

2019

Liberty Advantage Employee Benefit Program



LIBERTY
REGIONAL
MEDICAL CENTER

Core Management Resources Group
December 1, 2018 to November 30, 2019

Introduction

Liberty Regional Medical Center is pleased to offer you a comprehensive package of employee benefits. The selection provides you with a broad range of choice and flexibility. You have the opportunity to design a personalized benefit package to fit your individual needs. This booklet is designed to provide you with an overview of your benefits, guide you through your choices and assist you with the enrollment process.

Should there be a conflict between the information in this booklet and the terms of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases.

Plan descriptions can be found on your employee intranet site under the Human Resources tab on the Benefits Enrollment Link.

Employee Benefit Package

- Medical Coverage
- Dental Coverage
- Vision Coverage
- Flexible Spending Account
- Basic Term Life Insurance
- Voluntary Term Life Insurance
- Long Term Disability Insurance
- 403(b) Retirement Plan
- Ancillary Benefits (Accident, Life, Cancer, Short Term Disability, and Critical Care Insurance)

Your medical and dental benefits will be administered by **Core Management Resources Group** (Core) location in Macon, GA. Your pharmacy benefit manager will be **Caremark**. Your vision plan will continue to be offered through **EyeMed** and additional benefit coverages offered by **Unum**. Please refer to the specific medical, prescription, dental and vision plan information in this guidebook.



General Provisions

Eligibility

Regular, fulltime employees working 30 or more hours per week are eligible for the benefits described in this guide. You may also enroll eligible dependent(s) including:

- Your legal spouse
- Your children, natural or adopted
- Step-children who meet the dependent status requirements of the plan.
- Children who have been placed with you for adoption.
- Children for who you are the legal guardian

Coverage is available for children until they reach age 26.

Waiting Period

The waiting period for all benefits listed above is **30 days of fulltime active employment**. Your coverage effective date is the first of the month following the 30 days.

Enrollment

Liberty Regional Medical Center utilizes an online enrollment system. Please refer to page 17 for details regarding how to enroll or contact Human Resources.

You may enroll within 31 days of your initial eligibility date, or during the annual enrollment period. In addition, if you experience a qualifying event during the year you may make changes within 31 days of the event. A qualifying event could be:

- Involuntary loss of other benefits
- Marriage or Divorce
- Birth of a child
- Adoption or placement of a child in your home for adoption

You may be required to provide supporting documentation when you enroll following a qualifying event such as a marriage or birth certificate.

Medical Coverage

Liberty Regional Medical Center offers you the choice of two Preferred Provider Organization (PPO) style medical plans, Platinum and Silver. These PPO plans follow the same metal tier designation used by most employers. The higher the metal value, the higher the level of benefits. Also, the higher the metal value, the higher the employee premium.

Both Platinum and Silver plans:

- Provide comprehensive health insurance coverage and financial protection from a catastrophic illness or injury.
- Utilize the Liberty Regional Medical Center and Memorial Health Partner's network of providers.
- Have both in-network and out-of-network benefits.
- Include a prescription drug card with affordable copayments.
- Can be paired with a medical flexible spending account.
- Provide financial incentives to utilize Liberty Regional Medical Center facility and health care professionals.

About your Copay, Deductible and Out-of-Pocket Maximum

- Copays apply to services such as office visits, urgent care or walk-in clinic visits. Once you pay the copay, the plan pays for the remaining eligible charges at 100%.
- The deductible applies to services like surgeries or inpatient hospital stays. After you pay your annual deductible, the plan will pay a percentage of the eligible charges. The remaining percentage is your responsibility up to an annual out-of-pocket maximum.
- Your copays (including prescription copays), deductible and coinsurance all apply to the annual out-of-pocket maximum.

Preventative Care

Most preventative care such as immunizations, certain contraceptives, lactation counseling and breast pumps will be covered at 100% with no copay or coinsurance under both plans. You will not pay anything for these services when:

- The provider is in your network and the main purpose of your visit is for preventative care.
- You choose generic contraceptives.
- You purchase a breast pump (per the guidelines of your plan).

In addition, the plan pays 100% for routine services that are billed separately.

Liberty Advantage Employee Health Plan			
Plan Name	Plan A1 Platinum		
Network	LRMC	Memorial Health Plan (MHP)	
Deductibles/Coins.	\$500 - 90%	\$1,500 - 80%/50%	
Prescription (Rx)	\$10/25/50		
	IN	IN	OUT
Calendar Year Deductible	\$500	\$1,500	\$3,000
Family Deductible	\$1,000	\$3,000	\$6,000
Lifetime Maximum Benefit	Unlimited		
Coinsurance after Deductible	90%	80%	50%
Individual Out of Pocket Max	\$3,000		Unlimited
Family Out of Pocket Max	\$6,000		Unlimited
Preventive Care Services	No Cost	No cost	Deductible then 50%
Office Visits (labs/X-rays) Walk-in Clinic	\$10 co-pay	\$25 co-pay	Deductible then 50%
Specialty Doctor Office Visits	\$30 co-pay	\$45 co-pay	Deductible then 50%
Surgery (physician office)	Deductible then 10%	Deductible then 20%	Deductible then 50%
Maternity (Prenatal/delivery)	Deductible then 10%	Deductible then 20%	Deductible then 50%
Emergency Room	\$250 copay, then 80%		
Non-Emergency Use	Deductible then 10%	Not covered	
Inpatient Hospital (Co-pay & Coinsurance) Per admittance	Deductible then 10%	Deductible then \$200 co-pay & 20% coins.	Deductible then \$600 co-pay & 50%
Outpatient Dialysis Treatment: (In-Network and Out of Network)- 100% of the lesser of (i) the Usual, Customary, and Reasonable Outpatient Dialysis Charge as defined in “Outpatient Dialysis Treatment” Section in the Plan Document, (ii) the maximum allowable charge after all applicable deductibles and cost-sharing; and (iii) such charge as is negotiated between the Plan Administrator and the provider of Outpatient Dialysis Treatment.	Member pays Deductible then 10% of Usual, Customary and Reasonable Charges	Member pays Deductible then 20% of Usual, Customary and Reasonable Charges	Member pays Deductible then 50% of Usual, Customary and Reasonable Charges
Outpatient Labs & X-ray	No Cost	Deductible then 20%	Deductible then 50%
Therapy Services (Speech, PT) 25 visits max per calendar yr.	Deductible then 10%	Deductible then 20%	Deductible then 50%
Mental Health Substance Abuse	Deductible then 10%	Deductible then 20%	Deductible then 50%
Urgent Care Center	NA	\$75 co-pay	Deductible then \$75 co-pay, & 50%
Durable Medical Equip.	NA	Deductible then 20%	Deductible then 50%
Prescriptions Co-pays	Retail Pharmacy (30-day supply only)		
Generic	\$10		N/A
Preferred	\$25		N/A
Non-Preferred	\$50		N/A
Specialty Drugs	20% (\$250 copay max)		N/A
	MAIL ORDER (60, 90-day supply)		
Generic	\$25		N/A
Preferred	\$50		N/A
Non-Preferred	\$100		N/A
Specialty Drugs	20% (\$750 copay max per 30-day supply)		N/A

Liberty Advantage Employee Health Plan			
Plan Name	Plan C Silver		
Network	LRMC	Memorial Health Plan (MHP)	
Deductibles/Coins.	\$1,000 - 85%	\$3,000 - 75%/50%	
Prescription (Rx)	\$10/30/60		
	IN	IN	OUT
Calendar Year Deductible	\$1,000	\$3,000	\$6,000
Family Deductible	\$2,000	\$6,000	\$12,000
Lifetime Maximum Benefit	Unlimited		
Coinsurance after Deductible	85%	75%	50%
Individual Out of Pocket Max	\$5,500		Unlimited
Family Out of Pocket Max	\$11,000		Unlimited
Preventive Care Services	No cost	No cost	Deductible then 50%
Office Visits (labs/X-rays) Walk-in Clinic	\$35 co-pay	\$40 co-pay	Deductible then 50%
Specialty Doctor Office Visits	\$45 co-pay	\$60 co-pay	Deductible then 50%
Surgery (physician' s office)	Deductible then 15%	Deductible then 25%	Deductible then 50%
Maternity (Prenatal/delivery)	Deductible then 15%	Deductible then 25%	Deductible then 50%
Emergency Room	\$250 copay, then 80%		
Non-Emergency Use	Deductible then 15%	Not Covered	
Inpatient Hospital (Co-pay & Coinsurance) Per admittance	Deductible then 15%	Deductible then \$400 co-pay & 25% Coins.	Deductible then \$1200 Coins. & 50%
Outpatient Dialysis Treatment: (In-Network and Out of Network)-100% of the lesser of (i) the Usual, Customary, and Reasonable Outpatient Dialysis Charge as defined in “Outpatient Dialysis Treatment” Section in the Plan Document, (ii) the maximum allowable charge after all applicable deductibles and cost-sharing; and (iii) such charge as is negotiated between the Plan Administrator and the provider of Outpatient Dialysis Treatment.	Member pays Deductible then 15% of Usual, Customary and Reasonable Charge	Member pays Deductible then 25% of Usual, Customary and Reasonable Charges	Member pays Deductible then 50% of Usual, Customary and Reasonable Charges
Outpatient Labs & X-ray	No Cost	Deductible then 25%	Deductible then 50%
Therapy Services (Speech, PT) 25 visits max per calendar yr.	NA	Deductible then 25%	Deductible then 50%
Mental Health Substance Abuse	Deductible then 15%	Deductible then 25%	Deductible then 50%
Urgent Care Center	NA	\$75 co-pay	Deductible then \$75 co-pay, & 50%
Durable Medical Equip.	NA	Deductible then 25%	Deductible then 50%
Prescriptions Co-pays	Retail Pharmacy (30-day supply only)		
Generic	\$10		N/A
Preferred	\$25		N/A
Non-Preferred	\$50		N/A
Specialty Drugs	20% (\$250 copay max.)		N/A
	MAIL ORDER (60, 90-day supply)		
Generic	\$25		N/A
Preferred	\$50		N/A
Non-Preferred	\$100		N/A
Specialty Drugs	20% (\$750 copay max per 30-day supply)		N/A

Liberty Regional Medical Center (LRMCN) and Memorial Health Partners (MHP)

Provider Network

The LRMCN and MHP Network will be the network of preferred providers for the LRMC Employee Health Plan. The primary hospital facilities for this network are LRMC and Memorial Health Medical Center. You will also have access to all MHP facilities and physicians in the MHP network. However, **you will receive the greatest level of benefits when you utilize LRMC owned facilities and providers**, then Memorial Health Medical Center.

Providers not in the MHP network will be considered out-of-network. You can access providers outside of this provider network, but they will be subject to a higher deductible and higher out-of-pocket maximum.

Provider Search

Search for providers at: <https://www.memorialhealth.com/consumers-members.aspx>



Prescription Drug Program

When you elect medical coverage, you are automatically covered under the prescription drug plan based on your medical plan election. The coverage allows you to fill your prescriptions at participating pharmacies as well as through mail order programs. CVS Caremark administers your benefit plan.

Controlling your prescription drug costs:

When you have a prescription filled the amount you pay is based on what type of drug you choose. You have the opportunity to lower your cost by choosing a generic drug over a brand name of formulary drug.

A **generic** drug is one that meets the same standard as the brand name drugs for safety, purity, strength, and effectiveness. **You pay a lower amount when you choose generic drugs.**

A **preferred brand** name drug is a brand name drug that is listed on the Preferred Drug List (aka drug formulary). These drugs are determined to be the drug of first choice for certain conditions and may not have generic equivalents.

A **non-preferred** brand name drug is a brand name drug that is not listed on the preferred list and usually has a less costly generic or preferred brand alternative. These prescriptions are usually covered at the highest copay or coinsurance level.

Please note:

- Your prescription benefit plan design may not cover certain products or categories regardless of their appearance in the formulary. Products recently approved by the US Food and Drug Administration (FDA) may not be covered upon release to the market.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- **For specific information regarding your prescription benefit coverage and copay information, please visit www.caremark.com.**
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- In most cases a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

How the Preferred Drug List Works

Drugs are added to the list on a quarterly basis. Brand-name drugs can be removed at the end of a calendar year. The list is updated every January. If a generic becomes available, the brand-name drug will become a “non-preferred” drug and then only available at a higher cost.

TOBACCO AFFIDAVIT



If you enroll in one of the medical plans, you must complete this Affidavit **on-line** to indicate the use, or non-use, of tobacco products. Liberty Regional Medical Center will apply a \$25 surcharge to tobacco users. The \$25 per pay period tobacco surcharge will apply if you do not complete and return the Affidavit. Tobacco products include all forms of cigarettes, cigars, smoking tobacco, chewing tobacco, snuff, and any other product containing at least 50 percent tobacco regardless of the number of times, frequency, or method of use.

SPOUSAL AFFIDAVIT



Employee's Name: _____

Employee Number: _____ Department: _____

To enroll your spouse in the medical plan, you must complete and return this Affidavit, along with the required documentation, to indicate that your spouse is not eligible for any other health coverage.

Your spouse will not be added to your medical plan until this Affidavit is completed and returned. For example, you will be enrolled as "Employee Only" before being changed to "Employee + Spouse" (or "Employee + Child" before being changed to "Employee + Family").

This Affidavit must be completed and returned to Liberty Regional Human Resources by enrollment deadline.

Email: gwynn@libertyregional.org

Fax: 912.877.5751

Check appropriate box sign and date form and submit required documentation to Human Resources.

- ☐ My spouse is employed but is not eligible for or not offered health benefits through his/her employer. A letter, on the employer's letterhead with an employer contact person's name and phone number, that states my spouse's name and that my spouse is not offered health benefits is attached.
- ☐ My spouse is self-employed and not covered under any other employer sponsored health coverage. A copy of the prior year's federal tax return (with financial information blocked out) showing self-employment status is attached. If recently self-employed, a signed, notarized statement is attached stating the name of my spouse, a statement attesting that my spouse is currently self-employed, the name of his/her business (or nature of business if no name), and not covered under any other health coverage.
- ☐ My spouse is unemployed and not covered under any other group health plan. A copy of the prior year's federal tax return (with financial information blocked out) showing unemployment status is attached. If recently unemployed, a signed, notarized statement is attached stating the name of my spouse and a statement attesting that my spouse is currently unemployed and not covered under any other health coverage plan. *Spouses who reach age 65 during the plan year will be eligible for Medicare (group health coverage plan) and therefore are non-eligible under the Liberty Advantage plan at such date.*

I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to corrective action, up to and including termination of employment, if I knowingly and willfully make false or fraudulent statements or representation to Liberty Regional Medical Center regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Signature _____

Date _____

Any status change to your spouse's coverage with **their** employer must be **reported to your Liberty Regional Medical Center Human Resources Department within 30 days**

Dental and Vision Plans

Liberty Regional Medical Center offers two dental plan choices for you and your dependents. There is no dental network, so you can visit any dentist you choose. For any questions, please call Core at 1-888-741-2673.

Dental Plan Summary

Plan Details	Basic Plan	Preferred Plan
Calendar Year Deductible	\$50 per person Applies to Basic Services	Applies to Basic & Major Services \$50/Person
Preventative Services	Covered at 100%	Covered at 100%
Basic Services	Covered at 80% (you pay 20%)	Covered at 80% (you pay 20%)
Major Services	Not Covered	Covered at 50% (you pay 50%)
Calendar Year Maximum	\$1,000	\$2,000
Orthodontia (to age 19)	Not Covered	Covered at 50% (you pay 50%) Lifetime maximum of \$1,000

Liberty Regional Medical Center offers you a vision plan through EyeMed. To find an EyeMed network provider, go to www.eyemed.com

Vision Plan Summary

Plan Details	In-Network
Eye Exam (once every 12 months)	\$10 copay
Frames (once every 24 months)	\$0 copay; \$130 allowance; 20% off the balance over \$130
Standard Plastic Lenses (once every 12 months)	\$25 copay
Conventional Contact Lenses (once every 12 months)	\$0 copay; \$130 allowance; 15% off the balance over \$130
Disposable Contact Lenses	\$0 copay; \$130 allowance, plus the balance over \$130

Your Dental and Vision out-of-pocket expenses (deductible, copayments and coinsurance do NOT apply towards your medical out-of-pocket maximum.)

Flexible Spending Accounts (FSA)

Liberty Regional Medical Center offers you the opportunity to take advantage of tax savings available by participating in a Healthcare FSA and/or Dependent Care FSA. An FSA is a tax-effective, money-saving option that helps you pay for qualified healthcare expenses that aren't covered by your health plan and for dependent care services necessary to enable you to work.

How an FSA Works

You determine how much to contribute to the account in pre-tax money each pay period.

Healthcare FSA

- The maximum you can contribute per year is \$2,600
- Use the money in the account to pay for eligible expenses not reimbursed by your medical, dental or vision plan.
- All IRS code 213(d) expenses are eligible including deductible, coinsurance, and copays.
- Certain over-the-counter items qualify too, as long as you have a written prescription.
- Your entire annual election is available to you on the first day of the plan year.

Dependent Care FSA

- The maximum you can contribute is \$5,200 per year or \$2,600 if you are married and filing separate tax returns.
- Use the money in the account to pay for eligible day care type expenses for the care of children or adults.
- Expenses are eligible if they are for the care of a person under age 12 or an adult dependent who is unable to care for themselves.
- Only the amount you contribute that month is available at any given time during the plan year.

Is an FSA right for you?

The healthcare FSA may be right for you if you and your eligible dependents typically have predictable out-of-pocket expenses during the year. The Dependent Care FSA may be right for you if you have day care expenses for an eligible dependent while you are at work. The Healthcare FSA allows for rollover up to \$500 at the end of the year but that rollover money must be used in the following year or the money is forfeited.

Life Insurance

Basic Life Insurance and Accidental Death Insurance

Liberty Regional Medical Center's Basic Life and Accidental Death insurance provides important financial protection for you and your survivors. Basic Life coverage is provided for all full-time employees in the amount of 200% of your annual salary (with a minimum \$20,000 and a maximum of \$260,000). This coverage includes Accidental Death and Dismemberment equal to one-times the amount of Basic Life coverage.

Your spouse is also eligible for coverage in the amount of \$2,000 and your dependent children from live birth to age 26 are eligible for coverage in the amount of \$1,000.

Voluntary Term Life and Accidental Death Insurance

You can also purchase additional optional Voluntary Term Life insurance coverage for yourself, your spouse, and your children. You can purchase coverage for yourself in increments of \$25,000 to a maximum of \$500,000 (or 5 times your salary, whichever is less). You must purchase coverage for yourself in order to cover your dependents.

For your spouse, you can purchase in increments of \$5,000 to a maximum of \$500,000 but not more than the amount purchased for yourself. If purchasing coverage for your children, the limits are based on the child's age to a maximum of \$10,000.

Any amounts that exceed the guarantee issue amount shown below will require Evidence of Insurability (EOI). You may increase your coverage up to the guarantee issue amount without EOI at annual enrollment.

Plan Details	Basic Life and AD&D	Voluntary Term Life and AD&D
Guarantee Issue	Underwriting may be required depending on the amount and/or age	Up to \$150,000 per employee, \$50,000 for spouse and \$10,000 for dependent children
Premiums	Paid by LRMC for eligible employees	Increase on plan anniversary after you enter next 5-year age group
Portability	No	Yes, with restrictions
Conversion	Yes, with restrictions	Yes, restrictions
Accelerated Life Benefit	Yes	Yes
Waiver of Premiums	Yes, if conditions met	Yes, if conditions met
Benefit Reductions	65% at age 65, 50% at 70	65% at age 65, 50% at 70

Long Term Disability (LTD)

Liberty Regional Medical Center is pleased to provide Long Term Disability insurance to protect your most important assets – your monthly income. This coverage is paid in full by LRMC.

Long-Term Disability (LTD)

Nearly everyone uses insurance to protect various assets from cars to home to jewelry. However, many people do not have long term disability coverage. Studies show that American workers face at least a one-in-three chance of being disabled for three months or longer during their career. For many families, the prospect of losing income or living on half a paycheck isn't an option. How would you afford essentials like food, utilities and house or car payments? Long term disability insurance provides you a basic safety net should the need arise.

- Your monthly LTD benefits will be 60% of your monthly pre-disability earnings up to a maximum of \$5,000.
- Your benefits will begin following the 90-day elimination period.
- The maximum period of payment is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65, benefits are payable according to an age-based schedule. The minimum monthly benefit is the greater of \$100 or 10% of the gross monthly benefit.

Benefit	What it means to you...
Zero Day Residual Provision	You can satisfy the elimination period without being totally disabled
Partial Disability	You receive partial disability benefits while working a reduced schedule.
Return-to-Work Incentive	During the first 24 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly indexed pre-disability earnings.
Worksite Modification	You can remain at work or return to work with worksite modifications.
Rehabilitation Program	You receive vocational evaluation and job placement assistance.
Waiver of Premium	Your disability premiums are waived while you are disabled.
Employee Assistance Program	Telephonic EAP with online work/life services

403(b) Retirement Plan

Retirement Plan Highlights																					
Plan year		January 1st through December 31th																			
Eligibility		Employees shall be eligible to contribute 403(b) elective deferrals on their employment date. Eligible employees shall participate in employer contributions following the completion of 90 days of service and the attainment of age 21																			
Entry Date		Eligible employees shall enter the plan for participation in employer contributions on the December 1 st to June 1 st after satisfying eligibility requirements.																			
Employee Contributions		Eligible participants may choose to contribute pre-tax 403(b) contributions up to \$19,000 for 2019. The salary deferral dollar limit may increase in future years. In accordance with the costs-of-living increases approved by the Secretary of Treasury. 403(b) contributions will be deducted from payroll before federal and state (if any) taxes applied. 403(b) contributions are subject to Social Security and Medicare taxes. 403(b) contributions may be increased or reduced on December 1 st and June 1 st each year. A participant may stop 403(b) contributions at any time.																			
Catch-up Contributions		Eligible participants projected to attain age 50 during the calendar year may make an additional 403(b) catch-up contribution of \$6,000 in 2019. The catch-up contribution dollar limit may increase in future years in accordance with the cost-of-living increases approved by the Secretary of Treasury.																			
Company Contributions		Employer will make a matching contribution equal to 50% of the elective deferrals up to 4% of annual compensation. Employer may make a discretionary profit sharing contribution in an amount determined by the Board of Directors.																			
Funding		Each participant will be provided with an individual investment account from which he can self-direct the investment of his employee and employer contribution among a diversified selection of mutual funds.																			
Vesting		Employee contribution accounts are always fully (100%) vested. Employer matching contributions accounts are subject to the following graded vesting schedule based on years of services. <table><tr><td>Years</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>Vesting</td><td>0%</td><td>20%</td><td>40%</td><td>60%</td><td>80%</td><td>100%</td></tr></table>						Years	1	2	3	4	5	6	Vesting	0%	20%	40%	60%	80%	100%
Years	1	2	3	4	5	6															
Vesting	0%	20%	40%	60%	80%	100%															
Benefits Distributions		A distribution of benefits is available immediately upon death, disability, retirement, or termination of employment. The normal form of payment for a single participant is a life annuity, and if married, a joint and survivor annuity. Alternatively, a participant and spouse if married may complete a written waiver to opt out of																			

	the annuity in favor of a lump sum cash payment equal to the actual vested value of the account.
In-Service Distributions	Participants who attain age 59 ½ and are 100% vested may request a partial or full distribution of their profit sharing balance and continue working.
Hardship Withdrawals	<p>Hardship distributions are permitted from a participant's elective deferral accounts, subject to strict IRS regulations and penalties and only for the following reasons:</p> <ul style="list-style-type: none"> • To cover medical expense for you and your dependents; to cover the next 12 of post-secondary education expenses for you or your dependents; to purchase your own primary residence; to prevent foreclosure or eviction; to cover funeral expenses for a family member; and to cover repairs for a primary residence due to casualty if deductible under Code Section 165. • Hardship distributions are subject to federal and state ordinary income tax, and if the participant is under age 59 ½, a 10% excise tax. In addition, the participant is suspended from making any future 403(b) contributions for 12 months. When eligible to recommence 403(b) contribution dollar amount in effect for that calendar year is reduced by the amount of the participant's elective deferrals in the year of the hardship distributions.
Loans	You may borrow up to 50% of your vested account balance not to exceed \$50,000. No more than one outstanding loan is permitted. The loan must be repaid through payroll deduction over a period not to exceed 5 years. The participant's account will be charged a loan origination fee of \$75 and an annual maintenance fee of \$30.
Account Inquiry	Account balance information is available 24 hours per day, 7 days per week via the internet website (www.nationwide.com) or by using the toll free INQUIRE voice response system (1-800-772-2182). Participants may also use the 24-hour service to change their investment fund elections for future contributions or exchange monies between investment funds. In addition, each participant will be provided with a quarterly statement of his account.

Other Benefit Information

PTO and EI

Paid Time Off (PTO) and Extended Illness (EI) benefits are available for all full time benefit eligible employees. These benefits provide pay for time away from work for vacation, holidays, personal and family illness or other personal needs. EI may be used for a variety of reasons, however primarily for your illness or the illness of an immediate family member. New employees with 0-4 years of service will accrue up to 176 hours (22 days) of PTO and 56 hours (7 days) of EI annually.

Family Medical Leave (FMLA)

Individuals who are unable to work due to a serious medical condition, or caring for a family member with a serious medical condition, may qualify for FMLA. FMLA provides up to 12 weeks of job-protected leave to eligible employees with certain medical and family reasons. To request FMLA, employees should:

- Notify director or supervisor
- Submit the FMLA Request
- Send Certification of Healthcare Provider Form to attending physician
- Ensure all forms are returned to Human Resources, Benefits Specialist
- Wait for approval status and instructions from Human Resources

Jury Duty

Employees who receive a summons for jury duty may be paid at their current rate for any scheduled work time that is missed. Employees should submit their compensation checks from the court system to Human Resources.

Bereavement

Eligible full-time employees may use up to 3 days of bereavement in lieu of using PTO for

the death of an immediate family member. Immediate family members are considered yours or your spouses: father, mother, brother, sister, child, grandparents, grandchildren, or person in loco parentis (who acts in place of parent). Proof of relationship will be required.

Educational Assistance

LRMC provides financial assistance to individuals wishing to begin a program that leads to a degree, licensure, certification, or registry in an area of need for the organization. Application packets are available in the Human Resources office.

Employee Assistance Program

The Fraser Center provides LRMC with employee assistance. All employees, part time or full time, are eligible for this benefit. Employees and their dependents (spouse and children) may receive up to 3 free visits annually for services at the Fraser Center. Sessions are private and confidential. Contact the Fraser Center at 912-369-7777.

Employee Discounts

- Hospital/Nursing home Cafeteria Meals
- Hospital Gift Shop
- Medical Services at the Hospital/ Nursing home
- Local/Area Business Discounts

Meal Cards

Upon request, Human Resources will issue authorized personnel a meal card allowing meals to be charged and payroll deducted. Complete the Meal Charges-Payroll Deduction Authorization Form and submit it to Human Resources to be issued a meal card.

Terms to Know

Annual Out-of-Pocket Maximum: The maximum amount of money you have to pay in copays, deductibles and coinsurance in any calendar year.

Coinsurance: The way you and your employer share the cost of covered health care expenses after you meet your deductible. Coinsurance counts toward your annual out-of-pocket maximum.

Contribution or Employee Contribution: Your portion of healthcare costs that are deducted from your paycheck.

Copay: A flat dollar amount you pay with the medical, dental and vision plans at the time you receive certain services or prescription drugs. Copays apply toward your annual out-of-pocket maximum.

Deductible: The amount of money you pay for certain covered services before the plan pays. Your deductible counts toward satisfying your annual out-of-pocket maximum.

FSA (Flexible Spending Account): Accounts allowing you to set aside pre-tax money to pay

for eligible healthcare and/or dependent care expenses.

In-Network: In-network providers have agreed to negotiated discounted rates with Liberty Regional Medical Center. You will pay less when you use in-network providers.

Out-of-Network: Providers that are not on the Liberty Regional Medical Center or Liberty Advantage Network list. You may not have coverage, or will pay more, when you use an out-of-network provider.

PCP: Primary Care Physician. This is a physician who provides diagnosis of, and continuing care for, varied medical conditions.

Preventive Care: Preventive care services include screenings, immunizations and other procedures that are designed to detect and treat medical conditions to prevent avoidable illnesses.

Provider: Professionals who perform healthcare services including medical and eye doctors, hospitals, medical treatment centers, pharmacies, and dentists.

How the Medical Deductible Works

The individual deductible applies to each member of the family, until three members of the family have met their individual deductible. No one family member may contribute more than the individual deductible toward the family deductible.

Example

John has Employee plus Spouse coverage enrolled in the Platinum Plan. He has medical expenses of \$1,500 for the year that are subject to the deductible and coinsurance. The first \$1000 of those expenses would apply to the deductible and the remainder of his expenses are subject to coinsurance. His spouse must meet her \$1,000 deductible separately, and then her subsequent expenses are subject to coinsurance. However, if John had Employee plus Family coverage and he had a family of five, once three family members meet their \$500 deductible, the \$1,500 family maximum deductible will be reached and the entire family's expenses are then subject to coinsurance.

How to Enroll

Are you ready to enroll? It's simple to do so – just follow these steps. If you have any questions during the process, check with Human Resources.

Gather your information

For a complete, efficient enrollment, you may need some of the information below.

- Spouse and children's birth dates and Social Security Numbers.
- If your spouse or children are covered under another health plan, the name of the plan or insurance carrier and the effective date of benefits.
- If you wish to cover dependent children, you may need a copy of their birth certificate.
- If you cover a disabled child age 26 or older, you may need to provide medical documentation of their disability.

Review plan and enrollment materials

The decisions you make as you enroll will affect your benefit coverage for the coming year, as well as your finances. Be sure to read all information available to determine the best benefits for you and your family. Don't enroll without understanding your options. Consider the following:

- Your personal health and the health of your family members.
- Medical, dental and vision expenses that you can predict for you and your family.
- Other benefits you or your family members may have.
- Your overall budget for benefits.

Complete your enrollment

To complete your enrollment simply login to the enrollment link provided by Human Resources and follow the instructions. If you have any questions during the enrollment process, please call Human Resources at (912) 369-9468.

2019 BENEFITS PREMIUMS (Effective 12/1/2018)

Medical - LPMC/MHP (based on 24 pay period deductions)

Platinum		<u>Individual</u>	<u>Ind + Sp</u>	<u>Ind + Child(s)</u>	<u>Family</u>
		\$473.56	\$1,084.46	\$772.38	\$1,334.50
Employee	45%	\$213.10	\$488.01	\$347.57	\$600.53
Employer	55%	\$260.46	\$596.45	\$424.81	\$733.98
Total		\$473.56	\$1,084.46	\$772.38	\$1,334.50
Semi-Monthly Rate		\$106.55	\$244.00	\$173.79	\$300.26
Cobra Rate		\$483.03	\$1,106.15	\$787.83	\$1,361.19

Medical - LPMC/MHP (based on 24 pay period deductions)

Silver HDHP		<u>Individual</u>	<u>Ind + Sp</u>	<u>Ind + Child(s)</u>	<u>Family</u>
		\$274.12	\$627.74	\$534.53	\$836.04
Employee	45%	\$123.35	\$282.48	\$240.54	\$376.22
Employer	55%	\$150.77	\$345.26	\$293.99	\$459.82
Total		\$274.12	\$627.74	\$534.53	\$836.04
Semi-Monthly Rate		\$61.68	\$141.24	\$120.27	\$188.11
Cobra Rate		\$279.60	\$640.29	\$545.22	\$852.76

Dental - Simple (based on 24 pay period deductions)**HIGH OPTION**

		<u>Individual</u>	<u>Ind + Sp</u>	<u>Ind + Child(s)</u>	<u>Family</u>
		\$36.84	\$65.86	\$75.98	\$124.46
Employee	50%	\$18.42	\$32.93	\$37.99	\$62.23
Employer	50%	\$18.42	\$32.93	\$37.99	\$62.23
Total		\$36.84	\$65.86	\$75.98	\$124.46
Semi-Monthly		\$9.21	\$16.47	\$19.00	\$31.12
Cobra Rate		\$37.58	\$67.18	\$77.50	\$126.95

LOW OPTION

		<u>Individual</u>	<u>Ind + Sp</u>	<u>Ind + Child(s)</u>	<u>Family</u>
		\$23.45	\$46.90	\$46.90	\$73.60
Employee	50%	\$11.73	\$23.45	\$23.45	\$36.80
Employer	50%	\$11.73	\$23.45	\$23.45	\$36.80
Total		\$23.45	\$46.90	\$46.90	\$73.60
Semi-Monthly		\$5.86	\$11.73	\$11.73	\$18.40
Cobra Rate		\$23.92	\$47.84	\$47.84	\$75.07

Basic Term Life/ AD&D - Unum

Employer \$0.130 per \$1,000 paid

Employer \$0.90 for dependents

Voluntary Life - Unum (based on 24 pay period deductions)

Rates age banded Employee/Spouse/Child(ren) Coverage

Long Term Disability - Unum (based on 24 pay period deductions)

Total Cost is .43 Cents per \$100 paid

Employer 100% of Cost

Vision (Voluntary) - EYEMED (based on 24 pay period deductions)

		<u>Individual</u>	<u>Ind + Sp</u>	<u>Ind + Child(s)</u>	<u>Family</u>
Employee	100%	\$6.22	\$11.83	\$12.45	\$18.30
Total		\$6.22	\$11.83	\$12.45	\$18.30
Semi-Monthly		<u>\$3.11</u>	<u>\$5.92</u>	<u>\$6.23</u>	<u>\$9.15</u>
Cobra Rate		\$6.34	\$12.07	\$12.70	\$18.67

Additional Plans (based on 24 pay period deductions)

Flex: Medical Reimbursement

Flex: Dependent Care Reimbursement

Colonial

NOTES

Provider Contact Information

Topic	Contact	Telephone	Website / Email
Medical Claims	Core Management	888-741-2673	www.corehealthbenefits.com
Medical Precertification	Core Management	800-432-8421	www.corehealthbenefits.com
<i>Precertification required for inpatient hospital, cancer treatment, dialysis & organ transplants.</i>			
Dental	Core Management	888-741-2673	www.corehealthbenefits.com
Prescription Plan	Caremark	844-792-2733	www.caremark.com
HSA Account	OptumBank	866-234-8913 Option #1	HSAGroup@optumbank.com
Vision	EyeMed	866-800-5457	www.eyemed.com
Basic & Voluntary Life Insurance	UNUM	800-ASK-UNUM (800) 275-8686	www.unum.com
Long Term Disability	UNUM	800-ASK-UNUM (800-275-8686)	www.unum.com
403(b)	Nationwide	800-772-2182	www.nationwide.com
Supplemental Products	Colonial Life	800-325-4368 or 912-443-0181	www.coloniallife.com
Flexible Spending Accounts	AmeriFlex	888-868-3539	www.flex125.com
EAP (Employee Assistance Program) <i>Telephonic Only</i>	UNUM Work-Life Balance	800-854-1446	www.lifebalance.net <i>User ID & Password: Lifebalance</i>
EAP (Employee Assistance Program) <i>Face-to-Face Visits Included</i>	LRMC / The Fraser Center 203 Mary Lou Drive Hinesville, GA 31313	912-369-7777	www.thefrasercenter.com



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