

## Bartlett Hospital Benefit Summary

Benefit Year runs from July 1, 2020– June 30, 2021

BENEFIT	Economy	Standard																														
<b>Medical</b> Annual Deductible	\$550 / Individual \$1100 / Family	\$300 / Individual \$600 / Family																														
Plan Pays Based on allowable amount	80% of the allowable amount	80% of the allowable amount																														
Out of Pocket Limit (including Deductible)																																
<b>Individual</b>	<b>\$2550</b>	<b>\$1800</b>																														
<b>Family (2 member)</b>	<b>\$5100</b>	<b>\$3600</b>																														
<b>Family (3+ member)</b>	<b>\$7100</b>	<b>\$5100</b>																														
<b>Emergency Room Visit</b>	\$150 Co-pay	\$150 Co-pay																														
<b>Annual/Lifetime Maximum</b>	None	None																														
<b>Prescription Drugs</b>	\$50 deductible/Max OOP \$1750	\$50 deductible/Max OOP \$1250																														
<b>30 = Retail Pharmacy Fill</b> <b>90 = Mail Order Pharmacy Fill</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Preferred Generic</td> <td style="width: 20%;">\$10 copay</td> <td style="width: 50%;">30/90-day supply</td> </tr> <tr> <td>Preferred Brand</td> <td>\$35 copay</td> <td>30/90-day supply</td> </tr> <tr> <td>Preferred Specialty</td> <td>\$55 copay</td> <td>30-day mail</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Non-Preferred (Includes Generic, Brand &amp; Specialty)</td> <td>\$150 copay</td> <td>30/90-day supply</td> </tr> </table>	Preferred Generic	\$10 copay	30/90-day supply	Preferred Brand	\$35 copay	30/90-day supply	Preferred Specialty	\$55 copay	30-day mail				Non-Preferred (Includes Generic, Brand & Specialty)	\$150 copay	30/90-day supply	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Preferred Generic</td> <td style="width: 20%;">\$10 copay</td> <td style="width: 50%;">30/90-day supply</td> </tr> <tr> <td>Preferred Brand</td> <td>\$25 copay</td> <td>30/90-day supply</td> </tr> <tr> <td>Preferred Specialty</td> <td>\$45 copay</td> <td>30-day mail</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Non-Preferred (Includes Generic, Brand &amp; Specialty)</td> <td>\$100 copay</td> <td>30/90-day supply</td> </tr> </table>	Preferred Generic	\$10 copay	30/90-day supply	Preferred Brand	\$25 copay	30/90-day supply	Preferred Specialty	\$45 copay	30-day mail				Non-Preferred (Includes Generic, Brand & Specialty)	\$100 copay	30/90-day supply
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<b>Vision</b> Plan Pays Frequency	<b>No benefit</b>	100% of the allowable charges Exam/lenses: 1x PPY Frames/contacts: \$200 (Per Benefit Year)																														
<b>BRH Contribution (MONTHLY)</b>	<b>\$1490</b>	<b>\$1490</b>																														
Emp Cont. Biweekly	<b>\$0</b>	<b>\$70.00</b>																														
Healthy Rewards EE	<b>\$0</b>	<b>\$20.00</b>																														
EE/ Family Biweekly	<b>\$88.20</b>	<b>\$155.40</b>																														
Healthy Rewards Family	<b>\$38.20</b>	<b>\$105.40</b>																														
<b>Dental</b> Annual Deductible	\$50 / Individual \$150 / Family																															
<b>Basic Coverage</b> (No employee contribution for basic dental coverage)	Preventive cleanings—100% of the allowable amount per member per plan year  General Services—80% of the allowable charges Major Services—50% of the allowable charges \$2000.00 Maximum coverage limit per member per plan year																															
<b>Dental Buy-Up Plan</b>	<b>Buy-up option:</b> Deductible & Preventive same as above General Services—80% of allowable charges Major Services—80% of allowable charges \$3000.00 Maximum coverage limit per member per plan year \$2500.00 Lifetime coverage for orthodontia per member  <b>Bi-weekly Contributions:    Employee Only—\$12.46                      Family—\$24.00</b>																															

**\*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 employees</p> <ul style="list-style-type: none"> <li>• Employee coverage—\$25,000-\$300,000 not to exceed seven times your annual salary (<b>Guaranteed Issue is \$100,000.00 within your first 30 days of hire</b>)</li> </ul> <p>Voluntary Life Insurance is available for Spouse &amp; Dependents</p> <ul style="list-style-type: none"> <li>• Spouse coverage—\$25,000-\$300,000 (Guaranteed Issue \$25,000)</li> <li>• Dependent coverage—flat \$10,000</li> </ul>																		
<b>AFLAC</b>	<p>Voluntary benefits are available through Aflac. Premiums are paid by employee through post-tax 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> <p>More information on these products and rates is available through the Human Resources office.</p>																		
<b>Cafeteria/Flexible Spending Plan</b>	<p>Available through the Benefit Administration Company (BAC) pre-tax payroll deductions available for medical reimbursement up to \$2750 and for dependent care up to \$5000 per benefit year with grace period.</p>																		
<b>Personal Time Off (PTO)</b>	<p>The rate of accrual shall be based upon the total number of hours of work or paid leave the employee received compensation for (excluding on-call and call back minimum hours) in accordance with the following formula:</p> <table border="1" data-bbox="440 1150 1380 1333"> <thead> <tr> <th><u>Step</u></th> <th><u>Length of Employment</u></th> <th><u>Accrual Rate</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0 to 2079.99 hours</td> <td>Multiply total hours times .1000</td> </tr> <tr> <td>2</td> <td>2080 to 4159.99 hours</td> <td>Multiply total hours times .1385</td> </tr> <tr> <td>3</td> <td>4160 to 10,399.99 hours</td> <td>Multiply total hours times .1500</td> </tr> <tr> <td>4</td> <td>10,400 to 20,799.99 hours</td> <td>Multiply total hours times .1615</td> </tr> <tr> <td>5</td> <td>20,800 hours and up</td> <td>Multiply total hours times .1846</td> </tr> </tbody> </table> <p><b>Recognized Holidays</b> 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> <p><b>Other Leaves of Absence</b> Other leave of absences are available as defined in the negotiated agreement, Personnel Rules and federal/state laws.</p>	<u>Step</u>	<u>Length of Employment</u>	<u>Accrual Rate</u>	1	0 to 2079.99 hours	Multiply total hours times .1000	2	2080 to 4159.99 hours	Multiply total hours times .1385	3	4160 to 10,399.99 hours	Multiply total hours times .1500	4	10,400 to 20,799.99 hours	Multiply total hours times .1615	5	20,800 hours and up	Multiply total hours times .1846
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<b>457 Deferred Compensation and 457 Roth IRA</b>	<p>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 401(a) retirement plan.</p>																		
<b>Employee Assistance Program (EAP)</b>	<p>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.</p>																		

<b>BENEFIT</b>	<b>SUMMARY</b>
<b>Health Yourself Wellness Program</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><u>Retirement</u></b>	<b>Public Employees Retirement System (PERS) – State of Alaska</b> <a href="http://www.state.ak.us/local/akpages/ADMIN/drbb/home.htm">http://www.state.ak.us/local/akpages/ADMIN/drbb/home.htm</a>
<b>Employee Contribution</b>	Tier IV (Employees hired into PERS after 07/01/06) Pre-tax contribution: 8% Employees may make additional contributions.
<b>Employer Contribution</b>	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.
<b>Vesting</b>	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.
<b>Retirement Medical Coverage</b>	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%.
<b>Retirement Disability Benefits</b>	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.
<b>Family and Medical Leave Act (FMLA)</b>	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. 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.
<b>Alaska Family Leave Act (AFLA)</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.

**BENEFIT****SUMMARY****Education and Staff Development**

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:

- New-born/breast feeding and new parenting classes
- Tobacco cessation classes
- Diabetes classes, among others