

2020

# BENEFITS

## at a glance



St. Charles  
HEALTH SYSTEM



In the spirit of love and compassion, better health, better care, better value, St. Charles offers a comprehensive and competitive benefits program for you and your family.

# BENEFITS at a glance

## ELIGIBILITY

Health Benefits	Wellness Program	Retirement Benefits	Additional Benefits
Full-time and part-time positions (20+ hours/week)	Full-time and part-time positions (20+ hours/week)	All caregivers	Full-time and part-time positions (20+ hours/week)

## ENROLLMENT

Caregivers must enroll within 30 days of qualifying event (new hire, transfer position newly eligible for benefits, marriage, birth, loss of other coverage). Benefits are effective the first of the month following qualifying event date.

### Health Benefits

- Three medical plans: Caregiver Directed Health Plan (CDHP), Select PPO Plan or Prime PPO Plan
- Health Savings Account (HSA), if eligible, and enrolled in the CDHP, St. Charles will contribute each pay period, and caregivers can contribute pre-tax from their pay as well. The account balance rolls over each year.
- Health Reimbursement Account (HRA) frontloaded by St. Charles for members of our Select PPO.



CAREGIVER DIRECTED HEALTH PLAN (HSA)	PRIME PPO PLAN	SELECT PPO PLAN HRA
<b>Premium: \$\$</b> <b>Deductible: \$\$</b>	<b>Premium: \$\$\$</b> <b>Deductible: \$</b>	<b>Premium: \$</b> <b>Deductible: \$\$\$</b>
Good choice if: <ul style="list-style-type: none"><li>• You prefer a higher deductible plan while paying less per pay period</li><li>• You would like to plan for the future by opening a Health Savings Account and you like that you own the account</li><li>• You want coverage for weight loss surgery or alternative care including acupuncture, massage and chiropractic</li></ul>	Good choice if: <ul style="list-style-type: none"><li>• You like a lower deductible and are willing to pay more per pay period</li><li>• You prefer predictable office visit and prescription drug copays</li><li>• You want coverage for weight loss surgery or alternative care including acupuncture, massage or chiropractic</li></ul>	Good choice if: <ul style="list-style-type: none"><li>• You don't have a lot of health care needs and you are comfortable with a high deductible plan with low payroll deductions</li><li>• You like that the high deductible is offset by the health reimbursement account dollars</li><li>• You prefer predictable office visit and prescription drug copays</li><li>• You are fine without coverage for weight loss surgery, TMJ services or alternative care including acupuncture, massage and chiropractic</li><li>• You are comfortable with the provider choices in the more restrictive Tier 1 Select PPO network</li></ul>



CAREGIVER DIRECTED HEALTH PLAN (CDHP)				PRIME PPO PLAN			SELECT PPO PLAN		
St. Charles Health Fund Contribution	Health Savings Account (HSA)			None			Health Reimbursement Account (HRA)		
Annual Basic Contributions	Caregiver Only: \$800 Caregiver and Spouse or Family: \$1,600 Caregiver and Child(ren): \$2,100 Note: HSA contributions for those who work fewer than 60 hours per pay period are half those listed.			None			Caregiver Only: \$1,800 Caregiver and Spouse or Family: \$2,400 Caregiver and Child(ren): \$2,900		
Annual Engage for Health Incentive <small>(All enrolled caregivers and spouses are eligible; all contributions paid at the beginning of the year following completion of required tasks from the prior year)</small>	Up to \$500 for caregiver and additional \$500 for spouse			Up to \$500 for caregiver and additional \$500 for spouse			Up to \$500 for caregiver and additional \$500 for spouse		
Benefit Category	Tier 1 - SCHS PPO	Tier 2 - First Choice Health PPO	Tier 3 - Out-of-Network	Tier 1 - SCHS PPO	Tier 2 - First Choice Health PPO	Tier 3 - Out-of-Network	Tier 1 - SCHS PPO	Tier 2 - First Choice Health PPO	Tier 3 - Out-of-Network
Calendar Year Deductible*									
Individual	Individual Only: \$1,400 Caregiver plus one or more family members: \$2,800			\$500	\$750	\$1,000	\$4,000	\$5,000	\$7,500
Family				\$1,500	\$2,250	\$3,000	\$8,000	\$10,000	\$15,000
Calendar Year Out of Pocket Maximum*									
Calendar Year Out of Pocket Maximum <small>(Includes Deductible)*</small>	Includes deductible, coinsurance, pharmacy and copayments			Includes deductible, coinsurance and copayments			Includes deductible, coinsurance and copayments		
Individual <small>(Includes individual deductible)</small>	\$2,600*	\$4,900*	\$7,400*	\$3,000	\$5,000	\$8,000	\$6,500	\$7,900	\$13,000
Individual with family <small>(Includes family deductible)</small>	\$4,000*	\$6,300*	\$8,800*	NA	NA	NA	NA	NA	NA
Family <small>(Includes family deductible)</small>	\$6,400	\$12,700	\$20,800	\$9,000	\$13,200	\$24,000	\$13,000	\$15,800	\$26,000
Preventative Care	100% deductible waived	100% deductible waived	50% after deductible	100% deductible waived	100% deductible waived	50% after deductible	100% deductible waived	100% deductible waived	50% after deductible

What you pay per pay period – Non-Contractual Caregivers:

CAREGIVER DIRECTED HEALTH PLAN (CDHP)		PRIME PPO PLAN	SELECT PPO PLAN (HRA)
FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD			
Caregiver Only	\$36.11	\$72.81	\$4.95
Caregiver + Spouse	\$99.18	\$178.77	\$43.66
Caregiver + Family	\$139.67	\$246.81	\$55.30
Caregiver + Child(ren)	\$98.76	\$178.07	\$39.10
PART-TIME 1: 60 TO 71 HOURS PER PAY PERIOD			
Caregiver Only	\$36.11	\$72.81	\$42.92
Caregiver + Spouse	\$146.48	\$242.35	\$158.74
Caregiver + Family	\$217.34	\$351.20	\$207.04
Caregiver + Child(ren)	\$145.75	\$241.22	\$142.21
PART-TIME 2: 48 TO 59 HOURS PER PAY PERIOD			
Caregiver Only	\$126.40	\$194.17	\$114.46
Caregiver + Spouse	\$299.83	\$448.48	\$293.76
Caregiver + Family	\$411.18	\$611.76	\$360.64
Caregiver + Child(ren)	\$298.68	\$446.79	\$263.39
PART-TIME 3: 40 TO 47 HOURS PER PAY PERIOD			
Caregiver Only	\$162.51	\$242.71	\$143.08
Caregiver + Spouse	\$335.94	\$497.02	\$325.56
Caregiver + Family	\$447.29	\$660.30	\$389.25
Caregiver + Child(ren)	\$334.79	\$495.33	\$292.01

\*Above rates are for non-contractual caregivers. If you are part of the ONA, please refer to the Benefits Guide for the current rates.

## DOCTOR ON DEMAND

Do you need to visit the doctor when you have the flu, bronchitis, ear or sinus infections, rashes, etc.? Maybe you feel like you want to talk to someone about a mental health or substance abuse concern? Is it hard to leave work, or maybe you don’t discover you need the visit until after normal office hours? You can save time and money by visiting a board certified physician by phone, Skype or Facetime through our telehealth program, provided by Doctor on Demand. For those covered on our medical plan, this valuable service gives you access 24/7 to board certified doctors and therapists through secure video or phone.

## DENTAL

Our dental plan is with Delta Dental of Oregon (a Moda Health company) who provides administration of our plan and a network of dentists who provide care at a discounted rate. To find a Delta Dental provider visit their website at [www.modahealth.com](http://www.modahealth.com).

Your dental plan provides preventive care at 100% and the care you receive does not go toward your annual benefit maximum. It is also the pathway for an annual increase (or to maintain once you reach 100%) in coverage for basic services – you must have your preventive and diagnostic services at least once per calendar year for you to increase to the next level under basic services. If no preventive and diagnostic services are provided in a calendar year your basic benefit will drop to 70%.

## VISION

You have a choice of two vision plans: a full-service plan provided by Vision Service Plan and an allowance plan administered by First Choice Health. Within the VSP plan you have two levels of coverage – in-network and out-of-network. The VSP plan will pay a lot more if you use VSP providers. The First Choice Health plan provides a calendar year allowance you can use to purchase vision materials. Both plans provide care for routine vision exams that review your visual health and determine the need for glasses or contact lenses. Treatment of vision diseases are covered under your medical plan.

## HEALTH SAVINGS & HEALTH REIMBURSEMENT ACCOUNTS

If you choose the Select PPO Plan you will be automatically enrolled in the St.Charles HRA benefit plan. An HRA is another type of savings account, but only St.Charles can make contributions to it. St.Charles will fund your HRA at the beginning of each year and you can only use these funds to pay your medical plan deductible, coinsurance and copayments. You may not use the HRA for any dental or vision expenses.

If you enroll in the CDHP, in most cases you can have a Health Savings Account (HSA). An HSA is a personal savings account for your health care. You own it and you can save and spend the funds you contribute to your account tax-free. If you qualify, St.Charles will contribute to your HSA based on who you choose to cover (caregiver only or caregiver and eligible family member). Unused funds stay in your account and roll over from year to year; there is no “use it or lose it” rule.

## FLEXIBLE SPENDING ACCOUNTS

- Healthcare Flexible Spending Account (FSA):** also known as a medical FSA. This plan allows you to elect up to \$2,700 for the calendar year to pay for qualified health care expenses. This includes medical, prescription, dental or vision. You can select this plan with either PPO plan or if you waive medical plan coverage completely. If you select this plan you will receive a debit card pre-loaded with your annual election.
- Healthcare Limited Purpose Flexible Spending Account (LPFSA):** You can elect up to \$2,700 for the calendar year to pay for qualified dental or vision expenses. If you enroll in the CDHP you can enroll in this plan, but you can only use the funds to pay for dental or vision expenses.
- Dependent Care Flexible Spending Account:** This plan allows you to elect up to \$5,000 for the year to pay for qualified dependent care expenses that allow you and your spouse to work or attend school full-time. These funds are used to pay for daycare for your children under the age of 13 or adult daycare for a disabled tax dependent (like your spouse or parent). They are not to pay for your dependent's health care expenses.

# PROTECTING YOUR INCOME

- **Basic life:** one times your base pay, minimum of \$35,000 to a maximum of \$100,000 (St. Charles paid).
- **Voluntary life:** up to five times your base pay, and can add coverage for spouse up to the amount of your coverage, and children up to \$10,000.
- **Short-term disability:** replaces a portion of a caregiver’s income if he or she becomes injured or ill and is unable to work for an extended period of time.
- **Long-term disability:** protects a caregiver’s finances when his or her disability continues beyond the period covered by the short-term disability plan.
- **Accidental Death & Dismemberment:** basic plan paid by St. Charles, and option to elect voluntary coverage for self, spouse and children.

\*The employer paid life insurance, AD&D and disability plans begin the first of the month following 90 days of benefit eligible employment.

# VOLUNTARY BENEFIT OPTIONS

- **Critical Illness Insurance:** if you or an enrolled spouse or child are diagnosed with a covered illness, you get a lump-sum cash benefit even if you receive benefits from other insurance.
- **Hospital Indemnity Insurance:** provides you with a lump-sum payment when you and/or your enrolled dependent(s) are hospitalized.
- **Accident Insurance:** provides benefits to help cover the costs associated with unexpected bills from covered injuries.
- **Whole Life:** policies can provide protection for both working years and post retirement, while building cash value to use as a living benefit.

# 403(b) RETIREMENT SAVINGS

All new caregivers are auto-enrolled into the 403(b) program at a 6 percent contribution after 90 days of employment unless you contact Fidelity to opt-out.

**Vesting:** Your right to your 403(b) account balance is called vesting. You are always 100 percent vested in your contributions as well as any amounts you roll over to the plan. Participants become vested in the employer match according to the five calendar year vesting schedule. Caregivers must complete 1,000 hours each calendar year in order to receive a year of vesting service.

# WELLNESS

**Engage for Health** - Comprehensive wellness program for St. Charles caregivers, family and friends

- Secure portal and app with health and wellness resources, activities, challenges, tracking tools and more
- Onsite biometric health screenings
- Onsite body composition scale
- Annual walking challenge competition
- Telephonic health coaching services (includes tobacco cessation coaching, pregnancy wellness coaching, stress management coaching and more)
- Ability to earn an annual monetary reward for participating in the program.

## Caregiver Assistance Program

The Caregiver Assistance Program is designed to provide professional help in dealing with personal concerns impacting you and your family at home or at work. You or your dependent may call for confidential counseling with concerns such as marital conflict, depression, drug and alcohol abuse, grief, children’s problems, family budgeting and legal problems.

## Unum Caregiver Assistance Program

UNUM Work-life Balance Employee Assistance Program can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being.

- Child care and/or elder care referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

# TIME OFF

St. Charles believes that a balance between work, rest, community and social life is essential to maintain quality performance. With this in mind, St. Charles is committed to providing compensated time off to eligible caregivers in recognition of continued service. Earned time off (ETO) is designed to allow caregivers the flexibility to use their time off to meet personal needs, while recognizing their responsibility to manage their paid time off.

This is just your Benefits At-A-Glance. For more information, please refer to the Benefits Guide.

The information contained in this benefit at-a-glance guide is meant to provide an overview of your benefit options. This document does not include all plan rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this benefit at-a-glance guide and the legal plan documents, the plan documents are the final authority. Please see the Health Plan Administration page on CaregiverNet for complete plan documents.