

A Touch of Benefits!



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About This Guide

This guide describes the benefit plans available to you as an employee. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in summary plan descriptions, as described by the Employee Retirement Income Security Act (ERISA). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation. All annual required notices, plan document and more can be found at www.dch.benelogic.com.

OUR EMPLOYEE BENEFIT PROGRAM / ELIGIBILITY

Our Employee Benefit Program

Doctors Community Hospital (DCH) is committed to providing you with a comprehensive variety of benefits. These benefits are significant and important part of your total compensation package. They provide valuable protection for you and your family. All employees will use DCH Online Benefits System with Benelogic to enroll in benefits.

The DCH Online Benefits System enables you to view information about your benefits anytime throughout the year and serves as your source to have 24/7 access to review your selected benefits, view the specific benefits for all the benefit plans, find links and phone numbers of carriers and access benefit forms

Eligibility

All benefit eligible employees qualify for the following benefits after the required waiting period:

- Medical/Drug - CareFirst BCBS
- Dental - Delta Dental
- Vision - Vision Service Plan (VSP)
- Flexible Spending Account—ProSource
- Legal Plan - Legal Resources
- 403(b) Cash Balance - Diversified Investment Advisors
- Modified Employment Plan (MEP)
- Basic Life and AD&D Insurance - UNUM
- Supplemental Term Life Insurance - UNUM
- Dependent Term Life Insurance - UNUM
- Whole Life with Long Term Care Coverage -UNUM
- Disability Coverage (Short and Long Term) - UNUM
- Critical Illness with optional Cancer Coverage -UNUM
- Accident with optional Hospital coverage -UNUM

Elections and Changes

Each year during open enrollment, employees make their benefit selections for the next plan year. The selections you make when you enroll in your benefits remain in effect for the entire plan year. (*January 1 through December 31*). Once the plan year starts, you cannot make changes to your elections unless a Change-in-Life status occurs. Change-in-Life status events are generally defined as the following:

- Marriage
- Birth or adoption of a child
- Significant change in you or your spouse's employment status
- Divorce
- Death
- Loss of other health coverage

You may change your elections if one of the above events occurs. The change must be requested within 30 days of the event and must be consistent with your change in status. Documentation is required.

Newly Hired Employees

You will become eligible for benefits on either the 1st or 16th of the month following 90 continuous days of employment subject to the following rules:

- Employees whose 90th day falls between the 1st and 15th are effective on the 16th
- Employees whose 90th day falls between the 16th and the 31st are effective on the 1st

Eligible Dependents

Your dependent must meet one of the following definitions:

1. Spouse: your legally married husband/wife
2. Child(ren): children to age 26 (married or unmarried)
 - Children include: natural children, stepchildren, legally adopted children, children placed for adoption, and children who you are legally appointed as guardian.
3. Disabled Child: unmarried child who is mentally or physically handicapped (handicap sustained before the age of 25) and incapable of engaging in self-sustaining employment due to such incapacity, Dependent on your IRS tax return.

Note: enrolling someone who is not qualified as a dependent is considered insurance fraud.

Documentation will be required for eligible dependents. A dependent will not be added until documentation is provided. **Employees must notify Human Resources within 30 days if a dependent becomes eligible or loses eligibility for coverage.**

ENROLLMENT INSTRUCTIONS / OPEN ENROLLMENT CHECKLIST

Enrollment Instructions

- Familiarize yourself with your options by reading your Benefit Booklet
- Have the following information available on yourself and your dependents:
 - Social Security Numbers
 - Dates of Birth

To enroll, log on to: www.dch.benelogic.com

- Enter your User ID: **Your Employee Number**
- Enter your Password: **enroll**
- Create a new confidential password (Note: you will need this new password if you log into the website again)
- Follow the instructions and enroll in your benefits
- Click on the finish button to save your election
- Print your confirmation statement

NOTE: The Benelogic website may be unavailable periodically during your enrollment period for routine maintenance from the hours of 2 am to 6 am.

IMPORTANT 2012 Benefit Plan Changes

Vision Service Plan (VSP)

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Open Enrollment Checklist



- Review the 2012 Benefit Guide
- Attend the upcoming Benefit Fair, November 10, 2011
- Review your benefits online at www.dch.benelogic.com
- Make changes to your benefits for 2012 by November 21, 2011
- Re-enroll in the FSA plans for 2012

2012 PAYROLL DEDUCTIONS (BI-WEEKLY COST)

	<i>Full-Time Employees</i>		
<i>Plan</i>	<i>Single</i>	<i>Double</i>	<i>Family</i>
CareFirst BCBS BlueChoice HMO/VSP	\$43.18	\$139.21	\$175.57
CareFirst BCBS Opt-Out Plus-Open Access POS/VSP	\$46.59	\$162.50	\$204.55
CareFirst BCBS Blue Preferred PPO/VSP	\$67.04	\$217.04	\$273.29
Delta Dental Core Plan	\$3.95	\$10.55	\$10.55
Delta Dental Buy-up	\$8.95	\$23.54	\$23.54
Vision Service Plan Vision Only	\$2.22	\$3.22	\$5.77
Legal Resources Legal Plan	\$8.77	\$8.77	\$8.77
	<i>Part-Time 1 Employees</i>		
<i>Plan</i>	<i>Single</i>	<i>Double</i>	<i>Family</i>
CareFirst BCBS BlueChoice HMO/VSP	\$107.96	\$278.41	\$351.71
CareFirst BCBS Opt-Out Plus-Open Access POS/VSP	\$117.05	\$324.43	\$409.08
CareFirst BCBS Blue Preferred PPO/VSP	\$167.62	\$434.09	\$546.59
Delta Dental Core Plan	\$11.32	\$31.49	\$31.49
Delta Dental Buy-up	\$17.02	\$46.46	\$46.46
Vision Service Plan Vision Only	\$2.22	\$3.22	\$5.77
Legal Resources Legal Plan	\$8.77	\$8.77	\$8.77

Pre-Taxed Payroll Contributions

Some payroll deductions are considered pre-tax— This means that you do not pay state, federal, and social security taxes on eligible premiums paid using a payroll deduction. Bottom-line, this means more money in your pocket. Your bi-weekly payroll deductions will be pre-taxed where applicable. Please see Human Resources if you wish not to pay your premiums with pre-tax income. Your elections for a benefit will remain in effect for the plan year (Jan. 1—Dec. 31) or until you are no longer eligible for the benefit. You may only change your election once a year at the beginning of each plan year on January 1, unless you experience a life status change.

MEDICAL AND PRESCRIPTION DRUG

Medical and Prescription Drug Plan

Prevention is the best medicine, so CareFirst BCBS offers a wide range of services to help you and your family lead healthy, productive lives. Doctors Community Hospital offers 3 plans through CareFirst BCBS for you to select. The three plans are BlueChoice HMO, Opt-Out Plus-Open Access POS, and Blue Preferred PPO. Primary Care Physician (PCP) information is only required for employees selecting to participate in the HMO or Opt-Out Plus-Open Access POS plan for the first time. If you wish to change your PCP, please contact CareFirst BCBS directly.

• BlueChoice HMO

Employees who enroll in the BlueChoice HMO plan must choose a Primary care Physician (PCP) in the field of family practice, general medicine, internal medicine, or pediatrics. Each family member can choose the physician or medical office that suits him/her best. If you need specialty care, you must obtain a referral from your PCP to a specialist within the CareFirst BCBS network. *Care received from an out-of-network provider will not be covered under the BlueChoice HMO plan.*

• Opt-Out Plus-Open Access POS

Employees who enroll in the point-of-service plan must choose a Primary Care Physician (PCP) in the field of family practice, general medicine, internal medicine, or pediatrics. Each family member can choose the physician or medical office that suits him/her best. You do not need a referral for specialty care.

You also have the option to access any recognized provider (in- or out-of-network) without referrals, for covered services, but your out-of-network costs will be higher (except for emergency and direct access benefits).

Summary of Services	CareFirst BCBS BlueChoice HMO	CareFirst BCBS Opt-Out-Plus-Open Access POS	
	In-Network You Pay:	In-Network You Pay:	Out-of-Network* You Pay:
Yearly Deductible <i>Individual</i> <i>Family</i>	None None	None None	\$300 \$600
Out-of-Pocket Maximum	\$2,000 individual/\$5,000 family	\$2,000 individual/\$5,000 family	\$2,000 individual/\$5,000 family
PCP/Specialist Office Visit	\$20 co-pay/\$20 co-pay	\$20 cop-ay/\$20 co-pay	Deductible then 20% of eligible expenses
Well-Child Visits	\$20 co-pay	\$20 co-pay	Deductible then 20% of eligible expenses
Routine Physicals	\$20 co-pay	\$20 co-pay	Deductible then 20% of eligible expenses
Maternity Services	\$20 initial co-pay; then covered at 100% after \$200 inpatient co-pay	\$20 co-pay for initial visit; then covered at 100% after deductible and \$200 inpatient co-pay	Deductible then 20% of eligible expenses
Inpatient Hospital	Covered at 100% after \$200 co-pay per admission	Covered at 100% after deductible + \$200 co-pay per admission	Deductible then 20% of eligible expenses
Outpatient Hospital	Covered at 100%	Covered at 100%	Deductible then 20% of eligible expenses
Emergency Room	\$100 co-pay	\$100 co-pay	\$100 co-pay
Prescription Drug Retail (30 Day Supply)	\$10 co-pay Tier 1 \$25 co-pay Tier 2 \$45 co-pay Tier 3	\$10 co-pay Tier 1 \$25 co-pay Tier 2 \$45 co-pay Tier 3	Not Covered
Mail Order (90 Day Supply)	\$20 co-pay Tier 1 \$50 co-pay Tier 2 \$90 co-pay Tier 3	\$20 co-pay Tier 1 \$50 co-pay Tier 2 \$90 co-pay Tier 3	Not Covered

*Reimbursement is based on CareFirst BCBS's plan allowance. You may be responsible for filing claims and/or paying any charges that exceed the plan allowance.

To locate In Network providers, log on to www.carefirst.com or call 866-520-6099 for HMO/POS and 800-321-3497 for PPO. BlueChoice HMO and Opt-Out-Plus Open Access POS does not have providers outside the MD/DC/VA.

MEDICAL AND PRESCRIPTION DRUG

Additional Covered Services on Medical Plans

- The Inpatient Hospitalization deductible is waived if you go to DCH for inpatient services.
- Employees and Dependents who are covered by DCH’s CareFirst BCBS medical plan are eligible to have basic LAB and X-Ray services performed at DCH at the in-network benefit level. If you choose to have your labs and x-rays performed at DCH, you must have your physician write the order on a regular **PRESCRIPTION PAD**. Your physician cannot use any other order form. DCH will not honor any other forms and you will be directed to that medical facility for services. *Complex imaging (Mammograms, MRI, CI, PET scans, etc.) must be performed at participating In-Network facilities; otherwise it will be subject to Out-of-Network benefits.*

• CareFirst BCBS Blue Preferred PPO

You get access to quality care at the lowest out-of-pocket costs available under your plan by seeing network providers. You also get the **freedom to** choose the providers you prefer—even if they aren’t part of the network. Your benefits are the highest when you see “preferred providers”, but you are still covered for visits to other providers. Please remember that certain services such as inpatient hospital care may require pre-certification. It is **not** necessary for members to choose a PCP when enrolling in the CareFirst BCBS Blue Preferred PPO.

CareFirst BCBS BluePreferred PPO		
Summary of Services	In-Network You Pay:	Out-of-Network* You Pay:
Yearly Deductible <i>Individual</i> <i>Family</i>	None None	\$300 \$600
Out-of-Pocket Maximum	\$1,000 individual/\$2,000 family	\$2,000 individual/\$4,000 family
PCP/Specialist Office Visit	\$20 co-pay/\$20 co-pay	Deductible then 20% of eligible expenses
Well-Child Visits	\$20 co-pay	Deductible then 20% of eligible expenses
Routine Physicals	\$20 co-pay	Deductible then 20% of eligible expenses
Maternity Services	\$20 co-pay for initial visit; then covered at 100% after deductible and \$200 inpatient co-pay	Deductible then 20% of eligible expenses
Inpatient Hospital	\$20 co-pay for initial visit; then covered at 100% after deductible and \$200 inpatient co-pay	Deductible then 20% of eligible expenses
Outpatient Hospital	Covered at 100%	Deductible then 20% of eligible expenses
Emergency Room	\$100 co-pay	\$100 co-pay
Prescription Drug Retail (30 Day Supply)	\$10 co-pay Tier 1 \$25 co-pay Tier 2 \$45 co-pay Tier 3	Not Covered
Mail Order (90 Day Supply)	\$20 co-pay Tier 1 \$50 co-pay Tier 2 \$90 co-pay Tier 3	Not Covered

*Reimbursement is based on CareFirst BCBS’s plan allowance. You may be responsible for filing claims and/or paying any charges that exceed the plan allowance.

To locate In-Network BluePreferred PPO providers outside the MD/DC/VA area, log on to www.bcbs.com and type your zip code to find the appropriate BCBS network for that area or call 800-810-BLUE.

DENTAL AND VISION

Dental Plan

The dental insurance helps you and your family manage the cost of dental care. DCH offers 2 dental plans offered through Delta Dental. You do not have to elect medical coverage to elect dental coverage.

The Plan name is Delta Dental PPO Plus Premier. There are 3 levels of coverage with this plan. The highest reimbursement tier will be the PPO Network. The second tier is the Premier Network and the lowest tier is Out-of-Network. While there is coverage for Out-of-Network visits, you may be required to pay the provider at the time of service and you may incur higher Out-of-Pocket costs.

To find a Delta Dental dentist, log on to: www.deltadentalins.com or call 800-932-0783.

Delta Dental Core Plan				Delta Dental Buy-Up Plan			
Yearly Deductible <i>Individual</i> <i>Family</i>	PPO In Network \$50 \$100	Premier Network \$50 \$100	Out-of-Network* \$50 \$100	Yearly Deductible <i>Individual</i> <i>Family</i>	PPO In Network \$25 \$50	Premier Network \$25 \$50	Out-of-Network* \$25 \$50
Preventive & Diagnostic Care Services <i>Exams, Cleanings, X-Rays</i>	Covered at 100%	Covered at 100%	Covered at 100%	Preventive & Diagnostic Care Services <i>Exams, Cleanings, X-Rays</i>	Covered at 100%	Covered at 100%	Covered at 100%
Basic Care Services Fillings, Extractions, Oral Surgery	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible	Basic Care Services Fillings, Extractions, Oral Surgery	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Major Services Inlays, Onlays, Crowns, Bridges	Covered at 50% after deductible	Covered at 50% after deductible	Covered at 50% after deductible	Major Services Inlays, Onlays, Crowns, Bridges, Implants	Covered at 50% after deductible	Covered at 50% after deductible	Covered at 50% after deductible
Orthodontia (Adult + Child)	Covered at 50%	Covered at 50%	Covered at 50%	Orthodontia (Adult + Child)	Covered at 50%	Covered at 50%	Covered at 50%
Calendar Year Maximum (excludes Orthodontia)	\$1,000	\$1,000	\$1,000	Calendar Year Maximum (excludes Orthodontia)	\$2,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	Orthodontia Lifetime Maximum	\$2,000	\$2,000	\$2,000

*Reimbursement is based on Delta Dental's plan allowance. You may be responsible for filing claims and/or paying any charges that exceed the plan allowance.

Vision Plan

Vision benefits through VSP are included when you elect medical but can be purchased separate if medical is not elected. The benefits include comprehensive eye exam, eye glasses or contact lenses, and discount on the cost of professional services from VSP providers for you and your covered dependents.

If you choose to go out-of-network, you will be required to pay the provider at the time of service. To request reimbursement from VSP, submit an itemized bill within 18-months from the date of service, along with the employee and patient's social security numbers and dates of birth to:

Vision Service Plan

Attn: Out-of-Network Provider Claims
P.O. Box 997100

Plan Service	In-Network	Frequency
Eye Exam	\$20	Once every 12 months
Lenses & Frames	\$20	Once every 12 months
Elective Contacts	\$135 allowance	Once every 12 months*
Medically Necessary Contacts	\$20	Once every 12 months*

*In lieu of lenses and frames

Fees	In-Network	Out-of-Network (Reimbursement)
Eye Exam	\$20 Copay	Up to \$52
Single Lenses	\$20 Copay	Up to \$55
Frames	\$20 Copay	Up to \$45
Bifocals	\$20 Copay	Up to \$75
Trifocals	\$20 Copay	Up to \$95
Lenticular	\$20 Copay	Up to \$80
Elective Contacts	\$20 Copay	Up to \$105
Medically Necessary Contacts	100%	Up to \$210

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Accounts (FSA)

The Flexible Spending Accounts are designed to help you take home more of the pay that you earn by allowing you to pay for unreimbursed medical expenses and expenses associated with the care of a dependent on a **PRETAX** basis. There is a \$2 bi-weekly administration fee when you enroll in this plan.

ProSource is the FSA Administrator for the Health Care and Dependent Day Care expenses. You should submit all 2012 claims for reimbursement to ProSource. Claims can be filed online at www.myRSC.com. Please fax your completed claim form to ProSource (866) 940-8247, along with the supporting documentation. Claims received by COB on Friday will be processed on Wednesday and credited to your bank account the next Friday.

FSA Reimbursement are sent via Direct Deposit. Today's businesses are moving towards a paperless environment. More and more employees are receiving their reimbursements electronically into their checking or savings accounts. Please be sure that you have completed a Direct Deposit Authorization form. This form can be obtained online or in the Human Resources Department. Also new this year is the Healthcare FSA debit card. The first card is free, the second card is \$1.75 and \$5.00 per card thereafter.

ProSource's online account center is available to you any time of the day or night, www.myRSC.com is a secure site that allows you to view your reimbursement account information with just a few simple clicks.

How the Health Care FSA Works

You can set aside up to \$2,500 annually on a pre-tax basis in the Health Care FSA. You can use this money to pay for eligible expenses you incur during the year that are not covered by your basic plans. Eligible health care expenses include:

- Medical Plan Deductible/Coinsurance
- Dental Plan Deductible/Coinsurance
- Physical Exams
- Prescription Drug Co-pays
- Contact Lenses/Eyeglasses
- Vision Exams
- Hearing Aids
- Orthodontic (Braces) Fees

If you currently spend money each year on any of the above items, you should consider participating in the Health Care Reimbursement Account. You may elect to deposit up to \$2,500 in the Health Care Reimbursement Account each year.

How the Dependent Day Care FSA Works

You can set aside up to \$5,000 (\$2,500 if married filing separately) annually on a pre-tax basis in the Dependent Day Care FSA. Dependent Day Care expenses allows you (or you and your spouse) to work, look for work or attend school full time. Dependent day Care can be for your dependent children, through age 12 and any dependent who is physically or mentally unable to care for himself or herself who spends at least eight hours a day in your home and whom you claim as a dependent on your federal income tax return.

You use money in your account to pay for dependent day care expenses such as preschool or nursery school expenses, babysitter in your home, day care center, summer day camp, after-school care and adult day care center or in-home care for an adult dependent. These services must be performed primarily for the well being and protection of a qualified dependent. In addition, to be considered as an eligible expense, **you must be able to provide a tax identification number or Social Security number of the provider** and, if married, your spouse must be employed.

General Provisions

Prior to making Health and or Dependent Day Care account elections, there are several important points that must be considered:

- Elections are made each year during open enrollment. The eligible expenses must be incurred during the plan year to be eligible for reimbursement.
- You must change your election during the year if you have a qualified family status change such as marriage or divorce, the birth of a child, the death of an eligible dependent or certain changes in employment status.
- You lose any money that is remaining in the account at the end of the year, so be conservative in your annual estimate.

Use It or Lose It

Remember, you forfeit any money remaining in your FSA at the end of the year. You need to plan carefully with FSA plans, because you are not able to carry over funds from one year to the next.

Using your Health Care FSA Debit Card

Per IRS regulations, your debit card is restricted for use at health care providers (merchants that have a merchant category code that indicates they are a health care provider.) These merchants include hospitals, doctors, dentists, chiropractors, etc. You may also use your debit card at merchants that have an Inventory Information Approval System such as pharmacies. When using your Health Care FSA Debit Card at an approved merchant, you may need to substantiate your transactions. If any transactions are not auto-approved, you must provide receipts to ProSource in order to substantiate the transactions. If the change is not substantiated, ProSource must suspend the card until the money is recouped.

LIFE / AD&D AND SUPPLEMENTAL LIFE

Life and AD&D Insurance

In order to provide a full range of protection for you and your family, the DCH benefit program offers a number of life insurance coverage options: Basic Term Life, Accidental Death and Dismemberment (AD&D), and Whole Life insurance for your entire family.

Basic Life and AD&D Insurance

DCH provides Basic Life and AD&D insurance for all full-time employees. The part-time employees have an option to elect Basic Life and AD&D at an affordable group rate through payroll deduction. The basic life insurance provided through this program is term life insurance. It pays a benefit if you should die while an active employee. Term life insurance has no paid-up option or built-in cash value, but is convertible if you leave based on attained age. The amount of company paid life insurance provided depends on your basic annual earnings as shown below:

Your basic annual earnings are calculated based on your regular pay and do not include overtime, bonuses or other pay or fringe benefits. If the insurance company deems your death to be a result of an accident, an additional amount equal to the amount shown above, will be payable

to your beneficiary. Reduced amounts may be payable for certain injuries such as the loss of an arm or a leg. The minimum voluntary basic life benefit available for part-time employees is \$10,000. The maximum amount of coverage is subject to basic annual earnings amount.

Supplemental Life Insurance

Supplemental Life Insurance is an optional benefit offered to all benefit eligible employees as a financial resource to protect their families. You can purchase additional life insurance coverage that suits your needs at an affordable group rate through convenient payroll deductions.

The benefit is the lesser of 3x or \$400,000 combined with Basic Life, but you can elect up to 5x plus Basic Life with Statement of Health. If you do not elect this option when you're first eligible for coverage, then Statement of Health will be required on any amount elected.

Use the table below to calculate your premium based on the amount of life insurance you will need. *Example: \$100,000 supplemental term life coverage.*

Dependent Life Insurance

Dependent Life Insurance provides financial assistance to you if one of your eligible dependents should die and you are faced with unexpected expenses. You may purchase the following amounts of life insurance on your dependents:

	Benefit Level		
Basic Life/AD&D	1 x salary to a maximum of \$400,000 (rounded up to next \$1,000)		
Supplemental Employee Life	MAX \$1,000,000 (combined with basic life)		
Dependent Life		Spouse	Child(ren)
	Option 1	\$4,000	\$2,000
	Option 2	\$5,000	\$5,000
	Option 3	\$10,000	\$5,000
	Option 4	\$25,000	\$10,000

Supplemental Dependent Life	Bi-Weekly Rate
• Option 1 \$4,000 spouse/ \$2,000 child/ren	\$0.47
• Option 2 \$5,000 spouse/ \$5,000 child/ren	\$0.69
• Option 3 \$10,000 spouse/ \$5,000 child/ren	\$1.38
• Option 4 \$25,000 spouse/ \$10,000 child/ren	\$1.77

Coverage	Monthly Rate per \$1,000
Part Time Basic Life	\$0.192/\$1,000
Supplemental Life	
• less than age 30	\$0.052/\$1,000
• ages 30-34	\$0.085/\$1,000
• ages 35-39	\$0.095/\$1,000
• ages 40-44	\$0.135/\$1,000
• ages 45-49	\$0.175/\$1,000
• ages 50-54	\$0.265/\$1,000
• ages 55-59	\$0.455/\$1,000
• ages 60-64	\$0.615/\$1,000
• ages 65-69	\$0.985/\$1,000
• ages 70+	\$1.975/\$1,000

ADDITIONAL BENEFITS

UNUM Program Highlights

These products are only offered twice a year during spring and fall.

• Disability Coverage (Short and Long Term)

This option provides financial protection if you are out of work due to a pregnancy, illness, surgery or off-the-job injury. The amount of coverage and length of coverage can be customized to meet your personal needs. The maximum amount of coverage that can be purchased is 60% of your salary not to exceed \$5,000 per month. Once coverage is active, it can continue to age 72. During your initial meeting with a counselor, guaranteed issue is available for up to 60% of your salary to a maximum of \$3,000 per month. Disability benefit duration options begin at 30 days to a maximum of 5 years for a covered disability.

• Whole Life Insurance with Optional Long Term Care Coverage

This option provides a fixed premium, death benefit for life and cash value accumulation. Premiums start as low as \$3.00 a week and the price is guaranteed not to increase as you get older or when you retire. This policy is individually owned, which means you can take it with you if you retire or leave DCH. During your initial meeting with a counselor, whole life insurance is available on a guaranteed issue basis to the employee and eligible children and grandchildren (newborn thru age 24) within the guaranteed issue limits of the Plan. Coverage is also available on the spouse which may require some health questions. The optional Long Term Care Coverage allows you to use your life insurance for nursing home, assisted living or home health care.

• Critical Illness Plan with Optional Cancer Coverage

This plan is designed to help you with the out-of-pocket expenses and lost wages associated with serious illnesses. When you enroll, you elect a benefit amount between \$5,000 and \$50,000. This benefit then pays out a lump-sum benefit, tax-free, if you are diagnosed with one of the covered illnesses. Some of the illnesses covered by this plan include: heart attack, stroke, major organ transplant, permanent paralysis, end stage renal failure, coma, occupational HIV and optional cancer coverage. This coverage is available for you, your spouse and dependent children (newborn thru age 24 and unmarried).

• Accident Coverage with Optional Hospital Confinement Coverage

This option is designed to financially assist you in the event of an injury, on or off the job. It pays benefits based on the type of injury (or covered incident) you sustain or the type of treatment you need. The benefits are paid directly to you rather than your doctor or hospital. This plan includes an accidental death benefit as well as dismemberment coverage. A hospital confinement rider for sickness is available as an option. You can cover yourself, your spouse, and any dependent children ages 14 days thru age 24 who are not disabled or married. Like all of the other Unum benefits, this plan is portable when you leave your job or retire.

Employee Assistance Program (EAP)

The challenges you face each day can lead to stressful feelings. At times, such feelings may overwhelm you. Your home life, your happiness and your performance at work can suffer. We can help. Your Employee Assistance Program (EAP) and WorkLife Benefit is designed to provide confidential support for those everyday challenges or more serious problems, and it is available around the clock—anytime you need it. Your EAP and WorkLife Service Benefit offers assistance and support for all these concerns and more:

- Depression, anxiety and stress
- Substance abuse
- Relationship problems
- Workplace conflicts
- Parenting and family issues
- Living with chronic conditions
- Child and elder care support
- Grief and loss
- Stress management
- Relationship concerns

From short-term counseling services and referrals to more extended care, your benefit offers just what you need. To find out call 800-586-6873 or visit www.liveandworkwell.com. Log in with access code **DCH**. extend-more,

ADDITIONAL BENEFITS

Tax Deferred Savings Plan 403b

The DCH 403 (b) Retirement Programs is designed to help you save for your retirement years. With this program, you have the opportunity to design your own retirement program based on several investment companies that offer a broad array of investment 403 (b) choices. You're eligible for the 403 (b) Retirement Plan when you first join DCH if you are a benefits eligible employee.

Legal Resources

DCH offers a voluntary benefit, Legal resources. Now you can hire an attorney and not worry about paying attorney fees.

- All attorney fees for legal services listed in the "Summary of services" are either covered in full (100%) or discounted (25%) depending on the legal matter.
- You choose a law firm from the Legal Resources network.
- Affordable payroll deducted monthly fee includes unlimited use of covered services for all covered family members.
- You can enroll in this benefit by enrolling online.
- You can enroll in this plan upon hire or during an open enrollment period.
- If you leave your employer you can keep this benefit for up to two years.
- Nationwide coverage is included in the National Protection Rider.

Tuition Reimbursement

DCH promotes the development of its staff through education. Tuition reimbursement may be granted to employees who matriculate in a degree program at an accredited institution of higher education or attend an approved course (s).

All benefit eligible employees are eligible for the program only after the 90-day introductory period is completed. Participation in Tuition Reimbursement Program must be approved at least 10 days before commencement of the course (s). Tuition costs will be reimbursed up to \$1,500 for non-degreed courses, up to \$3,000 for degreed courses per calendar year to full-time benefit eligible employees and pro-rated for part-time 1 employees.

Family Medical Leave

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for Doctors Community Hospital for at least one year and for 1,250 hours over the previous 12 months. For more information please refer to the FMLA policy, or to obtain a form please contact the Human Resources Department.

Catastrophic Illness/Injury Leave Bank (CILB) Plan

This voluntary benefit allows members to apply for up to a 12-week grant upon diagnosis of a catastrophic illness/injury. You must be employed by Doctors Community Hospital for 6 months before you are eligible to enroll in this plan. Members contribute an annually specified amount of PTO to participate. Please refer to the CILB policy for additional information.

Modified Employment Plan (MEP)

This benefit allows the employee to waive all benefits and receive an additional \$2.00 per hour on their base rate. The employee must provide proof of medical coverage provided by another plan to be eligible for the higher salary.

Employees in this benefit are not entitled to enroll in any of the benefit programs offered by DCH: **Medical, Dental, Vision, Basic Life & AD&D, Supplemental Life, Dependent Life, Dependent AD&D, Tuition Reimbursement, Flexible Spending Accounts (FSA), Voluntary benefit plans, PTO (Paid Time Off) or 403b Match.**

The employee cannot change or cancel this Agreement at any time during the calendar year unless the change is connected with a change in family status (marriage, divorce, death of spouse or child, birth or adoption of a child, termination of employment of spouse, a switch between full-time and part-time employment by the employee or spouse, or a significant change in health coverage due to a change in spouse's employment).

Paid Time Off (PTO)

Paid Time Off is an employee benefit which combines holiday, vacation and sick leave program into one plan to provide both employees and DCH with a flexible method of scheduling time off with pay.

Full-time Accrual							
Years of Service	1 to 4	4+ to 8	8+	Years of Service	1 to 4	4+ to 8	8+
Hours Accrued per Pay Period	7.38	8.92	10.46	Floating Holidays	-1	-1	-1
Days per Year	24	29	34	Remaining Leave Days (Vacation and Sick)	17	22	27
Holidays Covered	-6	-6	-6				

NOTE: Part Time 1 employees accrue pro-rated based on FTE value.

ADDITIONAL BENEFITS

Dell Employee Purchase Program

Employees can take advantage of Dell's Employee Purchase Program for exclusive savings on technology for personal use, including desktop, notebook PC's, printers and more.

Emergency Child Care Center (ECCC)

This benefit provides emergency child care services ONLY when the Prince George's County School System closes due to inclement weather or other local or national emergencies are declared by DCH. Employees must register their children in the Human Resources Department to participate in the ECCC. Your children must be ages five (5) to twelve (12) years old to participate in the ECCC. Meals and activities for the children are provided at no cost to the employee. There is a limit of 30 children and space is given on a first come, first serve basis.

NPEP (Apartment Discount Program)

The next time you are ready to rent an apartment, go to www.npep.com to view information on participating apartment communities and the discounts they offer. DCH employees are entitled to enjoy great discounts on a new lease at participating apartment communities. You may obtain a complete apartment listing on www.npep.com

Parking

The hospital provides free parking for employees. DCH will assign parking as required. Employees are required to park in designated areas only and adhere to all posted parking signs. Each employee is required to obtain a parking permit from Human Resources or the Security Department. The parking permit must be displayed appropriately in your car for proper identification.

United Buying Service (UBS)

UBS offers DCH employees the lowest pre-negotiated price on new and used cars and trucks. The benefits include discounted option pricing and extra savings with rebates and incentives. Employees may review the official UBS price book located in the Human Resources Department.

Purchasing Power (computer, electronics and home appliance purchase program)

Purchasing Power is a unique employee benefit program that can help you purchase new, brand name computers, electronics, and home appliances through payroll deduction with no credit check, no down payment, and a 12 month payroll deduction payment plan. This program offers a variety of new products from many major manufacturers designed to meet your family's needs. This benefit is portable if you leave or retire. Minimum requirements: 1 year of service with Doctors' Community Hospital and minimum of \$16,000 annual salary.

PetFirst HealthCare (Pet Insurance)

PetFirst insurance provides a comprehensive coverage for accidents, illnesses and routine care. Save up to 90% on your pet's veterinary bills after a \$50 per incident deductible. Important features include: use any veterinarian nationwide, easy online policy management to track claims processing, quick and easy administration and payroll deduction.

SmartSavings™ Discount ShoppingMall

ALL employees at Doctors Community Hospital are eligible to use the virtual SmartSavings™ discount shopping mall, which provides access to hundreds of brand name retailers, all from one website! Find great deals and enjoy unique discounts up to 40 percent on all your purchases.

Working Advantage Discount Program

All employees at DCH are eligible to use the discount savings program which provides up to 60% savings on movie tickets, theme parks, resorts, Broadway shows, concerts, events, and more!!!

And more...

- Bank of America Group Banking Plan
- Greenbelt Federal Credit Union
- SECU

PRIVACY PRACTICES

Health Plan—Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When this Notice says DCH or “we” or “us”, it refers to all Doctors Community Hospital’s Health Plans. Examples include dental plans, flexible spending accounts, employee assistance programs, etc.

Health Records

In providing health plans or other services and products to you, we may obtain an enrollment form and other information in writing, by telephone or electronically from you, from DCH or other health benefits sponsors, such as name, address, phone number, social security number, date of birth, marital status and other demographic and dependent information, employment information or claims history. We also receive information from health care providers and others regarding your health plans and your coverage including health care claims and encounters, medical history, service requests and complaint and appeal information. This Notice will tell you about the ways in which we may use and disclose your health plan information. We also describe your rights and certain obligations we have regarding the use and disclosure of health plan information.

Your Rights Related to Health Plan Information

As a plan participant at Doctors Community Hospital, you are entitled to complete confidentiality regarding your personal health plan information. You have the right to:

- Request restrictions on certain uses within DCH and disclosures outside DCH of your health plan information; however, the hospital is not required to agree with your request.
- Request access to your health plan information - with certain limitations imposed by federal and/or state law.
- Receive confidential communications from us.
- Inspect and obtain a copy of your health plan information. We may charge a fee.
- Request that your health plan be amended; however, the hospital may deny your request in certain circumstances.
- Know, with certain limitations, to whom and why your health plan information has been given, from or after April 14, 2004.
- Report a problem. If you feel that your privacy has been violated in any way, you have the right to file a complaint by contacting the Privacy Officer at Doctors Community Hospital (address and phone number below) and the Secretary of the Department of Health and Human Services. Doctors Community Hospital will not retaliate in any way if you file a report.

Note: An inmate does not have the right to this Notice.

How to Exercise These Rights

Submit your request in writing to the Privacy Officer at Doctors Community Hospital at the address below. We will respond to your request within the time limits as required by Federal or State law.

Responsibilities of Doctors Community Hospital

Doctors Community Hospital is required to maintain the confidentiality of health plan information. We must provide you with this Notice of Privacy Practices detailing our responsibilities and your rights regarding any documentation we maintain. If you would like more information regarding the privacy of your health plan information, please contact the Privacy Officer at Doctors Community Hospital (address and phone number below). We will not disclose your health plan information or use it for any purpose other than those contained in this Notice.

We will abide by the terms of this Notice. We may change the terms of this Notice at any time. Revised notices will be made available to you by mail within 60 days of the revision to the notice. The Notice of Privacy Practices in effect will be posted on our website at www.DCHweb.org/employment/benefits and will be provided at time of employment.

Use of Your Health Plan Information

Your health plan information will be utilized for the following purposes. For each category of uses or disclosures, we will give some examples. Not every use or disclosure in a category will be listed.

* Treatment

We will use and disclose health plan information to health care providers who are providing services to you. For example, enrollment of a new dependent will be provided to your health care provider in order for the new dependent to obtain treatment.

* Payment

We may use and disclose your health care information to determine eligibility for coverage. For example, your health care provider may contact us to determine your eligibility for services.

PRIVACY PRACTICES

* Health Care Operations

We will use and disclose your health plan information for operational purposes. For example, your information may be reviewed for benefit enhancement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

* Plan Sponsors

We may use and disclose your health plan information to permit health plan sponsors to perform plan administration.

* Individuals Involved in Your Care or Payment

We may release health plan information about you to a friend or family member who is involved in your medical care or who helps pay for your care, such as the plan participant of your health plan. For example, we may mail benefit plan information to the address on record for the plan participant.

* Business Associates

We contract with business associates to provide some services. An example is the benefits administrator. To protect your health information, we require the business associates to appropriately safeguard your information.

* Special Situations

We will use and disclose medical information about you:

- to facilitate organ and tissue donation;
- for specialized government functions, including the military, national security, criminal corrections and public benefit;
- for Workers' Compensation;
- for public health activities;
- to prevent and avoid a serious threat to the health or safety of the public or another person;
- for health oversight activities including, for example, audits, investigations, actions, inspections, and licensure;
- to notify government authorities of suspected abuse, neglect, or domestic violence;
- for law enforcement, or judicial or administrative proceedings;
- for lawsuits and disputes in response to a valid court or administrative order or in the course of defending ourselves;
- to medical examiners, coroners, or funeral directors; or
- in response to investigations by Department of Health and Human Services.

* Future Appointments

We have several initiatives to help our plan members take an active role in maintaining their health and which involve the use of your personal information to remind you about preventive care or about a health promotion program. To carry out these activities, we may use information about you to send you information regarding your health plans or open enrollment. Your personal information may be utilized to contact you regarding future appointments.

* Alternative Treatments

We may contact you to offer or inform you of alternative treatments or health-related benefits.

Except as described above, we will only disclose your health plan information with your written authorization, which you may revoke, in writing, at any time. We do not destroy health information when you terminate your coverage with us. It is necessary to use and disclose your information for many of the purposes described above even after your coverage terminates. However, the policies and procedures that protect that information against inappropriate use or disclosure apply regardless of your coverage status.

Availability of Notice

You will find this Notice of Privacy Practices posted publicly in the Human Resources Department of Doctors Community Hospital. You have the right to a paper copy of this Notice under law. This Notice is also available through our website at www.DCHweb.org/employment/benefits.

You will be provided with a copy of this Notice, at the least, on your first day of employment with DCH. Upon request, this Notice of Privacy Practices will be mailed to you.

Contact for additional information:

Privacy Officer
Doctors Community Hospital
8118 Good Luck Road
Lanham, Maryland 20706
301-552-8118

Effective as of April 14, 2004

ANNUAL REQUIRED NOTICES

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility.

Pennsylvania — Medicaid

Website: <http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm>

Phone: 1-800-644-7730

Virginia — Medicaid and CHIP Medicaid Website: <http://www/dmas.virginia.gov/repHIPP.htm>

Medicaid Phone: 1-800-432-5924 CHIP Website: <http://www.famis.org/> CHIP Phone: 1-866-873-2647

West Virginia — Medicaid Website: <http://www.wvrecovery.com/hipp.htm> Phone: 304-342-1604

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

HIPAA General Notice of Pre-existing Condition Exclusion

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage. All questions about the pre-existing condition exclusion and creditable coverage should be directed to Human Resources.

Creditable Coverage

You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA, when COBRA coverage ceases, if you request it before you lose coverage, or if you request it up to 24 months after losing coverage. Evidence of creditable coverage is required when enrolling on one of the PPO plans and you will be subject to a pre-existing condition exclusion.

ANNUAL REQUIRED NOTICES

Important Notice from DOCTORS Community Hospital (DCH) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CareFirst BCBS and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. CareFirst BCBS determined that the prescription drug coverage offered by DCH is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current CareFirst BCBS coverage will be affected. The DCH/CareFirst BCBS prescription coverage is \$10 co-pay for generics, \$25 co-pay for brand formulary and \$45 co-pay for non brand formulary. For complete details please visit DCH's benefit portal at www.dch.benelogic.com. If you do decide to join a Medicare drug plan and drop your current DCH/CareFirst BCBS coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with DCH/CareFirst BCBS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage.

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period so you can join a Medicare drug plan, and if this coverage through DCH/CareFirst BCBS changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2011
Name of Entity/Sender: Doctors Community Hospital
Contact--Position/Office: Human Resources Department (301-552-8080)
Address: 8118 Good Luck Road, Lanham, MD 20706

ANNUAL REQUIRED NOTICES

Notice of Patient Protection and Affordable Care Act (PPACA) Requirements

DCH and CareFirst BCBS believes the medical plans (Blue Choice HMO,)Opt-Out Plus Open Access POS and BluePreferred PPO are “grandfathered health plans” under the Patient Protection and Affordable Care Act.. As permitted by the Affordable Care Act, grandfathered health plans can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Anthem BCBS medical plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Human Resources at DCH at 301-552-8081. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact Human Resources.

Women’s Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: PPO 1, yearly deductible of \$1,200/\$2,400, no coinsurance after deductible is met in-network; PPO 1, yearly deductible of \$2,400/\$4,800, 20% coinsurance after deductible is met out-of-network. PPO 2, yearly deductible of \$1,200/\$2,400, 10% coinsurance after deductible is met in-network; PPO 2, yearly deductible of \$2,400/\$4,800, 30% coinsurance after deductible is met out-of-network. PPO 3, yearly deductible of \$2,000/\$4,000, no coinsurance after deductible is met in-network; PPO 3, yearly deductible of \$4,000/\$8,000, 20% coinsurance after deductible is met out-of-network. PPO 4, yearly deductible of \$2,700/\$5,400, no coinsurance after deductible is met in-network. PPO 4, yearly deductible of \$5,400/\$10,800, 20% coinsurance after deductible is met out-of-network. If you would like more information on WHCRA benefits, contact Human Resources.

Newborns’ and Mothers’ Health Protection Act of 1996 (NMHPA)

The Newborns’ Act, and its regulations, provides that health plans and insurance issuers may not restrict a mother’s or newborn’s benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier. The Newborns’ Act, and its regulations, prohibits incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above. A mother cannot be encouraged to accept less than the minimum protections available to her under

WORKSHEET

Enrollment Deduction Worksheet

Coverage Type	Plan	Coverage level	Your Bi-Weekly Cost
Medical/Vision	CareFirst/VSP		\$
Dental	Delta Dental		\$
Vision Only	VSP		\$
Basic Life	MetLife		\$
Supplemental Life	MetLife		\$
Dependent Life	MetLife		\$
FSA (Health)	ProSource		\$
FSA (Dependent)	ProSource		\$
FSA Administrative Fee	ProSource		\$
Legal	Legal Resources		\$
Whole Life Insurance	UNUM		\$
Disability (Short and Term)	UNUM		\$
Critical Illness	UNUM		\$
Accident Insurance	UNUM		\$
YOUR TOTAL BI-WEEKLY DEDUCTIONS			\$

Remember to:

Review Your Benefits Online at www.dch.benelogic.com

- Enroll, change or waive CareFirst BCBS Medical (HMO, POS or PPO)/Vision Service Plan
- Enroll, change or waive Delta Dental (Core or Buy Up)
- Enroll, change or waive Vision Service Plan (if not electing medical)
- Review and confirm all eligible dependents listed
- Set up 2012 Health FSA account
- Set up 2012 Dependent Day Care FSA account
- Enroll, change or waive Legal Resources
- Enroll, change or waive MetLife Supplemental Employee and Dependent life
- Review and print 2012 confirmation statement for your records

See Human Resources to enroll, change or waive Modified Employment Plan (MEP) status

Benefit Resource Guide

Human Resources Contact:

Pamela Nicholson-Flora
Benefits & Compensation Manager
Phone: 301-552-8081
Email: pnicholson-flora@DCHweb.org

Avion Joseph-Sutherland
Benefits & Compensation Assistant
Phone: 301-552-8086
Email: ajoseph@DCHweb.org

Medical Benefit Carrier:

CareFirst BCBS
Phone: HMO 866-520-6099
POS 866-520-6099
PPO 800-321-3497
Rx 800-241-3371
Website: www.carefirst.com
Medical Group# 0EGQ

Dell Employee Purchase Program:

Phone: 877-289-9437
Website: www.dell.com/epp
Member ID: PS22280426

Dental Plan Carrier:

Delta Dental
Phone: 800-932-0783
Website: www.deltadental.com
Group# 7010

403 (b) & Cash Balance Pension Plan:

Diversified Investment Advisors (DIA)
Phone: 800-755-5801
Website: www.Divinvest.com

Legal Resources:

Phone: 800-728-5768
Website: www.legalresourcesplan.com

NPEP Apartment Discount Program:

Phone: 877-629-6082
Website: www.npep.com

MEDICARE

Phone: 800-633-4228
Website: www.medicare.gov

PetFirst HealthCare

Phone: 866-937-7387
Website: www.petfirst.com

COBRA Administrator:

ProSource
Phone: 877-620-7829
Website: www.myrsc.com

Flexible Spending Accounts (FSA) Administrator:

ProSource
Phone: 877-620-7829
Website: www.myrsc.com

Purchasing Power Program:

Phone: 800-537-3134
Website: www.smartway.motivano.com

SmartSavings™ Discount Shopping Mall

Website: www.smartway.motivano.com

Employee Assistance Program (EAP):

United Behavioral Health
Phone: 800-586-6873
Website: www.liveandworkwell.com
Access Code: DCH

United Buying Service:

Phone: 301-657-1920 or 410-792-9070
Website: www.ubs4cars.com

UNUM Disability (Short and Long Term), Whole Life Insurance, Critical Illness and Accident Insurance Carrier: Administration (Enroll, Changes & Terminations)

Phone: 800-827-4348
Website: www.smartway.motivano.com

Claims

UNUM
Phone: 800-635-5597
Website: www.unum.com

Vision Carrier (VSP):

Vision Service Plan
Phone: 800-877-7195
Website: www.vsp.com
Group# 121597810001

Working Advantage

Phone: 800-565-3712
Website: www.workingadvantage.com
Member ID#: 304083891

For More Information about Benefits and Online Enrollment Visit the
DCH Online Benefits system at www.dch.benelogic.com