



IRMC PHYSICIAN GROUP EMPLOYEE BENEFITS

We appreciate the contributions of our employees in providing excellent service to our community and we want to reward them.

As part of a total rewards program, IRMC Physician Group offers a comprehensive benefit package designed to provide personal security, convenience and assistance to you and your family.

Health Insurance - Highmark BCBS Community Blue PMHR Flex Plan
1-800-472-1506

Benefit	Who's Eligible	When Eligible	Who Pays																		
QHDHP – 80/20 with Health Savings Account QHDHP – 90/10 with Health Savings Account	FT & PT employees and eligible dependents.	First of the month following 2 months of employment.	Medical Center and Employee Medical Center will contribute to a Health Savings Account as follows: <table><tr><th>Health Insurance Effective Date</th><th colspan="2">Coverage Level</th></tr><tr><td></td><th>Individual</th><th>Family</th></tr><tr><td>Jul</td><td>\$125</td><td>\$250</td></tr><tr><td>Oct</td><td>\$125</td><td>\$250</td></tr><tr><td>Jan</td><td>\$125</td><td>\$250</td></tr><tr><td>Apr</td><td>\$125</td><td>\$250</td></tr></table>	Health Insurance Effective Date	Coverage Level			Individual	Family	Jul	\$125	\$250	Oct	\$125	\$250	Jan	\$125	\$250	Apr	\$125	\$250
Health Insurance Effective Date	Coverage Level																				
	Individual	Family																			
Jul	\$125	\$250																			
Oct	\$125	\$250																			
Jan	\$125	\$250																			
Apr	\$125	\$250																			
PPO Working spouse provision- If your spouse is currently employed and has access to health insurance through their employer, they are not eligible for this health plan.	FT & PT employees and eligible dependents.	First of the month following 2 months of employment.	Medical Center and Employee																		

Opt Out of Health Insurance (Per Month)

	Opt Out FT Employees	Opt Out PT Employees
No Coverage	\$65.00	\$65.00
Individual	\$65.00	\$65.00
Employee/Child(ren)	\$100.00	\$65.00
Employee/Spouse	\$125.00	\$65.00
Family	\$150.00	\$65.00
To receive employee/child, employee/spouse or family opt out amount, you must carry the coverage for 1 year prior. You must provide proof of other health insurance before the health insurance opt out is paid.		

Dental Insurance – United Concordia
1-800-332-0366

Benefit	Who's Eligible	When Eligible	Who Pays
Basic and Enhanced	FT & PT employees and eligible dependents.	First of the month following 6 months of employment.	Medical Center and Employee

Vision Insurance - Vision Benefits of America
1-800-432-4966

Benefit	Who's Eligible	When Eligible	Who Pays
Basic and Enhanced	FT & PT employees and eligible dependents.	First of the month following 6 months of employment.	Medical Center and Employee

Flexible Spending Account – CH Reams (MySource Card) 1-800-673-2518			
Benefit	Who's Eligible	When Eligible	Who Pays
Dependent Daycare Medical (PPO, Dental, Vision)	FT & PT employees.	First of month following 2 months of employment.	Employee

Health Savings Account – Highmark BC BS (administered by PNC Bank) 1-800-472-1506			
Benefit	Who's Eligible	When Eligible	Who Pays
Medical (QHDHP, Dental, Vision)	FT & PT employees.	First of month following 2 months of employment.	Employee

Employee Assistance Program – Washington EAP 1-800-EAP-LINK			
Benefit	Who's Eligible	When Eligible	Who Pays
EAP Counseling Services and Work-Life Support	All employees and dependent family members.	Upon hire.	IPG

Income Protection Benefits			
Benefit	Who's Eligible	When Eligible	Who Pays
Voya Life Insurance w/AD&D 1-800-955-7736	FT employees.	First of the month following 6 months of employment.	IPG
OneAmerica Long Term Disability 1-800-553-5318	FT employees.	First of the month following 6 months of employment.	IPG
Worker's Compensation Employee Health 7-7051	All employees.	Upon employment.	IPG

Trustmark Supplemental Benefits - The McClain Group 1-888-841-0454			
Benefit	Who's Eligible	When Eligible	Who Pays
Critical Illness/Cancer	FT & PT employees.	First of month following 2 months of employment.	Employee
Disability – Short Term	FT & PT employees.	First of month following 2 months of employment.	Employee
Life Events - Universal Life	FT & PT employees.	First of month following 2 months of employment.	Employee
Accident	FT & PT employees.	First of month following 2 months of employment.	Employee
Hospital Indemnity (StayPay)	FT & PT employees.	First of month following 2 months of employment	Employee

Time Off Benefits			
Benefit	Who's Eligible	When Eligible	Who Pays
Vacation	FT & PT employees.	Begin accruing upon hire. Eligible to use following 6 months of employment.	IPG
Sick Leave Program (See Attendance Policy)	FT & PT employees.	Begin accruing upon hire. Eligible to use following 6 months of employment.	IPG
Leave of Absence Approved time off up to six months – See Policy	All employees provided they meet policy criteria (if criteria not met see policy).	After one year employment and 1250 length of service hours during immediate preceding 12 month period.	N/A

Vacation Time Accruals	
Non-Exempt Employees:	
Hours Received	Accrual Formula
Receives 40 hours after 2,080 hours paid	.01923 X Hours Paid
Receives 80 hours after 4,160 hours paid	.03846 X Hours Paid
Receives 120 hours after 10,435 hours paid	.05769 X Hours Paid

Maximum accrual equal to twice annual accrual

Exempt Employees:	
Hours Received	Accrual Formula
Receives 120 hours after 2,080 hours paid	.05769 X Hours Paid

Maximum accrual equal to twice annual accrual

Vacation accrual for part-time employees is prorated based on hours paid.

Sick Time Accrual	
Accrue sick leave based on actual hours worked up to a maximum of 48 hours per year.	
Any Length of Service	.02307 X Hours Paid – Not to exceed 80 hours per pay.

Holidays And Miscellaneous Leave Benefits			
Benefit	Who's Eligible	When Eligible	Who Pays
Legal Holidays	FT employees.	Up to 6 days upon employment depending upon effective date of hire or status change.	IPG
	PT employees.	Up to 3 days upon employment depending upon effective date of hire or status change.	IPG
Personal Holidays	FT employees.	8 hours January – June 4 hours July – September 0 hours October-December	IPG
	PT employees.	4 hours January – June 2 hours July – September 0 hours October-December	IPG
Funeral Leave	FT employees.	3 days upon employment as defined in the policy.	IPG
	PT employees.	1 day upon employment as defined in the policy.	IPG
Jury Duty	FT & PT employees.	Upon employment.	IPG Difference between regular rate of pay for scheduled hours & jury fee received.

Compensation Benefits			
Benefit	Who's Eligible	When Eligible	Who Pays
Overtime Pay	All employees paid on a non-exempt basis.	Upon employment.	IPG

Retirement Benefits			
Benefit	Who's Eligible	When Eligible	Who Pays
403b Defined Contribution Transamerica 1-800-755-5801 or Upstreet Financial David Myers or Frank Kinter 1-724-463-5933	FT and PT employees over the age of 21.	After 1 year of service.	Hired before 7/1/2019 – IPG (see scale below) Hired after 6/30/2019 - IPG matches 50% of the employee contribution up to 6% of employee's base pay (3% maximum employer contribution)
403b Voluntary (see above)	FT & PT employees.	Upon employment.	Employee – Can make contribution as % of salary or a specific dollar amount.
	Casual	Upon employment.	Employee – Can make contribution as % of salary.
403b Matching (see above) *Benefit Currently Suspended	FT and PT employees who are a minimum of age 21.	After 2 or more years of vested service. (Must enroll with the representative for this benefit.)	Hired before 7/1/2019 - IPG will match your base rate contribution up to 4% based on years of service. (see schedule below) Hired after 6/30/2019- N/A
Social Security	All employees.	Upon employment.	IPG and Employee.
Medicare	All employees.	Upon employment.	IPG and Employee.
Defined Contribution Levels - Based on Points (Points = Age + Years of Service)			
Less than 40 points		3% Contribution	
40-60 points		4% Contribution	
More than 60 points		5% Contribution	
403B Matching Amounts			
2-4.99 Years of Service		1% match	
5-14.99 Years of Service		2% match	
15-24.99 Years of Service		3% match	
Greater than 25 Years of Service		4% match	

Tuition Assistance Benefits 724-357-7042			
Benefit	Who's Eligible	When Eligible	Who Pays
Tuition Assistance	FT employees.	Upon Hire (Graduate \$4,000 / fiscal year) (Undergraduate \$3,000 / fiscal year)	IPG
	PT employees.	Upon Hire (Graduate \$2,000 / fiscal year) (Undergraduate \$1,500 / fiscal year)	

Other Benefits			
Benefit	Who's Eligible	When Eligible	Who Pays
Direct Deposit	Required for all employees.	Required upon employment.	N/A
Employee Catastrophic Illness and Accident Fund	All employees.	After 6 months of employment.	IPG
Credit Union 724-463-7766	All employees.	Upon employment.	Employee
Parking	All employees.	Upon employment.	IPG
Comprehensive Liability Insurance	All employees.	Upon employment.	IPG
Employee Health Service 724-357-7051	All employees.	Upon employment.	IPG
Nationwide Pet Insurance 1-800-872-7387	FT & PT employees.	First of month following 2 months of employment.	Employee

For information related to this packet or its contents, please contact Human Resources at 724-357-7042

IRMC

PHYSICIAN GROUP

IPG - IRMC Physician Group

Bi-Weekly Rates

Effective July 1, 2021

MEDICAL INSURANCE Highmark Community Blue PMHR Flex www.highmarkbcbs.com 1-800-472-1506	QHDHP – 80/20 Group 17592-02 Base Rate \$16.28 or Less	QHDHP – 80/20 Group 17592-02 Base Rate Above \$16.28	QHDHP – 90/10 Group 17592-01	PPO Group 13837-07
FULL-TIME EMPLOYEES	WITH COMPLETION OF BWELL - Must have completed BWell requirements by March 31, 2021.			
Individual	\$17.86	\$29.77	\$46.99	\$78.34
Parent/Child(ren)	\$37.79	\$62.98	\$142.02	\$203.06
Husband/Wife	\$46.59	\$77.65	\$175.10	\$249.47
Family	\$49.29	\$82.16	\$177.82	\$263.72
FULL-TIME EMPLOYEES	IF BWELL NOT COMPLETED			
Individual	\$32.74	\$44.65	\$63.77	\$100.10
Parent/Child(ren)	\$69.28	\$94.47	\$177.52	\$249.21
Husband/Wife	\$85.42	\$116.48	\$218.87	\$306.17
Family	\$90.37	\$123.23	\$222.28	\$323.65

MEDICAL INSURANCE Highmark Community Blue PMHR Flex www.highmarkbcbs.com 1-800-472-1506	QHDHP – 80/20 Group 17592-02 Base Rate \$16.28 or Less	QHDHP – 80/20 Group 17592-02 Base Rate Above \$16.28	QHDHP – 90/10 Group 17592-01	PPO Group 13837-07
PART-TIME EMPLOYEES	WITH COMPLETION OF BWELL - Must have completed BWell requirements by March 31, 2021.			
Individual	\$17.86	\$29.77	\$46.99	\$78.34
Parent/Child(ren)	\$37.79	\$62.98	\$213.03	\$276.90
Husband/Wife	\$46.59	\$77.65	\$262.65	\$340.18
Family	\$49.29	\$82.16	\$266.73	\$359.62
PART-TIME EMPLOYEES	IF BWELL NOT COMPLETED			
Individual	\$32.74	\$44.65	\$63.77	\$100.10
Parent/Child(ren)	\$69.28	\$94.47	\$248.53	\$323.05
Husband/Wife	\$85.42	\$116.48	\$306.42	\$396.88
Family	\$90.37	\$123.23	\$311.19	\$419.55

DENTAL INSURANCE United Concordia www.ucci.com 1-800-332-0366	Basic Option Group 843416000	Enhanced Option Group 843416002
FULL-TIME and PART-TIME EMPLOYEES		
Individual	\$0.00	\$3.27
Family	\$9.19	\$16.53

VISION INSURANCE Vision Benefits of America www.vbaplans.com/vision 1-800-432-4966	Basic Option Group 953	Enhanced Option Group 2168
FULL-TIME and PART-TIME EMPLOYEES		
Individual	\$0.00	\$1.47
Parent/Child(ren)	\$1.89	\$4.39
Husband/Wife	\$3.23	\$6.49
Family	\$6.46	\$11.59

INDIANA REGIONAL MEDICAL CENTER
Comparison of Plan Options for Community Blue Flex PMHR
IRMC Employees Hired Before 6/1/2017, IPG Employees, and PSEA Bargaining Unit

BENEFITS	HIGHMARK BLUE CROSS BLUE SHIELD								
	QHDHP 80/20			QHDHP 90/10			PPO		
	In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
	Enhanced Value	Standard Value		Enhanced Value	Standard Value		Enhanced Value	Standard Value	
Benefit Period	July - June			July - June			January - December		
Plan Deductible (Individual/Family)	\$2,500 Employee Only Plan / \$5,000 Family Plan ⁽²⁾			\$2,000 Employee Only Plan / \$4,000 Family Plan ⁽²⁾			\$500 / \$1,000	\$1,000 / \$2,000	\$2,500 / \$5,000
Coinsurance (The Plan Pays)	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
Out of Pocket Limit	\$3,000 / \$6,000	\$4,000 / \$8,000	\$10,000 / \$20,000	\$750 / \$1,500	\$1,500 / \$3,000	\$4,000 / \$8,000	\$750/\$1,500	\$2,500 / \$5,000	\$10,000 / \$20,000
Total Maximum Out of Pocket (includes deductible, copayments, coinsurance, and other qualified medical expenses, Network Only)	\$6,500 Employee Only Plan / \$13,000 Family Plan ⁽²⁾		Not Applicable	\$3,500 Employee Only Plan / \$7,000 Family Plan ⁽²⁾		Not Applicable	\$6,600 / \$13,200		Not Applicable
Preventive Care									
Adult Routine Exam	100%, no deductible	100%, no deductible	50% ⁽¹⁾	100%, no deductible	100%, no deductible	60% ⁽¹⁾	100%, no deductible	100%, no deductible	50% ⁽¹⁾
Adult Immunizations	100%, no deductible	100%, no deductible	50% ⁽¹⁾	100%, no deductible	100%, no deductible	60% ⁽¹⁾	100%, no deductible	100%, no deductible	50% ⁽¹⁾
Adult Routine Gynecological Exam, including Pap test	100%, no deductible	100%, no deductible	50%, no deductible	100%, no deductible	100%, no deductible	60%, no deductible	100%, no deductible	100%, no deductible	50%, no deductible
Adult Mammograms, routine and medically necessary	100%, no deductible	100%, no deductible	50% ⁽¹⁾	100%, no deductible	100%, no deductible	60% ⁽¹⁾	100%, no deductible	100%, no deductible	50% ⁽¹⁾
Pediatric Routine Exam	100%, no deductible	100%, no deductible	50% ⁽¹⁾	100%, no deductible	100%, no deductible	60% ⁽¹⁾	100%, no deductible	100%, no deductible	50% ⁽¹⁾
Pediatric Immunizations	100%, no deductible	100%, no deductible	50%, no deductible	100%, no deductible	100%, no deductible	60%, no deductible	100%, no deductible	100%, no deductible	50%, no deductible
Office Visits									
Primary Care Provider Visit	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	100% after \$25 copay	100% after \$35 copay	50% ⁽¹⁾
Specialist Office Visit	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	100% after \$25 copay	100% after \$35 copay	50% ⁽¹⁾
Retail Clinic Visit	80% ⁽¹⁾	80% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	90% ⁽¹⁾	60% ⁽¹⁾	100% after \$25 copay	100% after \$25 copay	50% ⁽¹⁾
Urgent Care Center Visit	80% ⁽¹⁾	80% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	90% ⁽¹⁾	60% ⁽¹⁾	100% after \$35 copay	100% after \$35 copay	50% ⁽¹⁾
Telemedicine	80% ⁽¹⁾	80% ⁽¹⁾	Not Covered	90% ⁽¹⁾	90% ⁽¹⁾	Not Covered	100% after \$20 copay	100% after \$20 copay	Not Covered
Hospital Expenses									
Inpatient	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
Outpatient	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
Medical Care/Surgical Expenses	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
Diagnostic Services									
Basic Diagnostics	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
Advanced Imaging (MRI, CAT, PET scan, etc.)	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
Emergency Services									
Emergency Room Services	80% ⁽¹⁾	80% ⁽¹⁾	80% ⁽¹⁾	90% ⁽¹⁾	90% ⁽¹⁾	90% ⁽¹⁾	100% after \$100 copay; copay waived if admitted		
Emergency Ambulance	80% ⁽¹⁾	80% ⁽¹⁾	80% ⁽¹⁾	90% ⁽¹⁾	90% ⁽¹⁾	90% ⁽¹⁾	90% ⁽¹⁾	90% after Enhanced Deductible	
Therapy Services									
Physical, Speech, Occupational Therapy	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
Spinal Manipulations	Combined Limit: 20 visits per benefit period per therapy type			Combined Limit: 20 visits per benefit period per therapy type			Combined Limit: 20 visits per benefit period per therapy type		
	80% ⁽¹⁾	60% ⁽¹⁾	50% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	60% ⁽¹⁾	90% ⁽¹⁾	70% ⁽¹⁾	50% ⁽¹⁾
	Combined Limit: 20 visits per benefit period			Combined Limit: 20 visits per benefit period			Combined Limit: 20 visits per benefit period		
Prescription Drug									
Pharmacy Network/Formulary	National Network/Comprehensive Open			National Network/Comprehensive Open			National Network/Comprehensive Incentive		
Deductible (Individual/Family) - Combined Retail & Mail	Combined with Medical			Combined with Medical			\$50 / \$150		
Retail Copay/Coinsurance	Plan pays 80% ⁽¹⁾			Plan pays 90% ⁽¹⁾			Generic \$0/\$0/\$0; Brand Formulary \$30/\$60/\$60; Brand Non-Formulary \$60/\$120/\$120		
Retail Quantity	31 - 90 days			31 - 90 days			30/60/90 days		
Maintenance Mail Order Copay	Plan pays 80% ⁽¹⁾			Plan pays 90% ⁽¹⁾			\$0 Generic / \$60 Brand Formulary / \$120 Brand Non-Formulary		
Maintenance Mail Order Quantity	90 days			90 days			90 days		

THIS CHART IS NOT INTENDED AS A CONTRACT OF BENEFITS. IT IS DESIGNED PURELY AS A REFERENCE TO HELP YOU COMPARE THE PROGRAMS AVAILABLE.

⁽¹⁾ Deductible must be satisfied before coinsurance begins. ⁽²⁾ If you enroll as an individual, the deductible and out-of-pocket maximums for the "Employee Only Plan" apply.

If you enroll as a family, the deductible and out-of-pocket maximums for the "Family Plan" apply and can be satisfied by one or more of your family members.

Dental Benefits Summary for Indiana Regional Medical Center

Effective Date: July 1, 2021

Network: Advantage Plus

Effective Date: July 1, 2022

Benefit Category ¹	CONCORDIA FLEX PLANS	
	Basic Option ²	Enhanced Option ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays	100%	100%
All Other X-rays	100%	100%
Cleanings & Fluoride Treatments	100%	100%
Sealants	100%	100%
Palliative Treatment	100%	100%
Space Maintainers	100%	100%
Class II – Basic Services		
Basic Restorative (Fillings)	85%	85%
Simple Extractions	85%	85%
General Anesthesia	85%	85%
Endodontics (Root Canals)	85%	85%
Nonsurgical Periodontics	85%	85%
Surgical Periodontics	85%	85%
Complex Oral Surgery	85%	85%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	Not Covered	85%
Class III – Major Services		
Inlays, Onlays, Crowns	Not Covered	50%
Prosthetics (Bridges, Dentures)	Not Covered	50%
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	Not Covered	50%
Included Plan Features		
The College Tuition Benefit® – College Savings Program ³	• Earn Tuition Rewards® points redeemable for tuition discounts • Receive 2,000 at signup, then 2,000 points/year • Each child enrolled receives a one-time bonus of 500 Tuition Rewards points • One Tuition Rewards point = \$1 reduction in full tuition • Use Tuition Rewards points at participating private colleges and universities	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	No Deductible	No Deductible
Annual Program Maximum (per person)	\$1,000	\$1,000 Excludes Orthodontia
Lifetime Orthodontic Maximum (per person)	Not Applicable	\$1,500

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
3. Tuition Rewards[®] is a Registered Trademark of and administered by SAGE Scholars, Inc. Participation in the program is contingent upon enrollment with SAGE Scholars, Inc. Tuition Rewards are not an underwritten benefit but a value-added program. Tuition Rewards not available in all jurisdictions (SAGE). SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCCI does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

Save Money On College

Earn points for discounts on tuition

Now you can help the students in your family to afford a college education. Because your United Concordia Dental plan includes the College Tuition Benefit®, a savings program offered in partnership with SAGE Scholars, Inc.

Much like a frequent flier program, you'll earn Tuition Rewards® points that can be redeemed for tuition discounts at more than 400 participating private colleges and universities.



How Tuition Rewards work

- Earn 2,000 Tuition Rewards points every year you're covered by United Concordia Dental insurance.
- 1 Tuition Rewards point = \$1. So 2,000 points = \$2,000 in tuition discounts.
- Helps eligible students in the policyholder's family afford college including children, grandchildren, nieces, nephews, stepchildren, godchildren and adopted children.
- Each child enrolled receives a one-time bonus of 500 Tuition Rewards points.

Sign up for Tuition Rewards

You can sign up on or after your plan's effective date. Then simply enroll the students in your family, and start earning points.

1. Log into your **MyDentalBenefits** account at **UnitedConcordia.com**.
2. Click on **Learn More** in the Tuition Rewards notification bar above your benefits info.
3. Click on the **Get Started** button and consent to participate.
4. Look for an email from SAGE Scholars that shows your registration instructions.



You can enroll on
or after your plan's
effective date.

Don't have a *MyDentalBenefits* account? Create one now at UnitedConcordia.com/GetMDB.



INDIANA REGIONAL MEDICAL CENTER

Expert Solutions. Exceptional Service.

FREQUENCY OF SERVICE Last Date of Service:

STUDENT AGE: 23 EOBM

	Employee	Spouse	Children (Up to age 19 EOBM)
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

VBA # 953: MANAGED VISION CARE PROGRAM ZERO COPAYMENT PROGRAM

BENEFITS: *Employee can select either:*

	Basic Plan	VBA Participating Provider Amount Covered	Non-Participating Provider Amount Reimbursed
Vision Exam (For Glasses or Contacts)		100%	\$35
Clear Standard Lenses (Pair):			
Single Vision		100%	\$30
Bifocal		100%	\$40
Blended Bifocal		100%	\$40
Trifocal		100%	\$60
Progressives		Partially Covered ^A	\$60
Lenticular		100%	\$80
Polycarbonate		100% ^B	N/A
Scratch Coat-1 Yr		100%	N/A
Frame		100% ^C	\$40
-OR-			
Elective Contacts (in lieu of eyeglass benefits)			
Material Allowance		\$125 ^D	\$125
Fitting Fee		15% off UCR ^A	N/A
-OR-			
Medically Required Contacts		100% ^E	\$250

A Participation may vary by location. Check with your Provider for details.

B Available In-Network at no charge for children under age 19.

C Up to the program's \$45 wholesale allowance.

D The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

E Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

VBA # 2168: MANAGED VISION CARE PROGRAM ZERO COPAYMENT PROGRAM

BENEFITS: *Employee can select either:*

	Enhanced Plan	VBA Participating Provider Amount Covered	Non-Participating Provider Amount Reimbursed
Vision Exam (For Glasses or Contacts)		100%	\$40
Clear Standard Lenses (Pair):			
Single Vision		100%	\$40
Bifocal		100%	\$50
Blended Bifocal		100%	\$50
Trifocal		100%	\$75
Progressives (except Digital)		100% ^A	\$75
Lenticular		100%	\$100
Polycarbonate		100% ^B	N/A
Scratch Coat-2 Yr		100%	N/A
UV 400		100%	N/A
Solid or Gradient Tints		100%	N/A
Frame		100% ^C	\$50
-OR-			
Elective Contacts (in lieu of eyeglass benefits)			
Material Allowance		\$150 ^D	\$150
Fitting Fee		15% off UCR ^A	N/A
-OR-			
Medically Required Contacts		100% ^E	\$300

A Participation may vary by location. Check with your Provider for details on digital progressive lenses.

B Available In-Network at no charge for children under age 19.

C Up to the program's \$50 wholesale allowance.

D The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

E Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

Limitations

These plans are designed to cover your visual needs rather than cosmetic options.

VBA # 953 - ADDITIONAL CHARGES

You may incur out-of-pocket charges when selecting any of the following:

- Tinted Lenses
- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at \$45)
- The coating of the lens or lenses (except 1 year scratch protection)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective/Backside UV/Optifog

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

NOT COVERED

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- Any eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services or materials provided as a result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under these programs which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

VBA # 2168 – ADDITIONAL CHARGES

You may incur out-of-pocket charges when selecting any of the following:

- * Rimless frames
- * Photochromic/Polarized Lenses
- * Polycarbonate (covered under age 19)
- * Hi-Index Lenses
- * Digital Progressive Lenses
- * A frames that costs more than the plan allowance
- * Anti-Reflective/Backside UV/Optifog

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.



FOCUS ON HEARING HEALTH

What to Know about Hearing Loss



Recognizing the signs of hearing loss

Signs of hearing loss can develop slowly over time, or they can begin suddenly. Struggling to hear certain sounds or syllables is a telltale sign of hearing loss.

An estimated 30 million Americans suffer from hearing loss and could benefit from using hearing aids.¹ Left untreated, hearing loss can have significant effects on communication abilities, quality of life, social participation and overall health.

How can you treat hearing loss?

Hearing loss is a common condition, with many treatment options to restore one of your key senses. Treatment is dependent upon the type of hearing loss and individual's hearing needs.

To determine your best course of care, schedule an appointment with a local hearing provider who will make recommendations based on:

- 1 Your type of hearing loss
- 2 Your degree of hearing loss
- 3 The cause(s) of hearing loss, if known
- 4 Your lifestyle, interests and communication needs
- 5 Your cosmetic preferences and budget

Your Hearing Network's 60-day guarantee is the perfect way to experience better hearing. Call (866) 980-5688 (Monday - Friday between 8:30 am - 8:00 pm EST) for more information or to request a free hearing exam with a provider in your area.

Limited Time Offer: VBA members receive a \$200 rebate on advanced hearing aids.*

Hearing health care services administered by 

400 Lydia Street, Suite 300 | Carnegie, PA 15106 | 1-800-432-4966 | www.vbaplans.com

The information contained above is intended to be educational in nature, does not constitute medical advice, and should not be relied on as a substitute for actual professional medical advice, care or treatment. If you have any hearing or other health related concerns, VBA encourages you to immediately contact your hearing healthcare provider, or any other competent, licensed, medical professional.

1. National Institute on Deafness and Other Communication Disorders (www.nidcd.nih.gov/health/statistics/quick-statistics-hearing) • 2. Up to 40% off pricing as referenced in the Consumer Guide to Hearing Aids, details available on request. Discount varies depending on product. This offer is only good at participating Your Hearing Network provider locations and cannot be combined with any other offer or discount

*Offer good through 12/31/2021. Rebates are valid only on product technology levels 3, 4, 5 and may not be used with any federal or state funded reimbursement programs. Rebates are not valid on returned hearing aids, please allow 60 days for receipt of the mail-in-rebate.

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Hearing Loss

can be debilitating without treatment. Most types can be overcome with professional hearing care.

Symptoms Include:

Muffled sounds

Frequently asking others to speak more slowly, clearly and loudly

Needing to turn up the volume on the television or radio

Withdrawal from conversations

Avoidance of some social settings

Did You Know?



With Your Hearing Network, VBA members receive a free annual hearing exam.

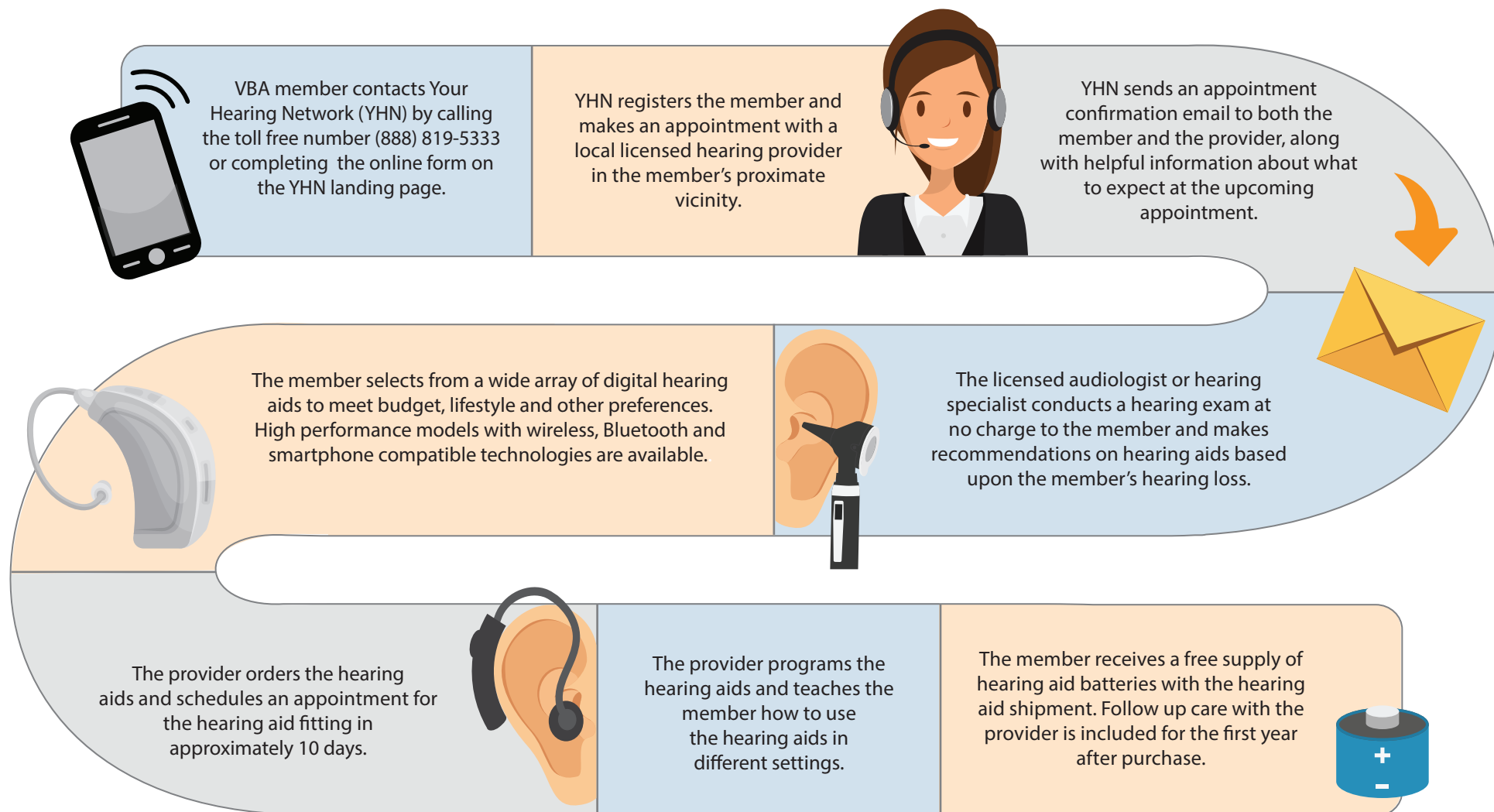


Members have access to exclusive hearing aid benefits including savings over 40% off high-performing hearing aids.²



Hearing aids come with a 3 year manufacturer's warranty, including loss and damage coverage.

How the Your Hearing Network Hearing Care Program for VBA Works





2021 Special Benefits Opportunity for Indiana Regional Medical Center Employees



Meet the Martins

Right now, life looks picture perfect. The Martins have little to worry about, and they'd like to keep it that way. But how? Trustmark Insurance can help. It can help protect their family from financial hardship if something happens.

To learn more or enroll, you may contact a benefit counselor at this dedicated toll-free number for Indiana Regional Medical Center employees: 888-841-0454



Trustmark Universal LifeEvents® Insurance

Universal LifeEvents combines two important benefits into one affordable product. With LifeEvents, your benefits can be paid as a Death Benefit, as Living Benefits for long-term care, or as a combination of both.

Key features of this Universal LifeEvents benefit

- **Long Term Care Benefit (LTC)** – Pays 4% of your death benefit for up to 25 months for home healthcare, assisted living, nursing home care and adult day care. There is a 90-day elimination period before benefit can be paid.
- **Benefit Restoration** – Restores your death benefit that is reduced to pay for living benefits.
- **Accelerated Death Benefit** – Advances 75% of your death benefit if your doctor determines that your life expectancy is 24 months or less.

Universal LifeEvents death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary; issue age is 18-64.

Optional benefits

- **EZ Value** – Guaranteed automatic increases to Death Benefit and all Living Benefits.
- **Children's Term** – Covers children, from newborn to 23 years old. Provides a \$10,000 insurance policy for each child for a single premium rate.
- **Accidental Death** – Doubles your death benefit if death occurs by accident.

Guaranteed issue offer

For employees who have not previously applied and were hired on or after May 1, 2020 Universal LifeEvents® is available on a guaranteed issue basis on policies up to \$10 week/premium, not to exceed \$200,000.* – medical questions are not used to determine issuance, and you can't be turned down for coverage.

Employees age 65+

Employees over age 65 may apply for a traditional Universal Life insurance plan, featuring a benefit that does not reduce due to age.

*Product may be available on a guaranteed issue or modified guaranteed issue basis; some exceptions may apply.



Trustmark Disability Income Insurance

Disability Income insurance replaces part of your paycheck when you are disabled¹ and unable to work. It can help you meet financial obligations when you don't have a paycheck coming in.

Key features of this Disability Income benefit

Disability insurance benefits are yours to use any way you want. Use them to help with:

- Rent or mortgage
- Credit card and automobile payments
- Child care and housekeeping
- Medical insurance co-pays and deductibles

What's covered

Total disability¹ due to: Non-occupational sickness – Non-occupational injury – Pregnancy (10 months after effective date) – Complications of pregnancy

Guaranteed issue offer

For employees who have not previously applied and were hired on or after May 1, 2020, Disability Income is available on a guaranteed issue basis on policies of between \$300 and \$3,000 per month, up to 60% of their base income.* – medical questions are not used to determine issuance, and you can't be turned down for coverage.

Pre-existing conditions limitation: If you have become disabled because of a pre-existing condition, the disability is not covered if it begins during the first 12 months after the effective date of coverage. Pre-existing condition means a sickness or physical condition for which you were treated, received medical advice or had taken medicine within 12 months before the effective date of coverage. Pre-existing limitations may vary by state. See your policy for exact terms.

¹During the first year of disability, totally disabled means you are: • Unable to work at your job • Not working at your current employer • Under a doctor's care for the injury or covered sickness causing your disability After the first year of disability, totally disabled means you are: • Unable to work at any job for which you are qualified by reason of training, education or experience • Not working at a gainful job for pay or benefits • Under a doctor's care for the injury or covered sickness causing your total disability.

Trustmark Critical Illness Insurance with Cancer

Critical Illness Insurance provides a substantial cash benefit upon the first diagnosis (the first time a physician identifies a covered condition from its signs or symptoms) of a covered critical illness or condition to help protect you from the costs associated with them. Your benefit amount is paid in full regardless of any other insurance you may have in force.

What's covered

Invasive Cancer – Heart Attack – Stroke – Renal (Kidney) Failure – Blindness – ALS (Lou Gehrig's Disease) – Major Organ Transplant – Paralysis of at least 2 Limbs – Coronary Artery Bypass Surgery (25% benefit) – Carcinoma In Situ (25% benefit)

Key features of this Critical Illness benefit

- Subsequent condition benefit² – Pays a lump-sum cash payment when you are diagnosed with any and every covered condition included in your policy. There are no limits to the number of payouts for each insured family member and no reduction in payouts for later-diagnosed conditions.³
- Health Screening Benefit – To help you stay well, the Health Screening Benefit pays the cost of one screening test per calendar year (\$100 maximum). Some of the many screening tests covered include:
 - Low dose mammography
 - Pap smear (women over 18)
 - Serum cholesterol
 - Prostate specific antigen
 - Stress test
 - Colonoscopy
 - Bone marrow
 - Chest X-ray

Optional benefits

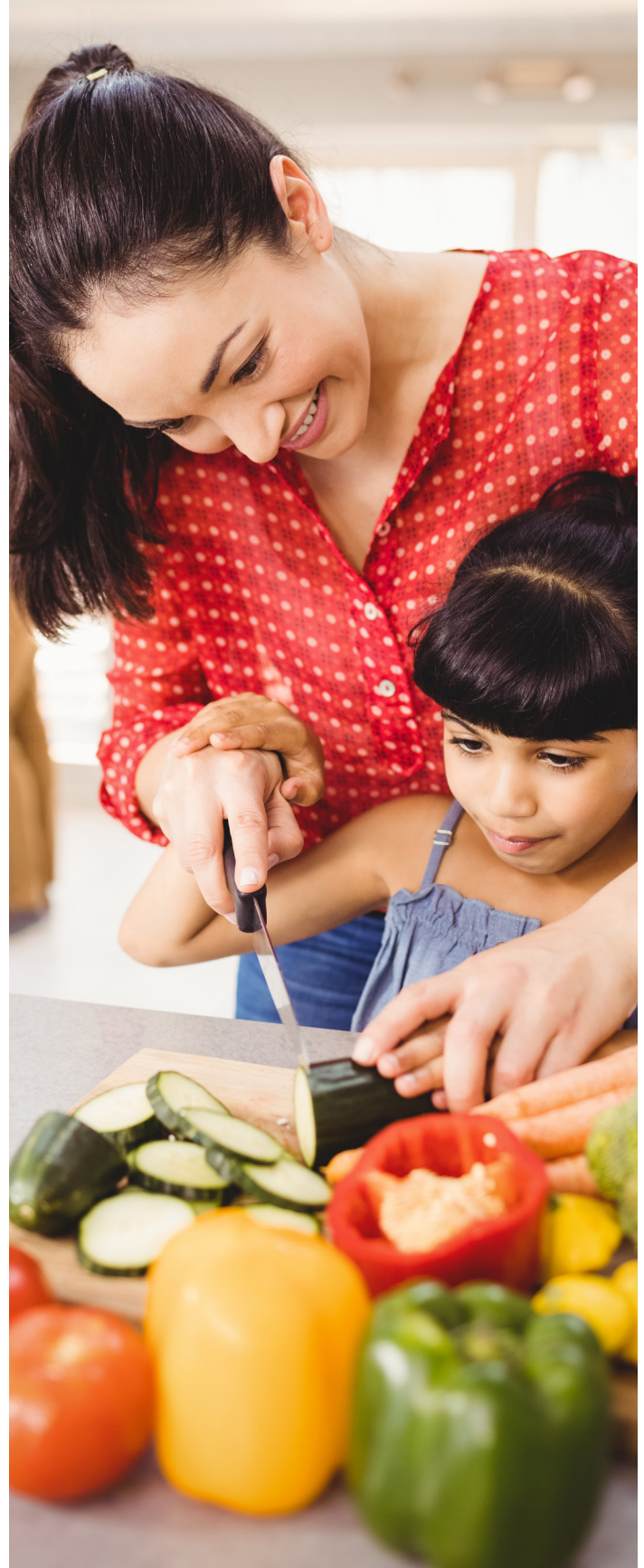
- **EZ Value** – Coverage amount automatically increases your benefits to keep pace with your increasing needs. Your benefit increases each year by the amount of insurance an additional \$1.00 premium will buy.

Guaranteed issue offer

For employees hired on or after May 1, 2020 who have not previously applied for coverage, Critical Illness is available on a guaranteed issue basis on policies of \$3 per week or up to \$10,000, whichever is greater. Medical questions are not used to determine issuance, and you can't be turned down for coverage.*

Pre-existing Condition Limitation. Generally, no benefit will be paid during the first 12 months for any condition caused by or resulting from a pre-existing condition from the 12 months immediately prior to coverage effective date. ²Separation periods between diagnoses may apply. Please consult your policy/group certificate for complete details. ³Coronary artery bypass and carcinoma in situ are limited to one payout for each condition, which will not reduce any subsequent benefits.

*Product may be available on a guaranteed issue or modified guaranteed issue basis; some exceptions may apply





Trustmark Accident Insurance

You do everything you can to keep your family safe, but accidents do happen. When they do, it's good to know you have help to manage the unexpected bills that come with them.

Trustmark Accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household ones. It provides cash benefits to cover things your health insurance doesn't, such as:

- Deductibles
- Transportation and lodging costs
- Co-payments
- Everyday bills and more

What's more, your benefits come directly to you without any restrictions on how you can use them. You can't predict when unexpected accidents will happen, but you can help protect your family from the expenses accidents bring with them.

SCHEDULE OF BENEFITS/24-Hour Coverage

Benefit	Amount	Benefit	Amount
INITIAL CARE		INJURIES	
Hospital Benefits		Fractures	
Admission Benefit (per admission)	\$2,000	Open reduction	up to \$10,000
Confinement Benefit (per day up to 365 days)	\$400	Closed reduction	up to \$5,000
ICU Benefit (per day up to 15 days)	\$600	Chips	25% of closed amount
Emergency Room Treatment	\$200	Dislocations	
Ambulance		Open reduction	up to \$8,000
Ground	\$200	Closed reduction	up to \$4,000
Air	\$1,000	Laceration	
Initial Doctor's Office Visit	\$100	up to \$800	
Lodging (per night up to 30 days per accident)	\$200	Burns	
Surgery Benefit		Flat amount for:	
Open, abdominal, thoracic	\$2,000	3rd degree 35 or more sq. in.	\$15,000
Exploratory	\$200	3rd degree 9-34 sq. in.	\$2,250
Blood, Plasma and Platelets	\$600	2nd degree for 36% or more of body	\$1,125
Emergency Dental Benefit		Concussion	
Extraction	\$100	\$200	
Crown	\$300	Eye Injury	
FOLLOW-UP CARE		Requires surgery or removal of foreign body	
Accident Follow-up Treatment	\$100	\$400	
Physical Therapy		Herniated Disc	
Up to 6 visits per person per accident.	\$50	\$800	
Appliance	\$200	Loss of Finger, Toe, Hand, Foot or Sight	
Transportation		Loss of both hands, feet, sight of both eyes	
100+ miles, up to 3 trips	\$475	or any combination of two or more losses	
Prosthetic Device or Artificial Limb		\$15,000	
More than one	\$2,000	Loss of one hand, foot or sight of one eye	
One	\$1,000	\$7,500	
Skin Grafts	25% of burn benefit	Loss of two or more fingers, toes or any	
ACCIDENTAL DEATH		combination of two or more losses	
Employee	\$50,000	\$1,500	
Spouse ²	\$20,000	Loss of one finger or one toe	
Child	\$10,000	\$750	
ACCIDENTAL DEATH - COMMON CARRIER		Tendon/Ligament/Rotator Cuff Injury	
Employee	\$100,000	Repair of more than one	\$1,200
Spouse ²	\$40,000	Repair of one	\$800
Child	\$20,000	Exploratory surgery without repair	\$200
		Torn Knee Cartilage	
		\$1,000	
		Exploratory surgery	
		\$200	
		Health Screening Benefit	
		One Per Person Per Year	
		Routine Health Screen Tests	
		\$100	

¹Please consult your policy/group certificate for exclusions, limitations and policy details.

²In some states, spouse, domestic partner or civil union partner.

Benefits may vary by state. Most benefits are paid once per person per covered accident unless otherwise noted.



Trustmark Hospital StayPay® Insurance

Hospital stays can be really expensive, and health insurance might not cover everything. You may have copays, deductibles and other surprise expenses. Trustmark Hospital StayPay helps you keep a hospital trip affordable.

Trustmark Hospital StayPay is designed to pair with your medical plan so you can be more confident in your protection. You can get cash benefits for hospital stays due to a covered sickness or accident, normal childbirth or C-Section, or mental wellness/addiction recovery. You also have flexibility to adjust your benefit amount as your needs change.

With Hospital StayPay, you can worry less about your bills, and focus on recovering.

Key features of this Hospital StayPay benefit

- The First Day Stay benefit pays you a benefit when you're first admitted to a hospital.
- You'll receive a daily benefit for each day your stay continues after that.
- Days spent in an intensive care unit pay an even larger amount than the daily benefit.

Schedule of Benefits

First Day Stay Benefit† Only one benefit amount can be selected	\$1,000 / \$2,000
Daily Hospital Stay Benefit†	\$100
Daily Hospital ICU Benefit†	\$200
Childbirth Hospital Stay†	Included

- Guaranteed issue for all benefit-eligible employees and dependents

Pre-existing Condition Limitation will be waived for employees hired on or after May 1, 2020.

Pre-existing Condition Limitation. Generally, no benefit will be paid during the first 12 months for any condition caused by or resulting from a pre-existing condition from the 12 months immediately prior to coverage effective date.

†Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). However, anyone who has or plans to open an HSA should consult tax and legal advisors to confirm which supplemental benefits may be purchased by persons with an HSA to maintain tax-exempt status.

This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation.

Plan forms GUL.205/IUL.205, CACI-82001, DI 902, A-607, HII 119 and applicable riders are underwritten by Trustmark Insurance Company, Lake Forest, Illinois. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Pre-existing condition limitations may apply. Your policy/certificate will contain complete information. Trustmark®, LifeEvents®, and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company.



ON-LINE BENEFIT ENROLLMENT

Selecting your benefits is fast, easy and convenient with the online enrollment system. You will be able to make decisions and changes online and get immediate confirmation of your selections.

You may self-enroll or meet individually with Human Resources.

Self-Enrollment Instructions:

Step 1

Connect to the website through your web browser at <https://trustmark.benselect.com> or from the intranet – Human Resources Tab, Benefits. The link is on the right side of page.

Step 2

At the "Employee Login" screen, enter your Social Security Number without dashes and your personal identification number (PIN). Your PIN is a combination of the last 4 digits of your Social Security Number and the last 2-digits of the year you were born. For example, if the last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your Pin would be "321468".

If you are having trouble logging on the system, contact Human Resources at 7-7042 for assistance.

Step 3

When the Welcome Page appears on your screen, you are ready to begin enrollment! Follow the onscreen instructions to enroll in your benefits, find answers to your questions, and download forms and more.



Important Information Before You Begin:

- You will need social security numbers and birth dates for your spouse and dependents. This is required to enroll your spouse and dependents in your benefits.