



Total. Local. Care.

Full-Time EMPLOYEE BENEFITS OVERVIEW

June 1, 2022 through May 31, 2023



MEDICAL | DENTAL | VISION | GROUP LIFE & AD&D | SHORT & LONG-TERM DISABILITY | VOLUNTARY LIFE & AD&D | FSA ACCOUNTS

Benefits overview intended for summary purposes only.

The health of our employees is a priority, and we recognize the importance of providing quality benefits as part of our overall compensation package. This Employee Benefits Overview (EBO) is provided as a convenient reference document of your benefit options. Please refer to the carrier's Summary of Benefits and Coverage (SBC) and/or Certificate of Coverage for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

Eligibility & Change in Family Status

Employees working a minimum of 36 hours per week are eligible for full benefits outlined in this summary. Any employee averaging 30 hours per week or more is eligible for medical insurance according to the ACA. Benefits are effective on the first of the month following 30 days after your date of hire and coverage is available for you, your spouse and/or dependent child(ren). Dependent child(ren) are eligible for coverage up to age 26 for medical, dental and vision benefits.

We have adopted an IRS-sponsored Section 125 Plan that allows premiums for medical, dental, vision insurance, contributions to FSA accounts and/or certain supplemental policies to be deducted from your paycheck on a pre-tax basis. Under Section 125, changes to pre-tax benefits can be made ONLY during the Open Enrollment period unless you or a qualified dependent experience a change in family status (or Qualifying Event). Examples of Qualifying Events are as follows:

- Marriage/Divorce/Legal Separation
- Birth/adoption or placement of a child for adoption
- Death
- Loss of coverage (for you or dependents)/loss of eligibility status for dependents

It is your responsibility to notify Human Resources within 30 days of a Qualified Event if you want to add or remove a dependent from your benefit plans. The effective date will be the same day as the status change (for example, your newborn's birth date or date of marriage).

Participation in the Section 125 Benefit Plan is automatic for all eligible employees who are enrolled in health, dental and/or vision insurance programs offered. Under the Section 125 Plan, your gross taxable income will be reduced to pay your share of premiums for these group insurance programs on a tax-free basis. If you wish to pay your share of premiums post-tax, please notify human resources.



Take Advantage of Preventive Care Benefits

Preventive care is covered in full when performed in a preventive capacity by an in-network provider. The types of tests or procedures typically covered as preventive may include mammograms, pap smears, prostate specific antigen (PSA) tests, colonoscopies, and preventive screenings for newborns and children. Some testing may have age or gender requirements.

Examples of Preventive Care



Flu Shot

Can help prevent the flu



Colonoscopy

Can help prevent colon cancer, or find it in the early stages when it's more treatable



Mammograms

Can help prevent breast cancer, or find it in the early stages when it's more treatable



Annual checkup

Can help prevent health problems such as diabetes and high cholesterol before they start or get worse

Your medical coverage is designed to help promote good health and protect you and your family from major financial hardships in the event of illness or injury. Anthem of Kentucky is your health insurance carrier. See chart below for medical summary.

Each health plan offered has unique features. You have the option to choose a medical plan that fits your needs and your budget by balancing the cost of premiums, deductibles, maximum out-of-pocket amounts, coinsurance, and copays. Generally, if you choose a plan with a higher deductible and maximum out-of-pocket, your monthly premium will be lower. Consider your family's overall typical or expected health plan utilization to choose the plan that is right for you.



Medical Benefits Summary	T.J. Performance Plan In-Network Benefits		T.J. HDHP / HSA Plan In-Network Benefits	
	T.J. Domestic	Anthem Retail	T.J. Domestic	Anthem Retail
Annual Employer HSA Contribution	N/A	N/A	\$500 individual \$1,000 family	
HSA Employer Funding Schedule	N/A	N/A	50% will be deposited on June 1st and 50% on December 1st	
Calendar Year Annual Medical Deductible	No Deductible	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family	
Coinsurance (Plan/Member)	Does Not Apply	70% / 30%	N/A (after deductible is met)	70 / 30% (after deductible is met)
Medical Maximum Out-of-Pocket (includes deductible, medical copays, and coinsurance)	\$1,250 individual \$2,500 family	\$6,000 individual \$12,000 family	\$4,500 individual \$9,000 family	\$6,000 individual \$12,000 family
Rx Maximum Out-of-Pocket	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	Applies to Medical Maximum Out-of-Pocket	
Aggregated or Embedded Accumulators	Embedded		Embedded	
Covered Services	Member Cost Share		Member Cost Share	
Primary Care Office Visit	\$5 Copay	\$30 Copay	Deductible then 0%	Deductible then 30%
Specialist Office Visit	\$10 Copay	\$60 Copay	Deductible then 0%	Deductible then 30%
Preventive Care	No Charge	No Charge	No Charge	No Charge
Emergency Room	\$150 Copay	\$150 Copay	Deductible then 0%	Deductible then 30%
Urgent Care Center	\$25 Copay	\$75 Copay	Deductible then 0%	Deductible then 30%
Inpatient Facility Services	No Charge	Deductible then 30%	Deductible then 0%	Deductible then 30%
Outpatient Services	No Charge	Deductible then 30%	Deductible then 0%	Deductible then 30%
C=Care Program?	Yes		N/A (Per IRS guidelines, C=Care is not an eligible HDHP benefit)	
Rx Drug Copay (Retail 30-day supply)	Generic: \$4	Generic: \$15	After Deductible: Generic: \$4	After Deductible: Generic: \$15
	Preferred: \$20	Preferred: \$45	Preferred: \$20	Preferred: \$45
	Non-Preferred: 50% (min \$35 / max \$75)	Non-Preferred: 50% (min \$75 / max \$125)	Non-Preferred: 50% (min \$35 / max \$75)	Non-Preferred: 50% (min \$75 / max \$125)
Specialty Drug ¹	50% (min \$35 / max \$75)	N/A	50% (min \$35 / max \$75)	N/A

1. Specialty Drugs must be filled at T.J. Pharmacy unless medication is not available.

*The above references in-network benefits only. For a complete listing of covered and excluded benefits along with out-of-network benefits, please refer to your employer's Plan Certificate and/or Summary Plan Description.

The programs offered to T.J. Regional Health employees are 100% voluntary. For employees who reach "Engagement Status" and do not use nicotine, you can receive discounts on your premiums. If a spouse is covered under the T.J. Regional Health current Health Plan, they can also receive the same discounts as employees.

Medical Payroll Deductions

24 Pay Periods

* Engagement and Non-Tobacco Credits apply to Employee and Spouse only.

► EMPLOYEE

Plan Option	Engaged Non-Tobacco	Engaged Tobacco	Non-Engaged
T.J. HDHP / HSA Plan	\$31.65	\$69.15	\$106.65
T.J. Performance Plan	\$66.46	\$103.96	\$141.46

Alternative Standard

If due to a medical condition it is unreasonable for you and/or your covered spouse to meet specific engagement criteria, an alternative standard may be made available to you. See Human Resources for details.

► EMPLOYEE + CHILD(REN)

Plan Option	Engaged Non-Tobacco	Engaged Tobacco	Non-Engaged
T.J. HDHP / HSA Plan	\$127.93	\$165.43	\$202.93
T.J. Performance Plan	\$179.55	\$217.05	\$254.55

► EMPLOYEE + SPOUSE

Plan Option	Both Engaged - Both Non-Tobacco	Both Engaged - Either EE OR SP Tobacco	Both Engaged - EE AND SP Tobacco	One Engaged - Non-Tobacco	One Engaged - Tobacco	Both Non-Engaged
T.J. HDHP / HSA Plan	\$162.82	\$200.32	\$237.82	\$237.82	\$275.32	\$312.82
T.J. Performance Plan	\$228.51	\$266.01	\$303.51	\$303.51	\$341.01	\$378.51

► FAMILY

Plan Option	Both Engaged - Both Non-Tobacco	Both Engaged - Either EE OR SP Tobacco	Both Engaged - EE AND SP Tobacco	One Engaged - Non-Tobacco	One Engaged - Tobacco	Both Non-Engaged
T.J. HDHP / HSA Plan	\$228.45	\$265.95	\$303.45	\$303.45	\$340.95	\$378.45
T.J. Performance Plan	\$320.62	\$358.12	\$395.62	\$395.62	\$433.12	\$470.62



Anthem's Mobile App

Meet 'Sydney', the mobile app that runs on intelligence and keeps pace with you!

Anthem's digital app 'Sydney' provides a single, convenient location for a digital ID card, plan details, spending accounts, claims and more!

You now have advanced integrated help and support with click to chat features and the ability to schedule a call back.

Sydney's ON THE GO!

Download the Sydney app at





Flexible Spending Accounts (FSAs) offer you the opportunity to payroll deduct some of your income on a **pre-tax basis** to pay for certain healthcare expenses that may not be covered as part of your benefit plans. In addition to the pre-tax savings benefit, your total election amount will be available at the beginning of the plan year! You will “pay back” the program with future paycheck deductions.

Healthcare Flexible Spending Account Details

Annual Contribution Limits (limits subject to change)	Up to \$2,850
Medical FSA (Available with PPO Plans or stand-alone)	Qualified Expenses: Medical, Dental, Vision, Pharmacy, Over-the-Counter Medications
Limited Purpose FSA (Only available with HDHP)	Qualified Expenses: Dental and Vision Only
Debit Card Included	Yes
Plan Year	June - May
Extension period to file claims from previous plan year	60 days
Rollover Provision?	Up to \$570

The Dependent Care Account

(for use with either medical plan or stand-alone)

This account allows you to payroll deduct **tax-free dollars** to fund the daycare of children under the age of 13, or a disabled spouse, child, or parent. This account can be used for daycare, preschool, after school care, summer day camp or elder care.

The annual maximum contribution is \$5,000 for individuals or married couples filing jointly, or \$2,500 for married individuals filing separately. Married couples have a combined \$5,000 limit, even if each has access to a separate dependent care FSA. This account can only be used as the money accumulates from your paycheck and must be spent by the end of the Plan Year or may be forfeited. Please refer to plan policy for specific details regarding rollover allowances or extension periods.

PPO vs. HDHP / HSA ... What is the Difference?

The information below provides key definitions and a review of how PPO and HDHP / HSA function. Both plans cover the same network of providers and the same services but how you pay for your share of expenses is handled differently. The benefit summary grid will outline your out-of-pocket expenses and the benefit period specific to your plan.

PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- When you use services such as MRIs, CT Scans, lab work, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay, during a benefit period, and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum is met, services are covered in full by the plan for the entire family until the end of the benefit period.


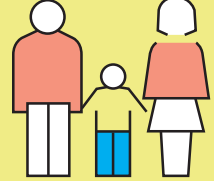

HDHP / HSA MEDICAL PLAN

- **Copays:** Generally, HSA medical plans do not feature copays for medical or pharmacy services. Instead, you are responsible for the amount of the claim, after the carrier has applied all applicable discounts, and the entire claim will be applied toward your deductible.
- If your HSA medical plan includes copays for office visits or prescriptions, these copays are applicable once the deductible is satisfied.
- **Deductible:** The full deductible on your HSA medical plan must be met before your plan begins to pay. **All out-of-pocket medical and prescription expenses apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay, during a benefit period, and includes all deductible, copays, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum is met services are paid in full by the plan for the entire family until the end of the benefit period.



Health Savings Account (HSA)

If you elect the HDHP/HSA Plan, you may be eligible to contribute money into a Health Savings Account (HSA). **This is a personal bank account designed to allow you to save pre-tax dollars for current and future medical expenses. Money in this account is always yours and unused funds roll over year after year providing savings for future medical expenses.** Even though there is no limit to the amount of money you can accumulate in your account, there are annual contribution limits set each year by the IRS. The contribution limits are based on who you are covering under your medical plan. The contribution limits for January 1st – December 31st are as follows and are subject to change, per IRS regulations.

		
Single Medical Plan	Medical Plan with Dependents	Over Age 55
\$3,650 Annual Contribution Limit	\$7,300 Annual Contribution Limit	Additional \$1,000 Annual Catch Up Contribution

WE CONTRIBUTE \$500 for single only or \$1,000 if you cover dependent(s) TO YOUR HEALTH SAVINGS ACCOUNT.

HealthEquity®

We have chosen **HealthEquity** as the administrator for Health Savings Accounts. Upon initial election of the HSA Medical Plan, a Health Savings Account will automatically be opened for you and a debit card will be mailed to the address on file. Upon receipt, you must activate your card as instructed. Your debit card can be used as soon as funds are available in the account.



HSA

FREQUENTLY ASKED QUESTIONS

What expenses are covered?

- Out-of-pocket expenses for medical, dental, vision, pharmacy, and over-the-counter medical items. For a complete listing of covered items, please visit your HSA medical plan administrator's website.

Who is eligible to contribute to a Health Savings Account?

- **You are eligible** if you have enrolled in an HSA- eligible medical plan and you do not have PPO coverage in addition to your HSA Medical Plan.
- **You are NOT eligible** for a Health Savings Account if you (or your spouse) contribute to a General-Purpose Flexible Spending Account (FSA) and
- **You are NOT eligible** for a Health Savings Account if you are enrolled in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare.

Who can I use the funds for?

- You can pay for qualified expenses for yourself, your spouse, and dependent children, even if they are not covered on your insurance plans.
- If your Domestic Partner meets the IRS qualifications to be considered a taxable dependent, you can use your HSA funds for his/her qualified expenses.

Can I change my contributions throughout the year?

- Yes. You are not required to encounter a Qualifying Event to adjust your HSA contribution amount. Contact HR for more details and/or limitations on when changes to HSA contributions deducted through payroll should be reported.

What if I move to a PPO medical plan next year?

- Once funds are deposited into the HSA, the account can be used to pay for qualified expenses **tax-free**, even if you are no longer covered by an HSA- eligible medical plane. Please note, additional funds cannot be contributed into the account if you are not enrolled in an HSA-eligible medical plan

What if I incur more expenses than I have funds available in my account?

- If you do not have sufficient HSA funds to pay for an eligible expense, you will need to issue payment by some other means. However, as funds accumulate in your HSA, you can reimburse yourself for those expenses provided the account was open on or before the date the expense was incurred. You will be required to provide the receipt(s) showing proof of payment.

There are benefits to bringing your benefits with you.

The **EZ Receipts mobile app by WageWorks** lets you check your balances, submit claims, snap photos of receipts and manage your account from anywhere. It puts the WageWorks web portal in the palm of your hand.



Make it easy on yourself.

- Snap and submit photos of your receipts, making it easy to verify transactions later.
- File claims, view transactions and check account balances on the go.
- Simplify processes – let daycare providers, for example, sign eligible expenses directly within the app.
- Sign up for email and text alerts to stay on top of everything.

No forms to fill out. Nothing to mail in. And even less to worry about.

All you have to do is download the EZ Receipts app to your iPhone or Android smartphone. Then log in to your HealthEquity account and go.

- View transactions and account balances.
- File claims for quick reimbursements.
- View and edit your account profile.



Learn more at:
healthequity.com/wageworks/aboutmobile

2022 Engagement Process

Achieve “Engagement” Status

Step #1:

Participate in free biometric screening.

You may also visit your Primary Care Physician and return a biometric form. Remind your provider to bill the claim as Preventive so it is covered at 100%.

Step #2:

Complete Health Risk Assessment (HRA) by visiting

TJRegional.personalhealthsurvey.net/portal.

Nicotine-Free

Step #3:

Affirm nicotine-free status by completing Nicotine Affidavit when you enroll in your benefits at www.tjsamson.bswift.com.

Current nicotine users must be nicotine-free for 90 consecutive days in order to receive the discounted premiums.

Maintain Current Payroll Deduction

Beginning in June, new payroll deductions will go into effect based on your level of participation.

Participation = \$\$\$



Health Awareness & Improvement at T.J. Regional Health!

T.J. Regional Health is pleased to continue our Health Awareness & Improvement programming for 2022-2023. Employees and spouses who are enrolled in T.J. Regional Health's medical insurance program may receive additional discounts toward their monthly insurance premiums through voluntary participation in the Employee Engagement program.

To reach the first level of participation and become "**Engaged**", employees and spouses must complete the annual biometric screening and personal risk assessment when it is available – typically in the spring of each year. For individuals hired after this annual screening, they will receive the **Engaged** rate until the following Open Enrollment. The biometric process will be completed annually when the entire T.J. Regional staff is offered the opportunity. During the time between being hired and the annual biometric screening, these employees and families are eligible (and encouraged) to receive care at the T.J. Fit for Life Health & Wellness Center.

The next level of involvement is determined by the **Tobacco/Nicotine** usage of the employee and spouse. To receive the maximum allowable premium discount this year, the employee and covered spouse must be Tobacco/Nicotine free; however, if only one of you satisfies this requirement, there is a partial discount that is applied to the monthly medical insurance premiums.

Maintaining **Engaged** status is required to continue receiving the discounts on the medical insurance premiums. If the results of the biometric screening process indicate that you or your covered spouse have 3 of 5 Moderate Risk Factors or 1 of 5 High Risk Factors (see page 7), you must participate in the Coaching program offered at the T.J. Fit for Life Health & Wellness Center. Individuals meeting this criteria will receive a personalized letter explaining their results as well as the details surrounding the Coaching requirements and related timeframes. **It is imperative that the individual fulfill the Health Coaching requirements or the discounts will be removed and the medical insurance premiums will increase immediately.**

For the 2022-2023 benefit plan year, individuals that require coaching must participate in three Health Coaching sessions prior to February 28th, 2023. **The first coaching session must be completed by July 31st 2022!** There is an opportunity to reduce the required number of coaching visits from three (3) to one (1) if an individual improves their risk factors to non-coaching required status (two or fewer Moderate Risk Factors and zero High Risk Factors). If risk factor(s) have not improved, the two (2) remaining visits will be required. If you are required to complete the remaining two (2) coaching visits, visits must be completed by November 30th, 2022 and February 28th, 2023, respectively. Health Coaching sessions must be scheduled in advance and the first "no-show" will result in the **Engaged** status being forfeited until the visit has been rescheduled and completed. Additional "no-shows" will result in the **Engaged** status being forfeited through the remainder of the benefit plan year.

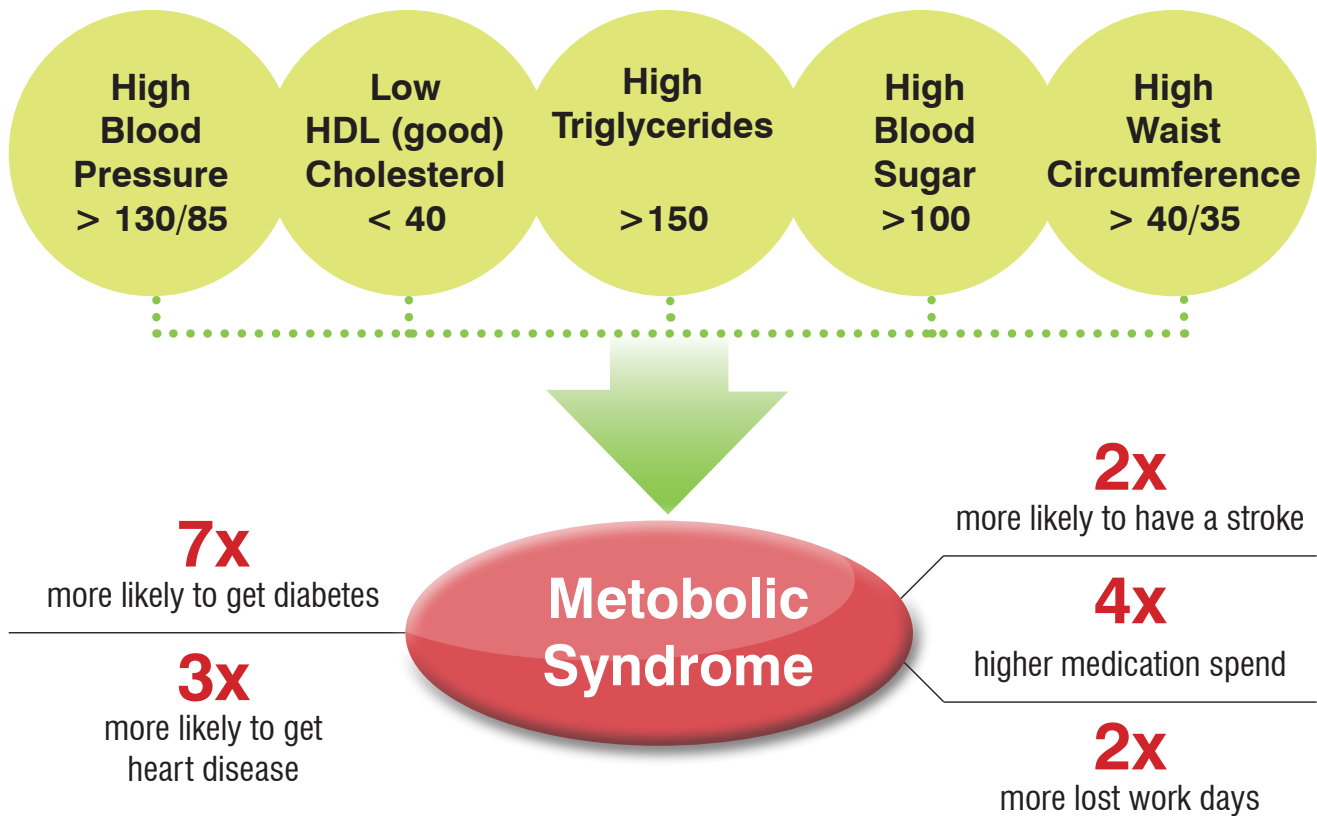
Understand Your Health!

The first step towards enjoying good health is understanding your current health and the numbers that clinicians use to define health status. Participating in the health awareness program is the first step toward that goal!

All employees and spouses have the opportunity to participate in the annual biometric screening. The lab test results from the screening will be used to determine your health status.

A Devastating Combination...

Did you know any 3 of these 5 risk factors means you have Metabolic Syndrome?



Risk factors can be either Moderate or Severe. The Employee Engagement Program requires health coaching from the T.J. Fit for Life Health and Wellness Center for individuals with 3 or more Moderate Risk Factors or 1 or more High Risk Factors as listed below.

Moderate Risk Factors (3 of 5)	High Risk Factors (1 of 5)
Glucose = 101+	Glucose = 126+
Triglycerides = 200+	Triglycerides = 500+
Blood Pressure = 130/81+	Blood Pressure = 140/90+
BMI = 30+	BMI = 35+
Male HDL Ratio = 5.1+	Male HDL Ratio = 9.6+
Female HDL Ratio = 4.5+	Female HDL Ratio = 7.0+

Health Coaching & Education Center

T.J. Regional Health remains committed to supporting health and wellness services as part of its efforts to improve employee health. The services offered at the T.J. Fit for Life Health & Wellness Center are designed to complement the care provided by your personal Primary Care Provider and help you achieve your highest level of health.

The Center is a convenient place for all eligible participants to obtain preventive and routine healthcare, health coaching and education about chronic conditions as well as receive treatment for acute conditions such as the flu, bronchitis, etc.

Health Coaching services offered at the Center are designed to help you address health risks such as increased blood sugar, cholesterol, triglycerides, blood pressure and weight. In conjunction with programs such as C=Care and T.J.'s employee engagement process, covered plan members can enjoy the benefits of better health for their lifetime.



FIT FOR LIFE
Health & Wellness Center
A T.J. Regional Health Initiative

Scheduling an appointment to receive any of these services – at no cost to you – is easy!

**T.J. Fit for Life
Health & Wellness Center:**

270-651-4422

Monday 7 am - 4 pm
Tuesday 7 am - 4 pm
Thursday 7 am - 4 pm

Wednesday 7 am - 5 pm
Friday 7 am - 3 pm

Health Improvement & Savings Opportunities!



Waived copays and deductibles for Rx, supplies and labs.

If you or your spouse have been diagnosed with a cardiovascular disease or diabetes, the C=Care Program can be very beneficial for you.

Cardiovascular - Employees (and spouses) enrolled in the T.J. Regional Health Medical Insurance Program and who are being treated with medication for hypertension and dyslipidemia.

Diabetes - Employees (and spouses) enrolled in the T.J. Regional Health Medical Insurance Program who have been diagnosed with Diabetes can enroll in the C=Care Program and will also be enrolled in the cardiovascular program.

Once acclimated to the program, participants will meet with a health "coach" approximately once per quarter to assist in setting goals of compliance for their disease state. Examples of goals are maintaining proper blood sugar levels, blood pressure, and cholesterol levels.

In exchange for participation in the program, your copays and deductibles for certain disease related medications, specific labs, and certain supplies will be waived at any T.J. Regional Health pharmacy, laboratory, or Primary Care Physician's office!

The average participant in the C=Care program will give 6 hours of their time to the program spread out over a year in exchange for \$\$\$ hundreds in waived prescription, supplies, & lab expenses!!!! **GET STARTED TODAY!**

Privacy: Your PRIVACY and the confidentiality of your health information is of utmost importance to T.J. Regional Health. For that reason, we have partnered with Applied Analytics and Marathon Health, who will maintain and store records of screenings, Health History and Risk Assessment results, participation and overall compliance with the program for the purpose of payroll deductions. Applied Analytics will provide aggregate reports to T.J. Regional Health that contain information on overall population health and the employee's/spouse's participation status only. No HIPAA protected health information or employee specific health scores, measures, or results will be shared with T.J. Regional Health.

Your Delta Dental Plan allows you access to two dental network options that are both considered **In-Network**: the PPO Network and the Premier Network. PPO and Premier Network providers agree to contracted amounts for their services, which prevents the provider from balance billing you for any amount that is discounted by Delta Dental.

To confirm if your provider participates with either the PPO or Premier Networks, you may contact Delta Dental (contact info provided at back of this booklet).

Which network is better? The PPO Network offers the deepest negotiated discounts, which results in more savings to you! The Premier Network includes more providers, but the discounts are not as deep as the PPO Network.

If you choose an out-of-network provider, dental services are paid by Delta Dental, but you may be subject to paying additional money, over what Delta Dental has paid, since this is not a contracted provider. This is called balanced billing.

Below is a comparison of the three networks:

Here is an example:	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Dentist's Normal Fee	\$750	\$750	\$750
Allowed Amount	\$590	\$680	\$680
Dentist's Fee Write-off Due to Delta Agreement	\$160	\$70	None
50% Benefit Paid by Plan	\$295	\$340	\$340
Your Responsibility	\$295	\$340	\$410
Balanced Billing?	No	No	Yes

The Purpose of Dental Coverage

Dental insurance is designed to help you offset the cost of your dental care and to help you maintain good overall oral health. That's why we focus on preventive care to catch signs and symptoms of dental disease early. This could reduce the chance that you will need more complex treatment later.

If an issue does arise, dental insurance will usually help cover a portion of the treatment cost, so you don't have to pay the full bill yourself. This combination of preventive services covered at 100% and lower out-of-pocket costs makes dental insurance a valuable benefit.

Dental Benefits Summary



Dental Benefits	PPO Dentist or Premier Dentist
Calendar Year Annual Dental Deductible	\$50 individual \$150 family
Dental Maximum Benefit per Year (per member)	\$1,500
Covered Services	Member Cost Share
Diagnostic & Preventive <ul style="list-style-type: none"> - Exams, cleanings, fluoride, space maintainers - Emergency Palliative Treatment - Sealants - Brush Biopsy - X-rays 	No member cost
Basic Services Deductible Applies <ul style="list-style-type: none"> - Minor Restorative Services - Endodontic Services - Periodontic Services - Oral Surgery Services - Denture Repair 	20%
Major Services Deductible Applies <ul style="list-style-type: none"> - Major Restorative - Relines and Rebase - Fixed Prosthodontic Repair - Implant Repair - Adjustments to Dentures - Implants - Prosthodontic Services 	50%
Orthodontic Services <ul style="list-style-type: none"> - Braces 	50% to \$1,000 lifetime max.
Orthodontic Age Limit	to age 19

Dental Payroll Deductions - 24 Pay Periods

Employee	\$7.14
Employee + One	\$14.28
Family	\$25.50





Vision Benefits

We are pleased to provide access to a comprehensive vision program through Anthem's nationwide **Blue View Vision Network**. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact Anthem Vision (contact info at back of this booklet). A brief description of benefits is provided here.

Vision Benefits Summary



In-Network Benefits	Anthem Blue View Vision
Copays	
Exams	\$20 copay
Materials	\$10 copay
Service Frequency	
Exams	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Lens Coverage	
Single Vision Lenses	Paid in full (after copay)
Lined Bifocal Lenses	Paid in full (after copay)
Lined Trifocal Lenses	Paid in full (after copay)
Frames	\$130 allowance then 20% off any remaining balance
Contact Lenses	
Elective	\$130 allowance
Disposable	\$130 allowance
Medically necessary	Paid in Full
Vision Payroll Deductions - 24 Pay Periods	
Employee	\$4.14
Employee + Spouse	\$7.04
Employee + Child(ren)	\$7.45
Family	\$11.18

Amplifon Hearing Aid Discount

You have access to a hearing health care program brought to you by Delta Dental and Amplifon Hearing Health Care.

Amplifon provides custom hearing solutions that best fits your lifestyle and budget from one of 10 manufacturers. Amplifon also provides one year of free follow-up care, two years of free batteries, and a three-year warranty! You are covered by a risk-free 60-day trial with a 100% money-back guarantee. Also, if you find the same product at a lower price, Amplifon will not only match that price, but beat it by 5%!

For more information and to find a provider call Amplifon at **1-888-832-1867**. Amplifon will help you schedule an appointment and make sure the discount is applied!



R+ Med Spa is a full service med spa offering non-surgical medical aesthetic treatments using the latest and most-advanced techniques in today's market. Start your skincare journey with a complimentary, one-on-one consultation where we talk openly about your areas of concern and tailor a treatment plan for you. Services include injectables, facials, light and laser treatments, microneedling, massage therapy, and more. TJ Employees receive 20% off products and services. To learn more about our services, visit rplusmedspa.com or follow us on Facebook and Instagram.



GROUP BENEFIT SOLUTIONS

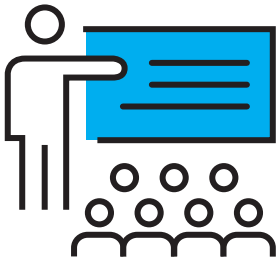
Employer-Paid Group Life and AD&D
Voluntary Life and AD&D
Disability



Employer-Paid Group Life and AD&D

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your death. Basic life insurance is employer-paid. This policy also includes Accidental Death & Dismemberment (AD&D). AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. AD&D is considered “double indemnity” which means that if your death is due to an accident, your beneficiary would receive double the life insurance benefit.

Your basic life insurance policy is equal to one time your annual salary with a minimum of \$10,000.



Group Life and AD&D Insurance



Voluntary Life and AD&D

You may also purchase additional life insurance for you, your spouse and child(ren) that would pay in addition to the basic group life policy we provide. Premiums are based on your age and the amount of insurance you want to purchase. The Guarantee Issue amount below is available upon initial eligibility without Evidence of Insurability (no medical questions required). Your policy may include benefit reductions based on specific ages, so please refer to the carrier's policy for details.

	Employee	Spouse	Child(ren)
Voluntary Life and AD&D Increments	\$10,000	\$5,000	\$10,000
Minimum Amount	\$10,000	\$5,000	\$10,000
Guarantee Issue Amount	\$130,000	\$30,000	\$10,000
Maximum Amount	\$300,000	\$150,000	\$10,000

NOTE: Voluntary life election of employee is often required to enroll spouse/child(ren) in additional coverage. Contact Human Resources with questions.



Disability Benefits

Disability benefits are designed to provide income replacement in case you are unable to work due to an illness and/or injury. Details on disability benefits are provided here. Short-Term Disability lasts for a specified amount of time. If you are unable to return to work beyond that time, Long-Term Disability would begin subject to the policy limitations outlined below.

Disability Benefits Summary		
	Employee-Paid Short-Term	Employer-Paid Long-Term
Benefits begin after	15 days	91 days
Duration	11 weeks	SSNRA
Amount of income protection	60%	60%
Maximum Amount	\$700 weekly	Dependent on job classification





Employee Assistance Program

MaxWell EAP is staffed by a team of highly trained and qualified professionals who are experts in fields such as well-being, family matters, relationships, debt management, employment issues, consumer rights, and much more. You can be confident that the information and referrals you receive will be accurate, up-to-date, and relevant to your particular circumstances.

For more information:

Call toll free: **888-550-5535**

or visit online at: **www.MyLifeExpert.com**

USERNAME: **tjshealth**



MaxWell EAP

Create your account at
MyLifeExpert.com today!

Scan Here to
Download:



Use company code: **tjshealth**



403(b) Retirement Plan

The 403(b) Retirement Plan enables employees to accumulate tax-deferred retirement savings through payroll deductions. Contribution amount is determined by the employee. T.J. Regional Health will match 100% of the first 3% of pay you contribute to the plan through salary deferral plus 50% of the next 2% you defer.



Bereavement

Provides time off with pay for employees in an absence related to the death of immediate family members.



Paid Time Off-PTO/Holidays

PTO is provided for vacation and sick days. PTO hours will accrue at the rate of 3.07 hours per pay period from the date of hire for 0-1 year of service. PTO accrual rates increase based upon years of service.

Employees will also earn 7 paid holidays per year.



Paid Time Off Purchase Program

In an effort to promote increased flexibility within the workforce and to supplement existing paid time-off (PTO), eligible full-time and part-time employees may participate in the Paid Time Off Purchase Program. Eligible full-time employees may purchase up to 40 hours of PTO per calendar year, in four-hour increments. Regular, part-time employees are eligible to purchase up to 20 hours, in four hour increments. As with the regular PTO program, Purchased PTO is eligible to be used following 90 days of employment and the PTO bank maximum cannot exceed 320 hours.

Purchased PTO is available for use as of the first day of the PTO Purchase Plan Year (January 1st). Eligible employees may elect to participate in the PTO Purchase Program during the annual Open Enrollment period or when they first become eligible as a new hire and must enroll in this benefit within their first 30 days of employment.

The cost of Purchased PTO is based on your hourly rate at time of purchase, and the number of hours purchased. When purchasing PTO, the cost is deducted in equal amounts from your paycheck throughout the remainder of the year. Please contact Human Resources for details.



Extended Illness Bank (EIB)

Employees will accrue 2.46 hours per pay period from date of hire. Employees may utilize this bank after 32 hours of consecutive time missed due to a medical leave absence for the employee, spouse or dependent child. The EIB may be utilized on the first day of an absence if the employee, spouse or dependent child is admitted to the hospital.

Contact Information At-A-Glance

 General Information		<p>Pamela Bray Benefits Administrator 270-651-4886 email: pbray@tjsamson.org</p>	<p>Rachel Forrester Total Rewards Manager 270-651-4501 email: rforrester@tjsamson.org</p>
 Benefits Enrollment Information / Provider		www.tjsamson.bswift.com	
 Medical / Pharmacy Benefits		<p>Customer Service: Refer to Medical ID Card www.anthem.com</p>	
 Health & Wellness Center - Health Coaching & Education Clinic		<p>Customer Service: 270-651-4422 www.marathon-health.com</p>	
 Flexible Spending Account Health Savings Account Administrator		<p>Customer Service: 1-877-924-3967 www.healthequity.com</p>	
 Dental Benefits		<p>Customer Service: 1-800-955-2030 www.deltadentalky.com</p>	
 Vision Benefits		<p>Customer Service: 1-866-723-0515 www.anthem.com</p>	
 Employer-Paid Group Life and AD&D		<p>Customer Service: 1-800-732-1603</p>	
 Voluntary Life and AD&D			
 Disability			
 Employee Assistance Program		<p>Customer Service: 1-888-550-5535 www.MyLifeExpert.com USERNAME: tjshealth</p>	
 403(b) Administrator		<p>Customer Service: 1-800-547-7754 www.principal.com</p>	
 Additional Assistance		<p>Rose Taylor Client Service Concierge Phone: 859-255-9455 ext. 102 email: rose@bimgroup.us</p>	
 Claims, Billing, & Enrollment Resolution			
Benefit Planning Firm			

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



1151 Red Mile Rd | Lexington, KY 40504 | 859-255-9455 | bimgroup.us