



UPSON
Regional Medical Center

**For
the
Win!**

2021

Employee
Benefits
Guide

Dear Valued Employee,

At Upson Regional Medical Center, we strive to provide a WINNING benefits package that is affordable, valuable and comprehensive. We believe that the Culture of Wellbeing extends beyond your physical health, encompassing your mental, emotional and financial health, while even providing peace of mind for your pets' veterinary needs.

For the 2021 Plan Year, we are pleased to announce that there is no increase to your employee premiums and two new benefit partners to enhance your benefit experience.

We believe your wellness starts with a healthy lifestyle. To help you reach your health goals and reduce your cost, we are increasing the Wellness PLUS Credit to health premiums from \$40 to \$50 per pay period! If you complete the Health Risk Assessment and visit the URMC Wellness Center (at least 10 times per month for a minimum of 30 minutes per visit), you will receive this great reduction to your health premiums.

URMC recognizes that a healthy lifestyle also includes a healthy mind, which is why we are adding a new benefit through Joyages, an interactive mental health app free of charge to all of our employees. The app provides daily inspiration, habit tracking, stress management tips and *unlimited* access to mental health counselors on a telehealth platform 24 hours a day, 7 days a week. This is in addition to a more traditional Employee Assistance Program through Unum.

We also understand that an easy-to-manage Health Savings Account (HSA) is important for you to get the most out of URMC's contributions. For this reason, we have partnered with Bank of America (BOA) as the new HSA Administrator for all eligible employees enrolled in the High Deductible Health Plan (HDHP). BOA offers an easy to use mobile app, HSA debit card and a simplified claims filing process. Employees who have selected the HDHP will be automatically set up for an HSA through BOA, beginning in January 2021. This means that all 2021 HSA contributions will be deposited into your BOA HSA with any funds in your existing HSA to remain in your account until the funds are used.

Also new this year is a more simplified login experience for SmartBen, our benefits enrollment application. Your SmartBen Username is URMCEmployee ID number (with any leading zeroes to ensure the number is 5 digits), and your Password is your 8-digit Birthdate (MMDDYYYY). This will ensure easy access to your benefits information and coverage options anytime, anywhere.

We are pleased that you have made URMC your employer of choice. We are committed to offering a competitive and compassionate benefits package that considers all aspects of your life – *It's more than physical health, it's personal.*

Sincerely,

Laura Stokes, SHRM-CP, PHR
Director of Human Resources

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Benefit Eligibility

The Choice is Yours

Upson Regional Medical Center (URMC) offers comprehensive Health and Welfare benefits to all full-time and regularly scheduled part-time employees working a minimum of 16 hours per week. You become eligible for the various benefits offered by URMC upon completion of your benefit enrollment waiting period based on the criteria below:

Employee Eligibility		
Benefits	Eligibility Requirement	Waiting Period
Medical/Rx, Dental, Vision, Life, Disability, Accident, Critical Illness, Hospital Indemnity	16 hours per week	Effective first of the month following 30 days

Employees have 30 days from their date of hire to process their benefit elections. Please make your enrollment decisions carefully as enrollments cannot be accepted beyond this time unless you experience a qualified, family status change.

Adding Your Dependents

Dependents are eligible for coverage under the same plans as elected by the Employee. Coverage for designated dependents will take effect on the first day that the Employee is eligible for coverage. The individuals listed below qualify as a dependent under the URMC Benefits Program:

- An Employee's lawfully married spouse possessing a marriage license who is neither divorced from the Employee nor offered coverage through his or her employer
- An Employee's child who is under the age of 26, including: stepchild(ren), adopted child(ren), foster child(ren), and/or child(ren) of whom you are the legal guardian
- An Employee's child, regardless of age, who is mentally or physically incapable of sustaining his or her own living and was continuously covered under the plan prior to attaining age 26



*Please refer to your Summary Plan Descriptions for detailed information regarding eligibility requirements and eligible classes of covered Dependents.

Benefit Enrollment

Benefits Portal

Enrolling in benefits and assigning your beneficiaries is easier than ever through URMC's Benefits Platform, SmartBen – To login, visit www.urmc.smartben.net with the login credentials below:

Username: URMCM+0+4-digit Employee ID; or URMCM+00+3-digit Employee ID

Password: 8-digital Birthdate (MMDDYYYY)

If Declining Coverage

Employees who waive benefits during their initial eligibility period must wait until annual Open Enrollment to elect benefits for the upcoming, respective plan year.

Annual Open Enrollment

Each year during Open Enrollment, you have the opportunity to make your benefit elections for the upcoming benefit year, which runs from 1/1 through 12/31. You may make changes to your benefits such as electing or declining coverage and/or adding or removing eligible dependents from your plans. Voluntary Life insurance may also be elected or increased, which may require Evidence of Insurability.

Changing Your Benefits during the Year

IRS regulations state that you cannot change your pre-tax benefit options during the year unless you experience a qualified, family status change. The following events may allow you to enroll or change your pre-tax benefit options:

- Marriage or Divorce
- Birth or Adoption of a child
- Employment Status Change for you or your covered dependents
- Death of a covered dependent
- Loss of dependent status due to child reaching age 26

**Note:* Documentation of the qualified status change must be provided to Human Resources no later than 30 days after the event has occurred.

When Do My Benefits End?

If terminated on the 1st - 14th, then benefits will end on the 15th. If terminated on the 15th, then benefits will end on the last day of the month. You will be notified of your rights to COBRA upon termination.

Paying for Your Benefits

Some benefits are provided by URMCM at no cost to you, whereas for other benefits, such as Medical and Prescription, the costs are shared. While you may pay the full cost of the Voluntary Benefits, you still receive a substantial savings through discounted group rates. This wide array of choices means you can build the benefits program that best suits your needs.

Benefit	Who Contributes?
Medical/Rx, Dental and Vision	URMC and You
Basic Life/AD&D	URMC
BrightDime, Joyages, EAP and Travel Assistance	URMC
Voluntary Term Life and AD&D	You
Short-Term Disability	You *Paid by URMCM for Physicians only
Long-Term Disability	You *Paid by URMCM for Physicians and Exempt only
Voluntary Benefits (Accident, Critical Illness, Hospital Indemnity & Pet Insurance)	You

Payroll Contributions

When Payroll Contributions Start

For any benefits you elect, your first payroll contribution will begin with the pay period in which your benefits become effective.

Pre-Tax versus After-Tax Premiums

You have the ability to pay for the cost of many of your benefits on a pre-tax basis. Pre-tax means that any deductions for these benefits are made before taxes are taken out of your pay so you pay less in income taxes because you're taxed on a lower income amount.

You should be aware that Social Security taxes are not withheld from your pre-tax dollars (for premiums and health spending accounts) so they don't count toward your wages for Social Security purposes – and this may reduce your future Social Security benefits. Generally, the small benefit reduction is outweighed by the immediate tax benefit of using pre-tax dollars.

This hypothetical example is for illustration purposes only and is based on a 15 percent federal tax rate and current Social Security tax rates.

How Pre-Tax Premiums Affect Your Paycheck

After-Tax		
When you use taxable dollars to pay for benefits, taxes are deducted first, and then your contributions are taken.	Annual Salary	\$28,000
	Adjusted Gross Income	\$28,000 (no change)
	Estimated Taxes	-\$6,350
	Benefit Costs	-\$1,300
	Take-Home Pay	\$20,350

Pre-Tax		
When you use pre-tax dollars to pay for benefits, your benefit contributions are deducted from your pay first, and then taxes are taken.	Annual Salary	\$28,000
	Benefit Costs	-\$1,300
	Adjusted Gross Income	\$26,700
	Estimated Taxes	-\$6,050
	Take-Home Pay	\$20,650
	Savings	\$300



Benefit	Deductions
Medical/Rx, Dental, Vision	Pre-tax only
Voluntary Benefits	After-tax only

Medical Plan Features (1 of 2)

Medical Plan – Administrator

URMC is excited to partner with Trustmark Health Benefits to administer URMC’s Medical Plans for the 2021 Plan Year. With more than a century of experience, Trustmark utilizes a personalized and caring approach to help plan participants, such as yourself, navigate the complicated world of healthcare. Trustmark services include, but are not limited to:

- Processing of Medical/Rx Enrollment
- Issuing of Medical/Rx Member ID Cards
- Medical Claims Processing
- 24/7 Nurse Line
- Online Bill Payment Service



Once you receive your member identification card, we encourage you to setup a member account at www.myTrustmarkBenefits.com – a one-stop benefits website for your benefit information.

Medical Plan – Network

The level of benefit received is determined by the provider you choose to utilize for services as a result of the contracts the physicians and hospitals agreed to.

- **Tier 1:** Highest Level of Benefit
 - Primary PPO Network
 - ✦ URMC and Participating URMC Physicians
- **Tier 2:** Medium Level of Benefit
 - PPO Network outside of the Primary PPO Network
 - ✦ Aetna Network
- **Tier 3:** Lowest Level of Benefit
 - No PPO Network
 - ✦ Out-of-Network

**Note:* If a covered member has a Medical Emergency, which requires immediate medical care, covered charges will be payable at the Highest Level of Benefit (Tier 1).

For a list of network providers, please reach out to Trustmark via internet by visiting www.myTrustmarkBenefits.com or phone by calling 1-855-236-6622.



Medical Plan – Pharmacy Benefits Manager (PBM)

The PBM for URMC is MaxorPlus. As one of the premier prescription providers, URMC is pleased to have MaxorPlus administering the prescription drug program for the 2021 Plan Year.

For additional information regarding your prescription drug coverage, please visit MaxorPlus at www.members.maxorplus.com.

Medical Plan Features (2 of 2)

Medical Plan – Options

URMC provides comprehensive Medical and Prescription coverage, featuring two plan options – the PPO Plan and the High Deductible Health Plan (HDHP). Each plan contains varying deductible and premium levels to help you determine what best suits you and your family’s needs. A comparison of the medical plans can be found on pages 9-10.

The HDHP is designed to provide you with greater flexibility, allowing you to take control of your health and the dollars you spend on healthcare. With lower overall premiums in comparison to other types of plans, HDHP’s not only present a great cost savings opportunity, but also provide you with the option to enroll in a tax-advantaged, Health Savings Account (HSA) to help offset eligible medical expenses – see page 13 for additional information.

Non-Embedded Deductible vs. Embedded Deductible

Before you make your medical plan selection, it’s important to consider the differences amongst the plans, paying particular attention to the deductible. Not only do the deductible amounts differ in each plan, but also how the deductible can be met.

The HDHP contains a **“Non-Embedded”** deductible, meaning the family deductible can be met by either one family member or multiple family members. The family deductible must be met in its entirety prior to coinsurance applying to any members. The only time an individual deductible would apply is if Employee Only coverage was selected.

- **Non-Embedded Example:** \$1,400 Individual Deductible / \$2,800 Family Deductible
 - Family coverage selected for family members A, B and C.
 - ✦ Family Member A pays \$1,350 toward \$2,800 Family Deductible – Coinsurance does not apply.
 - ✦ Family Member B pays \$1,200 toward \$2,800 Family Deductible – Coinsurance does not apply.
 - ✦ Family Member C pays \$250 toward \$2,800 Family Deductible – Coinsurance will now apply for the entire family as family members A, B and C have jointly accumulated to reach the \$2,800 family deductible.

The PPO Plan contains an **“Embedded”** deductible, meaning one family member cannot meet the full family deductible and is only responsible for the individual deductible amount inside the family deductible. Once a member meets the individual deductible, coinsurance will apply for that member only. Once the family deductible is met, coinsurance will apply for all members. The family deductible can be partially met by multiple family members, but the total amount must equal the family deductible value in order for coinsurance to apply for all family members.

- **Embedded Example:** \$1,000 Individual Deductible / \$3,000 Family Deductible
 - Family coverage selected for family members A, B and C.
 - ✦ Family Member A pays and meets \$1,000 Individual Deductible – Coinsurance now applies for Family Member A Only.
 - ✦ Family Member B pays \$800 toward Individual and Family Deductible – Coinsurance does not apply.
 - ✦ Family Member C pays \$1,200 toward Individual and Family Deductible – Coinsurance will now apply for the entire family as members A, B and C have jointly accumulated to reach the \$3,000 family deductible.

Wellness Program

Wellness Program

URMC cares a great deal about your health and wants to assist you in taking steps toward becoming a healthier you, while providing you with opportunities to save on your Health Plan Expenses.

Why Should I Participate?

The Wellness Program is voluntary, confidential and time-flexible for you and your covered dependents, but we encourage you to take advantage of the opportunity to:

Receive a \$20 HRA Wellness Credit per pay period by:

Completing your Health Risk Assessment (HRA)

Receive a \$30 Wellness Center Credit per pay period by:

Visiting the URMC Wellness Center 10x / month for a minimum of 30 minutes / visit

Receive a \$50 Wellness PLUS Credit per pay period by:

Completing your HRA

AND

Visiting the URMC Wellness Center 10x / month for a minimum of 30 minutes / visit

Even if you participate in the lowest level of the Wellness Program, you will have saved enough to cover the cost of your membership to the URMC Wellness Center, and if you participate at the Wellness PLUS level, the additional money back would almost cover the cost of a family membership!

***Note:** Compliance in the Wellness Program is measured monthly. If you are not compliant and lose the premium credit, you must wait at least 30 days to regain eligibility with no back credits given.

How Do I Complete My Health Risk Assessment (HRA)?

The Trustmark Health center offers a comprehensive set of health promotion tools, including the opportunity to complete your HRA – Visit www.myTrustmarkBenefits.com to get started. Please do *not* attempt to complete the HRA until after your medical benefits have become effective through URMC.



Who is AllHealth CHOICE?

At URMC, we understand that living with Chronic Conditions such as diabetes, hypertension, COPD, etc. can be challenging. If you are a newly diagnosed diabetic or you have been managing multiple chronic conditions for years, MyCharlie through AllHealth CHOICE is the answer!

MyCharlie is your personal chronic condition manager and works with you according to your specific conditions, the stage of those conditions and other risk factors based on your medical, social and clinical information.

If you are eligible for the MyCharlie program, you will receive information directly from AllHealth CHOICE on how to complete your enrollment and receive your **FREE** MyCharlie kit and supplies – participants who remain compliant are also eligible for the \$50 Wellness PLUS Credit.

Medical Plan Summaries (1 of 2)

PPO PLAN			
Benefits	Tier 1	Tier 2	Tier 3
Calendar Year Deductible			
Employee Only	\$1,000	\$2,000	\$4,000
Family	\$3,000	\$6,000	\$12,000
Out-of-Pocket Maximum			
Employee Only	\$4,300	\$5,900	\$10,000
Family	\$9,100	\$11,800	\$30,000
Preventive Care			
Annual Physical, Well Man/Woman Visit, Well Child Care, etc.	Covered at 100%	Covered at 100%	Not Covered
Office Visits			
Primary Care Physician	\$30 Copay to \$200; then 10% Coins. after Ded.	Ded., then 25% Coins.	Ded., then 50% Coins.
Specialist	\$60 Copay to \$200; then 10% Coins. after Ded.	Ded., then 25% Coins.	Ded., then 50% Coins.
Hospital Care			
Inpatient/Outpatient Services	Ded., then 10% Coins.	Ded., then 25% Coins.	Ded., then 50% Coins.
Emergency Services			
Emergency Room	\$75 Copay	\$75 Copay	\$75 Copay
Ambulance	No Charge	No Charge	25% Coins.

PRESCRIPTION DRUG BENEFITS

Generic / Preferred / Non-Preferred (34-day supply)	URMC Pharmacy: \$5 / \$25 / \$60 Retail Pharmacy: \$10 / \$30 / \$60
Wellness Program Generic / Preferred / Non-Preferred (34-day supply)	URMC Pharmacy (only): \$0 / \$10 / \$60 <i>*Note: 102-day supply : 2x cost of 34-day supply</i>
Specialty (30-day supply only)	MaxorPlus Specialty Pharmacy only: 20% up to \$200

BI-WEEKLY BENEFIT COST

Coverage Tier	Base Premium	With \$20 HRA Wellness Credit	With \$30 Wellness Center Credit	With \$50 Wellness PLUS Credit
Employee Only	\$112.59	\$92.59	\$82.59	\$62.59
Employee + Spouse	\$239.89	\$219.89	\$209.89	\$189.89
Employee + Child(ren)	\$239.89	\$219.89	\$209.89	\$189.89
Family	\$361.43	\$341.43	\$331.43	\$311.43

**Note:* The Plan Summary above is solely for the purpose of benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description for a full listing of covered services, limitation and exclusion provisions.

Rates reflected above apply to Exempt and Non-Exempt employees only – Rates for Part-Time employees can be obtained from HR.

Medical Plan Summaries (2 of 2)

HDHP			
URMC HSA Contributions			
Employee Only / Employee +1 / Family : \$500 / \$750 / \$900			
Benefits	Tier 1	Tier 2	Tier 3
Calendar Year Deductible			
Employee Only	\$1,400	\$2,000	\$4,000
Family	\$2,800	\$4,000	\$12,000
Out-of-Pocket Maximum			
Employee Only	\$4,300	\$4,750	\$7,500
Family	\$9,100	\$10,000	\$12,500
Preventive Care			
Annual Physical, Well Man/Woman Visit, Well Child Care, etc.	Covered at 100%	Covered at 100%	Not Covered
Office Visits			
Primary Care Physician	Ded., then 10% Coins.	Ded., then 25% Coins.	Ded., then 50% Coins.
Specialist	Ded., then 10% Coins.	Ded., then 25% Coins.	Ded., then 50% Coins.
Hospital Care			
Inpatient/Outpatient Services	Ded., then 10% Coins.	Ded., then 25% Coins.	Ded., then 50% Coins.
Emergency Services			
Emergency Room	Ded., then 10% Coins.	Ded., then 10% Coins.	Ded., then 10% Coins.
Ambulance	Ded., then 10% Coins.	Ded., then 25% Coins.	Ded., then 50% Coins.

PRESCRIPTION DRUG BENEFITS

Generic / Preferred / Non-Preferred (34-day or 102-day supply)	URMC Pharmacy: 10% Coinsurance after Tier 1 Deductible Retail Pharmacy: 10% Coinsurance after Tier 1 Deductible
Wellness Program Generic / Preferred / Non-Preferred (34-day supply)	URMC Pharmacy (only): \$0 / \$10 / \$60 after Tier 1 Deductible <i>*Note: 102-day supply : 2x cost of 34-day supply</i>
Specialty (30-day supply only)	MaxorPlus Specialty Pharmacy only: 20% up to \$200 after Tier 1 Deductible

BI-WEEKLY BENEFIT COST

Coverage Tier	Base Premium	With \$20 HRA Wellness Credit	With \$30 Wellness Center Credit	With \$50 Wellness PLUS Credit
Employee Only	\$57.24	\$37.24	\$27.24	\$7.24
Employee + Spouse	\$122.96	\$102.96	\$92.96	\$72.96
Employee + Child(ren)	\$122.96	\$102.96	\$92.96	\$72.96
Family	\$180.11	\$160.11	\$150.11	\$130.11

**Note:* The Plan Summary above is solely for the purpose of benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description for a full listing of covered services, limitation and exclusion provisions.

Rates reflected above apply to Exempt and Non-Exempt employees only – Rates for Part-Time employees can be obtained from HR.

Medical Plan Scenarios (1 of 2)

What Would You Choose? Find the Plan That's Right for You

Jill – The Single Lady

Jill is a 30-year-old female employee who seldom visits the doctor other than for regular checkups. She does suffer from high cholesterol, visits her Primary Care Physician (PCP) twice a year, but otherwise has no other health problems. In looking at her options for single coverage, Jill determines the following:

Jill's Health Plan Options		
Life Events	PPO Plan	HDHP
Jill elects single coverage and pays the following premiums for the year:	\$2,927.34 (\$112.59 per pay check)	\$1,488.24 (\$57.24 per pay check) <i>*Note: UPMC contributes \$500 to Jill's HSA.</i>
Jill sees an in-network provider for her annual physical exam and pays:	\$0	\$0
Jill sees an in-network PCP for her two office visits and pays:	\$60 in office visit copays (\$30 copay x 2 PCP visits)	The full cost of the office visits total \$250 (\$125 x 2 PCP visits), which Jill pays for from her HSA. This cost counts toward her deductible.
Jill takes a generic cholesterol medication daily:	\$120 in prescription copays (\$10 copay x 12 prescriptions)	The full cost of the prescriptions total \$245, which Jill pays from her HSA.
Jill's Total Cost under each plan is:	\$3,107.34	\$1,488.24 (Using \$500 from UPMC HSA Contribution)
With Jill's low healthcare expenses, she would save more in premiums and overall costs by selecting the HDHP. *Note- the above scenario does not include the Wellness Premium Credit(s)		

Bill – The Single Parent

Bill is a 35-year-old male employee with a daughter, Amy, who seldom visits the doctor other than for regular checkups. Amy has an unexpected accident and incurs \$45,000 in hospital bills. In looking back at his options for employee + child(ren) coverage, Bill determined the following:

Bill's Health Plan Options		
Life Events	PPO Plan	HDHP
Bill elects EE+CH coverage and pays the following premiums for the year:	\$6,237.14 (\$239.89 per pay check)	\$3,196.96 (\$122.96 per pay check) <i>*Note: UPMC contributes \$750 to Bill's HSA.</i>
Bill and Amy see an in-network provider for their annual physical exams and pay:	\$0	\$0
Amy is treated at UPMC and pays:	\$1,000 in deductible and \$3,300 in coinsurance. The OOP Max has now been satisfied.	\$2,800 in deductible and \$4,230 in coinsurance, which Bill pays from his HSA.
Amy has two follow-up office visits with the orthopedic surgeon at UPMC and pays:	\$0 – Plan pays 100% since Amy has reached her total OOP Max.	The full cost of the two visits that total \$400, which applies toward Bill's OOP Max.
Bill's Total Cost under each plan is:	\$10,537.14	\$9,876.96 (Using \$750 from UPMC HSA Contribution)
Even with Amy's large medical claim health expenses, Bill would save more in premiums and overall cost by selecting the HDHP. *Note- the above scenario does not include the Wellness Premium Credit(s)		

Medical Plan Scenarios (2 of 2)

Rebecca – Mother of an Active Family

Rebecca is a 55-year-old female employee that takes a regular medication for seasonal allergies but otherwise maintains excellent health by walking an average of six miles per week. Rebecca’s husband, Tom, stays active by playing basketball regularly with a group of friends after work. Tom’s employer doesn’t offer health insurance so he and their two young children are covered under Rebecca’s health insurance. In reviewing their options for family coverage, Rebecca and Tom determine the following:

Rebecca’s Health Plan Options

Life Events	PPO Plan	HDHP
Rebecca elects family coverage and pays the following premiums for the year:	\$9,397.18 (<i>\$361.43 per pay check</i>)	\$4,682.86 (<i>\$180.11 per pay check</i>) <i>*Note: URMC Contributes \$900 to Rebecca’s HSA.</i>
Tom injures his knee and has 4 visits to an orthopedic specialist at URMC. Tom pays:	\$240 in specialist visit copays (<i>\$60 x 4 visits</i>)	The full cost of the four visits total \$1,600. The amount applies toward Tom’s deductible and is paid from HSA contributions (\$900) and his own pocket (\$700).
Tom’s orthopedic recommends that he has a \$25,000 surgery. Tom pays:	\$1,000 toward deductible \$2,400 in coinsurance	\$1,200 toward deductible (family deductible is now satisfied) \$2,390 in coinsurance
Rebecca has a sinus infection, which her URMC doctor treats with a preferred brand antibiotic. Rebecca pays:	\$30 office visit copay \$25 prescription copay	\$15 or 10% of the \$150 office visit, which applies toward OOP Max \$15 or 10% of the \$150 prescriptions
Rebecca is recommended to have a sinus surgery that is to cost \$30,000. Rebecca pays:	\$1,000 toward deductible \$2,900 in coinsurance	\$0 toward deductible (family deductible is satisfied) \$3,000 in coinsurance
Their son has an accident playing football in the yard and needs knee surgery. Surgery is \$17,000. Rebecca pays:	\$1,000 toward deductible (family deductible is now satisfied) \$860 in coinsurance (family OOP Max is now satisfied)	\$0 toward deductible (family deductible is satisfied) \$880 in coinsurance (family OOP Max is satisfied)
Their daughter sees the same pediatrician who recommends an ear surgery that cost \$9,000. Rebecca pays:	\$0 toward deductible (family deductible is now satisfied) \$0 in coinsurance (family OOP Max is now satisfied)	\$0 toward deductible (family deductible is satisfied) \$0 in coinsurance (family coinsurance max is satisfied)
Rebecca’s Total Cost under each plan is:	\$18,792.18	\$12,882.86 (Using \$900 from URMC HSA Contribution)

With Rebecca’s family’s health care expenses, they would save more in premiums and overall cost by selecting the HDHP. *Note- the above scenario does not include the Wellness Premium Credit(s)

HSA and FSA Information

Health Savings Account (HSA) – managed by Bank of America (BOA)

If you are enrolled in the HDHP through URM, you are eligible for an HSA – an account made with tax-preferred contributions by both you and URM to help offset qualified medical expenses. If you are covered under any other medical plan, you may not enroll in an HSA.

The best part about an HSA is that the funds in your account rollover from year-to-year, meaning you can save any unused funds for future healthcare expenses. Once you reach retirement age, you may then withdraw the money for non-eligible medical expenses without penalty.

All employees that elect the HDHP through URM will be automatically enrolled in an HSA administered by Bank of America – BOA provides 24/7 customer service, HSA Debit Cards, an easy to use mobile app, simplified on-line reimbursement filing directly to your bank account and more!

URM will contribute the following for the 2021 Plan Year:

- \$500 Employee Only
- \$750 Employee + 1
- \$900 Family



The IRS contribution limits (employer + employee) for 2021 are as follows:

- \$3,600 EE Only; \$7,200 Family
- \$1,000 additional catch-up contribution can be made by account holders age 55 or older

Please Note: URM contributions are deposited twice annually in January and July.

Flexible Spending Account (FSA) – managed by WageWorks

If you do not qualify for an HSA, you may elect to enroll in a Healthcare FSA. The Healthcare FSA offers you tax savings on qualified medical, dental and vision expenses. Once you determine your deduction amount, money is set aside from your paycheck prior to taxes being taken out. Please note that if expenses incurred in 2021 are not submitted by March 31, 2021, unused funds will be forfeited per IRS regulations.

Please Note: Debit cards **ARE** provided.

- The IRS contribution limit for 2021 is \$2,750.

Dependent Care FSA – managed by WageWorks

If you have dependent child(ren), then you may opt to have a Dependent Care Account to help pay for daycare expenses and/or afterschool care. You decide the amount of money you would like to set aside in the account for the plan year, and this amount is then deducted from your paycheck in pre-tax dollars over the course of the plan year.

Please Note: Debit cards are **NOT** provided.

- The IRS contribution limit for 2021 is \$2,500 if filing taxes individually and \$5,000 if filing jointly with your spouse.

Dental Plan Summary

Dental Plan

The Dental plan through Unum offers you access to a wide array of dental services with total benefits up to \$1,200 per covered person, per benefit year. Preventive services such as routine exams and x-rays are covered at 100%, while other services are covered with coinsurance after the deductible has been met.



You may select any provider or take advantage of discounts Unum has negotiated on your behalf with the thousands of providers in their nationwide network. The Dental network is a Passive PPO network, meaning you can use in-network or out-of-network (OON) providers and still receive the same level of benefit; however, please note that OON providers can balance bill you for amounts they charge above 90% of the Usual and Customary rate.

Prior to obtaining services, visit www.unumdentalcare.com to locate an in-network dental provider or download the AlwaysAssist Mobile App for access to your ID cards, claims and more.

DENTAL PLAN : UNUM

Benefits – see SPD for complete listing of covered services	DenteMax Plus Network
Annual Maximum	
Benefit Amount	\$1,200
Plan Year Deductible	
Individual	\$50
Family	\$150
Preventive Services	
Routine Exams, Fluoride Treatment, Sealants, X-rays	100% - Deductible Waived
Basic Services	
Fillings, Simple Extractions, Oral Surgery, Anesthesia	80% - After Deductible
Major Services	
Crowns, Bridges, Dentures, Root Canals	50% - After Deductible
*Carryover Benefit – This Dental plan includes a feature that allows plan participants to carryover \$300 to the following benefit year.	

EMPLOYEE BENEFIT COST

Coverage Tier	Deductions Per Pay Period / Bi-Weekly
Employee Only	\$5.39
Employee + Spouse	\$10.77
Employee + Child(ren)	\$14.70
Employee + Family	\$21.82

**Note:* The Plan Summary above is solely for the purpose of benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description for a full listing of covered services, limitation and exclusion provisions.

Vision Plan Summary

Vision Plan

URMC offers a Voluntary Vision benefit through Unum, utilizing the EyeMed Insight Network. The Plan provides access to a nationwide network of optometrists and ophthalmologists as well as retail chain providers.



You can locate an in-network provider by visiting www.unumvisioncare.com or access all the information you need to manage your coverage – such as printing your member ID card, checking claim status, and more by downloading the AlwaysAssist mobile app for easy, on-the-go access.

VISION PLAN	UNUM	
	EyeMed Insight Network	Out-of-Network
Frequency (Exam / Lenses / Frames)	12 / 12 / 24	
Exam	\$10 Copay	\$35 Allowance
Single Lenses	\$20 Copay	\$25 Allowance
Bifocal Lenses	\$20 Copay	\$40 Allowance
Trifocal Lenses	\$20 Copay	\$50 Allowance
Frames	\$150 Allowance	\$50 Allowance
Contacts – elective	\$150 Allowance	\$100 Allowance
Contacts – medically necessary	\$210 Allowance	
EMPLOYEE BENEFIT COST		
Coverage Tier	Deductions Per Pay Period / Bi-Weekly	
Employee Only	\$1.62	
Employee + Spouse	\$3.24	
Employee + Child(ren)	\$3.57	
Employee + Family	\$5.59	

**Note:* The Plan Summary above is solely for the purpose of benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description for a full listing of covered services, limitation and exclusion provisions.

Life Insurance

Basic Term Life and AD&D

Life insurance needs vary greatly from one individual to the next so take some time to consider what expenses and income needs your loved ones would have in the event of your death. UPMC provides Basic Term Life and AD&D at no cost to you. This ensures that eligible employees have a basic level of protection, and enrollment is automatic upon satisfaction of your benefit waiting period.

This provision provides a maximum Life and AD&D benefit for you as outlined below:

Exempt: Lesser of 2 times your annual earnings or \$150,000

Non-Exempt: Lesser of 1 times your annual earnings or \$100,000

Part-Time: \$2,000

Please note, because UPMC pays for the benefit, you may be taxed on some amount representing the value of coverage being provided to you per IRS rules.



Voluntary Term Life

We encourage you to use the Basic Term Life and AD&D insurance amount you receive from UPMC as a starting point to build a life insurance benefit that will meet the financial needs of your family in the event of your death. If you work a minimum of 16 hours per week, then Voluntary Term Life is also available to you and your dependents. You pay the total cost of this benefit through convenient payroll deductions. Coverage may be purchased as listed below:

Employee: Increments of \$10,000 to maximum of the lesser of \$500,000 or 5 times your annual earnings

Spouse: Increments of \$5,000 to maximum of \$500,000 – not to exceed 100% of the employee's life amount

Child: Live birth to 6 months: \$1,000; 6 months to age 19 or to age 26 if a full-time student: Increments of \$2,000 to maximum of \$10,000 – not to exceed 100% of the employee's life amount

Employees enrolling during their initial eligibility period are not required to answer medical questions up to the **Guaranteed Issue (GI)** of \$200,000 (not to exceed 5 times your annual earnings) and up to \$50,000 for spousal coverage (not to exceed employee's amount). Any amount requested above the GI for both employee and spouse will be subject to health questions.

Accidental Death & Dismemberment (AD&D)

Accidental Death and Dismemberment (AD&D) is a policy that pays on top of Basic and Voluntary Term Life if your death is the result of an accident or for you in the event of a covered loss. AD&D pays for loss of limb(s), fingers, toes, sight and/or permanent paralysis according to the Schedule of Benefits within the AD&D Policy. For additional information, please refer to the Summary Plan Description.

**Note:* AD&D coverage is automatically included with your Basic Term Life insurance provided by UPMC at no additional cost to you, but is not a bundled election with Voluntary Term Life.

Please refer to page 12 for Voluntary Term Life and AD&D Rates.

Life Insurance Rates

Voluntary Term Life and AD&D Rates

Many financial experts recommend you have at least five to eight times your annual household income in life insurance. To calculate the level sufficient to cover your needs, you should consider your current income, how much it costs to maintain your family's standard of living and future financial needs.

Voluntary Term Life and AD&D rates for Employee (EE) and Spouse (SP) are based on the Employee's age as listed below.

VOLUNTARY TERM LIFE AND AD&D			
Life Rates per Pay Period / Bi-Weekly			
Ages	Non-Tobacco EE Life Rate per 10k	Tobacco EE Life Rate per 10k	Tobacco/Non-Tobacco SP Rate per 5k
0-29	\$0.498	\$0.743	\$0.249
30-34	\$0.512	\$0.766	\$0.256
35-39	\$0.678	\$1.094	\$0.339
40-44	\$0.937	\$1.652	\$0.468
45-49	\$1.495	\$2.617	\$0.748
50-54	\$2.294	\$4.412	\$1.147
55-59	\$3.743	\$6.222	\$1.872
60-64	\$5.622	\$8.751	\$2.811
65-69	\$9.868	\$14.635	\$4.934
70-74	\$17.802	\$25.717	\$8.901
75-99	\$36.051	\$46.518	\$18.025
Child Life Rate per 2k		\$0.333	
AD&D Rates Per Pay Period / Bi-Weekly			
EE AD&D Rate per 10k		\$0.162	
SP AD&D Rate per 5k		\$0.081	
Child AD&D Rate per 2k		\$0.032	

Example:

35-year-old Employee (non-tobacco user), purchasing \$100,000 in Voluntary Term Life and AD&D insurance for his/her self:

- $\$100,000 \div \$10,000 \times \$0.678 = \6.78 per pay period for EE Life coverage
- $\$100,000 \div \$10,000 \times \$0.162 = \1.62 per pay period for EE AD&D coverage

If the same Employee was to purchase \$100,000 in Voluntary Term Life insurance for his/her 40-year-old Spouse:

- $\$100,000 \div \$5,000 \times \$0.339 = \6.78 per pay period for SP Life coverage

If the same Employee was to purchase \$10,000 in Voluntary Term Life and AD&D insurance for his/her 10-year-old Child:

- $\$10,000 \div \$2,000 \times \$0.333 = \1.67 per pay period for CH Life coverage
- $\$10,000 \div \$2,000 \times \$0.032 = \0.16 per pay period for CH AD&D coverage

The Total Cost for Voluntary Term Life and AD&D for Employee and Child coverage and Voluntary Term Life for Spouse coverage:

- $\$6.78 + \$1.62 + \$6.78 + \$1.67 + \$0.16 = \17.01 per pay period

Disability Insurance



A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. With the right disability insurance, your income is protected.

URMC offers Short-Term and Long-Term disability insurance benefits for eligible employees to supplement your income if you require time away from work due to a non-occupational injury, illness or maternity leave.

Short-Term Disability

You may purchase Short-Term Disability insurance through Unum to help replace a portion of your income if an injury or illness forces you out of work for an extended period of time.

For Physicians, this benefit is provided by URMC, and enrollment is automatic upon satisfaction of the 30-day benefit waiting period.

SHORT-TERM DISABILITY			
Classification	Weekly Benefit	Elimination Period	Duration Period
Exempt, Non-Exempt, Part-time	60% to \$2,500	0 days for injury 14 days for sickness	26 weeks
Physicians	60% to \$2,500	0 days for injury 14 days for sickness	26 weeks

Long-Term Disability

Long-Term Disability insurance through Unum can be purchased to help protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan.

This benefit is offered at no additional cost to Physicians and Exempt employees, and enrollment is automatic upon satisfaction of the 30-day benefit waiting period.

LONG-TERM DISABILITY			
Classification	Monthly Benefit	Elimination Period	Duration Period
Non-Exempt, Part-time	60% to \$5,000	180 Days	Age 65
Physicians, Exempt	60% to \$10,000	180 days	SSNRA

Supplemental Benefits (1 of 3)

Accident

While no one wants to think about an accident occurring, we all know that one can happen at any time, causing unexpected expenses due to injury. Because URMC is aware that this can cause financial strain, we have partnered with Aflac to offer an Accident Policy, to help offset the costs associated. Aflac's Accident insurance can pay lump-sum benefits on or off the job based on the injury or accident and the treatment you need. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

Benefits are paid directly to you so the money can be used as you see fit. There are no limits to the number of claims you can file. Coverage is available for you and your spouse up to age 70 along with eligible children to the age of 26. You must be actively at work to enroll in the Accident insurance plan through Aflac.

Additional Details:

- Coverage is portable – If leave URMC, you can take this benefit with you.
- A Youth Organized Sports benefit is included with EE+CH and Family coverage – If a covered child age 18 or younger is injured while playing an organized sport.
- Ground and Air Ambulance benefits are payable.

Examples of Covered Injuries Include:

Broken bones, torn ligaments, cuts that require stitches, concussion, ruptured discs and eye injuries.



Examples of Covered Expenses Include:

Emergency room treatment, doctor office visit, hospitalization, occupational therapy, chiropractic visit, and follow-up visits.

BI-WEEKLY BENEFIT COST

Employee Only	\$7.10
Employee + Spouse	\$10.97
Employee + Child(ren)	\$13.52
Employee + Family	\$17.39

Supplemental Benefits (2 of 3)

Critical Illness

Critical Illness Insurance through Aflac can help protect your finances from the expenses of a serious health problem such as a stroke, heart attack or cancer.

You choose a lump sum benefit amount of \$10,000 or \$20,000 that is paid directly to you upon diagnosis of a covered condition, and you can use the benefit any way you see fit. Coverage in the amount of \$5,000 or \$10,000 is available for spouses; all eligible children, from newborn to age 26, are covered at 50% of the employee benefit amount at no additional cost. You must be actively at work and have comprehensive medical coverage to enroll.

Guaranteed Issue (GI): During Open Enrollment, health questions are not required for amounts up to the GI limit of \$20,000 for employees and \$10,000 for spouses.

Covered Conditions	
Cancer	Carcinoma in Situ (25%)
Heart Attack	Coronary Artery Bypass Surgery (25%)
Stroke	End Stage Renal (Kidney) Failure
Additional Covered Conditions for Dependent Children	
Cerebral Palsy	Cleft Lip or Palate
Cystic Fibrosis	Down Syndrome
Spina Bifida	

Additional Features:

- Coverage is portable – if you retire or leave URMC, you can take this benefit with you.
- Premiums are based on age as of the most recent plan anniversary date (1/1).
- Health Screening Benefit - \$75 per insured per calendar year if a covered health screening test is performed.

BI-WEEKLY BENEFIT COST NON-TOBACCO					
Age	18-29	30-39	40-49	50-59	60+
Employee					
\$10,000	\$3.22	\$4.35	\$6.12	\$10.28	\$22.74
\$20,000	\$5.39	\$7.65	\$11.20	\$19.51	\$44.43
Spouse					
\$5,000	\$1.97	\$2.53	\$3.33	\$5.26	\$11.43
\$10,000	\$2.89	\$4.02	\$5.61	\$9.48	\$21.82

BI-WEEKLY BENEFIT COST TOBACCO					
Age	18-29	30-39	40-49	50-59	60+
Employee					
\$10,000	\$3.59	\$4.74	\$8.20	\$19.51	\$40.28
\$20,000	\$6.12	\$8.43	\$15.36	\$37.97	\$79.51
Spouse					
\$5,000	\$2.20	\$2.78	\$4.60	\$7.97	\$19.51
\$10,000	\$3.36	\$4.51	\$8.16	\$14.89	\$37.97

Supplemental Benefits (3 of 3)

Hospital Indemnity

Aflac’s Group Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization, and in some cases, for treatment received for an accident or sickness. Employees can use the benefit to help cover out-of-pocket expenses and extra bills they may incur. Hospital Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

Employees must elect coverage in order to cover a spouse and/or dependent child(ren).

Examples of Benefits	
Hospital Admission	\$1,500 per insured/per calendar year
Daily Hospital Confinement	\$100 per day
Number of Paid Days of Confinement	Maximum of 15 days
Portability of Coverage	Included
Health Screening Benefit	\$75 per insured, once per calendar year

If hospitalized at URMC, then there is a 20% increase in the hospitalization benefit amounts.

Examples of Covered Wellness Exams	
<ul style="list-style-type: none"> Annual wellness exam 	<ul style="list-style-type: none"> Annual lipid panel
<ul style="list-style-type: none"> Biometric screening 	<ul style="list-style-type: none"> Mammography
<ul style="list-style-type: none"> Immunization 	<ul style="list-style-type: none"> Colonoscopy
<ul style="list-style-type: none"> Skin cancer screening 	<ul style="list-style-type: none"> Dental cleaning

BI-WEEKLY BENEFIT COST			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$11.68	\$24.45	\$18.68	\$31.46

Financial Wellness

Financial Wellness

URMC knows that your financial wellbeing is just as important as your physical and mental wellbeing. For this reason, we are partnering with BrightDime to provide to all employees a Financial Wellness Program at no cost to you.

What is Financial Wellness?

The definition of Financial Wellness is having a clear picture of your financial situation, goals for the future and a plan to achieve them. Financial Wellness is also eliminating financial stress so that you can relax and know you are on the right path, while thinking less about your money and more about the things that matter to you.

How Can a Financial Wellness Plan Help?

Through your Financial Wellness Plan with BrightDime, you will have access to:

- Financial Coaching
- Debt / Credit Management
- Budgeting and Spending
- Home Buying
- Student Loans
- Goal Setting and Tracking
- Retirement Planning
- 401(k)
- Saving for College
- Reviewing Financial Data
- Investment Education
- and more

How Do I Get Started?

To set up your Financial Wellness Plan, follow the steps below:

- Access the live link that you will receive in an email from BrightDime to activate your account and create a password
- Answer a few questions to help BrightDime get to know you and your financial profile
- Add your financial accounts to BrightDime so you can see everything in one place

Once you have completed the steps above, you can set goals, view your budget and spending and begin chatting with a coach. You will also receive weekly and monthly emails containing financial summaries, “Bright Ideas” and articles pertaining to Financial Wellness.

How is My Privacy Protected?

Your Financial Security is extremely important. For this reason, BrightDime collects only the information necessary to supply you with a beneficial Financial Planning Service and encrypts all information provided every step of the way. Additionally, none of the information obtained by BrightDime will be shared with URMC nor will it be sold to outside vendors.



Pet Insurance

Pet Insurance

URMC is aware that unexpected medical expenses for all family members, including those of the furry variety, can place a burden on any budget. To help offset the cost of pet related vet and pharmacy expenses, URMC is excited to offer Pet Insurance to all of our employees through Nationwide.

Featuring coverage for all pets, from cats and dogs, to birds, reptiles, guinea pigs and more, Nationwide Pet Insurance offers an array of benefits with different coverage options, while still allowing you to use the vet of your choice.



Coverage Options

Choose the reimbursement option that best suits you and your pet's needs with reimbursement level options in the amount of 50%, 70% and 90% as well as the ability to include Wellness Protection. Each policy includes an annual \$7,500 benefit maximum.

Examples of Covered Services	
• Accidents	• Prescriptions
• Injuries	• Hospitalizations
• Illnesses – Common and Serious/Chronic	• Kennel Fees due to Hospitalizations
• Hereditary and Congenital Conditions	• Death Benefit

What Is the Claims Process?

There are three simple steps for receiving your Pet Insurance Reimbursement:

- Take your pet to the vet and pay for the services rendered
- Submit your claim to Nationwide via the claims website, snail mail, email, fax or the VitusVet app
- Receive your reimbursement via either direct deposit or paper check

***Note:** You will be able to monitor the entire claims process online through the Pet Account Access Page.

How Do I Enroll in Coverage?

Enroll in coverage by either calling Nationwide or accessing the URMC employee enrollment webpage. During your enrollment (either over the phone or online), you will have the ability to review the cost of the plans so that you can select the coverage that best fits your budget. Upon completion of your enrollment, Nationwide will notify HR to begin payroll deductions for your premium payments.



Nationwide Contact Information

Phone: 877.738.7874

Website: www.petinsurance.com/urmc

Work-Life Balance Resources

Mental Health Application – Joyages

URMC recognizes the importance of a healthy mind, which is why we partner with Joyages to provide all URMC employees with a Digital Life Coaching App free of charge. Joyages is a private, user-friendly on-demand app that equips you with tools and resources to help you lead a happier and more fulfilling life.

What's In It For Me?

- 24/7 Access to Resources
- 3-Minute Tutorials
- Stress Coping Tools
- Scientifically-backed Advice
- Digital Therapy
- Personal Development Content

There's an App for That!



Employee Assistance Program (EAP) – UNUM

We all experience times when we need a little help finding a healthy work-life balance. For this reason, URMC provides an EAP free of charge to all eligible employees. When you have questions, concerns or emotional issues surrounding your personal or work life, EAP offers unlimited access to experienced, highly skilled counselors by telephone along with helpful online tools and resources.

What Services Can the EAP Help With?

- **Work through complex, sensitive issues** such as personal or work relationships, depression or grief, drug or alcohol abuse and/or other life stressors.
- **Locate childcare and elder care services** and obtain matches to the appropriate provider based on your preferences and criteria. The consultant will even confirm space availability.
- **Speak with financial experts** by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college and/or preparing for retirement.
- **Get a referral to a local attorney** for a free, 30-minute in-person or telephonic legal consultation.
- **Access Medical Bill Saver service** that can help negotiate out-of-pocket medical and dental expenses over \$400.

How Do I Access My Work-Life Balance Resources?



Joyages and UNUM's EAP are always ready to assist you. You can access these resources 24 hours a day, using the following contact info:

	Phone Number	Web Address
Joyages	1-877-569-2437	www.joyages.com
UNUM EAP	1-800-854-1446	www.unum.com/lifebalance

Travel Assistance Program

Travel Assistance Program

Things can happen on the road. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues at any time of the day or night.

Travel Assistance is provided to you and your covered dependents by URMC at no additional cost to you in connection with your group insurance through Unum.

Security That Travels With You

Whenever you travel 100 miles or more from home – to another country or just another city – be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Just one phone call connects you and your family to medical and other important services 24 hours a day, including:

- Hospital admission assistance
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Passport replacement assistance
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Care and transport of unattended minor children

Contact Info

For more information, please visit www.unum.com/lifebalance or contact Travel Assistance, using the options below:

- Within U.S.: 1-800-872-1414
- Outside U.S.: +609-986-1234
- Email: medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Client Advocate Center

The Client Advocate Center (CAC)

An Employee Benefit Member Advocacy Service, offered through our benefits broker, OneDigital, dedicated to helping you resolve your benefit questions and needs.

Why Would I Call CAC?

- CAC provides personal assistance in the complex world of insurance and healthcare.
- CAC is YOUR centralized solution in resolving your benefit questions and needs.
- CAC will find answers for your personal healthcare questions.
- CAC provides you with the comfort and freedom to manage your daily life while we locate the benefit answers you need and respond to you directly.

CAC will answer questions relating to topics such as:

- Deductibles
- Coinsurance
- Out-of-Pocket Maximums
- Copays
- Covered Benefits
- Benefit Maximums
- Locating In-Network Providers
- Procedures for Inpatient Admissions
- Retail and Mail Order Prescription Benefits
- Requesting ID Cards
- Claim Filings
- Claims Status and Payments
- Life Insurance Benefits
- Disability Benefits and Waiting Periods



1-866-736-6640



service@onedigital.com

Important Terms

Just as we realize that selecting a benefit program that works best for you is an important and personal decision, we also know that the terminology associated with medical insurance can be confusing at times. Please familiarize yourself with some of the terms used to describe features of URMC's benefit programs.

Summary Plan Description (SPD) – A document that contains a description of URMC's Benefit Plans and includes such information as eligibility for participation, schedule of benefits, benefit descriptions, plan exclusions and claim provisions.

Eligible Employee – Employees who are classified as a regular, full-time employee are eligible to participate in any of the plans URMC offers.

Eligible Dependents – Employees of URMC may enroll a spouse or dependent children up to age 26 in the same health plan as elected by the employee.

Network – A group of physicians, hospitals, pharmacies and medical providers that have joined together to offer quality care at a discounted rate. Utilizing network providers saves you money because you are able to benefit from the network discount and still receive the high quality care you expect. You have the choice to visit network or non-network providers; however, out-of-network benefits are not paid at the same rate as the in-network benefits.

Copay – A fixed dollar amount payable as services are rendered by network medical providers. Copayments do not count toward the deductible, but will count toward the out-of-pocket maximum.

Deductible – A dollar amount that must be paid by a plan participant before services covered at a percentage will be paid. For example, if the individual network deductible amount is \$1,400, and a plan participant is scheduled for a surgical procedure that will cost \$2,500, then that participant will be responsible for paying the full \$1,400 deductible portion first. After the deductible has been paid, the service will be covered by co-insurance (below).

Co-Insurance – A percentage of payment that will be applied to covered services after the plan network deductible has been paid. Continuing from the example used to explain the deductible (above), after the \$1,350 network deductible has been paid, a balance of \$1,100 remains for the \$2,500 surgical procedure. If the co-insurance for surgery is 90%, then 90% of the remaining \$1,100 will be paid by insurance (\$990), and the other 10% will be paid by the plan participant (\$110).

Out-of-Pocket – A dollar amount that must be paid before services covered will be paid at 100%. The individual network out-of-pocket maximum amount for the \$1,400 Plan used in the example above is \$4,300. Only coinsurance and copays you pay for the listed services will apply to the maximum. A plan participant must satisfy the full out-of-pocket amount before a plan will pay at 100%.

Premium – The dollar amount plan participants pay each pay period to be a member of one of the benefit programs offered by URMC.

My employment with URMIC has ended – now what?

Health Insurance Coverage Options

URMIC recognizes that the full cost of comprehensive health insurance is expensive; however, it is important for everyone to have coverage. Depending upon an individual's immediate healthcare needs, comprehensive coverage could be more costly than is warranted at this time. URMIC wants to make certain that you have additional information and options available to make an informed decision about your healthcare options. In addition, you have 30 days from termination to port or convert your group life insurance.

Option 1

If you are currently enrolled in the URMIC health plan, you may elect COBRA Continuation of Coverage to maintain your current health insurance coverage for up to 18 months. COBRA premiums represent the full cost of coverage (combined cost of what you paid as an active employee and the amount paid by URMIC on your behalf) plus a two percent administration fee. This option is comprehensive and tends to be the most costly.

If you are eligible for COBRA, you will receive election paperwork from Trustmark's COBRA Department. Please note that you have 60 days to elect COBRA from the date that you receive the election paperwork. No new medical underwriting is required for COBRA, and it is guarantee issue if you elect the coverage and pay the premium.

Option 2

If you are married or under age 26, you may be eligible for coverage under a direct family member's employer-sponsored health plan. Please note, under many plans, the enrollment request must be made within 30 days from the date of your loss of coverage. No new medical underwriting is required for this type of coverage, and it is guarantee issue if you elect the coverage and pay the premium. We recommend that election by your family member be in writing.

Option 3

You may also evaluate individual health plans purchased directly from an insurance carrier. For many individuals, a plan with a lower premium that provides catastrophic coverage may be the best option; however, comprehensive plans are also available.

Please note that medical underwriting is required with the purchase of individual health insurance, and after final underwriting, the carrier reserves the right to adjust the illustrated premiums or deny coverage.

Option 4

If you would like to evaluate your options on your own, we recommend that you begin by utilizing www.healthcare.gov which is designed to assist you with determining each of your options.

Please Note: It is important that you evaluate your options as soon as possible as you have a limited period of time for some of the options to be available to you.

Contact Information

Benefit	Vendor Name	Phone	Website
Medical	Trustmark	1-855-236-6622	www.myTrustmarkBenefits.com
Prescription	MaxorPlus	1-800-687-6710	www.members.maxorplus.com
Health Savings Account	Bank of America	1-800-718-3200	www.myhealth.bankofamerica.com
FSA	WageWorks	1-800-950-0105	www.takecarewageworks.com
Dental	Unum	1-866-679-3054	www.unumdentalcare.com
Vision	Unum	1-866-679-3054	www.unumvisioncare.com
Basic / Vol. Life and AD&D	Unum	1-866-679-3054	www.unum.com
Short-Term Disability	Unum	1-866-679-3054	www.unum.com
Long-Term Disability	Unum	1-866-679-3054	www.unum.com
Voluntary Products: Accident, Critical Illness, Hospital Indemnity	Aflac	1-800-433-3036	www.aflacgroupinsurance.com
Financial Wellness	BrightDime	1-704-943-5550	www.brightdime.com Email: contact@brightdime.com
Pet Insurance	Nationwide	1-877-738-7874	www.petinsurance.com/urmc
Mental Health Application	Joyages	1-877-569-2437	www.joyages.com
EAP	Unum	1-800-854-1446	www.unum.com/lifebalance
Travel Assistance	Assist America (through Unum)	1-800-872-1414	www.unum.com
Benefit Questions / Claims Help	Client Advocate Center	1-866-736-6640	Email: service@onedigital.com



UPSON
Regional Medical Center