



Well Beyond HR

Proudly Supporting You.

Staff Benefits for Plan Year 2020

South County Home Health



SOUTH COUNTY HEALTH

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Your Benefits

Dear South County Health Colleagues:

We are pleased to provide you with a summary of our comprehensive benefit program for 2020. These programs offer excellent resources to ensure high quality healthcare for you and your family and to help you maintain or improve your overall health and wellbeing. You'll find programs that help you save for retirement, further your education, and otherwise support your personal goals. Review the offerings carefully so you don't miss the opportunity to enroll in the programs that address your priorities.

Offering a comprehensive benefit program, including affordable health coverage, is a key element of our People strategy. Each year, as health plan costs rise, we consider a menu of alternatives to keep the plan affordable for both SCH and our staff. A cornerstone of that strategy has been encouraging staff to use SCH for care. Deductibles are waived for care provided at SCH, and you know you'll receive the highest quality care with the highest level of Caring while supporting SCH's financial health; key to keeping jobs secure and having resources for annual wage adjustments. With our staffs' strong engagement in using SCH for care, we've managed to prevent increases to health insurance payroll contributions for some full time staff (those making less than 50K annually) for nine years.

Your benefit packet also includes information on our award winning Well Beyond program which offers activities and education addressing the full spectrum of overall wellbeing to include preventative health, nutrition, physical activity, emotional wellness and career and financial wellbeing. Many WellBeyond programs are available to spouses, including incentive eligibility for spouses enrolled in our health insurance program.

New for 2020 is a program to assist with student loans, including refinancing and other debt management options. We hope you feel our benefit programs clearly demonstrate our commitment and depth of Caring for our SCH colleagues and families. Our Human Resources Team is glad to assist you and can be reached at 788-1405 throughout the year for any questions or concerns about your benefits or our Well Beyond program.

Sincerely,



Maggie Regan Thomas
VP & Chief Human Resources Officer

Coverage for Your Family

Who is Eligible for Coverage?

Anyone other than yourself who is covered on your benefits is commonly referred to as your “dependent.” You can cover the following people as dependents on your Medical, Dental, and Vision plans:

- Your spouse (ex-spouses are not eligible)
- Your children (until the end of the calendar year in which they turn 26)
- Your Domestic Partner or Common Law Spouse (as defined and certified by Blue Cross Blue Shield of RI).

What Documentation is Required and When?

You will be required to provide validation of your dependents before they can be added to your coverage. The list below contains the documents that are required for each type of dependents. You may drop off your documents in the HR office or email them to benefits@southcountyhealth.org. We must receive your documents no later than Nov. 30, or within 30 days of your hire/status change date if you’re newly hired or newly eligible for benefits.

Spouse

- Marriage Certificate
 - Must be provided at the time of initial spousal enrollment
- Front page of your most recent Federal Tax Return (to establish continuing marital status)
 - Must be provided at the time of initial spousal enrollment and annually at Open Enrollment
 - Please black-out your financial information
- Working Spouse Medical Contribution Affidavit (if your spouse will be covered on your Medical Insurance)
 - Supporting documents must accompany this form
 - Must be provided at the time of initial spousal enrollment and annually at Open Enrollment

Child

- Birth Certificate showing parents’ names
 - Must be provided at the time of initial enrollment of the child

Step-Child

- Birth Certificate showing parents’ names
 - Must be provided at the time of initial enrollment of the child
- Marriage Certificate
 - Must be provided at the time of initial enrollment of the child
- Front page of your most recent Federal Tax Return (to establish continuing marital status)
 - Must be provided at the time of initial enrollment of the child and annually at Open Enrollment
 - Please black-out your financial information

Adopted Child or Guardianship

- Birth Certificate showing parents’ names
 - Must be provided at the time of initial enrollment of the child
- Certified Placement, Adoption, or Guardianship papers
- Must be provided at the time of initial enrollment of the child

Common-Law or Domestic Partner

- Declaration of Domestic Partnership provided by Blue Cross Blue Shield of Rhode Island
 - Supporting documents must accompany this form to Blue Cross in order for them to make a determination upon initial enrollment of your partner
 - You will be required to comply with the terms of that declaration for your partner to qualify for SCH benefits
- Working Spouse Medical Contribution Affidavit (if your partner will be covered on your Medical Insurance and meets the criteria on page 8)
 - Supporting documents must accompany this form
 - Must be provided at the time of initial partner enrollment and annually at Open Enrollment

Please note that you are required to notify SCH within 30 days of any changes that may impact the eligibility for, or rates paid, by you or your dependents for any SCH benefit program. See page 5 for more details on mid-year changes to your benefits.

Making Changes to Your Benefits Elections

Open Enrollment

Each year you are given the opportunity to make changes to your benefits elections for the upcoming plan year. Those elections will remain in effect until the end of the following plan year. At SCH, we conduct Open Enrollment during the month of November with those elections being effective for the following calendar year (January 1st to December 31st).

Qualified Family Status Changes

Federal regulations require that you experience a “qualified family status change” in order to make changes to your benefit enrollments outside of an Open Enrollment Period. Some examples of these status changes are:

- Marriage, Divorce, Legal Separation, or Annulment
- Birth or Adoption of a Child
- Death of a Spouse or Child
- Termination or Commencement of Employment by You or your Spouse
- Change in employment status for your or your spouse that impacts benefits (i.e., from full-time to part-time, or from part-time to full-time)
- Changes to Your, your Spouse’s, or your Child’s Eligibility for Benefits Elsewhere

30-Day Special Enrollment Window

You are responsible to notify HR within 30 days of any qualified family status change in order to be able to make changes to your benefits elections outside of an open enrollment period.

Any changes you request must be consistent with the nature of your family status change and must include documentation supporting the change in addition to any forms or documentation required based on the type of dependent you are enrolling and the benefits programs you are electing.



Medical Insurance

As members of the SCH community dedicated to maintaining and improving health, we're proud to offer our staff a comprehensive medical program that is affordable, enables staff to receive high-quality care, and is partnered with a focus on wellness, offering programs in support of protecting both your physical and financial health, and improving your quality of life.

South County Health offers VantageBlue through Blue Cross Blue Shield of RI. The VantageBlue plan provides a comprehensive level of benefits structured to encourage preventative care and the use of a Patient Centered Medical Home (PCMH). It provides you with a broad national network of hospitals and physicians through the BCBS BlueCard Network.

More about VantageBlue

VantageBlue is a flexible plan offering because:

- You have access to the entire BlueCard National PPO network with access to over 6,100 hospitals and 740,000 physicians
- You have the freedom to visit non-network providers. Once you have met the deductible most services are covered in full after any applicable copayment/coinsurance
- No referrals to specialists are required

You Can Save Money By Utilizing South County Health!

Members enrolled in the medical plan can continue to save money by receiving services at South County Health! There are no deductibles on any services received and there are no copayments applied for urgent or specialty care when services are provided by South County Medical Group. You may be responsible for coinsurance for certain services provided at South County Health. Please note that for services that not available at South County Health, deductibles, copays and coinsurance applies.

Medical Contribution Incentive Program

Staff and spouses/partners enrolling in the SCH medical plan can earn a wellness incentive discounted medical rate by voluntarily completing the online Advanced Health Assessment and participating in biometric screening. Benefit eligible staff and their spouse/partner may participate in onsite health screenings offered during the annual open enrollment period or can submit a physician well exam form to qualify for the wellness incentive discounted medical rate. Both the staff and spouse must complete both the assessment and screening to receive the lower cost incentive contribution.

Upon completion of the Advanced Health Assessment and Biometric Screening, benefit eligible staff and their medically enrolled spouse/partner can earn additional incentives when participating in any of the Well Beyond offerings throughout the year (an additional \$300 per individual or \$600 for staff and covered spouses). Participation can earn you either a non-taxable contribution into a Health Reimbursement Account or a taxable bonus in your pay.

Working Spouse Medical Contributions

The Working Spouse Medical Contribution is an additional deduction, based on your rate of pay, to help cover the costs of insuring your spouse/partner who has access to other employer-sponsored Medical Insurance. You will not be charged this contribution if you do not have a spouse/partner enrolled on your SCH Medical Insurance or if your spouse/partner is enrolled on your SCH Medical Insurance and does not have access to Medical Insurance through their employer, is unemployed/retired, or is also a benefits-eligible staff member at SCH. If you are enrolling your spouse/partner on your SCH medical insurance and qualify to have the Working Spouse Medical Contribution waived, you must complete a Working Spouse Medical Contribution Affidavit and supply the documentation requested on that form.

Benefit Provider Contact Information

Blue Cross Blue Shield of Rhode Island

www.bcbsri.com

401-459-5000

800-564-0888

Medical Insurance

Design Component	VantageBlue Staff Cost		
	SCH Domestic Network*	BCBS In-Network	Out-of-Network
Annual Deductible			
Individual/Family	\$0	\$1,250/\$2,500	\$1,250/\$2,500
Out of Pocket Maximum			
Individual/Family ¹	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000
Employee Coinsurance	0%	0%	20%
Office Visits			
Personal Physician			
PCMH	\$0	\$0	\$40 plus 20% per visit after deductible
Non PCMH	\$0	\$30	
Preventative Visit	\$0	\$0	\$40 plus 20% per visit after deductible
Specialist	\$0	\$40	\$40 plus 20% per visit after deductible
Chiropractic Visits	N/A	\$40	\$40 plus 20% per visit after deductible
Routine Eye Exam (One annual exam)	N/A	\$40	\$40 plus 20% per visit after deductible
Urgent Care	\$0	\$40 per visit	\$40 per visit
Diabetic Services			
Foot Exam	\$0	\$0	20% after deductible
Eye Exam	\$0	\$0	20% after deductible
Outpatient Services			
Outpatient medical/surgical care	Covered in full	Covered in full after deductible	20% after deductible
Obstetrical Care	Covered in full	Covered in full after deductible	20% after deductible
Preventative lab services, machine tests, and x-rays	Covered in full	Covered in full	20% after deductible
Diagnostic lab services, machine tests, and x-rays	Covered in full	100% after deductible	20% after deductible
Inpatient Services			
Hospitalization	Covered in full	Covered in full after deductible	20% after deductible
Inpatient medical/surgical care (doctor services)	Covered in full	Covered in full after deductible	20% after deductible
Emergency Services			
Emergency room care	\$150	\$150	\$150
Ambulance Services	\$50	\$50	\$50
Mental Health and Chemical Dependency Treatment Services			
Inpatient	N/A	Covered in full after deductible	20% after deductible
Outpatient	N/A	Covered in full after deductible	\$30 plus 20% after deductible
Office Visits	\$0	\$40	\$30 plus 20% after deductible
Additional Services			
Physical therapy ³	Covered in full with hospital based therapist within 30 days of hospital stay. ²	Covered in full after deductible with hospital based therapist within 30 days of a hospital stay. Otherwise, 20% after deductible. ²	20% after deductible
Durable medical equipment (DME)	20%	20% after deductible	20% after deductible
Home and hospice care	Covered in full	Covered in full after deductible	20% after deductible
Wellness and Disease			
Management Services	\$0	\$40	\$30 plus 20% after deductible

*If service not available/not-covered, deductibles, coinsurance & copays apply.

¹ Deductibles, coinsurances and flat dollar copayments (medical & prescription drug) apply to the plan year (calendar) maximum out-of-pocket expense. Maximum out-of-pocket expenses accumulate separately for in- and out-of-network.

² Deductible & 20% coinsurance will not apply when physical therapy services are provided by Elite Physical Therapy at the South County Health Medical & Wellness Center in East Greenwich, or the South County locations of Ortho Rhode Island.

³ Limited to 10 physical therapy visits and 10 occupational therapy visits per member per year (combined for in- and out-of-network and site of service). Additional visits may be covered but are subject to preauthorization.

This brochure provides a general summary of your health insurance benefit options; it is not a contract. For details about your coverage, including any limitations or exclusions not noted here, call the BCBSRI Customer Service Department at (401) 459-5000 or 1-800-564-0888. Additionally, a Summary of Benefits Coverage is available to you on the SCH intranet, under Human Resources.

Medical Insurance Costs

Our Guiding Values of Caring and Respect always influence the decisions we make, knowing the impact to you and your family. Our staff Medical Insurance Contribution and the Working Spouse Medical Contribution amounts are based on your rate of pay to ensure Medical Insurance coverage is affordable for all.

Full Time Staff Bi-Weekly Medical Rates

Full Time Staff (37.5-40 hours per week)				
Benefit Plan	Staff Member Rate of Pay			
	Up to \$24.03 per hour	\$24.04 to \$36.05 per hour	\$36.06 to \$48.07 per hour	\$48.08 to \$96.15 per hour
	(Up to \$49,999 per year based on 40 hours per week)	(\$50,000 to \$74,999 per year based on 40 hours per week)	(\$75,000 to \$99,999 per year based on 40 hours per week)	(\$100,000 to \$199,999 per year based on 40 hours per week)
Medical Plan Incentive Rate				
Single Plan	\$42.14	\$43.54	\$43.54	\$48.36
Two Person Plan	\$181.60	\$187.64	\$187.64	\$208.44
Family Plan	\$202.45	\$209.18	\$209.18	\$232.37
Medical Plan Non-Incentive Rate				
Single Plan	\$53.68	\$55.47	\$55.47	\$60.40
Two Person Plan	\$204.67	\$211.48	\$211.48	\$232.52
Family Plan	\$225.53	\$233.03	\$233.03	\$256.44
Working Spouse Medical Contribution (in addition to rate listed above)				
Two Person or Family Plan Levels	\$23.08 per paycheck (\$50 per month)	\$34.62 per paycheck (\$75 per month)	\$46.16 per paycheck (\$100 per month)	\$69.24 per paycheck (\$150 per month)

Does the Working Spouse Medical Contribution apply to me?

1. Do you have a spouse or partner who is covered under your South County Health Medical Plan?
2. Is your spouse or partner currently employed outside of South County Health?
3. Does your spouse or partner have access to Medical Insurance through their employer?
4. If your enrolled spouse/partner does not have access to other employer sponsored medical insurance, you must complete the enclosed Working Spouse Medical Contribution Affidavit form. Please drop it off in the HR Office or email it to Benefits@southcountyhealth.org. Your form must be received no later than Nov. 30, 2019.

If you do not complete the affidavit and have enrolled your spouse/partner on the medical insurance, we will assume that he or she has access to employer-sponsored medical insurance and the contribution deducted from your paycheck.

Dishonesty on the enrollment form and/or the affidavit is considered a violation of the Guiding Value of Integrity and will be managed according to the guidelines in the “Coaching and Corrective Action within a Just Culture” Policy, and in certain circumstances, may be considered a violation of law.

Medical Insurance Costs (cont'd)

Part Time Staff Bi-Weekly Medical Rates

Part Time Staff (30-37 hours per week)				
Benefit Plan	Staff Member Rate of Pay			
	Up to \$24.03 per hour	\$24.04 to \$36.05 per hour	\$36.06 to \$48.07 per hour	\$48.08 to \$96.15 per hour
	(Up to \$49,999 per year based on 40 hours per week)	(\$50,000 to \$74,999 per year based on 40 hours per week)	(\$75,000 to \$99,999 per year based on 40 hours per week)	(\$100,000 to \$199,999 per year based on 40 hours per week)
Single Plan	\$64.47	\$66.61	\$66.61	\$73.26
Two Person Plan	\$213.94	\$221.06	\$221.06	\$244.82
Family Plan	\$248.00	\$256.25	\$256.25	\$282.88
Single Plan	\$76.00	\$78.53	\$73.56	\$85.29
Two Person Plan	\$237.02	\$244.91	\$244.82	\$268.91
Family Plan	\$271.07	\$280.09	\$282.88	\$306.97

Part Time Staff (22.5-29 hours per week)				
Benefit Plan	Staff Member Rate of Pay			
	Up to \$24.03 per hour	\$24.04 to \$48.07 per hour	\$48.08 to \$96.15 per hour	\$48.08 to \$96.15 per hour
	(Up to \$49,999 per year based on 40 hours per week)	(\$50,000 to \$99,999 per year based on 40 hours per week)	(\$100,000 to \$199,999 per year based on 40 hours per week)	(\$100,000 to \$199,999 per year based on 40 hours per week)
Single Plan	\$85.18	\$88.01	\$88.01	\$97.04
Two Person Plan	\$245.26	\$253.42	\$253.42	\$280.78
Family Plan	\$279.60	\$288.90	\$288.90	\$319.16
Single Plan	\$96.72	\$99.94	\$99.94	\$109.08
Two Person Plan	\$268.34	\$277.27	\$277.27	\$304.86
Family Plan	\$302.68	\$312.75	\$312.75	\$343.24

See previous page for more information on the Working Spouse Medical Contribution, including whether it applies to you.

Dishonesty on the enrollment form and/or the affidavit is considered a violation of the Guiding Value of Integrity and will be managed according to the guidelines in the "Coaching and Corrective Action within a Just Culture" Policy, and in certain circumstances, may be considered a violation of law.

Prescription Drug Coverage

Prescription Drug coverage is integrated with your Medical Insurance through Blue Cross Blue Shield of Rhode Island (BCBSRI). The 90DayMyWay® Pharmacy Program helps South County Health contain the rising costs of healthcare by requiring you to fill maintenance medication in 90-day increments either through mail order or through a participating retail pharmacy.

Non-Maintenance Medications

The South County medical plan offers a comprehensive pharmacy network that includes pharmacies such as CVS, Walmart, Stop & Shop, and many neighborhood pharmacies. However, Rite Aid and Walgreens are not included in the South County network of retail pharmacies.

Non-Maintenance Medications*	Retail 30-Day Supply
Asthma, Diabetes and COPD	\$2 .00
Generic	\$15 .00
High-Cost Generic	\$30 .00
Brand Preferred	\$40 .00
Brand Non-Preferred	\$80 .00
Specialty Preferred	\$80 .00
Specialty Non-Preferred	\$250 .00

*To determine which drugs fall into which categories, please see the BCBSRI Formulary listing at <https://www2.bcsri.com/providers/formulary-drug-information/commercial-formulary> or call 401-459-5000.

Maintenance Medications

Maintenance Medications are those taken regularly for more than three months to treat chronic conditions such as high cholesterol, high blood pressure, asthma, depression, anxiety, etc. The new 90DayMyWayProgram applies to these types of medications only.

How It Works

For the first two fills of a new maintenance medication, you will pay your regular copay when you use an in-network pharmacy. After the first two fills, you will need to move that prescription to a 90-day refill to avoid an increase in your monthly copay. If you move that prescription to a 90-day refill by mail order, you will benefit from further savings by paying only two and a half of the regular copays for the same 90-day supply. If you continue to fill that prescription as a 30-day refill at your retail pharmacy, you will pay an increased copay for each refill.

90DayMyWay Pharmacy Program	30-Day Supply Regular Retail Copay*	90-Day Supply Retail Pharmacy	90-Day Supply Mail-Order Pharmacy	30-Day Supply Increased Copay**
Generic	\$15.00	\$45.00	\$37.50	\$25.00
High Cost Generic	\$30.00	\$90.00	\$75.00	\$40.00
Brand Preferred	\$40.00	\$120.00	\$100.00	\$60.00
Brand Non-Preferred	\$80.00	\$240.00	\$200.00	\$100.00

* Applies to non-maintenance medications and the first two fills of a new maintenance medication.

** Applies to 30-day refills of maintenance medication on the third refill and thereafter.

How Do I Switch to Home Delivery?

Go to www.bcsri.com, or call 855-457-1204 to sign up for home delivery, then contact your doctor to switch your prescription(s) to AllianceRx Walgreens Prime. Please note that Walgreens and RiteAid retail locations remain excluded from the South County Health network of pharmacies.

How Do I Switch to a 90-Day Supply at a Retail Pharmacy?

Ask your doctor to switch your prescriptions to a 90-day supply or, your pharmacist can ask your doctor to change your prescription, and provide it to your pharmacy as usual.

Pharmacy Medication Management Resource at SCH

A APhA Certified Medication Management Pharmacist will provide you with a comprehensive review of your medications. Refer to your WellBeyond Program Guide for more information on this program.

Dental Insurance

South County Health offers two dental plan options for our staff through Blue Cross Blue Shield of Rhode Island, providing you a choice in selecting the plan that best suits your needs. Each option encourages preventative care and helps you pay for a range of other dental services.

About Your Dental Insurance

Both Blue Cross Dental options cover three categories of dental expenses:

- Preventative and diagnostic care (routine exams and cleanings, fluoride treatments, x-rays)
- Basic treatment (pulling teeth, fillings, root canals, oral surgery)
- Major treatment (crowns, periodontics)

This chart to the right shows how much the plan pays for certain dental services. With Blue Cross Dental, you will still be covered at dentists outside the BCBS network. When you go out-of-network, the dentist may bill you for charges over the “usual-and-customary” charge for a particular service.

For more information, contact Blue Cross Dental at 1-800-564-0888/401-459-8000 or www.bcbsri.com.

The Benefits

- **Excellent Network Access:** You’ll receive the greatest value when you receive dental care from a participating dentist. You can choose from over 55,000 dental locations in the Blue Cross network.
- **Lower Out-of-Pocket Costs:** Because Blue Cross network dentists often accept discounted fees for service, you will normally pay less when you visit a participating dentist.
- **No Balance Billing:** Participating dentists agree to accept their reduced fees as payment in full and will not bill you for the difference.

Item	Dental Plan A	Dental Plan B
Annual Deductible	None	\$50 (max. 3 per family)
Calendar Year Maximum	\$1,250	\$1,000
Basic Preventative/Diagnostic Services		
Exams, cleanings, x-rays	100%	100%
Minor Restorative		
Fillings, Simple Extractions, Biopsies	100%	80%
Space Maintainers, Denture Repairs,	100%	80%
Root Canal Therapy, Oral Surgery	100%	80%
Major Restorative		
Periodontics	50% up to a \$500 calendar year maximum (included as part of the \$1,250 calendar year maximum)	50% up to a \$400 calendar year maximum (included as part of the \$1,000 calendar year maximum)
Crowns and Inlays/Onlays	100%	55%
Prosthodontics		
Bridges and Dentures	50%	0%
Orthodontics		
Braces	50% for dependent children under 19 up to \$1,000 lifetime maximum	0%

This brochure provides a general summary of your dental insurance benefit options; it is not a contract. For details about your coverage, including any limitations or exclusions not noted here, call the BCBSRI Customer Service Department at (401) 459-5000 or 1-800-564-0888.

Staff Schedule	Dental Plan A Rates		Dental Plan B Rates	
Full Time Staff (37.5-40 hours per week) (Per Bi-Weekly Paycheck)	Single Plan	\$1.45	Single Plan	\$1.27
	Two Person Plan	\$11.95	Two Person Plan	\$10.35
	Family Plan	\$16.47	Family Plan	\$14.55
Part Time Staff (30-37 hours per week) (Per Bi-Weekly Paycheck)	Single Plan	\$2.74	Single Plan	\$2.43
	Two Person Plan	\$13.87	Two Person Plan	\$11.96
	Family Plan	\$19.10	Family Plan	\$16.74
Part Time Staff (22.5-29 hours per week) (Per Bi-Weekly Paycheck)	Single Plan	\$4.68	Single Plan	\$4.14
	Two Person Plan	\$16.36	Two Person Plan	\$14.26
	Family Plan	\$22.65	Family Plan	\$20.00

Vision Service Plan

Staff can purchase Vision coverage through VSP at affordable group rates.

Per Paycheck Rates	
Single Plan	\$3.65
Two Person Plan	\$5.28
Family Plan	\$9.49

Once enrolled getting started in your Vision Care is simple

Find the right VSP doctor for you. You'll find plenty to choose from at vsp.com or by calling 800-877-7195.

Already have a VSP doctor? Make an appointment today and tell them you're a VSP member.

Check out your coverage and savings. Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! Your VSP doctor and VSP will handle the rest – no ID Cards or claim forms to complete.



Item	VSP In-Network Benefit	
	In-Network	Out-of-Network
Eye Exam with Dilation as Necessary	\$10 Copay	Up to \$35
Frames	\$140 Allowance and 20% discount on amount over the allowance	Up to \$45
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$55
Lens Options (Scratch resistance, anti-reflective, and progressive)	30% discount, added to base price of lens	
Contact Lenses (allowance covers materials only)		
Conventional or Disposables in lieu of Glasses Lenses	\$120 Allowance, 15% off usual & customary for professional services	Up to \$105
LASIK and PRK Vision Correction	15-20% off retail price	N/A
Frequency		
Exams	Once every 12 months	N/A
Frames	Once every 24 months	
Standard Plastic Lenses (SPL)	Once every 12 months	
Contact Lenses (in lieu of SPL)	Once every 12 months	

Flexible Spending Accounts (FSA)

These accounts are administered for SCH by:

Flexible Spending Accounts (FSA) are plans that allow you to put aside money through payroll deduction before federal taxes are withheld from your paycheck to pay for qualified expenses as defined by the IRS. There are two types of FSA's, Health Care and Dependent Care.



Health Care

Eligible Expenses

Eligible reimbursable expenses not covered by a medical or dental plan. These may include co-payments, co-insurance, deductibles, or certain vision, hearing or orthodontic costs. Please note: Over The Counter (OTC) medications and drugs will only be FSA eligible with a doctor's prescription. Other non-drug OTC products continue to be eligible. In accordance with Health Care Reform, you can include expenses for your children up through the age of 26 (who will not reach the age of 27 by the end of the tax year) in addition to your spouse and any adult tax eligible dependents.

Maximum Contribution

The maximum contribution is set each year by the IRS. Currently, the maximum is \$2,700 per year. The IRS has not yet released the 2020 limit at time of publication.

Cash Flow

Your entire Annual Election will be made available to you on the first day of the plan year. You can use the convenience of your debit card to pay for eligible expenses, or you can submit receipts for reimbursement. Though the need to submit receipts will be minimized with ConnectYourCare, and they have made it easy to submit receipts, claims still must be reviewed to ensure they comply with IRS regulations, and receipts will be required in some instances. Be sure to keep your itemized receipts!

Changes in Election or Status

Only allowed during Open Enrollment or within 30 days of Family Status Change as Defined by Section 125 of the IRS Code.

Use It; Don't Lose It!

By IRS regulation, if you do not incur expenses equal to the amount of contributions withheld through the 2½ month grace period, remaining funds will be forfeited.

Dependent Care

Eligible Expenses

Eligible reimbursable expenses allowing gainful employment:

- Care of dependents (as defined for federal income tax purposes)
- Children less than 13 years old
- Physically or mentally challenged individual
- Dependent care center and day care providers
- Before and after school care and summer camp programs

Maximum Contribution

The maximum contribution is set by the IRS. Currently, the maximum is \$5,000 per year for a Single or Joint tax return, or \$2,500 per year Married Filing Separately. The IRS has not announced the 2020 limits at time of publication.

Cash Flow

As funds are deducted from your paycheck they are credited to your Dependent Care FSA. You can submit claims and receive reimbursement only up to the amount you have available in the account at any time throughout the year.

Changes in Election or Status

Only allowed during Open Enrollment or within 30 days of Family Status Change as Defined by Section 125 of the IRS Code.

Use It; Don't Lose It!

By IRS regulation, if you do not incur expenses equal to the amount of contributions withheld during the year, remaining funds will be forfeited.

Benefit Provider Contact Information

www.connectyourcare.com/employees

877-292-4040

service@connectyourcare.com

Mobile App: myCYC (from Google Play or Apple)

Benefits Provided at No Cost to You

These programs are the core of your benefits package and are provided to you by SCH at no cost to you. You do not need to do anything to enroll in these plans, you are automatically covered based on your scheduled, committed hours.

Basic Term Life and AD&D

South County Health provides staff working 22.5 or more hours per week with a Life Insurance plus Accidental Death and Dismemberment policy which has a benefit of 1 times annual salary.

Long Term Disability

Long-Term Disability provides income to staff working 30 or more hours per week in the event of a disabling injury or sickness that prevents you from returning to work for a period of more than 180 days. The plan pays a benefit up to 60% of your monthly covered earnings – to a benefit maximum of \$7,000 per month. However, the benefit may be reduced by other forms of benefit (e.g., worker's compensation or social security). For claims assistance contact **Human Resources** at 401-788-1407..

Coastline EAP

All employees and family members, regardless of scheduled hours, can call Coastline EAP for confidential consultation or support anytime, day or night. Simply call toll-free 1-800-445-1195, 24 hours a day/7 days a week. You can also visit www.coastlineeap.com and log on with the user name: South County Health. On-line you will be able to access information about EAP services, health topics, monthly newsletters and a link to access e-mail to request services. Coastline EAP maintains strict adherence to State and Federal laws, including HIPAA, governing the confidentiality of medical records and communication of personal health information. All records are kept in locked files in the custody of Coastline EAP and cannot be accessed by your employer.

Identity Theft Coverage

South County Health provides staff working 22.5 or more hours per week protection against identity theft. The coverage reimburses identity theft victims for the following:

- Lost wages as a result of time taken off from work to deal with the fraud, including wrongful incarceration up to \$500 per week for four weeks.
- Notary and certified mailing charges for completing and delivering fraud affidavits or similar documents.
- Fees to re-apply for loans that were denied due to erroneous credit information due to identity theft.
- Long distance telephone charges for calling merchants, law enforcement agencies or credit grantors to discuss an actual identity theft.
- Attorney fees incurred, with the insurance company's prior consent, for:
 - Defending suits brought incorrectly by merchants or their collection agencies
 - Removing criminal or civil judgments wrongly entered against the victim
 - Challenging information in a credit report

Contact **Travelers** at 1-800-842-8496 should you need to utilize this valuable benefit.

WellBeyond Wellness Plan

South County Health's comprehensive wellness program provides a variety of opportunities to make your personal wellbeing a priority and to get rewarded for it. All staff are welcome to participate; staff working 22.5 or more hours per week are eligible for the program's incentives. Please see the detailed WellBeyond program guide for more information and watch your SCH emails for ongoing updates.*

*You can also contact our wellness partner, StayFit, at 877-747-1113 or www.simplicityhealthplans.com.

403(b) Retirement Plan

Whether your retirement is three or thirty years away, the South County Health 403(b) Retirement Plan offers a powerful way to enhance your long-term financial well-being. All staff are able to participate in this program, even if you are not eligible for other benefits. We encourage you to invest in yourself and your future by participating in this plan through Transamerica.

Auto Enrollment and Auto Escalation

Newly hired staff will be automatically enrolled with a 2% pre-tax contribution. If you prefer not to participate in the plan, you may opt-out within 90 days of hire. Those staff who have been automatically enrolled will also participate in auto escalation, which will increase the pre-tax contribution by 1% annually, up to a maximum of a 6% pre-tax contribution.

Pre Tax and Roth Options

You may choose to make contributions up to the maximum allowed by law, set by the IRS annually. All staff may enroll, increase, decrease or stop contributions at any time. You may designate your contribution as traditional pre-tax contributions, after-tax ROTH 403(b) contributions, or a combination of both. The deferral amount can be provided in either a dollar amount or a percentage.

Employer Contribution

South County Health provides an Employer Match of 50% of employee contributions up to 6% of compensation after 12 months of employment and 1,000 hours of service. Employer match contributions are made to your account quarterly.

Vesting

Vesting refers to your “ownership” of your account. You are always 100% vested in your own contributions to this plan. You are 100% vested in your employer contributions after 3 years of service.

2019 403(b) IRS Limits

Elective Deferral Limit	\$19,000
Catch-Up Contribution	\$6,000
Compensation Limit	\$280,000

At time of publication, IRS has not yet released 2020 limits. SCH will provide notification once released.

Making Changes

It is easy to make changes to your contribution rate or investment options. Just visit the Transamerica website at www.my.trsuretire.com or call Transamerica at 888-676-5512.

More Information

Transamerica provides South County Health with a dedicated on-site Participant Counselor. Please visit the HR page on the Intranet to set up a meeting to review your retirement goals and objectives. You can also call Transamerica at 888-676-5512 or visit their website at www.my.trsuretire.com.



Time Off Benefits

These benefits are intended to provide flexibility and to encourage the advanced planning and scheduling of time off as an integral part of overall health and wellbeing.

Paid Time Off (PTO)

The Basics

PTO encompasses time for vacation, holiday, and sick purposes. Paid Time Off is allowed to accrue up to one and one-quarter times your annual PTO accrual. PTO will not be allowed to accrue in excess of this amount, and will be forfeited.

Eligibility

Staff scheduled to work a minimum of 22.5 hours per week accrue time upon hire, but may access time only after completion of the first 3 months of employment. New hires are advanced time, when necessary, for holidays during the first 3 months of employment.

Cash-Out

Quarterly, staff may cash-out up to 37.5 hours of PTO, provided 75 remain in the bank. Cash-out is paid at 75% of their current hourly rate. PTO hours are paid out at 100% upon termination of eligible employment.

PTO Accruals

Years of Service	Hourly Staff		Salaried Staff		Management Staff	
	Accrual Rate (you accrue this much leave per hour paid)	Annualized (based on 2080 hours worked in a year)	Accrual Rate (you accrue this much leave per hour paid)	Annualized (based on 2080 hours worked in a year)	Accrual Rate (you accrue this much leave per hour paid)	Annualized (based on 2080 hours worked in a year)
Hire – 4	.1000	26 Days (assumes 8-hr days)	.1192	31 Days (assumes 8-hr days)	.1384	36 Days (assumes 8-hr days)
5 – 9	.1115	29 Days (assumes 8-hr days)	.1308	34 Days (assumes 8-hr days)	.1577	41 Days (assumes 8-hr days)
10+	.1192	31 Days (assumes 8-hr days)	.1384	36 Days (assumes 8-hr days)	.1577	41 Days (assumes 8-hr days)

Extended Illness Bank (EIB)

The Basics

You may access your EIB only after 5 days (40 hours) of PTO are used for approved leaves of absence.

Eligibility

Staff scheduled to work a minimum of 22.5 hours per week accrue time upon hire, but may access time only after completion of the first 3 months of employment.

Accruals

EIB is accrued at a rate of .0154 per hour worked, which is 4 days per year based on 8 hour days, 5 days a week (2080 hours worked in a year).

Paid Sick and Safety Time (PSST)

Staff who are not eligible for PTO and EIB are eligible for PSST to support them in seeking early, routine medical care for themselves and their family members; to protect the community's health by reducing the risk of contagion; and to assist staff who may be victims of domestic violence, sexual assault, or stalking. Staff will accrue .0285 hour of PSST for each hour worked to a maximum of 40 hours in 2020. Please see the full policy for restrictions and other details.

Supplemental Life Insurance

Supplemental Life and AD&D Insurance

Employee Coverage – Staff working 22.5 or more hours per week are able to purchase Life and Accidental Death and Dismemberment insurance above and beyond the Basic Life Insurance provided by SCH. Coverage can be purchased in increments from 1 times annual salary up to 5 times annual salary to maximum of \$500,000. The guaranteed issue amount is \$350,000.

Spouse Coverage – If you purchase supplemental life insurance for yourself, you may purchase Life and AD&D insurance coverage on your Spouse. Coverage can be purchased in increments of \$5,000 up to a maximum of the lesser of 50% of your insured amount or \$100,000.

Child Coverage – If you purchase supplemental life insurance for yourself, you may purchase Life insurance coverage on your Children up to the age of 19, or 25 if they are a full-time student. You have the option to purchase a benefit of \$2,500 or \$5,000 per child.

How to Calculate Your Supplemental Life Insurance Cost

1. Take the amount of coverage you want and divide it by 1,000. This will give you the number of units of insurance you are considering.

Coverage: _____ / 1000 = Number of Units

2. Take the number of units and multiply it by the rate listed for the applicable age range and benefit type.

of Units: _____ * Rate: _____ = Bi-Weekly Cost

Evidence of Insurability

If the Supplemental Life Insurance election you are making requires you to complete an Evidence of Insurability process, you will be contacted by the Benefits Staff with instructions on how to provide information needed for CIGNA's review. CIGNA will notify you directly if they require more information.

Supplemental Life and AD&D Rates

Age Range (based on age of person insured)	Employee Life and AD&D Bi-Weekly Rate per \$1,000	Spouse Life and AD&D Bi-Weekly Rate per \$1,000
<25	\$0.0300	\$0.0360
25 – 29	\$0.0346	\$0.0397
30 – 34	\$0.0438	\$0.0457
35 – 39	\$0.0498	\$0.0586
40 – 44	\$0.0702	\$0.0789
45 – 49	\$0.0974	\$0.1195
50 – 54	\$0.1486	\$0.1855
55 – 59	\$0.2197	\$0.2852
60 – 64	\$0.3226	\$0.4989
65 – 69	\$0.5931	\$0.8718
70 – 74	\$0.9577	\$1.5517
75+	\$1.9408	\$2.9838
Child(ren) Life and AD&D	\$2,500 Benefit	\$5,000 Benefit
Bi-Weekly	\$0.15	\$0.30

Benefit Provider Contact Information

CIGNA – effective January 1, 2020;
contact info to be provided

Supplemental Benefits

Accidental Injury and Cancer Indemnity

These policies are provided by Colonial Life to staff working 22.5 or more hours per week. They are designed to offset costs due to Accidental Injuries or Cancer that are not covered by your existing health insurance such as co-pays, deductibles, coinsurance, out-of-network costs, time off from work, travel and lodging, etc. Benefits are paid directly to you, unless you specify otherwise with coverage available for your spouse and children. Additionally, the plan is portable, you can take it with you if you change jobs or retire, and you are paid benefits regardless of any other insurance you may have with other companies. Contact an agent with Colonial Life directly at 508-230-2546 or visit www.coloniallife.com for additional information.

Colonial Policy Coverage Level	Accident Plan	Cancer Plan
Single Plan	\$8.30	\$12.24
Employee Plus Spouse Plan	\$11.08	N/A
Single Parent Family Plan	\$13.84	\$13.84
Dual Parent Family Plan	\$16.60	\$20.76

Pet Insurance

Pet insurance is available through Nationwide to staff working 22.5 or more hours per week and can cover dogs, cats, birds, rabbits, ferrets and other exotic pets (subject to underwriting). You can visit any licensed veterinarian worldwide and be covered for thousands of problems and conditions relating to accidents, poisonings and illnesses (including cancer). The policy helps pay for lab fees, treatments, prescriptions, surgery and more. Prices range from under \$7.00 to over \$40.00 per month depending on numerous factors including type of animal, age, plan design, etc. To find out more about this exciting coverage please visit www.petinsurance.com or call 800-872-7387.

MetLife Auto & Home Group Insurance Program

By selecting MetLife Auto & Home's group insurance program available to all staff at SCH, you can receive special savings, outstanding service, and a wide range of policies to suit your needs. You'll save time and money with MetLife's hassle-free payment options, and you'll get access to knowledgeable insurance consultants whose only goal is to give you great customer service. Auto, Home, Condo, Renters, Boat, Landlords, and Umbrella policies are available with discounts only provided to group policy customers. To receive a free, no-obligation comparison on any of your personal insurance needs, please call 800-GET-MET8 (800-438-6388).

Legal Services Plan

Offered through ARAG, this plan provides access to qualified legal help and information at a significant savings. Paid-in-full coverage for a variety of attorney services includes (but is not limited to) real estate matters, wills and trusts, consumer protection, divorce (contested and uncontested) and child custody/support. A 25% discount is provided on attorney fees for non-covered matters. For further details, talk with a representative at 800-247-4184, or go online to www.ARAGlegalcenter.com and use Access Code 18195sch.

This plan is available to staff working 22.5 or more hours per week at a bi-Weekly rate of \$7.85.

Financial Solutions

Money Management International is a not-for-profit organization specializing in providing solutions to everyday financial challenges. They offer a range of financial education and counseling services to tackle the most common setbacks consumers face today. Visit www.MoneyManagement.org or call 866-889-9347 to get started.

Career Development Benefits

Scholarship

The SCH Scholarship Program provides five \$1,000 scholarships annually during Employee Week as selected by the Wellness Council.

Career and College Fairs

Annually, during Employee Week, college and education program representatives present information on degrees and programs that prepare staff for healthcare careers.

Tuition Reimbursement

Up to 4 courses annually are eligible for reimbursement. Refer to HR Policies on the Intranet for more information. Staff working 22.5 or more hours per week and Per Diem staff working 22.5 or more hours per week on a rolling 12 month basis are eligible. Please note this benefit requires continued employment for a two-year period from the date of reimbursement (refer to the tuition reimbursement policy for specifics). Pass/Fail classes are eligible for the tuition reimbursement program.

National Certification

The \$250 National Certification bonus recognizes professional excellence. Multiple certification recognitions are available for those changing specialties or professions over their SCH career. Reimbursement for preparatory courses and materials for the initial certification attainment is now available through tuition reimbursement.

Educational Discount Programs

New England College of Business offers SCH staff 25% off tuition for all programs.

Southern New Hampshire University (SNHU) offers staff and their immediate family members a 10% tuition reduction. Students must identify themselves as SCH employees when completing their admission form to receive the reduction. Offerings are subject to change and there may be limitations on programs availability and eligibility for reductions. Visit www.snhu.edu or call 800-668-1249 for more information.

CollegeBoundfund

CollegeBoundfund, managed by CollegeBound Saver, is one of the most innovative college savings programs available today. It offers staff a range of investment opportunities to meet broad investment challenges, including tax and estate planning benefits. With benefits such as tax-free earnings growth and no income limits, CollegeBoundfund can be used at accredited colleges, universities, vocational school and trade schools across the nation and offer a simple way to save and invest for a child's college education. There are a number of ways to contribute to a CollegeBoundfund, including payroll deduction. For more information about the CollegeBoundfund, contact an AllianceBernstein client service representative at 800-227-2900, Monday–Friday, 8:30am to 7:00 pm EST, or visit www.collegeboundfund.com.

College Planning

College Advisors Group provides on-site educational workshops and seminars, at no cost. Staff and their families can access customized college planning consulting packages to meet their specific needs and enjoy 20% - 30% discounts on all consulting packages. This includes but is not limited to: financial aid consulting, academic counseling services, form filing services (FAFSA, CSS Profile and Institutional), loan analysis and recommendations, advanced planning for those who do not qualify for financial aid, tax scholarships and tax planning opportunities to reduce the cost of college, and tax coach - tax planning opportunities to increase cash flow. Visit www.collegeadvisorsgroup.com, email Team@CollegeAdvisorsGroup.com, or call 401-821-0080 for more information.

CommonBond Student Loan Assistance

To help with student loans and student debt management, SCH offers access to CommonBond at no cost to you. The CommonBond Evaluation tool provides personalized guidance based on your unique financial circumstances. You can explore your options for your existing student debt, learn more about saving for future education expenses, or refer loved ones or friends who could use help with either or both goals. Go to cbpartner.co/southcountyhealth to get started.

Casual Benefits

OTC Pharmacy Discount

Visit the SCH Pharmacy Department on the intranet to find the order form with instructions to save money on over the counter medications.

Working Advantage

Tickets to the hottest theatre, family and sporting events nationwide. Account # (961453099).

http://www.workingadvantage.com/docs/orderform/order_form.pdf.



Discounts at Local Businesses

Show your South County Health I.D. to receive discounts at these area merchants:

- Anytime Fitness – \$35.99 a month for a 24-month membership
- Applebee's (South County Commons, Westerly locations) – 10% off (dine in)
- AQUA Salon & Spa – 10% discount
- CANE Child Development Center – 10% off
- Color House -Contractors' discount given (reference #782-8000)
- CrossFit South Kingstown – 15% off monthly membership
- Hampton Inn South Kingstown – Corporate Rate 15% discount
- Inspire Medical Spa – 10% off all services
- Java Madness – 15% discount
- Joseph A. Banks – \$50 gift card for every \$500 spent
- Mystic Seaport Aquarium – \$5-\$6 off
- Quick Lane Tire & Auto Center oil and filter change \$29.95
- Quonny Yoga – \$5 off drop-in classes
- Sherwin Williams – 20% discount
- Stedman's Bike Shop – 10% discount
- YMCA (Greater Providence Area) – 10% discount
- **South County Surgical Supply Discount** – 10% above cost on purchases (may include rentals for products; some rules apply). Patients can call 1-401-783-1850 during normal business hours to order medical supplies.
- **South County Home Health** – LifeLine Emergency Response System discounted for staff and immediate family. No contract or installation fees. Full product line including Auto Alert (calls for help when a fall is detected) and a wireless unit that does not require a telephone line. For more information call 401-788-2000.

Watch for updates – new business partnerships are added frequently.

Required Notices

HIPAA Notice of Privacy and Security Practices

The privacy rules under the Health Insurance Portability and Accountability Act require the South County Hospital Health and Welfare Plan (the “Plan”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (“PHI”) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice, you may contact the Benefits Staff at (401) 788- 1407. For more information on the Plan’s privacy policies or your rights under HIPAA, you may contact the Plan’s Privacy Officer, Elaine Desmarais at (401) 788-1370.

Women’s Health and Cancer Rights Act

As required by federal law, these benefits include reconstructive surgery for a member who is receiving benefits for a mastectomy and who elects breast reconstruction in connection with the mastectomy. This health plan provides benefits for: all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas. These services will be furnished in a manner determined in consultation with the attending physician and the patient.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

MAINE – Medicaid

Website:
<http://www.maine.gov/dhhs/ofl/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website:
<http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565