

Benefits R_xevolution



2018

St. Charles Health System is committed to providing superior health services in the spirit of love and compassion. This is only possible through your hard work and dedication to achieve exceptional health outcomes. We care about our patients and we care about you and your family. That's why we offer a comprehensive and competitive benefits program.

This guide highlights the various options available to you as a benefit-eligible caregiver, and provides information to help you make well-informed decisions about your health. When you make healthy lifestyle choices and seek care as a wise consumer you can reduce your out-of-pocket costs and improve your health.

We encourage you to read the information contained in this guide and determine which benefit choices best suit the needs of you and your family.

The information contained in this benefit guide is meant to provide an overview of your benefit options. This document does not include all plan rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this benefit guide and the legal plan documents, the plan documents are the final authority. Please see the Health Plan Administration page on CaregiverNet for complete plan documents.

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Caregiver Directed Health Plan (CDHP) with HSA

The Caregiver Directed Health Plan is a plan designed to have a higher deductible than a traditional PPO plan. This plan works with a Health Savings Account (HSA), to enable you to pay for your medical expenses with pre-tax dollars. High-deductible health plans like the CDHP are required to adhere to IRS guidelines.

CDHP AT-A-GLANCE

- If you are enrolled as caregiver only, you must only meet the individual deductible. If you are enrolled as caregiver and spouse, caregiver and child(ren) or family you must meet the family deductible.
- Preventive care paid at 100 percent; no cost to caregiver. A list of preventive services is located on CaregiverNet.
- The deductible must be satisfied before any benefits are paid by the plan (except preventive care). Co-insurance and co-pays will not apply until the individual deductible or the family deductible has been satisfied (as applicable).
- The deductible is combined for prescription and medical benefits.
- Deductible amounts DO NOT apply to out-of-pocket maximums.
- Caregivers and their covered dependents pay applicable co-pays and co-insurance after the deductible is met.
- The out-of-pocket maximum is individual per caregiver and dependents and capped at the maximum family amount.
- Once each individual meets his or her out-of-pocket maximum, the plan will pay 100 percent of eligible expenses for that individual.
- Prescription co-pays accrue to the out-of-pocket maximum after the deductible has been met.

For HSA funding details please refer to the Health Savings Account information on page 12.

CAREGIVER DIRECTED HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT

| | TIER 1 | TIER 2 | TIER 3 |
|---|-------------------------|-----------------------------|----------------|
| | Preferred Provider List | First Choice Health Network | Out of Network |
| ANNUAL DEDUCTIBLE PER CALENDAR YEAR | | | |
| Individual (applies to caregiver coverage only) | \$1,350 | | |
| Family (applies to coverage for caregiver plus one or more) | \$2,700 | | |
| ANNUAL OUT-OF-POCKET MAXIMUM (DEDUCTIBLE IS NOT INCLUDED IN THESE AMOUNTS) | | | |
| Individual | \$1,200 | \$3,500 | \$6,000 |
| Family | \$3,600 | \$9,900 | \$18,000 |
| OFFICE VISITS ONLY | | | |
| Physician office - charges paid by plan after deductible | 80% | 70% | 50% |
| Specialist office - charges paid by plan after deductible | 80% | 70% | 50% |

EMERGENCY SERVICES

| | | | |
|--|-----|-----|-----|
| Emergency Room/Emergency Physician - charges paid by plan after deductible | 80% | 80% | 80% |
| Urgent Care - charges paid by plan after deductible | 80% | 80% | 80% |

PREVENTIVE CARE

| | | | |
|-----------------------------------|--------------------|--------------------|-----|
| Preventive/Routine Physical Exams | 100% (ded. waived) | 100% (ded. waived) | 50% |
|-----------------------------------|--------------------|--------------------|-----|

HOSPITAL SERVICES

| | | | |
|--|-----|-----|-----|
| Inpatient Services/Inpatient Physician - charges paid by plan after deductible | 80% | 70% | 50% |
| Outpatient Services/Outpatient Physician - charges paid by plan after deductible | 80% | 70% | 50% |

PHARMACY BENEFITS

| | | |
|---|---|--|
| St. Charles Community Pharmacy or mail order available to caregivers | \$5 generic/\$20 preferred/\$40 non-preferred/\$100 specialty (90-day supply 2.5 times co-pay) after deductible | |
| | In-Network | Out-of-Network |
| Navitus Health Solutions - Health Solutions - Retail Pharmacies (Generic/Brand/Preferred/Non-Preferred) | Covered person pays 20% after deductible | Covered person pays 30% after deductible |
| Navitus Health Solutions - Health Solutions - mail order, 90-day supply | Covered person pays 20% after deductible (limited to 90-day supply) | |

When displayed deductible and out-of-pocket maximums are combined they do not exceed IRS out-of-pocket limits for the in-network services.

CAREGIVER DIRECTED HEALTH PLAN - FREQUENTLY ASKED QUESTIONS

How does the CDHP Work?

On the CDHP, caregivers must meet their combined medical and prescription deductible before the plan will pay at the designated co-insurance percentage. If you are enrolled in the CDHP, you may be able to participate in a Health Savings Account (HSA). Funds from this account can be used for qualified-medical expenses, including deductible and out-of-pocket expenses. For more information on the HSA including funding information, eligibility requirements and more, please see page 13.

What is the difference between my deductible and out-of-pocket maximum?

On the CDHP, your deductible is an amount that must be met before the plan will pay toward any medical or pharmacy expenses. The out-of-pocket maximum is the most you could pay during the plan year for your share of covered medical and pharmacy services incurred after the deductible has been met. The deductible amount does not count toward the out-of-pocket maximum.

Are there eligibility requirements to be on the CDHP with the HSA?

Yes, there are certain circumstances in which you are not eligible to have an HSA. These restrictions are set by the IRS.

- If you are enrolled as a dependent in your spouse's medical plan option, including a PPO, HMO or indemnity
- If your spouse is enrolled in a health care Flexible Spending Account (FSA) through his or her employer
- If you are enrolled in Medicare or Medicaid

However, enrollment on the CDHP is open to all caregivers. Please see further details on eligibility for the HSA on page 13.

There may be an instance in which you are eligible to be enrolled in the CDHP with an HSA, but unable to contribute to your account, or use funds for certain dependents. Please refer to page 13 for further details on the HSA account.

If I am not eligible for an HSA can I still enroll in the CDHP?

Yes, the CDHP is open to all caregivers, however you will not be eligible for an HSA (St. Charles or caregiver contributions).

Why is the deductible so high on the CDHP?

The CDHP's deductible is guided by IRS regulations; these regulations determine the minimum deductible that must be in place for this type of health plan. In 2018, St. Charles will contribute each pay period to your HSA over the course of the year. Please refer to page 13 for your specific contribution amount. This contribution from St. Charles can be used toward meeting your deductible.

Why is the deductible waived for some services and not others on the CDHP?

The IRS determines which services can or cannot qualify for the deductible to be waived.

For example the IRS states the deductible for preventive care should be waived, however the deductible must apply to alternative care.

WHAT ARE THE BENEFITS OF THE CDHP?

The CDHP, in conjunction with the HSA, offers an opportunity for a caregiver to put money aside for medical expenses pre-tax. HSA funds can roll over from year to year, and after the age of 65 can be used tax-free for Medicare Part A, B or D, HMO, Medicare advantage, Medigap premiums as well as other out-of-pocket medical expenses. After the age of 65 you can also make withdrawals for non-medical expenses though you will have to pay regular income taxes. Due to the high-deductible requirement, the CDHP helps to promote awareness of medical costs and create diligent health care consumers. In addition, the caregiver premium contribution is less for the CDHP due to the cost share design.

IS THE CDHP THE RIGHT PLAN FOR ME?

When choosing a health insurance plan, it is always important to consider the questions below. Keep in mind with the CDHP prior to the deductible being met, you are responsible for 100 percent of any medical and prescription costs. We encourage you to inquire with your health care provider or pharmacist the cost of any medical services or medications you may have.

What are my anticipated medical expenses for the year?

- What are my estimated prescription costs?
- How much should I contribute pre-tax to my HSA in order to cover any expenses?
- Am I eligible to use a Health Savings Account for myself and dependents based on the IRS guidelines? (see page 14 for more details)

Caregiver PPO Plan

The Preferred Provider Organization (PPO) medical plan provides access to quality health care services through the PPO network. The PPO is a preferred group of health care professionals and/or hospitals that agree to provide services to caregivers and their families at discounted fees. The following chart highlights the St. Charles PPO Plan.

PPO AT-A-GLANCE

- Preventive care is paid at 100 percent; no cost to caregiver in Tier one and two. A list of preventive services is located on CaregiverNet.
- Deductible amounts vary per tier and applicable deductible accumulates between all tiers.
- Deductibles are NOT applied to out-of-pocket maximums.
- Applicable deductibles must be satisfied before any benefits are paid by the plan.
- Caregivers and their covered dependents pay applicable co-pays and co-insurance after any applicable deductible is met.
- The out-of-pocket maximum is individual per caregiver and dependents and capped at the maximum family amount.
- Once each individual meets his or her out-of-pocket maximum, the plan will pay 100 percent of eligible expenses for that individual.
- Pharmacy costs accumulate toward your out-of-pocket maximum.

CAREGIVER PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

| | TIER 1 | TIER 2 | TIER 3 |
|--|--|-----------------------------|--------------------|
| | Preferred Provider List | First Choice Health Network | Out of Network |
| ANNUAL DEDUCTIBLE PER CALENDAR YEAR | | | |
| Individual / Family | \$500 / \$1,500 | \$750 / \$2,250 | \$1,000 / \$3,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM (DEDUCTIBLE IS NOT INCLUDED IN THESE AMOUNTS) | | | |
| Individual / Family | \$2,500 / \$7,500 | \$4,250 / \$10,950 | \$7,000 / \$21,000 |
| OFFICE VISITS ONLY | | | |
| Physician office co-pay | \$15 | \$35 | N/A |
| Specialist office co-pay | \$25 | \$50 | N/A |
| Paid by plan after co-pay and deductible | 100% (ded. waived) | 100% (ded. waived) | 50% |
| EMERGENCY SERVICES | | | |
| Emergency Room/Emergency Physicians co-pay (waived if admitted as inpatient within 24 hours) | \$100 co-pay | \$100 co-pay | \$100 co-pay |
| Paid by plan after co-pay | 100% (ded. waived) | 100% (ded. waived) | 100% (ded. waived) |
| Urgent Care co-pay | \$15 | \$50 | N/A |
| Paid by Plan after co-pay | 100% (ded. waived) | 100% (ded. waived) | 70% (ded. waived) |
| PREVENTIVE CARE | | | |
| Preventive/Routine Physical Exams co-pay | \$0 | \$0 | N/A |
| Paid by plan after co-pay and deductible | 100% (ded. waived) | 100% (ded. waived) | 50% |
| HOSPITAL SERVICES | | | |
| Inpatient Services/Inpatient Physician charges paid by plan after deductible | 80% | 70% | 50% |
| Outpatient Services/Outpatient Physician charges paid by plan after deductible | 80% | 70% | 50% |
| PHARMACY BENEFITS | | | |
| St. Charles Community Pharmacy or mail order available to caregivers | \$5 Generic / \$30 Brand / \$50 Non-Preferred / \$100 Specialty (3 month supply, 2 ½ times co-pay) | | |
| | In-Network | Out-of-Network | |
| Navitus Health Solutions - Retail Pharmacies (Generic/Brand/Preferred/Non-Preferred)/Specialty | \$10/\$40/\$60/\$150 | 60%/60%/60% | |
| Navitus Health Solutions - mail order, 90-day supply | \$30/\$120/\$180/\$450 | Not covered | |

When displayed deductible and out-of-pocket maximums are combined they do not exceed IRS out-of-pocket limits for the in-network services.

Dental

The dental plan includes benefits for preventive, diagnostic, basic, major and orthodontic services. (Please refer to the Summary Plan Description for complete details and all covered services.)

DENTAL CARE PLAN

| | | |
|---|-------------------------------|---|
| Annual deductible | \$25 Individual / \$75 Family | |
| Annual benefit maximum | \$1,500 per person | |
| Service | In-Network (Delta Dental) | Out-of-Network (paid at the 90 th percentile of UCR*) |
| Preventive/Diagnostic (Deductible does not apply) | 100% | 100% |
| Basic Services**: • First year • Second year • Third year • Fourth and succeeding years | 70% 80% 90% 100% | 70% 80% 90% 100% |
| Major Services | 50% | 50% |
| Orthodontic Services | 50% | 50% |
| Lifetime Orthodontic Maximum | \$2,000 per person | \$2,000 per person |

* UCR (Usual, Customary, and Reasonable) - the amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

** Preventive and diagnostic services must be provided in any calendar year in order to increase to the next level under basic services. If no preventive and diagnostic services are provided - in a calendar year, the benefit will drop to 70%.

Vision

The vision plan includes benefits for eye exams, eyeglasses and contact lenses. (Please refer to the Summary Plan Description for complete details and all covered services.)

VISION CARE PLAN

| | |
|--|--|
| Exam and Refractions available | Available once a calendar year - \$15 co-pay |
| Annual Calendar Year Maximum | 1 Exam |
| Preventive/Diagnostic (Deductible does not apply) | 100% |
| Lenses, frames and contacts • Single • Bifocal • Trifocal • Lenticular | Available once a calendar year 100% |
| Hardware annual calendar year maximum (excluding exam) | \$200 per person |

Doctor on Demand

In an effort to offer better and more convenient care to our caregivers, St. Charles is implementing “Doctor on Demand” on a trial basis.

Doctor on Demand is a telehealth platform that gives you 24/7 access to board-certified doctors and therapists via secure video or phone. This technology makes healthcare convenient, affordable, and cost-efficient. Just like an in-person visit, the doctor takes your history and symptoms, performs an exam and may recommend treatment, including prescriptions and lab work.

What you get:

- Quality care on your schedule
- No more waiting rooms or scheduling hassles
- Prescriptions (when appropriate)
- Private and secure consultations
- Nationwide Tier 1 coverage with board certified physicians, psychologists, and psychiatrists. 24/7/365 availability
- Doctor on Demand can treat 90% of the conditions most commonly seen in the ER and Urgent Care
- Doctor on Demand cannot be used for Workers’ Compensation injuries

DOCTOR ON DEMAND

| | PPO Plan | CDHP Plan* |
|---------------|----------|------------|
| Medical Visit | \$15 | \$49 |
| Psychology | \$15 | \$79 |
| Psychiatry | \$15 | \$229 |

*Once your deductible has been met, the visit will pay at 80%.

PROVIDER NETWORKS

All billed services must be rendered at a Tier 1 facility in order to be eligible for Tier 1 benefits. Please review the Tier 1 Preferred Facility List on CaregiverNet. All other billed services rendered in a non-Tier 1 facility will pay at the Tier 2 benefit level as long as the facility is in the First Choice Health (FCH) network. If the facility is not in the FCH network, then services will be paid at the Tier 3 out-of-network benefit level. Services rendered by a Tier 1 provider will be paid at the Tier 1 benefit level. **Note that PET, MRI, CT services and bariatric services must be performed at a St. Charles facility in order to be paid at the Tier 1 benefit level. Please refer to the Tier 1 Preferred Provider List and Tier 1 Preferred Facility List.

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is an account that you can use with the Caregiver-Directed Health Plan to help pay for qualified medical expenses. If you enroll in the Caregiver-Directed Health Plan, you will automatically be enrolled in an HSA (if you are not eligible for an HSA please notify us at time of enrollment). You may make contributions to this account using pre-tax dollars and St. Charles will contribute to your account per pay period. The HSA is a savings plan that rolls over every year and it allows you to save for future medical costs or use funds for retirement.

- Your HSA funds belong to you, even after your employment ends.
- You can choose to fund your HSA along with the contributions from St. Charles.
 - You can contribute pre-tax dollars up to the maximum annual contribution amount determined by the IRS (see chart below). Your contribution amount can be changed at any time during the year.
 - If you are over 55 you are eligible to contribute an additional \$1,000 per year.
- Use funds in your HSA to pay for care or to reimburse yourself for eligible health care expenses. Withdrawals for eligible health care expenses are tax-free. Unlike a Flexible Spending Account, there is no requirement to send in receipts, just save them in case you are audited by the IRS.
- Manage your HSA funds and pay no taxes on interest or investment returns. Your year-end balance rolls over year after year.
- Save money by reducing your taxable income when you deposit additional dollars to your HSA. Caregiver contributions are not subject to taxes.

If you have not yet setup a Fidelity HSA account you will need to log into Fidelity NetBenefits (<https://nb.fidelity.com/public/nb/schs/home>) to open your new account. This will allow St. Charles to make HSA contributions into your new account.

HEALTH SAVINGS ACCOUNT

2018 CONTRIBUTION SCHEDULE*

| | St. Charles Per Pay Period Contribution | St. Charles Total Annual Contribution | Maximum Annual St. Charles and Caregiver Contribution (including Engage HSA reward, if eligible) |
|--|--|--|--|
|--|--|--|--|

POSITION: 60 TO 80 HRS/PAY PERIOD

| | | | |
|------------------------------|---------|---------|---------|
| Caregiver Only | \$30.77 | \$800 | \$3,450 |
| Caregiver + Child(ren) | \$80.77 | \$2,100 | \$6,850 |
| Caregiver + Spouse or Family | \$61.54 | \$1,600 | \$6,850 |

POSITION: 40 TO 59 HRS/PAY PERIOD

| | | | |
|------------------------------|---------|---------|---------|
| Caregiver Only | \$15.38 | \$400 | \$3,450 |
| Caregiver + Child(ren) | \$40.38 | \$1,050 | \$6,850 |
| Caregiver + Spouse or Family | \$30.77 | \$800 | \$6,850 |

*St. Charles will fund your HSA per pay period. Newly enrolled caregivers will receive scheduled HSA funding amounts on the month health plan coverage becomes effective.

- Health Savings Accounts are regulated by the IRS, and you may not qualify to have this account, contribute to the account, or use the account for certain dependents, please read the following qualifiers that may apply to your specific situation. To be eligible for the CDHP with an HSA you must:
 - Not be covered by any other health plan that is not a High-Deductible Health Plan
 - Not be currently enrolled in Medicare or TRICARE
 - Not be claimed as a dependent on another person's tax return
- If you are not eligible for the HSA you may still be eligible for the CDHP however you will not have an HSA or be eligible for the St. Charles contributions
- HSA funds can be used for reimbursement of medical expenses for caregivers, spouse and tax code "dependents." If you have a dependent child that is not considered a tax code "dependent" they can be enrolled on the CDHP, but you will be unable to utilize the HSA funds toward their healthcare expenses.

If you qualify for the HSA and choose to enroll in the CDHP you must go to Fidelity NetBenefits (<https://nb.fidelity.com/public/nb/schs/home>) to open your HSA account. Registration and acceptance of the terms and conditions is required before you may receive or make HSA contributions.

St. Charles provides an opportunity to participate in the St. Charles Engage for Health wellness program, allowing caregivers and their spouses to earn up to \$500 each, which may be contributed to your HSA pre-tax. Wellness plan rewards earned during the plan year are paid out or may be deposited to your HSA in January of the next plan year. Please see page 27 to learn more about wellness.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your taxable income. St. Charles offers three different Flexible Spending Accounts including a medical Flexible Spending Account (FSA), a Limited Purpose Flexible Spending Account (LPFSA) and a Dependent Care Flexible Spending Account (DCFSA). These accounts allow you to set aside pre-tax dollars to pay for eligible out-of-pocket expenses.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

1. During open enrollment, you decide how much to set aside for health and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis throughout the calendar year.
3. As you incur eligible health-care expenses, submit a claim form to be processed for reimbursement from your account, or use your FSA card to pay for eligible expenses at the point of sale. Please note even when you use your FSA card you may still be required to submit receipts to substantiate your claims.
4. Your eligible dependent care expenses are reimbursable as your account funds. You must submit a claim form to be processed for reimbursement from your account.

Use it or lose it: Unlike an HSA, an FSA is subject to the IRS "use-it-or-lose-it" rule. This means you must use the funds in your account before the end of the plan year's grace period (March 15). Any funds remaining in your account after the grace period cannot be returned to you. Please estimate your qualifying expenses carefully. **You must actively re-enroll in the FSA each year; re-enrollment is not automatic.**

| ACCOUNT | ANNUAL MAXIMUM CONTRIBUTION | EXAMPLES OF COVERED EXPENSES |
|---|--|--|
| Flexible Spending Account | \$2,600 | Co-pays, deductibles, orthodontia, etc.* |
| Limited Health Care Flexible Spending Account (CDHP only) | \$2,600 | Dental and vision expenses only |
| Dependent Care Flexible Spending Account | \$5,000 (\$2,500 if married and filing separate tax returns) | Day care, nursery school, elder care expenses, etc.* |

*See IRS Publications 502 and 503 for a complete list of covered expenses.

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay for certain qualified out-of-pocket expenses.

It is important to estimate your eligible health care expenses for next year. Remember, money left over in your account cannot be refunded (IRS regulations). This worksheet is only a tool. If this is the first time you have elected this benefit, or you have overestimated in the past, consider contributing less this year.

| CATEGORY | 2018 OUT-OF-POCKET ESTIMATE |
|--|-----------------------------|
| Deductibles | \$ |
| Co-insurance/co-pay | \$ |
| Over-the-counter drugs (prescription required) | \$ |
| Dental | \$ |
| Vision | \$ |
| Prescription | \$ |
| Total out-of-pocket medical expenses | \$ |

LIMITED-PURPOSE FLEXIBLE SPENDING ACCOUNT WITH CDHP

Limited-Purpose Flexible Spending Accounts (LPFSA) allow you to set aside pre-tax dollars to pay for certain out-of-pocket dental and vision care expenses when you enroll in the Caregiver-Directed Health Plan.

It is important to estimate your eligible dental and vision expenses for next year. Remember, money left over in your account cannot be refunded (IRS regulations). This worksheet is only a tool. If this is the first time you have elected this benefit, or you have overestimated in the past, consider contributing less this year.

| CATEGORY | 2018 OUT-OF-POCKET ESTIMATE |
|---|-----------------------------|
| Deductibles (dental and vision) | \$ |
| Dental co-insurance | \$ |
| Vision co-pay | \$ |
| Orthodontic care (not covered by plan) | \$ |
| Total out-of-pocket dependent care expenses | \$ |

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT WITH CDHP OR PPO

Dependent Care Flexible Spending Accounts allow you to set aside pre-tax dollars to pay for dependent care so that you and your spouse can work or attend school full-time when you enroll in the Caregiver-Directed Health Plan or the PPO Health Plan.

Eligible dependent care expenses for children under the age of 13 or for adult daycare for a disabled spouse or other disabled dependent are those which you must pay toward dependent care so that you and your spouse can work or attend school full-time. Do not include any health care related expenses in your account estimations.

| CATEGORY | 2018 OUT-OF-POCKET ESTIMATE |
|--|-----------------------------|
| Qualified daycare | \$ |
| Before-school or after-school care | \$ |
| Summer day camp | \$ |
| Social Security (FICA) tax for care provider | \$ |
| Adult daycare | \$ |
| Total out-of-pocket dependent care expenses | \$ |

Caregiver Directed Health Plan Rates

Rates are per pay period (based on 26 pay periods)

| | St. Charles Contribution | Caregiver Contribution |
|--|--------------------------|------------------------|
|--|--------------------------|------------------------|

POSITION FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$353.28 | \$39.25 |
| Caregiver + Spouse | \$627.49 | \$107.80 |
| Caregiver + Family | \$803.52 | \$151.81 |
| Caregiver + Child(ren) | \$625.66 | \$107.35 |

POSITION: 60 TO 71 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$353.28 | \$39.25 |
| Caregiver + Spouse | \$576.07 | \$159.22 |
| Caregiver + Family | \$719.11 | \$236.24 |
| Caregiver + Child(ren) | \$574.59 | \$158.42 |

POSITION: 48 TO 59 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$255.15 | \$137.39 |
| Caregiver + Spouse | \$409.39 | \$325.90 |
| Caregiver + Family | \$508.41 | \$446.94 |
| Caregiver + Child(ren) | \$408.36 | \$324.65 |

POSITION: 40 TO 47 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$215.89 | \$176.64 |
| Caregiver + Spouse | \$370.13 | \$365.15 |
| Caregiver + Family | \$469.16 | \$486.19 |
| Caregiver + Child(ren) | \$369.11 | \$363.90 |

PPO Plan Rates

Rates are per pay period (based on 26 pay periods)

| | St. Charles Contribution | Caregiver Contribution |
|--|-------------------------------------|-----------------------------------|
|--|-------------------------------------|-----------------------------------|

POSITION FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$412.61 | \$72.81 |
| Caregiver + Spouse | \$730.50 | \$178.77 |
| Caregiver + Family | \$934.59 | \$246.81 |
| Caregiver + Child(ren) | \$728.39 | \$178.07 |

POSITION: 60 TO 71 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$412.61 | \$72.81 |
| Caregiver + Spouse | \$666.92 | \$242.35 |
| Caregiver + Family | \$830.20 | \$351.20 |
| Caregiver + Child(ren) | \$665.24 | \$241.22 |

POSITION: 48 TO 59 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$291.25 | \$194.17 |
| Caregiver + Spouse | \$460.79 | \$448.48 |
| Caregiver + Family | \$569.64 | \$611.76 |
| Caregiver + Child(ren) | \$459.67 | \$446.79 |

POSITION: 40 TO 47 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$242.71 | \$242.71 |
| Caregiver + Spouse | \$412.25 | \$497.02 |
| Caregiver + Family | \$521.10 | \$660.30 |
| Caregiver + Child(ren) | \$411.12 | \$495.33 |

ONA - Caregiver Directed Health Plan Rates

Rates are per pay period (based on 26 pay periods)

| | St. Charles Contribution | Caregiver Contribution |
|--|--------------------------|------------------------|
|--|--------------------------|------------------------|

POSITION FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$372.91 | \$19.63 |
| Caregiver + Spouse | \$664.25 | \$71.04 |
| Caregiver + Family | \$851.29 | \$104.05 |
| Caregiver + Child(ren) | \$662.31 | \$70.70 |

POSITION: 60 TO 71 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$372.91 | \$19.63 |
| Caregiver + Spouse | \$612.83 | \$122.45 |
| Caregiver + Family | \$766.87 | \$188.47 |
| Caregiver + Child(ren) | \$611.24 | \$121.77 |

POSITION: 48 TO 59 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$274.77 | \$117.76 |
| Caregiver + Spouse | \$446.15 | \$289.14 |
| Caregiver + Family | \$556.18 | \$399.16 |
| Caregiver + Child(ren) | \$445.01 | \$288.00 |

POSITION: 40 TO 47 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$235.52 | \$157.01 |
| Caregiver + Spouse | \$406.90 | \$328.39 |
| Caregiver + Family | \$516.93 | \$438.41 |
| Caregiver + Child(ren) | \$405.76 | \$327.25 |

ONA - PPO Plan Rates

Rates are per pay period (based on 26 pay periods)

| | St. Charles Contribution | Caregiver Contribution |
|--|--------------------------|------------------------|
|--|--------------------------|------------------------|

POSITION FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$436.88 | \$48.54 |
| Caregiver + Spouse | \$775.96 | \$133.31 |
| Caregiver + Family | \$993.66 | \$187.74 |
| Caregiver + Child(ren) | \$773.71 | \$132.75 |

POSITION: 60 TO 71 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$436.88 | \$48.54 |
| Caregiver + Spouse | \$712.38 | \$196.89 |
| Caregiver + Family | \$889.27 | \$292.13 |
| Caregiver + Child(ren) | \$710.56 | \$195.90 |

POSITION: 48 TO 59 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$315.52 | \$169.90 |
| Caregiver + Spouse | \$506.26 | \$403.01 |
| Caregiver + Family | \$628.71 | \$552.69 |
| Caregiver + Child(ren) | \$504.99 | \$401.47 |

POSITION: 40 TO 47 HOURS PER PAY PERIOD

| | | |
|------------------------|----------|-----------------|
| Caregiver Only | \$266.98 | \$218.44 |
| Caregiver + Spouse | \$457.71 | \$451.56 |
| Caregiver + Family | \$580.17 | \$601.23 |
| Caregiver + Child(ren) | \$456.45 | \$450.01 |

Dental Plan Rates

Rates are per pay period (based on 26 pay periods)

| | St. Charles Contribution | Caregiver Contribution |
|--|-------------------------------------|-----------------------------------|
|--|-------------------------------------|-----------------------------------|

POSITION FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|---------------|
| Caregiver Only | \$26.03 | \$1.37 |
| Caregiver + Spouse | \$48.07 | \$5.26 |
| Caregiver + Family | \$68.55 | \$8.87 |
| Caregiver + Child(ren) | \$47.54 | \$5.16 |

POSITION: 60 TO 71 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|----------------|
| Caregiver Only | \$26.03 | \$1.37 |
| Caregiver + Spouse | \$44.18 | \$9.15 |
| Caregiver + Family | \$61.04 | \$16.38 |
| Caregiver + Child(ren) | \$43.74 | \$8.96 |

POSITION: 48 TO 59 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|----------------|
| Caregiver Only | \$19.18 | \$8.22 |
| Caregiver + Spouse | \$32.14 | \$21.19 |
| Caregiver + Family | \$44.19 | \$33.23 |
| Caregiver + Child(ren) | \$31.83 | \$20.87 |

POSITION: 40 TO 47 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|----------------|
| Caregiver Only | \$16.44 | \$10.96 |
| Caregiver + Spouse | \$29.40 | \$23.93 |
| Caregiver + Family | \$41.45 | \$35.97 |
| Caregiver + Child(ren) | \$29.09 | \$23.61 |

Vision Plan Rates

Rates are per pay period (based on 26 pay periods)

| | St. Charles Contribution | Caregiver Contribution |
|--|-------------------------------------|-----------------------------------|
|--|-------------------------------------|-----------------------------------|

POSITION FULL-TIME: 72 TO 80 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|---------------|
| Caregiver Only | \$10.16 | \$0.53 |
| Caregiver + Spouse | \$20.61 | \$2.37 |
| Caregiver + Family | \$24.12 | \$2.99 |
| Caregiver + Child(ren) | \$18.83 | \$2.06 |

POSITION: 60 TO 71 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|---------------|
| Caregiver Only | \$10.16 | \$0.53 |
| Caregiver + Spouse | \$18.76 | \$4.21 |
| Caregiver + Family | \$21.66 | \$5.45 |
| Caregiver + Child(ren) | \$17.30 | \$3.59 |

POSITION: 48 TO 59 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|----------------|
| Caregiver Only | \$7.49 | \$3.21 |
| Caregiver + Spouse | \$13.63 | \$9.35 |
| Caregiver + Family | \$15.70 | \$11.41 |
| Caregiver + Child(ren) | \$12.58 | \$8.30 |

POSITION: 40 TO 47 HOURS PER PAY PERIOD

| | | |
|------------------------|---------|----------------|
| Caregiver Only | \$6.42 | \$4.28 |
| Caregiver + Spouse | \$12.56 | \$10.42 |
| Caregiver + Family | \$14.62 | \$12.48 |
| Caregiver + Child(ren) | \$11.51 | \$9.37 |

Life Insurances

BASIC TERM LIFE AND AD&D INSURANCE

St. Charles Health System provides benefit-eligible caregivers with Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no charge to you and enrollment is automatic.

Basic Term Life: The benefit is equal to one times your annual earnings from a minimum of \$35,000 to a maximum of \$100,000.

Accidental Death and Dismemberment: If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your basic term life coverage.

Please refer to the Life Insurance Summary Plan Description for more details.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

You may also choose to purchase Voluntary Life insurance coverage in addition to the company-paid Basic Life w/ AD&D. You pay the total cost of this benefit through convenient payroll deductions.

Caregiver: \$10,000 increments up to five times your annual earnings not to exceed \$500,000

Spouse: \$5,000 increments up to \$500,000, not to exceed 100 percent of caregiver coverage

Children: \$2,000 increments, up to \$10,000, not to exceed 100 percent of caregiver coverage

- Individuals **not currently enrolled** in the voluntary life plan – Coverage for any amount will require the submission of evidence of insurability.
- Individuals **currently enrolled** in the voluntary life plan – Can increase coverage up to \$100,000 for employees and \$25,000 for spouses with no evidence of insurability. Coverage above these amounts will require the submission of evidence of insurability.

Disability Income Benefits

A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. The federal government estimates that three out of every 10 American workers will be disabled before reaching retirement age. With the right disability insurance, your income is protected, relieving you of the anxiety of depleting your savings to pay your bills.

EMPLOYER PAID SHORT-TERM DISABILITY BENEFIT (STD)

St. Charles Health System provides benefit-eligible caregivers with Short-Term Disability coverage at no charge to you and enrollment is automatic. This benefit is administered by Unum and replaces a portion of your income if an injury or illness that is not job related forces you out of work for an extended period of time.

| | | |
|--|--|----------------------------|
| Benefits Start: | Eighth calendar day after date of disability OR the first day if hospitalized (24-hour stay) | |
| Duration of Payments: | 26 weeks | |
| | YEARS OF SERVICE | STD BENEFIT |
| Amount of payments weeks 1 through 13 | 3 months through 3 years of service | 66 2/3% of weekly earnings |
| | 4 years of service through 9 years of service | 75% of weekly earnings |
| | 10+ years of service | 95% of weekly earnings |
| Amount of payments weeks 14 through 26 | All tiers of service | 60% of weekly earnings |

This communication is designed to provide you with highlights. Please refer to the STD Summary Plan Description for complete information.

*Physicians please refer to the SPD.

EMPLOYER PAID LONG-TERM DISABILITY BENEFIT (LTD)

St. Charles Health System provides benefit-eligible caregivers with Long-Term Disability coverage at no charge to you and enrollment is automatic. This benefit is administered by Unum and replaces a portion of your income if an injury or illness that is not job related forces you out of work for an extended period of time. You will receive 60 percent of your average monthly earnings up to a monthly maximum benefit of \$5,000.

| | |
|----------------------------|---|
| Benefits Start: | After 180 days of disability |
| Amount of Payments: | 60% of your monthly earnings up to a max of \$5,000 |

This communication is designed to provide you with highlights. Please refer to the LTD Summary Plan Description for complete information.

Engage For Health

St. Charles Health System is committed to improving the health and wellness of the communities we serve, starting with our own caregivers and their families. Engage for Health is a comprehensive wellness program for members of our medical health plans to help them maintain or improve their health.

Please see below to determine the benefits that you and your family may be eligible for:

| | Caregivers enrolled under a St. Charles medical health plan | Spouses enrolled under a St. Charles medical health plan | Dependents 18 or older enrolled under a St. Charles medical health plan | Caregivers NOT enrolled under a St. Charles medical health plan |
|--|---|--|---|---|
| Complimentary biometric health screenings | X | X | X | X |
| Access to the member portal site at www.engageformyhealth.org | X | X | X | X |
| Complimentary health coaching services* | X | X | | |
| Ability to earn an annual monetary reward of up to \$500** | X | X | | |
| Complimentary diabetic supplies and/or tobacco cessation products* | X | X | | |
| Access to attend St. Charles nutrition classes free of charge* | X | X | | |

**Must be a caregiver or spouse of a caregiver who is enrolled under a St. Charles medical health plan by July 31, 2018 to participate in health coaching, classes free of charge and/or receive complimentary supplies/products.*

***Benefitted caregivers and spouses of caregivers who work less than 60 hours per pay period may earn up to \$250 annually; caregivers and spouses of caregivers who work 60 hours or more per pay period may earn up to \$500 annually. Caregivers must be on a St. Charles medical health plan through Dec. 31, 2018 to be eligible to receive a monetary in January of 2019.*

To enroll in the Engage for Health wellness program, eligible participants must first complete a new member health screening between February and July of 2018. To schedule your screening appointment or to learn more about the 2018 program requirements and benefits, please contact the Engage for Health team at 541-706-5950 or engageforhealth@stcharleshealthcare.org.

Additional Benefits and Information

AIRLINK PROGRAM

St. Charles Health System offers full-time caregivers and their families paid AirLink memberships free of charge the first of the month following date of hire. In addition, part-time and on-call/relief caregivers are eligible for AirLink memberships through pre-tax payroll deduction. The current cost for part-time caregivers is \$1.54 per pay period. **Please complete a paper enrollment form if you would like to enroll in, add or drop dependents to your AirLink membership.**

CAREGIVER ASSISTANCE PROGRAM

The Caregiver Assistance Program is designed to provide professional help in dealing with personal concerns impacting you and your family at home or at work. You may call for confidential counseling with concerns such as marital conflict, depression, drug and alcohol abuse, grief, children's problems, family budgeting and legal problems. The Confidential Counseling Services are available at 541-706-2768 to caregivers and their dependents. Ask your counselor for more details.

WORLDWIDE EMERGENCY TRAVEL ASSISTANCE

UNUM worldwide emergency travel assistance can help with a medical emergency when you or covered members of your family travel 100 miles or more from home. With one phone call, medically certified, multi-lingual resources are available to help you 24-hours-a-day, seven-days-a-week. To learn more about the service, visit www.unum.com/travelassistance.

LIFE PLANNING FINANCIAL AND LEGAL RESOURCES

Life planning services are available to beneficiaries and covered caregivers and their spouses who are terminally ill. These services include financial and legal support and grief counseling. For more information or to speak to a counselor, call 800-422-5142 or visit www.lifeworks.com (id=unum; password=support). For TTY, call 800-346-9188.

UNUM CAREGIVER ASSISTANCE PROGRAM

UNUM Work-life Balance Employee Assistance Program, can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being.

- Child care and/or elder care referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

Call 1-800-854-1446 or go online to www.lifebalance.net (user ID and password: lifebalance)

403(b) Retirement

The 403(b) Retirement Program administered by Fidelity allows caregivers to save for retirement via payroll deduction. St. Charles matches your contribution dollar for dollar per paycheck, up to 6 percent per pay period (in accordance with IRS guidelines), after one year of employment in a benefit-eligible position. Please note you can enroll or change your 403(b) election at any time throughout the year.

Vesting: Your right to your 403(b) account balance is called vesting. You are always 100 percent vested in your before-tax contributions as well as any amounts you roll over to the plan. Participants become vested in the employer match according to the following vesting schedule. Caregivers must complete 1,000 hours each calendar year in order to receive a year of vesting service. To find out more information, please contact Fidelity at 800-343-3548.

Please remember to update beneficiary information in Fidelity NetBenefits.

| YEARS OF SERVICE | AMOUNT VESTED |
|------------------|---------------|
| 1 | 0% |
| 2 | 25% |
| 3 | 50% |
| 4 | 75% |
| 5 | 100% |

403(B) FREQUENTLY ASKED QUESTIONS

Q. *How can I change my contribution percentage?*

A. You can change your contribution by logging into Fidelity NetBenefits at <https://nb.fidelity.com/public/nb/schs/home> or by phone at 1-800-343-0860. A Fidelity consultant is on site monthly. To set up an in-person meeting go to the Fidelity section of the Human Resources page on CaregiverNet.

Q. *How do I make an investment choice?*

A. We encourage you to take an active role in your account and choose investment options that best suit your goals, time horizon and risk tolerance. You can make an investment election online in Fidelity NetBenefits at <https://nb.fidelity.com/public/nb/schs/home> or by phone at 1-800-343-0860. If you'd like guidance in choosing your investments, call a Fidelity workplace planning and guidance consultant at 1-800-642-7131.

Q. *What if I don't make an investment election?*

A. If you do not select specific investment options in the St. Charles Health System Retirement Plan, your future contributions will be invested in the JP Morgan SmartRetirement Fund with the target retirement date closest to the year you might retire, based on your current age and assuming a retirement age of 65.

Q. *Can I make withdrawals from my account?*

A. Withdrawals from the plan are generally permitted when you terminate your employment, retire, reach age 59 ½, or if you have severe financial hardship. Keep in mind that withdrawals are subject to income taxes and possibly to early withdrawal penalties.

Q. *How do I make a beneficiary designation with Fidelity?*

A. To designate your beneficiary, simply log on to NetBenefits at <https://nb.fidelity.com/public/nb/schs/home> and click "Beneficiaries" in the About You section of Your Profile.

Q. *What happens if I do not enroll?*

A. All new caregivers are auto-enrolled into the 403(b) program at a 6 percent contribution. Auto-enrollments will be set up in the default investment elections (see above for details) after 90 days unless you contact Fidelity to opt-out or indicate a different enrollment or election.

Q. *What is the maximum amount I can contribute to my 403b?*

A. The 2018 maximum is \$18,500. If you are older than 50 you are eligible to contribute an additional \$6,000.

Contact List

| QUESTIONS ABOUT | CONTACT | CONTACT INFORMATION |
|---|--|---|
| Medical, dental, vision or pharmacy claim questions | St. Charles Health Plan Administration | 541-706-5980 |
| Enrollment questions or other general benefit questions | St. Charles Human Resources | 541-706-7770 |
| Medical (includes vision insurance) | First Choice Health Administrators | 800-918-7681 www.fchn.com |
| Dental | Delta Dental (a Moda Company) | 888-217-2365 www.modahealth.com |
| Pre-Authorization services | First Choice Health Administrators | 800-808-0450 |
| COBRA questions and eligibility | First Choice Health Administrators | 877-749-2032 |
| Wellness plan | Engage for Health | 541-706-5950 www.engageformyhealth.org |
| Network questions (Tier 2) | First Choice Health Network | 800-918-7681 www.fchn.com |
| Extended Network questions (Outside Oregon, Washington, Idaho or Alaska) | First Health Network | 1-800-226-5116 www.firsthealth.com |
| Prescription claims and eligibility | Navitus Health Solutions | 866-333-2757 www.navitus.com |
| | Community Pharmacy | 541-706-7731 |
| Flexible Spending Accounts | Navia Benefit Solutions | 800-669-3539 https://www.naviabenefits.com |
| Health Savings Account | Fidelity Investments | 800-343-0860 https://nb.fidelity.com/public/nb/schs/home |
| Critical Illness, Whole Life, Accident and Hospital Indemnity Claims/Customer Service | UNUM | 800-635-5597 www.unum.com |
| FMLA/OFLA Leaves, Short-Term or Long-Term Disability | UNUM | 866-269-0759 |
| Life Insurance or AD&D Insurance | UNUM | 800-445-0402 claims 800-421-0344 |
| Caregiver or Dependent Work-Life Issues | Caregiver Assistance Program | 541-706-2768 |
| 403(b) Retirement benefits | Fidelity Investments | 800-343-0860 https://nb.fidelity.com/public/nb/schs/home |
| Emergency Travel Benefits | UNUM/Assist America | Within the U.S.: 1-800-872-1414 Outside the U.S.: (U.S. access code) +609-986-1234 |

Benefit Apps

| APP NAME | WHAT DOES IT DO? | DEVICES SUPPORTED |
|----------------------|--|-------------------|
| Unum Customer | Track your claims and leaves with Unum | Apple/Android |
| Fidelity NetBenefits | View/make changes to retirement account, view HSA | Apple/Android |
| MyNavia Benefits | Submit FSA claims, view balance | Apple/Android |
| Assist America | Emergency medical, legal and passport assistance while traveling | Apple/Android |
| Moda Health eCard | Access to ID card | Apple/Android |
| Doctor on Demand | Medical appointments by phone | Apple/Android |

Important Plan Documents and Notices

Your current Health Plan Documents are now available on the Health Plan Administration page of CaregiverNet.

These documents include the following items:

- **Summary Plan Description (SPD) – this document provides detailed information on what the Plan provides, and how it operates**
- **Summary of Benefits – this document is a grid detailing many of the benefits of the Plan and how the Plan will pay for certain services**
- **Summary of Benefits and Coverage (SBC)–under Health Care Reform, the Plan is required to summarize our benefits in this particular format**
- **Dental Summary Plan Description – this document provides detailed information on the dental services the Plan provides, and how it operates**
- **Caregiver wellness plan Summary Plan Description– this document provides detailed information on the caregiver wellness plan, and how it operates. Please note this document can be found on the Engage For Health page of CaregiverNet**

Current Health Plan Notices are also available now on the Health Plan Administration page of CaregiverNet.

The documents include the following items:

- **St. Charles Health Plan Summary Annual Report**
- **Medicare Part D Creditable Coverage Notice**
- **HIPPA Notice of Privacy Practices**
- **Notice of Special Enrollment Rights**
- **Women’s Health and Cancer Rights**
- **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

These documents are also available in paper form upon request, if you would like a paper copy please contact Health Plan Administration at 541-706-5980.

Your current Retirement Plan Summary Plan Description is available on CaregiverNet on the Human Resources and Payroll page. If you wish to obtain a paper copy please call 541-706-7770.