

Evans Memorial Advantage
Employee Health Plan

*Employee
Benefits*

For 2023



INTRODUCTION

Evans Memorial Hospital is committed to the health of their employees by continuing to offer exceptional and affordable benefits. Your benefits for the upcoming plan year are continued to be geared towards providing you and your family members with comprehensive coverage. This guide summarizes the health and welfare benefits offered to eligible employees as of January 1, 2023. Be sure to save this benefit guide for reference throughout the year.

A new benefit to your Plan for this upcoming year, is that members can utilize the Imaging Center located in Evans Memorial Hospital and enjoy paying a \$0 copay and coinsurance. Please note that members will still be responsible for any charges billed by an outside Radiologist that reads and evaluates the X-ray.

Evans Memorial Advantage Network

The Primary Network for this Plan is **Memorial Health Partners Network**. The complete Provider Directory Search Tool is located here: www.memorialhealth.com/physicians.

The primary network of hospitals include 16 regional hospitals located in a 29-county area, EXCLUDING East Georgia Regional Medical Center.

For physician and hospital services not available within your Primary Network, services will only be considered at the in-network level of benefits if pre-approved by Core Management Resources Group.

When traveling outside of the primary network for business or vacation, the First Health Network is your statewide and nationwide network of preferred providers.



– DISCLAIMER –

This guide is for informational purposes only. Any discrepancies between the information contained herein and the Plan Document shall be superseded by the plan's official documents.

BENEFITS LINGO

Here are some terms and definitions that will help you understand your coverage.

COBRA: The Consolidated Omnibus Budget Reconciliation Act allows you and/or covered dependents to extend health, dental and/or vision coverage beyond the date on which eligibility would normally end. You pay the full premiums plus a 2% administrative fee for this extended coverage.

Coinsurance: The cost of a health or dental expense that is shared between you and the plan after you pay your deductible.

Copayment: A set dollar amount you pay toward an expense, such as an office visit or prescription drug. The remaining cost is covered by the plan.

Deductible: The amount of money you must pay toward health, prescription drug or dental expenses for each family member each year before health, drug or dental benefits are reimbursable in most cases. After you have paid your deductible, future expenses are covered at the coinsurance or copayment amount. Copayments do not count toward the deductible. You can submit claims for reimbursement of deductible, coinsurance and copayment amounts through a Health Care Spending Account (FSA).

Generic Medications: Drugs that are manufactured, distributed and available under a chemical name without patent protection. A generic drug must have the same active ingredient as its brand name counterpart. Generic drugs typically cost less than brand name drugs.

Network: A group of doctors, hospitals and other healthcare providers contracted to provide services to covered members.

Non-Preferred or Non-Formulary Drugs: Brand name medications that are not on the Preferred List because there are less expensive and effective alternatives available. Non-Preferred medications require a higher copayment.

Out-of-pocket Maximum: Generally, the most you will have to spend each plan year for each covered family member is the annual deductible, and the copayments and coinsurance. Once you've met the out-of-pocket maximum on yourself or a covered dependent, the plan pays 100% of most remaining expenses for you or the dependent for the rest of that plan year.

UNDERSTANDING YOUR BENEFITS

2023 Open Enrollment

Benefit Eligibility

All regular, full-time employees who work 30 or more hours per week are eligible for benefits on the first of the month following 60 days of the date of hire. It is very important to maintain an average of 30 hours per week in order to remain eligible for continuation of benefits.

Dependent Eligibility

If you are eligible to participate in the benefits offered by Evans Memorial Hospital, your eligible dependents may also participate. For most benefits plans, dependents include:

- Your legal spouse
- Your children up to age 26
- Your children covered by the plan who are over the age of 26 and who are/were physically or mentally incapacitated on the date they turn 26.

Enrollment Period

You can enroll in benefits upon hire, during open enrollment and within 30 days of a qualifying event. Annual enrollment will typically be held in November of each year and election changes will be effective on January 1st of each year.

Changing Your Coverage

When you enroll in the employee benefits program, you will have an option to make premium payments with pre-tax dollars through the Section 125 Plan. Please note that unless you opt out of the Section 125, you and/or your dependents cannot be terminated from the benefits plan for any reason other than a qualifying event or until the beginning of the next plan year.

Qualifying Event

You can make changes to your coverage during the plan year, within 30 days of a Qualifying Event. The following is a list of Qualifying Events:

- Marriage, divorce or legal separation
- Death of spouse or other dependent
- Birth or adoption of a child
- A spouse loses coverage under another employer group medical plan
- A spouse becomes eligible for coverage under another employer group medical health plan
- A dependent's eligibility status changes due to age
- You or your spouse are covered under a group health plan and experience a change in work hours
- Relocation into or outside of your plan's service area



2023 Medical Benefit Choices

Premiums – Per 24 Pay Periods

Coverage	Silver Plan
	(\$2,000 Deductible)
Employee	\$74.26
Employee & Spouse	\$282.83
Employee & Child(ren)	\$251.83
Employee & Family	\$334.58



Quick Reference Summary
Plan C– SILVER*
\$2,000 80%/50% OV: \$40/\$60 Rx: \$10/\$30/\$60
Point of Service (Open Access)

Schedule of Benefits		
Deductibles, Coinsurance and Maximums	In-Network Benefit	Out-of-Network Benefit
Calendar Year Deductible <ul style="list-style-type: none"> – Individual – Family 	\$2,000 \$5,000	\$5,000 \$10,000
Coinsurance	Plan pays 80% after deductible	Plan pays 50% after deductible
Lifetime Maximum	Unlimited	Unlimited
Out-of-Pocket Calendar Year Maximum <ul style="list-style-type: none"> – Individual – Family 	\$5,000 \$10,000	Unlimited Unlimited
<ul style="list-style-type: none"> • *Compared to other “Silver Level” healthcare plans, a policyholder can expect Plan C to cover approximately 80% of your medical expenses in a given year. • 100% of co-pays, co-insurance, and out-of-pocket expenses are applied towards the individual and family deductibles. • Out of pocket expenses are capped at \$5,000 per individual and \$10,000 per family annually. • All out-of-network co-pays, co-insurance, and out-of-pocket expenses are applied towards the in-network maximum limits. • In-network out-of-pocket expenses are not applied toward the out-of-network, out-of-pocket maximum limits. • Per the Affordable Care Act, a Summary of Benefits and Coverage (SBC) form summarizes health plan information and provides estimated costs of commonly used services for this plan. • Primary network hospitals: 16 regional hospitals located in a 29-county area, EXCLUDING EAST GA REGIONAL MC. • <u>In-network Primary Care and Specialty Care providers:</u> All members of the Core Community Care Managed Care Network 		
Covered Services	In-Network Benefit ***** Member Pays *****	Out-of-Network Benefit ***** Member Pays *****
Preventive Care and Services Preventive Care Services are those that meet the requirements of federal and state law, including certain screenings, immunizations, and physician visits.		
• Well-childcare, immunizations, vaccines	No cost	Member pays deductible then 50%
• Annual adult health examinations and physicals	No cost	Member pays deductible then 50%
• Annual gynecology examination and mammograms	No cost	Member pays deductible then 50%
• Annual prostate screening	No cost	Member pays deductible then 50%
Primary Care Physician (PCP) Services Services performed AND billed in a physician's office		
• Office Visit (including diagnostic x-rays and laboratory performed in physician's office) (See Mental Health for separate co-pay information)	\$40 Co-pay	Member pays deductible then 50%
• Specialist Office Visit (including diagnostic x-rays and laboratory performed in physician's office) (See Mental Health for separate co-pay information)	\$60 Co-pay	Member pays deductible then 50%
• Surgery in a physician's office	Member pays deductible then 20%	Member pays deductible then 50%
• Allergy care (testing, serum, and allergy shots)	Member pays deductible then 20%	Member pays deductible then 50%
• Maternity physician services (prenatal, delivery, postpartum)	Member pays deductible then 20%	Member pays deductible then 50%
Emergency Room Services		
• Life-threatening illness or serious accidental injury	Member pays \$200 Co-pay (waived if admitted) Deductible & 20% Co-insurance	Same as In-network benefits
• Non-emergency use of the emergency room	Not a covered service	Not a covered service
Inpatient Hospital Services		
• Daily room, board and general nursing care at semi-private room rate; ICU/CCU; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care	Member pays \$400 Co-pay per admittance, then deductible & 20% Co-insurance	Member pays \$1200 Co-pay per admittance then deductible & 50% Co-insurance
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 20%	Member pays deductible then 50%
Outpatient Services		
• Surgery facility / hospital charges	Member pays deductible then 20%	Member pays deductible then 50%
• Diagnostic X-ray and lab services	Member pays deductible then 20%	Member pays deductible then 50%
• Physician services (surgeon, anesthesiologist, radiologist, pathologist)	Member pays deductible then 20%	Member pays deductible then 50%

Covered Services	In-Network Benefit	Out-of-Network Benefit
Therapy Services Calendar year maximums are combined between in-network and out-of-network		
• Speech therapy (20 visit limit annually)	Member pays deductible then 20%	Member pays deductible then 50%
• Physical, occupational therapy, chiropractic care and services of athletic trainers (20 visit limit <u>combined</u> annually)	Member pays deductible then 20%	Member pays deductible then 50%
• Pulmonary/Cardiac therapy	Member pays deductible then 20%	Member pays deductible then 50%
• Radiation therapy and chemotherapy	Member pays deductible then 20%	Member pays deductible then 50%
Mental Health / Substance Abuse Services must be authorized by calling 1-888-741-2673		
• Inpatient (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Inpatient Substance Abuse Detoxification (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Partial Hospitalization Program (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Intensive Outpatient Program (facility and physician fee)	Member pays deductible then 20%	Member pays deductible then 50%
• Professional Outpatient Services	Member pays deductible then 20%	Member pays deductible then 50%
• Mental Health OFFICE VISITS	\$30 Co-pay (waiving deductible)	Member pays deductible then 50%
Other Services Calendar year maximums are combined between in-network and out-of-network		
• Urgent Care Center	\$75 Co-pay	\$75 copayment Member pays deductible then 50%
• Imaging Center at Evans Memorial Hospital * Please note that members will still be responsible for any charges billed by an outside Radiologist that reads and evaluates the X-ray.	\$0 Copay, No Coinsurance, Deductible Waived	N/A
• Skilled Nursing Facility (30-day calendar year maximum)	Member pays deductible then 20%	Member pays deductible then 50%
• Home Health Care (120-day calendar year maximum)	Member pays deductible then 20%	Member pays deductible then 50%
• Hospice Care	Member pays deductible then 20%	Member pays deductible then 50%
• Ambulance (Ground)	Member pays deductible then 20%	Member pays deductible then 50%
• Ambulance (Air)	Member pays deductible then 20%	Member pays deductible then 50%
• Durable Medical Equipment (DME)	Member pays deductible then 20%	Member pays deductible then 50%
• Orthotics	Member pays deductible then 20%	Member pays deductible then 50%
• Prosthetics	Member pays deductible then 20%	Member pays deductible then 50%
PRESCRIPTION CO-PAYS (The greater of the flat-dollar co-payment or coinsurance)	RETAIL PHARMACY (30-day supply only)	MAIL ORDER (60, 90-day supply)
Generic	\$10	\$25
Preferred	\$30 or 20% (\$100 Max)	\$60 or 20% (\$200 Max)
Non-Preferred	\$60 or 50% (\$300 Max)	\$120 or 50% (\$600 Max)
Specialty Drug Co-Pay		
Generic	10% (\$100)	NA
Preferred	20% (\$1,000 max)	NA
Non-Preferred	50% (\$1,500 max)	NA
<p>This Schedule of Benefits is part of your Certificate of Insurance but does not replace it. Many words are defined elsewhere in the Certificate, and other limitations or exclusions may be listed in other sections of your Certificate. Reading this Schedule by itself could give you an inaccurate impression of the terms of your coverage. This Schedule must be read with the rest of your Certificate.</p> <ul style="list-style-type: none"> • Prior authorization may be required for specific services. • Payment to Out-of-Network providers is based on the Out-of-Network Rate (ONR). • Preventative Services must qualify as such as specified in your contract and the PPACA in order to be exempt from applicable deductibles. • Physician services are limited to one Copay per Member, per provider, per date of service and per place of service. 		

FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (also known as a flexible spending account) is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. The Flex Spending Accounts (FSA) will continue to be offered through your health plan for the upcoming plan year. Any remaining, unused 2022 FSA funds, up to \$610 (IRS legal limit), will be rolled over to 2023 and placed in your Core FSA Account.

Plan Year

January 1 through December 31

Eligibility Requirements

You are eligible to participate on the first day of the month after you have completed 60 days of services, have attained age 18 and work at least 30 hours per week. Enrollment for the FSAs must be completed each year during open enrollment period, or you will not be able to join until the next open enrollment plan year.

Healthcare Flexible Spending Account*

The healthcare spending account enables you to pay eligible out-of-pocket health care expenses with pre-tax dollars saving you 30% or more because you do not pay taxes on this money. You can contribute up to \$3,050 a year into a healthcare flexible spending account. Eligible health care FSA expenses include deductibles, copays, coinsurance, prescription drugs, over the counter drugs (prescription no longer required for most), dental and vision expenses, as well as feminine products. Under the CARES ACT, even more items are able to be purchased using your FSA card.

Other Account Features

Participants in the FSAs receive a debit card so that many expenses can be paid without the need to pay first and then file the claim. You must use all of the funds in your account by the end of the plan year or the funds are forfeited. However, a recent IRS ruling now allows **Healthcare FSA** plan members to roll over up to \$610 of unused funds for use in the following year. Your full annual contribution of your **Healthcare FSA** is available to you once your benefits are effective. IRS regulations require appropriate documentation to ensure your claims are valid expenses. Also, on occasion you will be asked to provide a copy of your itemized receipt as documentation for a debit card purchase.

FSA Wealthcare Portal

The Wealthcare portal is a website where you can track your FSA card expenses, check your balance, file a claim for reimbursement and more. To start using the portal follow these instructions:

1. Go to: **<https://coremgmt.wealthcareportal.com/Page/Home>**
2. Click-**Register**
3. Create a Username (between 6 and 12 characters long)
4. Password Requirements
 - Password must contain at least 8 characters
 - A password must contain 3 of the following types of characters:
 - AN UPPER CASE LETTER
 - lower case letter
 - Special Character (% , ! , @ , etc.)
 - A number

A password cannot contain:

- The same character repeating 3 or more times
- The word "password"
- The username
- Spaces
- Enter your first and last name along with your email address
- **Registration ID** can be your card # or **Employer Id which is (STA927)**
- **Employee ID** is your **SS#** (social security) **without dashes**
- Check the "I accept the terms of use box" then click next and your registration is complete

Group Insurance Benefits



Dental insurance

	Per Pay Period Premiums
Employee Only	\$8.15
Employee & Spouse	\$15.39
Employee & Child(ren)	\$17.99
Family	\$26.41
*Premiums are deducted in 24 pay periods Employer pays 50% of total Dental premiums.	

Eligibility				
Eligible employees	All active, full-time employees			
Calendar-year deductible			Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	80%	80%
Major	\$50	\$50	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in and out-of-network for basic and major services are combined.			
Combined maximum	Maximums for preventive, basic, and major procedures are combined. In-network calendar year maximums are \$1,000 per person or non-network calendar year maximums are \$1,000 per person.			
Maximum accumulation	Included			
Plan type	Unscheduled			

Which procedures are covered, and how often?

Preventive

Routine exams	Twice per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 36 months
Harmful habit appliance	Covered only for dependent children under age 14

Basic

Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months

Major

Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 60 months per tooth
Implants	Each 60 months per tooth
Bridges	60 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90 th percentile of the usual and customary charges.
Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or \$1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth –The initial placement of bridges, partials, and dentures to replace teeth missing before this coverage starts won't be covered. If this policy replaces coverage with another carrier, continuous coverage under the prior plan may be applied to the missing tooth provision requirement. This doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information.



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Vision insurance

	Per Pay Period (24) Premiums
Employee Only	\$4.12
Employee & Spouse	\$7.29
Employee & Child(ren)	\$8.20
Family	\$12.18

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after \$10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$130 every 24 months; 20% off amount over allowance ¹	\$25 copay <ul style="list-style-type: none"> • Single lenses • Lined bifocal lenses • Lined trifocal lenses • Lenticular lenses • Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹
Elective contacts	Covered up to \$130 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to \$60 copay
Necessary contacts	Covered in full after \$25 copay every 12 months Contact lenses can be chosen instead of glasses.

¹This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$70 which is equivalent to a \$130 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you — or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.



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This is a summary of vision coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Group life insurance

100% Employer paid by Evans Memorial Hospital

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue ¹	Benefit reduction ²
You	\$25,000	If you're under 70: \$25,000 If you're 70 or older: The lesser of \$25,000 or the amount with the prior carrier	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse ³	\$5,000		
Your child(ren) ³	<ul style="list-style-type: none">• Up to 6 months old: \$1,000• 6+ months old: \$2,000		

¹Amount of coverage you may buy without answering medical questions.

²As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

³Amount of coverage may not exceed 50% of your benefit.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
 - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).
- If you were covered as an employee, you may be eligible as a retiree.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above will require health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium for you and your covered dependents.
Conversion of terminated coverage	If coverage terminates, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



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This is a summary of group term life coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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EVANS MEMORIAL HOSPITAL

Voluntary-term life/AD&D - employee

Estimated employee semi-monthly premium amounts

End of the rate guarantee period: 12/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.37	\$0.37	\$0.42	\$0.61	\$0.84	\$1.39	\$2.24	\$3.02	\$6,500	\$3.46	\$5,000	\$5.79
\$20,000	\$0.73	\$0.73	\$0.84	\$1.21	\$1.68	\$2.77	\$4.48	\$6.04	\$13,000	\$6.93	\$10,000	\$11.57
\$30,000	\$1.10	\$1.10	\$1.26	\$1.82	\$2.52	\$4.16	\$6.72	\$9.06	\$19,500	\$10.39	\$15,000	\$17.35
\$40,000	\$1.46	\$1.46	\$1.68	\$2.42	\$3.36	\$5.54	\$8.96	\$12.08	\$26,000	\$13.86	\$20,000	\$23.13
\$50,000	\$1.83	\$1.83	\$2.10	\$3.03	\$4.20	\$6.93	\$11.20	\$15.10	\$32,500	\$17.33	\$25,000	\$28.92
\$60,000	\$2.19	\$2.19	\$2.52	\$3.63	\$5.04	\$8.31	\$13.44	\$18.12	\$39,000	\$20.79	\$30,000	\$34.70
\$70,000	\$2.56	\$2.56	\$2.94	\$4.24	\$5.88	\$9.70	\$15.68	\$21.14	\$45,500	\$24.25	\$35,000	\$40.48
\$80,000	\$2.92	\$2.92	\$3.36	\$4.84	\$6.72	\$11.08	\$17.92	\$24.16	\$52,000	\$27.71	\$40,000	\$46.26
\$90,000	\$3.29	\$3.29	\$3.78	\$5.45	\$7.56	\$12.47	\$20.16	\$27.18	\$58,500	\$31.18	\$45,000	\$52.05
\$100,000	\$3.65	\$3.65	\$4.20	\$6.05	\$8.40	\$13.85	\$22.40	\$30.20	\$65,000	\$34.65	\$50,000	\$57.83
\$110,000	\$4.02	\$4.02	\$4.62	\$6.66	\$9.24	\$15.24	\$24.64	\$33.22	\$71,500	\$38.11	\$55,000	\$63.61
\$120,000	\$4.38	\$4.38	\$5.04	\$7.26	\$10.08	\$16.62	\$26.88	\$36.24	\$78,000	\$41.58	\$60,000	\$69.39
\$130,000	\$4.75	\$4.75	\$5.46	\$7.87	\$10.92	\$18.01	\$29.12	\$39.26	\$84,500	\$45.04	\$65,000	\$75.18
\$140,000	\$5.11	\$5.11	\$5.88	\$8.47	\$11.76	\$19.39	\$31.36	\$42.28	\$91,000	\$48.50	\$70,000	\$80.96
\$150,000	\$5.48	\$5.48	\$6.30	\$9.08	\$12.60	\$20.78	\$33.60	\$45.30	\$97,500	\$51.97	\$75,000	\$86.74
\$160,000	\$5.84	\$5.84	\$6.72	\$9.68	\$13.44	\$22.16	\$35.84	\$48.32	\$104,000	\$55.43	\$80,000	\$92.52
\$170,000	\$6.21	\$6.21	\$7.14	\$10.29	\$14.28	\$23.55	\$38.08	\$51.34	\$110,500	\$58.90	\$85,000	\$98.31
\$180,000	\$6.57	\$6.57	\$7.56	\$10.89	\$15.12	\$24.93	\$40.32	\$54.36	\$117,000	\$62.36	\$90,000	\$104.09
\$190,000	\$6.94	\$6.94	\$7.98	\$11.50	\$15.96	\$26.32	\$42.56	\$57.38	\$123,500	\$65.83	\$95,000	\$109.87
\$200,000	\$7.30	\$7.30	\$8.40	\$12.10	\$16.80	\$27.70	\$44.80	\$60.40	\$130,000	\$69.29	\$100,000	\$115.65
\$210,000	\$7.67	\$7.67	\$8.82	\$12.71	\$17.64	\$29.09	\$47.04	\$63.42	\$136,500	\$72.75	\$105,000	\$121.44
\$220,000	\$8.03	\$8.03	\$9.24	\$13.31	\$18.48	\$30.47	\$49.28	\$66.44	\$143,000	\$76.22	\$110,000	\$127.22
\$230,000	\$8.40	\$8.40	\$9.66	\$13.92	\$19.32	\$31.86	\$51.52	\$69.46	\$149,500	\$79.68	\$115,000	\$133.00
\$240,000	\$8.76	\$8.76	\$10.08	\$14.52	\$20.16	\$33.24	\$53.76	\$72.48	\$156,000	\$83.15	\$120,000	\$138.78
\$250,000	\$9.13	\$9.13	\$10.50	\$15.13	\$21.00	\$34.63	\$56.00	\$75.50	\$162,500	\$86.62	\$125,000	\$144.57
\$260,000	\$9.49	\$9.49	\$10.92	\$15.73	\$21.84	\$36.01	\$58.24	\$78.52	\$169,000	\$90.08	\$130,000	\$150.35
\$270,000	\$9.86	\$9.86	\$11.34	\$16.34	\$22.68	\$37.40	\$60.48	\$81.54	\$175,500	\$93.54	\$135,000	\$156.13
\$280,000	\$10.22	\$10.22	\$11.76	\$16.94	\$23.52	\$38.78	\$62.72	\$84.56	\$182,000	\$97.00	\$140,000	\$161.91
\$290,000	\$10.59	\$10.59	\$12.18	\$17.55	\$24.36	\$40.17	\$64.96	\$87.58	\$188,500	\$100.47	\$145,000	\$167.70
\$300,000	\$10.95	\$10.95	\$12.60	\$18.15	\$25.20	\$41.55	\$67.20	\$90.60	\$195,000	\$103.94	\$150,000	\$173.48
\$310,000	\$11.32	\$11.32	\$13.02	\$18.76	\$26.04	\$42.94	\$69.44	\$93.62	\$201,500	\$107.40	\$155,000	\$179.26
\$320,000	\$11.68	\$11.68	\$13.44	\$19.36	\$26.88	\$44.32	\$71.68	\$96.64	\$208,000	\$110.87	\$160,000	\$185.04
\$330,000	\$12.05	\$12.05	\$13.86	\$19.97	\$27.72	\$45.71	\$73.92	\$99.66	\$214,500	\$114.33	\$165,000	\$190.83
\$340,000	\$12.41	\$12.41	\$14.28	\$20.57	\$28.56	\$47.09	\$76.16	\$102.68	\$221,000	\$117.79	\$170,000	\$196.61
\$350,000	\$12.78	\$12.78	\$14.70	\$21.18	\$29.40	\$48.48	\$78.40	\$105.70	\$227,500	\$121.26	\$175,000	\$202.39
\$360,000	\$13.14	\$13.14	\$15.12	\$21.78	\$30.24	\$49.86	\$80.64	\$108.72	\$234,000	\$124.72	\$180,000	\$208.17

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$370,000	\$13.51	\$13.51	\$15.54	\$22.39	\$31.08	\$51.25	\$82.88	\$111.74	\$240,500	\$128.19	\$185,000	\$213.96
\$380,000	\$13.87	\$13.87	\$15.96	\$22.99	\$31.92	\$52.63	\$85.12	\$114.76	\$247,000	\$131.65	\$190,000	\$219.74
\$390,000	\$14.24	\$14.24	\$16.38	\$23.60	\$32.76	\$54.02	\$87.36	\$117.78	\$253,500	\$135.12	\$195,000	\$225.52
\$400,000	\$14.60	\$14.60	\$16.80	\$24.20	\$33.60	\$55.40	\$89.60	\$120.80	\$260,000	\$138.58	\$200,000	\$231.30
\$410,000	\$14.97	\$14.97	\$17.22	\$24.81	\$34.44	\$56.79	\$91.84	\$123.82	\$266,500	\$142.04	\$205,000	\$237.09
\$420,000	\$15.33	\$15.33	\$17.64	\$25.41	\$35.28	\$58.17	\$94.08	\$126.84	\$273,000	\$145.51	\$210,000	\$242.87
\$430,000	\$15.70	\$15.70	\$18.06	\$26.02	\$36.12	\$59.56	\$96.32	\$129.86	\$279,500	\$148.97	\$215,000	\$248.65
\$440,000	\$16.06	\$16.06	\$18.48	\$26.62	\$36.96	\$60.94	\$98.56	\$132.88	\$286,000	\$152.44	\$220,000	\$254.43
\$450,000	\$16.43	\$16.43	\$18.90	\$27.23	\$37.80	\$62.33	\$100.80	\$135.90	\$292,500	\$155.91	\$225,000	\$260.22
\$460,000	\$16.79	\$16.79	\$19.32	\$27.83	\$38.64	\$63.71	\$103.04	\$138.92	\$299,000	\$159.37	\$230,000	\$266.00
\$470,000	\$17.16	\$17.16	\$19.74	\$28.44	\$39.48	\$65.10	\$105.28	\$141.94	\$305,500	\$162.83	\$235,000	\$271.78
\$480,000	\$17.52	\$17.52	\$20.16	\$29.04	\$40.32	\$66.48	\$107.52	\$144.96	\$312,000	\$166.29	\$240,000	\$277.56
\$490,000	\$17.89	\$17.89	\$20.58	\$29.65	\$41.16	\$67.87	\$109.76	\$147.98	\$318,500	\$169.76	\$245,000	\$283.35
\$500,000	\$18.25	\$18.25	\$21.00	\$30.25	\$42.00	\$69.25	\$112.00	\$151.00	\$325,000	\$173.23	\$250,000	\$289.13

EVANS MEMORIAL HOSPITAL

Voluntary-term life/AD&D - spouse

Estimated spouse semi-monthly premium amounts

End of the rate guarantee period: 12/31/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$5,000	\$0.19	\$0.19	\$0.22	\$0.31	\$0.43	\$0.70	\$1.13	\$1.52	\$3,250	\$1.74	\$2,500	\$2.89
\$10,000	\$0.37	\$0.37	\$0.42	\$0.61	\$0.84	\$1.39	\$2.24	\$3.02	\$6,500	\$3.46	\$5,000	\$5.79
\$15,000	\$0.55	\$0.55	\$0.64	\$0.91	\$1.27	\$2.08	\$3.37	\$4.54	\$9,750	\$5.20	\$7,500	\$8.67
\$20,000	\$0.73	\$0.73	\$0.84	\$1.21	\$1.68	\$2.77	\$4.48	\$6.04	\$13,000	\$6.93	\$10,000	\$11.57
\$25,000	\$0.92	\$0.92	\$1.06	\$1.52	\$2.11	\$3.47	\$5.61	\$7.56	\$16,250	\$8.66	\$12,500	\$14.46
\$30,000	\$1.10	\$1.10	\$1.26	\$1.82	\$2.52	\$4.16	\$6.72	\$9.06	\$19,500	\$10.39	\$15,000	\$17.35
\$35,000	\$1.28	\$1.28	\$1.48	\$2.12	\$2.95	\$4.85	\$7.85	\$10.58	\$22,750	\$12.13	\$17,500	\$20.24
\$40,000	\$1.46	\$1.46	\$1.68	\$2.42	\$3.36	\$5.54	\$8.96	\$12.08	\$26,000	\$13.86	\$20,000	\$23.13
\$45,000	\$1.65	\$1.65	\$1.90	\$2.73	\$3.79	\$6.24	\$10.09	\$13.60	\$29,250	\$15.59	\$22,500	\$26.02
\$50,000	\$1.83	\$1.83	\$2.10	\$3.03	\$4.20	\$6.93	\$11.20	\$15.10	\$32,500	\$17.33	\$25,000	\$28.92
\$55,000	\$2.01	\$2.01	\$2.32	\$3.33	\$4.63	\$7.62	\$12.33	\$16.62	\$35,750	\$19.05	\$27,500	\$31.80
\$60,000	\$2.19	\$2.19	\$2.52	\$3.63	\$5.04	\$8.31	\$13.44	\$18.12	\$39,000	\$20.79	\$30,000	\$34.70
\$65,000	\$2.38	\$2.38	\$2.74	\$3.94	\$5.47	\$9.01	\$14.57	\$19.64	\$42,250	\$22.51	\$32,500	\$37.59
\$70,000	\$2.56	\$2.56	\$2.94	\$4.24	\$5.88	\$9.70	\$15.68	\$21.14	\$45,500	\$24.25	\$35,000	\$40.48
\$75,000	\$2.74	\$2.74	\$3.16	\$4.54	\$6.31	\$10.39	\$16.81	\$22.66	\$48,750	\$25.99	\$37,500	\$43.37
\$80,000	\$2.92	\$2.92	\$3.36	\$4.84	\$6.72	\$11.08	\$17.92	\$24.16	\$52,000	\$27.71	\$40,000	\$46.26
\$85,000	\$3.11	\$3.11	\$3.58	\$5.15	\$7.15	\$11.78	\$19.05	\$25.68	\$55,250	\$29.45	\$42,500	\$49.15
\$90,000	\$3.29	\$3.29	\$3.78	\$5.45	\$7.56	\$12.47	\$20.16	\$27.18	\$58,500	\$31.18	\$45,000	\$52.05
\$95,000	\$3.47	\$3.47	\$4.00	\$5.75	\$7.99	\$13.16	\$21.29	\$28.70	\$61,750	\$32.91	\$47,500	\$54.93
\$100,000	\$3.65	\$3.65	\$4.20	\$6.05	\$8.40	\$13.85	\$22.40	\$30.20	\$65,000	\$34.65	\$50,000	\$57.83
\$105,000	\$3.84	\$3.84	\$4.42	\$6.36	\$8.83	\$14.55	\$23.53	\$31.72	\$68,250	\$36.38	\$52,500	\$60.72
\$110,000	\$4.02	\$4.02	\$4.62	\$6.66	\$9.24	\$15.24	\$24.64	\$33.22	\$71,500	\$38.11	\$55,000	\$63.61
\$115,000	\$4.20	\$4.20	\$4.84	\$6.96	\$9.67	\$15.93	\$25.77	\$34.74	\$74,750	\$39.84	\$57,500	\$66.50
\$120,000	\$4.38	\$4.38	\$5.04	\$7.26	\$10.08	\$16.62	\$26.88	\$36.24	\$78,000	\$41.58	\$60,000	\$69.39
\$125,000	\$4.57	\$4.57	\$5.26	\$7.57	\$10.51	\$17.32	\$28.01	\$37.76	\$81,250	\$43.30	\$62,500	\$72.28
\$130,000	\$4.75	\$4.75	\$5.46	\$7.87	\$10.92	\$18.01	\$29.12	\$39.26	\$84,500	\$45.04	\$65,000	\$75.18
\$135,000	\$4.93	\$4.93	\$5.68	\$8.17	\$11.35	\$18.70	\$30.25	\$40.78	\$87,750	\$46.78	\$67,500	\$78.06
\$140,000	\$5.11	\$5.11	\$5.88	\$8.47	\$11.76	\$19.39	\$31.36	\$42.28	\$91,000	\$48.50	\$70,000	\$80.96
\$145,000	\$5.30	\$5.30	\$6.10	\$8.78	\$12.19	\$20.09	\$32.49	\$43.80	\$94,250	\$50.24	\$72,500	\$83.85
\$150,000	\$5.48	\$5.48	\$6.30	\$9.08	\$12.60	\$20.78	\$33.60	\$45.30	\$97,500	\$51.97	\$75,000	\$86.74
\$155,000	\$5.66	\$5.66	\$6.52	\$9.38	\$13.03	\$21.47	\$34.73	\$46.82	\$100,750	\$53.70	\$77,500	\$89.63
\$160,000	\$5.84	\$5.84	\$6.72	\$9.68	\$13.44	\$22.16	\$35.84	\$48.32	\$104,000	\$55.43	\$80,000	\$92.52
\$165,000	\$6.03	\$6.03	\$6.94	\$9.99	\$13.87	\$22.86	\$36.97	\$49.84	\$107,250	\$57.16	\$82,500	\$95.41
\$170,000	\$6.21	\$6.21	\$7.14	\$10.29	\$14.28	\$23.55	\$38.08	\$51.34	\$110,500	\$58.90	\$85,000	\$98.31
\$175,000	\$6.39	\$6.39	\$7.36	\$10.59	\$14.71	\$24.24	\$39.21	\$52.86	\$113,750	\$60.63	\$87,500	\$101.19
\$180,000	\$6.57	\$6.57	\$7.56	\$10.89	\$15.12	\$24.93	\$40.32	\$54.36	\$117,000	\$62.36	\$90,000	\$104.09
Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$185,000	\$6.76	\$6.76	\$7.78	\$11.20	\$15.55	\$25.63	\$41.45	\$55.88	\$120,250	\$64.09	\$92,500	\$106.98
\$190,000	\$6.94	\$6.94	\$7.98	\$11.50	\$15.96	\$26.32	\$42.56	\$57.38	\$123,500	\$65.83	\$95,000	\$109.87
\$195,000	\$7.12	\$7.12	\$8.20	\$11.80	\$16.39	\$27.01	\$43.69	\$58.90	\$126,750	\$67.55	\$97,500	\$112.76
\$200,000	\$7.30	\$7.30	\$8.40	\$12.10	\$16.80	\$27.70	\$44.80	\$60.40	\$130,000	\$69.29	\$100,000	\$115.65

Child(ren) premium amounts (per family) – Child(ren) are covered until age 26

\$5,000	\$0.50
\$10,000	\$1.00
\$20,000	\$2.00

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Long-term disability

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary monthly benefit	60% of your earnings up to \$5,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	Benefits begin after 90 days
Own occupation period	2 year
Benefit payment period	Up to 5 years
Limitations & exclusions	
Pre-existing conditions	3 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 60% of your earnings prior to your disability up to \$5,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is 90 days. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

Once I start receiving benefits, how long will they continue?

Age disability occurs	Benefits are payable until the later of:
Under age 62	Until the earlier of the date you reach age 65 or 5 years
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Do I need to provide health information?

- Amounts above \$5,000 require you to provide health information.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.
- You're performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 60% of your indexed income prior to your disability.

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Long term disability - ALL OTHER MEMBERS

Estimated monthly benefit amount & semi-monthly deduction amount

End of rate guarantee period: 12/31/2023

To determine your estimated semi-monthly deduction, multiply your covered monthly earnings by your age rate in the box at the right. See your benefit summary for the definition of earnings.

Covered monthly earnings: \$ _____
If your monthly earnings are greater than \$8,333.33 then use \$8,333.33 as your earnings.

X Age rate: _____

X Employee Contribution Percent: 100%

= Employee's estimated semi-monthly deduction : \$ _____

Age	Semi-monthly rate
Under age 24	0.00065
25-29	0.00065
30-34	0.00160
35-39	0.00160
40-44	0.00290
45-49	0.00415
50-54	0.00645
55-59	0.00850
60-64	0.01370
65-69	0.01655
70+	0.01655

To determine your estimated monthly benefit amount, multiply your covered monthly earnings by your benefit percentage.

Covered monthly earnings: \$ _____
If your monthly earnings are greater than \$8,333.33 then use \$8,333.33 as your earnings.

X Benefit percentage: 0.60

= Estimated monthly benefit amount: \$ _____

Example

Age 30; covered monthly earnings: \$4,000; age rate is 0.0016; Employee Contribution: 100%

Employee's estimated semi-monthly deduction : $\$4,000.00 \times 0.0016 \times 1.00 = \6.40

Estimated monthly benefit amount : $\$4,000.00 \times 0.60 = \$2,400.00$

Contact Information

Core Management Resources

Member Services: Monday thru Friday, 8:00 a.m. to 5:00 p.m. ET

Medical Claims Website: www.corehealthbenefits.com

Phone: 1-888-741-2673

Provider Network – Memorial Health Partners

Website: www.memorialhealth.com/physicians

Phone: 912-350-6250

*You can always contact Core as well to help you locate an in-network provider.

Out of area Network- First Health Network

Website: <https://providerlocator.firsthealth.com/LocateProvider/>

Phone: 1-800-226-5116

Principal

Website: <https://www.principal.com/>

Dental/Vision Claims Department: 1-800-247-4695

Life/Disability Claims Department: 1-800-245-1522

Additional Contact Information

Peach Care for Kids

www.peachcare.org/

1-877-427-3224

Social Security Administration

www.ssa.gov

1-800-772-1213

Centers for Medicare & Medicaid Services (CMS)

www.medicare.gov

Help Line

24 hours a day/7 days per week

800-633-4227

TTY 877-486-2048



CORE MANAGEMENT RESOURCES

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