

**Barrow Regional Medical Center
BENEFIT SUMMARY
2011 BENEFITS**

MEDICAL INSURANCE

- Eligible Employees: Full time employees (minimum of 64 hours ppp)
- Premiums are on a pre-tax basis, which effectively reduces the cost to the employee.

Major Medical Plan: Plan A and Plan B. Exactly the same except for deductible, co-insurance, and out-of-pocket maximum.

Plan A

\$425 deductible (\$850 family deductible)
80%/20% co-insurance
Out-of-pocket maximums:
- \$2200 individual
- \$4400 family
\$250 per admission co-pay to HMA facility

Plan B

\$775 deductible (\$1550 family deductible)
70%/30% co-insurance
Out-of-pocket maximums:
- \$2600 individual
- \$5200 family
\$250 per admission co-pay to HMA facility

- **Must use HMA facility for non-emergency admission if services are available or plan pays \$0. If emergency, may use any hospital. Emergency room co-pays are \$125 per visit.**
- **Exclusions to coverage do apply, consult Blue Cross/Blue Shield member services to ensure coverage.**
- For services not available at BRMC, you must use the Blue Cross/Blue Shield Network or you are penalized to 60%/40% coverage, 50%/50% for Plan B and out of pocket maximums are doubled.
- You may use any other HMA hospital to receive in-network benefits.
- Must use HMA for outpatient procedures if service is available or plan pays \$0 (excluding surgery in physician's office)
- Most hospital services (Ex. X-Ray, lab, etc) provided by BRMC paid at 100% with no deductible. Exclusions do apply, please consult your member booklet.
- ER services provided at HMA facility 100%, with no deductible. \$125 co-pay exists.
- Pre-existing conditions do apply. Under most circumstances pre-existing rule can be waived if a certificate of creditable coverage from your former insurance company is provided to BCBS. Please consult your plan booklet.
- Pre-certification required, details on ID card.
- For details on plan, READ PLAN BOOKLET and the enclosed amendments.
- **MUST HAVE REFERRAL AND APPROVAL FOR SERVICES NOT PROVIDED AT AN HMA FACILITY.**

Employee Premium (per pay period)

	Plan A	Plan B
Employee Only:	\$43.05	\$37.80
Employee and Children:	\$102.38	\$80.33
Family:	\$124.95	\$102.90

CAREMARK:

- Caremark provides a separate prescription drug card program for all eligible employees with health insurance coverage. Payment for prescription drugs occurs at the time the prescription is filled at a participating pharmacy, subject to a:
 - \$50 annual deductible (\$100 family deductible), and the following co-payments:
 - Generic Prescription (must use if available) \$10.00
 - Preferred Brand Prescription
 - (if generic not available): \$32.50
 - Non-Preferred Brand Prescription
 - (if generic not available): \$50.00
- A mail order pharmacy program is available for those who wish to receive a 90-day supply of covered medications. Once the deductible is met, you pay the following co-payment per mail order prescription:
 - Generic Prescription (must use if available) \$20.00
 - Preferred Brand Prescription
 - (if generic not available): \$65.00
 - Non-Preferred Brand Prescription
 - (if generic not available): \$100.00
- The prescription drug card program is tailored around the use of generic drugs. You will still be able to receive brand name drugs, but, when a generic is available, you must use it or it will cost you more.

DENTAL INSURANCE (Ortho plan also available)

- Eligible employees: Full time employees (64 hours per pay period).
- Preventative dental covered 100% in or out-of-network
- \$50 deductible per individual up to three per family.
- Waiting period required.
- Premiums paid on a pre-tax basis, which effectively reduces cost to employee.
- The self insured dental plan is a Dental PPO administered by Dearborn National. Participants can visit any dentist in or out of the Dearborn National Preferred Provider Network. Participants that visit a network provider will have a lower co-payment responsibility than if they visit a non-network provider. There is no referral required to see a specialist.
- **Dental Premiums:**
 - **Employee Only:** \$12.85 per pay period.
 - **Employee Only (ortho):** \$14.03 per pay period.
 - **Employee and Child(ren):** \$22.13 per pay period.
 - **Employee and Child(ren) (ortho):** \$27.64 per pay period.
 - **Family:** \$31.62 per pay period.
 - **Family (ortho):** \$37.70 per pay period.

LIFE INSURANCE

(Basic Term Insurance and AD&D)

- Eligible Employees: Full time employees (minimum of 64 hours per pay period)
- Benefit provided at no cost to employees

- One times base salary (non-exempt employees)
- Two times base salary (exempt employees)

OPTIONAL LIFE

- Eligible Employees: Full-time employees (minimum of 64 hours per pay period)
- Two Times annual salary
- Employee pays cost of \$.21 per \$1000 coverage per month.
 - (example: salary of \$20,000 provides \$40,000 of coverage per year at \$3.88 per pay period)
- Dependent life for full-time employees: spouse \$25,000, children \$10,000 each. Cost is \$4.52 per pay period.

LONG-TERM DISABILITY

- Prudential plan
- After 6 months
- Step rates age based

SHORT-TERM DISABILITY

- Prudential plan
- After 21 days
- Standard rate for all ages

VISION INSURANCE

- Coverage by Vision Service Plan (VPS)
- Premiums:
 - Employee Only: \$3.63
 - Employee and Spouse: \$5.91
 - Employee and Child(ren): \$6.06
 - Employee and family: \$9.39

FLEXIBLE SPENDING ACCOUNT

ALLSTATE:

Cancer Insurance

Critical Illness Insurance

UNUM:

Whole Life Insurance

Accident Insurance

VALUE OPTIONS:

EAP (Employee Assistance Program)- Provided at no cost to the associate.

VOLUNTARY LIFESTYLE BENEFITS:

Roadside Assistance

Legal Club of America

LifeLock ID Theft Protection

Tax Help Line

Pet Assure Savings Program

Fitness Center Discounts

**Barrow Regional Medical Center
BENEFIT SUMMARY**

I have received and understand the Benefits Summary for Barrow Regional Medical Center. I understand that my benefits begin 30 days after full time employment and that it is my responsibility to provide the Human Resource department with my benefit elections on or before my 30 days of full time employment. If I fail do so, I understand that my next option to enroll in benefits is during annual enrollment with an effective date of January 20_____.

Employee Signature

Date

Print Name