

Your 2021 Benefits Guide

 YUMA REGIONAL MEDICAL CENTER

CARING FOR
 *our*
HEALTHCARE
HEROES



Welcome to your 2021 benefits program

At Yuma Regional Medical Center (YRMC), we’re committed to helping you and your family enjoy the best possible physical, financial, and emotional wellbeing. We also recognize that employee benefits play a big part in helping you achieve your health and financial goals, which is why we provide you with a comprehensive, flexible benefits package designed to meet your individual needs.

Think like a consumer. When you are a smart health care shopper — by living healthy, receiving preventive care, and understanding the cost of different care options — you’re able to better manage your health and your spending. This helps build a stronger future for you and YRMC.

Take action. We encourage you to review this 2021 benefits guide carefully so that you understand what’s available and can choose the coverage that is right for yourself and your family. Then be sure to enroll during the enrollment period to ensure you receive the coverage you want.

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We're making some important changes to our benefits program for 2021, including:

- Dental program will be administered by United Concordia using the Elite Plus provider network.
- Flexible Spending Accounts will be administered by HSA Bank.

Eligibility

All regular full-time employees who work at least 60 hours per pay period are eligible to receive YRMC benefits. Your benefits become effective on your date of hire as long as you are eligible. You may also enroll your eligible dependents for coverage. Your eligible dependents include:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency, or marital status
- Children who are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return, may continue coverage past age 26

New hires

All elections you make as a new hire will take effect on the first day of employment. Please allow 2–3 weeks for your benefits information to arrive in the mail.

Qualified Life Events

Generally, you may only change your benefit elections during the annual enrollment period. However, you may change your benefit elections during the year if you experience a Qualified Life Event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change of employment status by you or your spouse
- Loss or gain of other coverage
- Qualification by the plan administrator of a Medical Child Support Order

You must notify Human Resources within 30 days of the Qualified Life Event. Depending on the type of event, you may need to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual Open Enrollment period to make changes unless you experience another Qualified Life Event.

Dependent Eligibility Verification:

You will be required to provide documentation to support the eligibility of any dependent you elect to enroll in a YRMC benefit plan. Examples of documents that can support the dependents eligibility includes:

- Birth certificate
- Marriage certificate
- Affidavit

How to enroll

To make your enrollment selection, go to **Infor** and click on the **Benefits** icon.

What you will need for dependents and beneficiaries:

- Social Security number(s) for all enrollees
- Date(s) of birth for all dependents, spouse, or domestic partner
- Current addresses for all enrollees
- Phone number(s) for beneficiaries

Don't forget to print a copy of your benefits summary report for your records. This is your enrollment confirmation.

QUESTIONS?

If you need help with your elections, or have questions, email a benefits representative at: benefits@yumaregional.org.

What happens if you don't enroll?

If you do not take action during your enrollment period, your current benefits will continue into 2021, with a few exceptions.

You must re-enroll in the following benefits if you want to participate in 2021 — your current elections in these benefits will not automatically carry over:

- Health Savings Account contributions
- Health Care Flexible Spending Account (FSA)
- Dependent Care FSA

You also must take action if you want to make changes to your current benefits.



HEALTH

Quality health coverage is one of the most valuable benefits you enjoy as a YRMC employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of an illness or injury.

Medical plans

For 2021, you have a choice of two medical plans with a range of coverage levels and costs. This gives you the flexibility to choose what fits your needs and budget.

2021 medical plan options

- **PPO Plan**, PPO Plan, a preferred provider organization plan has a lower deductible than the Health Savings Plan but with a higher premium contributions per paycheck.
- **Health Savings Plan (HSP)**, Health Savings Plan (HSP), a consumer directed health plan that puts you in charge of your spending through lower premium contributions, higher deductibles, and a tax-free Health Savings Accounts (HSA).

Key features

Both of YRMC's medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services
- Flexibility to see any provider you want, although in most cases your benefits are greater (and your out-of-pocket expenses less) when you see a network provider
- In-network preventive care, with services such as annual physicals, recommended immunizations, well-woman and well-child exams, flu shots, and routine cancer screenings are covered at 100%
- In-network telehealth option. You'll have 24/7/365 access to care across the country, plus the opportunity to lower medical costs due to cost avoidance and engagement via telecommunications technology (phone, web video, email, etc.).

- Prescription drug coverage included with each medical plan through CVS Caremark
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year*
- Choice of four coverage levels: Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Domestic Partner ** or Family

* Once you reach the Individual, Employee + Spouse, Employee + Child, or Family in-network or out-of-network out-of-pocket maximum in any calendar year, either plan will pay 100% of additional covered in-network or out-of-network expenses you or your covered family members incur during the rest of that year, as applicable, and subject to plan rules. The out-of-pocket maximum, however, does not include penalties (such as late cancellation fees for doctor's appointments).

** Unless a domestic partner meets the IRS Code definition of a tax dependent for health coverage purposes, the fair market value of any employer-provided health coverage is considered taxable income to the employee.

Find a Provider

When you enroll in either plan, you have a total of three tiers within each plan.

- **Tier 1** providers include YRMC and the Southwest Health Collaborative providers. Visit www.swhealthcollaborative.org to see the network of providers in this tier. Tier 1 is the most cost-effective level of providers in which to seek care.
- **Tier 2** is the BlueCross BlueShield of Arizona (BCBSAZ) network, which is also a great network with nationwide providers. Visit www.myhealthtoolkitaz.com to see the network of providers in this tier.
- **Tier 3**, or better known as out of network, would be any providers that are not in Tier 1 or Tier 2. If you travel out of the country and need medical services, you would be paying at an out-of-network level.





Which plan is right for you?

Consider which plan features are most important to you. Do you want to:	PPO Plan	Health Savings Plan
Pay less out of each paycheck but have higher out-of-pocket costs when you need care?		✓
Have the ability to save for future medical costs by opening and contributing to a tax-free Health Savings Account with no “use it or lose it” rule?		✓
Pay more out of each paycheck for coverage with lower out-of-pocket costs for services?	✓	

Telemedicine Services

With MyTeleCare, Yuma Regional Medical Center is excited to bring quality healthcare to you anytime, anywhere via mobile app or video—at work, in the comfort of your home and even while traveling. Once you register for MyTeleCare, you will have access to our network of U.S. board-certified providers. Our providers can diagnose, treat and prescribe medication for your nonemergency conditions. This includes treatments for the flu, sore throat, eye infections, bronchitis, and much more. Whenever you need care, our providers are available within minutes. Download the MyTeleCare app or visit www.mytelecare.org to set up your account today. Use code PPO or HSP according to your medical plan.

Diabetes Management Program

Livongo is for individuals with diabetes and is available to employees and their dependents that enroll in a medical plan. Livongo uses smart, connected devices, personalized digital guidance, and 24 / 7 / 365 access to health professionals to make it easier for those with diabetes to stay healthier. For more information and to register, visit www.welcome.livongo.com/yumaregional and use code YUMAREGIONAL.

Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any “silent” problems early, when they’re most likely to be treatable. Most in-network preventive services are covered in full, so there’s no excuse to skip them.

- **Have a routine physical exam each year.** You’ll build a relationship with your provider and can reduce your risk for many serious conditions.
- **Get regular dental cleanings.** Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- **See your eye doctor at least once every two years.** If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

Compare medical plans

The chart below provides a comparison of key coverage features and costs for both plans.

	PPO PLAN			HEALTH SAVINGS PLAN		
	TIER 1	TIER 2	OUT-OF-NETWORK	TIER 1	TIER 2	OUT-OF-NETWORK
Calendar Year Deductible						
Individual	\$500		\$3,000	\$1,500		\$3,000
Family	\$1,000		\$6,000	\$3,000		\$6,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$3,000		\$8,000	\$3,000		\$8,000
Family	\$6,000		\$16,000	\$6,000		\$16,000
Lifetime Maximum	Unlimited			Unlimited		
	YOU PAY			YOU PAY		
Coinsurance / Copays						
Preventive Care	No charge	No charge	Ded. + 50%	No charge	No charge	Ded. + 50%
Primary Care Physician	No charge	\$30 copay	Ded. + 50%	Ded. + 0%	Ded. + 20%	Ded. + 50%
Specialist	\$20 copay	\$40 copay	Ded. + 50%	Ded. + 0%	Ded. + 20%	Ded. + 50%
Diagnostics, X-ray and Lab	No charge, \$75 or \$100 copay	Ded. + 20%	Ded. + 50%	Ded. + 0%	Ded. + 20%	Ded. + 50%
Telehealth	\$20 copay	N/A	N/A	Ded. + 0% (\$49 Encounter Fee)	N/A	N/A
Urgent Care	\$30 copay	\$30 copay	Ded. + 50%	Ded. + 0%	Ded. + 20%	Ded. + 50%
Emergency Room: Facility Charges	\$500 copay	\$500 copay	\$500 copay	Ded. + 0%	Ded. + 0%	Ded. + 0%
Emergency Room: Provider Charges	Ded. + 10%	Ded. + 10%	Ded. + 10%	Ded. + 0%	Ded. + 0%	Ded. + 0%
Inpatient Hospital Care	Ded. + 20%	Ded. + 20%	Ded. + 50%	Ded. + 0%	Ded. + 20%	Ded. + 50%
Outpatient Surgery	Ded. + 10%	Ded. + 20%	Ded. + 50%	Ded. + 0%	Ded. + 20%	Ded. + 50%
PHARMACY						
RETAIL RX (UP TO 30-DAY SUPPLY)						
Certain Preventive Drugs	Copay only, no ded.			No cost; deductible waived		
Tier 1	\$10 copay			Deductible + 20%		
Tier 2	\$25 copay			Deductible + 20%		
Tier 3	\$50 copay			Deductible + 20%		
MAIL ORDER RX (UP TO 90-DAY SUPPLY)						
Certain Preventive Drugs	Copay only, no ded.			No cost; deductible waived		
Tier 1	\$20 copay			Deductible + 20%		
Tier 2	\$50 copay			Deductible + 20%		
Tier 3	\$100 copay			Deductible + 20%		

Visit www.myhealthtoolkitaz.com to view your Explanation of Benefits, order cards, and review medical coverage.

Health Savings Plan and Preventive Drugs

When you enroll in the Health Savings Plan, you will have access to a robust list of medications available to you at no cost under our preventive drug list program. The list includes prescriptions in the following categories: diabetes, hypertension, antidepressants.

Note: Some strengths or dosages may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered.

To learn more, visit: https://www.caremark.com/portal/asset/preventive_dl.pdf.

A closer look at the Health Savings Plan

The Health Savings Plan (HSP) combines comprehensive health care coverage with a savings plan that lets you save for retirement expenses today, tomorrow – and even in retirement. Together, the Plan rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending. As a result, you could pay less for your annual medical costs.

Plan advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to the PPO Plan, giving you the opportunity to contribute the cost savings to a tax-free Health Savings Account (HSA). You pay for your initial medical costs until you meet your annual deductible, and then you pay a percentage of any further costs until you reach the annual out-of-pocket maximum.

2. Tax-advantaged savings account

Once you open an HSA, you can make tax-free contributions directly from your paycheck. Yuma Regional Medical Center will also contribute the following amounts for 2021 to your HSA to help cover your annual deductible:

- \$250 for Employee-Only coverage
- \$500 if you also cover dependents

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave YRMC or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

3. Free in-network preventive care

Preventive care is fully covered under the HSP — you pay nothing toward your deductible and no copays as long as you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations, flu shots, and cancer screenings. Remember, certain preventive generic drugs are covered with 0% coinsurance only (deductible waived).

4. Save for retirement

Every year, you add money to your HSA from your pretax income, the same way that you might add money to a traditional IRA or a 401(k). The idea is that you don't spend it on your current medical expenses but instead leave it in the account until you retire.

Understanding the HSA

One of the best parts of the HSP is that it lets you open and contribute to an HSA you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HSP.

HOW A HEALTH SAVINGS ACCOUNT (HSA) WORKS	
Eligibility	You must be enrolled in the Health Savings Plan (HSP).
Your Contributions	You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$3,600 if you enroll only yourself or \$7,200 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.
YRMC's Contribution	\$250 for Employee Only coverage \$500 for Employee + Spouse coverage \$500 for Employee + Child coverage \$500 for Employee + Family coverage
Eligible Expenses	Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.
Using Your Account	Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.
Remaining Funds	Money left in your HSA at the end of the year will roll over to the next year — you'll never lose your HSA dollars. If you leave the YRMC or retire, you can take your HSA with you and continue to pay and save for future eligible health care expenses.

How much could you save?

Here's an example. Let's say Jennifer decides to set aside \$2,000 in an HSA for the year. Normally, on that money, she'd pay \$480 in federal income tax, \$100 in state income tax, and \$153 in FICA tax. So, by contributing that \$2,000 to her HSA, she'll get a tax savings of \$733 for the year.

Without an HSA, Jennifer would pay...	Savings
24% in federal income tax	\$480
5% in state income tax	\$100
7.65% in Federal Insurance Contributions Act (FICA) tax	\$153
Her total tax savings for the year with an HSA	\$733

This hypothetical illustration is for educational purposes only. Dollar amounts or savings will vary depending on income, state and city tax rules, and other factors. Please consult a tax, legal or financial advisor about your own personal situation.



Are you eligible for an HSA?

In order to establish and contribute to an HSA, you:

- Must be enrolled in a Health Savings Plan
- Cannot be enrolled in a traditional Health Care FSA at the same time
- Cannot be enrolled in Medicare, including Part A
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment through the Veteran's Administration other than preventive care within the past three months

No other plan offers a triple-tax advantage

1. You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too — tax-free, or in retirement — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA funds to use for your health care when you leave YRMC or retire — tax-free.

Powerful duo: How the HSP and HSA work together

Your contributions help to cover a portion of your deductible and coinsurance.

HOW A HEALTH SAVINGS ACCOUNT (HSA) WORKS	
Free In-Network Preventive Care	To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.
Deductible	You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plan, but offset by HSA contributions you YRMC may make.
Coinsurance	Once the deductible is met, you and YRMC share any further health care costs until you meet the out-of-pocket maximum.
Out-of-Pocket Maximum	The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

See for yourself how the HSA works

YEAR 1 EXAMPLE	YEAR 2 EXAMPLE
YRMC deposits \$250 in Yolanda's HSA.	YRMC deposits \$250 in Yolanda's HSA.
She contributes \$3,300 for a total of \$3,550.	She contributes \$3,300 for a total of \$3,550.
She uses her HSA to pay \$700 of eligible expenses.	\$2,600 rolls over from last year for a total of \$6,150.
She has \$2,600 in her HSA to roll over to next year.	She uses her HSA to pay \$1,250 of eligible expenses.
	She has \$4,900 in her HSA to roll over to next year.

Flexible Spending Accounts (FSAs)

To help you pay for certain expenses using pretax dollars, you can participate in a health care or dependent care reimbursement account, also known as a Flexible Spending Account (FSA). The money you contribute to these accounts comes out of your paycheck in equal installments over the course of the calendar year without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

YRMC offers you the following FSAs:

Health Care FSA

- Pay for eligible health care expenses, for you and your dependents, such as plan deductibles, copays, and coinsurance.
- Contribute up to \$2,750 in 2021.

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child so you and/or your spouse can work, look for work, or attend school full time.
- The money in your Dependent Care FSA cannot be used to pay for your dependents' health care expenses. Health care expenses can be reimbursed only from your Health Care FSA (if you have elected one).
- Contribute up to \$5,000 in 2021, or \$2,500 if you are married and filing separately.

You have until March 31 of the following year to submit claims for expenses incurred between January 1 and December 31 of the current plan year.

Estimate carefully

Keep in mind, FSAs are "use-it-or-lose-it" accounts. You will forfeit any amount left in the account at the end of the plan year.

HSA vs. Health Care FSA: What's the difference?

	HSA	Health Care FSA
Available if you enroll in a...	Health Savings Plan	PPO Plan
Eligible for YRMC contributions	Yes	No
Change your contribution amount anytime	Yes	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that have been deposited	Yes	No
Use for eligible medical, dental and/or vision expense	Yes	Yes
"Use it or lose it" at year-end	No	Yes
Money is always yours to keep	Yes	No

Account Type	Eligible Expenses	Annual Contribution Limits
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)	Maximum contribution is \$2,750 per year
Dependent Care FSA	Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)

A great way to save on taxes

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

Account Type	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to Health Care FSA and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$36,299	\$35,645
Tax Savings with the Health Care and Dependent Care FSAs	\$654	N/A

Dental plans

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. YRMC makes that easy by providing you with a dental plan through United Concordia. The plan pays benefits for covered preventive and diagnostic services with no need for you to pay a deductible (whether services are obtained in-network or out-of-network). Your contribution for dental coverage during 2021 will reflect the option you choose and the family members you cover. **Note: You may elect dental coverage for 2021 whether or not you elect medical coverage.**

	PREVENTIVE PLAN		COMPREHENSIVE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible				
Per Person	\$50		\$50	
Per Family	\$100		\$100	
Calendar Year Benefit Maximum				
Per Person	\$500 per person (Basic and Major Services combined)		\$1,500 per individual (Basic and Major Services combined)	
	SERVICES			
Preventive Services				
Oral Exams, Full Mouth X-rays, Bitewing X-rays, Cleanings, Fluoride Treatments, Space Maintainers, Sealants	100%	100% of MAC	100%	100% of MAC
Basic Services				
Emergency Palliative Treatment, Simple Extractions, Basic Restorative (Amalgam Fillings), Repair or Recement of Crowns, Inlays and Dentures, Antibiotic Drugs	80%	80% of MAC	80%	80% of MAC
Comprehensive plan also includes: Endodontics, Surgical and Non-Surgical Periodontics, General Anesthesia, TMJ				
Comprehensive Plan also covers: endodontics, root canal treatment, periodontics, treatment of gum disease, relining of dentures, and TMJ.	Not covered	Not covered	80%	80% of MAC
Major Services				
Crowns, Inlays, Onlays, Bridges, Dentures	Not covered	Not covered	50%	50% of MAC
Orthodontic Services				
24-Month Treatment Fee – Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding				
Adults	Not Covered		50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived	
Children (age 8 and older)				

Coverage details to note

Fluoride, Sealants and Space Maintainers are for children to age 15. The dependent age limit for both plans is 26. As you can see in the chart above, while the Comprehensive Plan provides benefits for Major and Orthodontic Services, the Preventive Plan does not. Another key difference between the two plans is what each covers for Basic Services. United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with UCCI's charge data as appropriate. UCCI then calculates the out-of-network charge at the maximum allowable charges (MACs) of such data. Non-network dentists may bill the member for any difference between our allowance and the UCCI fee.

The College Tuition Benefit – College Savings Program

Earn Tuition Rewards points redeemable for tuition discounts. Tuition Rewards points redeemable at participating private colleges and universities.





Vision plan

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents. Keep in mind, your benefits are generally greater when you use network providers. Your cost for 2021 reflects the family members you cover. **Note: You may elect vision coverage for 2021 whether or not you elect medical coverage.**

VISION PLAN			
		PARTICIPATING PROVIDER YOU PAY	NON-PARTICIPATING PROVIDER REIMBURSEMENT
Cost			
WellVision Exam	Focus on your eyes and overall wellness	\$10	Up to \$45
Prescription Glasses		\$25 copay	—
Covered Services – Lenses			
Single Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Progressive lenses Tints/Photochromic adaptive lenses Average savings of 20-25% on other lens enhancements		Up to \$30
Bifocals			Up to \$50
Trifocals			Up to \$65
Frames	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Walmart/Costco® frame allowance		Up to \$70
Covered Services – Contacts In Lieu Of Frames/Lenses			
Contacts – Medically Necessary	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) You pay up to \$60		Up to \$210
Contacts – Elective			Up to \$105
BENEFIT FREQUENCY			
Exams, Lenses, Contacts		Once every 12 months	Once every 12 months
Frames		Once every 24 months	Once every 24 months

ID cards are not provided. Please visit www.vsp.com for provider listing and additional coverage information.

Money-saving tip

Remember, you can use your HSA or Health Care FSA for qualified out-of-pocket dental and vision expenses.

LIFE AND AD&D INSURANCE

YRMC provides you with basic life and accidental death and dismemberment (AD&D) insurance, at no cost to you, to protect those you love from the unexpected.

Employee basic life and AD&D insurance

YRMC automatically provides you life insurance equal to one (1) times your base annual salary (up to \$500,000). You must designate a beneficiary to complete enrollment.

AD&D is also provided as part of your basic life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

Supplemental life insurance

If you want added protection, you can purchase supplemental life and/or AD&D insurance for yourself, your spouse, and your dependent children. Note: You must enroll yourself in supplemental life insurance before you can add spouse or child(ren) coverage. This coverage is portable.

Coverage For	Coverage Available
Employee	One, two, three or four times your basic earnings to \$500,000 maximum.
Spouse	\$30,000. Available up to age 70.
Child(ren) (to age 26)	\$10,000

Supplemental AD&D insurance

When you purchase additional AD&D insurance for yourself, you may also purchase supplemental coverage for your spouse and your dependent children.

Coverage For	Coverage Available
Employee Only	One, two, three or four times your basic earnings to \$500,000 maximum
Employee + Family	One, two, three or four times your basic earnings to \$500,000 maximum

Guaranteed Issue and Evidence of Insurability

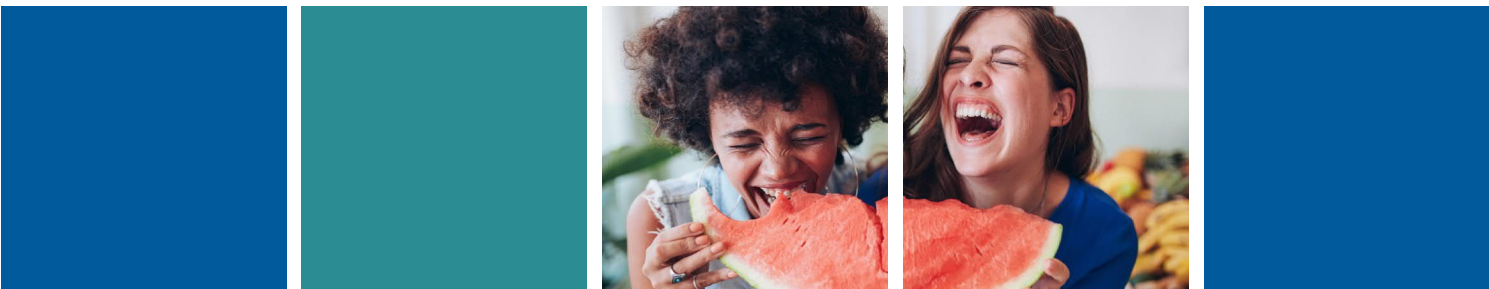
When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to \$250,000 Guaranteed Issue (GI) without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective. If you enroll your spouse when first eligible, you may buy up to \$30,000 without providing EOI. Your spouse will need to provide EOI if coverage is requested at a later date. No EOI is required for Child Life.

Business travel AD&D insurance

When traveling on behalf of YRMC, be assured you are protected under a company-paid business travel accident insurance policy should an accident occur. BTA offers coverage in the event of sickness, accidental death, or dismemberment. It also provides:

- 24-hour worldwide business travel protection
- Travel assistance services
- Emergency medical evacuation

For more information about coverage, contact Human Resources.



DISABILITY

YRMC's disability insurance replaces a portion of your income when you're unable to work so that you can continue meeting your financial obligations.

Disability insurance

The loss of income due to illness or disability can cause serious financial hardship for you and your family. The disability benefits you receive allow you to continue paying your bills and help provide financial security until you are able to return to work.

Long-term disability

Long-term disability (LTD) covers a portion of your base annual earnings to a set monthly maximum amount. Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. Certain exclusions as well as pre-existing condition limitations may apply. Please refer to your Summary Plan Description for details or contact Human Resources about specific benefits.

Long-term disability plans

	Basic LTD	Buy-Up Option
Who pays	YRMC pays 100%	You pay the difference based on monthly earnings
Coverage amount	60% of base monthly earnings	66⅔% of base monthly earnings
Maximum amount available	\$8,100 month	\$10,000 month



PLANNING FOR RETIREMENT

YRMC wants to help you make smart decisions about planning for your retirement. Taking advantage of the company's 401(k) plan is one of the best steps you can take.

401(k) retirement savings plan

The YRMC 401(k) retirement savings plan provides advantages you may not get with other types of savings plans and helps you meet one of life's important goals — saving for a financially secure retirement.

Eligibility

All YRMC employees are eligible to participate.

Your contributions

You are automatically enrolled at 2%. You can also decide to put an additional percentage of each paycheck into the account. Your 401(k) contributions are deducted right from your paycheck and go directly into your account before taxes are withheld. So if your salary is \$50,000 a year and you contribute \$3,000 to your 401(k), you will pay income tax on \$47,000 next April instead of on the entire \$50,000 that you earned.

You may contribute up to 75% of your earnings, not to exceed \$19,500 (the projected 2021 IRS limit). You may change the amount of your contributions or stop contributions at any time. You also decide how to invest the assets in your account and you may change your investment choices anytime.

If you are age 50 or older, you may make additional catch-up contributions — up to \$6,500 in 2021. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. See your plan administrator for more details.

Company matching contributions

To support your retirement savings efforts, YRMC matches your contributions to the plan, up to 4% (see below).

Your Contribution	Hospital Match
1%	1%
2%	2%
3%	3%
4%	3.5%
5% or more	4%

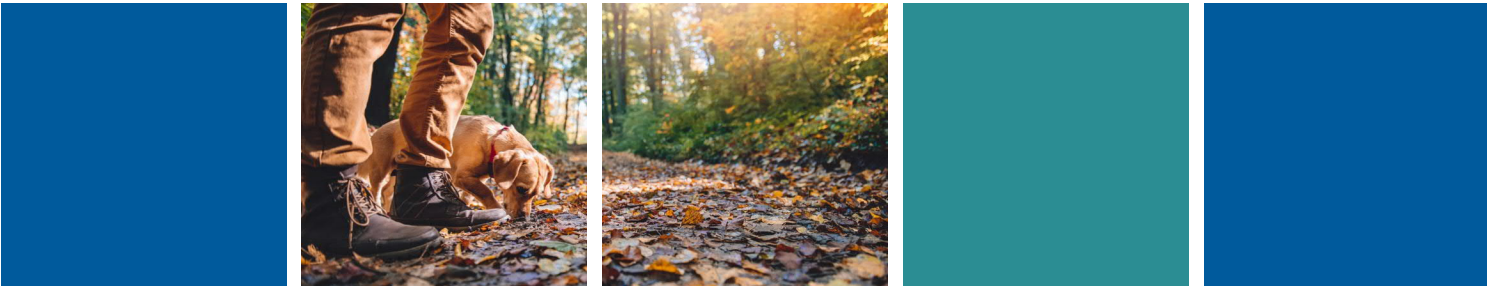
How to make changes

You can make changes in the Yuma Regional Medical Center's 401(k) plan by using one of the following methods:

1. Call the Wells Fargo Benefits Helpline at 800-728-3123
Username: Your Social Security Number
PIN: Last four digits of your Social Security Number (for first-time users)
2. Go online to www.wellsfargo.com/retirementplan
Click on New User Username: Your Social Security Number (format: 123456789)
Password: Your birth date (format: mmddyyyy)
(for first-time users)

Meet the match!

Are you making your money work as hard as you do? Try to contribute at least 5% to take full advantage of the match — otherwise, you're leaving free money on the table.



SUPPLEMENTAL BENEFITS

Life happens. That's why you need to be prepared to take advantage of the following voluntary supplemental medical plans and the legal assistance benefit when the unexpected occurs.

Accident insurance

Medical expenses resulting from a covered accident can easily add up to thousands of dollars that medical insurance may not cover. Accident insurance from Aflac pays you a lump-sum cash benefit to help pay those out-of-pocket expenses so you can focus more on getting well and less on the extra financial burden an accident can bring. Plan includes a \$30 to \$50 per calendar year wellness benefit, plus an organized sports benefit of an additional 10%.

Hospital indemnity insurance

Hospital care — even for a short stay — can get expensive. Costs can skyrocket if you're admitted to intensive care. The Aflac hospital indemnity insurance features admission and per-day hospital confinement benefits. It also pays you cash benefits for intensive care and maternity. Newborns are automatically covered for the first 60 days. Receive from \$1,000 (Low Plan) to \$2,000 (High Plan) for hospital admission per year, plus from \$100 (Low Plan) to \$200 (High Plan) in daily hospital expenses up to 31 days or 10 days for ICU benefits.

Critical Illness insurance

Being diagnosed with a critical illness, such as a heart attack or stroke, can lead to expensive medical costs. With critical illness insurance from Aflac you get a lump-sum cash benefit up to \$20,000 guaranteed issue for employee and \$10,000 for your spouse and each child upon diagnosis to help pay for out-of-pocket medical and other expenses associated with a covered critical illness.

Legal plan insurance

Legal insurance from ARAG connects you with a nationwide network of more than 12,000 attorneys when you need help with things like creating a will, dealing with a traffic ticket, or buying a home. Attorney fees are 100% paid in full for most covered legal matters when you work with a network attorney who can offer legal guidance, review personal documents, and represent you if needed.



PAID TIME OFF FOR FULL-TIME EMPLOYEES

YRMC's paid time off program lets you take care of personal business, allows you to enjoy a special vacation or just unwind from the demands of everyday life.

Paid leave time

Paid time off to give you a chance to take care of personal business, enjoy a special vacation or just unwind from the demands of everyday life. You earn paid time off as soon as you begin working.

Non-exempt accrual:

- a. If employed less than four (4) years (continuously), you will accrue 0.0923 PLT for each hour worked, up to a maximum of 24 eight-hour days per year.
- b. If employed more than four (4) years (continuously), you will accrue 0.1116 PLT for each hour worked, up to a maximum 29 eight-hour days per year.

Exempt accrual:

- c. If employed less than four (4) years (continuously), you will accrue 0.1039 PLT for each hour worked, up to a maximum of 27 eight-hour days per year.
- d. If employed more than four (4) years (continuously), you will accrue 0.1231 PLT for each hour worked, up to a maximum of 32 eight-hour days per year.

Note: Paid leave time is used for YRMC holidays.

Paid sick time

Paid sick time to use when you or your immediate family are sick. Extended Illness Bank (EIB) for when you need to be out for a long period of time.

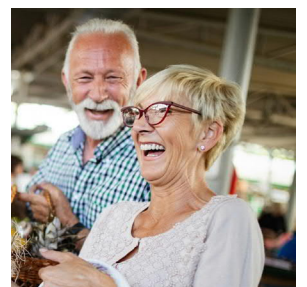
Paid Sick Time (PST)

- For core employees (at least 0.75 FTE year-round) PST is an annual allotment of 40 hours, frontloaded (all-at-once) during the first pay period of each new calendar year. Any unused balance will be automatically cashed out after the last pay period of the calendar year (to be replaced by a fresh allotment of 40 hours). PST may not be carried forward and has no redeemable cash value at the time of termination.
- New hires and rehires are not eligible to use PST within the first 90 days of employment.
- Newly hired core-employees will receive a prorated allotment of PST, based upon start date.

Extended Illness Bank (EIB)

- Requires 24-hour waiting period and approved medical certification to qualify.
- Requires paid sick time exhaustion.
- Accrues at a rate of 0.0384 hour of EIB for each hour paid up to a maximum of 80 hours of EIB per year. EIB may carry over year-to-year and accumulate up to a maximum balance of 488 hours.

Employed Contracted Physicians and Advance Practice Professionals to refer to contract for specific leave structure.



ADDITIONAL BENEFITS

YRMC provides additional benefits and programs to help you balance the demands of work and home, as well as services for business or leisure travel.

Travel Assistance

YRMC offers a Travel Assistance program, which provides peace of mind to business or vacation travelers. The program puts you in touch with a network of providers that can address the legal, medical, informational, or personal assistance needs of travelers. Services provided 24/7, 365 days a year include:

Medical Assistance

- Emergency medical referrals
- Prescription assistance
- Medical monitoring
- Visit to hospital
- Medical evaluation
- Return of child or companion
- Medical repatriation
- Return of remains
- Hospital admissions and medical payments

Legal Assistance

- Legal referral
- Emergency cash and bail assistance

Information Assistance

- Passport and visa information
- Weather, cultural, and travel advisories exchange information
- Inoculation and immunization

Personal Assistance

- Lost baggage services
- Emergency messaging
- Lost document replacement
- Return of vehicle
- Translation and interpretation
- Pet housing and return

How to access services

Next time you or your family members are traveling and need assistance, simply call the number on the back of your Travel Assistance ID card: **800-999-1685**. To learn more, visit medassist-use@axa-assistance.us.





Employee Assistance Program

We offer our employees and their eligible family members free access to licensed counselors through our Employee Assistance Program (EAP). Through this coverage, employees and their families receive immediate support and guidance, as well as assessments and referrals for further services. Each employee and their family members are entitled to six (6) free sessions, per issue, annually.

ALL EAP CONVERSATIONS ARE VOLUNTARY AND STRICTLY CONFIDENTIAL.

There's never a cost when you contact an EAP counselor. If you and your counselor determine that additional assistance is needed, however, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

EAP counselors can help with a number of items, including stress, marital or family problems, anxiety and depression, alcohol or drug abuse, financial issues, and concerns about children and aging parents.

The EAP can also help with child care issues, such as identifying day care centers, nursery schools, before/after school programs, private schools, and tutoring services. Other services include researching pet care centers, maintenance and repair providers, and community volunteer opportunities.

Website: supportlinc.com Username: YRMC

FOCUS ON WELLNESS

YRMC is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Employee wellbeing program

Yuma Regional Medical Center's internal employee wellness program prioritizes the wellbeing of YRMC's employees.

Programs and services provided include:

- Wellness Incentive Program
- Health Survey
- Incentive challenges
- Educational programs
- Wellness on Demand to provide wellness activities as requested per department
- Health Coaching to provide employees with a one on one opportunity to improve their health and overall wellness

Department wellness ambassadors help the wellness team keep employees informed of ongoing and upcoming programs. Each department at YRMC has 1–3 wellness ambassadors who are committed to build awareness of the wellness programs and initiatives as well as promote overall wellness throughout the organization.

YRMC received the Healthy Arizona Worksite Program award for five consecutive years, most recently receiving the Platinum award. This award requires employers in Arizona to meet certain criteria in providing a robust employee wellness program and YRMC is pleased to provide this level of wellness program to our employees.

To learn more about the program visit the YRMC intranet, YRMC Employee Facebook page and read the Weekly Dose.

Wellness incentives

One of YRMC's top priorities is the health and wellbeing of our employees. In an effort to encourage our employees to be proactive when it comes to their health, we provide a \$250 incentive for completing the following activities:

- Health Survey
- Biometric Screening ordered by primary care provider
- Wellness/Preventative Visit with primary care provider
- Participation in one of the wellness campaigns or three health coaching sessions

Be well and earn!

A one-time **\$250 incentive** will be provided once all four activities have been completed. It could take up to 90 days for incentive to be processed.

YRMC Wellbeing Office

Office is located in Employee Health in the Administration Building
928-336-7958 • ymcwellness@yumaregional.org

KEY TERMS TO KNOW

The following insurance terms and definitions will help you better understand your coverages and use your benefits wisely throughout the year.

BENEFICIARY

The person you designate to receive your life insurance proceeds in the event of your death.

COBRA

Consolidated Omnibus Budget Reconciliation Act (COBRA)
A federal law that allows workers and dependents who lose their medical, vision, dental or Flexible Spending Account coverage to continue any group coverage for a specified length of time.

COINSURANCE

The portion of covered expenses that you must pay for care, after first meeting a deductible amount, if any.

COPAY

A fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. The remainder is paid by the health insurance plan.

DEDUCTIBLE

The amount you pay toward covered services per specified period before the plan begins paying benefits.

NETWORK PROVIDERS

A group of health care professionals who provide care at a predetermined lower rate. Staying in the network to receive care is an effective way for you to control your health insurance costs.

OUT-OF-POCKET MAXIMUM

An out-of-pocket maximum is the most you'll have to pay during a policy period (usually a year) for health care services. Once you've reached your out-of-pocket maximum, your plan begins to pay 100% of the allowed amount for covered services.

REASONABLE & CUSTOMARY (R&C) CHARGE

The usual amount charged by most doctors for a particular medical service. The R&C charge may be different in two different geographic areas or if the service was provided under different circumstances (for example, in an emergency versus a nonemergency). R&C charges may apply only if you use out-of-network providers. You are responsible for paying any amount over the R&C charge.



COST OF COVERAGE

You and YRMC share the cost of most benefits coverage, with YRMC paying a larger portion of the overall costs.

Medical	Biweekly Rates PPO Plan	Biweekly Rates Health Savings Plan
Employee	\$54.04	\$31.86
Employee + Spouse	\$132.11	\$74.80
Employee + Child(ren)	\$118.35	\$59.10
Employee + Family	\$183.23	\$97.88

Dental	Biweekly Rates Preventive Plan	Biweekly Rates Comprehensive Plan
Employee	\$2.17	\$8.32
Employee + Spouse	\$5.13	\$18.46
Employee + Child(ren)	\$5.16	\$19.03
Employee + Family	\$8.28	\$29.20

Vision	Biweekly Rate
Employee	\$3.91
Employee + Spouse	\$7.86
Employee + Child(ren)	\$8.34
Employee + Family	\$8.76

Legal Plan	Biweekly Rate
Covers you, your spouse and dependents	\$7.85, includes divorce

Accident Biweekly rates

Tier	Low Plan	High Plan
Employee	\$3.36	\$6.12
Employee + Spouse	\$5.43	\$9.97
Employee + Child	\$6.58	\$11.75
Family	\$8.65	\$15.60

Critical Illness Biweekly rates Employee only

Age	\$10,000	\$20,000
18-25	\$1.31	\$2.60
26-30	\$1.82	\$3.63
31-35	\$2.20	\$4.39
36-40	\$2.97	\$5.93
41-45	\$3.63	\$7.25
46-50	\$4.38	\$8.75
51-55	\$6.98	\$13.95
56-60	\$6.87	\$13.74
61-65	\$14.35	\$28.69
66+	\$25.41	\$50.80

Children covered at 50% at no additional cost.

Critical Illness Biweekly rates Spouse

Age	\$5,000	\$10,000
18-25	\$0.64	\$1.27
26-30	\$0.90	\$1.78
31-35	\$1.09	\$2.16
36-40	\$1.47	\$2.93
41-45	\$1.80	\$3.59
46-50	\$2.18	\$4.34
51-55	\$3.48	\$6.94
56-60	\$3.42	\$6.84
61-65	\$7.16	\$14.31
66+	\$12.69	\$25.37

Hospital Indemnity Biweekly rates

Tier	Low Plan	High Plan
Employee	\$8.12	\$15.27
Employee + Spouse	\$15.95	\$30.38
Employee + Child	\$12.63	\$23.81
Family	\$20.46	\$38.92

Life Insurance rates

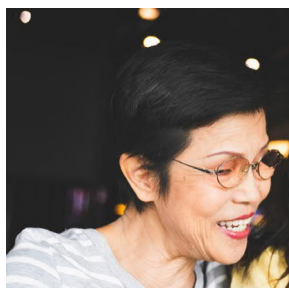
Age	Employee Rate Per \$1,000 per pay period
<25	\$0.025
25-29	\$0.030
30-34	\$0.040
35-39	\$0.045
40-44	\$0.050
45-49	\$0.075
50-54	\$0.115
55-59	\$0.214
60-64	\$0.329
65-69	\$0.633
70-74	\$1.026
75-79	\$1.026
Spouse Rate	\$4.15 per pay period
Child Rate	\$0.44 per pay period
Employee AD&D Rate	\$0.023 per \$1,000
Family AD&D Rate	\$0.035 per \$1,000

Federal tax law requires YRMC to report the cost of Company-paid life insurance in excess of \$50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

NOTES

CONTACTS

Coverage	Contact	Phone	Website
Medical	BlueCross BlueShield	833-747-0541	www.myhealthtoolkitaz.com
Pharmacy	CVS Caremark	844-499-9581	www.caremark.com
Telehealth	MyTeleCare	855-616-2470	www.mytelecare.org
Diabetes Management	Livongo	800-945-4355	www.welcome.livongo.com/yumaregional
Wellbeing Program	Wellbeing Team	928-336-7958	yrmcwellness@yumaregional.org
Health Savings Account	HSA Bank	800-357-6246	www.hsabank.com
Dental	United Concordia	866-851-7568	www.unitedconcordia.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts	HSA Bank	800-357-6246	www.hsabank.com
Life and AD&D	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	800-877-5776	www.mutualofomaha.com
Business Travel Accident	Prudential	800-524-0542	www.prudential.com/mybenefits
401(k) Retirement	Wells Fargo	800-728-3123	www.wellsfargo.com/retirementplan
Voluntary Benefits: (Critical Illness, Accident, Hospital Indemnity)	AFLAC	800-433-3036	www.aflac.com
Legal Services	ARAG	800-247-4184	www.arag.com
Travel Assistance Program	AXA	800-999-1685	medassist-use@axa-assistance.us
Employee Assistance Program	Cura Linc	888-881-5462	www.supportlinc.com ID: yrmc
YRMC Human Resources	Benefits Ask HR	(928) 344-2000 ext. 7122 ext. 7129	benefits@yumaregional.org Askhr@yumaregional.org



This brochure highlights the main features of the Yuma Regional Medical Center Employee Benefits Program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Yuma Regional Medical Center reserves the right to change or discontinue its employee benefits plans at any time.