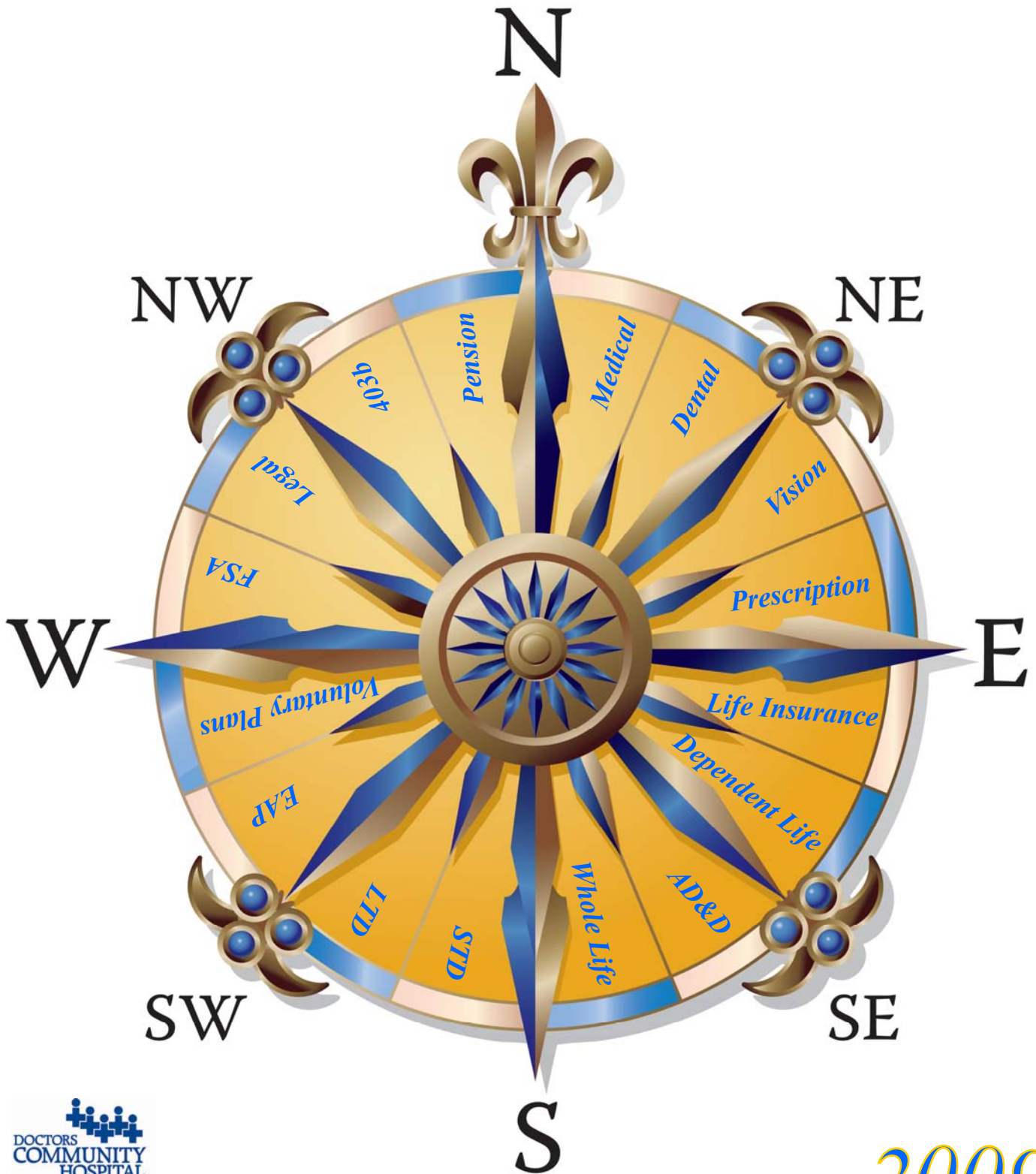


# Navigate the World of Benefits





*Passion for caring.*

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Dear Employee:

Doctors Community Hospital has a unique, caring culture where it's "all about the people." This culture, based on our mission, vision, values and Leadership focus, creates a win for our patients, a win for our employees and a win for our hospital. Our dynamic and multi-talented employees make this possible and we are passionately committed to your success!

As a part of this focus, our hospital constantly seeks to provide our employees with health and wellness benefits that provide options. This booklet contains detailed information about solutions to help meet the needs of you and your family. This suite of available benefit options is a result of our commitment to providing the most comprehensive benefits possible.

These benefits are just one way that we say thank you for all that you do, but more importantly, for who you are. You make a difference in the lives you touch daily!

Sincerely,  
Human Resources Department

# *Open Enrollment Checklist*



- Review the 2009 Benefit Guide
- Attend the upcoming Benefit Fair
- Review your benefits online at [www.dch.benelogic.com](http://www.dch.benelogic.com)
- Make changes to your benefits for 2009
- Re-enroll in the FSA plans for 2009

## ***IMPORTANT*** ***2009 Benefit Plan Changes***

CareFirst Blue Cross Blue Shield

Emergency Room: Co-pay change to \$100.00

Prescription:

Co-pay Generic (Tier 1) remains \$10

Co-pay Brand Formulary (Tier 2) change to \$20

Co-pay Non-Brand Formulary (Tier 3) change to \$40

Helpful Hint: Utilizing generic drugs (where available) will provide you with the most significant cost savings.

## ***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.

## Employee Benefit Program

We are committed to providing you with a comprehensive variety of benefits. These benefits are a significant and important part of your total compensation package. They provide valuable protection for you and your family.

### Eligibility

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

- Medical/Drug - CareFirst BCBS
- Basic Life and AD&D Insurance - MetLife
- Dental - Delta Dental
- Vision - Vision Service Plan (VSP)
- Supplemental Term Life Insurance - MetLife
- Dependent Term Life Insurance - MetLife
- Whole Life Insurance - Boston Mutual
- Short Term Disability Protection - Boston Mutual
- Long Term Disability Protection - Boston Mutual
- Flexible Spending Account - Aflac
- Legal Plan - Legal Resources
- 403(b)

Eligible dependents include the employee's spouse and eligible dependent children up to age 25. *Please refer to the Summary Plan Description for more details (including any exclusions).*

### Benefit Plan Description

The Benefit Program is summarized briefly in the employee packet. ***Complete details and limitations are combined in the Summary Plan Description of each plan.***

Please refer to your Summary Plan Description for more details (including any exclusions).

### 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
- Divorce
- Birth or adoption of a child
- Death
- Significant change in you or your spouse's employment status
- 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

Eligible dependents include the employee's spouse and eligible unmarried dependent children up to age 25.

- A dependent is defined as the natural child, stepchild, adopted child, or child placed for legal adoption, grandchild or child in a court appointed guardianship of more than 12 months.
- The company must be notified if a dependent is totally and permanently disabled before age 25 if they are going to continue the coverage.
- Documentation may 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.**

**Ineligible dependents** include but are not limited to: Sponsored dependents and children who become disabled after the age of 25, married children, a child not primarily dependent or blood related to the employee. "Primarily dependent upon" shall mean dependent on the employee as defined by the IRS code and the covered employee must declare the child as an income tax deduction.

### 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
  - Information on any other medical coverage that you or your dependents have

To enroll, log on to: [www.dch.benelogic.com](http://www.dch.benelogic.com)

- Enter your User ID: **Your Last Name + last 4 digits of your Social Security Number** (example: smith1234)
- 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.**

## 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 POS plan for the first time. If you wish to change your PCP, please contact CareFirst BCBS.

### • 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, your PCP will refer you to a specialist within the CareFirst BCBS network.

Care received from an out-of-network provider will not be covered under the plan.

BlueChoice HMO	
Summary of Services	In-Network You Pay:
PCP Office Visit	\$15 copay
Well-Child Visits	\$15 copay
Maternity Services	\$15 copay; \$200 inpatient copay
Inpatient Hospitalization	Covered at 100% after \$200 copay per admission
Outpatient Hospital	No Charge
Emergency Room ( <i>True Emergencies</i> )	\$100 copay, (waived if admitted)
Prescription Drug Retail (34 Day Supply)	\$10 copay - Generic \$20 copay - Brand Formulary \$40 copay - Non-Brand Formulary
Mail Order (90 Day Supply)	\$20 copay - Generic \$40 copay - Brand Formulary \$80 copay - Non-Brand Formulary

### • 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).

Opt-Out Plus-Open Access POS In-Network	
Summary of Services	In-Network You Pay:
Yearly Deductible <i>Individual</i> <i>Family</i>	None None
PCP Office Visit	\$15 copay
Well-Child Visits	\$15 copay
Maternity Services	\$15 copay; \$200 inpatient copay
Inpatient Hospitalization	Covered at 100% after \$200 copay per admission
Outpatient Hospital	No Charge
Emergency Room ( <i>True Emergencies</i> )	\$100 copay, (waived if admitted)
Prescription Drug Retail (34 Day Supply)	\$10 copay - Generic \$20 copay - Brand Formulary \$40 copay - Non-Brand Formulary
Mail Order (90 Day Supply)	\$20 copay - Generic \$40 copay - Brand Formulary \$80 copay - Non-Brand Formulary

Opt-Out Plus-Open Access POS Out-of-Network	
Summary of Services	Out-of-Network You Pay:
Yearly Deductible <i>Individual</i> <i>Family</i>	\$300 \$600
PCP Office Visit	Deductible then covered at 80% of plan allowance
Well-Child Visits	Covered at 80% of plan allowance
Maternity Services	\$200 copay + Deductible then covered at 80% of plan allowance
Inpatient Hospitalization	\$200 copay + Deductible then covered at 80% of plan allowance
Outpatient Hospital	Deductible then covered at 80% of plan allowance
Emergency Room ( <i>True Emergencies</i> )	\$100 copay, (waived if admitted)

• **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’re 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.

<b>Blue Preferred PPO In-Network</b>	
<b>Summary of Services</b>	<b>In-Network You Pay:</b>
Yearly Deductible <i>Individual</i> <i>Family</i>	None None
PCP Office Visit	\$15 copay
Well-Child Visits	\$15 copay
Maternity Services	\$15 copay + \$200 inpatient copay
Inpatient Hospitalization	Covered at 100% after \$200 copay per admission
Outpatient Hospital	No Charge
Emergency Room <i>(True Emergencies)</i>	\$100 copay, (waived if admitted)
Prescription Drug Retail (34 Day Supply)	\$10 copay - Generic \$20 copay - Brand Formulary \$40 copay - Non-Brand Formulary
Mail Order (90 Day Supply)	\$20 copay - Generic \$40 copay - Brand Formulary \$80 copay - Non-Brand Formulary

<b>Blue Preferred PPO Out-of-Network</b>	
<b>Summary of Services</b>	<b>Out-of-Network You Pay:</b>
Yearly Deductible <i>Individual</i> <i>Family</i>	\$300 \$600
PCP Office Visit	Deductible then covered at 80% of plan allowance
Well-Child Visits	Covered at 80% of plan allowance
Maternity Services	Deductible then covered at 80% of plan allowance
Inpatient Hospitalization	\$200 copay + Deductible then covered at 80% of plan allowance
Outpatient Hospital	Deductible then covered at 80% of plan allowance
Emergency Room <i>(True Emergencies)</i>	\$100 copay, (waived if admitted)

**Additional Medical Plan Covered Services**

The Inpatient Hospitalization deductible is waived if you go to DCH for inpatient services.

**Dental Plan**

• **Delta Dental**

Dental insurance helps you and your family manage the cost of dental care. You do not have to elect medical coverage to elect dental coverage. Doctors Community Hospital will now offer 2 dental plans to select through Delta Dental. Employees enrolled in these plans are free to see any dentist that they choose. Every time you seek care, you make the decision to work within the PPO network, or go outside the PPO network, you are responsible for higher out-of-pocket costs, including any additional charges billed by the dentist.

To find a dentist please logon to [www.deltadental.com](http://www.deltadental.com) or call 1-800-932-0783 to ask a representative your questions.

**Dental Benefits**

The plan provides a full-range of coverage for all of your dental needs. Benefits include:

<b>Core Plan</b>	
Yearly Deductible <i>Individual</i> <i>Family</i>	\$50 \$100
Preventive & Diagnostic Care Services <i>Exams, Cleanings, X-Rays</i>	100% of plan allowance deductible waived
Basic Care Services <i>Fillings, Extractions, Oral Surgery</i>	Deductible then covered at 80% of plan allowance
Major Services <i>Inlays, Onlays, Crowns, Bridges</i>	Deductible then covered at 50% of plan allowance
Orthodontia	Deductible then covered at 50% of plan allowance
Calendar Year Maximum <i>(excludes Ortho)</i>	\$1,000
Ortho Lifetime Maximum	\$1,000

Buy Up Plan	
Yearly Deductible <i>Individual</i> <i>Family</i>	\$25 \$50
Preventive & Diagnostic Care Services <i>Exams, Cleanings, X-Rays</i>	100% of plan allowance deductible waived
Basic Care Services <i>Fillings, Extractions, Oral Surgery</i>	Deductible then covered at 80% of plan allowance
Major Services <i>Inlays, Onlays, Crowns, Bridges</i>	Deductible then covered at 50% of plan allowance
Orthodontia	Deductible then covered at 50% of plan allowance
Calendar Year Maximum <i>(excludes Ortho)</i>	\$2,000
Ortho Lifetime Maximum	\$2,000

## Vision Plan

### • Vision Service Plan

Vision 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.

Plan Service	Copay	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 <i>(Reimbursement)</i>
Eye Exam	Covered in Full	Up to \$52
Single Lenses	Covered in Full	Up to \$55
Frames	Covered in Full	Up to \$45
Bifocals	Covered in Full	Up to \$75
Trifocals	Covered in Full	Up to \$95
Lenticular	Covered in Full	Up to \$80
Elective Contacts	Covered in Full	Up to \$105
Medically Necessary Contacts	100%	Up to \$210

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

6-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  
Sacramento, CA 95889-7100

## Flexible Spending Accounts (FSA)

- Aflac

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.



NOTE: You will be charged a \$3.00 monthly administrative fee.

## Un-reimbursed Medical Flexible Spending Account (URM)

The URM is specifically designed to help you pay for medical, dental, vision and other expenses that are not covered by your basic plans.

Items that could be covered include:

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

*This is not an all-inclusive list!*

If you currently spend money each year on any of the above items, you should seriously consider participating in the Health Care Reimbursement Account. You may elect to deposit up to \$5,000 in the Health Care Reimbursement Account each year.

## Dependent Care Flexible Spending Account (DDC)

The DDC Account is specifically designed to help you pay for child care or the care of an elderly adult so that you can maintain employment. Items that can be covered include but are not limited to:

- Licensed Child Day Care or Adult Care
- Nursery Schools
- Private Home Care

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.

Currently, these expenses are not tax deductible. However, there is a provision to allow for a dependent care tax credit on your personal income tax. This credit varies according to your income. In many cases, you will realize greater savings by using the DDC Account than by using the tax credit. You must evaluate your personal situation before deciding which will be of greater value to you.

You may elect to deposit **up to \$5,000** (\$2,500 if married, filing separately) in the Dependent Care Reimbursement Account each year.

### General Provisions

Prior to making URM or DDC 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.

Please refer to the Summary Plan Description for more details.

### 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:

Basic Annual Earnings Amount
1x salary to a maximum of \$400,000 (rounded up to next \$1,000)

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. Please refer to the Life Insurance Handbook for more details. 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 and AD&D 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. *Please refer to the Life Insurance Handbook for additional details.*

### 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:

<b>Spouse</b>	\$4000; \$5000; \$10,000 or \$25,000 (Up to 50% of Employee Election) Guaranteed Issue = \$25,000 (if purchased when initially eligible)
<b>Children</b>	\$2,000; \$5,000; or \$10,000 Guaranteed Issue Limit = \$10,000 (if purchased when initially eligible)

Please refer to the Life Insurance Handbook for details.

### Supplemental Whole Life Insurance

#### • BOSTON MUTUAL

Our Whole Life Insurance program is a life insurance program for your entire family. The policies are individually owned and build cash value. You decide the right combination of insurance protection for you and/or your family by choosing the coverage and premium amounts. Benefits include:



- Affordable Premiums: Weekly premiums as low as \$2.00.
- The premiums are designed to never increase.
- Provides cash value based on current interest rates. Cash values building within the policy build on a tax-deferred basis.
- *EASY TO QUALIFY* for and *NO PHYSICAL EXAMS*, or lengthy health questions will be required. (\*Guaranteed issue amounts available during initial eligibility)

- Coverage is portable so you can take it with you with no conversion costs if you leave the hospital for any reason.

*For complete details including cost, or to enroll in the Whole Life Plan, you will need to call 888-518-3500 to speak with a professional benefits counselor.*

## Disability Income Protection

Disability insurance is an extremely important part of the DCH benefit program. The disability plan is designed to provide you with a source of income in the event that you become disabled and unable to work. Disability benefits are **only** payable if you are unable to work because of disability. They are not available because of the illness or injury of a family member or for other purposes such as doctor visits. All disability leaves will coincide with the FMLA (Family Medical Leave Act.)

### Voluntary Short Term Disability

- **Boston Mutual**

The Short Term Disability plan is 100% voluntary and is designed to provide you with a source of income in the event that you become disabled and are unable to work. This “paycheck insurance” provides the following benefits:

- Coverage up to 60% of your bi-weekly earnings in increments of \$100 monthly benefit.
- Option #1: Benefits paid on the 8th day if you are disabled as a result of an injury or sickness.
- Option #2: Benefits paid on the 15th day if you are disabled as the result of an injury or sickness.
- Benefits paid for up to 6 months.

*For complete details including cost, or to enroll in the short-term disability program, you will need to call 888-518-3500 to speak with a professional benefits counselor.*



### Voluntary Long Term Disability Insurance

- **Boston Mutual**

The Long Term Disability plan is 100% voluntary, the plan provides supplemental disability coverage. You may elect to participate in this plan which is designed to begin when the short term coverage ends.

This long term “paycheck insurance” provides the following benefits:

- Coverage up to 60% of your bi-weekly earnings in increments of \$100 monthly benefit.
- During your initial eligibility coverage is offered on a guaranteed acceptance basis up to \$5,000 per month.
- Benefits paid after 6 months of continuous disability.
- Benefits paid for up to 5 years.

*For complete details including cost, or to enroll in the long term disability program, you will need to call 888-518-3500 to speak with a professional benefits counselor.*



## Additional Benefits

### Employee Assistance Program (EAP)

Personal, family or work-related challenges can arise at any time. That’s why it’s important to have easy access to professional, caring counselors 24 hours every day.

The EAP gives you just such a source—through telephone conversations, referrals to in-person resources and the Internet. The EAP can help you and your family members deal with marital, relationship or parenting issues and answer questions about behavioral health topics—at no cost to you. No matter what stage in life, a toll-free call to an EAP counselor you can address:

- Emotional strains
- Substance abuse
- Work stress
- Financial concerns
- Personal legal concerns
- Behavioral issues
- Grief and loss
- Stress Management
- Relationship concerns

**Liveandworkwell.com** - a robust web site where you can work with interactive learning programs, chat with experts, search for community resources, download health and wellness articles, and more.

**Log in with access code DCH.**

### Paid Time Off

Paid Time Off (PTO) 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+
Hours Accrued per Pay Period	7.38	8.92	10.46
Days per Year	24	29	34
Holidays Covered	-6	-6	-6
Floating Holiday	-1	-1	-1
Remaining Leave Days (Vacation & Sick)	17	22	27

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

## Cash Balance Pension Plan

Doctors Community Hospital provides valuable retirement protection for the employees of the hospital. Below are a few plan highlights:

- Normal retirement at age 65
- Early retirement at age 62 with 10+ years of service
- Optional ways of receiving pension benefits, including monthly income for life, for the life of you and your spouse or one lump sum payment.

Please refer to the Cash Balance Pension plan Summary Plan Description for details.

## 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.

Please refer to the Tuition Reimbursement Policy for additional information.

## 403(b)

DCH also offers a voluntary tax deferred retirement plan. The maximum contributions will vary as determined by the IRS regulations.

## Family Medical Leave

FMLA requires covered employees 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 go to your 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.

## Aflac Product Highlights

### Accident

Not all accidents cause disability but they all involve out of pocket expense and lost wages. Aflac pays cash benefits to offset those losses directly to you.

### Sickness

Policy covers physician visits, initial hospitalization, hospital confinement, major diagnostic exams and surgical procedures that result from an illness.

### Cancer

Aflac’s flagship product designed to relieve the financial strain of a catastrophic illness. Benefits include lump sum first occurrence benefit, hospital confinement, radiation and chemotherapy treatment benefits and much more.

### Specified Health Event

Policy is designed to offset expenses due to heart attack, stroke, coma, major 3<sup>rd</sup> degree burns. Includes first occurrence benefit, reoccurrence benefit, hospital confinement, continuing care benefits.

### Intensive Care

Policy covers intensive care unit confinements due to an illness or injury. Policy includes an ambulance benefit and human organ transplant benefit.

## **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 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](http://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 in the Human Resources Department.

## **Parking**

The hospital provides free parking for employees. A shuttle service from off-site parking is provided free. 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.

## **PerksCard**

This discount program is an added benefit for you and your family. The PerksCard entitles you and your family to discounts from exclusive businesses in the local area. In addition to local discounts, your PerksCard also provides you the ability to search offers from over 200 nationally recognized chains on [www.perkscard.com](http://www.perkscard.com). You can start saving now by using your PerksCard. The cards are available in the Human Resources Department.

## **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.

## **And more...**

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

## Required Federal Notices

### **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 the Newborns' Act, and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

### **SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment in the medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends and provide supporting documentation. In addition, 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 in the medical plan, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **THE WOMEN'S HEALTH AND CANCER RIGHTS ACT of 1998**

The Women's Health and Cancer Rights Act of 1998, "ACT", was signed into federal law on October 21, 1998. The ACT requires that we provide you with information annually relative to the law's provisions. The following is a summary of the requirement under the ACT.

Group health plans and health insurers that provide medical and surgical benefits for mastectomy must, under federal law, provide certain additional benefits related to breast reconstruction. These services are elective and chosen by the patient in consultation with the attending physician. In situations where a covered subscriber is eligible to receive mastectomy benefits under a group health insurance plan and the subscriber elects breast reconstruction in connection with the mastectomy, this coverage must include:

- Surgical services for reconstruction of the breast on which the mastectomy was performed;
- Surgical services for reconstruction of the non-diseased breast to produce symmetrical appearance;
- Postoperative breast prostheses; and
- Mastectomy bras and external prosthetics (limited to the lowest cost alternative available that meets external prosthetic placement needs).
- During all stages of mastectomy, treatment of physical complications, including lymphedema therapy, are covered.

## Required Federal Notices

### 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. Without evidence of creditable coverage from the plan, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in other coverage.

### MEDICARE D

DCH's Prescription Plan through CareFirst BCBS is creditable. Because our existing prescription coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty day Special Enrollment Period to join a Medicare Part D plan.

### NOTICE OF PRIVACY PRACTICES

The hospital's privacy practices describe how medical information about you may be used and disclosed and how you can get access to this information.

DCH may use or disclose your health information for: treatment, payment, health care operations, group health plans, required by law, public health, decedents, health and safety, government functions, and workers' compensation.

DCH is required by law to:

- maintain the privacy of protected health information;
- provide you with this notice of its legal duties and privacy policies with respect to your health information;
- abide by the terms of our privacy practices;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

DCH reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains.

## Benefit Resource Guide

### Human Resources Contact:

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

Avion Joseph  
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

### Dental Plan Carrier:

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

### Vision Carrier:

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

### Supplemental Whole Life & Disability Insurance Carrier:

Administration (Enroll, Changes & Terminations)  
Benefit Associates  
Phone: 888-518-3500  
Website: www.benecenter.com

### Claims

Boston Mutual  
Phone: 800-669-2668 ext. 222 (ext. 223 for bi-lingual)  
Website: www.bostonmutual.com

### Flexible Spending Accounts (FSA) Administrator:

Aflac  
Phone: 800-366-3436  
Website: www.aflac.com

### 403 (b):

Contact Human Resources for more information.  
Phone: 301-552-8080

### Employee Assistance Program (EAP):

Optum Health  
Phone: 800-586-6873  
Website: www.liveandworkwell.com

### Legal Resources:

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

### Web Online Enrollment:

Benelogic  
Phone: 877-716-6612  
Website: www.dch.benelogic.com

### Aflac Voluntary Plans:

Phone: 202-494-9880  
Website: www.aflac.com

### Apartment Discount Program NPEP:

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

### United Buying Service:

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

### PerksCard:

Phone: 877-253-7100  
Website: www.perkscard.com

### Dell Employee Purchase Program:

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

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