


BENEFIT	EMPLOYEE COST	WHO RECEIVES	ELIGIBILITY	DESCRIPTION
<p>Medical Insurance - (PPO)</p> <p><i>Bi-monthly Premium Deductions/Non HealthWorks Premiums</i></p> <p><i>You will be charged the Non HealthWorks premiums until completion of required steps for HealthWorks. Upon completion, the \$25.00 bi-monthly charges will be reimbursed if completion is within 60 days of hire.</i></p> <p><i>Enrollment includes free wellness center membership.</i></p>	<p>Bi-monthly Premium</p> <p>For Salaries > \$13.00/hour Single - \$73.00/\$98.00 Emp/Children - \$123.50/\$148.50 Full Family - \$198.50/\$223.50</p> <p>For Salaries < \$13.01/hour Single- \$64.50/\$89.50 Emp/Children- \$105.00/\$130.00 Full Family- \$157.00/\$182.00</p> <p>For PLUS Premium Single- \$106.50/\$131.50 Emp/Children- \$170.00/\$195.00 Full Family- \$248.00/\$273.00</p> <p>* Employee tobacco user surcharge \$25.00 bi-monthly</p> <p>*Spouse tobacco user surcharge \$25.00 bi-monthly</p>	<p>Employees authorized to work at least 24 hours per week</p> <p>Employees categorized as PLUS Premium</p>	<p>First day of following month after enrollment</p>	<p>PCP/Specialist - \$40/visit \$400 deductible: inpatient/outpatient surgery, maternity & anesthesia charges \$100 copay on CT, MRI & Pet scans, and Diagnostic Mammograms.</p> <p>Annual Out of Pocket Max Medical - \$4050 individual; \$8100 Family Pharmacy - \$2500 individual ; \$5000 Family</p> <p>Spousal Carve-Out If your spouse is employed and eligible for health coverage through their employer, your spouse must enroll in coverage offered by their own employer to be eligible for coverage under the HH Health System's group health plan.</p> <p>Prescription Drugs: Mail Order Pharmacy/Med Mail Pharmacy Mail order is mandatory for maintenance prescriptions through the HH Mail Order Pharmacy or HH Med Mail Pharmacy.</p> <p>Huntsville Hospital Pharmacy Generic: \$10 (minimum \$4 copay will apply) Preferred Brand: \$30 Non-preferred Brand: \$45</p> <p>Retail Pharmacy: You can fill non maintenance medications at other retail pharmacies.</p> <p>*Target, Rite-Aid and CVS Pharmacies are excluded from the pharmacy network. Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$45</p>
<p>High Deductible Health Plan (HDP) -</p> <p><i>Bi-monthly Premium Deductions/Non HealthWorks Premiums</i></p> <p><i>You will be charged the Non HealthWorks premiums until completion of required steps for HealthWorks. Upon completion, the \$25.00 bi-monthly charges will be reimbursed if completion is within 60 days of hire.</i></p> <p><i>Enrollment includes free wellness center membership.</i></p>	<p>Bi-monthly Premium</p> <p>For Salaries > \$13.00/hour Single - \$26.00/\$51.00 Emp/Children - \$51.00/\$76.00 Full Family - \$82.00/\$107.00</p> <p>For Salaries < \$13.01/hour Single- \$21.00/\$46.00 Emp/Children- \$43.00/\$68.00 Full Family- \$\$68.00/\$93.00</p> <p>For PLUS Premium Single- \$55.50/\$80.50 Emp/Children- \$96.00/\$121.00 Full Family- \$154.00/\$179.00</p> <p>For Retiree – Monthly Premium Single - \$347.31 Emp/Children - \$635.50 Full Family – \$1,096.89</p> <p>* Employee tobacco user surcharge \$25.00 bi-monthly</p> <p>*Spouse tobacco user surcharge \$25.00 bi-monthly</p>	<p>Employees authorized to work at least 24 hours per week</p> <p>Employees categorized as PLUS Premium</p> <p>Retiree Plan Active employees who have been at 24 hours or more for the last five years. Must be 59 years old and 15 years of service or 55 years old and 25 years of service.</p>	<p>First day of following month after enrollment</p>	<p>Preventive Care – 100% coverage \$1,300 individual, \$2,600 family calendar year deductible</p> <p>Annual Out of Pocket Max Medical - \$4050 individual; \$8100 Family Pharmacy - \$2500 individual ; \$5000 Family</p> <p>Spousal Carve-Out If your spouse is employed and eligible for health coverage through their employer, your spouse must enroll in coverage offered by their own employer to be eligible for coverage under the HH Health System's group health plan.</p> <p>Prescription Drugs: Mail Order Pharmacy/Med Mail Pharmacy Mail order is mandatory for maintenance prescriptions through the HH Mail Order Pharmacy or HH Med Mail Pharmacy.</p> <p>Huntsville Hospital Pharmacy Generic: \$10 (minimum \$4 copay will apply) Preferred Brand: \$30 Non-preferred Brand: \$45</p> <p>Retail Pharmacy: You can fill non maintenance medications at other retail pharmacies.</p> <p>*Target, Rite-Aid and CVS Pharmacies are excluded from the pharmacy network. Generic: \$10 Preferred Brand: \$30 Non-preferred Brand: \$45</p>

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 HealthWorks ^{2.0}	Free to all employees following completion of Biometric Screening, HRA and Health Coach for scores below 75. Coaching is optional. <i>*Failure to complete the HealthWorks 2.0 criteria within 90 days results in a \$25.00 bi-monthly surcharge</i>	All Employees	Within 60 days of employment	HealthWorks 2.0 program assists employees in identifying potential health problems, while developing strategies and techniques to better manage those risks. With a strong emphasis on health education and behavior changes, the HealthWorks 2.0 team can help detect and sometimes prevent the onset of disease and chronic health issues among our team members.
Vision Plan – Vision Service Plan (VSP) <i>Bi-monthly Premium Deductions</i>	Single – \$3.94 Family - \$10.88	Employees authorized to work at least 24 hours per week	First day of following month after enrollment	Annual Eye Exam - \$20 copay Frames - \$20 copay; \$200 allowance every other plan year Lenses/Contacts - Up to \$60 copay; \$150 allowance annually Ant-reflective lenses- free, after \$25 copay
Dental Insurance - (Ameritas) <i>Bi-monthly Premium Deductions</i>	Single - \$14.12 Family - \$34.32	Employees authorized to work at least 24 hours per week	First day of following month after enrollment	\$1,250 calendar year maximum. 100% paid for preventive service, 80% paid for basic services, 50% paid for major services, 50% for orthodontia up to \$1,250 lifetime maximum. \$50 calendar year deductible on basic & major
Short Term Disability (Mutual of Omaha) <i>Optional Bi-monthly Premium Deductions</i>	Weekly benefit based on age banded rates Basic: Funded by hospital Optional: funded by employee	Employees authorized to work at least 24 hours per week	Basic: After 14 days of disability Optional: After 30 days of disability	Basic Plan: \$125 weekly Optional Plan: 60% of weekly salary to a maximum \$1000
Long Term Disability (Mutual of Omaha) <i>Optional Bi-monthly Premium Deductions</i>	\$.25 per \$100 Basic: funded by hospital Optional: funded by employee	Employees authorized to work at least 24 hours per week	After 90 days of disability	Basic Plan: 50% of monthly salary Optional Plan: 10% of monthly salary Total= 60%
Life Insurance & Accidental Death & Dismemberment (Mutual of Omaha)	Funded by HH	FT employees at least 32 hours per week	First day of following month after enrollment	<u>Life</u> - One time annual salary rounded to the next \$1,000; \$20,000 minimum coverage <u>AD&D</u> -One times annual salary rounded to the next \$1,000
Optional Life Insurance (Mutual of Omaha) <i>Bi-monthly Premium Deductions</i>	\$0.165 per \$1,000 per month	FT employees at least 32 hours per week	First day of following month after enrollment	<u>Life</u> - Up to three times annual salary rounded to the next \$5000 <u>AD&D</u> -Up to three times annual salary rounded to the next \$5000
Optional Dependent Life (Spouse/Child) (Mutual of Omaha) <i>Bi-monthly Premium Deductions</i>	Spouse: \$1.58 (Employee must be enrolled or at least purchase 1X Optional Life to purchase Spouse coverage) Child: \$.32 (regardless of number of children on plan)	FT employees at least 32 hours per week	First day of following month after enrollment	<u>Spouse</u> : \$25,000 coverage (reduces at age 65 and again at age 70) <u>Child</u> : \$10,000 coverage
401(K) Retirement Plan Fidelity Investments	Funded by HH/employee	HH Employees <i>*HCI Employees & Employee hired prior to 1/1/2013 see bottom of page</i>	<u>Vesting Schedule</u> : 4 years – 40% 5+ years –100%	<u>For Employees Hired On or After 1/01/2013</u> <u>Basic</u> : Discretionary Annual Contribution <u>Matching</u> : 50% of the first 5% of the employee's voluntary contribution <u>Voluntary</u> : 100% funded by the employee up to IRS limitation in effect. ***FT/PT employees eligible for Basic and Match after 1 year of service and worked 1000 paid hours.
457(B) Deferred Compensation Plan – Fidelity Investments	Funded by employee	HH Employees only <i>*HCI Employees see bottom of page</i>	Immediately <i>*HCI Employees see bottom of page</i>	Supplemental retirement plan through Fidelity Investments

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Tuition Reimbursement	Funded by HH/ employee	Employees at least 24 hours	After 1 year of employment (effective July 1, 2012)	Hospital pays 100% up to yearly max --expenses for tuition/lab fees.
Flexible Spending Account  <small>a Cigna Company</small>	Funded by employee	Employees authorized to work at least 24 hours per week	30 days after your hire date	Tax Advantage - Money contributed to the plan is deducted from pay before taxes, lowering taxable income
Merit Raises	Funded by HH	All Employees		
Earned Time Off (ETO)	Funded by employee	FT & PT Employees	After 90 days of employment	See Table Below. Employees will accrue ETO based on hours worked up to a maximum of 80 hours per pay period.

Beginning July 1, 2013, employees will accrue ETO based on a multiplier for each worked hour.

Months of Service	Employees authorized to work 36 hours per week or more	Employees authorized to work 35 hours per week or less
4 - 35	.089 x hours worked	.063 x hours worked
36 - 59	.116 x hours worked	.081 x hours worked
60 - 71	.120 x hours worked	.085 x hours worked
72 - 83	.123 x hours worked	.089 x hours worked
84 - 95	.127 x hours worked	.093 x hours worked
96 - 107	.131 x hours worked	.097 x hours worked
108 - 179	.135 x hours worked	.100 x hours worked
180 - 239	.139 x hours worked	.110 x hours worked
240 - up	.144 x hours worked	.120 x hours worked

Example: Employee with 4 – 35 months of service; authorized to work 40 hours a week

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