



Southern Ohio Medical Center's 2023 Benefits At A Glance



Medical



Vision



Dental



Prescription



Health &
Wellness



Flex
Spending



Learning

**Southern Ohio
Medical Center**

Very Good things are happening here

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Overview

This document provides you with an overview of the various benefits available at Southern Ohio Medical Center. Due to space limitations, it is impossible to list complete details for each benefit. For additional information concerning a particular benefit plan, consult your Summary Plan Document or you may call the contact number listed for that benefit.

Eligibility

Eligibility varies for each benefit plan. Be sure to review the eligibility for each benefit or call Kitty Stone at ext. 8380 for further information. Enrollment forms, where required, must be completed and returned to Human Resources within 30 days from your date of hire or the date you become eligible.

Events that Effect Your Benefits

In order to properly maintain your benefit plans, it is imperative that your personal information on file in Human Resources is current and accurate. It is your responsibility to notify HR immediately in the event of any of the following changes/events:

- Employment status (i.e., part-time to full-time)
- Marital status (marriage or divorce)
- Birth or adoption of a child
- Death of a dependent
- Ineligibility of a dependent (i.e., age, marriage, etc.)
- Address/phone number/name
- Loss of, or becoming newly eligible for, other coverage (through spouse, parent, etc.)
- Beneficiary
- Banking institution or account number (direct deposit)

Note: For most changes, notification to Human Resources must be completed within 30 days of the change/event in order to make the change effective.

In the Event You Decide to Leave SOMC

If for any reason you decide to end your employment relationship with SOMC, please notify Human Resources at ext. 8118 as soon as possible to discuss all your benefits and answer any questions you may have regarding the status of each benefit.

Leave of Absence

Southern Ohio Medical Center recognizes that occasionally employees need extended time away from work due to special circumstances or needs. To accommodate those needs, SOMC provides the following types of leave:

- FMLA (Family and Medical Leave Act)
- Maternity
- Personal
- Educational
- Military
- Others as approved at the hospital's sole discretion

While on an approved leave of absence, your seniority and benefits are protected.

Your Responsibilities While on Leave

- Notify your supervisor of your need for a leave of absence
- Provide beginning and ending dates
- Complete the appropriate leave request form (Request for Leave or Employee Status Change)
- Provide medical certification and periodic updates (at least every 30 days) for all FMLA requests
- Questions regarding FMLA should be directed to Employee Health & Wellness (ext. 6500)
- Contact Empower Retirement regarding 403(b) loan arrangements at 1-866-467-7756, if applicable
- Contact HR (ext. 8380) regarding your other payroll deductions
- Notify HR (ext. 8380) immediately of any change effecting your benefits
- If awarded social security disability, provide a copy of the determination letter to Human Resources within 60 days of the date of the letter
- Enrollment of new dependents must be completed within 30 days of the event (birth, adoption, marriage)
- Consult with SOMC Personnel Policies and Procedures manual, located on the SOMC Intranet or contact HR (ext. 8118) for complete details of all leaves of absence

When You Return from Leave

- You must provide a fitness-for-duty certificate from your physician to Employee Health & Wellness
- If you are released for duty with restrictions (i.e., hours, duties, etc) you must consult Employee Health before returning
- Provide Employee Health and your department with as much advance notice as possible of your return to work date

Worker's Compensation

SOMC provides protection for employees injured at work through the Workers' Compensation Program. If you are injured at work, regardless of how minor the injury is, you must notify your supervisor immediately and complete an employee incident report. Questions regarding Workers' Compensation should be directed to Safety Services at ext. 5598.

Benefit

Description

Eligibility

Cost

SOMC Medical Plan

For claims and benefit coverage contact
Contingo Health
833-869-8887
www.contingohealth.com

To find out if your physician or a hospital is in the network, contact
Provider Network
Anthem PPO
833-869-8887
www.anthem.com

For Pharmacy information contact
Pharmacy Services
844-752-5148
www.welldyne.com

or call **Kitty Stone** at ext. 8380

Understanding the Plans

SOMC offers two medical plans: a traditional PPO and a High Deductible Health Plan (HDHP). Both plans are administered by the same company (Contigo Health), use the same provider network, offer in and out of network benefits, and provide the same prescription drug coverage. Premiums (the amount you pay from each paycheck), deductibles, and coinsurance (your portion of the cost when claims are processed) differ between the two plans. To help you decide which plan is best for you, detailed plan designs are available on the following pages.

Pharmacy Benefit

	SOMC	Other
Preferred Generic:	\$7	\$20
Preferred Name Brand:	\$35	\$45
Non-Preferred Name Brand:	\$60	\$70
Specialty:	\$200 (\$50 with SOMC provider referral)	Not covered

- » Generic mandate applies
- » 90-day supply of maintenance drugs available for two times the normal co-pay
- » Maintenance and specialty drugs available through SOMC Pharmacy only
- » Restricted pharmacy network Applies

Eligibility begins on the first day of the month after hire date.

Annual open enrollment held during the month of October.

Regular full-time and regular part-time employees (approved for 32 hours/pay).

Employed spouses are required to enroll in their employer's medical and dental plans if available.

Dependents eligible until age 26.

Employee premiums are deducted from each pay on a pre-tax basis:

Premiums

PPO

FT Single	\$80.94/pay
FT EE+CH	\$153.79/pay
FT EE+SP	\$169.98/pay
FT Family	\$169.98/pay

PT Single	\$107.92/pay
PT EE+CH	\$205.06/pay
PT EE+SP	\$226.63/pay
PT Family	\$226.63/pay

HDHP

FT Single	\$49.65/pay
FT EE+CH	\$94.53/pay
FT EE+SP	\$103.65/pay
FT Family	\$103.65/pay

PT Single	\$50.89/pay
PT EE+CH	\$141.80/pay
PT EE+SP	\$155.47/pay
PT Family	\$155.47/pay

Benefit

Description

Eligibility

Cost

Dental

For information or to find out if your dentist is in the PPO or Premier network, contact
Delta Dental
800-524-0149
www.deltadentaloh.com

or call **Kitty Stone** at ext. 8380

Service	Plan Pays: In-Network	Plan Pays: Out-of-Network	Max. Benefit: Per Year
Preventative/ Routine Diagnostic	100%	100%	2 cleanings/ routine X-rays
Basic Treatment	80% after *deductible	70% after *deductible	\$1,000 per year for Basic & Major combined
Major Treatment	50% after *deductible	40% after *deductible	\$1,000 per year for Basic & Major combined
Orthodontic Treatment (children under age 19)	60%, no deductible	60% no deductible	\$1,500 lifetime max

*A calendar year deductible of \$50/person applies to Basic and Major treatments

Eligibility begins on the first day of the month after hire date.

Annual open enrollment held during the month of October.

Regular full-time and regular part-time employees (approved for 32 hours/pay).

Dependents eligible until age 26.

Dental Premiums

FT Single	\$3.01/pay
FT EE+Ch	\$6.87/pay
FT EE+Sp	\$6.87/pay
FT Family	\$6.87/pay
PT Single	\$3.83/pay
PT EE+Ch	\$9.63/pay
PT EE+Sp	\$9.63/pay
PT Family	\$9.63/pay

SOMC PPO Medical Plan Design — 2023

type of service	somc (tier 1*)	in-network (tier 2)	out-of-network (tier 3)
Deductible (amount you pay before the plan pays benefits)	\$0 Single/\$0 Family	\$800 Single/\$1,600 Family	\$1,500 Single/\$3,000 Family
SOMC's Coinsurance (amount the plan pays after you have met your deductible, unless otherwise noted)	90%	70%	50%
Your Coinsurance (amount you pay after you have met your deductible, unless otherwise noted)	10%	30%	50%
Annual Out Of Pocket Maximum (total you pay per calendar year. Includes deductible and copays)	\$3,500 Individual/\$7,000 Family Pharmacy:\$2,300 Individual/\$4,600 Family	\$4,300 Individual/\$8,600 Family Pharmacy:\$2,300 Individual/\$4,600 Family	\$6,500 Individual/\$13,000 Family No Pharmacy coverage out of network
OFFICE VISIT CO-PAYS			
Primary Care office visit (incl. OB/GYN)	N/A**	\$20 per visit	50% after deductible
Specialist office visit	N/A	\$40 per visit	50% after deductible
PREVENTIVE CARE			
Preventive services, including, but not limited to, those listed below are covered at SOMC and other in-network providers. Contact CoreSource for a complete list, restrictions and more detailed information.			
Routine Physical (one/cal. year)	N/A	100%	Not Covered
Routine Diagnostic, lab & x-ray	100%	100%	Not Covered
Well-child checkups	N/A	100%	Not Covered
Routine immunizations	N/A	100%	Not Covered
Routine GYN exam	N/A	100%	Not Covered
Pap Test (First one each year)	100%	100%	Not Covered
Mammography (First one each year)	100%	100%	Not Covered
Routine Prostate Exam	N/A	100%	Not Covered
PSA (First one each year)	100%	100%	Not covered
Routine colonoscopy, sigmoidoscopy for preventive reasons	100%	100%	Not Covered
OUTPATIENT HOSPITAL			
Diagnostic Services (Lab & X-ray except as noted below)	90%	70% after deductible	50% after deductible
MRI	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
CT Scan	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
PET Scan	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Sleep Study	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Cardiac Stress Test	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Cardiac Catherization (non-emergent)	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Cardiac Open Heart (non-emergent)	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Colonoscopy	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)

*Tier 1 applies to SOMC Facility Charges only (does not include providers)

** N/A - services not available at SOMC

type of service	somc (tier 1*)	in-network (tier 2)	out-of-network (tier 3)
OUTPATIENT HOSPITAL			
Upper Endoscopy	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Radiation Therapy	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Chemotherapy	90%	Not covered (unless preauthorized)	Not covered (unless preauthorized)
INPATIENT HOSPITAL			
Pre-certification required	90%	70% after deductible \$500 penalty applies if services available at SOMC (non emergent)	50% after deductible \$1,000 penalty applies if services available at SOMC (non emergent)
SURGERY			
Inpatient (pre-certification required)	90%	70% after deductible \$500 penalty applies if services available at SOMC (non emergent)	50% after deductible \$1,000 penalty applies if services available at SOMC (non emergent)
Outpatient (pre-certification required)	90%	70% after deductible \$500 penalty applies if services available at SOMC	50% after deductible \$1,000 penalty applies if services available at SOMC
Office-based	N/A	70% after deductible	50% after deductible
MATERNITY/GYN			
Prenatal (routine) office visits (Physican charges)	N/A	100%	50% after deductible
Delivery (vaginal/ cesarean)	90% (facility charges)	70% after deductible \$500 penalty applies if services available at SOMC	50% after deductible \$1,000 penalty applies if services available at SOMC
Infertility treatment	Not covered	Not covered	Not covered
MENTAL HEALTH			
Inpatient (pre-certification required)	90%	70% after deductible	50% after deductible
Outpatient	N/A	\$40 per vsit	50% after deductible
SUBSTANCE ABUSE			
Inpatient (pre-certification required)	90%	70% after deductible	50% after deductible
Outpatient	N/A	\$40 per vsit	50% after deductible
SOMC Family Health Centers			
SOMC Family Health Center Providers	N/A**	\$20 per visit	N/A
SOMC Family Health Center Diagnostic Services (Lab & X-ray)	90%	N/A	N/A
MISCELLANEOUS			
Urgent Care Center (Non-SOMC) Diagnostic Services	N/A 90%	\$100 per visit 70% after deductible	50% after deductible 50% after deductible
Emergency Room Diagnostic Services	\$200 per visit 90%	\$200 per visit 70% after deductible	\$200 per visit 70% after deductible
Ambulance	N/A	80% no deductible	80% no deductible
Hospice	90%	70% after deductible	50% after deductible
Durable Medical Equipment	N/A	80% after deductible	50% after deductible
Dialysis	90%	70% after deductible	50% after deductible
Home Health (pre-cert required)	90%	70% after deductible	50% after deductible
Gastric Bypass	Not covered	Not covered	Not covered
Chiropractic Office Visit (limit 12 visits /yr)	N/A	\$40/visit	Not covered
Physical Therapy (limited visit/yr)	90%	Not covered (unless preauthorized)	Not covered
Occupational Therapy (limited visit/yr)	90%	Not covered (unless preauthorized)	Not covered
Speech Therapy (limited visit/yr)	90%	Not covered (unless preauthorized)	Not covered

SOMC High Deductible Plan (HDHP) — 2023

type of service	somc (tier 1*)	in-network (tier 2)	out-of-network (tier 3)
HRA FUNDING			
	\$1,000 individual/\$2,000 Family		
Deductible (amount you pay before the plan pays benefits)	\$2,500 Single/\$5,000 Family	\$4,000 Single/\$8,000 Family	\$8,000 Single/\$16,000 Family
SOMC's Coinsurance (amount the plan pays after you have met your deductible, unless otherwise noted)	80%	70%	50%
Your Coinsurance (amount you pay after you have met your deductible, unless otherwise noted)	20%	30%	50%
Annual Out Of Pocket Maximum (total you pay per calendar year. Includes deductible and copays)	\$4,950 Individual/\$9,900 Family Pharmacy: \$1,500 Individual/\$3,000 Family	\$4,950 Individual/\$9,900 Family Pharmacy: \$1,500 Individual/\$3,000 Family	\$9,900 Individual/\$19,800 Family No Pharmacy coverage out of network
OFFICE VISIT CO-PAYS			
Primary Care office visit (incl. OB/GYN)	N/A**	70% after deductible	50% after deductible
Specialist office visit	N/A	70% after deductible	50% after deductible
PREVENTIVE CARE			
Preventive services, including, but not limited to, those listed below are covered at SOMC and other in-network providers. Contact CoreSource for a complete list, restrictions and more detailed information.			
Routine Physical (one/cal. year)	N/A	100%	Not Covered
Routine Diagnostic, lab & x-ray	100%	100%	Not Covered
Well-child checkups	N/A	100%	Not Covered
Routine immunizations	N/A	100%	Not Covered
Routine GYN exam	N/A	100%	Not Covered
Pap Test (First one each year)	100%	100%	Not Covered
Mammography (First one each year)	100%	100%	Not Covered
Routine Prostate Exam	N/A	100%	Not Covered
PSA (First one each year)	100%	100%	Not covered
Routine colonoscopy, sigmoidoscopy for preventive reasons	100%	100%	Not Covered
OUTPATIENT HOSPITAL			
Diagnostic Services (Lab & X-ray except as noted below)	80% after deductible	70% after deductible	50% after deductible
MRI	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
CT Scan	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
PET Scan	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Sleep Study	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Cardiac Stress Test	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Cardiac Catherization (non-emergent)	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Cardiac Open Heart (non-emergent)	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Colonoscopy	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)

type of service	somc (tier 1*)	in-network (tier 2)	out-of-network (tier 3)
OUTPATIENT HOSPITAL			
Upper Endoscopy	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Radiation Therapy	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
Chemotherapy	80% after deductible	Not covered (unless preauthorized)	Not covered (unless preauthorized)
INPATIENT HOSPITAL			
Pre-certification required	80% after deductible	70% after deductible \$500 penalty applies if services available at SOMC (non emergent)	50% after deductible \$1,000 penalty applies if services available at SOMC (non emergent)
SURGERY			
Inpatient (pre-certification required)	80% after deductible	70% after deductible \$500 penalty applies if services available at SOMC (non emergent)	50% after deductible \$1,000 penalty applies if services available at SOMC (non emergent)
Outpatient (pre-certification required)	80% after deductible	70% after deductible \$500 penalty applies if services available at SOMC	50% after deductible \$1,000 penalty applies if services available at SOMC
Office-based	N/A	70% after deductible	50% after deductible
MATERNITY/GYN			
Prenatal (routine) office visits (Physican charges)	N/A	100%	50% after deductible
Delivery (vaginal/ cesarean)	80% after deductible (facility charges)	70% after deductible \$500 penalty applies if services available at SOMC	50% after deductible \$1,000 penalty applies if services available at SOMC
Infertility treatment	Not covered	Not covered	Not covered
MENTAL HEALTH			
Inpatient (pre-certification required)	80%	70% after deductible	50% after deductible
Outpatient	N/A	70% after deductible	50% after deductible
SUBSTANCE ABUSE			
Inpatient (pre-certification required)	80%	70% after deductible	50% after deductible
Outpatient	N/A	70% after deductible	50% after deductible
SOMC Family Health Centers			
SOMC Family Health Center Providers	N/A**	70% after deductible	N/A
SOMC Family Health Center Diagnostic Services (Lab & X-ray)	80%	N/A	N/A
MISCELLANEOUS			
Urgent Care Center (Non-SOMC)	N/A	70% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible
Ambulance	N/A	80% no deductible	80% no deductible
Hospice	80% after deductible	70% after deductible	50% after deductible
Durable Medical Equipment	N/A	70% after deductible	50% after deductible
Dialysis	80% after deductible	70% after deductible	50% after deductible
Home Health (pre-cert required)	80% after deductible	70% after deductible	50% after deductible
Gastric Bypass	Not covered	Not covered	Not covered
Chiropractic Office Visit (limit 12 visits /yr)	N/A	70% after deductible	Not covered
Physical Therapy (limited visit/yr)	80% after deductible	Not covered (unless preauthorized)	Not covered
Occupational Therapy (limited visit/yr)	80% after deductible	Not covered (unless preauthorized)	Not covered
Speech Therapy (limited visit/yr)	80% after deductible	Not covered (unless preauthorized)	Not covered
Extended Care Facility	N/A	70% after deductible	50% after deductible
POLICY MAXIMUM	Unlimited	Unlimited	Unlimited

*Tier 1 applies to SOMC Facility Charges only (does not include providers)

** N/A - services not available at SOMC

More Information about the High Deductible Health Plan (HDHP)

What is a High Deductible Health Plan (HDHP)?

A High Deductible Health Plan (HDHP) is a medical insurance plan often featuring lower premiums but higher deductibles than a traditional PPO medical plan. A HDHP generally costs participants less from their paycheck, but may result in higher out-of-pocket costs when the plan is used for services. SOMC's HDHP features a Health Reimbursement Account (HRA) funded by SOMC that helps you with first-dollar coverage.

What is a Health Reimbursement Account (HRA)?

An HRA is an account that provides employees with a fixed dollar amount to pay a portion of your eligible medical expenses, such as expenses that apply to your deductible. Your HRA is funded by SOMC. Claims are paid first from the HRA, until the HRA money runs out. HRA funds are tax-free to participants.

How does the HDHP work?

- The HDHP is administered by Contigo Health and Anthem PPO provider network.
- Like the PPO, the HDHP has a three-tier benefit structure: Tier 1 – SOMC (facility charges); Tier 2 – In-Network; and Tier 3 – Out-of-Network.
- It provides coverage for the same services, and includes the same prescription drug benefit, as the PPO medical plan.
- The HDHP has higher deductible levels than the PPO plan. Higher deductibles mean you pay more out of your pocket when you use the plan than you would with the PPO plan.
- It includes higher out-of-pocket maximums than the PPO medical plan.
- The cost of physician office visits, Emergency Room and Urgent Care Center visits apply to the deductible and are then covered at the appropriate co-insurance level. There are no flat-dollar co-pays for these services; the full cost of these visits applies to your deductible first and then co-insurance. Therefore, you may have to pay the full cost of the visit, rather than a fixed dollar co-pay amount.
- The HDHP premiums are lower than the premiums for the PPO medical plan. You pay less out of each pay, but you may pay more when you use the plan.
- To assist you with the cost of your medical care, SOMC will fund a Health Reimbursement Account (HRA) for each employee enrolled in the HDHP in the amount of \$1,000 single/\$2,000 family coverage. Funds from your HRA will be administered by Contigo Health and will be used to pay your first expenses under the plan.

How does the HRA work?

- SOMC will place \$1,000 single/\$2,000 family in your HRA at the beginning of each calendar year.
- The money in your HRA is managed by Contigo Health and is automatically used to pay for expenses as they occur, up to your available HRA balance.
- The funds in your HRA are used for medical expenses only and cannot be used for any other expenses, such as pharmacy co-pays or dental.
- After your HRA funds have been used, you will be responsible for paying your deductible and co-insurance amounts, up to your maximum out of pocket limits.
- Unused HRA funds will carry over from one year to the next, up to a maximum of \$4,000 single/\$8,000 family.
- Since the HRA is funded by SOMC, if you terminate employment from SOMC or change to the PPO plan, any remaining HRA funds in your account will be forfeited.

What if I have a medical expense greater than the funds in my HRA?

If you have an expense greater than the balance in your HRA, your HRA funds will be used first. Then you can pay the difference with funds in your Flexible Spending Account. If you do not have a Flexible Spending Account, you would be responsible for paying the expense out of your pocket.

What factors should I consider in deciding which medical plan is right for me?

When deciding which medical plan (PPO medical or HDHP medical) is right for you, carefully consider the following:

- While there is a difference in the per pay premium (less money out of your check for the HDHP), there may be a significant difference in the amount you pay under the HDHP when you actually use the plan. You may have higher out-of-pocket costs for services with the HDHP than you would with the PPO medical plan.
- How do you typically use your medical plan? Both plans cover preventive/screening services at 100%. However, if you need outpatient testing or procedures, ongoing lab work to monitor a chronic condition, or surgical procedures, there could be a significant difference in the amount you pay for those services with the HDHP, if your costs exceed the funds available in your HRA.
- Don't make your decision based solely on the premium difference. Carefully consider the way you will use the plan and the total possible cost.

For more information, contact Human Resources at ext. 8380.

Benefit	Description	Eligibility	Cost
<p>Pharmacy Services</p> <p>For information call ext. 8101</p>	<p>Employees may have their prescriptions filled at any SOMC pharmacy. Discharge Pharmacy is open Mon. – Sat. from 8 a.m. – 2 a.m. Family Health Center Pharmacy is open Sun. – Sat. from 8 a.m. -8 p.m. SOMC Community (Employee) Pharmacy is open Mon – Sat. from 7 a.m. - 7 p.m.</p>	<p>All employees and their dependents are eligible.</p>	<p>Co-pays are determined by the type of drug.</p>

Benefit	Description	Eligibility	Cost
<p>Healthy Partners Program</p> <p>For information contact Employee Health at ext. 8742</p>	<p>Employee Wellness Plan. Involves initial consultation and assessment, establishing health related goals and progress review with a Wellness Specialist.</p> <p>HPP members can earn a free SOMC LIFE Center membership through the program.</p>	<p>All employees.</p>	<p>No cost to employees.</p>

Benefit	Description	Eligibility	Cost								
<p>Vision Coverage</p> <p>For information contact Vision Service Plan 1-800-877-7195 vsp.com</p> <p>or call Human Resources at ext. 8380</p>	<p>Vision coverage is available through VSP (Vision Service Plan). Two coverage options are available; both offer a \$150 frame allowance or up to \$120 for contact lenses, \$10 co-pay per exam and \$20 co-pay for materials:</p> <p><u>Plan 1</u></p> <ul style="list-style-type: none"> • Eye exam once every 12 months • Lenses and frames once every 24 months <p><u>Plan 2</u></p> <ul style="list-style-type: none"> • Eye Exam once every 12 months • Lenses and frames once every 12 months 	<p>Eligibility begins on the first day of the month after hire date.</p> <p>Annual open enrollment held during the month of October.</p> <p>Regular full-time and regular part-time employees (approved for 32 hours/pay).</p> <p>Dependents: eligible until age 19 or F.T. students age 24.</p>	<p>Employee premiums are deducted from each pay on an after-tax basis:</p> <p><u>Plan 1</u></p> <table border="0"> <tr> <td>Single</td> <td>\$5.05/pay</td> </tr> <tr> <td>Family</td> <td>\$10.59/pay</td> </tr> </table> <p><u>Plan 2</u></p> <table border="0"> <tr> <td>Single</td> <td>\$8.18/pay</td> </tr> <tr> <td>Family</td> <td>\$17.25/pay</td> </tr> </table>	Single	\$5.05/pay	Family	\$10.59/pay	Single	\$8.18/pay	Family	\$17.25/pay
Single	\$5.05/pay										
Family	\$10.59/pay										
Single	\$8.18/pay										
Family	\$17.25/pay										

Benefit	Description	Eligibility	Cost
<p>Flexible Spending Accounts (FSA)</p> <p>For information call Ramona Ingram 1-800-452-8631 www.chard-snyder.com</p> <p>or call Kitty Stone at ext. 8380</p>	<p>Flexible Spending Accounts offer savings through pretax contributions to cover eligible medical or dependent care expenses. Expenses may be paid with the FSA debit card, or by submitting receipts for reimbursement.</p> <p>Benefit is administered by Chard Snyder.</p>	<p>Eligibility begins on the first day of the month after hire date.</p> <p>Annual open enrollment held during the month of October.</p> <p>Regular full-time and regular part-time employees (approved for 32 hours/pay).</p>	<p>Contribution amounts are determined by individual employee.</p> <p>Annual maximums: Medical \$2,850 Dependent Care \$5,000</p>

Benefit	Description	Eligibility	Cost
<p>Basic Life, Accidental Death and Dismemberment</p> <p>For information call Tonya Messer at ext. 8745</p>	<p>Hourly employees are provided coverage equal to one time their annual salary up to \$50,000. Salaried employees are provided coverage equal to two times their annual salary up to \$100,000.</p> <p>AD&D coverage is provided at the same level as Basic Life.</p>	<p>Regular full-time employees only.</p> <p>Coverage begins on the first day of the month after hire date. Coverage ends when FT employment ends.</p>	<p>No cost to employees.</p>

Benefit	Description	Eligibility	Cost
<p>Supplemental Life</p> <p>For information call Tonya Messer at ext. 8745</p>	<p>Supplemental life offers employees an economical means of increasing their basic life coverage provided by SOMC.</p> <p>Hourly employees may elect coverage equal to one time their annual salary up to \$50,000. Salaried employees may elect coverage equal to two times their annual salary up to \$100,000.</p>	<p>Regular full-time employees only.</p> <p>Coverage begins on the first day of the month after hire date. Coverage ends when FT employment ends.</p> <p>Conversion to individual plan available.</p>	<p>Employees pay 100 percent of the cost. Rate is based on age and annual salary. Contact Human Resources for specific rate information.</p>

Benefit	Description	Eligibility	Cost																								
<p>Short Term Disability</p> <p>For information call Tonya Messer at ext. 8745</p>	<p>Disability protection in the event you are unable to work due to a non-work related medical condition.</p> <p>Hourly: Benefit pays 60 percent of your weekly salary up to \$400 per week. Begins the seventh day of illness or injury. Maximum of 26 weeks.</p> <p>Salary: paid according to chart below:</p> <table border="1"> <thead> <tr> <th>Service</th> <th>Full Pay</th> <th>60% Pay</th> </tr> </thead> <tbody> <tr> <td>Less than 1 year</td> <td>2 week</td> <td>24 weeks</td> </tr> <tr> <td>1 year-less than 2 years</td> <td>4 weeks</td> <td>22 weeks</td> </tr> <tr> <td>2 years-less than 3 years</td> <td>6 weeks</td> <td>20 weeks</td> </tr> <tr> <td>3 years-less than 5 years</td> <td>10 weeks</td> <td>16 weeks</td> </tr> <tr> <td>5 years-less than 7 years</td> <td>14 weeks</td> <td>12 weeks</td> </tr> <tr> <td>7 years-less than 10 years</td> <td>18 weeks</td> <td>8 weeks</td> </tr> <tr> <td>Over 10 years</td> <td>26 weeks</td> <td>0 weeks</td> </tr> </tbody> </table>	Service	Full Pay	60% Pay	Less than 1 year	2 week	24 weeks	1 year-less than 2 years	4 weeks	22 weeks	2 years-less than 3 years	6 weeks	20 weeks	3 years-less than 5 years	10 weeks	16 weeks	5 years-less than 7 years	14 weeks	12 weeks	7 years-less than 10 years	18 weeks	8 weeks	Over 10 years	26 weeks	0 weeks	<p>Regular full-time employees only.</p> <p>Coverage begins after six months of continuous full-time employment.</p>	<p>No cost to employees.</p>
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Benefit	Description	Eligibility	Cost
<p>Long Term Disability</p> <p>For information call Tonya Messer at ext. 8745</p>	<p>Disability coverage for long term conditions. Benefits begin after initial 26 weeks of disability.</p> <p>Benefits equal 60 percent of your base annual salary (up to a maximum of \$3,500 per month) less any social security or other applicable benefits you and your family are eligible to receive. Benefits continue until recovery or age 65, whichever is first.</p>	<p>Regular full-time employees only.</p> <p>Coverage begins after six months of continuous full-time employment.</p>	<p>No cost to employees.</p>

Benefit	Description	Eligibility	Cost
<p>Voluntary Insurance Products</p> <p>For information call Ramona Ingram 1-800-452-8631</p>	<p>Ingram Worksite Solutions offers a variety of AFLAC and Manhattan Life supplemental insurance products through payroll deduction. Choices include cancer coverage, disability, life, long-term care and accident coverage.</p>	<p>Eligibility begins on the first day of the month after hire date.</p> <p>Annual open enrollment held during the month of October.</p> <p>Regular full-time and regular part-time employees (approved for 32 hours/pay).</p>	<p>Plan cost varies according to the coverage selected.</p>

Benefit	Description	Eligibility	Cost																
<p>Cash Balance Retirement Plan</p> <p>For information call Tonya Messer at ext. 8745</p>	<p>The Cash Balance Plan is a retirement plan fully funded by SOMC. Employees earn 100% vesting after 3 years of service. Normal retirement at age 65 with at least 3 years of vesting service, or early retirement at age 55 with at least 3 years of service.</p> <p>Benefit grows during the course of employment through service and interest credits. Service credits are a percent of pay and increase with years of service. Interest credits are applied each year a balance is in the fund. A Lump Sum option is available upon retirement or termination.</p>	<p>All employees are eligible. Must be 21 years of age with 1,000 hours of service.</p> <p>SOMC Contribution Schedule</p> <table border="1"> <thead> <tr> <th>Years of Service</th> <th>Contribution</th> </tr> </thead> <tbody> <tr> <td>0-4</td> <td>2%</td> </tr> <tr> <td>5-9</td> <td>2.5%</td> </tr> <tr> <td>10-14</td> <td>3%</td> </tr> <tr> <td>15-19</td> <td>4%</td> </tr> <tr> <td>20-24</td> <td>5%</td> </tr> <tr> <td>25-29</td> <td>6%</td> </tr> <tr> <td>30+</td> <td>7%</td> </tr> </tbody> </table>	Years of Service	Contribution	0-4	2%	5-9	2.5%	10-14	3%	15-19	4%	20-24	5%	25-29	6%	30+	7%	<p>SOMC provides to employees at no cost.</p> <p>Service credits accrued each year are based on wages up to the 2023 IRS maximum recognizable pay limit of \$330,500.</p>
Years of Service	Contribution																		
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<p>403(b) Retirement Savings Plan</p> <p>Visit www.empowermyretirement.com</p> <p>or call Empower Retirement at 866-467-7756</p> <p>or call Tonya Messer at ext. 8745</p>	<p>Employees are automatically enrolled in the plan with contributions of 2% of starting base pay made on a pre-tax basis via payroll deduction. Empower Retirement administers the plan. Several investment options with varying degrees of risk are available.</p> <p>SOMC provides matching contributions immediately, with 100 percent vesting earned after three years of service.</p> <p>Current information regarding investment options may be viewed at www.empowermyretirement.com</p>	<p>All employees, except temporary, are eligible.</p> <p>Contributions begin with first pay.</p>	<p>Employees may contribute up to \$22,500 during 2023, with an additional \$7,500 catch-up contribution allowed for employees age 50 and older. SOMC will match, dollar for dollar, up to 2% of your pay (based on the 2023 IRS maximum recognizable pay limit of \$330,500) if you are contributing to the plan.*</p> <p><i>*Matching contributions are subject to annual discrimination testing which may result in a portion of the matching contribution being taxable income.</i></p>

Benefit	Description	Eligibility	Cost
<p>RetireMED iQ</p> <p>For info contact RetireMED iQ at 844-388-6565 retiremediq.com</p> <p>or call Tonya Messer at ext. 8745</p>	<p>RetireMED iQ is a unique benefit that assists retirees and those approaching retirement with their Medicare and Medicare supplement plan selection. RetireMED iQ also provides ongoing advocacy services to help resolve Medicare questions and issues.</p>	<p>All employees, retirees and family members.</p>	<p>This benefit is provided at no cost.</p>

Benefit	Description	Eligibility	Cost
<p>Educational Assistance</p> <p>For information call Human Resources at ext. 8118</p>	<p>SOMC provides selected applicants with educational assistance (books and late fees excluded) for approved courses of study.</p> <p>Must be pursuing a degree or education in a position defined as “hard to fill.”</p> <p>Tuition assistance is available for RN, BSN, MLT, MSW, CMA, LPN degrees and pharmacy technician education (limitations and/or maximums may apply). A max of \$10,500 for each degree.</p>	<p>Regular full-time, part-time, contingent or flex employees who have successfully completed the 90-day introductory period. Graduate degrees eligible after one year of continuous service on a case by case basis.</p>	<p>A work commitment, based on hours worked, following completion of degree/course work is required.</p>

Benefit	Description	Eligibility	Cost
<p>Scholars Program</p> <p>For information call Human Resources at ext. 8118</p>	<p>Educational assistance is available to children, step-children and spouses of current SOMC employees. Tuition assistance is available for RN, MLT, BSN, CMA, LPN and pharmacy technician education with a maximum of \$10,500 total (based on available funding).</p>	<p>Children, step-children and spouses of current SOMC employees.</p> <p>Employee must have completed one year of service.</p>	<p>A work commitment, based on hours worked, following completion of degree/course work is required.</p>

Benefit	Description	Eligibility	Cost
<p>Pet Insurance</p> <p>For information, contact Nationwide Pet Insurance at www.petsnationwide.com or 877-738-7874</p>	<p>Insurance for your domestic and exotic pets through My Pet Protection Program. Visit website for free quote.</p>	<p>All full time and part time employees.</p>	<p>Plan cost varies depending on coverage selected.</p>

Benefit	Description	Eligibility	Cost
<p>529 College Savings Plan</p> <p>Edward Jones Contact Barry Rodbell at 740-353-0363</p>	<p>The College Advantage 529 College Savings Plan allows employees to set aside funds, through payroll deduction for future education needs. Five different savings funds are available, based on the investment strategy that fits your comfort level.</p>	<p>All employees are eligible to participate on the first day of hire.</p>	<p>Minimum contribution of \$15 per month.</p>

Benefit	Description	Eligibility	Cost
<p>SOMC Employee Auto & Home Insurance</p> <p>For information contact Travelers Insurance 888-695-4640</p>	<p>Special group rates and discounts available for auto and home insurance. Convenient payment options available including payroll deduction.</p>	<p>All full-time and part-time employees.</p>	<p>Plan cost varies depending upon coverage selected.</p>

Benefit	Description	Eligibility	Cost
<p>Employee Assistance Program (EAP)</p> <p>For information contact EAP at ext. 8425</p>	<p>A confidential assessment, treatment and referral service offering help to employees and members of their immediate families who have psychosocial problems that may disrupt family, job and overall well being.</p>	<p>All employees and their dependents.</p>	<p>No cost to employees.</p>

Benefit	Description	Eligibility	Cost
<p>Direct Deposit</p> <p>For information call Human Resources at ext. 8118</p>	<p>Your earnings are transferred directly into your checking or savings account via electronic transfer.</p>	<p>All employees.</p>	<p>No cost to employees.</p>

Benefit	Description	Eligibility	Cost
<p>LegalShield</p> <p>For information contact Ramona Ingram 800-452-8631</p>	<p>Comprehensive plan that offers members the ability to contact an attorney to assist them with legal questions, document review, traffic violations and similar issues 24-hours a day, 7-days a week. Includes preparation of a will for employee and their spouse.</p> <p>Identity theft protection may be purchased separately or in addition to the pre-paid legal services.</p>	<p>All employees.</p>	<p><u>Pre-paid Legal</u> \$7.98 per pay</p> <p><u>Identity Theft</u> \$7.48 per pay</p> <p><u>Pre-paid Legal and Identity Theft</u> \$12.95 per pay</p>

Benefit	Description	Eligibility	Cost																								
<p>Paid Time Off</p> <p>For information call Ken Applegate at ext. 8594</p>	<p>Paid Time Off (PTO) provides time away from your work responsibilities for vacations, holidays and personal needs.</p> <p>PTO is accrued per each hour worked and varies depending upon years of service according to the following schedule:</p> <table border="0"> <thead> <tr> <th data-bbox="423 436 565 462">Years of Service</th> <th data-bbox="623 436 802 462">Max Annual Accrual</th> </tr> </thead> <tbody> <tr> <td colspan="2">Hourly</td> </tr> <tr> <td>0 – 4</td> <td>152 hours</td> </tr> <tr> <td>5 – 13</td> <td>192 hours</td> </tr> <tr> <td>14 – 19</td> <td>232 hours</td> </tr> <tr> <td>20+</td> <td>272 hours</td> </tr> <tr> <td colspan="2">Salary/Supervisory</td> </tr> <tr> <td>1 – 9</td> <td>192 hours</td> </tr> <tr> <td>10 – 19</td> <td>232 hours</td> </tr> <tr> <td>20+</td> <td>272 hours</td> </tr> <tr> <td colspan="2">Directors</td> </tr> <tr> <td>20+ years</td> <td>272 hours</td> </tr> </tbody> </table>	Years of Service	Max Annual Accrual	Hourly		0 – 4	152 hours	5 – 13	192 hours	14 – 19	232 hours	20+	272 hours	Salary/Supervisory		1 – 9	192 hours	10 – 19	232 hours	20+	272 hours	Directors		20+ years	272 hours	<p>All regular full-time, part-time, and contingent employees are eligible for paid time off.</p>	<p>No cost to employees.</p>
Years of Service	Max Annual Accrual																										
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Benefit	Description	Eligibility	Cost
<p>Additional Benefits</p> <p>For information call Human Resources at ext. 8118</p>	<ul style="list-style-type: none"> • Holiday Savings Account – DESCO • Payroll deduction - cafeteria meals - various sales - Gift Gallery • Discounted LIFE Center Membership • Discounted AAA Membership • Weight Watchers • Shift Differential • Jury Duty/Military Leave • Bereavement Leave • Employee Health Services • Individualized Orientation • Free Parking • Cafeteria Discounts • Worker's Compensation • Unemployment Insurance • Employee Emergency Relief Fund • Annual Service Awards • Reward and Recognition Programs • Paid Time Off • PTO Sick Days • Donation of PTO • AT&T Discount (84509) • Sprint Discount (0018717214) • Verizon Wireless • Local Merchant Rewards Program • Adoption Reimbursement • CEUs 	<p>All employees. Varies by benefit.</p>	<p>Cost and eligibility of these additional benefits vary. Please contact Human Resources for further information.</p>

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value standard” set by the Affordable Care Act, you may be eligible for a tax credit.¹

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [SOMC Human Resources](#) at 740-356-8118.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](#) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Southern Ohio Medical Center	4. Employer Identification Number (EIN) 31-0678022	
5. Employer Address 1248 Kinneys Lane	6. Employer phone number 740-356-8118	
7. City Portsmouth	8. State OH	9. Zip Code 45662
10. Who can we contact about employee health coverage at this job? Kitty Stone, Manager of Employee Benefits		
11. Phone number (if different from above) 740-356-8380	12. Email address stonecj@somc.org	

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefits costs covered by the plan is no less than 60 percent of such costs.

Part B (continued)

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:**
Regular full-time and part-time employees, approved to work a minimum of 16 hours per week/32 hours per pay, and employees who meet eligibility requirements under the Affordable Care Act.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are:**
Lawful spouse, domestic partner. Children up to age 26 including: natural children, step-children, legally adopted or placed for adoption children, domestic partner’s children, children covered by a qualified court order, children under court appointed guardianship.
 - We do not offer coverage.
- **If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll need when you visit HealthCare.gov to find out if you get a tax credit to lower your monthly premium.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help employees understand their coverage choices. (Contact Human Resources for assistance.)

<p>13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?</p> <p><input type="checkbox"/> Yes (Continue)</p> <p>13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)</p> <p><input type="checkbox"/> No (STOP and return this form to employee)</p>
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<p>14. Does the employer offer a health plan that meets the minimum value standard?</p> <p><input checked="" type="checkbox"/> Yes (Go to question 15) <input type="checkbox"/> No (STOP and return this form to employee)</p>
<p>15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don’t include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn’t receive any other discounts based on wellness programs.</p> <p>a. How much would the employee have to pay in premiums for this plan? \$ _____</p> <p>b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly</p>

If the plan year will end soon and you know that the health plans offered will change, go to questions 16. If you don’t know, STOP and return form to employee.

16. What change will the employer make for the new plan year?
- Employer won’t offer health coverage
 - Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much will the employee have to pay in premiums for that plan? \$ _____
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly
- Date of change (mm/dd/yyyy): _____

*An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit cost covered by the plan is no less than 60 percent of such costs (section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Southern Ohio Medical Center

Very Good things are happening here