



Staff Benefits

FOR PLAN YEAR 2024

South County Hospital

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 2024. These programs offer excellent resources to ensure high quality health care 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. Most deductibles and copays are waived for care provided at SCH, and 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 market competitive pay. With our staffs' strong engagement in using SCH for care, we've maintained a comprehensive and affordable plan, preventing increases to health insurance payroll contributions for those making less than \$50,000 annually for the past thirteen years. In 2024, after a season of assertive plan marketing and negotiations, we're thrilled to advise that there are no increases to employee contributions for medical insurance at any salary level.

In 2024, we continue to offer two medical plan options, providing choice between our comprehensive Vantage Blue PPO Plan and, in its second year, a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Attend the Benefits Fair at the Hospital on November 15th to learn more about these plan options.

As required by regulation for all High Deductible Health Plans in 2024, deductibles for our HDHP plan will increase from \$1500/\$3000 to \$1600/\$3200. However, South County Health will increase contributions to the Health Savings Account for HDHP enrollees from \$250/\$500 to \$350/\$700. There are no increases to deductibles under our Vantage Blue PPO Plan. However, under both plans durable medical equipment and cardiology care in the practice setting will now be subject to Tier 2 deductibles and copays.

A marketing of our dental insurance plan resulted in a change of carriers from BCBSRI to Delta Dental in 2024 with enhancements to coverage and lower cost. The periodontal cap has been eliminated under both plans, and the deductible has been eliminated for preventative services under plan B. See page 15 for more details.

You'll also find some enhancements to vision coverage at lower employee contributions in 2024 on page 16.

As always, we encourage your participation in our award-winning Well Beyond program, powered by Virgin Pulse, which offers activities and education addressing the full spectrum of overall wellbeing to include preventive health, nutrition, physical activity, emotional wellness and career and financial wellbeing. Colleagues engaged in the wellness program are improving their health, earning wellness rewards, and paying the reduced incentive rate for medical coverage (this requires completion of a biometric screening at one of our screening kiosks, available in Warwick, Westerly, East Greenwich and the Hospital's Take a Break room (the former coffee shop) or a primary care exam. It also requires completion of the online health check through Virgin Pulse, and compliance with flu and COVID vaccination requirements.

We hope you feel our benefit programs clearly demonstrate our commitment and depth of caring for our SCH colleagues and their families. Our Human Resources team is glad to assist you and can be reached at 401-788-1416 or Benefits@southcountyhealth.org 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 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 dependent. 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 are newly hired or newly eligible for benefits in 2024.

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 employee’s name
 - 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 Marriage

- Affidavit of Common Law Marriage will be mailed to you by Blue Cross Blue Shield of Rhode Island.
- You must return the Affidavit, with supporting documents, back to Blue Cross in order for them to decide upon initial enrollment of your common law spouse.
- You will be required to comply with the terms of that declaration for your common law spouse to qualify for SCH benefits. If you do not return the form with documentation or if Blue Cross determines the individual does not qualify as a spouse, they will not be enrolled in the plan. Coverage for your spouse will be retroactive to the benefit enrollment date once BCBSRI has confirmed the common-law marriage.
- Working Spouse Medical Contribution Affidavit
 - Supporting documents must accompany this form. Documents must be provided at the time of initial enrollment and annually at Open Enrollment.

Making Changes to Your Benefits

Open Enrollment

Each year you have 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 you 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

Please note: 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.

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 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

South County Health is dedicated to maintaining and improving the health of our staff. We are proud to offer you a comprehensive and affordable medical program that enables you to receive high-quality care and maintains a strong focus on wellness. It is important to us to offer programs that support your physical and financial health, and help improve your quality of life.

In 2024, you will continue to have the choice between two medical plan options. In addition to the VantageBlue PPO, South County Health will continue to offer the BlueSolutions High Deductible Health Plan (HDHP) to provide more choice for employees and their families. The HDHP also includes a Health Savings Account (HSA) where you own the account and can save for your health care needs. This plan is also offered with Blue Cross Blue Shield of Rhode Island.

South County Health will continue to offer the VantageBlue PPO through Blue Cross Blue Shield of RI. The VantageBlue plan provides a comprehensive level of benefits structured to encourage preventive care and the use of a Patient Centered Medical Home (PCMH). Both the VantageBlue PPO and BlueSolutions HDHP provide access to the broad national network of hospitals and physicians through the BCBS BlueCard Network.

Reminder!

Livongo for Chronic Conditions: Eligible SCH employees will have the option to participate in the Livongo program for support in managing diabetes, pre-diabetes or cardiovascular conditions. Keep an eye out for information from Livongo to learn more!

Your coverage with BCBSRI

VantageBlue and BlueSolutions are flexible plan options because:

- The BlueCard network has the largest hospital and physician networks in the U.S, with more than 1.7 million unique, in-network providers.
 - You have the freedom to visit non-network providers.
 - No referrals to specialists are required.

You Can Save Money By Utilizing South County Health!

Members enrolled in either medical plan can continue to save money by receiving services at South County Health! Employees enrolled in the VantageBlue plan will have no deductible for most services provided by South County Health. Employees enrolled in the BlueSolutions plan will have to meet a lower deductible for services provided by South County Health compared to the deductible for services from other in-network providers. For services that are not available at South County Health, deductibles, copays and coinsurance apply.

Note: **South County Surgical Supply** was sold to AdaptHealth in 2023. As of 1/1/2024 there are no Tier 1 Durable Medical Equipment (DME) providers. AdaptHealth will be processed under the Tier 2 benefits.

The **South County Cardiology Department** was sold to Care New England as of 12/1/23. Therefore, Cardiology services will also be covered at the Tier 2 level as of 1/1/24.

Medical Contribution Incentive Program

Staff and spouses enrolling in the SCH medical plan can earn a wellness incentive discounted medical rate by completing the following **no later than 11/30/23**:

1. Complete the online health check through your Virgin Pulse WellBeyond account.
2. Complete Annual PCP well visit between 12/1/22 – 11/30/23 or a Simple Screening through the on campus and off site self service screening kiosks. No onsite clinics will be available.
3. Receive a Flu shot vaccination.
4. Receive the 2023-2024 updated COVID-19 vaccine.

Both the staff member and spouse must complete the assessment as well as the PCP well visit or the Simple Screening to receive the lower cost incentive contribution. Vaccinations are not required for spouses in order to receive the incentive rate.

Upon completion of the health check through your Virgin Pulse wellness account, benefit eligible staff and their medically enrolled spouse can earn additional incentives when participating in any of the Well Beyond offerings throughout the year (an additional \$300 per employee and \$300 for a covered spouse). Depending on the medical plan you are enrolled in, participation can earn you either a non-taxable contribution into a Health Reimbursement Account (VantageBlue PPO enrollees) or a Health Savings Account (BlueSolutions HDHP enrollees) 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 who has access to other employer-sponsored Medical Insurance. You will not be charged this contribution if you do not have a spouse enrolled on your SCH Medical Insurance or if your spouse 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 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.

Note: All members will receive new BCBSRI ID cards in early 2024. Existing ID numbers will not change, so you can continue using your current ID card until you receive a new card. New members can contact Blue Cross Blue Shield Customer Service at 401-459-5000 to verify coverage and obtain your identification number.

BlueSolutions High Deductible Health Plan

High Deductible Health Plan

BlueSolutions

A high deductible health plan (HDHP) is a health plan designed to give you more control over how you spend your health care dollars. You pay lower bi-weekly contributions, but more when you receive care. You'll receive most preventive care at no additional cost and pay for other services out of pocket until you meet your deductible.

Employees will still have access to the same network of providers, regardless of the medical plan elected. As always, we encourage employees to seek services at South County Health for high quality care and to save money. Employees in the HDHP will be subject to a deductible in all tiers, but that deductible is lower for Tier 1 services provided by South County Health.

Health Savings Account (HSA)

Benefits of the HSA

A HDHP also includes a Health Savings Account (HSA). You own the account, and your account earns interest. Contributing to your HSA can help you save for your health care needs. Your HSA will be administered by London Health.

Tax free contributions: Anything you contribute to your HSA is tax-free. In 2024, the maximum contribution as set by the IRS for an individual account is \$4,150 and the maximum contribution for family coverage is \$8,300. If you are age 55 or older, you can make an additional "catch up" contribution of \$1,000.

South County Health Contribution: To help you save for your health expenses, South County Health will contribute \$350 for an individual or \$700 annually for an employee with covered dependents, paid in quarterly installments, into the employee's HSA.

Benefit Provider Contact Information

Blue Cross Blue Shield of Rhode Island
www.bcbsri.com 401-459-5000. 1-800-639-2227

Portable: The HSA is your account and it is also your responsibility to maintain the account, i.e. it is up to you to define what expenses are qualified. If you leave South County Health or retire, you take the money with you. If you are on Medicare or go to another employer that does not have a qualified HDHP, you can continue to use your HSA money to pay for copays and qualified medical expenses, but you won't be able to continue to make contributions to your HSA.

Funds roll over: From year to year, you do not lose the money remaining in your HSA or the interest it has earned. You can take the money out anytime tax-free as long as it is to pay for qualified medical expenses. Qualified medical expenses are those that would generally qualify for the medical and dental expenses income tax deduction as outlined in IRS Publication 969 – Health Savings Accounts and Other Tax-Favored Health Plans. For a complete list of eligible expenses go to, <http://www.irs.gov/pub/irs-pdf/p969.pdf>. If you take money out for other purposes, you'll have to pay income taxes on the withdrawal plus a penalty. Once you reach age 65, you can withdraw for any purpose without penalty.

HSA Eligibility Rules

To open and continue to contribute to your HSA, you must meet the following eligibility criteria:

1. You must be covered by South County Health's BlueSolutions HDHP
2. You cannot be covered by another health plan (including Medicare Parts A or B, Tricare, or your spouse's medical plan)
3. You cannot be claimed as a dependent on another individual's tax return
4. You cannot be covered by an HSA and a Health Care Flexible Spending Account or Health Reimbursement Account at the same time. This applies to the South County Health's plan as well as a spouse's plan

Please note, if you elect the BlueSolutions HDHP but were previously enrolled in the VantageBlue PPO, you will no longer be eligible for the Health Reimbursement Account and all remaining funds after 12/31/23 will be forfeited.

To be eligible for a Health Savings Account, you cannot be enrolled in a Health Reimbursement Account (HRA) or a Health Care Flexible Spending Account (FSA). Any remaining funds in your HRA will be forfeited as of December 31, 2023. If you have any funds remaining in your Health Care FSA as of December 31, 2023, you will continue to have access to these funds through the end of the grace period (3/15/24). You will be unable to contribute to your HSA or receive contributions from South County Health until the first of the following month (4/1/24).

Medical Insurance – VantageBlue PPO

	VantageBlue PPO Staff Cost		
	Tier 1 SCH Domestic Network	Tier 2 BlueCard PPO Network	Tier 3 Out-of-Network
Annual Deductible			
Individual/Family	\$0	\$1,500/\$3,000	\$1,500/ \$3,000
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	\$30 plus 20% per visit after deductible
Non PCMH	\$0	\$30	
Preventive Visit	\$0	\$0	\$30 plus 20% per visit after deductible
Specialist	\$0	\$50	\$50 plus 20% per visit after deductible
Chiropractic Visits	\$0	\$50	\$50 plus 20% per visit after deductible
Routine Eye Exam (One annual exam)	\$0	\$50	\$50 plus 20% per visit after deductible
Urgent Care	\$0	\$30	\$30
Diabetic Services			
Foot Exam	\$0	\$0	\$50 plus 20% after deductible
Eye Exam	\$0	\$0	\$50 plus 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
Preventive 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	Covered in full 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	20% after deductible
Office Visits	\$0	\$50	\$50 plus 20% after deductible
Additional Services			
Physical therapy	0% per visit ²	20% after deductible ²	20% after deductible
Occupational and speech therapy	0% per visit ²	20% after deductible ²	20% after deductible
Durable medical equipment (DME)	Not available ⁴	20% after deductible	20% after deductible
Home and hospice care	Covered in full	Covered in full after deductible	20% after deductible
Acupuncture (12 visit maximum)	\$0	\$30	\$30 plus 20% after deductible
Wellness and Disease			
Management Services	\$0	\$50	\$50 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 and 20% coinsurance will not apply when physical therapy or occupational therapy services are provided at select Elite Physical Therapy and Ortho Rhode Island locations. The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group. Please see www.mybcbsri.com/finddoctor for a complete listing of all Tier 1 physicians and facilities.

⁴ **Effective 1/1/2024, Adapt Health services and supplies will be covered as a Tier 2 benefit and subject to Tier 2 cost share as identified in the table above**

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 BCBSRI Customer Service at 401-459-5000 or 1-800-639-2227. Additionally, a Summary of Benefits Coverage is available to you on the SCH intranet, under Human Resources, Benefits.

Medical Insurance – BlueSolutions HDHP

	BlueSolutions HDHP Staff Cost		
	Tier 1 SCH Domestic Network	Tier 2 BlueCard PPO Network	Tier 3 Out-of-Network
Annual Deductible			
Individual/Family	\$1,600/\$3,200		\$3,200/\$6,400
Out of Pocket Maximum			
Individual/Family ¹	\$3,000/\$6,000		\$4,000/\$8,000
Employee Coinsurance	0%*		20%
Office Visits			
Primary Care	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Preventive Visit	\$0	\$0	20% per visit after deductible
Specialist	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Chiropractic Visits	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Routine Eye Exam (One annual exam)	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Urgent Care	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Diabetic Services			
Foot Exam	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Eye Exam	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Outpatient Services			
Outpatient medical/ surgical care	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Obstetrical Care	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Preventive lab services, machine tests, and x-rays	0% per visit	0% per visit	20% per visit after deductible
Diagnostic lab services, machine tests, and x-rays	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Inpatient Services			
Hospitalization	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Inpatient medical/surgical care (doctor services)	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Emergency Services			
Emergency room care	\$150 after deductible	\$150 after deductible	\$150 after deductible
Ambulance Services	0% after deductible	0% after deductible	0% after deductible
Mental Health and Chemical Dependency Treatment Services			
Inpatient	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Outpatient	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Office Visits	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Additional Services			
Physical therapy	0% per visit after deductible ^{2,3}	20% per visit after deductible ²	20% per visit after deductible
Occupational and speech therapy	0% per visit after deductible ^{2,3}	20% per visit after deductible ²	20% per visit after deductible
Durable medical equipment (DME)	Not available ⁴	20% per service/device after deductible	20% per service/device after deductible
Home and hospice care	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Acupuncture (12 visit maximum)	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible
Wellness and Disease			
Management Services	0% per visit after deductible	20% per visit after deductible	20% per visit after deductible

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 domestic expenses. Tier 2 and Tier 3 accumulate together.

² 20% coinsurance will not apply when physical therapy or occupational therapy services are provided at select Elite Physical Therapy and Ortho Rhode Island locations. The deductible will still apply.

³ The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group. Please see www.mybcbsri.com/finddoctor for a complete listing of all Tier 1 physicians and facilities.

⁴ **Effective 1/1/2024, Adapt Health services and supplies will be covered as a Tier 2 benefit and subject to Tier 2 cost share as identified in the table above**

*Certain services are subject to 20% coinsurance. Please refer to the benefit summary for additional details.

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 BCBSRI Customer Service at 401-459-5000 or 1-800-639-2227. Additionally, a Summary of Benefits Coverage is available to you on the SCH intranet, under Human Resources, Benefits

Medical Insurance Costs – VantageBlue PPO

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 (36-40 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	\$96.16+ 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)	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Incentive Rate					
Single Plan	\$43.20	\$47.49	\$47.49	\$52.74	\$75.10
Two Person Plan	\$86.42	\$95.00	\$95.00	\$105.52	\$150.21
Family Plan	\$105.06	\$115.49	\$115.49	\$128.29	\$182.60
Medical Plan Non-Incentive Rate					
Single Plan	\$63.97	\$68.26	\$68.26	\$73.51	\$95.87
Two Person Plan	\$127.96	\$136.54	\$136.54	\$147.06	\$191.74
Family Plan	\$146.60	\$157.03	\$157.03	\$169.83	\$224.14
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)	\$57.69 per paycheck (\$125 per month)	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)

Does the Working Spouse Medical Contribution apply to me?

1. Do you have a spouse who is covered under your South County Health Medical Plan?
2. Is your spouse currently employed outside of South County Health?
3. Does your spouse have access to Medical Insurance through their employer?

If you answered “Yes” to all 3 questions, then the Working Spouse Medical Contribution rate will apply to you.

If your enrolled spouse does not have access to other employer sponsored medical insurance, you must complete the Working Spouse Medical Contribution Affidavit form. Please drop it off in the HR Office or email it to Benefits@southcountyhealth.org.

If you do not return the completed affidavit by the deadline, we will assume that your spouse has access to employer-sponsored medical insurance and the working spouse contribution will be deducted from your paycheck. No refunds will be issued for affidavits returned after the deadline.

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 – VantageBlue PPO

Part Time Staff Bi-Weekly Medical Rates

Part Time Staff (20-35 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	\$96.16+ 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).	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Incentive Rate					
Single Plan	\$95.92	\$105.44	\$105.44	\$118.10	\$167.31
Two Person Plan	\$191.84	\$210.88	\$210.88	\$236.19	\$334.62
Family Plan	\$233.23	\$256.38	\$256.38	\$287.15	\$406.80
Medical Plan Non-Incentive Rate					
Single Plan	\$116.69	\$126.21	\$126.21	\$138.87	\$188.08
Two Person Plan	\$233.38	\$252.42	\$252.42	\$277.73	\$376.15
Family Plan	\$274.77	\$297.92	\$297.92	\$328.69	\$448.34
Working Spouse Medical Contribution					
Two Person or Family Plan Levels	\$23.08 per paycheck (\$50 per month)	\$34.62 per paycheck (\$75 per month)	\$57.69 per paycheck (\$125 per month)	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)

Does the Working Spouse Medical Contribution apply to me?

1. Do you have a spouse who is covered under your South County Health Medical Plan?
2. Is your spouse currently employed outside of South County Health?
3. Does your spouse have access to Medical Insurance through their employer?

If you answered “Yes” to all 3 questions, then the Working Spouse Medical Contribution rate will apply to you.

If your enrolled spouse does not have access to other employer sponsored medical insurance, you must complete the Working Spouse Medical Contribution Affidavit form. Please drop it off in the HR Office or email it to Benefits@southcountyhealth.org.

If you do not return the completed affidavit by the deadline, we will assume that your spouse has access to employer-sponsored medical insurance and the working spouse contribution will be deducted from your paycheck. No refunds will be issued for affidavits returned after the deadline.

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 – BlueSolutions HDHP

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 (36-40 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	\$96.16+ 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)	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Incentive Rate					
Single Plan	\$24.36	\$28.63	\$28.63	\$33.85	\$56.10
Two Person Plan	\$48.73	\$57.27	\$57.27	\$67.74	\$112.20
Family Plan	\$50.99	\$61.37	\$61.37	\$74.11	\$128.15
Medical Plan Non-Incentive Rate					
Single Plan	\$45.13	\$49.40	\$49.40	\$54.62	\$76.87
Two Person Plan	\$90.27	\$98.81	\$98.81	\$109.28	\$153.74
Family Plan	\$92.53	\$102.91	\$102.91	\$115.65	\$169.68
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)	\$57.69 per paycheck (\$125 per month)	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)

Does the Working Spouse Medical Contribution apply to me?

1. Do you have a spouse who is covered under your South County Health Medical Plan?
2. Is your spouse currently employed outside of South County Health?
3. Does your spouse have access to Medical Insurance through their employer?

If you answered “Yes” to all 3 questions, then the Working Spouse Medical Contribution rate will apply to you.

If your enrolled spouse does not have access to other employer sponsored medical insurance, you must complete the Working Spouse Medical Contribution Affidavit form. Please drop it off in the HR Office or email it to Benefits@southcountyhealth.org.

If you do not complete the affidavit and have enrolled your spouse on the medical insurance, we will assume that he or she has access to employer-sponsored medical insurance and the contribution will be 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 – BlueSolutions HDHP

Part Time Staff Bi-Weekly Medical Rates

Part Time Staff (20-35 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	\$96.16+ 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).	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Incentive Rate					
Single Plan	\$76.82	\$86.29	\$86.29	\$98.88	\$147.85
Two Person Plan	\$153.63	\$172.57	\$172.57	\$197.75	\$295.69
Family Plan	\$178.52	\$201.56	\$201.56	\$232.17	\$351.22
Medical Plan Non-Incentive Rate					
Single Plan	\$97.58	\$107.06	\$107.06	\$119.65	\$168.62
Two Person Plan	\$195.16	\$214.11	\$214.11	\$239.29	\$337.23
Family Plan	\$220.06	\$243.09	\$243.09	\$273.71	\$392.76
Working Spouse Medical Contribution					
Two Person or Family Plan Levels	\$23.08 per paycheck (\$50 per month)	\$34.62 per paycheck (\$75 per month)	\$57.69 per paycheck (\$125 per month)	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)

Does the Working Spouse Medical Contribution apply to me?

1. Do you have a spouse who is covered under your South County Health Medical Plan?
2. Is your spouse currently employed outside of South County Health?
3. Does your spouse have access to Medical Insurance through their employer?

If you answered “Yes” to all 3 questions, then the Working Spouse Medical Contribution rate will apply to you.

If your enrolled spouse does not have access to other employer sponsored medical insurance, you must complete the Working Spouse Medical Contribution Affidavit form. Please drop it off in the HR Office or email it to Benefits@southcountyhealth.org.

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

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 health care by requiring you to fill maintenance medication in 90-day increments either through mail order or through a participating retail pharmacy.

Note: If you elect the BlueSolutions HDHP, your prescription drugs will be subject to the deductible. However, the deductible will not apply for certain preventive medications. Please refer to your BCBSRI plan summary for additional details.

Non-Maintenance Medications

The South County Health 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 Health network of retail pharmacies.

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 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. **The deductible will apply for employees enrolled in the BlueSolutions HDHP.**

How Do I Switch to Home Delivery?

Go to www.bcbsri.com or call 833-721-1627 to sign up for home delivery, then contact your doctor to switch your prescription(s) to Express Scripts (ESI) Home Delivery.

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.

Non-Maintenance Medications*	VantageBlue PPO Retail 30-Day Supply	BlueSolutions HDHP Retail 30-Day Supply
Generic	\$15.00	\$15.00 after ded
High-Cost Generic	\$30.00	\$30.00 after ded
Brand Preferred	\$40.00	\$40.00 after ded
Brand Non-Preferred	\$80.00	\$80.00 after ded
Specialty Preferred	\$80.00	\$80.00 after ded
Specialty Non-Preferred	\$250.00	\$250.00 after ded

**To determine which drugs fall into which categories, please see the BCBSRI Formulary listing at <https://www.bcbsri.com/providers/pharmacyinfo> or call 401-459-5000 or 1-800-639-2227.*

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

The deductible will apply for the BlueSolutions HDHP

** 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.*

Dental Insurance



New for 2024! Introducing Delta Dental of Rhode Island!

South County Health always strives to offer the best coverage at the lowest cost to our employees. That is why South County Health will partner with Delta Dental of Rhode Island as of January 1, 2024! You will continue to have the choice between the same two dental plans you are familiar with today: Dental Plan A and Dental Plan B.

You can save money by visiting in network dental providers. Please visit deltadentalri.com and click "Find a Dentist" to confirm if your dentist is in network with Delta Dental.

About Your Dental Insurance

Both dental plans cover three categories of dental expenses:

- Preventive and diagnostic care (routine exams and cleanings, fluoride treatments, x-rays)
- Basic treatment (extractions, fillings, root canals)
- Major treatment (crowns, periodontics)

The chart to the right shows how much the plan pays for certain dental services. With Delta Dental of Rhode Island, you will still be covered at dentists outside the Delta Dental 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 Delta Dental of Rhode Island member services at 1-800-843-3582.

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 450,000 dental locations in the Delta Dental PPO Plus Premier network.
- **Lower Out-of-Pocket Costs:** Because Delta Dental 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.

Service	Dental Plan A	Dental Plan B
Annual Deductible (individual/ family)	None	\$50/ \$150
Calendar Year Maximum	\$1,250	\$1,000
Basic Preventive/Diagnostic Services		
Exams, cleanings, x-rays	100%	100%
Space Maintainers	100%	80%
Minor Restorative		
Simple Extractions	100%	100% after deductible
Fillings	100%	80% after deductible
Denture Repairs	100%	80% after deductible
Root Canal Therapy, Oral Surgery	100%	80% after deductible
Major Restorative		
Periodontics	50%	50%
Crowns and Inlays/Onlays	100%	55% after deductible
Prosthodontics		
Bridges and Dentures	50%	Not Covered
Orthodontics		
Orthodontia	50% for adults and dependent children up to \$1,000 lifetime maximum	Not Covered

This 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 Delta Dental Customer Service Department at 1-800-843-3582.

Staff Schedule	Dental Plan A Rates		Dental Plan B Rates	
	Plan	Rate	Plan	Rate
Full Time Staff (Per Bi-Weekly Paycheck)	Single Plan	\$8.82	Single Plan	\$6.00
	Two Person Plan	\$18.47	Two Person Plan	\$11.93
	Family Plan	\$25.53	Family Plan	\$16.71
Part Time Staff (Per Bi-Weekly Paycheck)	Single Plan	\$11.73	Single Plan	\$7.98
	Two Person Plan	\$24.57	Two Person Plan	\$15.88
	Family Plan	\$33.96	Family Plan	\$22.24

Vision Service Plan

Enhancements for 2024!

In 2024, SCH will enhance the vision coverage available to you, at an almost 8% reduction in cost to you. Coverage enhancements include:

- Increase in frame allowance from \$140 to \$200
- Increase in contact lens allowance from \$120 to \$140
- Introduction of LightCare which allows you to use your frame and lens benefit on non-prescription eyewear such as bluelight glasses or sunglasses from your VSP network doctor

Please refer to the table below and the VSP Member Benefit Summary for additional details on your coverage.

Per Paycheck Rates	
Single Plan	\$3.37
Two Person Plan	\$4.89
Family Plan	\$8.78



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.

Learn about your Lightcare benefit!

If you are enrolled in the VSP vision plan, you will have the opportunity to get non-prescription eyewear including sunglasses and bluelight glasses using your VSP frame and lens benefit. Contact the VSP member services team with any questions.

Item	VSP In-Network Benefit	
	In-Network	Out-of-Network
Eye Exam with Dilation as Necessary	\$10 Copay	\$50
Frames	\$200 Allowance and 20% discount on amount over the allowance	\$70
Standard Plastic Lenses		
Single Vision	\$25 Copay	\$50
Bifocal	\$25 Copay	\$75
Trifocal	\$25 Copay	\$100
Lens Options (Scratch resistance, anti-reflective, and progressive)	30% discount, added to base price of lens	\$75
Contact Lenses (allowance covers materials only) Conventional or Disposables in lieu of Glasses Lenses	\$140 Allowance, 15% off usual & customary for professional services	\$105 (elective), \$210 (necessary)
LASIK and PRK Vision Correction	15-20% off retail price	N/A
Frequency		N/A
Exams	Once every 12 months	
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)

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.



Please note, employees who elect to enroll in the BlueSolutions HDHP with a Health Savings Account (HSA) will **not** be eligible to enroll in a Health Care Flexible Spending Account. If you have funds in your FSA as of December 31, 2023 and enroll in the BlueSolutions HDHP for 2024, you will continue to be able to use these funds throughout the grace period ending March 15, 2024. You will be eligible to begin contributing to your Health Savings Account as of April 1, 2024.

Health Care

Eligible Expenses

Eligible reimbursable expenses not covered by a medical, dental or vision plan. These may include co-payments, co-insurance, deductibles, or certain vision, hearing or orthodontic costs. In accordance with Health Care Reform, you can include expenses for your children up through the end of the calendar year they turn age 26 in addition to your spouse and any adult tax eligible dependents.

Maximum Contribution

The maximum contribution is set each year by the IRS. The maximum for 2024 is \$3,200 per year. This is subject to change by the IRS.

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 Sentinel, claims must still 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 a 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, March 15, 2025, 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. The maximum for 2024 is \$5,000 per year for a Single or Joint tax return, or \$2,500 per year Married Filing Separately. This is subject to change by the IRS.

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 a 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, March 15, 2025, remaining funds will be forfeited.

Benefit Provider Contact Information

<https://www.sentinelgroup.com/>

(888) 762-6088

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 20 or more hours per week with a Life Insurance plus Accidental Death and Dismemberment policy which has a benefit of 1 times annual salary to a maximum of \$450,000.

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 401-788-1416.

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 South County Health.

Identity Theft Coverage

South County Health provides staff working 20 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 20 or more hours per week and are enrolled in one of the medical plans are eligible for the program's incentives.

Please see the detailed Virgin Pulse User Guide for more information and watch your SCH emails for ongoing updates.

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 10% 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 Contribution of 3.5% of compensation after 12 months of employment and 1,000 hours of service. Employer 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.

2024 403(b) IRS Limits

Elective Deferral Limit	\$23,000
Catch-Up Contribution	\$7,500
Compensation Limit	\$345,000

These limits are subject to change by the IRS.

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 800-755-5801.

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 800-755-5201 or visit their website at www.my.trsuretire.com.



Time Off

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 accrue in excess of this amount, and will be forfeited.

Eligibility

Staff scheduled to work a minimum of 20 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

Staff who are paid hourly may cash-out up to 80 hours of PTO annually. Cash outs occur quarterly and require that 40 hours remain in the bank. The cash-out is paid at 75% of the 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 – 3	.1038	27 Days (assumes 8-hr days)	.1154	30 Days (assumes 8-hr days)	.1308	34 Days (assumes 8-hr days)
4 – 9	.1231	32 Days (assumes 8-hr days)	.1346	35 Days (assumes 8-hr days)	.1500	39 Days (assumes 8-hr days)
10 – 14	.1423	37 Days (assumes 8-hr days)	.1423	37 Days (assumes 8-hr days)	.1500	39 Days (assumes 8-hr days)
15 – 24	.1500	39 Days (assumes 8-hr days)	.1500	39 Days (assumes 8-hr days)	.1577	41 Days (assumes 8-hr days)
25+	.1615	42 Days (assumes 8-hr days)	.1615	42 Days (assumes 8-hr days)	.1692	44 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 20 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). The EIB is allowed to accrue up to 520 hours. EIB will not accrue in excess of this amount, and will be forfeited.

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 2024. Please see the full policy for restrictions and other details.

Supplemental Life Insurance

Supplemental Life and AD&D Insurance

Employee Coverage – Staff working 20 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 a maximum of \$500,000. The guaranteed issue amount is \$300,000.

Spouse Coverage – You must purchase supplemental life insurance for yourself, in order to 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 100% of your insured amount or \$100,000. The guaranteed issue amount is \$25,000.

Child Coverage – You must purchase supplemental life insurance for yourself, in order to purchase Life insurance coverage on your Children. 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 exceeds the guaranteed issue amount you will be required to complete an Evidence of Insurability process. You will be contacted by the Benefits Staff with instructions on how to provide information needed for Lincoln Financial Group’s review. Lincoln Financial Group will notify you directly if they require more information. Your amount of coverage will be the guaranteed issue amount until Lincoln Financial Group approves the additional amount. If approved, your coverage will be increased on a go-forward basis.

Supplemental Life

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
<20	\$0.0300	\$0.0360
20 – 24	\$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	\$0.150	\$0.300

Take advantage of this opportunity in 2024! Anyone who previously elected supplemental life insurance under the guarantee issue amount or did not elect it in the past can elect coverage for 2024 up to the Guarantee Issue amount of \$300,000 without evidence of insurability.

Call 800-423-2765 and mention Group ID: 1110631 to speak with a Lincoln Financial Group customer service representative about any questions.

Supplemental Benefits

Critical Illness Insurance

South County Health offers Critical Illness coverage through Voya for staff working 20 or more hours per week. Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date¹. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Benefits are paid directly to you. Coverage is available at \$10,000 and \$20,000 Employee Coverage levels with spouse and family receiving 50% of the coverage amount. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

¹ See the brochure or certificate of coverage for a complete list of covered conditions, along with complete provisions, exclusions and limitations.

Critical Illness Coverage Bi- Weekly Rates				
Age	\$10,000		\$20,000	
	Employee/ Family	Employee/ Family	Employee/ Family	Employee/ Family
< 25	\$1.87	\$3.60	\$3.16	\$6.05
25 – 29	\$2.10	\$3.95	\$3.62	\$6.74
30 – 34	\$2.56	\$4.64	\$4.55	\$8.13
35 – 39	\$3.35	\$5.82	\$6.12	\$10.49
40 – 44	\$6.35	\$10.32	\$12.12	\$19.49
45 – 49	\$9.90	\$15.65	\$19.22	\$30.14
50 – 59	\$11.42	\$17.93	\$22.27	\$34.71
55 – 59	\$13.08	\$20.42	\$25.59	\$39.69
60 – 64	\$16.18	\$25.07	\$31.78	\$48.98
65 – 69	\$16.32	\$25.28	\$32.05	\$49.39
70 +	\$23.38	\$35.87	\$46.18	\$70.58

Employee + Spouse and Employee + Child rates are also available. Please see the Voya CI brochure on the SCH Intranet for a complete set of rates.

Hospital Indemnity Insurance

South County Health offers Hospital Indemnity coverage through Voya. Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility on or after your coverage effective date¹. You can use this money for any purpose you like, including: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Benefits are paid directly to you. Hospital Indemnity Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

¹ See the product brochure or certificate of coverage for the definition of covered facilities, along with complete provisions, exclusions and limitations.

Hospital Indemnity Coverage: Bi-Weekly Rates	Low	High
Employee	\$8.80	\$17.60
Employee + Spouse	\$15.06	\$30.12
Employee + Child	\$13.56	\$27.12
Family	\$19.82	\$39.64



Supplemental Benefits

Accident Insurance

South County Health offers Accident Insurance through Voya for staff working 20 or more hours per week. Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident on or after your coverage effective date¹. You can use this money however you like, including: deductibles, child care, housecleaning, groceries or utilities. Benefits are paid directly to you. Employees may elect the High or Low plan depending on their needs. Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

¹See the product brochure or certificate of coverage for a list of covered accidents, along with complete provisions, exclusions and limitations.

Accident Insurance Bi-Weekly Rates	Low	High
Employee	\$1.45	\$2.72
Employee + Spouse	\$3.14	\$5.64
Employee + Child	\$3.13	\$5.82
Family	\$4.83	\$8.75

Please call the Voya Employee Benefit Customer Service Team at 877-236-7564 if you have any additional questions before you enroll and use Group Number 71832-7. Note: Coverage for your child(ren) ends on the date of their 26th birthday for all Voya supplemental benefits.

Pet Insurance

Pet insurance is available through Nationwide to staff working 20 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.

Farmer's Auto & Home Group Insurance

No one wants to pay more than they need to for auto or homeowner's insurance. As a staff member of SCH, you could keep more money in your wallet by taking advantage of up to a 15% staff member discount. Plus, your savings could grow even bigger with additional discounts. Let us help you see how high your savings could be: Call 800-438-6381 to get started today.

Legal Services Plan

Offered through ARAG, the 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 <http://www.araglegal.com/myinfo> and use Access Code 18195sch.

This plan is available to staff working 20 or more hours per week at a bi-weekly rate of \$8.42.

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

Tuition Reimbursement

Up to four courses annually are eligible for reimbursement. Refer to HR Policies on the Intranet for more information. Staff working 20 or more hours per week and Per Diem staff working 20 or more hours per week on a rolling 12-month basis are eligible. Please note this benefit requires continued employment for a one-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.

The tuition reimbursement amount has a maximum benefit of \$3,400 per fiscal year for fulltime staff (prorated for part-time and per diem staff) and the national certification benefit maximum for RNs is \$1,700 per fiscal year for fulltime staff (prorated for part-time and per diem staff)! Enrollment in a Nurse Practitioner degree program is not automatically eligible for tuition assistance but will be reviewed on an annual basis, based on SCH workforce needs.

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

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 program availability and eligibility for reductions. Visit <http://www.snhu.edu> or call 800-668-1249 for more information.

CollegeBound Saver

CollegeBound Saver, Rhode Island's 529 College Savings Plan is a way for families to save for future educational expenses. You can save money for anyone, even yourself, if you are looking to complete a degree or continuing your own education. CollegeBound Saver provides an easy way to contribute and your savings may also be eligible for a state tax deduction. You can use the money in your 529 to pay for many different qualified expenses - visit our website at www.ri529savings.com to learn more or to open an account. You can also email us at RI529@ascensus.com to set up a group webinar or a one-on-one session if you just need a little extra help. Our Client Service Team is also available at 877-517-4829 (M-F 8am - 8 pm EST).

RISLA College and Student Loan Assistance

South County Health (SCH) understands that applying and paying for higher education, including how to manage existing student loans, is a stressful process. That is why SCH has partnered with RISLA to provide you with exclusive benefits and discounts, including:

- RISLA's College Planning Center will provide free assistance to you and your family on applying to college, critiquing college admission essays, help completing the FAFSA and CSS Profile financial aid forms, scholarship searches, and more.
- Provide low-cost education loans for Undergraduate and Graduate students
- Nursing Rewards Program
- SCH employees receive a special .25% interest rate reduction if they refinance their existing education loans with RISLA. Must enter "SCH" as your employer and enroll in autopay (ACH) to qualify for the extra .25% rate reduction.
- Information on Public Service Loan Forgiveness
- Financial Literacy Education

Visit risla.com/sch to book an appointment with a College Planning Center Counselor or contact 1-888-897-4752 for information on loan options.

Casual Benefits

OTC Pharmacy Discount

Visit the SCH Pharmacy Department on the intranet to find the OTC (Over-the-Counter) drug order form with instructions, to save money on over-the-counter medications.

Tickets at Work

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:

- All That Matters – please see the great discounts on the Casual Benefits page on the SCH Intranet under Human Resources.
- Anytime Fitness – \$35.99 a month for a 24-month membership
- Applebee's (South County Commons) - 10% off
- AQUA Salon & Spa – 15% discount
- BellaFoto Studios: Phone: (860) 287-3815 - 15% off all portrait sessions and packages
- Bend Studio – URI Emporium and the Wilcox Tavern \$20 for two weeks unlimited yoga introductory offer
- BJ's Wholesale Discount Membership
- CANE Child Development Center – 10% off
- Color House - Contractors' discount given (reference #782-8000)
- CrossFit Peacedale – 15% off monthly membership
- Java Madness – 15% discount
- Providence Bruins Tickets
- Quonny Yoga – \$10 drop-in classes
- Sherwin Williams – 20% off paint supplies and 35% off paint
- URI Discounted Tickets
- YMCA (Greater Providence Area) – 10% discount

To see full list, please go to the Intranet > Human Resources > Casual Benefits.

Required Notices

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 or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 (in NH only)
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669

VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Special Enrollment Period

If you decline enrollment for Medical benefits for yourself or your eligible dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in the Medical benefits provided under this Plan if you or your eligible dependents lose eligibility for that other coverage (or if the other employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your eligible dependents' other coverage ends (or after the other employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse and your new eligible dependent children. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you request a change due to a special enrollment event within the 30 day time frame, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

The Plan must allow a HIPAA special enrollment for employees and dependents who are eligible but not enrolled if they lose Medicaid or CHIP coverage because they are no longer eligible, or they become eligible for a state's premium assistance program. Employees have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Plan. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

To request special enrollment or obtain more information, contact the Human Resources department.

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 Drew Murphy, HR Manager, Benefits and Systems, at (401) 788 8734. For more information on the Plan's privacy policies or your rights under HIPAA, you may contact the Plan's Privacy Official, Maggie Thomas at mthomas@southcountyhealth.org or at (401) 788 1405.

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.

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HRA Opt Out Availability Notice

For any employee who (1) enrolls in the Vantage Blue PPO and (2) earns the incentive dollars through the necessary wellness activities, SCH will deposit up to \$300 into a Health Reimbursement Account (HRA). Employees have the option to opt out of the HRA. If you would like to opt out of the HRA deposit or have any questions, please contact your South County Health HR Team at (401) 788 1405.

Important notice from South County Health about creditable prescription drug coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the South County Health medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2024 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with South County Health and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the South County Health prescription drug plan listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2024. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- Blue Cross Blue Shield of Rhode Island –
- VantageBlue
- Blue Cross Blue Shield of Rhode Island –
- BlueSolutions

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop South County Health coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the South County Health plan.

You should know that if you waive or leave coverage with South County Health and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this South County Health coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

SUMMARY ANNUAL REPORT FOR SOUTH COUNTY HOSPITAL HEALTH AND WELFARE PLAN

This is a summary of the annual report of the South County Hospital Health And Welfare Plan (Employer Identification Number 05-0445136, Plan Number 508) for the plan year 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

South County Hospital has committed itself to pay certain health, prescription drug, and dental claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Life Insurance Company Of North America, Arag Insurance Company And Vision Service Plan to pay certain accidental death and dismemberment, legal, vision, long-term disability, and life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2022 were \$631,721.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call South County Hospital, the plan administrator, at 100 Kenyon Ave, Wakefield, RI 02879 and phone number, 401-782-8000.

You also have the legally protected right to examine the annual report at the main office of the plan: 100 Kenyon Ave, Wakefield, RI 02879, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

No Surprises Act notice

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible. What is "balance billing" (sometimes called "surprise billing")?

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. "Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible.

or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan’s in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can’t be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

[Insert plain language summary of any applicable state balance billing laws or requirements OR state-developed language as appropriate]

[Contact your carrier or TPA to confirm if the plan has opted in to any state-specific balance billing requirements, and request a summary of applicable provisions to determine any verbiage you may wish to insert here. If the plan has not opted in, this language can be deleted.]

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist

services. These providers can’t balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can’t balance bill you, unless you give written consent and give up your protections.

You’re never required to give up your protections from balance billing. You also aren’t required to get out-of-network care. You can choose a provider or facility in your plan’s network.

When balance billing isn’t allowed, you also have these protections:

- You’re only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorization”).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you’ve been wrongly billed, contact U.S. Department of Health and Human Services. The federal phone number for information and complaints is: 1-800-985-3059. Visit [No Surprises Act | CMS](#) for more information about your rights under federal law.