

ARH 2020 Benefit Information And Rates



ARH is proud to again this year offer all benefit eligible employees a comprehensive Benefits program that recognizes the varying needs of our workforce. The ARH 2020 Benefits program continues to provide an excellent Medical and Pharmacy program, three Dental plans from which to choose, Vision insurance, Voluntary Basic Employee and Dependent Term Life insurance, as well as Voluntary Supplemental Term Life insurance on yourself, your spouse, and your eligible dependents, as well as a voluntary Universal Whole Life insurance with Long Term Care Plan. The disability insurance affords most benefit eligible employees the choice of Voluntary Short Term and Long Term Disability coverage. Our Benefits program also offers a voluntary Cancer insurance coverage, Accident coverage, and Critical Illness insurance with Cancer coverage. ARH also offers an Identity Theft protection plan in which employees have the option to enroll themselves and their household family members. Employees continue to have the option of enrolling in the Flexible Spending Accounts (Medical and/or Dependent FSA). The ARH Employee Federal Credit Union is available to all employees who wish to join.

As a reminder, employees must have a valid phone number and email address in order to enroll in the ARH Benefits program.

The 2020 Benefits Guide provides a summary of the benefit plans available to all benefit eligible employees. (Located on Benefitfirst under the Resource Center tab, and on the ARH Intranet under the Benefits link)

Open Enrollment for the 2020 Plan Year is Not Mandatory. However, should employees wish to make changes to their current benefits, or wish to enroll in the FSA-Medical and/or the FSA-Dependent Care benefits, they must do so during Open Enrollment for the 2020 plan year. Open Enrollment is October 21 through November 1, 2019 and any changes or new enrollments entered during this time will take effect beginning January 1, 2020. **NO changes to the 2020 plan year benefits can be made after Open Enrollment is closed unless there is a TRUE qualifying life event that occurs which would allow for enrollment changes to be made**

Current benefits in effect as of December 31, 2019 will roll over for the 2020 plan year, unless changes are entered for 2020 during this year's open enrollment timeline.

There will be two different options. You may enroll/make changes to current benefits online at www.Benefitfirst.com or contact the Benefitfirst Call Center 1-888-322-9374 (Company ID #631) to speak with an Enrollment Specialist.

NEW HIRES: If you are a benefit eligible employee, you will begin your enrollment period during your ARH orientation. You must enroll through Benefitfirst within that period to be eligible for ARH benefits. Your benefit enrollment selections must be completed within 31 to 45 days of your ARH employment start date. Otherwise, you will be ineligible for benefits through ARH until the next open enrollment period. Your local HR Manager/Representative will provide you with your Benefit Enrollment document which includes your personal information and directions on how to enroll in the ARH benefit options available to you. There are two different enrollment options. You may enroll online www.Benefitfirst.com or contact the Benefitfirst Call Center 1-888-322-9374 (Company ID# 631) to speak with an Enrollment Specialist.

MEDICAL

Benefited Employees who work a minimum of 20/hours per week are eligible to enroll in a comprehensive medical plan option through Anthem (KY & WV) which includes three tiers of coverage through Anthem, as well as a prescription benefit.

- **Members must go to an ARH facility or an ARH approved provider if service is available for coverage under the ARH health insurance plan. If members choose to go outside the ARH facility or approved provider when services are available at an ARH facility within the state of their work location, those charges will not be covered by the ARH health insurance plan.**
- **Current Employees will need to make any changes they wish to make to their benefits for 2020 during Open Enrollment and may do so by logging on to Benefitfirst (www.Benefitfirst.com). Otherwise, employees must have a true qualifying life event (QLE) that would allow changes to benefits, and the employee must log onto Benefitfirst to make the appropriate benefit changes within 30 days of the QLE, as well as provide documented proof to their local HR personnel of the QLE within that same 30-day timeline. If employees wish to keep their current benefits in place for 2020, no action is needed – Benefits will roll over for 2020 that are in effect as of 12/31/2019, unless changes are made – as noted above.**
- For a list of providers you may access Anthem's website - www.Anthem.com
- A spousal surcharge applies if your spouse has either accepted or denied an alternative source of coverage offered through his or her own employer

ARH offers two (2) health Insurance Plan Options – ARH Standard Health Plan and ARH Cares Wellness Plan Insurance

ARH Standard Health Insurance Plan:

ARH provides free Annual Physical Exams and Annual Lab Panels. It is highly recommended that you complete annual exams in order to know your numbers, and maintain a healthy life.

ARH Cares Wellness Health Insurance Plan: *(PLEASE NOTE: Employees hired October 1, 2019 forward may not enroll in the Wellness plan until Open Enrollment in 2020 for the 2021 plan year)*

To receive the incentivized ARH Cares Wellness rate, you must complete the three (3) criteria listed below*.
(Applies to employee & covered spouse)

Lab Panel: The required lab panel must be completed at an ARH lab (forms may be found on the ARH Benefits website or in the local Human Resources department).

Physical Exam: After your labs have been completed, visit any ARH employed or approved provider to have a physical exam, review your lab results, and discuss preventive measures to improve your health. The Health Plan Physical Form may be found on the ARH Benefits website or in the local Human Resources department. The completed form must be submitted to your local Human Resources department before 12/31/2019.

Flu Shot: Obtain the 2019-2020 flu vaccine at your work site, provider's office, or any ARH retail pharmacy by 12/31/2019, and provide proof of completion to your local Human Resources department.

Tobacco Free Lifestyle: Confirm that you (and spouse, if covered) are tobacco free.

HOW TO DOCUMENT THAT ALL CRITERIA HAVE BEEN MET – ARH CARES WELLNESS PLAN:

During Open Enrollment, verify in **Benefitfirst** that all criteria have been met for the Wellness plan (*subject to verification based on review of insurance claims, employee health documentation, etc.*).

*If you or your covered spouse is unable to participate in any of the health-related activities required to earn the reduced rate, you may request a reasonable alternative standard by contacting Sonya Bergman at 606.487.7573.

The following employee contributions for health insurance will be in effect for 2020

Election	Non-Union 2020 Standard Premiums	Non-Union 2020 Wellness Plan Premiums	Non-Union 2020 Spousal Surcharge	Non-Union 2020 Part-time Premiums
Employee only	5.0% of Annual Base Pay	4.0% of Annual Base Pay	N/A	\$269.82 per month
Employee +1	6.5% of Annual Base Pay	5.5% of Annual Base Pay	\$2,400/year Additional	\$518.62 per month
Family	7.5% of Annual Base Pay	6.5% of Annual Base Pay	\$2,400/year Additional	\$815.96 per month
Cap	\$4,400	\$3,700	N/A	No Cap

Election	USW 2020 Standard Premiums	USW 2020 Wellness Plan Premiums	USW 2020 Spousal Surcharge	USW 2020 Part-time Premiums
Employee only	5.0% of Annual Base Pay	4.0% of Annual Base Pay	N/A	\$269.82 per month
Employee +1	6.5% of Annual Base Pay	5.5% of Annual Base Pay	\$2,400/year Additional	\$518.62 per month
Family	7.5% of Annual Base Pay	6.5% of Annual Base Pay	\$2,400/year Additional	\$815.96 per month
Cap	\$4,400	\$3,700	N/A	No Cap

Election	SUN 2020 Standard Premiums	SUN 2020 Wellness Premiums	SUN 2020 Spousal Surcharge	SUN 2020 Part-time Premiums
Employee only	5.0% of Annual Base Pay*	4.0% of Annual Base Pay	N/A	\$269.82 per month
Employee +1	6.5% of Annual Base Pay*	5.5% of Annual Base Pay	\$2,400/year Additional	\$518.62 per month
Family	7.5% of Annual Base Pay*	6.5% of Annual Base Pay	\$2,400/year Additional	\$815.96 per month
Cap	\$4,400	\$3,700	N/A	No Cap

*SUN premiums are per average RN Annual Base Pay

Election	Mary Breckinridge USW 2020 Standard Premiums	Mary Breckinridge USW 2020 Wellness Premiums	Mary Breckinridge USW 2020 Spousal Surcharge	Mary Breckinridge USW 2020 Part-time Premiums
Employee only	5.0% of Annual Base Pay	4.0% of Annual Base Pay	N/A	\$269.82 per month
Employee +1	6.5% of Annual Base Pay	5.5% of Annual Base Pay	\$2,400/year Additional	\$518.62 per month
Family	7.5% of Annual Base Pay	6.5% of Annual Base Pay	\$2,400/year Additional	\$815.96 per month
Cap	\$4,400	\$3,700	N/A	No Cap

Election	SEIU 2020 Standard Plan Premiums Rates in Effect through 7/19/2020	SEIU 2020 Wellness Plan Premiums Rates in Effect through 7/19/2020	SEIU 2020 Spousal Surcharge	SEIU 2020 Part-time Premiums
Employee only	4.5% of Annual Base Pay	3.5% of Annual Base Pay	N/A	\$269.82 per month
Employee +1	6.0% of Annual Base Pay	5.0% of Annual Base Pay	\$2,400/year Additional	\$518.62 per month
Family	7.0% of Annual Base Pay	6.0% of Annual Base Pay	\$2,400/year Additional	\$815.96 per month
Cap	\$4,400	\$3,700	N/A	No Cap

DENTAL

- Delta Dental is our provider for Dental Benefits
- Delta is Kentucky's largest contracted network of dentists
- Guaranteed discount of at least 30% on all claims
- Increased benefits for fluoride and sealants.

The following are employee contributions for dental insurance for 2020:

Low Plan

Election	Monthly Premiums
Employee only	\$ 9.78
Employee & spouse	\$20.18
Employee & child(ren)	\$22.60
Family	\$34.60

Mid Plan

Election	Monthly Premiums
Employee only	\$15.08
Employee & spouse	\$32.38
Employee & child(ren)	\$31.70
Family	\$49.50

High Plan

Election	Monthly Premiums
Employee only	\$21.00
Employee & spouse	\$50.06
Employee & child(ren)	\$42.32
Family	\$70.70

VISION

- Anthem is our provider for Vision Coverage
- Coverage for routine eye exams
- Eye glass frames or contact lenses benefits
- Access to more than 36,000 eye doctors at more than 27,000 locations nationwide
- 20% off any balance over your allowance on eye glass frames (15% off contact lenses)

The following are employee contributions for vision insurance for 2020:

Election	Monthly Vision Rates
Employee only	\$ 4.93
Employee & spouse	\$ 9.89
Employee & child(ren)	\$ 9.64
Family	\$14.99

SHORT-TERM & LONG-TERM DISABILITY COVERAGE

Eligible employees are offered a voluntary **Short Term Disability Policy (STD)** and a **Long Term Disability Policy (LTD)** through Reliance Standard.

- **Short Term Disability** Insurance can help you replace a portion of your income during the initial weeks of a Disability.
- The benefit amount is 60% of your predictability monthly earnings up to a weekly maximum of \$1,500.
- Benefits continue for as long as you are disabled up to a maximum duration of 13 weeks of disability.
- No evidence of insurability required, however, Pre-existing condition limitation applies
- **Long Term Disability** Insurance helps replace a portion of your income for an extended period of time.
- The benefit amount is 60% of your predictability monthly earnings up to a monthly maximum of \$6,000.
- Benefits begin after the end of a 90-day elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive this benefit.
- The plan's maximum benefit period and specific limitations are as described in the Certificate of Insurance/Summary Plan Description.
- No evidence of insurability required, however, Pre-existing condition limitation applies

The following employee contributions will be effective on January 1, 2020:

Election	Non Union Short Term Premium Rates/pay period
Salary >\$150,000	\$40.00
Salary \$100,000 - \$149,000	\$30.00
Salary \$75,000 - \$99,999	\$25.00
Salary \$50,000 - \$74,999	\$20.00
Salary \$25,000 - \$49,999	\$12.50
Salary <\$25,000	\$ 7.00

The following employee contributions will be in effect May 1, 2019 through April 30, 2020:

Election	SUN Nurses Short Term/Long Term Premium Rates/pay period
Short Term/Long Term Plan	\$30.50

LIFE INSURANCE (Voluntary)

- To make any changes to current coverage employee may do so during Open Enrollment; and may do so by logging on to Benefitfirst (www.Benefitfirst.com). Otherwise, employees must have a qualifying life event (QLE) that would allow changes to be made to benefits, and the employee must log onto Benefitfirst to make the appropriate benefit changes within 30 days of the QLE, as well as provide documented proof to their local HR personnel of the QLE within that same 30-day timeline. Eligible employees will be offered a Voluntary Basic Life thru Reliance Standard (Accidental Death and Dismemberment – paid by employer) Insurance. This amount is 1x salary up to a maximum of \$100,000.
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- Employees can also purchase \$5,000 or \$10,000 coverage for spouse or \$5,000 coverage for children
- Eligible employees with Basic Life coverage will have the option to purchase additional Supplemental life insurance on themselves and their eligible dependents

ACCIDENT COVERAGE

- AFLAC is our Accident Provider
- Lower premiums
- AFLAC Accident plan includes an AD&D benefit
- AFLAC Accident Plan includes a wellness option that increases over the life of the policy

Election	Accident Monthly Premium Rates
Employee Only	\$12.58
Employee & Spouse	\$21.91
Employee & Child(ren)	\$29.33
Family	\$38.66

CRITICAL ILLNESS w/CANCER

- AFLAC is our Critical Illness/Cancer Provider
- Low premiums
- There is a \$150 Wellness benefit with AFLAC
- Additional benefits including coverages for skin cancer, benign brain tumor , advanced Alzheimer’s and Parkinson’s diseases and cardiac arrest
- Pre-existing conditions apply

CANCER/INTENSIVE CARE

- Voluntary coverage thru Met Life (Bay Bridge is the Administrator of this plan)
- Pays benefits that can be used for medical and nonmedical expenses related to the diagnosis and treatment of cancer and other specified diseases
- **Annual wellness benefit for each covered insured up to \$100**
- If you do not elect this benefit when first eligible you must complete an EOI form
- Pre-existing conditions apply

Monthly Rates for 2020 Plan Year:

Election	Low Plan Option	Mid-Plan Option	High Plan Option
Employee	\$17.48	\$24.14	\$27.77
Employee/Spouse	\$35.98	\$49.91	\$57.46
Employee/Child	\$25.33	\$33.65	\$38.46
Family	\$43.84	\$59.42	\$68.15

IDENTITY THEFT PROTECTION

- Voluntary coverage thru ID Shield
- Individual Monthly Deduction – \$8.46
- Family Monthly Deduction - \$12.96 (includes coverage for you, your spouse, and your dependents)

UNIVERSAL LIFE w/LONG TERM CARE

- Universal life is permanent life insurance that provides affordable guaranteed protection for your family
- Comes with an extra level of protection for long-term care services
- Can apply for your spouse even if you choose not to participate
- **This benefit is only available during Open Enrollment (Must enroll through Star Robbins & Company, by calling 1-800-486-7721)**

FLEXIBLE SPENDING PLAN

You continue to have a \$500 carryover option for 2020. Under this rule, you are able to carryover up to \$500.00 of your unused Health FSA balance remaining at the end of a plan year.

What should you do next?

- For the Current Plan Year: Please review your current balance and your planned expenses for the remainder of this year. Any balance over \$500 must be spent by December 31st and claimed by the end of the 90 day run out period (March 31) or it will be forfeited. You will have the \$500 carryover feature available for Current Plan Year funds remaining after March 31st
- **IMPORTANT:** During the 90 day run out period, January 1 – March 31, claims for the prior Plan Year must be submitted for reimbursement and NOT paid using the FSA Debit Card
- It will not affect your election limit for next year. You can carry a total balance of the full election amount for the new Plan Year, plus any carryover from the Current Plan Year (up to \$500)

This benefit allows you to pay for your out-of-pocket medical, dental, and vision expenses, and dependent care expenses with pre-tax dollars, which lowers your tax liability. The annual maximum allowed for medical, dental and vision expenses are \$2,700. The annual maximum allowed for dependent care FSA is \$5,000.

- **Current Employees will need to complete your 2020 benefit election amount through Benefitfirst, (www.Benefitfirst.com) or contact the Benefitfirst Call Center 1-888-322-9374 (Company ID# 631) to speak with an Enrollment Specialist during Open Enrollment.**
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QUALIFYING LIFE EVENTS IN WHICH EMPLOYEES MAY MAKE CHANGES IN BENEFITS/TIMELINE TO MAKE THESE CHANGES

PLEASE NOTE: There are certain qualifying events that will allow employees to make changes to their benefit elections throughout the year.

These qualifying events are:

- Marriage
- Birth/Adoption
- Death of spouse or dependent
- Dependent child reaches limiting age (if applicable by plan) or is no longer considered a dependent
- Loss of spouse/dependent coverage
- Divorce/Annulment
- Legal Separation
- FMLA-related Leave
- Change of Eligibility Status (i.e., fulltime to part-time, union to non-union, etc.)
- Retirement

Employees are responsible for reporting a change in status and any changes to your benefit elections must be done within 60 days for the loss/gain of Medicaid or State Children's health program, or 30 days for all other events from the date of one of the above qualifying events to make a change to your benefits. If you wait more than the timeline detailed above, you will not be able to make changes until open enrollment for the next year.

Also, please be aware that your benefits term at the end of the month in which you are placed on any type of leave-without-pay (LWOP), and you are COBRA eligible effective the first of the following month. **Upon return to Active work status from any type of LWOP, you must re-elect your benefits within 30 days of returning to Active work status.** Should you fail to elect within the 30 days of your return to work from LWOP, you must wait until Open Enrollment for the next plan year to elect in ARH offered benefit plans.

NOTICE REGARDING ARH Cares WELLNESS PROGRAM

The ARH Cares Wellness Plan is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you and your spouse choose to participate in the wellness program you will be asked to complete a voluntary (**not mandatory**) health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You and your spouse will also be asked to complete a Health Provider Screening and a lab panel with an ARH approved provider. You and your spouse must be tobacco free, as well as, provide Flu Vaccine verification to the respective Human Resource representative within your facility. You are not required to complete the HRA to participate. However, employees who choose to participate in the wellness program will receive an incentive of 1% **reduction in their medical premium** for completing their Provider Screening, lab panel, being tobacco free and have had their flu shot – This criteria must be met by Employee and Spouse (if covered under EE's ARH Cares Wellness plan).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting **Sonya Bergman, at (606) 487-7573**.

The information from your HRA and the results from your provider screening visit and lab panel testing will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as smoking cessation program, diabetes management programs, weight management classes. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and **Appalachian Regional Healthcare** may use aggregate information it collects to design a program based on identified health risks in the workplace, **ARH Cares Wellness Plan** will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is your physician and the ARH designated PHI personnel.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Sonya Bergman at (606) 487-7573 or email Sbergman@arh.org.

MANDATORY NOTICE TO ALL ARH EMPLOYEES

IRS 1094C REPORTING INFORMATION: Per the IRS reporting guidelines, all employment records and benefit enrollment records must be listed under the employee's legal name (as name appears in the U.S. Social Security Administration Data Base, as listed on Social Security card). It is each employee's responsibility to ensure their employment and benefit enrollment records are accurately listed – Employees must immediately contact their local HR personnel to ensure their name is corrected on their employment record if their paycheck does not list their name as it appears on their Social Security Card. Also, per the IRS reporting guidelines, any eligible dependent enrolled in an employee's benefits must be listed under their legal name (as their name appears in the U.S. Social Security Administration Data Base, as listed on their Social Security card). It is each employee's responsibility to ensure their dependents are accurately listed on their benefit records under the dependent's legal name.

BENEFIT ENROLLMENT INFORMATION: Upon benefit enrollment, all employees will be required to provide a valid contact phone number and a valid email address before in order to enroll in benefits. The benefit enrollment system will **NOT** allow any employee to move forward with making their benefit enrollment elections without providing their valid phone number and valid email address information.

All benefited employees who do not wish to enroll in benefits or who wish to drop any of their current benefits during this year's Open Enrollment **MUST** log onto the enrollment system and "decline" the benefits they do not wish to keep and/or do not wish to enroll in for 2020. The timeline for this year's Open Enrollment is October 21, 2019 through November 1, 2019.
