by the Plan. So, when this Notice refers to the Plan taking various actions with respect to health information, those actions may be taken by the Company or a Business Associate on behalf of the Plan.

How the Plan May Use or Disclose Your PHI: The Plan may use and disclose your PHI for the following purposes without obtaining your authorization. And, with only limited exceptions, we will send all mail to you, the employee. This includes mail relating to your spouse and other family members who are covered under the Plan. If a person covered under the Plan has requested Restrictions or Confidential Communications, and if the Plan has agreed to the request, the Plan will send mail as provided by the request for Restrictions or Confidential Communications.

Your Health Care Treatment: The Plan may disclose your PHI for treatment (as defined in applicable federal rules) activities of a health care provider.

Example: If your doctor requested information from the Plan about previous claims under the Plan to assist in treating you, the Plan could disclose your PHI for that purpose.

Example: The Plan might disclose information about your prior prescriptions to a pharmacist for the pharmacist's reference in determining whether a new prescription may be harmful to you.

Making or Obtaining Payment for Health Care or Coverage: The Plan may use or disclose your PHI for payment (as defined in applicable federal rules) activities, including making payment to or collecting payment from third parties, such as health care providers and other health plans.

Example: The Plan will receive bills from physicians for medical care provided to you that will contain your PHI. The Plan will use this PHI, and create PHI about you, in the course of determining whether to pay, and paying, benefits with respect to such a bill.

Example: The Plan may consider and discuss your medical history with a health care provider to determine whether a particular treatment for which Plan benefits are or will be claimed is medically necessary as defined in the Plan

The Plan's use or disclosure of your PHI for payment purposes may include uses and disclosures for the following purposes, among others:

- Obtaining payments required for coverage under the Plan
- Determining or fulfilling its responsibility to provide coverage and/or benefits under the Plan including eligibility determinations and claims adjudication
- Obtaining or providing reimbursement for the provision of health care (including coordination of benefits, subrogation, and determination of cost sharing amount)
- Claims management, collection activities, obtaining payment under a stop-loss insurance policy, and relate health care data processing

- Reviewing health care services to determine medical necessity, coverage under the Plan appropriateness of care, or justification of charges
- Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services

The Plan also may disclose your PHI for purposes of assisting other health plans (including other health plans sponsored by the Company), health care providers, and health care clearinghouses with their payment activities, including activities like those listed above with respect to the Plan.

Health Care Operations: The Plan may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

Example: If claims you submit to the Plan indicate that you have diabetes or another chronic condition, the Plan may use and disclose your PHI to refer you to a disease management program.

Example: If claims you submit to the Plan indicate that the stop-loss coverage that the Company has purchased in connection with the Plan may be triggered, the Plan may use or disclose your PHI to inform the stop-loss carrier of the potential claim and to make any claim that ultimately applies.

The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes.

- Quality assessment and improvement activities
- Disease management, case management and care coordination
- Activities designed to improve health or reduce health care costs
- Contacting health care providers and patients with information about treatment alternatives
- Accreditation, certification, licensing or credentialing activities
- Fraud and abuse detection and compliance programs

The Plan also may use or disclose your PHI for purposes of assisting other health plans (including other plans sponsored by the Company), health care providers and health care clearinghouses

with their health care operations activities that are like those listed above, but only to the extent that both the Plan and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

Health Care Operations: The Plan may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

Example: If claims you submit to the Plan indicate that you have diabetes or another chronic condition, the Plan may use and disclose your PHI to refer you to a disease management program.

Example: If claims you submit to the Plan indicate that the stop-loss coverage that the Company has purchased in connection with the Plan may be triggered, the Plan may use or disclose your PHI to inform the stop-loss carrier of the potential claim and to make any claim that ultimately applies.

The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes.

- Quality assessment and improvement activities
- Disease management, case management and care coordination
- Activities designed to improve health or reduce health care costs
- Contacting health care providers and patients with information about treatment alternatives
- Accreditation, certification, licensing or credentialing activities
- Fraud and abuse detection and compliance programs

The Plan also may use or disclose your PHI for purposes of assisting other health plans (including other plans sponsored by the Company), health care providers and health care clearinghouses with their health care operations activities that are like those listed above, but only to the extent that both the Plan and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

- The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following additional purposes, among others
- Underwriting (with the exception of PHI that is genetic information) premium rating and performing related functions to create, renew or replace insurance related to the Plan
- Planning and development, such as cost management analyses
- Conducting or arranging for medical review, legal services, and auditing functions
- Business management and general administrative activities,

including implementation of, and compliance with applicable laws, and creating de-identified health information or a limited data set

The Plan also may use or disclose your PHI for purposes of assisting other health plans for which the Company is the plan sponsor, and any insurers and/or HMOs with respect to those plans, with their health care operations activities similar to both categories listed above.

Limited Data Set: The Plan may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

Legally Required: The Plan will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records.

Health or Safety: When consistent with applicable law and standards of ethical conduct, the Plan may disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others. The Plan can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

Law Enforcement: The Plan may disclose your PHI to a law enforcement official if the Plan believes in good faith that your PHI constitutes evidence of criminal conduct that occurred on the premises of the Plan. The Plan also may disclose your PHI for limited law enforcement purposes.

Lawsuits and Disputes: In addition to disclosures required by law in response to court orders, the Plan may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

Workers' Compensation: The Plan may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs.

Emergency Situation: The Plan may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you cannot give your agreement to the Plan to do this.

Personal Representatives: The Plan will disclose your PHI to your personal representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult, for example) to the same extent that the Plan would disclose that information to you. The Plan may choose not to disclose information to a personal representative if it has reasonable belief that: 1) you have been or may be a victim of domestic abuse by your personal representative; or 2) recognizing such person as your personal representative may result in harm to you; or 3) it is not in your best interest to treat such person as your personal representative.

Public Health: To the extent that other applicable law does not prohibit such disclosures, the Plan may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an FDA-regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

Health Oversight Activities: The Plan may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

Coroner, Medical Examiner, or Funeral Director: The Plan may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, the Plan may disclose your PHI to a funeral director, consistent with applicable law, as necessary to carry out the funeral director's duties.

Organ Donation. The Plan may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

Specified Government Functions: In specified circumstances, federal regulations may require the Plan to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

Research: The Plan may disclose your PHI to researchers when your individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established a process to ensure the privacy of the requested information and approves the research.

Disclosures to You: When you make a request for your PHI, the Plan is required to disclose to you your medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan must also, when requested by you, provide you with an accounting of disclosures of your PHI if such disclosures were for any reason other than Treatment, Payment, or Health Care Operations (and if you did not authorize the disclosure).

Authorization to Use or Disclose Your PHI

Except as stated above, the Plan will not use or disclose your PHI unless it first receives written authorization from you. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that the Plan has taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third party, for example) you cannot revoke your authorization.

Furthermore, we will not: (1) supply confidential information to another company for its marketing purposes (unless it is for certain limited Health Care Operations); (2) sell your confidential information (unless under strict legal restrictions) (to sell means to receive direct or indirect remuneration); (3) provide your confidential information to a potential employer with whom you are seeking employment without your signed authorization; or (4) use or disclose psychotherapy notes unless required by law.

Additionally, if a state or other law requires disclosure of immunization records to a school, written authorization is no longer required. However, a covered entity still must obtain and document an agreement which may be oral and over the phone.

The Plan May Contact You

The Plan may contact you for various reasons, usually in connection with claims and payments and usually by mail.

You should note that the Plan may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Your Rights With Respect to Your PHI

Confidential Communication by Alternative Means: If you feel that disclosure of your PHI could endanger you, the Plan will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request the Plan to communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the contact person named at the end of this Notice. You do not need to state the specific reason that you feel disclosure of your PHI might endanger you in making the request, but you do need to state whether that is the case. Your request also must specify how or where you wish to be contacted. The Plan will notify you if it agrees to your request for confidential communication. You should not assume that the Plan has accepted your request until the Plan confirms its agreement to that request in writing.

Request Restriction on Certain Uses and Disclosures: You may request the Plan to restrict the uses and disclosures it makes of your PHI. This request will restrict or limit the PHI that is disclosed for Treatment, Payment, or Health Care Operations, and this restriction may limit the information that the Plan discloses to someone who is involved in your care or the payment for your care. The Plan is not required to agree to a requested restriction, but if it does agree to your requested restriction, the Plan is bound by that agreement, unless the information is needed in an emergency situation. There are some restrictions, however, that are not permitted even with the Plan's agreement. To request a restriction, please submit your written request to the contact person identified at the end of this Notice. In the request please specify: (1) what information you want to restrict; (2) whether you want to limit the Plan's use of that information, its disclosure of that information, or both; and (3) to whom you want the limits to apply (a particular physician, for example). The Plan will notify you if it agrees to a requested restriction on how your PHI is used or disclosed. You should not assume that the Plan has accepted a requested restriction until the Plan confirms its agreement to that restriction in writing. You may request restrictions on our use and disclosure of your confidential information for the treatment, payment and health care operations purposes explained in this Notice. Notwithstanding this policy, the plan will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and it is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

Right to Be Notified of a Breach: You have the right to be notified in the event that the plan (or a Business Associate) discovers a breach of unsecured protected health information.

Electronic Health Records: You may also request and receive an accounting of disclosures of electronic health records made for treatment, payment, or health care operations during the prior three years for disclosures made on or after (1) January 1, 2014 for electronic health records acquired before January 1, 2009; or (2) January 1, 2011 for electronic health records acquired on or after January 1, 2009.

The first list you request within a 12-month period will be free. You may be charged for providing any additional lists within a 12-month period.

Paper Copy of This Notice: You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the contact person named at the end of this Notice.

Right to Access Your PHI: You have a right to access your PHI in the Plan's enrollment, payment, claims adjudication and case management records, or in other records used by the Plan to make decisions about you, in order to inspect it and obtain a copy of it. Your request for access to this PHI should be made in writing to the contact person named at the end of this Notice. The Plan may deny your request for access, for example, if you request information compiled in anticipation of a legal proceeding. If access is denied, you will be provided with a written notice of the denial, a description of how you may exercise any review rights you might have, and a description of how you may complain to Plan or the Secretary of Health and Human Services. If you request a copy of your PHI, the Plan may charge a reasonable fee for copying and, if applicable, postage associated with your request.

Right to Amend: You have the right to request amendments to your PHI in the Plan's records if you believe that it is incomplete or inaccurate. A request for amendment of PHI in the Plan's records should be made in writing to the contact person named at the end of this Notice. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if, for example, your PHI in the Plan's records was not created by the Plan, if the PHI you are requesting to amend is not part of the Plan's records, or if the Plan determines the records containing your health information are accurate and complete. If the Plan denies your request for an amendment to your PHI, it will notify you of its decision in writing, providing the basis for the denial, information about how you can include information on your requested amendment in the Plan's records, and a description of how you may complain to Plan or the Secretary of Health and Human Services.

Accounting: You have the right to receive an accounting of certain disclosures made of your health information. Most of the disclosures that the Plan makes of your PHI are not subject to this accounting requirement because routine disclosures (those related to payment of your claims, for example) generally are excluded from this requirement. Also, disclosures that you authorize, or that occurred more than six years before the date of your request, are not subject to this requirement. To request an accounting of disclosures of your PHI, you must submit your request in writing to the contact person named at the end of this Notice. Your request must state a time period which may not include dates more than six years before the date of your request. Your request should indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 12-month period will be free. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Personal Representatives: You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plan retains discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

Complaints

If you believe that your privacy rights have been violated, you have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing to the contact person named at the end of this Notice. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Information

The Plan has designated the Employee Benefits Manager as its contact person for all issues regarding the Plan's privacy practices and your privacy rights. You can reach this contact person at: HH Health System Human Resources, ATTN: HH HEALTH SYSTEM & AFFILIATES Privacy Officer, 101 Sivley Road, Huntsville, AL, 35801; and (256)265-9400

NOTICE REGARDING WELLNESS PROGRAM 2025-2026

The HH Health System wellness program HealthWorks is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test (lipid panel and A1c or glucose) that will assess your risk for heart disease and diabetes, blood pressure to detect potential hypertension and height, weight, body mass index and body fat to show your risks for obesity. This year, we are again offering an optional PSA blood test for men 40 years and older or with a family history of prostate cancer.

You are not required to complete the blood test or other medical examinations. However, employees who choose to participate in the wellness program will receive a health insurance premium discount incentive of \$50 per month beginning January 2025 for completing the HRA. Although you are not required to participate in the biometric screening, only employees who do so will receive the health insurance premium discount incentive. The annual HealthWorks open enrollment period will be the only time any employee can participate and receive the incentive, regardless of insurance status. No exceptions will be able to be made for life changing events or change in work status.

As an optional and new component to the program this year, an additional incentive (ie water bottle, bag, umbrella, hat, etc) via random drawings is available for employees who participate in one on one health coaching and/or the HRA (Health Risk Assessment). Also, if you have your health care provider sign an annual physician review form documenting that you shared your results with him and are up to date on preventive screenings, you will be entered into the drawing as well. If you choose to participate in the optional HRA, you will be asked to complete a voluntary series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation

or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting HealthWorks at (256) 265-6288.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Health Coaching and chronic disease management. You also are encouraged to share your results or concerns and age appropriate preventive screening status with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and HH Health System may use aggregate information it collects to design a program based on identified health risks in the workplace, HealthWorks^{2.0} will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are nurses, health coaches and doctors in the Employee Health and HealthWorks departments and US Health Center (USHC is the company used to store and manage wellness program data) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will

be used in making any employment decision. All employees have access to their personal health information through the USHC portal/their personal health desktop 24/7. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at (256) 265-7715.

Important Notice from HH Health System About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current HH Health System coverage will not be affected. Under the HH Health System Plan, Medicare eligible individuals that become eligible for Medicare Part D can keep this coverage if they elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	September 30, 2024	
Name of Entity/Sender:	HH Health System Human Resources 101 Sivley Road Huntsville, AL 35801 256-265-8170	HH EMS Human Resources 1057 Oakwood Ave. NW Huntsville, AL 35811 256-428-1059
	Athens-Limestone Hospital Human Resources 700 West Market Street Athens, AL 35611 256-233-9161	Delkab Human Resources 200 Medical Center Drive SW Fort Payne, AL 35968 256-997-2170
	Decatur Morgan Hospital Human Resources 1201 7th St SE, Decatur AL 35601 256-973-2506	
	Helen Keller Hospital Human Resources 1300 South Montgomery Avenue Sheffield, AL 35660 256-386-4039	
	Highlands Medical Center Human Resources P.O. Box 1050 Scottsboro, AL 35768 256-218-3787	

Employee ID: _____

Affidavit of Spousal Health Care Coverage

If your spouse is employed and eligible for health coverage through their employer, your spouse must enroll in coverage offered by their own employer to be eligible for coverage under the HH Health System's group health Plan.

§ **Annual Open Enrollment:** If you wish to enroll your spouse in HH Health System's group health plan, you should return this completed questionnaire to HH Human Resources on or before December 6, 2024.

§ **New Hires:** If you wish to enroll your spouse in HH Health System's group health plan, you should return this completed questionnaire to HH Human Resources within 30 days of your hire date.

Important: *You should only complete this form if 1) you wish to enroll your spouse in HH Health System's health plan as secondary coverage or 2) your spouse is eligible for coverage with their employer but is not currently enrolled.*

Section 1: To Be Completed by HH Employee

Name of Employee: _____ Employee ID: _____

HH Hospital or HH Affiliate Employer Name: _____

Name of Spouse: _____

You will be asked to complete a new benefit enrollment form when you submit this form to Human Resources to enroll your spouse in secondary coverage.

Section 2: To Be Completed by Your Spouse's Employer

1. Is the spouse named above eligible for employee health benefits through his/her company?
☐ Yes ☐ No
2. If yes, is the spouse enrolled in health care coverage? If yes, please provide the date the insurance will begin? ☐ Yes, insurance is effective _____ ☐ No

Name of employer: _____

Name/Title of Person Completing This Form: _____

Signature: _____

Phone Number: _____ Date _____

Annual Open Enrollment Reminder

*Return this form to Human Resources on or before December 5.
If approved, spouse's secondary coverage will begin January 1.*

Join our LifeSaver's Club



After Orientation Complete
the Evaluation



www.HH.Health