

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartlethospital.org](http://www.bartlethospital.org)

## 2018 Benefit Summary

Benefit Year runs from July 1, 2018 – June 30, 2019

BENEFIT		SUMMARY	
<u>Medical</u>	Economy Plan	Standard Plan	Premium Plan
<b>Annual Deductible:</b>	\$500/Individual \$1,000/Family	\$250/Individual \$500/Family	\$150/Individual \$300/Family
<b>Plan Pays (based on allowable amount):</b>	80% of the allowable amount 100% after Coinsurance limit is reached	80% of the allowable amount 100% after Coinsurance limit is reached	80% of the allowable amount 100% after Coinsurance limit is reached
<b>Out-of-Pocket Limit:</b> (including Deductible)			
<b>Individual</b>	\$2500	\$1750	\$1150
<b>Family (2 member)</b>	\$5000	\$3500	\$2300
<b>Family (3+ member)</b>	\$7000	\$5000	\$3300
<u>Prescription Benefit</u>		Economy Plan	Standard Plan
<b>Annual Deductible and out-of-pocket:</b>	\$50.00 deductible / \$1,500 out-of-pocket per enrollee	\$50.00 deductible / \$1,000 out-of-pocket per enrollee	\$50.00 deductible / \$500 out-of-pocket per enrollee
<b>Pharmacy Prescription (up to 30 day supply):</b>	\$10 co-payment per prescription or refill for generic. 40% co-payment for brand name.	\$10 co-payment per prescription or refill for generic. 30% co-payment for brand name.	\$10 co-payment per prescription or refill for generic. 20% co-payment for brand name.
<b>Medco Mail Order (up to 90 day supply):</b>	\$10 co-payment per prescription or refill for generic. \$35 mail order co-payment prescription or refill for brand names	\$10 co-payment per prescription or refill for generic. \$30 mail order co-payment prescription or refill for brand names	\$10 co-payment per prescription or refill for generic. \$25 mail order co-payment prescription or refill for brand names
<b>Tier 4 – Specialty Medications</b>	\$100 co-payment per prescription	\$100 co-payment per prescription	\$100 co-payment per prescription
<b>Annual/Lifetime Maximum:</b>	None	None	None

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<u>Vision Benefit</u>	Economy Plan	Standard Plan	Premium Plan
<b>Examinations:</b>	None	100% of the allowable Limited to 1 exam per benefit plan year.	100% of the allowable Limited to 1 exam per benefit plan year.
<b>Glass Lenses:</b>	None	100% of the allowable Limited to 1 lenses per benefit plan year	100% of the allowable Limited to 1 lenses per benefit plan year
<b>Hardware (Frames and Contact Lenses):</b>	None	Up to \$200 per benefit year	Up to \$225 per benefit year
<u>Dental Benefit</u>	Economy Plan	Standard Plan	Premium Plan
<b>Individual Maximum:</b>	\$2,000	\$2,000	\$2,000
<b>Annual Deductible:</b>	\$50/ Individual per benefit year  \$150/ Family per benefit year	\$50/ Individual per benefit year  \$150/ Family per benefit year	\$50/ Individual per benefit year  \$150/ Family per benefit year
<b>Preventive</b>	100% of the allowable. Not subject to deductible.	100% of the allowable. Not subject to deductible.	100% of the allowable. Not subject to deductible.
<b>General</b>	80% of the allowable. Subject to deductible.	80% of the allowable. Subject to deductible	80% of the allowable. Subject to deductible
<b>Major</b>	50% of the allowable. Subject to deductible.	50% of the allowable. Subject to deductible	50% of the allowable. Subject to deductible
Full-time Employee Cost <i>Benefits available to part time employees at a pro-rated cost</i>	Economy Plan	Standard Plan	Premium Plan
<b>BRH Contribution</b>	\$1386	\$1386	\$1386
<b>Employee Only Bi-Weekly</b>	\$0.00	\$70.00	\$93.40
<b>Healthy Rewards Program Employee Only</b>	\$0.00	\$20.00	\$43.40
<b>Employee &amp; Family Bi-Weekly</b>	\$88.20	\$155.40	\$186.40
<b>Healthy Rewards Program Employee &amp; Family</b>	\$38.20	\$105.40	\$136.40

\*The “Healthy Reward” discount is applied every July 1 if employee qualifies during the previous plan year. Contact Jess Brown for more information, 586-0206

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<b>CIGNA Life Insurance</b>	<p>Basic Life and AD&amp;D Insurance: Employee Cost: \$0</p> <ul style="list-style-type: none"><li>• Full time and part time employees</li><li>• \$5,000 employee; \$5,000 spouse; \$5,000 each eligible dependent</li></ul> <p>Voluntary Life insurance is available for purchase by the employee in \$25,000 increments to a maximum of \$300,000 not to exceed seven times your annual salary. Voluntary monthly rates range from \$2.59 to \$977.41 based on monthly premium selection and age of employee.</p>
<b>AFLAC</b>	<p>Voluntary benefits are available through Aflac. Premiums are paid by employee through post-taxed payroll deductions for the following Aflac group plans:</p> <ul style="list-style-type: none"><li>✓ Accident</li><li>✓ Critical Illness</li><li>✓ Disability</li></ul>
<b>Cafeteria/Flexible Spending Plan</b>	<p>Available through the Benefit Administration Company (BAC) pre-tax payroll deductions available for medical reimbursement up to \$2650 and for dependent care up to \$5000 per benefit year with grace period.</p>
<b>Personal Time Off (PTO)</b>	<p>PTO (sick, vacation, and holiday, based upon a 40 hour work week)</p> <p>1<sup>st</sup> year – 26 days</p> <p>2<sup>nd</sup> year – 31 days</p> <p>3<sup>rd</sup> year – 39 days</p> <p>5<sup>th</sup> year – 42 days</p> <p>10<sup>th</sup> year – 48 days</p>
<b>Recognized Holidays</b>	<p>New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Alaska Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Day</p>
<b>Other Leaves of Absence</b>	<p>Other leave of absences are available as defined in the negotiated agreement and federal/state laws.</p>
<b>Family and Medical Leave Act (FMLA)</b>	<p>Requires covered employers to provide up to 12 weeks of paid or unpaid, job-protected leave to eligible employees for certain family and medical reasons (the State of Alaska is a covered employer). Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.</p>

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<b><i>Alaska Family Leave Act (AFLA)</i></b>	Requires covered public employers to provide up to 18 weeks of paid or unpaid job-protected leave to eligible employees for certain family and medical reasons. Employees are eligible if they have been employed for a covered employer for at least 35 hours a week for at least six consecutive months or for at least 17.5 hours a week for at least 12 consecutive months immediately preceding the leave, and if there have been at least 21 employees within 50 road miles during any period of 20 consecutive workweeks in the preceding two calendar years.
<b><i>457 Deferred Compensation and 457 Roth IRA</i></b>	BRH offers pre-tax Deferred Compensation and Roth IRA options under 457 IRS plans which are available through ICMA-RC. The availability to contribute to the 457 Plan is offered in addition to the PERS retirement plan.
<b><i>Meal Discount</i></b>	Bartlett Café offers a 15% employee discount
<b><i>Employee Assistance Program (EAP)</i></b>	ComPsych Guidance Resources program is provided at no cost to all employees to help you and your dependents with personal issues (counseling), legal information, and resources (will and estate planning) and financial information and resources (debt management and retirement planning). You may use the toll free phone number 1-800-295-9059 or visit them online at: <a href="http://www.guidanceresources.com">http://www.guidanceresources.com</a> there is no enrollment form, refer to the brochure for user name and password.
<b><i>Health Yourself Wellness Program</i></b>	Available through CBJ, the Health Yourself Wellness Program proactively encourages employees to manage their own health and preventative maintenance programs. Examples include periodic discounts through local fitness centers, informational classes (healthy eating, etc.,); weight watcher clubs –incentive programs, family fitness days (ice-skating, swimming, etc.,) and blood draws for free or reduced costs.
<b><i>Union Representation</i></b>	Certain departments are represented by a collective bargaining agreement through the International Longshore and Warehouse Union (ILWU) Alaska Local 200 – Health Care Unit 2201. The current negotiated agreement is effective January 1, 2014-December 31, 2014. Union dues are 1% of gross salary plus an initiation fee. Hospital Departments represented include: Cardiac Rehab, Critical Care, Diagnostic Imaging, Dietary, Emergency, Environmental Services, Health Information Management, Hyperbaric, Laboratory, Medical/Surgical, Mental Health, Obstetrics, Patient Admitting Services, Patient Financial Services, Pharmacy, Physical/Occupational Therapy, Physician Office Administration, Rainforest Recovery Center, Respiratory Therapy, Special Clinic Office, and Surgical Services.

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BENEFIT	SUMMARY
<b><i>Education and Staff Development</i></b>	<p>Bartlett Regional Hospital is committed to developing staff excellence by providing on-site classes and training materials. Education Services also provides a variety of classes to patients, their families, and the community:</p> <ul style="list-style-type: none"> <li>• New-born/breast feeding and new parenting classes</li> <li>• Tobacco cessation classes</li> <li>• Diabetes classes, among others</li> </ul>
<b><u>Retirement</u></b>	<p><b>Public Employees Retirement System (PERS) – State of Alaska</b>  <a href="http://www.state.ak.us/local/akpages/ADMIN/drh/home.htm">http://www.state.ak.us/local/akpages/ADMIN/drh/home.htm</a></p>
<b><i>Employee Contribution</i></b>	<p>Tier IV (Employees hired into PERS after 07/01/06)      Pre-tax contribution: 8%      Employees may make additional contributions.</p>
<b><i>Employer Contribution</i></b>	<p>DC account: 5%      Health Plan: 1.75%-determined by annual actuarial valuation after FY07. HRA-flat dollar amount per employee based on 3% of the employer's average annual employee compensation. 0.4% disability – P/F, 0.3% all others.</p>
<b><i>Vesting</i></b>	<p>100% vested in employee contributions from inception. Vested in employer contributions based on the following schedule: 25% after 2 years of service, 50% after 3 years, 75% after 4 years, and 100% after five years.</p>
<b><i>Retirement Medical Coverage</i></b>	<p>Access to medical coverage at Medicare-eligible age with 10 years of service or at any age with 25 years of police/fire services or with 30 years of service for all others. Must retire directly from system. If not eligible for Medicare, must pay full premium. May use health reimbursement arrangement (HRA) account to pay premiums. Once HRA is exhausted, member self-pays premiums. When eligible for Medicare, the percentage of premium paid by retiree or surviving spouse is: 10-14 years of service-30%; 15-19 years-25%; 20-24 years-20%; 25-29 years-15%; 30 years or more-10%.</p>
<b><i>Retirement Disability Benefits</i></b>	<p>Must be a total and presumably permanent disability whose cause is directly related to performance of duties of the job or an on the job injury. Benefits is 40% of salary, earns service while on occupational disability. Employer continues to make all required contributions as if member were working, plus member's required contributions to the DC account, without deductions from member's disability payment. Disability benefits cease when member becomes eligible for normal retirement at Medicare-eligible age and 10 years of service or at any age with 25 years of police/fire service or with 30 years of service for all others. No medical insurance until eligible for normal retirement.</p>