



# Benefits Summary



## Southcoast® Health

### Flexible Benefits Plan — 2017

Available to regular status employees who work a minimum of 24 Control Hours per week

#### Health Insurance

##### Southcoast Health Plan

- > Medical Benefits administered by Health Plans Inc. (HPI) a subsidiary of Harvard Pilgrim Health Care
- > Prescription drug benefits administered by MedImpact
- > Coverage levels offered: Individual, Employee +1, and Family
- > Eligible on date of hire

#### Dental Insurance

- > Administered by Delta Dental of Massachusetts
- > Coverage levels offered: Individual and Family
- > Eligible on date of hire

#### Life and AD&D Insurance

- > Administered by Liberty Mutual
- > Southcoast provides Basic Life and AD&D insurance of 1X annual base salary
- > Additional Life Insurance — Employees may purchase up to 3X annual base salary
- > Optional Spouse Life Insurance — Employees may purchase from \$10,000 to \$50,000 in increments of \$10,000
- > Optional Child Life Insurance — Employees may purchase \$10,000
- > Eligible on date of hire

#### Long-term Disability Insurance

- > Administered by Liberty Mutual
- > Southcoast provides a core benefit of 60% of monthly base pay, up to a maximum benefit of \$4,000 per month\*
- > 66 2/3% Buy-Up — Employees may purchase the enhanced benefit which provides 66 2/3% of monthly base pay, up to a maximum benefit of \$10,000 per month\*
- > Eligible on date of hire

#### Short-term Disability Insurance

- > Administered by Liberty Mutual
- > Employees may purchase a weekly benefit in the following increments: 50% of basic earnings to a weekly maximum of \$500, 60% of basic earnings to a weekly maximum of \$750 or 70% of basic monthly earnings to a weekly maximum of \$1,000. Benefit may not exceed 70% of weekly base pay\*\*
- > Eligible on date of hire

#### Flexible Spending Accounts

- > Administered by WageWorks
- > Health Care Account maximum annual contribution = \$2,500 (MNA \$2,000)
- > Dependent Care maximum annual contribution = \$5,000
- > Eligible on date of hire

Available to regular status employees who work a minimum of 20 Control Hours per week

#### Tuition Assistance

- > Southcoast provides up to \$2,500 reimbursement per academic year, reimbursed at 75% for full time employees, pro-rated for part time employees
- > Eligible after completion of 3 month introductory period

#### Earned Time Off

- > Southcoast provides a consolidated paid time off program that may be used at the employee's option for vacation and/or days off for other personal reasons.
- > Holidays are separate: 8 designated holidays; 3 floating holidays. Availability based on date of hire/eligibility.
- > Eligible to accrue on date of hire — see accrual chart below
- > Eligible to use accrued time after completion of 3-month introductory period

Benefits available to all employees

#### Southcoast Partnership Plan

- > 403(b) defined contribution plan administered by Transamerica Retirement Solutions
- > Employees are eligible to participate upon hire and will be automatically enrolled. Unless you choose otherwise, each pay period 2% of your pay will be deducted from your paycheck before taxes and contributed to your account automatically. Please see the Automatic Enrollment Notice for more information.
- > After 2 years of service with a minimum of 1,000 hours worked per year, employees are eligible for employer match contributions. Southcoast provides a 100% match up to a maximum of 6% dollar-for-dollar of your employee contribution.
- > All employee and employer contributions are immediately vested.

#### HealthQuest Wellness Program

- > Employee Wellness Program
- > Eligible on date of hire

#### Your Financial Health

- > Employee Financial Wellness Program
- > Eligible on date of hire

#### Employee Assistance Program

- > Southcoast provides a comprehensive and confidential counseling benefit staffed by licensed counselors to employees and their immediate family members to work through difficult issues and problem-solve effective solutions.
- > Eligible on date of hire

#### Employee Discount Program

- > Receive discounts from participating area merchants as a Southcoast employee
- > Eligible on date of hire

#### Earned Time Accrual†

Years of Service	Annual Accrual	Weekly accrual by hours worked			
		40+ Mod. Full time	32 Hours	24 Hours	20 Hours
0-4	17 days / 136 hrs.	2.616	2.093	1.57	1.308
5-9	22 days / 176 hrs.	3.388	2.71	2.033	1.694
10-24	27 days / 216 hrs.	4.156	3.325	2.494	2.078
25+	32 days / 256 hrs.	4.924	3.939	2.954	2.462

Note: Any depiction of days in this policy refers to eight-hour days. Employees who work schedules with different standard hours should convert these "days" to their own schedule. †Exempt and Leadership employees should refer to policy SHG-HR 5.22 \*Upon approval, benefits begin after 90 days of disability. \*\*Upon approval, benefits begin after 14 days of non-occupational illness.



# Health & Dental Insurance Plan Features — 2017



These summaries do not describe all terms, conditions and limitations. Refer to the applicable Summary Plan Descriptions for details.

## Southcoast Health Plan

Medical Coverage — Administered by Health Plans Inc. (HPI)

	Southcoast Hospitals & Physicians Network Tier 1	Preferred Providers Tier 2	Non-Preferred and Out-of-Network Tier 3	Steward Facilities
<b>Calendar Year (CY) Deductible (ded)</b>				
Individual	None	\$1,500	\$3,000	N/A
Employee +1	None	\$2,500	\$6,000	N/A
Family	None	\$2,500	\$6,000	N/A
<b>Calendar Year Out-of-Pocket (OPM) Maximum*</b>				
Individual	\$2,250	\$3,400	\$5,150	N/A
Employee +1	\$4,500	\$6,800	\$10,300	N/A
Family	\$4,500	\$6,800	\$10,300	N/A
<b>Preventive Care</b>				
Routine pediatric care/Well visits	100%	\$15 copay	60% after ded.	N/A
Routine adult exams and tests/Well visits	100%	\$25 copay	60% after ded.	N/A
Routine immunizations	100%	\$25 copay	60% after ded.	N/A
PSA (prostate screening)	100%	\$25 copay	60% after ded.	N/A
Routine OB/GYN care	100%	\$25 copay	60% after ded.	N/A
Mammogram	100%	\$25 copay	60% after ded.	N/A
<b>Other Outpatient Care**</b>				
Pediatric Office visits (diagnostic exam/services)	\$15 copay	\$20 copay	60% after ded.	N/A
PCP Office visits (diagnostic exam/services)	\$15 copay	\$30 copay	60% after ded.	N/A
Maternity care	100%	\$30 copay	60% after ded.	N/A
****Specialist Office visits (diagnostic exam/services)	\$25 copay	\$40 copay	60% after ded.	N/A
Chiropractic Care	\$25 copay	\$40 copay	60% after ded.	N/A
Vision exam	\$30 copay	\$30 copay	\$30 copay	N/A
Physical & Occupational Therapy (100 visits per CY)	\$15 copay	\$30 copay	60% after ded.	Not covered
Speech, Hearing and Language Disorder Treatment	\$15 copay	\$30 copay	60% after ded.	Not covered
Urgent Care/Walk in Clinic	\$15 copay	\$30 copay	60% after ded.	Not covered
Lab, X-ray & other diagnostic tests	100%	90% after ded.	60% after ded.	Not covered
High Tech Imaging – CT scan, MRI, PET	100%	90% after ded.	60% after ded.	Not covered
Colonoscopy	100%	90% after ded.	60% after ded.	Not covered
Surgery and anesthesia in outpatient hospital department/outpatient surgical center	100%	90% after ded.	60% after ded.	Not covered
<b>Hospital Care</b>				
**Semi-private room and board including physician in-hospital care, surgery, delivery, anesthesia	100%	100% after ded.	60% after ded.	Not covered
Emergency Room Visit (includes all related charges) (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay no ded.	\$100 copay no ded.
Inpatient admission directly from Emergency Room	100%	100% after ded.	100% after tier 2 ded.	Not covered
<b>**Skilled Nursing Facility (up to 100 inpatient days per member per CY)</b>				
	N/A	100% after ded.	60% after ded.	Not covered
<b>**Physical Rehabilitation Facility (up to 60 inpatient days per member per CY)</b>				
	100%	100% after ded.	60% after ded.	Not covered
<b>Other Services</b>				
Ambulance (medically necessary transport only)	100%	100% no ded.	100% no ded.	100% no ded.
Durable Medical Equipment & related supplies	N/A	80% no ded.	60% after ded.	Not covered
**Home Health Care	100%	100% no ded.	60% after ded.	Not covered
<b>Mental Health and Substance Abuse</b>				
Outpatient Services	\$15 copay	\$15 copay	\$15 copay no ded.	N/A
**Inpatient Services	100%	100% no ded.	100% no ded.	Not covered
<b>Fitness Reimbursement Benefit</b>				
up to \$150 per year per family (see <a href="http://www.southcoasthealthplan.org">www.southcoasthealthplan.org</a> for details)				
<b>Unlimited Lifetime Maximum</b>				

## Prescription Drug Benefit — Administered by MedImpact

Calendar Year Prescription Out-of-Pocket Maximum: \$2,000 Individual, \$4,000 Employee + 1/Family

Retail	Southcoast	Retail Network	Pharmacy Networks: <b>Southcoast:</b> Southcoast Pharmacies include Charlton, St. Luke's, Fairhaven and Southcoast Specialty. <b>Retail Network:</b> MedImpact's pharmacy network includes more than 67,000 participating pharmacies, including CVS, Wal-mart, Walgreens, Rite-Aid, Target, Stop & Shop and Northeast Pharmacy Services Corp.
Generic	\$9.00	\$12.00	
Preferred Brand	\$30.00	\$50.00	
Non-preferred Brand	\$75.00	\$100.00	
Mail and 90-Day	Southcoast	Postal Prescription Services (PPS)	
Generic	\$22.50	\$30.00	
Preferred Brand	\$75.00	\$125.00	
Non-preferred Brand	\$187.50	\$250.00	
Specialty	Southcoast	US Bioservices	
Generic	\$50.00	\$275.00	
Preferred Brand	\$100.00	\$275.00	
Non-preferred Brand	\$250.00	\$275.00	

## Dental Plan — Administered by Delta Dental of MA

Benefit Feature	Coverage
Annual deductible	\$50 per member / \$100 per family
Diagnostic and preventive	100% of reasonable and customary expenses; no deductible
Minor restorative services	80% coverage after deductible
Major restorative services	50% coverage after deductible
Orthodontia	50%; \$1,500 lifetime maximum benefit per person
Calendar year maximum benefit	\$1,500

\*The calendar year OPM includes emergency room copays, office visit copays, deductibles, and coinsurance. Claims will be paid at 100% by the plan once OPM is met. Prescription drug copays accumulate towards a separate calendar year OPM. \*\*Inpatient hospitalizations and certain outpatient procedures require pre-certification. Failure to pre-certify will result in a \$250 penalty. Visit [www.southcoasthealthplan.org](http://www.southcoasthealthplan.org) for the complete list of services requiring pre-certification. \*\*\*Some generics are available at a lower cost at Southcoast Pharmacies. \*\*\*\*Orthopedic Care Management Program: If scheduled for an orthopedic procedure (inpatient or outpatient) at a non-Southcoast provider, members are required to have a consult with a Southcoast orthopedic specialist prior to having the procedure. There is a financial penalty of \$500 when a member does not follow this process. Contact Conifer Health Solutions at (800) 459-2110 for further details.

These summaries do not describe all terms, conditions and limitations. Refer to the applicable Summary Plan Descriptions for details. Please note: Southcoast employees covered by a collective bargaining agreement should refer to their contract for specific benefit information.