

2021

Employee Benefits Guide



South
Peninsula
Hospital



At South Peninsula Hospital we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

**The benefits in this summary are effective:
July 1, 2021 - June 30, 2022**

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Who Can You Cover?



WHO IS ELIGIBLE?

Employees who are 1.0 FTE to .5 FTE (or .45 FTE if a 12 hour scheduled employee) are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental, vision and dependent life plans.

Your spouse

- The person you are legally married to under state law, including a same-sex spouse.

Your children

- Under the age of 26 are eligible to enroll in medical, dental and vision coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
- Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
- Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHEN CAN I ENROLL?

Employees are eligible for benefits the 1st of the month following 30 days from date of hire.

If you do not make an election within 30 days of becoming eligible, you will not be able to enroll until the next open enrollment, unless you experience a qualifying life event.

Open enrollment is the one time each year that you can make benefit changes without a qualifying life event. Notify Human Resources within 60 days if you have a qualifying life event and need to change (add or drop) your benefit election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

HOW DO I ENROLL?

- Visit <https://enroll.benefitsconnect.net/sph>.
- Username is your last name (up to 6 characters) + first initial + last 4 of SSN, all lower case. If your last name is less than 6 characters, it is your full last name + first initial + last 4 of SSN.
- Password is your full SSN (no dashes). You will be prompted to change it when you log in.

Cost of Coverage – Per Pay Period



	Premera Core Medical Plan		Premera Buy-Up Medical Plan	
	.8 – 1.0 FTE	< .8 FTE	.8 – 1.0 FTE	< .8 FTE
	Employee Only	\$36.22	\$54.33	\$85.67
Employee + Spouse	\$141.79	\$212.69	\$167.69	\$228.67
Employee + Child	\$105.98	\$158.97	\$125.34	\$170.91
Employee + Children	\$116.94	\$175.40	\$138.29	\$188.58
Employee + Family	\$190.33	\$285.50	\$225.10	\$306.95

	Premera Dental Plan		Premera Vision Plan	
	.8 – 1.0 FTE	< .8 FTE	.8 – 1.0 FTE	< .8 FTE
	Employee Only	\$8.18	\$10.22	\$2.65
Employee + Spouse	\$16.00	\$20.00	\$5.19	\$6.49
Employee + Child	\$11.96	\$14.95	\$3.88	\$4.85
Employee + Children	\$13.21	\$16.51	\$4.29	\$5.36
Employee + Family	\$21.48	\$26.85	\$6.98	\$8.72

Cigna Voluntary Life Plan			
Employee & Spouse Rates per \$1,000 of Benefit			
Age 29 & Younger	\$0.065	50 - 54	\$0.410
30 - 34	\$0.087	55 - 59	\$0.670
35 - 39	\$0.108	60 - 64	\$0.845
40 - 44	\$0.152	65 - 69	\$1.473
45 - 49	\$0.260	70 - 74	\$2.383
Child Life Rate per \$1,000 of Benefit		\$0.200	

Medical

We are pleased to offer you the choice between two medical plans with Premera.

	Premera Core Plan		
	South Peninsula Hospital Providers	Premera Preferred and Participating Providers	Out-of-Network Providers
Calendar Year Deductible			
Individual	\$500	\$500	\$1,500
Family	\$1,500	\$1,500	\$4,500
Out-of-Pocket Max			
Individual	\$5,000	\$5,000	\$10,000
Family	\$7,500	\$7,500	\$17,500
Lifetime Max	Unlimited	Unlimited	Unlimited
Primary Provider and Specialist Office Visits	\$30 copay then Plan pays 100%	\$35 copay then Plan pays 100%	Plan pays 60% after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100% up to \$1,000 then Plan pays 60%
Diagnostic Lab/X-ray	\$30 copay then Plan pays 100%	\$35 copay then Plan pays 100%	Plan pays 60% after deductible
Complex Imaging	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan 60% after deductible
Urgent Care	Freestanding Center: \$30 copay then plan pays 100% Hospital based: \$150 copay then plan pays 80% after deductible	Freestanding Center: \$35 copay then plan pays 100% Hospital based: \$150 copay then plan pays 80% after deductible	Freestanding Center: Plan pays 60% after deductible Hospital based: \$150 copay then plan pays 80% after deductible
Emergency Room	\$150 copay then Plan pays 80% after deductible (copay waived if admitted)	\$150 copay then Plan pays 80% after deductible (copay waived if admitted)	\$150 copay then Plan pays 80% after deductible (copay waived if admitted)
Inpatient Hospitalization	Plan pays 80% after deductible	\$250 copay then Plan pays 70% after deductible	\$500 copay then Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan 60% after deductible
Mental Health Outpatient			
Outpatient	\$30 copay then Plan pays 100%	\$30 copay then Plan pays 100%	Plan pays 60% after deductible
Inpatient	Plan pays 80% after deductible	Plan pays 80% after deductible	\$500 copay then Plan pays 60% after deductible
Chiropractic Care Up to 12 visits per year	\$30 copay then Plan pays 100%	\$35 copay then Plan pays 100%	Plan pays 60% after deductible

Medical

	Premera Buy-Up Plan		
	South Peninsula Hospital Providers	Premera Preferred and Participating Providers	Out-of-Network Providers
Calendar Year Deductible			
Individual	\$250	\$250	\$750
Family	\$750	\$750	\$2,250
Out-of-Pocket Max			
Individual	\$2,750	\$2,750	\$4,750
Family	\$5,750	\$5,750	\$9,250
Lifetime Max	Unlimited	Unlimited	Unlimited
Primary Provider and Specialist Office Visits	\$20 copay then Plan pays 100%	\$25 copay then Plan pays 100%	Plan pays 70% after deductible
Preventive Services	Plan pays 100%	Plan pays 100%	Plan pays 100% up to \$1,000 then Plan pays 70%
Diagnostic Lab/X-ray	\$20 copay then Plan pays 100%	\$25 copay then Plan pays 100%	Plan pays 70% after deductible
Complex Imaging	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Urgent Care	Freestanding Center: \$20 copay then plan pays 100% Hospital based: \$100 copay then plan pays 90% after deductible	Freestanding Center: \$25 copay then plan pays 100% Hospital based: \$100 copay then plan pays 90% after deductible	Freestanding Center: Plan pays 70% after deductible Hospital based: \$100 copay then plan pays 90% after deductible
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Inpatient	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Chiropractic Care Up to 12 visits per year	\$20 copay then Plan pays 100%	\$25 copay then Plan pays 100%	Plan pays 70% after deductible

Prescription Drugs



If you enroll in either Premera medical plan, you will automatically receive coverage for prescription drugs.

	Premera Core Plan		Premera Buy-Up Plan	
	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*
Pharmacy				
Generic	\$20 copay then Plan pays 100%	\$20 copay then Plan pays 100%	\$10 copay then Plan pays 100%	\$10 copay then Plan pays 100%
Preferred Brand	\$30 copay then Plan pays 100%	\$30 copay then Plan pays 100%	\$20 copay then Plan pays 100%	\$20 copay then Plan pays 100%
Non-preferred Brand	\$60 copay then Plan pays 100%	\$60 copay then Plan pays 100%	\$40 copay then Plan pays 100%	\$40 copay then Plan pays 100%
Supply Limit	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$20 copay then Plan pays 100%	Not covered	\$10 copay then Plan pays 100%	Not covered
Preferred Brand	\$30 copay then Plan pays 100%	Not covered	\$20 copay then Plan pays 100%	Not covered
Non-preferred Brand	\$60 copay then Plan pays 100%	Not covered	\$40 copay then Plan pays 100%	Not covered
Supply Limit	Up to 90 days	N/A	Up to 90 days	N/A

Mail Order

The mail order option allows you to purchase your prescriptions in 90-day quantities for the same copay as a 30-day supply at the pharmacy. For information about the mail order program, go to www.premera.com.

***Non-participating Pharmacies**

When you fill a prescription at a non-participating pharmacy, you will pay the full price for the drug and submit a claim for reimbursement. Prescriptions filled at a non-participating pharmacy are subject to the 'Allowable Charge' which means you may owe more than the copay if the cost of the drug exceeds the allowable charge.

Health Reimbursement Arrangement (HRA)

If you are enrolled in either Premera medical plan, you will receive a Health Reimbursement Arrangement (HRA) administered by ConnectYourCare through Premera. South Peninsula Hospital funds the HRA and you are able to use the funds to pay for any eligible medical, dental and vision expenses incurred that would otherwise be out-of-pocket.

When you incur an eligible expense, you may use your HRA debit card to pay for the expense or submit a claim to ConnectYourCare for reimbursement. The following qualified expenses are generally eligible for payment with your HRA:

- Out-of-pocket expenses including copayments, coinsurance and deductibles associated with standard medical, dental and vision services.

	Premera Core Medical Plan Enrollees	Premera Buy-Up Medical Plan Enrollees
Calendar Year HRA Contribution	\$2,000	\$1,500

The full SPH contribution is available January 1st. Any unused HRA funds at the end of the calendar year will not roll over to the next year. When you leave employment or are no longer enrolled in this plan, the money in the HRA stays with South Peninsula Hospital.

Premera Information

How to Find Premera Providers

- Go to www.premera.com, use the Premera mobile app or call 800.508.4722.
- Online, you will need to log in or register on the site if you haven't already done so.
- Our medical network is 'Heritage Plus'.

Premera Nurseline

When your health question can't wait, you can call Premera's 24 hour Nurseline at 800.841.8343. When you call the Nurseline, you can speak to a registered nurse about health issues at any time, day or night. The call is free, confidential and you can call as many times as you need to.

Premera Online

Premera's self-service website provides members with a single source for online health and benefits information 24/7. Members can view/print a digital ID card, view benefit plan information, find forms, contact Premera directly and access health and wellness information. Premera online also provides access to claims activity. This information is also available with the Premera mobile app.

Premera Health Help

When a health crisis hits you or your family, it's easy to get overwhelmed. There are many things to learn, resources to find, and systems to juggle—all at a time when all you want is for you or your family to feel better.

Premera's licensed healthcare professionals work with you and your healthcare providers as a single point of contact to get answers to your questions and advocate on your behalf. We can help you find providers, coordinate care with your doctors or find resources to help you with things that may not be covered by your health plan. We can also help locate community resources to support both the patient's and caregiver's needs.

For help with a complex medical situation, call 888.742.1479 or email healthhelp@premera.com.

Virtual Care

The Premera virtual health network provides easy-to-access, board-certified, quality care for your primary care, urgent care and mental health care needs that saves you time and money. Time and location don't limit your access to service. This network of virtual care options is available as part of your medical plan.

dr+ on demand – Provides general medicine, urgent care and behavioral health video appointments 24/7.

myCare Alaska - Provides 24/7 general medicine and urgent care via private text or convert to video chat.

talkspace – Privately connect to therapists and psychiatrists by video and text.



Medical Travel Support Program

Premera's Medical Travel Support benefit reimburses you for approved travel expenses when you travel for qualified medical procedures at pre-approved medical facilities outside of Alaska. Approved travel expenses are partly covered for both you and a travel companion. In addition, the deductible and coinsurance are waived when you receive an eligible procedure at a qualified facility.

What Are the Benefits of the Medical Travel Support Program?

- Deductible and coinsurance are waived for approved procedures
- Round trip airfare is reimbursed for you and a companion
- Hotel reimbursed up to \$50 per person per day (up to 10 nights outpatient and 20 nights inpatient)
- Rental cars, taxis, parking and other transportation services are reimbursed up to \$35 per day
- Ferry is reimbursed up to \$50 per person per day each way

What You Need to Know

- Pre-approval of medical travel is required
- Travel must be to a pre-approved facility outside Alaska
- Westgate Travel can be used to make travel arrangements. There is a \$40 refundable fee for using their services. You can also make your own arrangements and submit all required receipts for reimbursement.
- Premera partners with pre-approved facilities that specialize in specific procedures not available locally.
- Food is not a reimbursable expense

Eligible Procedures

This program is available for a wide variety of procedures. You must receive pre-approval from Premera before obtaining any Medical Travel procedure. Below is a partial list of eligible procedures:

- Repair detached retina
- Major cardiovascular procedures
- Dysrhythmia focus ablation
- Ear drum repair
- Cardiac Defibrillator
- Coronary bypass with cardiac catheterization
- Removal of plaque build-up in the major neck arteries

Pre-Approved Facilities

Premera has selected renowned hospitals and facilities for care in our region. We recommend working you're your local provider to choose the best facility for your procedure. For pre-approval or for a complete list of approved procedures and facilities, contact Premera Medical Travel Program at 800.508.4722. For travel arrangements, contact Westgate Travel at 800.877.3778.

Dental and Vision

We are pleased to offer dental and vision plans with Premera. These plan allow you to seek care from any licensed provider but you will have lower out-of-pocket expenses when you visit a network provider. If you visit a non-network provider, services will be paid at the same benefit level as network providers but you will be responsible for amounts above the allowable charge in addition to any applicable deductible and coinsurance.

	Premera Dental Plan	
	Network Providers	Non-Network Providers
Calendar Year Deductible	\$100 per person up to a family maximum of \$300	\$100 per person up to a family maximum of \$300
Annual Plan Maximum	\$3,000	\$3,000
Diagnostic and Preventive	Plan pays 100%	Plan pays 100% of allowed amount
Basic Services Fillings, Periodontics, Simple Extractions	Plan pays 80% after deductible	Plan pays 80% of allowed amount after deductible
Major Services Bridges, Dentures, Crowns	Plan pays 50% after deductible	Plan pays 50% of allowed amount after deductible

Pre-Treatment Estimate

Before beginning extensive dental work, it is STRONGLY recommended that you have your dentist obtain a pre-treatment estimate from Premera.

Frequency Limitations

Dental benefit contracts include limits on how frequently certain services are covered. Services with frequency limitations include routine exams and cleanings, x-rays, periodontal work and crown replacement. Please refer to your plan booklet for limitations.

	Premera Vision Plan	
	Network Providers	Non-Network Providers
Examination		
Benefit	Plan pays 100% up to \$100	Plan pays 100% of allowed amount up to \$100
Frequency	1 x every 24 months	1 x every 24 months
Materials		
Benefit	Plan pays 100% up to \$400	Plan pays 100% of allowed amount up to \$400
Frequency	1 x every 24 months	1 x every 24 months

How to Find Premera Dental and Vision Providers

- Go to www.premera.com, use the Premera mobile app or call 800.508.4722.
- Online, you will need to log in or register on the site if you haven't already done so.
- Our dental network is 'Dental Choice'. For vision, browse the vision care directory.

Flexible Spending Account (FSA)



A Flexible Spending Account lets you set aside pre-tax money through payroll deductions to be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year.

You can elect an amount up to the annual healthcare and/or dependent care maximum. This amount will be deducted from your paycheck in equal installments throughout the plan year. Once you incur a qualified expense, you can request reimbursement from your FSA or use your FSA debit card at time of service. Your full healthcare FSA annual election is available from the first day of the plan year. Dependent care FSA funds are only available after it is placed into your dependent care FSA account.

By participating in an FSA, you reduce your taxable income, which means you have more money to spend. And reimbursements from your FSA accounts are tax-free. The catch is that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. Premera administers this program.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending between the healthcare and dependent care accounts.
- Expenses must be incurred between 7/1/2021 and 6/30/2022 and submitted no later than 09/30/22.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for eligible expense incurred by you, your spouse, and your tax dependents only. Your spouse or tax dependent children do not have to be covered on the South Peninsula Hospital health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.

HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental and vision costs, including plan deductible, copays, coinsurance and other non-covered healthcare costs for you and your tax dependents.

2021 Limit: \$2,750

DEPENDENT CARE FSA ACCOUNT

Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan.

2021 Limit: \$5,000 per household

Life and AD&D Insurance



If you have loved ones who depend on your income for support, having life and accidental death (AD&D) insurance can help protect your family's financial security. Age may affect coverage levels.

BASIC LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident.

Basic Life and AD&D benefits are provided through Cigna. Enrollment is automatic and the cost of coverage is paid in full by the South Peninsula Hospital.

Basic Life and AD&D Coverage	
Employee	1 x salary rounded to the next \$5,000, plus \$5,000 up to a maximum of \$200,000
Spouse and Child	\$1,000

Taxes: A life insurance benefit of \$50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

VOLUNTARY LIFE

You have the opportunity to purchase Voluntary Life Insurance if you need additional insurance to protect your family's financial security. Coverage is provided through Cigna.

Voluntary Life Coverage	
Employee	Increments of \$10,000 up to the lesser of 5x annual salary or \$500,000
Spouse	Increments of \$5,000 up to the lesser of 50% of employee amount or \$50,000
Child(ren)	\$5,000 up to a maximum of \$5,000

Evidence of Insurability: If you elect voluntary life insurance when you and/or your spouse are first eligible, you can request up to \$50,000 for yourself and \$25,000 for your spouse without providing evidence of insurability. If you request coverage for yourself or spouse after you are first eligible, you will need to submit evidence of insurability for all amounts of coverage requested.

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Disability Insurance



If you become disabled and cannot work, no benefit becomes more important to your financial security than disability income protection. Protecting your income stream can provide you and your family with peace of mind.

LONG-TERM DISABILITY INSURANCE (LTD)

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a period of time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

Long-Term Disability coverage is provided through Cigna. Enrollment is automatic and South Peninsula Hospital pays the full cost of coverage.

Long Term Disability Coverage	
Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	\$7,500
Benefits Begin After	180 days of disability
Maximum Payment Period*	Social Security normal retirement age

*The age at which the disability begins may affect the duration of the benefits.

Note: Short-Term Disability insurance can be purchased through Colonial Life. Please see the 'Additional Benefits' on page 13 for more information

Additional Benefits

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program through SupportLinc can help. Enrollment is automatic and South Peninsula Hospital pays the full cost of your coverage for you and your household members.

The program provides you and your household members up to 8 in person visits per issue with a licensed counselor. Call to request a referral. In addition, the program includes confidential assistance from trained counselors with issues including:

- Stress, Anxiety and Depression
- Substance Abuse
- Grief and loss
- Relationship and Parenting Issues
- Work/life Balance
- Legal and Financial Services Referrals
- Child Care and Elder Care Referrals

Help is available 24/7, 365 days a year by phone at 888.881.5462. Other resources are available online at www.supportlinc.com (username: sphosp). Video and web chat counseling sessions are available on the SupportLinc website. Support is also available on the eConnect mobile app.

VOLUNTARY SUPPLEMENTAL BENEFITS – COLONIAL LIFE

We are pleased to provide you with the opportunity to purchase supplemental benefits through Colonial Life. These plans are designed to help cover the out of pocket expenses related to health insurance as well as paycheck protection if you're not able to work because of an illness or injury. These cash benefits are paid directly to you and there is no coordination of benefits with your health insurance or other plans.

Short Term Disability Insurance

Provides income replacement to help make ends meet if you are unable to work due to a covered injury or sickness. This coverage helps you to maintain your lifestyle and day-to-day bills.

Accident

Helps offset the unexpected medical expenses, such as deductibles and copayments that can result from a fracture, dislocation, or other covered accidental injury.

Life Insurance (Term Life, Whole Life, and Universal Life policies available)

Enables you to tailor coverage for your individual needs and helps provide financial security for your family members. A helpful rule of thumb to determine the amount of life insurance you may need is to multiply your current salary by five to eight years.

Cancer Coverage

Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

Critical Illness Coverage

Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

Rates and enrollment information are provided by Colonial Life. For questions, contact Brian Murphy at 206.372.5157 or Brian.Murphy@ColonialLifeSales.com.

PERSONAL TIME OFF (PTO)

PTO begins accruing upon calculation of a regular employee's first paycheck. PTO may not be used until completion of the employee's first 640 hours of successful employment. PTO is earned based on the number of hours worked; with an accrual no less than an employee's designated FTE. PTO cap is 400 hours.

Each regular employee covered under this Agreement may use accrued paid time off in increments of not less than fifteen (15) minutes which must be scheduled with the consent of the Employer. Approval for use of PTO is contingent on a reasonable expectation that the employee will have sufficient PTO accrued to cover the absence. All personal leave hours shall be paid at the regular employee's base rate of pay.

Requirements: Status of 1.0 FTE to no less than a .50 FTE (.45 FTE if a 12-hr scheduled employee).

HOLIDAYS

South Peninsula Hospital observes the following holidays:

- New Year's Day - January 1
- Memorial Day - Last Monday in May
- Independence Day - July 4
- Labor Day - First Monday in September
- Veteran's Day - November 11
- Thanksgiving - Fourth Thursday in November
- Day After Thanksgiving - Fourth Friday in November
- Christmas Day - December 25

SICK LEAVE

Sick leave is earned at a rate equal to .030768 times the hours regularly scheduled to be worked for regular full-time employees and all hours actually worked or equivalent to regular part-time employees designated FTE.

Sick leave begins accruing upon calculation of a regular employee's first paycheck. Sick leave may not be used until completion of the employee's first 640 hours successful employment. This bank is to be used for illness or injury.

For the first 16 hours of work missed because of sickness or accident, employees will be required to use PTO, any days missed thereafter sick leave will be used. For absence due to hospitalization, elective outpatient surgery, or on-the-job injury (Workers' Compensation) or an infectious disease, sick leave will be paid beginning with the first 8 hours of work missed. The bank cap is 400 hours.

EXTENDED ILLNESS BANK (EIB)

EIB is a benefit for those employees who have accrued hours beyond the 400 hour cap of their sick leave bank. Once the cap is reached, additional sick leave hours will accrue to the individual employee's EIB. The accrual rate matches the accrual rate of regular sick leave.

CONVERSION OF SICK LEAVE/EXTENDED ILLNESS BANK AT RETIREMENT

Upon retirement under the early retirement, normal retirement, or disability retirement provisions of the Hospital's Pension Plan or 403(b) plan, as may be applicable, hours remaining in the employee's sick leave or extended illness bank shall be added to the employee's hours of service for calculation of retirement benefits.

RETENTION BONUS

In the last payroll period of each calendar year, all non-probationary, regular and casual employees on the payroll at that time, shall be paid a retention bonus not to exceed \$1,000.00.

403(b) RETIREMENT PLAN - UNION

This is a retirement program offered to union members age 19 and older, who are full or part time working at least 1,000 hours or more per year. The employer will match 2% of employee's contributions, up to \$5,800 annually. There is also a 4% non-elective employer contribution up to \$11,600.

403(b) RETIREMENT PLAN - NON-UNION

This is a retirement program offered to non-union employees, age 21 and older, working full or part time at least 1,000 hours per year. The employer will match 4% of employee's contributions, up to \$5,800 annually. There is also a 2% discretionary non-elective employer contribution.

457 PLAN

The 457(b) Deferred Compensation Plan is available to eligible employees who are selected by the Employer from a select group of management or Highly Compensated Employees (HCEs). This group shall include physicians and other HCEs. Eligible staff in the 457(b) are also eligible to invest in the 403(b) plan.

CONTINUING EDUCATION

Continuing Education and work related training may be paid for by the employer for certain classifications and based on availability of funding.

PROFESSIONAL ASSOCIATION FEES

Non Union employees may receive up to \$500 annually for Professional Association Fees contingent upon availability of funding.

STUDENT LOAN FORGIVENESS

Student Loan Forgiveness may be paid for by the employer for certain classifications and based on availability of funding.

TUTION REIMBURSEMENT

The Employer shall pay a fifty percent (50%) educational reimbursement to regular employees who meet certain conditions.

WELLNESS PLAN

SPH encourages all employees to develop and maintain a healthy lifestyle. The Wellness 50% Reimbursement program supports a wide variety of choices by reimbursing you \$0.50 for every \$1.00 you spend of eligible purchases, up to a maximum of \$500 dependent upon your job classification. Purchases must be made by and for the individual employee and equipment/devices must be purchased new from a retail outlet. Eligible purchases include:

- Activity Membership/Fees
- Alaska Grown Livestock, Poultry, Wild Game
- Athletic Shoes

- Community Supported Agriculture
- Exercise Equipment
- Exercise/Fitness Program or Class
- Health Club/Gym Membership Fees
- Light Therapy Box
- Nutrition Consultation with RDN
- Shoes for Crews
- Sports and Athletic Equipment
- Wearable Fitness Device
- Weight Loss or Control Program
- Wellness Class/Program
- Wild Alaska Salmon

The following are **not** covered under the Wellness Program: massage therapy, rolfing, or any other alternative health therapies (some alternative therapies may be covered through your Flexible Spending Account with an order from a healthcare provider).

Requirements: Be an employee of SPH

Additional Assistance

BENEFIT ADVOCATE

South Peninsula Hospital offers you confidential access to Alliant's Benefit Advocates.

benefitsupport@alliant.com

800-489-1390

Hours: 4:00 am - 4:00 pm AKT, Monday – Friday

Benefit Advocates are highly-trained professionals with extensive insurance industry experience who are available to assist you with your benefit related questions during open enrollment and throughout the year. If you have questions or need assistance resolving complex issues such as claims payments or appeals, a Benefit Advocate can help you and your covered family members.

You can call toll-free from anywhere in the U.S. or Canada. All calls are confidential. Your Benefit Advocate will track your issue through completion to make sure that it is resolved.

Benefit Advocates are a service provided by Alliant Employee Benefits.

Look-Back Measurement Method

You and your dependents are eligible for the medical plan if you are a full-time employee. A full-time employee is generally an employee who works on average 130 hours per month, as defined by the ACA. Hours that count toward full-time status include each hour for which an employee is paid or entitled to payment for the performance of duties for the employer, and each hour for which an employee is paid or entitled to payment for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence. ACA full-time status can affect or determine medical benefits eligibility but is not a guarantee of benefits eligibility. South Peninsula Hospital uses the look-back measurement method to determine whether an employee meets this eligibility threshold.

New employees hired to work full-time

If you are a new employee hired to work at least 30 hours a week/130 hours a month, you will be offered medical benefits 1st of Month following 60 days.

New employees hired to work a variable hour or seasonal schedule

If you are hired into a part-time position, a position where your hours vary and South Peninsula Hospital is unable to determine — as of your date of hire — whether you will be a full-time employee (work on average 130 or more hours a month), or you are hired as a seasonal employee who will work for six (6) consecutive months or less (regardless of monthly hours worked), you will be placed in an Initial Measurement Period (IMP) of 12 months to determine whether you are a full-time employee.

Your 12-month IMP will begin on the first of the month following your date of hire and will last for 12 months. If, during your IMP, you average 30 or more hours a week over that 12 month period, you will be full time and, if otherwise eligible for benefits, you will be offered coverage by the first of the second month after your IMP ends.

Your full-time status will remain in effect during an associated stability period that will last 12 months from the date that status is determined. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

Ongoing employees

South Peninsula Hospital uses the look-back measurement method to determine medical plan eligibility for ongoing employees. An ongoing employee is an individual who has been employed for an entire Standard Measurement Period (SMP). A SMP is the 12 month period of time over which South Peninsula Hospital counts employee hours to determine which employees work full-time.

An employee is deemed full-time if he or she averages 130 or more hours a month over the 12 month SMP. Those employees who average 130 or more hours a month over the 12 month SMP will be full-time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the SMP. Full-time status will be in effect for a 12 month stability period. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered continued coverage under COBRA.

South Peninsula Hospital uses the standard measurement period and associated stability period annual cycle set forth below.

Measurement Period: Time to determine if you work 130+ hours per month on average – used to establish if you are "full-time" or "part-time" for medical eligibility	May 1 – April 30
Stability Period: Time during which you will be considered "full-time" or "part-time" for medical plan eligibility - based on hours worked during preceding Measurement Period	July 1 – June 30

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are in the Annual Notices booklet. Notices include:

- [Medicare Part D Notice](#)
Describes options to access prescription drug coverage for Medicare eligible individuals.
- [Women's Health and Cancer Rights Act](#)
Describes benefits available to those that will or have undergone a mastectomy.
- [Newborns' and Mothers' Health Protection Act](#)
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- [HIPAA Notice of Special Enrollment Rights](#)
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- [HIPAA Notice of Privacy Practices](#)
Describes how health information about you may be used and disclosed.
- [Premium Assistance Under Medicaid and the Children's Health Insurance Program \(CHIP\)](#)
Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

CURRENT PLAN DOCUMENTS

Important documents for our benefit plans are available from Human Resources and include:

Summary Plan Descriptions (SPD)

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available:

- Premera Core Medical Plan
- Premera Buy-Up Medical Plan

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources.

Summary of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to South Peninsula Hospital Group Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices for more details.

Plan Contacts



For information about your benefits, you can contact our benefit carriers directly or reach out to Human Resources at HR@sphosp.org or 907.235.0386.

Plan Type	Provider	Phone Number	Website/Email	Policy/Group #
Medical	Premera	800.508.4722	www.premera.com	4006590
Nurseline	Premera	800.841.8343	N/A	4006590
Medical Travel	Premera	800.508.4722	www.premera.com	4006590
Health Reimbursement Arrangement (HRA)	Premera	800.941.6121	www.premera.com	4006590
Dental	Premera	800.508.4722	www.premera.com	4006590
Vision	Premera	800.508.4722	www.premera.com	4006590
Flexible Spending Account	Premera	800.941.6121	www.premera.com	4006590
Life/AD&D	Cigna	800.331.9548 For Claims: 800.362.4462	www.cigna.com	FLX968019/ OK969503
Long Term Disability	Cigna	800.331.9548	www.cigna.com	BK960180
Employee Assistance Program	SupportLinc	888.881.5462	www.supportlinc.com	Username: sphosp
Supplemental Benefits	Colonial	206.372.5157	Brian.Murphy@ColonialLifeSales.com	N/A