Welcome to the Team

Employee Orientation Resource Book

Name & Employee ID#______________________________

March 2021 Edition
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Welcome to the Team

Welcome to the HH Health System Care Team. In our pursuit of excellence in teaching, healthcare, and public service, you, the employee, are one of our greatest assets.

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.

David S. Spillers, CEO, Huntsville Hospital

Your Orientation Schedule

The Orientation Process begins with completion of your online orientation materials, which is followed by you scheduled initial day of General Orientation activities. During that initial day most new employees complete the onboarding process.

Depending on your role in the organization, you may be required to attend an additional day or multiple days to best prepare you for your new role. Below is a brief summary of what to expect.

**DAY 1: General Orientation**

All employees will be scheduled to complete demonstration stations, pick up materials for new employees, and get your employee badge made.

Human Resources will communicate where and when you will get this accomplished.

**DAY 2: Clinical Orientation**

Clinical Orientation is required for nurses, and a few other types of clinical employees. Clinical Orientation is held several following consecutive days.

More details concerning the schedule will be provided during General Orientation to those that need to attend Clinical Orientation.

You will have an additional department-specific orientation shared with you when you start in your department. This second phase of orientation is often referred to as Department Orientation. Check with your manager the first day of work for more details.
I. Our Organization

Huntsville Hospital is part of the Health System, which includes 19 hospital campuses, approximately 15,000 employees, and over 2,200 licensed beds, stretching over the north part of the state of Alabama, as well as southern Tennessee, and eastern Mississippi.

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

**Vision**

To be one of the best health systems in America and consistently strive to provide clinical and service excellence

**Mission**

To provide high quality care and services that improves the health of those we serve

**Values**

Safety · Compassion · Integrity · Excellence · Innovation · Accountability · Equality
Our Hospital’s Administrative Structure

Huntsville Hospital is governed by The Health Care Authority, comprised of a 9-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 provided assigned 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

During the hiring process, Human Resources will let you know where to park during orientation. You will also have a designated parking location once you start work. Your manager will let you know where you will be parking, or you can check the Custom Applications link on the PULSE Intranet page for your specific parking assignment. 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) 265-8012.

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

Below 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 x-5666.
II. 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 regarding Online Resources, you will receive an overview of how to log into our key systems when you go through orientation called: “The Online Resources Overview.”

III. The Huntsville Hospital Foundation

The Huntsville Hospital Foundation is the 501(c)(3) not-for-profit fundraising arm for charitable giving for the organization. Contributions to the Foundation are tax-deductible, and 100% of all gifts benefit the hospital program or department designated by its donors.

A. The Lifesaver Club

The Lifesaver Club, Huntsville Hospital’s employee giving club, provides employees an opportunity to support the hospital by making donations to the Foundation through payroll deduction. Employee contributions help fund medical equipment, hospital programs, special projects, and the Employee Emergency Fund. Almost 70% of our employees are Lifesaver Club members and together, we contribute more than $700,000 each year. Using your Lifesaver Membership Card, members receive a discount at the Lifesaver Club’s uniform sales and also in the hospital Gift Shops. The Foundation offers several ways to support Huntsville and Madison Hospitals:

- "Like" Huntsville Hospital Foundation on Facebook, and follow us on Instagram and Twitter. When you see our posts, please like, comment, share, or retweet so that your friends will learn about the great work being done at our hospital!

- **Fundraising Events:**
  The Foundation hosts six annual events that raise funds for hospital programs and departments. Employees are invited to attend these events or serve as volunteers. Special events are publicized on the Foundation’s social media platforms and website, on the hospital’s Intranet website, PULSE, and in the online employee newsletter, Scope.

- **HH Specialty Car Tags:**
  Purchase a Huntsville Hospital car tag and $41.25 of the $50 tag fee will come back to the Foundation. Funds raised through car tag sales help provide equipment and programs. Support our patients, and show your HH pride by sporting your specialty car tag!

- **Honoring Care Champions:**
  Allows a grateful patient to thank an outstanding caregiver by making a donation in their honor. The Foundation presents a Care Champions pin to honorees, and recognizes them at monthly department head meetings. If a patient asks you how they can give back, please tell them about the Care Champions program!

Employees are offered a chance to join the Lifesaver Club as soon as they start working, or at any time during the year. The Foundation is located in the 5-points area, at 801 Clinton Avenue East, in Huntsville, Alabama. For more information about opportunities to support our hospital, please contact the Foundation at (256) 265-8077, or visit their website: www.huntsvillehospitalfoundation.org.
IV. 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 the Orientation webpage.

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, Jessica Shrove 265-2668
- Recruiter, Beverly Burke 265-2131
- Recruiter, Lauren Johnston 265-2137
- Recruiter, Pam Gill 265-7716
- Recruiter, Jamie Bruno 265-6168
- Recruiter, Phyllis Poe 265-9727
- Madison, Gabby Madewell 265-5020
- Recruiter, Fannie Proctor 265-0058

Please note that security contractor employees will not have a profile. All employees are required to complete an employment eligibility (I-9) 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 $10.00. 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 must attend the following staff 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 a financial incentive. If the hospital meets their financial goals, then an incentive payments for each performance goal met is tied to an annual incentive amount for those eligible. This year’s Annual Employee Goals are listed below:

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<td><strong>Goals</strong></td>
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<td>1. Increase handwashing hygiene*</td>
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  • Establish ongoing coaching model to maintain skill set  
  • Establish ongoing training program for new employees and physicians. |
| 4. Make my patient’s experience better* | Percent of units with overall rating that exceeds target or improve 2% from baseline. Inpatient top box ≥ 75%  
  Outpatient top box ≥ 80%  
  ED ≥ 67th percentile rank  
  Results are measured at the unit level when available. The overall score, and score for departments without sufficient data, is the percentage of units that hit their target. |
| 5. Provide care in a safe manner* | Patient perception of our safety ≥ 75% on Press Ganey survey  
  Results are measured at the unit level when available. The overall score, and score for Departments with insufficient data, is the percentage of units that hit their target. |
| 6. Building a better culture | Engage in the Diversity & Inclusion Initiative  
  • Develop and implement tools to receive staff feedback |

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 are required to wear masks:

- In public areas of the hospital
- In a clinical areas of the hospital
- As employees enter the facilities
- Anytime employees cannot maintain social distance from your co-workers, including in administrative areas, lounges, offices, and break rooms

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 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 directly to Human Resources to either of the following contacts:

- Employee Relations Specialist Huntsville Hospital: Connie Poole or Fanny Proctor
- Employee Relations Specialist for Madison Hospital: Gabby Madewell
- The Director of Human Resources: 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 CBL (computer-based learning) Class
- Emergency and Workplace Violence Preparedness CBL Class
- Flu and Tuberculin CBL Class
- Annual Affirmation Statement CBL
- Social Networking CBL
- HRO Annual Review CBL

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 Tuberculin Testing, for those required areas.
- 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

You must badge out at the end of today, and beginning tomorrow start badging in and out. Hold your badge near the reader, close to the right side, and listen for the beep to be certain your clock in time is recorded. After the orientation process, you will need to badge in and out on your department’s badge reader.

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. The organization operates under a Freely Rotating Work Schedule System; and employees are expected to work when they are scheduled. Employees may swap their shift with a competent and qualified co-worker (within Department Guidelines), but this must be approved by the employee’s supervisor/manager. Shift trading will not be allowed when the trade results in extra overtime. Please see the Employee Handbook for more details.

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.

0. 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,
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 mentorship, and a
mechanism to report and address bias. Diversity is often defined as differences based on:

- Culture
- Race
- Creed
- Age
- Disability
- Ethnicity
- Gender
- Gender expression
- Gender identity
- Sexual Orientation
- Socioeconomic status
- Military service
- Genetic information
- Weight
- 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.

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

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

Patients also have a role in determining their level of privacy. It is our job to let them know their rights. Some choices they have included:
- 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 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.
VI. 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 HotList/ Emergency 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**, that 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)

- **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

• **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:

<table>
<thead>
<tr>
<th>Emergency Codes</th>
<th>Problem/Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Blue</strong></td>
<td>Medical Emergency</td>
</tr>
<tr>
<td><strong>Code Red</strong></td>
<td>Fire, Smoke, or the smell of something burning is observed</td>
</tr>
<tr>
<td><strong>Code Pink</strong></td>
<td>An infant is missing and/or the infant protection alarm has been activated</td>
</tr>
<tr>
<td><strong>Code Amber</strong></td>
<td>Missing Patient or Visitor</td>
</tr>
<tr>
<td><strong>Code Gray</strong></td>
<td>Need for Security Personnel (hostage, combative or civil disturbance)</td>
</tr>
<tr>
<td><strong>Code Black</strong></td>
<td>Bomb Threat</td>
</tr>
<tr>
<td><strong>Code Green Alert</strong></td>
<td>Potential emergency situation exists. Emergency Operations plan on standby</td>
</tr>
<tr>
<td><strong>Code Green Activate</strong></td>
<td>Activation of the Emergency Operations Plan</td>
</tr>
<tr>
<td><strong>Active Shooter</strong></td>
<td>Active Shooter and /or Person with a weapon</td>
</tr>
<tr>
<td><strong>Severe Weather</strong></td>
<td>Severe Weather (watches, warnings and inclement weather)</td>
</tr>
</tbody>
</table>

**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 on to 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:
   o 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.
   o DO NOT place any wheeled equipment in front of, or in contact with, the sliding emergency door on the forward wall.
   o Wheelchairs are ALWAYS to be placed facing Governors Drive, against the forward wall of the tram, with the brakes locked.
   o Stretchers and beds are to be placed with the patient’s feet first, up against the forward wall, with the brakes locked.
   o For ease in achieving the correct position, stretchers, beds, and load hauling equipment should enter the tram car from the rear door.
   o 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. 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:

   o Watch for Signals
      ▪ Verbally expressed anger or frustration
      ▪ Threatening gestures
      ▪ Signs of substance abuse
      ▪ Presence of a weapon

   o 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 options include:
- Management of Aggressive Behavior (8.5 hours)
- Be HH AWARE: Personal Security (2.5 hours)
- Intro to Aware (30 minutes)

VII. Service

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. HCHAPS is also a key component of Value-Based Purchasing.

<table>
<thead>
<tr>
<th>Patient Experience of Care Dimensions</th>
<th>Clinical Care Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nurse Communication</td>
<td>Process Measures:</td>
</tr>
<tr>
<td>2. Doctor Communication</td>
<td>1. AMI-7 Fibrinolytics</td>
</tr>
<tr>
<td>3. Staff Responsiveness</td>
<td>2. IMM-2 Influenza Immunization</td>
</tr>
<tr>
<td>4. Medication Communication</td>
<td>3. PCI-01 Elective Delivery before 39 weeks</td>
</tr>
<tr>
<td>5. Cleanliness &amp; Quietness</td>
<td>Outcome Measures</td>
</tr>
<tr>
<td>6. Transition of Care</td>
<td>1. AMI 30-day Mortality</td>
</tr>
<tr>
<td>7. DC Info</td>
<td>2. HF 30-day Mortality</td>
</tr>
<tr>
<td>8. Overall Rating</td>
<td>3. PN 30-day Mortality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety Measures</th>
<th>Efficiency Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AHRQ PSI-90 Composite</td>
<td>1. MSPB-1 Spending per Beneficiary</td>
</tr>
<tr>
<td>2. CLABSI</td>
<td></td>
</tr>
<tr>
<td>3. CAUTI</td>
<td></td>
</tr>
<tr>
<td>4. Surgical Site Infection: Colon &amp; Hysterectomy</td>
<td></td>
</tr>
<tr>
<td>5. C. diff.</td>
<td></td>
</tr>
<tr>
<td>6. MRSA</td>
<td></td>
</tr>
</tbody>
</table>

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

A. Quality As Core to our Mission

The core Mission of our hospital is "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)
  - Which drive standards of care
  - Every 3 years we are surveyed as an organization
  - A “Code J” is called overhead when The Joint Commission arrives to survey the organization

- Centers for Medicare/ Medicaid (CMS)
  - Which define conditions of participation
  - Which define 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

- ENVIRONMENT OF CARE PRIORITY
  - Consistent System-wide Emergency Codes
    - Code 0 ➤ Announce as “Code Blue” – Cardiac/Respiratory Arrest
    - Code Silver ➤ Announce as “Active Shooter”

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:
D. Safety Event Reporting (RLDatix)

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 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 the RLDatix, 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.

IX. Infection Prevention & Control

A. Infection Prevention & Control Resources

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 above.

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:
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...

X. 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
  - Call x44357 (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 recappping 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)**

### 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 > 101°F**
  - **Flu**
  - **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
  - **Oroabial 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**
  - Call: **Comp1ONE: 532-2777**
  - 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
o Bring the load close to your body
o Let your legs do the lifting
o Don’t twist your body
o 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.fmlasure.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 – for an appointment call 256-265-2600**
  The Employee Assistance Program provides free 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
  - Etcetera

- **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

- **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.

XI. 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 Benefits**
     Support program for parents raising children with learning/behavior challenges or developmental disabilities. For more information call 800-714-9285 or email support@rethinkbenefits.com.
2. Support of Health, Wellness, and Mental Health:
   • **On-site Employee Clinic** – Employee Health – 256-265-8046
   • **Employee Assistance Program** – Marie Hodges – 256-265-2600
     Provides free counselling services to our employees free of charge
   • **HealthWorks 2.0** and **HealthMatters** Wellness programs
     Employer sponsored program, with a full suite of education, incentives, and health management resources
   • **Huntsville Hospital Wellness Centers**
     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 three conveniently located facilities, with courses, equipment, and support to encourage fitness and life balance. Employees can 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.

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**
     - **Ruth B. Camp Scholarship** – HH Employee pursuing a degree in nursing or paramedical field
     - **Olin B. King Scholarship** – HH employee pursuing a MSN, CRNP, or CRNA degree.
     - **Doris V. & Everett C. Mosley Scholarship** – HH employee pursuing a non-clinical degree
     - **Riley-Kirby Scholarship** – HH Food Services employee/ child of an employee pursuing a degree
     - **Robinson – Burton Scholarship** – HH EVS employee/ child of an employee pursuing a degree
     - **Doris V. & Everett C. Mosley Scholarship** – HH employee pursuing a non-clinical degree
     - **Riley-Kirby Scholarship** – HH Food Services employee/ child of an employee pursuing a degree
     - **Robinson – Burton Scholarship** – HH EVS employee/ child of an employee pursuing a degree
   • **Tuition Reimbursement Program**
     Reimbursement for education taken by employees that support hospital roles. Employees are not eligible until after 1 year of service. More details related to this program can be found in Attachment A, the Employee Handbook.

4. Support through discounts and purchasing flexibility:
   • **Employee Discounts** - 20% Cafeteria Discount on select items, 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**
   • **Anniversary Service Awards** – every 5 years

6. Benefits Enrollment
   One of the first steps you need to take as a new employee is to sign up for benefits which you are eligible for in your new job. **You have 30 days from your hire date** to go into the online Self-Service system and enroll in your benefits. You will need a username and password to access “Self-Service” for the enrollment process. New employees will receive an overview of how to log into self-service during General Orientation, the document is called: The Online Resources Overview. If you have difficulty logging in, call the IT Help Desk at (256) 265-7777. For employees with a dependent or spouse that has a different last name, you will need to come to Human Resources and 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 will transfer over. If you have questions please call the Benefits Department.

7. 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 and turn it in to Human Resources. This feature can be started or stopped at any time by calling HR, or clicking the deactivate link.
inside “Custom Applications.” Your ability to purchase using your badge will not be activated until after you receive your first paycheck.

8. Retirement Plans

The organization offers several retirement plan options for employees, which are briefly outlined below. Full time, part time, and PRN employees can participate in these plans.

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

- **401(k) Retirement Plan** – pre-tax contributions
- **Roth 401(k) Plan** – after-tax contributions
- **457(b) Deferred Compensation Plan** – pre-tax contributions

New employees will automatically be enrolled in the 401(k) Plan effective with the pay period that begins after completing 30 days of employment unless you choose to opt out. If you participate, 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 inside Employee Self-Service, or employees can contact Fidelity.

After one year of service and 1,000 paid hours of work have occurred, the hospital will begin making matching contributions to participants’ accounts. The hospital match is 50% of the first 5% you contribute, and is contributed quarterly.

9. HealthWorks

Your wellness and health are important to our team, and as a result the hospital provides a free HealthWorks Program that provides support tools for health awareness and health management. Orientation is a key opportunity to enroll in HealthWorks, and it is the only time to enroll outside of the HealthWorks open enrollment time. Reenrollment is required annually, and HealthWorks open enrollment is the only opportunity you have to enroll each year.

Employees that participate receive the following services:

- A free annual biometric health screening and health risk assessment.
- A $25 bi-monthly discount on your health insurance premium
- Free Wellness Center membership. This benefit is available even if the employee is not enrolled in the Health Plan, but is participating in HealthWorks
- Free health coach services
- Free tobacco cessation classes and resources

*For more information regarding these benefits, call HealthWorks at (256) 265-6288.*

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

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

Enrollment for benefits is available during the first 30 days of employment, during the annual open enrollment period, and if the employee experiences a major 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 5.*
- **Vision Plan Provider**: VSP 1 – (800) 877-7195
  *NOTE: Please see a summary of plan premiums in Addendum 6.*
- **Health Insurance Plans**: Blue Cross & Blue Shield of Alabama 1- (800) 321-4398
  - **PPO Plan (PPO)**
    A Preferred Provider Organization (PPO) is a health care organization composed of physicians, hospitals or
other providers that covers health care services at a reduced fee. Under a PPO plan, care is paid for as it is received instead of in advance in the form of a scheduled fee.

- **High Deductible Plan**
  The High Deductible Plan offers a lower monthly premium than the PPO plan; however you will be at risk for more out-of-pocket expenses.
  
  *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](http://www.alabamablue.com) or by going to the ‘HotList’ 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.alabamablue.com](http://www.alabamablue.com).

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 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 or “PLUS” 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**

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 $2,750 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 enroll annually, during Open Enrollment.
- Up to $550 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 rendered and a deduction made from the payroll check 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**

Employees enrolled in the High Deductible Health Plan are 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 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 and hospital contributions) cannot exceed the limits established by the IRS.
• 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. 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 receive ETO as outlined in the PLUS agreement 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.
## 2020 - 2021 IMPORTANT DATES FOR AUTO ENROLLMENT

### (401(K) Retirement Plan revised 12/2020)

<table>
<thead>
<tr>
<th>Orientation Date</th>
<th>First Pay Check</th>
<th>Form Due Date*</th>
<th>Pay period Start</th>
<th>1st Deduction Paycheck Date</th>
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<td>*June 7</td>
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<td>January 13, 2022</td>
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*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.

* 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.
**About Your Benefits:**

**Medical Plan Comparison**

**Reminder!**

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

<table>
<thead>
<tr>
<th></th>
<th>BCBS TRADITIONAL PPO</th>
<th>BCBS HDHP WITH HSA</th>
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</thead>
<tbody>
<tr>
<td>Both Plans provide benefits through a group of contracted providers (Network Providers) who are defined as either HH Health System, Lawrence Medical Center, Med-South, Inc. or Blue Cross Blue Shield Preferred Providers.</td>
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<tr>
<td><strong>HH Health System:</strong> Athens-Limestone Hospital, Bradford Health Services, Decatur Morgan Hospital, Encompass (formerly HealthSouth Rehab Hospital of North Alabama), Helen Keller Hospital, Hospice Family Care, Hospice of the Valley, Hospice of Limestone County, Huntsville Hospital, Huntsville Hospital for Women and Children, Madison Hospital, Marshall Medical Centers, Red Bay Hospital, Surgery Center of Decatur, The Surgery Center of Huntsville, Lincoln Medical Center, HGA Home Medical Equipment, LLC, Sumner (Rehabilitation Services only), Drayer Therapy providers on the Athens-Limestone Hospital campus.</td>
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<td><strong>Calendar Year Deductible</strong></td>
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<tr>
<td>Individual</td>
<td>$500 per individual per calendar year</td>
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<td>Family</td>
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<td><strong>Calendar Year Out-of-Pocket Maximum</strong></td>
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<td>Medical – Includes deductible</td>
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<tr>
<td>Individual</td>
<td>$5,400</td>
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<td>Family</td>
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<td>Pharmacy</td>
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<tr>
<td>Individual</td>
<td>$2,500</td>
<td>Pharmacy expenses apply to the Medical OOP Maximum shown above</td>
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<td>Family</td>
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<td><strong>Copay/Coinsurance</strong></td>
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<tr>
<td>Routine Immunizations/ Preventive Services</td>
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<td>Plan pays 100%</td>
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<td>Office Visit</td>
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<td>Medical Emergency &amp; Accident Injury</td>
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<td><strong>Inpatient Hospital Copay/Coinsurance</strong></td>
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<td>HH Health System</td>
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<tr>
<td>Lawrence Medical Centers</td>
<td>$500/admission and 20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>$2,500/admission and 30% coinsurance</td>
<td>30%*</td>
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<tr>
<td><strong>Robotic Surgery (Gallbladder, Hernia Repair and Tonsillectomy)</strong></td>
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<td>BCBS Preferred Providers</td>
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<td><strong>Outpatient Hospital Copay</strong></td>
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<td>HH Health System</td>
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<td>BCBS Preferred Providers</td>
<td>$500/procedure and 30% coinsurance</td>
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*The coinsurance or copay amounts you pay after the calendar year deductible.*
### Non-Medical Emergency or Non-Accidental Injury Treatment Rendered in the Emergency Room

<table>
<thead>
<tr>
<th></th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
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<tbody>
<tr>
<td>HH Health System</td>
<td>$75 copay</td>
<td>10%*</td>
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<tr>
<td>Lawrence Medical Centers</td>
<td>$200 copay and 20% coinsurance</td>
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<td>BCBS Preferred Providers</td>
<td>$500 copay and 30% coinsurance</td>
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### Urgent Care Facility

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<tr>
<td>HH Health System</td>
<td>$75 copay</td>
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<td>Lawrence Medical Centers</td>
<td>$75 copay and 20% coinsurance</td>
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<tr>
<td>BCBS Preferred Providers</td>
<td>$75 copay and 30% coinsurance</td>
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### Outpatient Diagnostic X-ray Facility Services

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<tr>
<td>Lawrence Medical Centers</td>
<td>20% coinsurance</td>
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</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
</tbody>
</table>

### Diagnostic Mammograms & Diagnostic Colonoscopies

<table>
<thead>
<tr>
<th></th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System</td>
<td>$150 copay</td>
<td>10%*</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
<td>$200 copay and 20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>$500 copay and 30% coinsurance</td>
<td>30%*</td>
</tr>
</tbody>
</table>

### Outpatient MRI, CAT Scan, PET Scan, Cardiac Cath, or Nuclear Medicine Facility Services

<table>
<thead>
<tr>
<th></th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System</td>
<td>$100 copay</td>
<td>10%*</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
<td>$150 copay and 20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>$200 copay and 30% coinsurance</td>
<td>30%*</td>
</tr>
</tbody>
</table>

### Outpatient Diagnostic Lab and Pathology Facility Services

<table>
<thead>
<tr>
<th></th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System</td>
<td>100% covered</td>
<td>10%*</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
<td>20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
</tbody>
</table>

### Outpatient Infusion Services (includes Home Infusion)

<table>
<thead>
<tr>
<th></th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System</td>
<td>Plan pays 100%</td>
<td>10%*</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
<td>20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
</tbody>
</table>

### Chemotherapy/Radiation Therapy and Outpatient Hemodialysis

<table>
<thead>
<tr>
<th></th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System</td>
<td>Plan pays 100%</td>
<td>10%*</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
<td>20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
</tbody>
</table>

*The coinsurance or copay amounts you pay after the calendar year deductible.
Both Plans provide benefits through a group of contracted providers (Network Providers) who are defined as either HH Health System, Lawrence Medical Center, Med-South, Inc. or Blue Cross Blue Shield Preferred Providers.

### Robotic Surgery (Gallbladder, Hernia Repair and Tonsillectomy)

<table>
<thead>
<tr>
<th>Provider</th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System</td>
<td>$250 copay</td>
<td>15%*</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
<td>$300 copay and 20% coinsurance</td>
<td>25%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>$600 copay and 30% coinsurance</td>
<td>35%*</td>
</tr>
</tbody>
</table>

### Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services

<table>
<thead>
<tr>
<th>Provider</th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decatur Morgan West/Bradford Health</td>
<td>$25 copay</td>
<td>10%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>$25 copay</td>
<td>10%*</td>
</tr>
</tbody>
</table>

### Other Physician Services

<table>
<thead>
<tr>
<th>Service</th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Physician Fees</td>
<td>Plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>Surgery and Anesthesia</td>
<td>After deductible, plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>Inpatient Visits &amp; Consultations</td>
<td>Plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>Diagnostic Lab and X-Ray Professional Services</td>
<td>Plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>Radiation and Chemotherapy</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
<tr>
<td>Hemodialysis</td>
<td>Plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>Diagnostic Mammograms &amp; Diagnostic Colonoscopies</td>
<td>After deductible, plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>MRI, CAT Scan, PET Scan, Cardiac Cath, or Nuclear Medicine (Physician’s Office)</td>
<td>$200 copay and 30% coinsurance</td>
<td>30%*</td>
</tr>
<tr>
<td>Infusion Services (includes Home infusion)</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
<tr>
<td>Diagnostic Infertility Testing</td>
<td>$40 copay and 20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>Maternity</td>
<td>After deductible, plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>Alliance Cancer Center Physician Services</td>
<td>Plan pays 100%</td>
<td>10%*</td>
</tr>
<tr>
<td>Applied Behavioral Analysis (ABA) Therapy</td>
<td>$40 copay</td>
<td>20%*</td>
</tr>
</tbody>
</table>

### Additional Preventive Services (When Necessary)

<table>
<thead>
<tr>
<th>Service</th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinalysis</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Complete Blood Count</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>EKG</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Lipid Panel</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>CA125</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Chest X-Ray</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Routine OB/GYN visit (Age 7 &amp; older)</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>ACA frequency limits will apply</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
</tbody>
</table>

*The coinsurance or copay amounts you pay after the calendar year deductible.
Both Plans provide benefits through a group of contracted providers (Network Providers) who are defined as either HH Health System, Lawrence Medical Center, Med-South, Inc. or Blue Cross Blue Shield Preferred Providers.

<table>
<thead>
<tr>
<th>Durable Medical Equipment</th>
<th>BCBS Traditional PPO</th>
<th>BCBS HDHP with HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGA Home Equipment</td>
<td>20% coinsurance</td>
<td>10%*</td>
</tr>
<tr>
<td>Med-South</td>
<td>25% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
</tbody>
</table>

Rehabilitative Occupational, Physical and Speech Therapy

<table>
<thead>
<tr>
<th>Limit to 30 visits per member per calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System &amp; Drayer Providers on the ALH Campus</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
</tr>
<tr>
<td>BCBS Preferred Providers</td>
</tr>
</tbody>
</table>

Habilitative Occupational, Physical and Speech Therapy

<table>
<thead>
<tr>
<th>Limit to 30 visits per member per calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System &amp; Drayer Providers on the ALH Campus</td>
</tr>
<tr>
<td>Lawrence Medical Centers</td>
</tr>
</tbody>
</table>

Other Covered Services

<table>
<thead>
<tr>
<th>Allergy Testing &amp; Treatment</th>
<th>$40 copay</th>
<th>20%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>Diabetic Shoes</td>
<td>30% coinsurance</td>
<td>30%*</td>
</tr>
<tr>
<td>Wig or Hair Prosthesis</td>
<td>Plan pays 100%</td>
<td>20%*</td>
</tr>
<tr>
<td>Participating Chiropractor Services</td>
<td>20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>Hearing Exam, Testing and Hearing Aids</td>
<td>20% coinsurance</td>
<td>20%*</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$150 copay/admission</td>
<td>10%*</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>$150 copay/episode</td>
<td>10%*</td>
</tr>
<tr>
<td>Impacted Wisdom Teeth &amp; Anesthesia</td>
<td>$40 copay*</td>
<td>20%*</td>
</tr>
</tbody>
</table>

*The coinsurance or copay amounts you pay after the calendar year deductible.*
Both Plans provide benefits through a group of contracted providers (Network Providers) who are defined as either HH Health System, Lawrence Medical Center, Med-South, Inc. or Blue Cross Blue Shield Preferred Providers.

### Preferred Home Health Care
- Plan pays 100%
- 10%*

### Preferred Hospice Care
- Limited to 30 days per calendar year
- HH Health System
- Plan pays 100%
- 10%*
- Lawrence Medical Centers
- 20% coinsurance
- 20%*
- BCBS Preferred Providers
- 30% coinsurance
- 30%*

### Pharmacy Copay

<table>
<thead>
<tr>
<th>HSA Preventive Drugs</th>
<th>Not Applicable</th>
<th>For preventive medications included on the NetResults HSA Preventive Drug List, the HDHP pays 100% even if you have not met your deductible. Non-preventive medications are subject to the calendar year deductible* and copay/coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Health System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network Tier 1 drugs</td>
<td>$10 copay</td>
<td>$10 copay*</td>
</tr>
<tr>
<td>Tier 2 drugs</td>
<td>$30 copay</td>
<td>$30 copay*</td>
</tr>
<tr>
<td>Tier 3 drugs</td>
<td>$45 copay</td>
<td>$45 copay*</td>
</tr>
<tr>
<td>Tier 4 (Specialty) drugs</td>
<td>10% coinsurance</td>
<td>10% coinsurance*</td>
</tr>
<tr>
<td>Prime ValueOne Network Participating Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 drugs</td>
<td>$15 copay</td>
<td>$15 copay*</td>
</tr>
<tr>
<td>Tier 2 drugs</td>
<td>$45 copay</td>
<td>$45 copay*</td>
</tr>
<tr>
<td>Tier 3 drugs</td>
<td>$60 copay</td>
<td>$60 copay*</td>
</tr>
<tr>
<td>Tier 4 (Specialty) drugs</td>
<td>20% coinsurance</td>
<td>20% coinsurance*</td>
</tr>
</tbody>
</table>

*The coinsurance or copay amounts you pay after the calendar year deductible.

Generic prescription medications are mandatory and may be classified at any Tier.

If generic is available and brand name is selected, member will be responsible for the difference in price plus the brand copay, unless the physician indicates, dispense as written. If the physician indicates dispense as written only the brand name copay will apply.

(Tier 4) specialty drugs are limited to 30 day supply and are only available through the HH Health System Network to include HH Mail Order Pharmacy. View the Specialty Drug Lists at [AlabamaBlue.com/SelfAdministeredSpecialtyDrugList](http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList) and [AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList](http://AlabamaBlue.com/ProviderAdministeredSpecialtyDrugList)

Any injectable medicine purchased at the pharmacy and administered in a provider’s office is subject to 80% of the allowed amount after the 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 can be obtained in Human Resources.
Addendum 3
Page 1 of 3

HEALTH SAVINGS ACCOUNT ELIGIBILITY & CONTRIBUTION WORKSHEET

**Purpose:** Use this form to verify your eligibility for an HSA and determine the amount you may contribute. You are responsible for properly determining your eligibility and contribution amount. This worksheet is simply a tool to aid you in that effort. If you have any questions, please consult with your tax or legal counsel.

1. **HSA Eligibility**
   You must answer “True” to each of the following in order to be eligible for an HSA. See definitions on next page for help.
   - a. I am covered under an HDHP
   - b. I am not covered by another non-HDHP health plan other than “permitted insurance” (including my spouse’s health FSA plan).
   - c. I am not enrolled in Medicare (age 65)
   - d. I am not a dependent on another person’s tax return

2. **Contribution Amount**
   Use the table below to determine your amount.

<table>
<thead>
<tr>
<th>Contribution Worksheet</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Catch Up* if Age 55-65 + $1,000 (2021)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Total (add Federal Limit plus Catch-Up)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Subtract Annual Employer HSA Contributions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Issues Impacting Contribution Amounts.** A number of issues potentially affect the amount of your HSA contribution.

A. **Less Than Full Year Eligibility – Eligible on December 1.** If you become eligible for an HSA sometime during the year, rather than on January 1, you can still contribute and deduct the full amount of the Federal Limit above if you remained eligible on December 1 of that year (this assumes you are a calendar year taxpayer and this rule applies even if your first day of eligibility was December 1). However, if you fail to maintain your eligibility for a testing period then the amount you contributed under this rule is subject to taxation and a 10% penalty (except in the case of disability or death). The testing period is the period beginning in the last month of the taxable year (generally December 1) and ending on the last day of the 12th month following such month (generally December 31 of the next year).

B. **Less Than Full Year Eligibility – Not Eligible on December 1.** If you are not eligible for the HSA in all months of the year and are not eligible on December 1, a different rule applies. You must apply the Sum of the Months rule to determine the maximum amount of your HSA contribution. The Sum of the Months calculation requires you to determine your eligibility month-by-month and only contribute a pro-rata amount of the maximum federal HSA limit.

C. **Multiple HSAs.** The total contribution amount may be split among multiple HSAs. For family coverage, the amount may be split between eligible spouses’ HSAs.

D. **IRA to HSA Transfers.** You are allowed a one-time transfer of funds from your Individual Retirement Account into your HSA. This is limited to the amount you are eligible to contribute for the year and counts against that contribution (i.e. you cannot put in more than the Federal Limit counting any IRA transfer). You cannot deduct the amount transferred from an IRA to an HSA; however, the amount taken from the IRA is not taxable as a distribution from IRA.

*Catch-Up Contributions.** For individuals (and their spouses covered under the HDHP) age 55 and over, the HSA contribution limit is increased by $1,000. If both you and your spouse are age 55 or over and not enrolled in Medicare, you each get a catch-up. You cannot contribute more than $8,200 ($7,200+$1,000) into one HSA for 2021. Catch-up contributions should be made into each spouses’ respective HSA.

**Employer Contributions. Caution:** Employer contributions made to your HSA on a pre-tax basis count towards your total contribution amount but may not be deductible from your personal income.

<table>
<thead>
<tr>
<th>HH Health System HSA Seed</th>
<th>Employee Only</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Employer Contribution (funded in quarterly installments)</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>
3. **Open Your HSA Account**

Contact Fidelity to open your HSA account.

**Definitions and Instructions**

1. **HDHP Defined.** If you are enrolled in the HH Health System HDHP, you are covered by an HSA qualified HDHP. Generally, an HDHP is a health plan that satisfies certain requirements with respect to deductibles and out-of-pocket expenses.

   a) **Self-only coverage.** Specifically, for self-only coverage, an HDHP has an annual deductible of at least $1,400 (2021) and annual out-of-pocket expenses required to be paid (deductibles, co-payments and other amounts, but not premiums) not exceeding $7,000 (2021 limit).

   b) **Family coverage.** For family coverage, an HDHP has an annual deductible of at least $2,800 (2021) and annual out of pocket expenses required to be paid not exceeding $14,000 (2021 limit). In the case of family coverage, a plan is an HDHP only if, under the terms of the plan and without regard to which family member or members incur expenses, no amounts are payable from the HDHP until the family has incurred annual covered medical expenses in excess of the minimum annual deductible. Amounts are indexed for inflation.

   c) **Preventive care.** A plan does not fail to qualify as an HDHP merely because it does not have a deductible (or has a small deductible) for preventive care (e.g., first dollar coverage for preventive care).

   d) **Permitted insurance defined.** If you are covered under a HDHP, you are not allowed to also be covered under another health plan, other than certain “Permitted” types of insurance. Permitted insurance is insurance under which substantially all of the coverage provided relates to liabilities incurred under workers’ compensation laws, tort liabilities, liabilities relating to ownership or use of property (e.g., automobile insurance), insurance for a specified disease or illness, and insurance that pays a fixed amount per day (or other period) of hospitalization. In addition to permitted insurance, an individual does not fail to be eligible for an HSA merely because, in addition to an HDHP, the individual has coverage (whether provided through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care. If a plan that is intended to be an HDHP is one in which substantially all of the coverage of the plan is through permitted insurance or other coverage as described in this answer, it is not an HDHP. You are covered by another health plan if you are covered under a health Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) unless it’s a Limited Purpose FSA or HRA (other exceptions apply). You are also considered covered under another health plan if your spouse is covered under a FSA or HRA and can use the funds for your expenses.

2. **Sum of the Months Calculation.** Use this chart if you were not eligible for an HSA for the entire year and will not be eligible on December 1st of the year; or, if you change from Family to Single Coverage in the middle of the year and need to determine your adjusted maximum contribution limit based on the # of months you were enrolled in Family coverage and the # of remaining months you will be enrolled in Single coverage under a qualifying health plan.

   **Example.** Christopher is covered by a self-only HDHP and eligible for an HSA in 2021 but turns 65 on August 14, 2021, and enrolls in Medicare. Christopher is no longer eligible for an HSA as of August 1, 2021. For 2021, Christopher was eligible for 7 months of the year. The federal HSA limit for Jim is $4,600 ($3,600 single limit plus a $1,000 catch-up). Accordingly, Jim’s calculation is 7/12 X $4,600=$2,683. Christopher’s maximum contribution for 2021 is $2,683. The chart below assists in the calculation.

<table>
<thead>
<tr>
<th>Sum of the Months Contribution Worksheet</th>
<th>Individual</th>
<th>Family</th>
<th>Total Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Federal Limit (Choose individual or family column based on whether you have self-only or family HDHP coverage.)</td>
<td>$3,600 (2021)</td>
<td>$7,200 (2021)</td>
<td></td>
</tr>
<tr>
<td>B Catch-Up Contribution – Add $1,000 if over 55¹</td>
<td>$1,000</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>C Add A +B = Total Federal Limit</td>
<td>$4,600</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>D Divide C by 12 = Monthly Contribution Eligibility</td>
<td>$383.33</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>E Insert # of Months you were eligible for an HSA in the Year²</td>
<td>7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>F Multiply D x E = Total Eligible Amount Based on Sum of the Months</td>
<td>$2,683</td>
<td>$0</td>
<td>$2,683</td>
</tr>
</tbody>
</table>

¹ If both you and your spouse are age 55 or over, HSA eligible and not enrolled in Medicare, you each get a catch-up contribution. You cannot contribute two catch-up contributions into the same HSA, you must make the contributions into each spouse’s respective HSA.

² HSA contribution amounts are determined on a monthly basis and then aggregated. To determine how much you may contribute, you must determine the number of months you were covered by a HDHP and otherwise eligible. Count months that you were eligible based on your eligibility as of the first day of that month.
4. **Your Worksheet.** Contact Fidelity to open your HSA account.

**Special Instructions for employees with Mid-Year Election Changes**

If you change from Family to Single Coverage in the middle of the year and need to determine your adjusted maximum contribution limit, fill in the worksheet for both Individual and Family based on the # of months you were enrolled in both coverages. Then, add the total eligible amounts in “Row F” to calculate your new maximum contribution limit for the HSA calendar year.

<table>
<thead>
<tr>
<th>Sum of the Months Contribution Worksheet</th>
<th>Individual</th>
<th>Family</th>
<th>Total Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Federal Limit (Choose individual or family column based on whether you have self-only or family HDHP coverage.)</td>
<td>$3,600 (2021)</td>
<td>$7,200 (2021)</td>
<td></td>
</tr>
<tr>
<td><strong>B</strong> Catch-Up Contribution – Add $1,000 if over 55¹</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C</strong> Add A +B = Total Federal Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D</strong> Divide C by 12 = Monthly Contribution Eligibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E</strong> Insert # of Months you were eligible for an HSA in the Year²</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F</strong> Multiply D x E = Total Eligible Amount Based on Sum of the Months</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ If both you and your spouse are age 55 or over, HSA eligible and not enrolled in Medicare, you each get a catch-up contribution. You cannot contribute two catch-up contributions into the same HSA, you must make the contributions into each spouse’s respective HSA.

² HSA contribution amounts are determined on a monthly basis and then aggregated. To determine how much you may contribute, you must determine the number of months you were covered by a HDHP and otherwise eligible. Count months that you were eligible based on your eligibility as of the first day of that month.
Addendum 4

HUNTSVILLE HOSPITAL EMPLOYEE - HEALTH INSURANCE PREMIUMS FOR PLANS
Effective January 1, 2021
Below is the premium you will pay if you elect to participate in HH's wellness plan, HealthWorks 2.0.

Medical/Prescription Drug Premiums for FT/PT Employees with Salaries > $13.00/hour

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$80.00</td>
<td>$160.00</td>
<td>$31.00</td>
<td>$62.00</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$139.50</td>
<td>$279.00</td>
<td>$56.00</td>
<td>$112.00</td>
</tr>
<tr>
<td>Full Family</td>
<td>$223.50</td>
<td>$447.00</td>
<td>$88.00</td>
<td>$176.00</td>
</tr>
</tbody>
</table>

Medical/Prescription Drug Premiums for FT/PT Employees with Salaries <$13.00/hour

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$70.00</td>
<td>$140.00</td>
<td>$25.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$119.50</td>
<td>$239.00</td>
<td>$45.50</td>
<td>$91.00</td>
</tr>
<tr>
<td>Full Family</td>
<td>$180.00</td>
<td>$360.00</td>
<td>$74.00</td>
<td>$148.00</td>
</tr>
</tbody>
</table>

Medical/Prescription Drug Premiums for Employee PLUS with Salaries > $13.00/hour

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$115.00</td>
<td>$230.00</td>
<td>$59.00</td>
<td>$118.00</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$188.50</td>
<td>$377.00</td>
<td>$99.00</td>
<td>$198.00</td>
</tr>
<tr>
<td>Full Family</td>
<td>$276.50</td>
<td>$553.00</td>
<td>$157.50</td>
<td>$315.00</td>
</tr>
</tbody>
</table>

Medical/Prescription Drug Premiums for Employee PLUS with Salaries < $13.00/hour

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$95.00</td>
<td>$190.00</td>
<td>$47.50</td>
<td>$95.00</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$160.00</td>
<td>$320.00</td>
<td>$79.50</td>
<td>$159.00</td>
</tr>
<tr>
<td>Full Family</td>
<td>$256.00</td>
<td>$512.00</td>
<td>$131.50</td>
<td>$263.00</td>
</tr>
</tbody>
</table>

Dental Premiums

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Bi-Monthly Employee Paid Premium</th>
<th>Monthly Employee Paid Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$14.97</td>
<td>$29.94</td>
</tr>
<tr>
<td>Full Family</td>
<td>$36.39</td>
<td>$72.77</td>
</tr>
</tbody>
</table>

Vision Premiums

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Bi-Monthly Employee Paid Premium</th>
<th>Monthly Employee Paid Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$5.16</td>
<td>$10.32</td>
</tr>
<tr>
<td>Full Family</td>
<td>$14.26</td>
<td>$28.52</td>
</tr>
</tbody>
</table>

Non HealthWorks Participant Surcharge
Non HealthWorks Participants: If you elect not to participate in HealthWorks 2.0, you will see a $25 bi-monthly health premium surcharge added to the health insurance premium.

Tobacco Surcharge
A Tobacco Surcharge of $25 per pay period will be added for you and/or your spouse if tobacco products have been used within the 90 days prior to enrolling in health insurance. 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. This can be waived if you and/or your spouse furnish proof that you have completed one of the HealthWorks 2.0 Smoking Cessation programs.
Addendum 5
Page 1 of 3

Huntsville Hospital Health System
Dental Highlight Sheet

Dental Plan Summary

<table>
<thead>
<tr>
<th>Plan Benefit</th>
<th>100%</th>
<th>80%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
<th>$50/Calendar year Type 2 &amp; 3 Waived Type 1 $150/family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum (per person)</td>
<td>$1,250 per calendar year 80th Usual &amp; Customary</td>
</tr>
<tr>
<td>Allowance</td>
<td>80th Usual &amp; Customary</td>
</tr>
<tr>
<td>Dental Rewards*</td>
<td>Included</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
</tr>
<tr>
<td>Annual Open Enrollment</td>
<td>Included</td>
</tr>
</tbody>
</table>

ORTHODONTIA SUMMARY – ADULT & CHILD COVERAGE

<table>
<thead>
<tr>
<th>Allowance</th>
<th>Usual &amp; Customary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Benefit</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime Maximum (per person)</td>
<td>$1,250</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
</tr>
</tbody>
</table>

SAMPLE PROCEDURE LISTING *(Current Dental Terminology© American Dental Association.)*

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Exam (2 per benefit period)</td>
<td>Restorative Amalgams</td>
<td>Onlays</td>
</tr>
<tr>
<td>Bitewing X-rays (2 per benefit period)</td>
<td>Restorative Composites</td>
<td>Crowns (1 in 5 years per tooth)</td>
</tr>
<tr>
<td>Full Mouth/Panoramic X-rays (1 in 3 years)</td>
<td>Denture Repair</td>
<td>Crown Repair</td>
</tr>
<tr>
<td>Periapical X-rays</td>
<td>Simple Extractions</td>
<td>Endodontics (nonsurgical)</td>
</tr>
<tr>
<td>Cleaning (2 per benefit period)</td>
<td>Complex Extractions</td>
<td>Endodontics (surgical)</td>
</tr>
<tr>
<td>Fluoride for Children 18 &amp; under (1 per benefit period)</td>
<td>Anesthesia</td>
<td>Periodontics (nonsurgical)</td>
</tr>
<tr>
<td>Sealants (age 16 and under)</td>
<td></td>
<td>Periodontics (surgical)</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td></td>
<td>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</td>
</tr>
</tbody>
</table>

*Plan benefit amounts are based on Usual and Customary Charges

BI-MONTHLY PREMIUMS PER PAY PERIOD *(based on 24 pay periods)*

<table>
<thead>
<tr>
<th>Employee Only (EE)</th>
<th>$14.97</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE + Family</td>
<td>$36.39</td>
</tr>
</tbody>
</table>

www.Ameritas.com
(800) 487-5553
Ameritas Information

We're Here to Help
This plan was designed specifically for the associates of The Healthcare Authority of the City of Huntsville dba HH Health System. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn’t submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

<table>
<thead>
<tr>
<th>Benefit Threshold</th>
<th>$500</th>
<th>Dental benefits received for the year cannot exceed this amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Carryover Amount</td>
<td>$250</td>
<td>Dental Rewards amount is added to the following year's maximum</td>
</tr>
<tr>
<td>Annual PPO Bonus</td>
<td>$100</td>
<td>Additional bonus is earned if the member sees a network provider</td>
</tr>
<tr>
<td>Maximum Carryover</td>
<td>$1,000</td>
<td>Maximum possible accumulation for Dental Rewards and PPO Bonus combined</td>
</tr>
</tbody>
</table>

Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it’s best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.
Is there someone in your life who suffers from hearing loss?

Give them, or yourself, the gift of hearing.

Most people with hearing loss are concerned about the price of hearing aids and they wait years before seeking a solution.

At only **$499 per ear when you purchase a pair**, iHear is more affordable than most other hearing aids and so small it’s practically invisible. You don’t need to visit an audiologist. Simply order your iHearTest kit online, and once you’ve taken the test from the convenience of your home, order your hearing aid online. Learn more about how to order a device.

For your convenience, iHear will pre-program your hearing aid for free. You can send in your audiogram, take the iHearTest, and a licensed professional will program your device so it’s sent to your door, ready to be used.

**SoundCare® helps cover the cost**

Your Ameritas SoundCare® plan features hearing exam, materials and maintenance benefits. With this plan, you have the freedom to choose any provider, select services online, and enjoy options for hearing services and devices at a reduced cost.

SoundCare® coverage makes the iHearTest kit, iHear devices, programming kits and maintenance items, such as batteries, even more affordable. **Be sure to check your plan provisions for coverage conditions.**

If you have questions about iHear, call 844-IHEAR11 (844-443-2711). For questions about your plan coverage, call 877-359-8346. To submit a claim, use the form from your hearing care professional, or use the SoundCare® claim form on the Dental, Vision and Hearing forms page on ameritas.com. You can also find claim forms in your secure member account.

Order your iHear device today at ameritas.com/listen. Enter the code AM10 at checkout to receive 10% off and free shipping.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Ameritas, the bison design, “fulfilling life” and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2018 Ameritas Mutual Holding Company.

GR 6959 7-18
SEE HEALTHY AND LIVE HAPPY WITH HELP FROM HUNTSVILLE HOSPITAL AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.
Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.
It’s easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations – including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

QUALITY VISION CARE YOU NEED.
You’ll get great care from VSP network doctor, including WellVision® Exam – a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA $20 + UP TO 40%
TO SPEND ON FEATURED FRAME BRANDS*

SAVINGS ON LENS ENHANCEMENTS

*See more brands at vsp.com/offers

Using your benefit is easy!
Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who’s right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Enroll today.
Contact us: 800.877.7195 or vsp.com
YOUR VSP VISION BENEFITS SUMMARY
HUNTSVILLE HOSPITAL and VSP provide you with an affordable vision plans.

PROVIDER NETWORK:
VSP Choice
EFFECTIVE DATE:
01/01/2021

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLVISION EXAM</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$20</td>
<td>Every calendar year*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIPTION GLASSES</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRAME+</td>
<td>$200 allowance for a wide selection of frames</td>
<td>See frames &amp; lenses.</td>
</tr>
<tr>
<td></td>
<td>$220 allowance for featured frame brands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$110 Walmart®/ Sam’s Club®/ Costco® frame allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% savings on the amount over your allowance</td>
<td>Included in Prescription Glasses</td>
</tr>
<tr>
<td>LENSES</td>
<td>Included in Prescription Glasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>Impact-resistant lenses for dependent children</td>
<td></td>
</tr>
<tr>
<td>LENS ENHANCEMENTS</td>
<td>$0</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>Standard progressive lenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Premium progressive lenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Custom progressive lenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-Reflective coating</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average savings of 20-25% on other lens enhancements</td>
<td></td>
</tr>
<tr>
<td>CONTACTS (INSTEAD OF GLASSES)</td>
<td>Up to $60</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td>DIABETIC EYECARE PLUS PROGRAMSM</td>
<td>$0</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Retinal screening for members with diabetes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with medical coverage may apply.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ask your VSP doctor for details.</td>
<td></td>
</tr>
</tbody>
</table>

EXTRA SAVINGS
- Glasses and Sunglasses
  - Extra $20 to spend on featured frame brands. Go to vsp.com/offers 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 facilities.

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

- Exam up to $45
- Frame up to $70
- Single Vision Lenses up to $30
- Lined Bifocal lenses up to $50
- Lined Trifocal lenses up to $65
- Progressive Lenses up to $50
- Contacts up to $105

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions Plan Benefits are not available at Walmart, Sam’s Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to vsp.com to find in-network provider based on your plan type.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor’s retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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Addendum 7

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, 2020. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – Medicaid</th>
<th>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a></td>
<td>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
</tr>
<tr>
<td>Phone: 1-855-692-5447</td>
<td>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</td>
</tr>
<tr>
<td></td>
<td>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-planplus">https://www.colorado.gov/pacific/hcpf/child-health-planplus</a></td>
</tr>
<tr>
<td></td>
<td>Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/healthinsurance-buy-program">https://www.colorado.gov/pacific/hcpf/healthinsurance-buy-program</a></td>
</tr>
<tr>
<td></td>
<td>HIBI Customer Service: 1-855-692-6442</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALASKA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-866-251-4861</td>
<td>Phone: 1-877-357-3268</td>
</tr>
<tr>
<td>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
<td>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ARKANSAS – Medicaid</th>
<th>GEORGIA – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></td>
<td>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></td>
</tr>
<tr>
<td>Phone: 1-855-MyARHIPP (855-692-7447)</td>
<td>Phone: 678-564-1162 ext 2131</td>
</tr>
<tr>
<td>State</td>
<td>Program/Website/Contact Information</td>
</tr>
<tr>
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</table>
| California            | Medicaid Website: [https://www.dhcs.ca.gov/services/Pages/TPLRD_CA AU_cont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CA AU_cont.aspx)  
                      | Phone: 1-800-541-5555                                                                                  |
| Indiana               | Healthy Indiana Plan for low-income adults 19-64  
                      | Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)  
                      | Phone: 1-877-438-4479                                                                                  |
|                       | All other Medicaid  
                      | Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)  
                      | Phone: 1-800-457-4584                                                                                  |
| Iowa                  | Medicaid Website: [https://dhs.iowa.gov/ime/members](https://dhs.iowa.gov/ime/members)  
                      | Medicaid Phone: 1-800-338-8366  
                      | Hawki Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki)  
                      | Hawki Phone: 1-800-257-8563                                                                             |
| Montana               | Medicaid Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
                      | Phone: 1-800-694-3084                                                                                  |
| Kentucky              | Medicaid Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
                      | Phone: 1-855-459-6328                                                                                  |
|                       | Email: KIHIPP.PROGRAM@ky.gov                                                                         |
|                       | KCHIP Website: [https://kidshealth.ky.gov/Pages/index.aspx](https://kidshealth.ky.gov/Pages/index.aspx)  
                      | Phone: 1-877-524-4718                                                                                  |
|                       | Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov)                                |
| Louisiana             | Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
                      | Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)                                   |
| New Hampshire         | Website: [https://www.dhhs.nh.gov/oii/hipp.htm](https://www.dhhs.nh.gov/oii/hipp.htm)  
                      | Phone: 603-271-5218  
                      | Toll free number for the HIPP program: 1-800-852-3345, ext 5218                                        |
| Maine                 | Enrollment Website: [https://www.maine.gov/dhhs/ofi/applications-forms](https://www.maine.gov/dhhs/ofi/applications-forms)  
                      | Phone: 1-800-442-6003                                                                                  |
|                       | TTY: Maine relay 711                                                                                 |
                      | Phone: 800-977-6740.                                                                                  |
|                       | TTY: Maine relay 711                                                                                 |
| Massachusetts         | Medicaid Website: [https://www.mass.gov/eohhs/gov/departments/masshealth/](https://www.mass.gov/eohhs/gov/departments/masshealth/)  
                      | Phone: 1-800-541-2831                                                                                  |
| New York              | Medicaid Website: [http://www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  
                      | Medicaid Phone: 609-631-2392  
                      | CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
                      | CHIP Phone: 1-800-701-0710                                                                             |
                      | Phone: 1-800-657-3739                                                                                  |
| North Carolina        | Medicaid Website: [https://medicaid.ncdhhs.gov/](https://medicaid.ncdhhs.gov/)  
<pre><code>                  | Phone: 919-855-4100                                                                                     |
</code></pre>
<table>
<thead>
<tr>
<th>MISSOURI – Medicaid</th>
<th>NORTH DAKOTA – Medicaid</th>
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<tbody>
<tr>
<td>Phone: 573-751-2005</td>
<td>Phone: 1-844-854-4825</td>
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<tr>
<th>OKLAHOMA – Medicaid and CHIP</th>
<th>UTAH – Medicaid and CHIP</th>
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<tbody>
<tr>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></td>
</tr>
<tr>
<td>Phone: 1-888-365-3742</td>
<td>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></td>
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<td></td>
<td>Phone: 1-877-543-7669</td>
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<tr>
<th>OREGON – Medicaid</th>
<th>VERMONT - Medicaid</th>
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<tr>
<td>Phone: 1-800-699-9075</td>
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<tr>
<th>PENNSYLVANIA – Medicaid</th>
<th>VIRGINIA- Medicaid and CHIP</th>
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<tr>
<td>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx</a></td>
<td>Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a></td>
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<tr>
<td>Phone: 1-800-692-7462</td>
<td>Medicaid Phone: 1-800-432-5924</td>
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<tr>
<th>RHODE ISLAND – Medicaid and CHIP</th>
<th>WASHINGTON - Medicaid</th>
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<tr>
<td>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
</tr>
<tr>
<td>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</td>
<td>Phone: 1-800-562-3022</td>
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<tr>
<th>SOUTH CAROLINA – Medicaid</th>
<th>WEST VIRGINIA – Medicaid</th>
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<tbody>
<tr>
<td>Phone: 1-888-549-0820</td>
<td>Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)</td>
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<tr>
<th>SOUTH DAKOTA – Medicaid</th>
<th>WISCONSIN – Medicaid and CHIP</th>
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<tr>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></td>
</tr>
<tr>
<td>Phone: 1-888-828-0059</td>
<td>Phone: 1-800-362-3002</td>
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<tr>
<th>TEXAS - Medicaid</th>
<th>WYOMING - Medicaid</th>
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<tr>
<td>Phone: 1-800-440-0493</td>
<td>Phone: 1-800-251-1269</td>
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To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor  
  Employee Benefits Security Administration  
  [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
  1-866-444-ESBA (3272)

- U.S. Department of Health and Human Services  
  Centers for Medicare & Medicaid Services  
  [www.cms.hhs.gov](http://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.

OMB Control Number 1210-0137 (expires 1/31/2023)
New Health Insurance Marketplace Coverage Options and Your Health Coverage

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
hrbenefits@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.
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.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number</th>
</tr>
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<tbody>
<tr>
<td>HH Health System</td>
<td>(EIN) 63-0845288 / 26-4830493</td>
</tr>
</tbody>
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<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 Sivley Road</td>
<td>(256) 265-9400</td>
</tr>
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<tbody>
<tr>
<td>Huntsville</td>
<td>Alabama</td>
<td>35801</td>
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<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources Department</td>
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<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
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<tbody>
<tr>
<td></td>
<td><a href="mailto:HRBenefits@hhsys.org">HRBenefits@hhsys.org</a></td>
</tr>
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</table>

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

- As your employer, we offer a health plan to:
  - [x] 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 based but who meet the definition of a full-time employee as defined by the Affordable Care Act.

- With respect to dependents:
  - [x] 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.

- [x] 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
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)
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](http://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](http://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, 2020  
**Name of Entity/Sender:** HH Health System  
Benefits Department/ Human Resources  
101 Sivley Road, Huntsville, AL 35801  
(256) 265-8170

Athens-Limestone Hospital Human Resources  
700 West Market Street  
Athens, AL  35611  
(256) 233-9161

Decatur Morgan Hospital Human Resources  
1201 7th Street SE  
Decatur, AL  35601  
(256) 973-2506

Helen Keller Hospital Human Resources  
1300 South Montgomery Avenue  
Sheffield, AL  35660  
(256) 386-4039
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 Net Results 1.0 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 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 will be 10% for prescriptions filled at HH Health System.
Addendum 11

American Heart Association Certifications:

Many job positions at Huntsville Hospital require BLS 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 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.

A.2. Other Card Details:
Huntsville Hospital recognizes the following certifications for Basic Life Support as acceptable:
- AHA BLS Provider or
- Military Training Network (MTN)

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 or manager to help you register for the appropriate class(es):

Renewal – BLS Provider: Sign up for the BLS-1502 AHA BLS Provider Renewal Course through NetLearning.

Initial Courses:
- BLS Provider - Sign up for the BLS-1501 AHA BLS Provider Initial Course
- 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.

Please note: Some deadlines have been relaxed during the COVID19 pandemic.

Last updated 9/15/2020
Addendum 12

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
The Dowdle Center - 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
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
Helen Keller Hospital - 1300 South Montgomery Avenue, Sheffield, AL 35660 • T: (256) 386-4196
Lawrence Medical Center - 202 Hospital Street, Moulton, AL 35650 • T: (256) 974-2200
Lincoln Health Systems - 106 Medical Center Boulevard, Fayetteville, TN 37334 • T: (931) 438-1100
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
Be safe. Be caring. Be kind. Be connected

With more than 9,000 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!