

Benefits Guide



2019





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At Washington Regional Medical Center (WRMC), we recognize that our employees and their families have unique needs. We offer a wide variety of excellent benefit programs. This is one of the most important ways we say **thank you** for your excellent service and contributions as we reflect our own corporate Mission to provide high quality care, prevention and wellness education to our community.

Important Notice

Trustmark and Humana will no longer be offered through payroll deduction. Comparable benefits will be offered by CHUBB for the Accident, Critical Illness, Hospital and Life. CHUBB will offer a Guaranteed Issue of products. If you would like to keep your current policy with Trustmark or Humana, you may do so via direct bill.

Benefit Basics

Who's Eligible for Benefits

Full-time and Part-time employees in positions budgeted to work at least 40 hours per pay period.

Which dependents may I enroll in the Benefit Programs?

- Your legal spouse, which includes same-sex couples that are legally married.
- Your dependent children up to age 26. The Term Life Insurance benefit allows dependent children under age 21 or if a full-time student up to age 25.
- Your unmarried children who become totally disabled before the age of 19, are incapable of self-sustaining employment by reason of physical or mental handicap, and who are dependent on you for their principal support.

What if I don't enroll within my 30 days?

If you do not enroll within 30 days of your hire date or eligibility status change date, you are automatically enrolled into employee only medical, company paid Basic Term Life and company paid Choice 1 Long Term Disability. If you are automatically enrolled, you will not receive the employer contribution for HSA/FSA. These coverages remain in force through the end of the plan year unless you experience a qualifying event.

Making Changes During the Year

- You may add or remove dependents to your existing coverage within 30 days after a qualifying event or during Open Enrollment.
- ☑ **Qualifying Events to Add Dependents**
 - Marriage
 - Dependent's loss of other coverage
 - Birth of a new child (you may take up to 90 days to add your dependent)
 - Adoption (you may take up to 60 days to add newborn)
- ☑ **Qualifying Events to Remove Dependents**
 - Divorce
 - Death
 - Dependent has obtained other coverage
 - Dependent is no longer eligible for coverage
 - Covered dependent no longer qualifies as a dependent
- Coverage becomes effective the first day of the month following date of qualifying event.
- Changes to benefit coverage may only be made during Open Enrollment, aside from adding or removing dependents after a Qualifying Event or as otherwise noted.
- You may choose to stop participating in most benefit programs at any time if the premiums are not subject to pre-tax deductions. However, you may only re-enroll at Open Enrollment unless there is a new Qualifying Event.

WHEN TO ENROLL



New Hires or Newly Eligible

New Hires, you may enroll after your first day of work, within 30 days of your hire date.

Newly Eligible, if you have recently transferred from an ineligible status to an eligible status, you must enroll in benefits within the first 30 days after becoming eligible.



If you have a life change

Certain life events like birth or adoption of a child, change in marital status, death, or loss of coverage due to no fault of your own may allow you to change your coverage during the year.

If you have a family status change, you have 90 days for birth, 60 days for adoption and/or government loss/gain of coverage and 30 days for marriage and all other QLEs to be processed.



At Open Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Changes made during Open Enrollment will have a January 1st effective date.

Benefit Basics

When Does My Coverage Become Effective?

New Hires or Newly Eligible Employees

- **These benefits become effective on your date of hire or date of eligibility:**
 - Medical and Prescription*
 - Dental*
 - Vision*
 - 401(k)* (contact Principal Financial Group 800-547-7754)
 - Group Term Life Insurance - Employee and any elected Dependent coverage
 - Short Term Disability Insurance
 - Long Term Disability Insurance
- **These benefits become effective the first of the month following date of hire or date of eligibility:**
 - Critical Illness with Cancer Insurance
 - LifeTime Benefit Term with Long Term Care
 - Accident Insurance
 - Hospital Indemnity Plan
 - Identity Guard
- **This benefit will become effective based on the date of coverage election and will be an automatic monthly billing via credit/debit card:**
 - Pet Insurance
- If eligible, your HSA would start on the first day of the month after employee's health coverage has become effective.
- The following benefits become effective the first day of the next pay period following completion of the employee's 90-day introductory period. You must have enrolled and completed and returned the appropriate forms
 - Flexible Spending Account(s)
 - Childcare Reimbursement

Qualifying Events

- Coverage becomes effective the first of the month following your qualifying event or status change. You **must** enroll within 30 days of your qualifying event.

Open Enrollment will be November 2 through November 16

- Coverage becomes effective January 1, 2019 of the following year.

*These coverage premiums are deducted pre-tax





Open Enrollment Process

An active enrollment will occur for all lines of coverage during this open enrollment period. This means all employees must elect or decline benefits, including Flexible Spending Account (FSA), this upcoming Open Enrollment for the 2019 plan year. All benefit elections must be made through the online benefit enrollment system, with no exceptions.

New Enrollment Process!

We are excited to announce this year we are partnering with **Explain My Benefits**, our new benefits technology and communications vendor to help provide better benefits education to our employees!

2019 Open Enrollment November 2 - November 16

Step 1: REVIEW YOUR BENEFITS

Visit our new benefits website to review your benefit guide, important documents and watch benefit education videos.

www.mywrmcbenefits.com

Step 1: ENROLL WITH EXPLAIN MY BENEFITS

WRMC provides electronic enrollment through Explain My Benefits. Explain My Benefits provides eligible employees the ability to make group insurance benefit elections online during the annual open enrollment, new hire orientation and qualifying events.

All Benefit Eligible Employees **MUST** Enroll in Order to Receive Benefits for 2019.

3 Easy Enrollment Options to Choose



1 on 1 Enrollment Meeting with Explain My Benefits

- Schedule a time to meet with a benefits counselor who is trained on all of WRMC benefits and can answer any questions you have, introduce you to the new enrollment system and help you make your benefit elections. Schedule your appointment online at: www.mywrmcbenefits.com



1 on 1 Enrollment Meeting with Explain My Benefits via Call Center

- Speak with an EMB Benefits Counselor via the EMB Call Center to answer your questions and help you enroll over the phone. Monday - Friday 7:30am - 5:00pm
CALL: 877-383-5495



Self-Service online via EMB Enroll

- Enroll online with our new benefits enrollment system EMB Enroll. Your login instructions can be found on page 7 of this guide or online at: www.mywrmcbenefits.com

Reminders

- ◆ Be sure to review this 2019 Benefit Guide and plan summaries **prior** to going through your enrollment process.
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. Social Security Numbers and Dates of Birth).

Login Instructions

ACCESSING EMB ENROLL

Access your company's **Benefit Resource Website** and select **"Log Into Your Benefit System"**

Create a New Account

1. Enter User Name
**1st Initial of First Name AND
1st Six Characters of your Last Name AND
Last 4 of SSN**
**Example: Tim Johnson SSN 1234 =
tjohnso1234**
2. Enter Password
Date of Birth **(YYYYMMDD)** and click Login
3. Select **"Get Started"** from the middle section of the screen
4. Confirm your information along with dependents
5. Shop for your insurance benefits

The image shows a login interface with a light gray background. At the top, the word "Login" is centered in a dark gray font. Below it are two white input fields with gray borders. The first field is labeled "Username" and the second is labeled "Password". Below the password field is a prominent red button with the word "Login" in white text. At the bottom of the form, there is a link that says "Forgot your password?" in a smaller, gray font.



Mobile App



NEW! BENEFITS ENROLLMENT APP

Washington Regional has provided you a brand new app to manage your benefits that allows you to:

- ✓ **Enroll in your benefits from your phone**
- ✓ **View your current benefits**
- ✓ **Watch benefit education videos, review benefit guides and plan summaries**
- ✓ **Receive important message notifications about your benefits**

Benefits at your fingertips!



TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **wrmc**



Medical Insurance

Third Party Administration (TPA)

The **WRMC** Health Insurance Plan is self-insured.

- Instead of purchasing insurance from an insurance company, WRMC retains enough money to pay for our medical claims.
 - Every pay period, WRMC deposits a premium for each employee covered under the health plan into a trust account.
 - Total premium = employee contribution + employer contribution
 - The money in the trust is then used to fund all of our medical claims

- WRMC uses a Third Party Administrator (TPA) to manage our health plan
 - WRMC establishes and maintains the Plan Document.
 - The TPA processes our claims and performs other administrative services.
 - Our TPA is BlueAdvantage





Medical Insurance

NextHealth Network

As a reminder, our provider network and plan design structure encourages all members to seek out the care they need and to be proactive in participating in their own health. We created “NextHealth”, an integrated clinical network that will include all the WRMC providers PLUS other providers that we feel enhance the services available to our employees at the higher coverage level. Below describes our 2019 health plan networks:

Location	Network	Coverage after deductible
Local	WRMC NextHealth, including all WRMC providers and facilities, MANA providers and services, Parkhill Clinic for Women, Northhills Surgery Center	90%
In Arkansas	WRMC Statewide	70%
Outside Arkansas	BlueCard (Nationwide BCBS network)	70%
All Others	Out of Network	30%

To find a Network Provider go to:

<https://secure.blueadvantagearkansas.com/healthcare-providers/#/ChooseNetwork>

Scroll down the page, click on Washington Regional Employer Group, then click Search By Network

Physician choice is important to our employees and with WRMC you are free to select any healthcare provider. To further enhance your opportunity for comprehensive care for 2019, we will also be asking all WRMC health plan participants and spouses to select a Primary Care Physician (PCP). Studies show that when a person has a PCP to help direct care, the individual maintains a higher level of health, regardless of his or her health condition. By asking that you select a PCP, the care you receive will be better coordinated and integrated to help maintain your health or should you need specialty care.

The PCP you select can be one of the PCP’s in the NextHealth network but doesn’t have to be. He/She can be in the NextHealth network, WRMC Statewide, the BlueCard network or out of network. However, keep in mind that the level of coverage you receive for PCP visits will vary depending on which network your PCP participates.

- Your benefit payment level will be greater when you choose participating providers.
- There is a higher deductible for out-of-network services.
- No office visit co-pays are offered for out-of-network services, even after you have met your out-of-network deductible.

If you or a covered family member has an emergency, seek medical attention at the nearest medical facility. Emergencies, as defined by the Plan, will be paid as in-network whether or not the provider is in the Washington Regional NextHealth network.

Medical Insurance

Preventive Services

- Certain preventive services are covered in full. Covered services include (but are not limited to):

Adults:

- Annual Physical

Women:

- Annual gynecological exam for women over 21
 - 21-65: Cervical screening every three years or 30-65: Cervical screening and co-testing for HPV every five years until age 65. Cervical screenings not covered after age 65.
- Screening Mammograms (including 3D)
 - Limited to one between ages 35-40, one every year after age 40

Children:

- Immunization vaccines for children from birth to age 18 - doses, recommended ages and recommended populations vary
- Medical history for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years and 15 to 17 years.

- For a complete list of covered preventive services please go to:
www.HealthCare.gov/center/regulations/prevention.html

Deductibles

- 2019 Deductibles

- The in-network deductible for an employee with single coverage is \$1,350.
- The in-network deductible for an employee with family coverage is \$2,700.

- If you have family coverage, you must meet the family in-network deductible before any charges will be covered.
 Your deductible applies to all services, other than qualifying preventive services mentioned above.
 You have a separate deductible for in-network and out-of-network services.

Per-Incident Deductibles

- After meeting the per incident deductible, the remaining expenses are credited toward your annual deductible and then covered at the applicable co-insurance rate.
- Emergency Room Visits
 - You must pay a \$100 per-incident deductible for each visit to the ER.
 - This per-incident deductible is waived if you are admitted into the hospital in conjunction with the ER visit.
 - Inpatient Admissions
 - You must pay a \$200 per-incident deductible each time you are admitted into the hospital.

Pre-Certification

Precertification is required for all inpatient Hospital Admissions.

The Covered Person is responsible for obtaining precertification of any **Out-of-Network** inpatient admission. Failure to obtain precertification will result in a **\$200** reduction in benefits paid by the Plan. The Covered Person is responsible for reimbursing the provider for the penalty amount. Penalty is in addition to any deductible amount and will be applied to charges billed by the facility.*

*Please note: This call does NOT add a newborn to your policy.



Medical Insurance

Co-Pays

- ☑ Our plan offers co-pays for physician office encounters after the annual deductible has been met. There are different co-pays depending on the type of physician.
 - \$30 Primary Care Physician (PCP) office encounter
 - \$65 Specialist office visit
- ☑ Office encounter co-pays only cover services provided in the office during an office visit.
 - Lab-work or imaging services performed outside of the office setting will not be included in the co-pay coverage. Charges will be applied to your deductible.

Employee Discount

WRMC clinics offer discounted co-pays for WRMC employees. Visit a clinic owned and operated by WRMC and your copay is reduced to **\$20 PCP co-pay** or **\$40 specialist co-pay** after your in-network deductible has been met. Does not apply to wellness visits.

Co-Insurance

For all other covered services besides office encounters, preventive services, and prescriptions, the health plan covers a percentage of the charges after the deductible has been met.

Out-of-Pocket Limits

- ☑ Out-of-Pocket Limits prevent employees from experiencing catastrophic financial loss due to medical expenses.
- ☑ The health plan tracks the amount that you have paid out-of-pocket each year for your covered medical expenses. If you reach your out-of-pocket limit, eligible medical expenses will be covered at 100%.
- ☑ Co-pays (for medical and prescription services), deductible, and co-insurance apply to your out-of-pocket limit. Your out-of-pocket limit only applies to in-network provider services.

COBRA

Employees/dependents who lose coverage under our plan due to a qualifying event (termination of employment, ineligibility, etc.) are eligible to continue coverage under the group plan for up to 18 months.

- ☑ A COBRA packet will be mailed to all eligible employees within 44 days after loss of coverage.
- ☑ If the employee elects COBRA coverage, the coverage will become effective retroactively to the date of loss.

COBRA participants will pay monthly premiums equal to the total of the normal employee contribution AND the employer contribution for the selected coverage, plus a 2% administrative fee.

Medical Insurance

Summary of Coverage		High Deductible Health Plan	
Deductible			
In-Network		\$1,350 Individual / \$2,700 Family	
Out-of-Network		\$2,600 Individual / \$5,200 Family	
Coinsurance			
Washington Regional NextHealth		Plan pays 90% after deductible	
WRMC Statewide/BlueCard		Plan pays 70% after deductible	
Out-of-Network		Plan pays 30% after deductible	
Out-of-Pocket Limits			
In-Network		\$5,000 Individual / \$10,000 Family	
Out-of-Network		No Limit	
Maternity			
Washington Regional		100% coverage after deductible for routine* prenatal and delivery charges incurred as part of OB care provided by HerHealth and Parkhill Clinic for Women Non-routine charges will be subject to deductible and office encounter co-pays or co-insurance	
In-Network		In-network deductible applies Office encounters: \$30 co-pay/encounter after deductible Other: 70% after in-network deductible	
Out-of-Network		30% after out-of-network deductible	
Annual Wellness		Plan pays 100% of covered preventive services	
PCP Office Encounter			
In-Network ONLY		After Annual Deductible is met, \$30 co-pay per encounter, Plan pays 100% Employee Discount: \$20 co-pay at WRMC Clinics	
Specialist Office Encounter			
In-Network ONLY		After Annual Deductible is met, \$65 co-pay per encounter, Plan pays 100% Employee Discount: \$40 co-pay at WRMC Clinics	
Inpatient Hospital		\$200 deductible per admission, Plan pays % after annual deductible	
Outpatient Hospital		Plan pays % after annual deductible	
Emergency Room		\$100 deductible per visit, Plan pays % after annual deductible, per visit deductible waived if admitted	
Prescription Coverage			
After Annual Deductible		<u>Retail (30 day supply)</u> \$10 generic \$30 preferred brand \$60 non-preferred brand	<u>Mail Order ** (90 day supply)</u> \$20 generic \$60 preferred brand \$120 non-preferred brand **Maintenance medications only

*Refer to HerHealth staff for additional information regarding "routine" services
For further plan details please refer to the Health Plan Document & Summary



Medical Insurance Premiums

Deductions are per pay period. Premiums are deducted on a pre-tax basis, which means that deductions are made prior to state, federal, and social security taxes being calculated.

Bi-Weekly Payroll Deductions				
Tier	Employee Contribution	Wellness Program Discount	Employee Cost after Discount	Employer Contribution
Employee	\$59	(\$35)	\$24	\$115.45
Employee + 1	\$108	(\$35)	\$73	\$222.05
Family	\$130	(\$35)	\$95	\$309.57

Wellness Program Discount

WRMC is committed to improving the health of the people we serve — including ourselves!

WRMC's wellness plan is called **OurHealth**. Its mission is to **Empower** all employees to improve their quality of life and allows and encourages employees who participate in our health plan the opportunity to address the quality of their lives across 7 dimensions of wellness. New employees who enroll in our health plan will receive a welcome message from our Wellness Champion, Mike Osborn, who can be reached at mosborn@wregional.com. Wellness Welcome emails are sent on the second Wednesday following the medical insurance start date and will contain instructions on how to enroll. Participation is voluntary, although those who do fully participate in **OurHealth** will be eligible to receive a substantial health insurance premium discount.

The **Our Health** Wellness Plan has been a tremendous success since it's launch a couple of years ago. 2019 will be the fifth full year of the plan and once again, we are enhancing its features. For 2019, you will be required to complete 4 steps to receive your \$900 premium discount:

Step 1. Complete an Annual Wellness visit with your PCP. (Health plan pays 100% in network)

Step 2. Register on the EAP Website (HealthCareEAP.com) and complete one of the Health Assessments offered.

Step 3. Complete 1 EAP Class.

Step 4. Complete 1 Wellness Activity from the 7 Dimensions of Wellness.

Medical Spending Accounts

Medical spending accounts allow employees to save pre-tax money for out-of-pocket medical expenses.

- You select an annual amount to be set aside in your account for the calendar year.
- The annual amount is broken into equal installments to come out of each paycheck during the year.
- The deduction comes out before taxes are calculated, which lowers your taxable income, allowing you to spend less on income taxes each pay period.

You then use the money in your account to pay for your out-of-pocket medical expenses.

Eligible Expenses <https://tax.thomsonreuters.com/hcet-ebia/healthscope>

- You can use your medical spending account to pay for:
 - Deductible, co-pay, co-insurance for medical, dental, vision and prescription expenses
 - Over-the-counter expenses*
- You may NOT use your medical spending account to pay for:
 - Cosmetic services
 - Vitamin supplements (unless you get a prescription from your doctor)
 - Any expenses for which the insurance reimbursed (or will reimburse) you

*Over-the-counter medication expenses may only be reimbursed if you provide a prescription from your doctor.

Hospital Indemnity - Chubb

An unexpected hospital stay, even for a routine procedure, could force you to dip into your hard-earned savings. Hospital indemnity insurance can pay you a benefit to help you cover the costs associated with a hospital stay. It can complement your health plan to help with the out-of-pocket expenses medical insurance may not cover, such as co-insurance, co-pays and deductibles. You decide how to spend the money. Coverage is also available for your spouse and children.

Guaranteed Issue:	Yes
Pre-Existing Condition Limitations:	None, 10 month wait on pregnancy
Initial Hospital Admission:	\$500 1st Day Per Plan Year
Daily Hospital Confinement:	\$100 Per Day (30 days max per year)
Daily ICU Confinement:	\$300 Per Day (30 days max per year)
Annual Wellness Benefit:	\$50 per insured per year
Pregnancy:	Covered if conception occurs on or after the effective date; complications of pregnancy are always covered.

Bi-Weekly Payroll Deductions			
Employee	Employee & Spouse	Employee & Child(ren)	Family
\$7.59	\$17.18	\$11.09	\$17.91



Health Savings & Flexible Spending

Health Savings Account vs. Flexible Spending Account

There are two types of medical spending accounts available at WRMC:

- Health Savings Accounts
- Medical Flexible Spending Accounts

Health Savings Accounts provide some additional benefits that Flexible Spending Accounts do not provide:

Health Savings Accounts

No Use-it-or-lose-it Rule:

- Any funds left in a Health Savings Account at the end of the plan year are kept in the account to be accessed in future years.

Portability:

- Any funds left in a Health Savings Account after your coverage at WRMC ends are still accessible to be used for medical expenses all the way through retirement. You may even choose to roll your funds into another Health Savings Account if you terminate your employment.

Higher Limits:

- Health Savings Account limits for 2019:
 - \$3,500 for individual coverage
 - \$7,000 for family coverage
- Individuals age 55 and older can make additional “catch-up” contributions. The maximum annual catch-up contribution for 2019 is \$1,000.
- Please note that HSA rates are calculated by the annual limit divided by 12, times the number of months the employee is covered under the WRMC plan.

There are some cases in which an individual may fail to satisfy eligibility requirements for Health Savings Accounts.

You may be ineligible for a Health Savings Account if...

- ...you are covered under another health plan that is not a High Deductible Health Plan
- ...you are enrolled in Medicare, Tricare, Tribal, Medicaid, or similar coverage
- ...you are claimed as a dependent on someone else's tax return
- ...you or your spouse has a Medical Flexible Spending Account
- ...your spouse has a Health Reimbursement Account (HRA) that may be used to pay for your healthcare expenses

Employer HSA Contributions

- Employees enrolled in single coverage will receive \$19.23 per pay period
- Employees enrolled in family coverage will receive \$42.31 per pay period

You will not be enrolled in the HSA nor receive the employer contribution if you do not elect medical coverage.

Flexible Spending Accounts

Use-it-or-lose-it Rule:

- Any funds left in a Flexible Spending Account at the end of the plan year (December 31) are held to the completion of the run-out period which is 60 days. They are not refunded and do not roll over to the next plan year.

Portability:

- Any funds left in a Flexible Spending account after your coverage at WRMC ends are forfeited.

Lower Limits:

- The maximum annual limit for contributions to Flexible Spending Accounts is \$2,650, with an annual minimum of \$200.

Employees who elect to make contribution to a medical spending account that are not eligible for a Health Savings Account may enroll in a Medical Flexible Spending Account and the maximum contribution will be limited appropriately. You must contribute to the Medical Flexible Spending Account to receive the employer contributions below.

Employer FSA Contributions

- Employees enrolled in single coverage will receive \$500 for a full year
- Employees enrolled in family coverage will receive \$1,100 for a full year

You may enroll in the FSA even if you do not elect medical coverage but you will not receive the employer contribution.



Health Savings & Flexible Spending

Reimbursement

HealthScope Benefits (HSB) administers the Health Savings and Medical Flexible Spending Accounts. There are three ways to be reimbursed from your medical spending account:

Method 1 - Swipe Your Flex Debit Card

You will be provided with a debit card that you may swipe to pay your patient responsibility during your point-of-service at participating locations. Use your card to pay for:

- Prescription co-pays at the pharmacy
- Over-the-counter medications at the pharmacy
- Office visit co-pays, deductible or co-insurance at the doctor's office, dentist, or vision clinic

Method 2 - File a Paper Claim

- You may complete a paper claim form and mail or fax it to HSB, along with proper substantiation documentation.
- You may elect direct deposit to have your reimbursement deposited directly into your checking or savings account OR you may have a check mailed to you.

Method 3 - File a Claim Online or via the Mobile App

- Using our secure online portal www.healthscopebenefits.com, you may file your claim directly online OR download the app available on iTunes App Store or Google Play.
- Enter details about your expense.
- Upload your receipt(s).
- You may elect direct deposit to have your reimbursement deposited directly into your checking or savings account OR you may have a check mailed to you.

Substantiation

All three methods may require you to substantiate your expenses.

Substantiation is the process by which you provide documentation that shows your flexible spending reimbursements are for valid, eligible medical expenses. Substantiation is required by the IRS because you are using tax-free money to pay for medical expenses.

You must provide proper documentation for substantiation which includes:

- An Explanation of Benefits (EOB) from your insurance carrier, if an insurance claim is filed.
- The EOB will provide the required information: Date(s) of Service and patient Financial Responsibility after the insurance coverage.
- Payment receipt for vision, pharmacy expenses or other eligible expenses not filed under your insurance.
- You may need to provide additional information depending on the level of detail of the receipt.
- HSB tracks your reimbursements and substantiation to keep you out of trouble should you be audited later.
- HSB may deny a reimbursement until substantiation is provided which helps you to stay in compliance.

Timing of Reimbursements:

Health Savings Account

- You may collect only the amount you have contributed year-to-date.

Flexible Spending Account

- You may collect your full annual deferral amount at any time during the year (less any previous reimbursements for that year), regardless of how much you have contributed year-to-date.



Dental - Delta Dental

You must choose to participate in the Medical Plan in order to elect the **Delta Dental** insurance plan.

Your coverage level may differ from the Medical Plan. For example, you may choose **Family Medical** but **Employee Only Dental**.



Delta Dental		
Plan Features	Choice 1 Preventive	Choice 2 Basic Plus
Calendar Year Deductible	None	\$25 per person
Preventive Care - Cleanings, Exams, X-rays, Fluoride, Space Maintainers	Plan pays 100%	Plan pays 100%
Basic Care - Fillings, Simple Extractions, Dental Surgery, Root Canal, Periodontics	Not Covered	Plan pays 80%
Major Services - Crowns, Dentures, Bridges, Orthodontia, Implants	Not Covered	Plan pays 50% after deductible after 1 year waiting period
Plan Maximums Annual	\$1,000 per person	\$1,500 per person
Orthodontics Lifetime Maximum for Dependent Children under Age 19	Not Covered	\$1,000 per person

Maximum Benefit Carryover

Preventive Plan: If you have at least one dental service performed during the calendar year and use less than \$500 of your annual maximum benefit, an additional \$250 will be credited toward the next year's maximum benefit. Maximum lifetime accumulation cannot exceed \$1,000.

Basic Plus Plan: If you have at least one dental service performed during the calendar year and use less than \$750 of your annual maximum benefit, an additional \$375 will be credited toward the next year's maximum benefit. Maximum lifetime accumulation cannot exceed \$1,500.

Dental Network

You may choose any dentist for your services, but you are encouraged to select dentists who are members of the Delta Dental Network with a PPO or Premier contract. These dentists have agreed to file your claims and to accept Delta Dental allowable charges, reducing the amount you will be required to pay. These allowable charges will help your annual maximum benefit provide you with more services than if you choose a non-network dentist. You may search for participating dentists at www.deltadental.com.

Bi-Weekly Payroll Deductions				
	Employee Contribution	Employer Contribution	Employee Contribution	Employer Contribution
Coverage Tier	Choice 1 Preventive		Choice 2 Basic Plus	
Employee Only	\$0.00	\$7.16	\$14.00	\$7.94
Employee + 1	\$7.00	\$6.42	\$27.00	\$15.88
Family	\$9.00	\$9.78	\$34.00	\$20.03

Rates are per pay period and deducted on a pre-tax basis, prior to calculation of state, federal and social security taxes.

Vision - Superior Vision



Superior Vision is a fully-insured preferred provider vision plan. Over 30 million Americans have an uncorrected visual impairment that affects their quality of life!

You must receive services at a **Superior Vision** network provider in order to receive full benefits. A list of providers can be found at: www.superiorvision.com

Superior Vision		
Benefits	In-Network	Out-of-Network
Vision Exam (every 12 months)	\$10 copay	Up to \$42 Allowance after \$10 copay
Materials Copay (every 12 months)	\$25 copay	See below
Contact Lens Fit (every 12 months)	\$25 copay - Standard \$50 Allowance - Specialty	Not Covered
Frames (once every 24 months)	\$125 Allowance after \$25 copay	\$70 Allowance after \$25 copay
Lenses (once every 12 months)		
Single Vision	Covered in Full	\$28 Allowance after \$25 copay
Lined Bifocal	Covered in Full	\$42 Allowance after \$25 copay
Lined Trifocal	Covered in Full	\$56 Allowance after \$25 copay
Lenticular	Covered in Full	\$78 Allowance after \$25 copay
Progressive	Covered up to the lined tri-focal retail amount. Members pay any difference.	\$56 Allowance after \$25 copay
Contact Lenses (instead of glasses, once every 12 months)		
Non-Elective / Medically Necessary	Covered in Full after copay	\$210 Allowance
Elective	\$120 Allowance	\$100 Allowance

Rates are per pay period and deducted on a pre-tax basis, prior to calculation of state, federal and social security taxes.

Bi-Weekly Payroll Deductions			
Coverage Tier	Employee Only	Employee + 1	Family
Vision Insurance	\$1.39	\$2.70	\$3.96



Voluntary Benefits

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- ◆ Ownership - Policies are fully portable and belong to you if you leave your employer, same price and plan
- ◆ Benefits are payroll deducted
- ◆ Cash benefits are paid directly to you, not to a hospital or doctor
- ◆ Benefits are paid regardless of any other coverage you may have
- ◆ Level premiums - Rates do not increase with age
- ◆ Guaranteed Renewable
- ◆ Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Benefits are being offered through Chubb

Accident

A plan that helps pay for the unexpected expenses that result from an accident

- On and off the job coverage = 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Treatment - \$150
- Hospitalization - \$1,500 admission benefit, \$200 per day benefit
- ICU Benefit - \$3,000 ICU admission benefit, \$400 per day benefit
- Fractures - up to \$7,000
- Dislocations - up to \$4,800
- Torn Knee Cartilage - up to \$500
- Lacerations - up to \$400
- Major Diagnostic Exam (CT, MRI, etc.) - \$150
- See brochure for a complete list of benefits



Bi-Weekly Payroll Deductions

Coverage Tier	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Accident Insurance	\$5.63	\$8.10	\$11.08	\$13.57

**Dependents up to age 26 can be covered regardless of student status.*

Critical Illness

Critical Illness is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon first diagnosis of a covered condition to help you with associated costs and beyond

Guaranteed Issue at Initial Offering Only
\$30,000 employee / \$15,000 spouse / \$7,500 children

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Benign Brain Tumor, Cancer, Coma, End Stage Renal Failure, Heart Attack, Major Organ Failure, Stroke, Carcinoma in situ (25%), Coronary Artery Disease (25%), Skin Cancer Benefit - \$250

Recurrence Benefit: Chubb will pay 100% of the original covered amount if an insured has a subsequent diagnosis of any of the following, Benign Brain Tumor, Cancer, Coma, Heart Attack or Stroke

An Annual Health Screening Benefit is included in your policy and Chubb pays \$50 for each insured. Each covered person will get one health screening benefit per calendar year.

Examples of Health Screening Tests:

- Mammogram
- Prostate-Specific Antigen Test (PSA)
- Bone Marrow Testing
- Pap Smear
- Chest X-ray
- Colonoscopy

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you in the electronic enrollment system.**



LifeTime Benefit Term

LifeTime Benefit Term includes both a death benefit and a living benefit.

- LifeTime Benefit Term is a permanent life insurance that is designed to match your needs throughout your lifetime.
- The LifeTime Benefit Term is priced to remain the same cost to you until age 120.
- The Living Benefit, Long Term Care is 4% of the death benefit per month for up to 25 months if confined in a nursing or assisted living facility or receiving home health care or adult day care.
- If you use the Long Term Care benefit, your death benefit will be restored to not less than 50% of the death benefit, up to a maximum of \$50,000.
- Coverage available for spouse and children as well.

Guaranteed Issue for Initial Offering Only
Up to \$100,000 Employee Only

Rates: This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you in the electronic enrollment system.**

Basic Life and AD&D

WRMC provides you with a Basic Term Life and a matching Accidental Death and Dismemberment (AD&D) Insurance benefit. **There is no cost to you for this basic benefit.**

- Full-time employees are provided with coverage equal to one times their annual salary, rounded to the next \$1,000 not to exceed \$250,000.
- Part-time employees receive a benefit of \$5,000.

Benefit reduces to 50% at age 70.



Supplemental Term Life (Buy-up Plan)

Employees may purchase additional coverage for themselves and their dependents. If you are applying for Supplemental Term Life for yourself, you may also apply for coverage on your spouse. Spouse Supplement Term Life coverage cannot exceed the total amount of employee term life coverage and is issued in \$10,000 increments.

Employees may purchase Supplemental Term Life coverage on their dependent children without purchase additional coverage on themselves. **This benefit is 100% employee paid.**

	Full-Time Employees	Spouse	Part-Time Employees	Spouse	Child(ren)
Benefit*	1x, 2x or 3x salary	\$10,000 increments	1x or 2x salary	\$10,000 increments	\$2,500 increments
Maximum	3x salary up to \$1,000,000	100% of employee's benefit up to \$300,000	2x salary up to \$30,000	100% of employee's benefit up to \$30,000	100% of employee's benefit up to \$10,000
Guarantee Issue	3x salary up to \$800,000	100% of employee's benefit up to \$50,000	2x salary up to \$30,000	100% of employee's benefit up to \$30,000	100% of employee's benefit up to \$10,000

***Benefit reduces to 50% at age 70.**

Employee & Spouse Rates per \$1,000										
Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$0.061	\$0.070	\$0.105	\$0.147	\$0.216	\$0.328	\$0.531	\$0.824	\$1.466	\$2.541
Spouse*	\$0.061	\$0.070	\$0.105	\$0.147	\$0.216	\$0.328	\$0.531	\$0.824	\$1.466	\$2.541

***Spouse rate is based on spouse's attained age.**

Example: If you are 31 years old and have an annual salary of \$30,000 and you elect 1x your salary


$$\frac{\$30,000}{\$1,000} = \frac{30}{1} \times \frac{\$0.070}{1} = \frac{\$2.10}{1}$$

Salary Increment Rate* Monthly Cost

**Your rate will change as you move from one age bracket to the next.*

Child Rates per \$1,000 (up to age 21, 25 if full-time student)

Cost per Unit \$0.200

 **If you previously declined this benefit or want to increase your coverage, you will be required to submit an Evidence of Insurability form and submit it to The Standard for approval.**

You may convert your Term Life Policy to an individual Whole Life policy **within 30 days of your termination** of employment without medical questions. The rates will not be the same as your Term Life Insurance. Human Resources can provide the insurance company contact details to obtain your conversion quote and instructions on how to apply to convert your plan to a permanent policy.

Short Term Disability

WRMC's Group Short Term Disability Insurance program is designed to help pay the bills that do not go away just because you cannot work due to illness or non-occupational injury. The benefit can cover everyday costs such as housing, food, car payment and even additional medical costs. Short Term Disability helps you focus on what is most important: a full recovery and successful return to your life — as soon as possible! Short Term Disability program is insured through The Standard.



Plan Highlights

Maximum Benefit	60% of your basic weekly pay
Weekly Benefit Amount	You may elect from \$100 to \$500, in \$50 increments
Benefit Elimination Period	30 days - the number of consecutive days you must be disabled and unable to work or at the end of accumulated sick leave (EIDs), whichever is greater, before you begin to receive a benefit payment.
Maximum Benefit Payment Duration	20 weeks of disability
Waiting Period	Benefits are subject to a 30 day extended benefit waiting period for accidental injury and a 60 day benefit waiting period on physical disease, pregnancy and mental disorder

To determine your maximum benefit per week:

Base hourly rate x budgeted hours x 26 pay periods = annual wages

_____ x _____ x 26 = _____

Annual wages / 52 weeks = weekly wage x .60 = weekly benefit amount

_____ / 52 = _____ x .60 = _____

Weekly Benefit / 10 = units x rate = monthly premium x 12/26 = Bi-weekly premium

_____ / 10 = _____ x _____ = _____ x 12/26 = _____

Monthly rates per \$10 of covered benefit*

Deductions are after tax which makes the benefit payment during disability tax-free

Age	Under 50	50 - 59	60+
	\$0.57	\$0.75	\$0.84

*Rates will increase as you enter the next age band

Identity Guard



IBM Watson® Artificial Intelligence

IBM Watson artificial intelligence monitors and processes billions of pieces of information to alert you about potential threats to your identity.

\$1 Million Insurance with Stolen Funds Reimbursement¹

Get help with your losses due to identity theft with stolen funds reimbursement and \$1 million identity theft insurance.

U.S.-Based Dedicated Case Manager

Call a U.S.-based case manager that will help you resolve identity theft issues and will personally monitor your case for 60 days after the problem has been resolved.

Risk Management Score

Measure how well you manage your risk of identity fraud and see how your actions and lifestyle change your score.

Online Identity Dashboard

Manage your account easily with access to your alerts and identity protection tools in one place.

Mobile Application

Take your membership everywhere you go with our app for your IOS or Android mobile phone.

We'll Alert You Of.....

Your personal information on the Dark Web

Be alerted when we detect your SSN, credit card numbers, financial account numbers, health insurance number and more on the Dark Web—places such as thousands of black market websites, secret chat rooms and underground forums.

High-risk Transactions

Be alerted to different types of high-risk transactions including, but not limited to: account takeovers, wire transfers, tax refunds, payday loan applications, utility service applications, and cell service applications.

Potential threats detected by Watson Artificial Intelligence

Get proactive alerts about potential threats relevant to you found by IBM Watson's AI, for instance: breaches, phishing scams, and malware vulnerabilities.

Monthly Credit Score²

Get a monthly Vantage 3.0 credit score* based on TransUnion data.

3-Bureau Credit Changes

Be notified of certain changes to your credit profile like new credit inquiries, public records, and more. Total and Premier members receive inquiry notifications in near real-time from Experian and Transunion.

Bank Account Takeovers

Get alerts when changes, such as your name, address, or email address are made or a new account holder is added to your bank accounts (for example, checking, savings, IRA, etc.).

Requests to open checking or savings accounts with your information

Be alerted when we detect requests using your personal information to open new bank accounts at national banks, regional banks, local banks and credit unions across the United States.

Bi-Weekly Payroll Deductions		
Coverage Tier	Employee Only	Employee & Family*
Identity Guard	\$6.00	\$10.15

*Dependents up to age 18 can be covered.

¹Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions and exclusions of coverage. Coverage may not be available in all jurisdictions.

²The score you receive with Identity Guard is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your TransUnion credit file. Lenders use many different credit scoring systems, and the score you receive with Identity Guard is not the same score used by lenders to evaluate your credit.



Childcare Benefits

You may receive up to \$5,000 annually in non-taxed childcare benefits to help you with qualified daycare expenses that you incur as a result of your employment at **WRMC**.

You must re-enroll in Childcare Benefits each year to continue participating. You must return a completed enrollment form to Human Resources.

Childcare Reimbursement

You may receive up to \$50 reimbursement each month per child for childcare expenses, up to \$150 per month.

Reimbursements

- Reimbursements are not subject to federal, state, or social security taxes.
 - Reimbursed expenses may not be claimed as a deduction on your tax statements or applied to the Child Care Tax Credit.
 - If you enrolled in dependent care flexible spending, reimbursements from your FSA will be less any amounts reimbursed under the Childcare Reimbursement Program.

Limitations

- Limited to a maximum of three children
- Maximum \$150 per month

Eligibility

- Only full-time employees are eligible (72-80 hours per pay period OR Weekend Option. Benefits begin on the first day of the pay period following 90 days of employment provided the required application paperwork has been submitted.)

Deadline

- All expenses must be submitted prior to the end of February of the following calendar year.

Timing of Reimbursements

You may only collect what you have contributed into your account year-to-date.

Eligible Expenses <https://www.irs.gov/pub/irs-pdf/p503.pdf>

The following expenses are eligible for reimbursement under Dependent Care Flexible Spending and Childcare Reimbursement.

- Dependent care expenses for:
 - Dependent children (as defined by the IRS) under age 13
 - Spouse or dependent that is physically/mentally unable to care for himself/herself
- If an employee is married, both the employee and the spouse must be working at the time when the expenses are incurred.
- Expenses paid to family members are not reimbursable unless the family member owns a valid daycare business.

Reimbursement

- Print the "Childcare Benefits Reimbursement Request Form" from the WRMC Intranet.
- You must either complete the receipt form attached to the reimbursement form OR attach a valid receipt from your childcare provider.
- Submit the completed form to the Human Resource Department. The request form must be received prior to 3:00pm on Thursday of the week before payday to go on the next week's paycheck.

Fraud

- Faxed and/or photocopied receipts will not be accepted.
- Your childcare provider must provide a fresh signature on each and every receipt to verify that all information on that receipt is accurate.
- It is considered **fraud** to photocopy a blank receipt with your childcare provider's signature.
- If you are caught submitting fraudulent receipts, you may be expelled from the Childcare Reimbursement program and/or receive disciplinary points.

Dependent Care Flexible Spending Accounts

You may also elect to set aside additional money into a Flexible Spending Account (FSA) on a pre-tax basis to pay for childcare expenses.

Step 1: Select an annual amount to be set aside in the FSA for the calendar year

- Minimum \$200
- Maximum: \$5,000, less your annual amount reimbursable under the Childcare Reimbursement Program (# of children x \$50 x 12 months)

Step 2: Save money on income taxes

- Your annual amount is broken into equal installments to come out of each paycheck throughout the year.
- The deduction comes out before the taxes are calculated. You lower your taxable income and spend less on income taxes each pay period.
- Expenses submitted through an FSA cannot be claimed as a deduction on your tax statements or reimbursed by another entity.

Step 3:

- Use the money in your account to pay for your out-of-pocket qualified childcare expenses.

Use-it-or-lose-it

Money contributed to your FSA between January 1 - December 31 can only be used to reimburse qualified expenses incurred during that year. ***Any money left in your account at the end of the year is forfeited; it does not roll over or get refunded.***

401(k) Retirement Savings

All employees may participate in the 401(k).

Deferrals

You choose a deferral amount (percentage) to be deducted out of each paycheck and set aside for retirement.

- The **deferral amount** is the amount of compensation that you are willing to withhold from your paycheck to be invested and later withdrawn when you retire.
- Employees may defer up to the lesser of 100% of compensation or the IRS annual limit for 401(k) deferral.

Tax Treatment

You may choose the tax treatment of your deferrals.

- Tax-deferred contributions are withheld from your paycheck before the taxes are calculated.
 - This lowers your taxable income and you save money on income taxes right now.
 - When you retire, you pay taxes on the money that you withdraw.
- Roth after-tax contributions are withheld from your paycheck after the taxes are calculated.
 - You pay your taxes now just like you normally would
 - You don't pay taxes on the employee contributions and investment earnings that you withdraw during retirement.



Matching Contributions

Matching contributions are contributions that WRMC makes to your 401(k) account according to your level of participation.

- **WRMC** matches up to 5% of your compensation as soon as you start contributing. To receive the match, you must be 18 years or older

Vesting

Vesting is the process by which employees gain the rights (ownership) of the employer contributions to the 401(k) retirement account.

- Contributions made by employees are always 100% vested. They belong to you at all times.
- **WRMC's** 401(k) plan is considered a "Safe Harbor" plan, therefore WRMC's contributions into your account are immediately 100% vested.

You can have 24 HOUR ACCOUNT ACCESS by setting up a secure password or personal identification online or by phone.

Online

- Visit principal.com
- Under **LOGIN**, select **PERSONAL** as the login type.
- Click the **REGISTER NOW** link and follow the instructions.
- Login with your new user name and password.
- For help getting logged in, visit principal.com/loginhelp.
- Once logged in, you'll find all of this and more:
 - ⇒ Account Information
 - ⇒ Historical Information
 - ⇒ Investments
 - ⇒ Planning Center

By Phone

- Call our automated phone system a **1-800-547-7754**
- Enter your **SOCIAL SECURITY NUMBER**.
- Listen to the menu, and select an option.
- If prompted, enter/establish your PIN.
- Follow the prompts to:
 - ⇒ Access daily account values
 - ⇒ Obtain investment performance information
 - ⇒ Transfer retirement funds between available investment options
 - ⇒ Make changes to investments or your PIN
 - ⇒ Review the status of a pending or completed distribution
 - ⇒ Access information on changing jobs or retiring and other retirement savings options



Employee Assistance Program

We are pleased to announce a free employee benefit for you and your family members...

It would be nice to go through life without encountering any problems - but that's not life. We're all confronted with problems and difficulties from time to time and usually we can handle life's challenges on our own. However, sometimes it makes more sense to seek help and assistance to better deal with a problem or challenge. To meet this need, we are offering an Employee Assistance Program (EAP).

The **HealthCare EAP** is designed to provide **confidential** assistance and resources to you (and your family members) to solve the problems you encounter, large and small, and improve your quality of life.

Employee Assistance Counseling

Unlimited telephonic counseling - Calls answered **directly** by Masters & PhD degreed counselors 24/7/365

Work/Life Counseling Benefits

Help and expert resources to address the challenges and concerns of daily living

Legal Benefit

First consultation with attorney per legal issue provide at no cost; 25% reduction in fees thereafter

Certified Financial Coaching Benefit

To address budgeting, credit, ,debt and money-management issues

One-on-One Personal & Professional Coaching

Designed to help employees grow and succeed both personally & professionally

Information Resources

Resources on thousands of topics provided online at www.theEAP.com

Personal Development Benefits

Tutorials, exercises and worksheets to that help assess personal skills, objectives and goals

Management Academy

An entire curriculum (44 courses) of online training programs that promote key management skills

Customer Service & Sales

Trainings designed to develop sales skills and effective customer/client service

Wellness Resource Center

Articles, videos self-assessments for dealing with stress, diet, fitness, smoking

Lifestyle Benefits

Designed to enhance quality of life....Special rates and discounts for:

LA Fitness
Jenny Craig
Nutrisystem
Apex Nutrition

Adoption Benefits

Adoption counseling, referrals to adoption agencies and support organizations

Special Needs Benefits

Special Needs Counselor to assist employees with children with a broad range of needs

Caregiver Benefits

Access to counselors with special training

College Tuition Discount Benefit

Discounts for online Degree (Associate's, Bachelor's, Master's) and Certification Programs

Stress Assessment Program

A specialized stress assessment and remediation program

Pet Help Center

Articles, tools and links related to pet issues and pet care

Personal Assistant Benefit

Help with day-to-day problems and hundreds of issues (summer camp options, rental issues, scholarships, finding a local medical provider, etc.)

Mobile App

Offers all the great tools, benefits and resources that are accessible via computer. App is downloadable free for iOS and Android.

Call 800-225-2527 or 800-252-4555

Visit HealthCareEAP.com

Other Benefits

Center for Exercise

WRMC operates the Center for Exercise for both you and the public. They offer access to a gym, pool and classes for Strength, Mind & Body and Aqua. They also offer additional services like Silver Sneakers, Cardiac Maintenance, Mobility Program, Personal Training and Dietitian Services.

You are eligible for special discounts on services and may payroll deduct membership fees. Membership rates for WRMC employees are: \$25 per month for individual and \$50 per month for family.

For more information, contact the Center for Exercise at 479-463-3488.

Employee Health Labs

Employees may report to the hospital lab Monday through Friday between 7:30am and 3:00pm for a blood draw once per year at no cost. Lab results will be available in the Employee Health Office.

The annual lab consists of a CBC, fasting blood sugar, cholesterol, and/or urinalysis. Do not eat for 10 hours prior to getting your blood drawn. You may drink water or black coffee only.

Our patients always take priority, so please be patient if waiting is required.

Vizient Discounts

Our membership in Vizient provides employees access to discounts at many national providers, such as Verizon, Sprint and H&R Block. **To access these discounts follow the instructions below:**

1. Go to www.vizientinc.com/discounts
2. Click the green "Register" button at the top of the page
3. Complete the information on the registration page and click "Submit Registration"
4. You now have access to all of the discounts offered

Effective April 1, 2015, VHA, the national health care network of not-for-profit hospitals, and UHC, the alliance of the nation's leading academic medical centers, combined into a single organization. The combined organization includes Novation, the health care services company they already jointly own. The new entity is the largest member-owned health care company in the country and is dedicated to leading health care innovation, creating knowledge and fostering collaboration to help our members thrive. The company serves more than 5,200 health system members and affiliates as well as 118,000 non-acute health care customers. Members range from independent, community-based health care organizations to large, integrated systems and academic medical centers, and it represents more than \$50 billion in annual purchasing volume. Headquarters are in Irving, Texas, with locations in Chicago and other cities across the United States.

Paid Time Off and Extended Illness

Paid Days Off (PDOs) are available to full-time and part-time employees. Employees begin accruing hours immediately. These days are used for almost all types of absences such as vacation, holidays, personal time off, and the first 16 hours of illness.

Employees earn 0.0846 hours of PDO time for each hour paid (about 22 days per year for a full-time employee). Employees who have entered into their fifth year of employment earn .1039 hours for each hour paid. Employees may accumulate up to 250 PDO hours or 300 hours after 5 years of service.

Full-time and part-time employees also accrue Extended Illness Days (EIDs) to use for time off due to illness or injury after the first 16 hours of absence. Employees can use EID hours after the first 40 hours of absence for a family member if the absence qualifies for FMLA. Employees earn 2.16 hours per pay period (about 7 days annually for full-time employees). There is no maximum accumulation for EIDs.

Christmas Club Accounts

Christmas Club Accounts allow employees to earn interest on account contributions during the year. The accounts are distributed annually prior to the Christmas holiday. Please contact Centennial Bank or UARK Credit Union (see contact information at back of guide) to set up or make changes to an account.

UARK Credit Union

Employees payroll deduct contributions into a credit union account with UARK Credit Union. Contact UARK Credit Union (see contact information at back of guide) to set up or make changes to an account.



Your pets are always there when you need them.
Healthy Paws makes sure you can return the favor.

Save up to 90% On Vet Bills!

Get an Employee Discount on
Healthy Paws #1 Customer-Rated
Pet Insurance.

Your Pet Deserves the Best Medical Care

Healthy Paws Pet Insurance is an easy-to-understand plan that reimburses up to 90% of vet bills for accidents, injuries, illnesses, genetic conditions, and emergency care for dogs and cats. The plan has no caps on payouts for covered conditions: no per incident caps, no annual caps and no lifetime caps on payouts. Simply take a picture of the vet bill and submit it for payment. Easy!

**Special Discounts with Your Free
Quote!**



One Plan. Four Paws. All Covered™

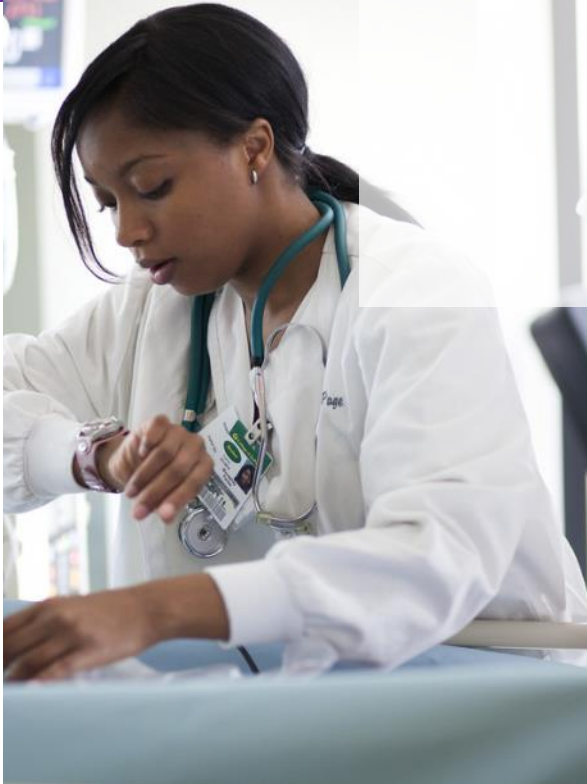
- ✓ Accidents
- ✓ Illnesses
- ✓ Hereditary Conditions
- ✓ Chronic Conditions
- ✓ Cancer
- ✓ Diagnostic Treatment
- ✓ X-Rays, Blood Tests, Ultrasounds
- ✓ Surgery
- ✓ Hospitalization
- ✓ Prescription Medications
- ✓ Emergency Care
- ✓ Specialty Care
- ✓ Alternative Treatments
- ✓ Visit Any Licensed Veterinarian

Enroll your pet anytime between 8 weeks and before 14 years old. Once enrolled, pets are insured for the life of the policy.

<https://www.healthypawspetinsurance.com/Benefits/?affid=SIL5406&subid=WRMC> or call 855-898-8991 to enroll.

Customer Service Information

Benefit	Telephone	Website / Email Address
Health BlueAdvantage	800-370-5792 479-527-2308 479-527-2312	myblueprint.blueadvantagearkansas.com
Prescription Express Scripts	877-267-0276	www.expressscripts.com
OurHealth Wellness Program Contact: Mike Osborn	479-463-3499	mosborn@wregional.com
Dental Delta Dental of AR	800-462-5410	www.deltadentalar.com
Vision Superior Vision	800-507-3800	www.superiorvision.com
STD/LTD/Term Life/AD&D/Dependent Life The Standard	800-368-1135	www.standard.com
HSA/FSA HealthScope Benefits	877-385-8775	www.healthscopebenefits.com
LifeTime Benefit Term, Critical Illness, Accident & Hospital Indemnity Chubb	866-445-8874	www.chubbworkplacebenefits.com
Benefits Enrollment / VB Claims Help Explain My Benefits	888-734-6938, Option 1	service@explainmybenefits.com
Identity Protection Identity Guard	855-443-7748	customercare@identityguard.com
Pet Insurance Healthy Paws	855-898-8991	www.healthypawspetinsurance.com/Benefits/?affid=SIL5406&subid=WRMC
Employee Assistance Program ESI Group	800-225-2527 800-252-4555	HealthCareEAP.com
Credit Union UARK Credit Union	800-259-0757	www.uarkfcu.com
Christmas Club Centennial Bank	479-684-2200	www.my100bank.com
401(k) Principal Financial Group	800-547-7754 Contract #: 463943	www.principal.com
Washington Regional HR Benefits Administrator	479-463-1856	hr-benefits@wregional.com
Center for Exercise	479-463-3488	
Childcare Claims HR Generalist	479-463-3136	hr-benefits@wregional.com



Please Note: This booklet contains only the highlights of the WRMC benefit programs. These programs are governed by the official plan documents. In case of any conflict between this booklet and the official plan documents, the plan documents will be the final authority.