

# 2023

# PARKVIEW HEALTH SYSTEM BENEFITS GUIDE

**LOOK INSIDE** .....  
for details about your benefits options

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**OPEN ENROLLMENT**  
NOVEMBER 7, 2022 – NOVEMBER 25, 2022

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\* This guide provides highlights of your benefits. Benefits are more fully described in the formal provisions of the plan documents. If there is a conflict between the highlights and the plan documents, the plan documents govern.





# BENEFITS GUIDE

This Enrollment Guide is intended to provide only a general overview of the 2023 employee benefit programs for eligible employees of Parkview Health System. This Enrollment Guide is not a Summary Plan Description and does not provide, nor is it intended to provide complete details of any benefit plan. The benefit provisions discussed within this publication are subject to change, for any reason, both before and after implementation of the benefit program. If information found here contradicts an actual plan document or contract, the legal plan document will prevail. Neither receipt of this publication nor participation in any company plan benefit is intended to be a contract of employment, implied or otherwise.

## PREFACE

The Benefits Guidebook is intended to provide information needed to understand:

- What administrative steps you must take to enroll.
- Where you can go to get more information or assistance regarding any of the plans offered by Parkview.
- What benefits are available for the January 1, 2023, through December 31, 2023 plan year.



## Important Announcements

- **Open enrollment will be November 7, 2022 - November 25, 2022.**
- **Parkview will contribute \$20.00 per pay period into the Health Savings Accounts of employees who are enrolled in both the HSA and the High Deductible Health Plan.**



If you have any questions regarding any of the benefit plans, please do not hesitate to call the Benefits Department at 719-595-7588.

# IMPORTANT NUMBERS & WEBSITES

<b>Health Insurance</b> Plan name: ParkCare Plus Administrator: Insurance Managment Services (IMS)	1-800-687-5944 Group # SPMCPMC	<a href="http://www.imstpa.com">www.imstpa.com</a>
<b>Pharmacy</b> WellDyne	1-888-479-2000	<a href="http://www.welldynrx.com">www.welldynrx.com</a>
<b>Vision Insurance</b> VSP	1-800-877-7195 Group # 30086356	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Dental Insurance</b> Delta Dental	1-800-233-0860 Group # DD000000171	<a href="http://www.deltadentalco.com">www.deltadentalco.com</a>
<b>Flexible Spending Account</b> Alerus	1-800-651-4855	<a href="http://www.alerusrb.com">www.alerusrb.com</a>
<b>Health Savings Account</b> Bend Financial	1-877-201-3235	<a href="http://bendhsa.com/login">bendhsa.com/login</a>
<b>401(k) Savings Plan</b> Principal Financial Group	1-800-547-7754 Contract # 371623	<a href="http://www.principal.com">www.principal.com</a>
<b>Voluntary Life Insurance</b> Cigna/New York Life	1-800-244-6224 Policy # FLX969665 (Life) Policy # OK971096 (AD&D)	<a href="http://my.cigna.com/web/public/guest">my.cigna.com/web/public/guest</a>
<b>Accident Insurance</b> <b>Critical Illness Insurance</b> <b>Hospital Indemnity Insurance</b> MetLife	1-800-438-6388 Policy # 230653	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
<b>Universal Life Insurance &amp; Long-Term Care</b> Trustmark	1-800-918-8877 Policy # 2000001082	<a href="http://www.trustmarkbenefits.com/voluntary-benefits">www.trustmarkbenefits.com/voluntary-benefits</a>

# BENEFITS OVERVIEW

## ELIGIBILITY - HEALTH & WELFARE BENEFITS

- Full-time Status - A minimum of 35 hours per week
- Part-Time Status - Form 20 to 34 hours per week

## INITIAL ENROLLMENT PERIOD

The initial enrollment period is the first 31 days from the date you become eligible for benefit coverage. After the 31-day enrollment period, you will not be eligible to make a coverage change until the next open enrollment period, or until you have a qualifying event.

## ENROLLMENT DEADLINES

**NEW HIRES:** You must enroll within 31 days from your hire date. After the 31-day enrollment period, you will not be eligible to make a coverage change until the next open enrollment period, or until you have a qualifying event.

## ELIGIBLE DEPENDENTS

- Your Spouse, common-law spouse, or civil union partner. If you enroll your common-law spouse, you and your common-law spouse must fill out a Common Law Affidavit form in the presence of a notary public. Common Law Affidavits can be obtained on the employee intranet under Human Resources/Benefits, or by calling the Benefits Department at 595-7588. If you enroll your civil union partner, you need to submit a copy of your Civil Union Certificate to the Employee Benefits Department.
- Your child(ren) until the last day of the month in which the child turns age 26
- Your child age 26 or over who is mentally or physically disabled, provided he/she is dependent on you for a majority of his/her support.

Documents are required to confirm eligibility for all dependents who are enrolled for insurance. You can access a list of the required documents on the employee intranet under: Human Resources/Benefits or by calling the Benefits Department at 595-7588.

## BENEFIT CHANGES

You may change your benefit elections during the annual open enrollment. During the plan year, you may change only if you have a qualifying event as defined by the Internal Revenue Service (IRS). Qualifying events include marriage, divorce, gain or loss of an eligible dependent, or a change in employment for you and/or your spouse which affects your benefits.

Common-Law Marriages are not recognized by Parkview as a qualifying event. You may add your common-law spouse when you are first eligible for coverage, or during the annual open enrollment. A notarized Affidavit of Common Law Marriage must be submitted at the time a common-law spouse is enrolled. The Affidavit is available on the employee intranet under Human Resources/Benefits, or by calling the Benefits Department at 595-7588.

# BENEFITS OVERVIEW

## WHEN BENEFIT CHANGE FORMS ARE DUE

Your benefit enrollment form needs to be completed and turned in within 31 days from your qualifying event date. If you do not make your change within the 31-day period, you will not be allowed to make a change until the next open enrollment period, or until your next qualifying event. Documentation is required for qualifying events. The following is a list of required documentation:

QUALIFYING EVENT	DOCUMENTATION NEEDED
<b>Marriage</b>	Marriage Certificate
<b>Civil Union</b>	Civil Union Certificate
<b>Divorce</b>	Divorce Decree
<b>Dissolution of Common Law Marriage</b>	Divorce Decree
<b>Legal Separation</b>	Court Decree
<b>Birth/Adoption/Custody of Dependent</b>	Birth Certificate/Court Decree
<b>Death of a Dependent</b>	Certified Death Certificate
<b>Gain of Spousal Health and/or Dental Coverage</b>	Letter from Employer or Carrier
<b>Loss of Spousal Health and/or Dental Coverage</b>	HIPPA Certificate

## QUALIFYING EVENT EFFECTIVE DATE

Your new benefit elections made as a result of a qualifying event will go into effect on the first day of the month following the qualifying event date, except in situations where the person cannot be enrolled for a full month, such as a: marriage, divorce, or death.



# 2023 HEALTH INSURANCE

## ELIGIBILITY

- All regular Full-time and Part-time employees
- PRN employees who average at least 30 hours per week during a standard measurement period

## COVERAGE EFFECTIVE DATE

Coverage is effective on the first of the month on or after the hire date, status change date, qualifying event date, or stability period.

## WHO PAYS

The employee portion of the premiums are deducted on a pre-tax basis each paycheck (26 times per year).

# 2023 RATES

ParkCare Plus HEALTH Coverage	FULL TIME Per Pay Period			PART TIME Per Pay Period		
	Plan 1	Plan 2	HDHP	Plan 1	Plan 2	HDHP
Employee Only						
Employee + Spouse/ Civil Union Partner						
Employee + Child(ren)						
Employee + Spouse/Civil Union Partner + Child(ren)						

# MEDICAL INSURANCE

COVERED SERVICES	IN-NETWORK PROVIDERS			OUT-OF-NETWORK PROVIDERS		
	PLAN 1	PLAN 2	HDHP	PLAN 1	PLAN 2	HDHP
<b>Maximum Out-of-Pocket</b> (Deductible, Coinsurance & Copayments, including prescription drugs) <ul style="list-style-type: none"><li>• Per Individual</li><li>• For 2 or more family members</li></ul>	\$4,500 \$9,000	\$6,500 \$13,000	\$6,750 \$13,500	\$7,000 \$14,000	\$8,000 \$16,000	\$8,150 \$15,300
<b>Plan Year Deductible</b> <ul style="list-style-type: none"><li>• Per Individual</li><li>• For 2 or more family members</li><li>• For 3 or more family members</li></ul>	\$750 \$1,500 \$2,250	\$1,250 \$2,500 \$3,750	\$2,800 \$5,600 \$5,600	\$1,500 \$3,000 \$4,500	\$2,500 \$5,000 \$7,500	\$5,600 \$11,200 \$11,200
<b>Allergy Treatment</b> Injections, Testing, Serum <ul style="list-style-type: none"><li>• Copayment per visit - PCP</li></ul> <i>Note: No copayment for allergy injections with no office visit</i> <ul style="list-style-type: none"><li>• Copayment per visit - Specialist</li></ul>	\$25 copayment  \$50 copayment	\$25 copayment  \$50 copayment	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Ambulance Services</b>	Paid at 100%	Paid at 100%	30% coinsurance after deductible	Paid at 100%	Paid at 100%	30% coinsurance after deductible
<b>Biofeedback</b> <ul style="list-style-type: none"><li>• For pain management, incontinence, mental health, and bowel treatment</li></ul>	\$50 copayment (20 visits per calendar year maximum)	\$50 copayment (20 visits per calendar year maximum)	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Birth Control</b> <ul style="list-style-type: none"><li>• Injections, implants, and tubal ligations</li></ul>	Paid at 100%	Paid at 100%	Paid at 100%	Not Covered	Not Covered	Not Covered
<b>Cardiac Rehabilitation Therapy</b>	20% coinsurance of discounted charges after deductible	20% coinsurance of discounted charges after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Chiropractic Services</b> <ul style="list-style-type: none"><li>• Copayment per visit -12 visits per calendar year (spinal manipulation)</li></ul> SEE PROVIDER DIRECTORY	\$25 copayment	\$25 copayment	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered



# MEDICAL INSURANCE

COVERED SERVICES	IN-NETWORK PROVIDERS			OUT-OF-NETWORK PROVIDERS		
	PLAN 1	PLAN 2	HDHP	PLAN 1	PLAN 2	HDHP
<b>Diagnostic X-Ray (Ultrasounds, etc.)</b> SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible
<b>Durable Medical Equipment</b> SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Emergency Room Hospital &amp; Physician Services</b> <ul style="list-style-type: none"><li>Copayment and Coinsurance per visit (copayment waived if admitted to Hospital)</li></ul> <i>Note: Out-of-Network Emergency Room Hospital and Physician services rendered for a Medical Emergency will be payable at the In-Network level of benefits if choice of Hospital was beyond the control of the Covered Person.</i>	\$500 copayment then 20% coinsurance	\$500 copayment then 20% coinsurance	30% coinsurance after deductible	\$500 copayment then 20% coinsurance	\$500 copayment then 20% coinsurance	30% coinsurance after deductible
<b>Hearing Aids</b> <i>Note: Hearing aids have a limit of \$2,500 every 5 years for members age 19 and over. This limit will not apply to members under the age of 19.</i>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance, after in-network deductible	50% coinsurance, after in-network deductible	50% coinsurance, after in-network deductible
<b>Home Health Care</b> SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Hospice Care</b> SEE PROVIDER DIRECTORY	Paid at 100%	Paid at 100%	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Hospital Services Inpatient and Outpatient</b> <i>Note: Covered services provided by a Radiologist, Anesthesiologist or Pathologist while in an In-Network Hospital will be payable at the In-Network level of benefits.</i>	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible



# MEDICAL INSURANCE

COVERED SERVICES	IN-NETWORK PROVIDERS			OUT-OF-NETWORK PROVIDERS		
	PLAN 1	PLAN 2	HDHP	PLAN 1	PLAN 2	HDHP
<b>Infertility-Diagnostic Testing Only</b> <ul style="list-style-type: none"><li>Copayment per office visit</li><li>All other services</li></ul>	\$50 copayment 20% after deductible	\$50 copayment 20% after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Laboratory Services</b>	Paid at 100% (LabCorp Only) Urine analysis paid at 100% in a physician office	Paid at 100% (LabCorp Only) Urine analysis paid at 100% in a physician office	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Maternity Care</b> <ul style="list-style-type: none"><li>Delivering Physician Charges for Office Visits &amp; Delivery (does not include ultrasound charges)</li><li>Ultrasound Charges</li><li>Hospital &amp; Anesthesiology Charges</li></ul>	\$250 one-time copayment  20% coinsurance after deductible  20% coinsurance after deductible	\$250 one-time copayment  20% coinsurance after deductible  20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible  40% coinsurance after deductible  40% coinsurance after deductible	40% coinsurance after deductible  40% coinsurance after deductible  40% coinsurance after deductible	50% coinsurance after deductible
<b>Occupational Therapy</b> (Limited to a maximum of 18 visits per occurrence) SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Organ/Tissue Transplants</b> <ul style="list-style-type: none"><li>Percentage payable for Approved Transplant Services</li></ul>	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Outpatient MRIs, CAT Scans, PET Scans</b> <i>Note: MRIs, CAT scans, and PET scans done in a physician's office are not covered</i> SEE PROVIDER DIRECTORY	\$200 copayment & 20% coinsurance	\$200 copayment & 20% coinsurance	30% coinsurance after deductible	\$200 copayment & 40% coinsurance after deductible	\$200 copayment & 40% coinsurance after deductible	50% coinsurance after deductible
<b>Physician Therapy</b> (Limited to a maximum of 18 visits per occurrence) SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered

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COVERED SERVICES	IN-NETWORK PROVIDERS			OUT-OF-NETWORK PROVIDERS		
	PLAN 1	PLAN 2	HDHP	PLAN 1	PLAN 2	HDHP
<b>Physician Office Visit</b> <ul style="list-style-type: none"><li>Copayment per visit - PCP</li><li>Copayment per visit - Specialist</li></ul> <i>Note: No copayment for allergy injections and vaccinations with no office visit, or approved lab work with an office visit</i> <i>*This plan will have coinsurance for all physician services provided in the office, hospital, or clinic setting. This coinsurance will be calculated based on the discounted physician reimbursement schedule, and the coinsurance will not be applicable to: standard office visit CPT Codes, approved physician office lab tests, and immunizations provided in physician office</i>	\$25 copayment \$50 copayment  *plus 20% coinsurance after deductible for services not listed	\$25 copayment \$50 copayment  *plus 20% coinsurance after deductible for services not listed	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible
<b>Pre-Admission Testing</b> (within 7 days of confinement)	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Preventive Care</b> <ul style="list-style-type: none"><li>Well Care - Age 18 and over Routine Physical Exam (includes one routine office visit per calendar year, school physical, sports physical, colon exam, laboratory blood tests, and immunizations)</li><li><b>Well-Woman Exam</b> (Includes gynecological exam and pap smear. This benefit is limited to one exam per calendar year.)</li><li><b>Routine Mammogram</b> (one per year over age 40) SEE PROVIDER DIRECTORY</li><li><b>Well-Man Exams</b> (Includes prostate exam and PSA [limited to one per calendar year at age 40 and over])</li></ul>	Paid at 100%	Paid at 100%	Paid at 100%	Not Covered	Not Covered	Not Covered
	Paid at 100%	Paid at 100%	Paid at 100%			
	Paid at 100%	Paid at 100%	Paid at 100%			
	Paid at 100%	Paid at 100%	Paid at 100%			

# MEDICAL INSURANCE

COVERED SERVICES	IN-NETWORK PROVIDERS			OUT-OF-NETWORK PROVIDERS		
	PLAN 1	PLAN 2	HDHP	PLAN 1	PLAN 2	HDHP
<div><b>Preventive Care</b><ul style="list-style-type: none"><li><b>Well Child Care-Up to Age 18</b></li><li>Coverage includes routine physical exam, laboratory blood tests, x-rays, and immunizations. Limited to one exam during each of the following intervals:<ul style="list-style-type: none"><li>Birth, 3-5 days, 2 months,</li><li>4 months, 6 months, 9 months,</li><li>12 months, 15 months, 18 months,</li><li>24 months, 30 months, 3 years,</li><li>then one per year up to age 18</li></ul></li></ul></div> <div>The Patient Protection and Affordable Care Act requires health plans to cover certain in-network preventive services at 100%. The complete list of recommendations and guidelines that are required to be covered can be found at: <a href="http://www.HealthCare.gov/center/regulations/prevention.html">www.HealthCare.gov/center/regulations/prevention.html</a>.</div>	Paid at 100%	Paid at 100%	Paid at 100%	Not Covered	Not Covered	Not Covered



# MEDICAL INSURANCE

COVERED SERVICES	IN-NETWORK PROVIDERS			OUT-OF-NETWORK PROVIDERS		
	PLAN 1	PLAN 2	HDHP	PLAN 1	PLAN 2	HDHP
<b>Prosthetics</b> SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Rapid Care</b> • Copayment per visit	\$25 copayment	\$25 copayment	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Skilled Nursing Facility-Inpatient Services</b> (Limited to a maximum of 45 days per plan year)	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible
<b>Speech Therapy</b> (Limited to a maximum of 18 visits per occurrence) SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Surgery</b> • Surgeon services, assistant surgeon services, anesthesiologist services, outpatient surgery facility charges, and surgery performed in physician's office *This Plan will have coinsurance for all physician services provided in the office, hospital, or clinic setting. This coinsurance will be calculated based on the discounted physician reimbursement schedule, and the coinsurance for Plan 1 and Plan 2 will not be applicable to: standard office visit CPT Codes, approved physician office lab tests, and immunizations provided in physician office	*20% coinsurance after deductible	*20% coinsurance after deductible	*30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible
<b>Surgical Opinion</b> • Copayment per visit	\$50 copayment	\$60 copayment	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered
<b>Urgent Care Facility</b> • Copayment per visit SEE PROVIDER DIRECTORY	\$50 copayment	\$50 copayment	30% coinsurance after deductible	\$50 copayment out-of-area emergencies only	\$50 copayment out-of-area emergencies only	50% coinsurance after deductible
<b>Vision Coverage for Minor Eye Treatment/Non-Routine Care</b> (Performed by a Licensed Optometrist) • <b>Office Visit</b>  • <b>Office Services</b>	\$25 copayment  20% coinsurance after in-network deductible	\$25 copayment  20% coinsurance after in-network deductible	30% coinsurance after deductible	\$25 copayment  20% coinsurance after in-network deductible	\$25 copayment  20% coinsurance after in-network deductible	30% coinsurance after deductible
<b>Wound Care</b> SEE PROVIDER DIRECTORY	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	Not Covered	Not Covered



# MENTAL HEALTH/ SUBSTANCE ABUSE COVERAGE

COVERED SERVICES	IN-NETWORK PROVIDERS			OUT-OF-NETWORK PROVIDERS		
	PLAN 1	PLAN 2	HDHP	PLAN 1	PLAN 2	HDHP
<b>Mental Health Treatment (*See Note Below)</b> <ul style="list-style-type: none"> <li>Inpatient Care/Partial Hospitalization</li> <li>Outpatient Care</li> </ul>	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible
<b>Substance Abuse Treatment (*See Note Below)</b> <ul style="list-style-type: none"> <li>Inpatient Care/Partial Hospitalization</li> <li>Outpatient Care</li> </ul>	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible
<b>Psychologist/Mental Health Professional</b>  <b>Psychiatrist</b>  <b>SEE MENTAL HEALTH PROVIDER DIRECTORY</b>	\$25 copayment  \$50 copayment	\$25 copayment  \$50 copayment	30% coinsurance after deductible  30% coinsurance after deductible	Not Covered  40% coinsurance after deductible	Not Covered  40% coinsurance after deductible	Not Covered  50% coinsurance after deductible

\*Note: Parkview Employees, their spouses and dependent children are eligible for free sessions at EAP (Employee Assistance Program) by calling 719-584-4770.

# PRESCRIPTION DRUG COVERAGE

COVERED SERVICES		IN-NETWORK PROVIDERS	
		PLANS 1 & 2	HDHP
<b>The Pharmacy at Parkview</b> Located on ground floor of the main hospital (near Admissions). Call 719-595-7900 to transfer your prescriptions. - Receive a 90-day supply for a 30-day copayment - Payroll deduction available for copayments  <b>Copayment per Prescription (90-day supply)</b> <ul style="list-style-type: none"><li>• Generic Drugs</li><li>• Preferred Brand Name Drugs</li><li>• Non-Preferred Brand Name Drugs</li></ul>		\$20 \$40 \$60	30% coinsurance after deductible
<b>Network Pharmacies outside of Parkview</b> Retail Pharmacies  Copayment per Prescription (30-day supply) <ul style="list-style-type: none"><li>• Generic Drugs</li><li>• Preferred Brand Name Drugs</li><li>• Non-Preferred Brand Name Drugs</li></ul>		\$50 \$75 \$100	30% coinsurance after deductible
<b>Specialty Drugs WellDyne Specialty Pharmacy (800) 641-8475</b> (excluding insulin) (30-day supply)		20% up to \$200 max/prescription	30% coinsurance after deductible
<b>Pharmacy Benefit - See Provider Directory</b> Note: When a generic drug is available and a brand name drug is dispensed, you pay the difference in cost between the generic and brand name in addition to the copayment.			

Formulary available at [www.welldynrx.com](http://www.welldynrx.com)



# SERVICES REQUIRING PRE-AUTHORIZATION

## VERIFICATION OF ELIGIBILITY 1-800-687-5944

Call this number to verify eligibility for Plan benefits **before** the charge is incurred.

## MEDICAL BENEFITS

All benefits described in this Schedule are subject to the exclusions and limitations described more fully herein including, but not limited to, the Plan Administrator's determination that: care and treatment is Medically Necessary; the charges are Usual and Reasonable; that services, supplies and care are not Experimental and/or Investigational.

**Please refer to the back of the Employee identification card for information regarding the Utilization Review/Pre-certification Administrator.**

**The attending Physician does not have to obtain precertification from the Plan for prescribing a maternity length of stay that is 48 hours or less for a vaginal delivery or 96 hours or less for a cesarean delivery. However, Covered Persons are asked to pre-register with Parkview Medical Center prior to delivery.**

**The following services must be pre-certified or reimbursement from the Plan may be reduced.**

- Inpatient Hospitalizations
- PET Scans

The following outpatient services/procedures must be pre-authorized.

- All potential cosmetic procedures:
  - Examples being blepharoplasty, varicose vein treatment, etc.
- Genetic Testing
- Laparoscopic gastric banding
- Infusions

All of the above procedures will also require Out of Area Referral review when proposed outside of the ParkCare Plus Network.

**The following services must be provided by vendors listed in the ParkCare Plus Provider Directory. The Provider Directory is available on the employee intranet under: Human Resources/Benefits, or by calling the Benefits Department at 719-595-7588.**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• All outpatient scopes: hysteroscopy, colonoscopy, bronchs, cystos</li> <li>• Bone Growth Stimulator (Requires Specialty Review)</li> <li>• Cardiac Echos, Holter Monitoring, EMG's</li> <li>• Cardiac Rehabilitation</li> <li>• Diabetes Care</li> <li>• Durable Medical Equipment</li> <li>• Home Care</li> <li>• Hospice Care</li> <li>• Infusions</li> <li>• Laboratory Services</li> <li>• Mammograms</li> <li>• MRIs, PET Scans and CAT Scans</li> </ul> | <ul style="list-style-type: none"> <li>• Outpatient Dialysis</li> <li>• Oxygen</li> <li>• Pharmacy</li> <li>• Physical Therapy, Occupational Therapy and Speech Therapy</li> <li>• Prosthetics</li> <li>• Radiation Therapy/Treatment</li> <li>• Sleep Studies</li> <li>• Spinal Manipulation/Chiropractic</li> <li>• Wound /Ostomy Supplies</li> <li>• Wound Care Center Evaluation/Treatment</li> <li>• X-Ray Services</li> </ul> |
|--|---|

# MEDICAL PLAN COST COMPARISON

BEST CASE SCENARIOS	PLAN 1	PLAN 2	HDHP
These scenarios show the annual cost of premium only and assume that all enrolled members only use preventive care at in-network providers.			
	OUT OF POCKET COSTS		
Employee Only Coverage - Annual Premium			
Preventive Services Only			
Total Annual Cost			
Employee + Spouse Coverage - Annual Premium			
Preventive Services Only			
Total Annual Cost			
Employee + Child(ren) Coverage - Annual Premium			
Preventive Services Only			
Total Annual Cost			
Family Coverage - Annual Premium			
Preventive Services Only			
Total Annual Cost			



# MEDICAL PLAN COST COMPARISON

WORST CASE SCENARIOS	PLAN 1	PLAN 2	HDHP
These scenarios show the annual cost of premium and assume that all enrolled members have large medical expenses and reach the plan maximum out of pocket for in-network providers.			
	OUT OF POCKET COSTS		
Employee Only Coverage - Annual Premium			
Employee reaches out of pocket maximum			
Total Annual Cost			
Employee + Spouse Coverage - Annual Premium			
Out of pocket maximum reached by member 1			
Out of pocket maximum reached by member 2			
Total Annual Cost			
Employee + Child(ren) Coverage - Annual Premium			
Out of pocket maximum reached by member 1			
Out of pocket maximum reached by member 2			
Total Annual Cost			
Family Coverage - Annual Premium			
Out of pocket maximum reached by member 1			
Out of pocket maximum reached by member 2			
Total Annual Cost			

# DENTAL INSURANCE

## ELIGIBILITY

All regular Full-time and Part-time employees

## COVERAGE EFFECTIVE DATE

Coverage is effective on the first of the month on or after the hire date, status change date, or qualifying event date

## WHO PAYS

The employee premiums are deducted on a pre-tax basis from each paycheck (26 times per year).

DELTA DENTAL COVERAGE	FULL-TIME & PART-TIME PER PAY PERIOD
Employee Only	
Employee + Spouse/Civil Union Partner	
Employee + Child(ren)	
Employee + Spouse/Civil Union Partner + Child(ren)	



## CHOOSING A DENTIST

Please contact Delta Dental at 1-800-233-0860 or [www.deltadentalco.com](http://www.deltadentalco.com) for a complete list of participating providers.

**COVERAGE:** Delta Dental, Group #DD000000171

# DENTAL INSURANCE

Coverage	You will receive the highest benefit level by using a PPO dentist.		
	PPO Dentist	Premier Dentist	Non-participating Dentist
<b>Oral Exams &amp; Cleanings (2 per year)</b> -2 additional cleanings may be covered with documented EBD condition	100%	80%	80%
<b>Bite-wing X-ray (2 per year)</b>	100%	80%	80%
<b>Sealants</b> (once in 36 months) -for dependent children through age 14 (on permanent molars)	100%	80%	80%
<b>Flouride</b> (2 per year) -for dependent children through age 15	100%	80%	80%
<b>Amalgam Fillings</b> (1 per tooth every 12 months) -composite/white for anterior/front tooth	*80%	*50%	50%
<b>Extractions</b>	*80%	*50%	*50%
<b>Oral Surgery</b>	*80%	*50%	*50%
<b>Periodontics</b> (gum treatment)	*80%	*50%	*50%
<b>Endodontics</b> (root canal therapy)	*80%	*50%	*50%
<b>Crowns</b> (1 per tooth every 5 years)	*50%	*50%	*50%
<b>Dentures &amp; Bridges</b> (once every 5 years)	*50%	*50%	*50%
<b>Implants</b> (1 per tooth every 5 years)	*50%	*50%	*50%
<b>TMJ</b> (Temporomandibular Joint/Myofacial Pain Dysfunction) -\$1,000 lifetime maximum	50%	50%	50%
<b>Orthodontics</b> (\$1,500 lifetime maximum)	50%	50%	50%
<b>Annual Maximum</b>	\$1,500 per person per calendar year		
<b>Deductible * = Deductible Applies</b>	\$50 per person per calendar year / \$150 per family per calendar year		
<b>Prevention First</b>	When you see a PPO or Premier dentist, covered diagnostic & preventive services do not count toward your annual maximum.		

This is a brief description of the plan and is subject to the terms of the contract between Delta Dental and Parkview Health System.

# VISION INSURANCE

**ELIGIBILITY**

All regular Full-time and Part-time employees

**COVERAGE EFFECTIVE DATE**

Coverage is effective on the first of the month on or after the hire date, status change date, or qualifying event date

**WHO PAYS**

The employee premiums are deducted on a pre-tax basis from each paycheck (26 times per year).

VSP VISION COVERAGE	FULL-TIME & PART-TIME PER PAY PERIOD
Employee Only	
Employee + Spouse/Civil Union Partner	
Employee + Child(ren)	
Employee + Spouse/Civil Union Partner + Child(ren)	



**CHOOSING A PROVIDER**

Please contact VSP at 1-800-877-7195 or [vsp.com](https://www.vsp.com) for a complete list of participating providers.

Coverage: VSP | Group #30086356



# VISION INSURANCE



Covered Services	Copayments and/or Allowance
<b>WellVision Exams, per person every calendar year</b>	\$10 copayment
<b>Prescription Glasses, per person</b>	\$25 copayment
<b>Frames, per person every other calendar year</b>	Included in \$25 copayment \$130 allowance \$150 allowance for featured brands
<b>Lenses, per person every calendar year</b> -Single vision -Lined bifocal -Lined trifocal -Standard progressive lenses	Included in \$25 copayment
<b>Contacts (instead of glasses), per person every calendar year</b>  -Contact lens exam (fitting and evaluation)	\$130 allowance  Up to \$60 copayment
<b>Diabetic Eyecare Plus Program, as needed</b> -Services related to diabetic eye disease, glaucoma, and age-related macular degeneration. Retinal screening for eligible members with diabetes.	\$20 copayment

# BASIC LIFE INSURANCE

<b>ELIGIBILITY</b> All regular Full-time and Part-time employees	
<b>COVERAGE EFFECTIVE DATE</b> Coverage is effective on the first of the month on or after the hire date, status change date, or qualifying event date	
<b>WHO PAYS</b> Basic Life Insurance is 100% employer paid.	
<b>BENEFIT</b>	
<b>Basic Life Insurance</b>	Basic Life Insurance is 100% employer paid and offers the employee coverage with 1 times your basic annual salary rounded up to the nearest \$1,000 up to \$500,000. Your spouse and children (up to age 26) can be enrolled in \$1,000 of coverage. This is a basic term life policy and does not have a cash value.

# VOLUNTARY LIFE INSURANCE

<b>ELIGIBILITY</b> All regular Full-time and Part-time employees	
<b>COVERAGE EFFECTIVE DATE</b> Voluntary Life Insurance is effective on the first of the month following 30 days and acceptance by the carrier.	
<b>WHO PAYS</b> Voluntary Life Insurance is 100% employee paid with after-tax payroll deductions.	
<b>BENEFIT</b>	
<b>Voluntary Life Insurance</b>	Additional coverage may be elected and paid for by the employee with after-tax payroll deductions. You may purchase Voluntary Life Insurance (and/or Accidental Death and Dismemberment) up to \$1,000,000 in increments of \$1,000 not to exceed 7 times your base annual salary. Up to \$250,000, if purchased within 31 days of your date of hire/becoming newly eligible for benefits, is guaranteed issue (no Evidence of Insurability or physical exam required). Your spouse is eligible for up to \$250,000 in increments of \$5,000. Up to \$50,000, if purchased within 31 days of your date of hire/becoming newly eligible for benefits, is guaranteed issue (no Evidence of Insurability or physical exam required). Children may be covered in increments of \$1,000 up to \$10,000. Children are eligible from birth up to age 26. Dependent coverage cannot exceed 100% of the employee's coverage. You must elect Voluntary Life coverage for yourself in order to cover your spouse and/or children.
<b>Rates</b>	Rates are based on the amount of coverage you want and your age. Complete rate information is available in Employee Benefits.
<b>Portable Coverage</b>	If you leave Parkview, you can take your coverage with you.



# DISABILITY BENEFITS

**ELIGIBILITY**

All regular Full-time employees

**COVERAGE EFFECTIVE DATE**

First of the month following 90 days of employment.

**WHO PAYS**

Premium costs are 100% employer paid.

**GENERAL INFORMATION**

Once eligible (90 days of service and a full-time employee), you will automatically be enrolled in the Disability Plan and receive a Summary Plan Description. Disability insurance helps replace an employee’s income if she/he is sick or injured and cannot work. The plan replaces a percentage of an employee’s regular monthly base pay to a maximum monthly benefit determined by the plan design and will be reduced by the amount you receive from other income benefits including: Salary Continuation, Social Security, State Disability or Worker’s Compensation.

**BENEFIT**

**Disability**

This plan will provide you with income replacement worth 60% of your base monthly income (up to the applicable limit according to your employment classification). To receive this benefit you must meet the “qualifying disability” period, which is 90 days. Therefore, you must have been out of work for 90 days before the benefit can begin.



# HEALTH SAVINGS ACCOUNT

This benefit allows you to pay for certain expenses with pre-tax dollars — pay that is not subject to Federal Income Taxes, Social Security Taxes or State Income Taxes for medical care, dental care, vision care, glasses, contacts, LASIK eye surgery, prescriptions, chiropractic services, long-term care insurance premiums, etc.

## ELIGIBILITY

All regular Full-time and Part-time employees enrolled in a High Deductible Health Plan

## COVERAGE EFFECTIVE DATE

Effective on the first of the month on or after the hire date, status change date, or qualifying event date

## CARRYOVER

You can carry over your unused funds from year to year, even if you change health plans or change jobs.

## WHO PAYS

You can make pre-tax payroll contributions, or submit after-tax contributions via check or online within the following IRS limits:

### Employee Only High Deductible Health Plan Coverage:

\$3,850

### Family High Deductible Health Plan Coverage:

\$7,750

### Age 55+ Additional Catch-Up:

\$1,000

**Parkview will contribute \$20.00 per pay period into your HSA if you are enrolled in a HSA!**





# FLEXIBLE SPENDING ACCOUNTS

## GENERAL INFORMATION

If you would like a tax break and some health stretching your spendable income, you may want to consider the Flexible Spending Account (FSA) Options. This benefit allows you to pay for certain expenses with pre-tax dollars — pay that is not subject to Federal Income Taxes, Social Security Taxes or, as applicable, State Income Taxes. You decide how much of your pre-tax pay will go into a flexible spending account each year.

Participants may use their debit cards for immediate access to their FSA account balance. However, participants may be asked by Alerus to provide receipts justifying their debit card purchases for amounts that do not equal a stated copayment or a repetitive transaction.

If a merchant does not accept the debit card, you will be required to pay out-of-pocket, then submit a reimbursement claim form along with your receipt. For a complete list of eligible expenses, log on to [www.alerusrb.com](http://www.alerusrb.com) or contact Employee Benefits at 719-595-7588. All claims must be incurred during the plan year. The current Plan year ends on December 31st.

## ELIGIBILITY

All regular Full-time and Part-time employees

## COVERAGE EFFECTIVE DATE

Effective on the first of the month on or after the hire date, status change date, or qualifying event date

## PLAN CHOICES & MAXIMUM CONTRIBUTIONS

### Healthcare Flexible Spending Account:

Maximum Contribution: \$3,050/plan year

Covered expenses may include expenses not paid by your Medical, Dental, and Vision Plans, including your deductibles, copayments, or procedures and services not covered by the health plan and approved by the IRS.

### Limited Purpose Flexible Spending Account:

Maximum Contribution: \$3,050/plan year

Covered expenses only include eligible vision and dental expenses. This account can be used in conjunction with a Health Savings Account.

### Dependent Day Care Flexible Spending Account:

Maximum Contribution: \$5,000/plan year

Covered expenses may include services provided for your dependent child(ren) under age 13 (and certain “IRS dependents”) to enable you and/or your spouse to work.

## CARRYOVER

You can carryover up to \$610 of your unused healthcare FSA balance remaining at the end of the plan year to use in the following year.

## FORFEITURE

If you do not incur eligible expenses equal to your contribution, the Internal Revenue Service will require that the unused portion of your account balance that exceeds \$610 is forfeited. “Use it, or Lose it.”

## WHO PAYS

Contributions are made by the employee on a pre-tax basis

# FLEXIBLE SPENDING ACCOUNTS

## HEALTHCARE FLEXIBLE SPENDING ACCOUNT ELIGIBLE EXPENSES

- Acupuncture
- Ambulance
- Artificial limbs
- Birth control devices/medication
- Braille-books & magazines
- Care for handicapped child
- Chiropractors
- Copayments & coinsurance
- Cost of medical operation & related treatment
- Contact lens/solutions
- Crutches
- Deductibles
- Dental fees, including orthodontist fees
- Dentures
- Eyeglasses, including exam fee or copay
- Fee of practical nurse
- Fees of licensed osteopaths
- Feminine care products
- Handicapped person's special school
- Hearing devices and batteries
- Hospital bills
- Insulin
- Laetrile by prescription
- Lead-based paint removal for children with lead poisoning
- Massage (with a prescription)
- Obstetrical expenses
- Organ transplant expenses
- Oxygen
- \*Over-the-counter drugs (such as antacids, allergy medicine, aspirin, Tylenol, cold medicines, etc.)  
Over-the-counter drug items require a prescription.
- \*Over-the-counter non-drug items (such as Band-Aids and saline solution)
- Physician fees
- Prescribed medicine
- Psychiatric care
- Psychologist fees
- Routine physical and other non-diagnostic services or treatments
- Seeing-eye dog and its upkeep
- Smoking Cessation
- Special equipment or improvements installed in your home for medical reasons
- Sterilization
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Therapy treatments
- Transportation expenses primarily for medical laboratory fees (i.e., railroad fare to hospital or recuperation home, cab fare in obstetrical cases)
- Tuition for special needs programs
- Wheelchair
- X-rays

\*For a list of accepted OTC items log on to [www.alerusrb.com](http://www.alerusrb.com) or contact the Benefits Department at 719-595-7588.

## DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT

For an expense to be allowed under the dependent day care account, the expenses must be used to maintain gainful employment while you and, if applicable, your spouse work. For example, expenses incurred for an evening out would not be eligible.

The Internal Revenue service defines eligible dependent day care expenses to include services for dependent children under age 13, or for dependents of any age who are mentally or physically handicapped, as long as they spend at least eight hours a day in your home. Your dependents are eligible if you claim a tax exemption for them on your federal income tax return.

Most types of dependent day care are allowed, including care in your home or in a dependent day care center, as long as the person providing the care is not your dependent. Dependent day care centers that care for more than 6 people must be licensed. If you're married, both you and your spouse must be working in order for dependent day care expenses to be allowed. In addition, expenses qualify only if they do not exceed the lower of your income or your spouse's income. If your spouse is a student or incapable of caring for himself or herself, the IRS considers that spouse's income to be \$400/month.

Dependent day care contributions must have already been deducted from your paycheck and be in your spending account in order to receive reimbursement; therefore, there may be a lag time between when your deduction is withheld from your check and when you receive reimbursement.

# 401(k) RETIREMENT PLAN

## ELIGIBILITY

All regular Full-time and Part-time, and PRN employees are eligible to contribute their own funds to the 401(k) plan immediately through payroll deduction. You are also eligible to roll over funds from another qualified plan immediately.

## PARKVIEW CONTRIBUTION

To receive Parkview’s employer match, all regular full time, part time, and PRN employees must have one year of service in which they work 1,000 hours. Your 401(k) entry date is the first of the month following your eligibility date. Parkview Health System matches 50% of the first 4% of employee contributions for eligible participants.

## AUTOMATIC CONTRIBUTION

New employees will be automatically enrolled in the 401(k) plan following 30 days of service unless you have already elected a deferral rate of 5 percent or more. If no election has been made previously, or if you have elected a deferral rate of less than 5 percent, Parkview Health System will automatically deduct 5 percent of your pay each pay period to be contributed to the 401(k) plan. If you do not choose to participate you can “opt out” of automatic enrollment by calling Principal Financial Group at 1-800-547-7754 or logging on to [www.principal.com](http://www.principal.com). You may need Parkview’s contract number: 371623.

## AUTOMATIC INCREASE

Every year in January your 401(k) contribution will be automatically increased by 1% until you reach 10%. If you do not choose to participate in the automatic increase feature, you can “opt out” by calling Principal Financial Group at 1-800-547-7754 or logging on to [www.principal.com](http://www.principal.com) within the designated 30-day period prior to the specified pay period in January. You may need Parkview’s contract number: 371623.

## EMPLOYEE CONTRIBUTION

Employees may contribute 100% of pay through payroll deduction up to an annual maximum of \$22,500\* for 2023. This deduction can be on a pre-tax basis, an after-tax (Roth) basis, or a combination of both. Taxes on pre-tax contributions are applied at the time funds are withdrawn. Employees age 50 or over can also contribute an additional \$7,500 in “catch-up” contributions for 2023.

For eligible employees participating in the 401(k) plan, Parkview will match 50% of the first 4% you contribute, up to 2% of your annual salary.

CONTRIBUTION EXAMPLE	
If you contribute	4%
Then Parkview matches it at	2%
Total Contibution	6%
This amount is subject to the Section 145 Testing Limits imposed by the IRS	

# 401(k) RETIREMENT PLAN

## VESTING

Employee contributions are always 100% owned or vested. Parkview Health System contributions are vested at the rate of 33% after one year, 66% after two years, and 100% after 3 years. Each year that goes toward vesting must include 400 hours worked.

YEARS	Less than 1	1	2	3 or more
VESTING %	0%	33%	66%	100%

## INVESTMENT OPTIONS

You select how the money should be invested from multiple options. If you do not choose to make an investment election, your funds will be directed into an age-appropriate Principal Trust fund.

## ACCOUNT WITHDRAWALS

Amounts contributed may be withdrawn at age 59 1/2, retirement, separation of employment, or death. NOTE: If the withdraw is made before age 59 1/2, the federal government imposes a 10% penalty in addition to 20% in withholding taxes.

## LOAN PROVISION

You may be eligible to borrow from your account when you have a minimum of \$2,000 vested value. Minimum loan is \$1,000. Your account will be charged for applicable fees if you take a loan.

MEMBERSHIP BANKING

To sign up for a new account or convert an existing account with one of the financial institutions listed below, call the number listed, or stop by the branch nearest you.

Minnequa Works Credit Union	719-544-6928
Sunflower Bank	719-565-4200
US Bank	719-545-0104
Vectra Bank	719-586-1101
Wells Fargo Bank	719-586-3140

# ACCIDENT INSURANCE

**ELIGIBILITY**  
All regular Full-time and Part-time employees

**COVERAGE EFFECTIVE DATE**  
Coverage is effective on the first of the month following 30 days of employment/status change, or the date of a qualifying event.

**WHO PAYS**  
Accident Insurance is 100% employee paid. The employee premiums are deducted on a pre-tax basis from each paycheck (26 times per year).

METLIFE ACCIDENT INSURANCE	LOW OPTION	HIGH OPTION
Employee Only		
Employee + Spouse		
Employee + Child(ren)		
Employee + Spouse + Child(ren)		

**COVERAGE**  
Accident Insurance is provided by MetLife and pays for over 150 different on/off job injuries, including: fractures, dislocations, eye injuries, skin grafts, broken teeth, concussions, cuts or lacerations, second-and third-degree burns, coma, ruptured disc, ambulance, emergency care, inpatient surgery, outpatient surgery, medical testing benefits (including X-rays, MRIs, and CT scans), physician follow-up visits, transportation, home modifications, therapy services (including physical and occupational therapy). It pays wellness/health screening benefits of \$100 for the Low Option and \$200 for the High Option.

**Portable Coverage:** If you leave Parkview, you can take your coverage with you.





# CRITICAL ILLNESS INSURANCE

**ELIGIBILITY**  
All regular Full-time and Part-time employees

**COVERAGE EFFECTIVE DATE**  
Coverage is effective on the first of the month following 30 days of employment/status change, or the date of a qualifying event.

**WHO PAYS**  
Critical Illness Insurance is 100% employee paid. The employee premiums are deducted on an after-tax basis from each paycheck (26 times per year). Rates: Rates are based on the amount of coverage you want, your age, and whether or not you use tobacco products.

**COVERAGE**  
Critical Illness Insurance is provided by MetLife up to \$30,000 guarantee issue for the employee. Spouse and child coverage are available up to 50% of the employee’s amount and are guarantee issue. A \$50 wellness benefit is available each calendar year. A lump sum benefit is paid upon diagnosis of cancer, coma, paralysis, severe burn, heart attack, kidney failure, major organ transplant, stroke, coronary artery bypass graft, benign brain tumor, loss of speech/hearing/sight, sudden cardiac arrest, infectious disease, Alzheimer’s, Parkinson’s, Down Syndrome, cleft palate, and more.  
**Portable Coverage:** If you leave Parkview, you can take your coverage with you.

# HOSPITAL INDEMNITY INSURANCE

**ELIGIBILITY**  
All regular Full-time and Part-time employees

**COVERAGE EFFECTIVE DATE**  
Coverage is effective on the first of the month following 30 days of employment/status change, or the date of a qualifying event.

**WHO PAYS**  
Hospital Indemnity is 100% employee paid. The employee premiums are deducted on a pre-tax basis from each paycheck (26 times per year).

METLIFE HOSPITAL INDEMNITY INSURANCE	LOW OPTION	HIGH OPTION
Employee Only		
Employee + Spouse		
Employee + Child(ren)		
Employee + Spouse + Child(ren)		

**COVERAGE**  
Hospital Indemnity is provided by MetLife and covers hospitalization due to accidents or sickness, such as: admission to a hospital, hospital stays, admission to an intensive care unit, intensive care unit stays, inpatient rehab unit stays. It covers: hospital admission and ICU Admission at \$500 (Low Option) or \$1,000 (High Option) daily hospital confinement at \$100 (Low Option) or \$200 (High Option) per day up to 15 days. Benefits double if confinement is in ICU. Children are eligible up to age 26.  
**Portable Coverage:** If you leave Parkview, you can take your coverage with you.

# UNIVERSAL LIFE INSURANCE WITH LONG-TERM CARE

## ELIGIBILITY

All regular Full-time and Part-time employees

## COVERAGE EFFECTIVE DATE

Coverage is effective on the first of the month following 30 days of employment/status change, or the date of a qualifying event.

## WHO PAYS

Universal Life Insurance with Long Term Care is 100% employee paid. The employee premiums are deducted on an after-tax basis from each paycheck (26 times per year).

Rates: Rates are based on the amount of coverage you want, your age, and whether or not you use tobacco products. The rates are locked in at your age at the time of purchase.

## COVERAGE

Universal Life Insurance with Long Term Care is provided by Trustmark up to \$100,000 with no medical questions. You can collect 4% of your Universal Life death benefit per month for up to 25 months to help pay for long-term care services. If you collect a benefit for LTC, your full death benefit is still available for your beneficiaries, as much as doubling your benefit. Universal Life benefits can help pay for funeral costs, rent or mortgage payments, tuition and loans, credit card bills, medical expenses, and retirement savings. You can use part of your death benefit to help manage costs if you're diagnosed with a terminal illness. The Long Term Care Rider provides a monthly benefit if insured is confined to a nursing home or assisted living center, or receives home health care or adult day care. You can apply for coverage for family members: spouse, children and grandchildren.

**Portable Coverage:** If you leave Parkview, you can take your coverage with you.



# PAID TIME OFF/SICK TIME FOR EXEMPT AND NON-EXEMPT EMPLOYEES

POLICY PERSONNEL H88.155 OFFICIAL (REV: 21)

## POLICY

Full time and part-time employees accrue Paid Time Off (PTO) according to hours paid at base rate (including unpaid EA's but excluding on call, shift differential, etc) and length of continuous service. The time accrued is available to use according to guidelines below and departmental guidelines which reflect specific needs related to customer service.

### Any employee hired on or after July 1, 2018, the following PTO accrual rates will apply:

<b>0 through 3 years</b>	.0653 per hour with a maximum of 5.23 hours per pay period up to 136 hours per year (80 hours vacation + 56 hours holiday)
<b>4 through 7 years*</b>	.0846 per hour with a maximum of 6.76 hours per pay period up to 176 hours per year (120 hours vacation + 56 hours holiday)
<b>8 + years**</b>	.1038 per hour with a maximum of 8.30 hours per pay period up to 216 hours per year (160 hours vacation + 56 hours holiday)

*\*This is also the accrual rate for Designated Managers at 0 through 3 years.*

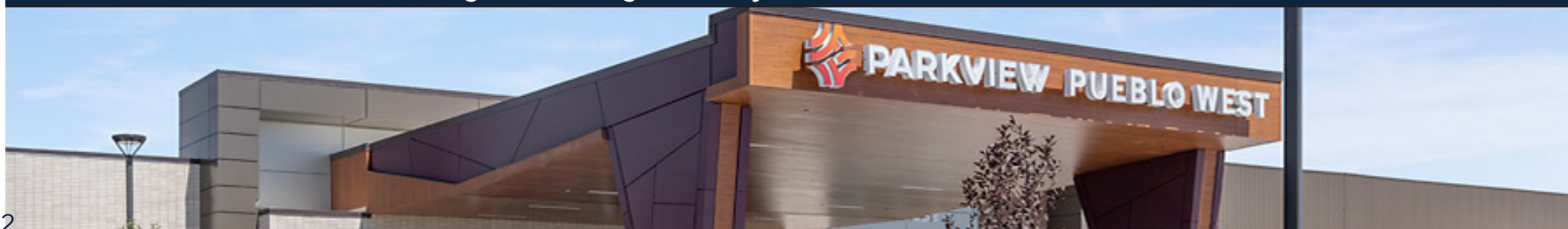
*\*\*This is also the accrual rate for Designated Managers at 4+ years.*

### Any employee hired before July 1, 2018, will have the following PTO accrual:

<b>0 through 3 years</b>	.0769 per hour with a maximum of 6.15 hours per pay period up to 160 hours per year (80 hours vacation + 56 hours holiday + 24 hours personal)
<b>4 through 7 years*</b>	.0961 per hour with a maximum of 7.69 hours per pay period up to 200 hours per year (120 hours vacation + 56 hours holiday + 24 hours personal)
<b>8 + years**</b>	.1154 per hour with a maximum of 9.23 hours per pay period up to 240 hours per year (160 hours vacation + 56 hours holiday + 24 hours personal)

*\*This is also the accrual rate for Designated Managers at 0 through 3 years.*

*\*\*This is also the accrual rate for Designated Managers at 4+ years.*



# PAID TIME OFF/SICK TIME FOR EXEMPT AND NON-EXEMPT EMPLOYEES

POLICY PERSONNEL H88.155 OFFICIAL (REV: 21)

Part-time employees accrue PTO based on hours paid.

Maximum accrual is 1½ times plus 48 hours of the full time accrual.

To schedule time off, the employee must request the time according to department guidelines. All non-exempt employees must use PTO to meet their weekly scheduled hours. The one exception to this is excused absence/no PTO. However, if an employee meets their weekly scheduled hours, PTO does not need to be used for any scheduled time off during that week. All unscheduled time will be subject to PTO regardless of weekly scheduled hours being met or not. If PTO is not available, use time off without pay (see Policy H800.00, Absence From Work (Non Work Related), page 2).

The maximum amount of PTO is the regularly scheduled hours per day.

Examples:

- 8 hours for an 8 hour shift
- 10 hours for a 10 hour shift
- 12 hours for a 12 hour shift

*Note: If you have requested PTO, it cannot be substituted with sick time if you get sick.*

Any request for PTO or sick time can be paid only up to the actual hours accrued by the employee. It is not possible to “borrow” paid time off.

As of January 1, 2023 there is no sick time accrual for FT or PT employees but whatever balance is in the (traditional) sick bank can be used if the employee is unable to work due to their own illness or injury and not be receiving Worker’s Compensation and it must be a FMLA qualifying absence (as designated by Employee Health).

Only PRN will have a HFWA bank. It will accrue at .02308 per hour during the pay period with a maximum accrual of 1.85 per pay period and a maximum accrual of 48 hours.

A physician’s release may be required at the discretion of the Director or Employee Health after four (4) consecutive days.

If an employee is off work on Worker’s Compensation, traditional sick days may be used for the first three days, which are excluded from the Worker’s Compensation benefit. Worker’s Compensation will pay for days off in excess of three days when the illness or injury is accepted under Worker’s Compensation guidelines. Sick time may not be used to fill the gap between what Worker’s Compensation or Long Term Disability pays and the employee’s full pay.

