

FOR YOUR **Benefit**



2016 Employee Benefits Enrollment Guide



Greetings:

At El Camino Hospital we are committed to providing benefits to our employees that are competitive and meet the various needs of our employees. We continually review our programs to ensure that they are effectively managed and continue to offer our employees high quality healthcare and benefit options. The Affordable Care Act is also impacting our decisions through required changes and the need to offer affordable and sustainable health plans. We are excited to present your benefits choices for 2016.

This 2016 Benefits Enrollment Guide will provide you with the key highlights of our employee benefits programs and guide you through the options available.

Please review the material in this guide and take the appropriate amount of time to educate yourself using this guide and additional information available on **Workterra**, our electronic benefits enrollment system. Where to locate and log in to **Workterra** can be found on page 1 of this guide. Please review both the insurance plan designs and associated costs when selecting what is best for you and your family.

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2016 El Camino Hospital Benefits Enrollment Guide

At El Camino Hospital, we are committed to providing you with a comprehensive benefit program. This is your guide to enrolling in the benefits that best meet the needs of you and your family.

This packet contains information regarding eligibility, benefit choices, and enrollment procedures. You will have all of the information needed to make benefit choices.

Enrollment Tools and Services

Workterra, by Employee Benefit Specialists (EBS), is Our Electronic Tool for On-line Benefits Enrollment

You have 24 hours, 7 days a week access to **WORKTERRA's** website to complete your enrollment elections or to get information like plan documents, forms and links. **WORKTERRA** also offers mobile applications for iPhone, Android phones, iPad, and Android tablets as a convenient way for users to access and update personal information.

You may access our WORKTERRA enrollment page at www.workterra.net and you must have the following information to log in:

- Your username
- Password
- Company name (El Camino Hospital)

Example:

Name: Jane Smith

Social Security Number: 555-88-1234

Birthdate: July 4, 1980

Your Username is:

- First Initial of First Name, lower case
- Entire Last Name, lower case
- Last 4 digits of your Social Security Number

Username: **jsmith1234**

Your Password is:

- Full last name, lower case
- First initial of first name, lower case
- Date of Birth MMDDYYYY format

Password: **smithj07041980**

There are also links to the Workterra website on the Tool Box and on Employee Self Service (EESS).

Employee Call Center

EBS, WORKTERRA's parent company will provide a Call Center to help you enroll in benefits, upload documents (i.e., marriage certificate for new spouse; proof of other coverage), provide general plan information, and with technical and password issues. The Call Center is dedicated to responding solely to your benefits enrollment questions, so please contact them and not Human Resources for the most timely and efficient response to your needs. The Call Center will be open from 8:00 am to 5:00 pm Pacific Time, Monday - Friday.

Please feel free to contact EBS/Workterra at 1-888-327-2770 if you have any questions about benefits enrollment or help accessing Workterra.

El Camino Hospital group insurance plans include the following benefits:

- Medical and Prescription Drug Plans
- Dental Plans
- Vision Plans
- Life Insurance Plans
- Accidental Death and Dismemberment Insurance
- Long Term Disability Insurance
- Health Savings Account
- Health Care and Dependent Care Flexible Spending Accounts
- Concern: EAP / Wellness Coaching
- Voluntary Benefits

Benefit Costs

El Camino Hospital contributes to the cost of each employee's benefits. This contribution is called "Employer Cost". The Hospital's contribution and the net "Employee Cost" of each plan are available on Workterra.

The Hospital will continue to contribute an amount equal to 100% of the lowest cost medical, dental, vision plans for enrolled employees. Medical, dental, and dependent vision contributions are prorated for 0.4 FTE employees. Employees who waive medical coverage and who have provided proof of other coverage will receive a "waive credit."

Making Changes / Family Status Change

Unless you have a significant change in your family composition or the employment status of your spouse/registered domestic partner or child under age 26, you cannot make changes outside of your enrollment period. Therefore, it is very important that you consider your benefit options carefully and make choices that will serve the needs of yourself and your family for the whole year or until the next annual open enrollment period. If you do have a qualifying event, you will be allowed to modify your benefit selections, provided you give written notice of the change to the Human Resources Department within 30 days of the qualifying event date. Examples of qualifying events as a family status change include:

- You add a dependent through marriage, birth or adoption
- You lose a dependent due to divorce, legal separation, death or because the dependent no longer meets dependent eligible rules (for example, passes the age limit)
- Your spouse or child under age 26 loses or gains a job and/or health coverage
- You relocate out of the HMO service area

Even when you experience a qualifying event, the types of changes you are allowed to make mid-year are limited. The benefit selection changes must be consistent with the type of qualifying event. For example, if you have a child during the year, you may add the child to your medical, dental and/or vision plan, increase your life insurance and/or other income protection coverage, and increase deposits to your health and/or dependent care accounts.



Eligible Participants

Employees

Regular full-time and part-time employees are eligible for coverage under the insurance benefit programs offered by El Camino Hospital. Temporary and per diem employees are eligible based on hours worked during the measurement period. El Camino Hospital has elected a 12 month Look Back measurement period. If you worked an average of 30 hours or more per week during that measurement period you will be eligible for employee benefits at El Camino Hospital.

Eligible Dependents

You can enroll the following family members in the medical, dental, vision, life insurance, and/or AD&D insurance plans.

- Your husband or wife, if you are legally married.
- Your registered domestic partner
- Your children:
 - Under 26 years old.
 - They must be your natural, step, or adopted children, children of your registered domestic partner, or children for whom you or your spouse have been appointed legal guardians by a court of law.

Your children who are 26 years old or more if all of the following conditions apply:

- The child is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition; and
- The child is chiefly dependent upon the subscriber for support and maintenance.

If you are enrolling a disabled child for new coverage, you must provide United Healthcare with proof of incapacity and dependency within 60 days of the date you receive a request for such information about the dependent child from United Healthcare. United Healthcare must provide you notice at least 90 days prior to the date your enrolled child reaches the age limit at

which the dependent child's coverage will terminate.

You must provide United Healthcare with proof of your child's incapacity and dependency within 60 days of the date you receive such notice from United Healthcare in order to continue coverage for a disabled child past the age limit.

You must provide the proof of incapacity and dependency at no cost to United Healthcare.

A disabled child may remain covered for as long as he or she remains incapacitated and continues to meet the eligibility criteria described in this section.

You can keep the child covered under the plan until they are no longer chiefly dependent on you for support and maintenance due to a continuing physical or mental condition.

You can't enroll as a family member:

- If you are also covered as an employee at El Camino Hospital
- If you are now on active duty in the armed services
- If you or your family member live outside the United States.

Choosing Whom to Cover

Benefit needs vary from family to family so our medical, dental, vision, life insurance, and AD&D plans let you decide whom to cover. Below are the five coverage categories. You may choose the same category for all five plans (medical, dental, vision, life, AD&D) or select different coverage for each. The coverage categories include:

- Employee only
- Employee plus your spouse or registered domestic partner
- Employee plus your children
- Employee plus your family (spouse, registered domestic partner and children)
- Waive coverage (medical and dental only).

Waive Option

Employees may waive medical and/or dental coverage under El Camino Hospital plans. Eligible employees may not waive vision, basic life insurance, or long-term disability coverage. Enrollment in voluntary, dependent, spouse or registered domestic partner life insurance and the Flexible Spending Accounts is voluntary.

Employees who waive medical coverage are eligible for pay-in-lieu of benefits, called a waive credit, which is prorated based on work status. Proof of other coverage is required when an employee waives medical coverage.

If you decide to waive coverage, you must upload necessary documentation on Workterra. Such documentation includes a medical plan ID card or a letter or Open Enrollment verification from another employer or group. If you do not provide proof, you will not receive the waive credit.

Plan Requirements for Dependent Coverage

If you elect to cover dependents in any of the El Camino Hospital plans, you are required to verify dependent status for each covered individual. When you add them to medical, dental or vision plans.

Dependent documents are required at time of enrollment:

FOR SPOUSE:

A copy of page 1 of your last year's federal tax return (1040 form) listing spouse **OR**

Copy of marriage certificate **plus** proof marriage is still current (recurring monthly or quarterly household bill or statement of account listing your spouse's name at your address and dated within the past 60 days)

FOR REGISTERED DOMESTIC PARTNER:

Certificate of Registration of Domestic Partnership **plus** proof partnership is still current (recurring monthly or quarterly household bill or statement of account listing your partner's name at your address and dated within the past 60 days)

FOR CHILD up to age 26 and DISABLED* CHILDREN:

Copy of page 1 of your, your spouse's or your registered domestic partner's last year's federal tax return (1040 form) listing child as a dependent **OR**

Copy of birth/adoption certificate listing child's name and names of parents **OR**

Copy of court order of legal guardianship

Duplicate Coverage

El Camino Hospital's medical, dental, and vision contracts do not allow members to be enrolled in two plans (medical, dental, or vision) provided by the same employer.

Duplicate coverage can happen when an employee is also an eligible dependent (spouse, registered domestic partner, child) of a Hospital employee.

If you have an eligible dependent who also works at El Camino Hospital, please review your Open Enrollment benefits together. If you and your spouse, or registered domestic partner, as the case may be, are both covered as employees under the El Camino Hospital plans, only one of you may enroll your children as family members, not both of you.

El Camino Hospital Medical Plans: UHC Comparison

Medical Benefits	HMO	PPO		HDHP w/HSA	
United Healthcare Network	United Healthcare HMO Network	United Healthcare PPO Network Only	Out-of-PPO Network	United Healthcare PPO Network Only	Out-of-PPO Network
Lifetime Maximum	Unlimited	Unlimited		Unlimited	
Annual Deductible	None	\$500 Individual \$1,000 two party & family		\$3,000 Individual \$6,000 two party & family	\$6,000 Individual \$12,000 two party & family
Annual Out-of-Pocket Max <small>(infertility co-pays do not apply to annual max)</small>	\$750 / \$1,500 / \$2,250 Ind. / 2 per. / Fam.	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Physician Office Visits	PCP: \$25 co-pay Spec.: \$35 co-pay	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Preventive Care	No co-pay	No co-pay	40% after deductible*	No co-pay	Not available
Lab & X-ray	No co-pay except \$100/test for CT, SPECT, MRI, MUGA,	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Skilled Nursing Facility limited to 100 days/calendar year, incl. residential treatment centers	No co-pay	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Hospice Care—outpatient	No co-pay	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Hospital					
Inpatient Medical Services	\$500 co-pay / stay Waived if admitted to El Camino Hospital	20% after deductible	40% after deductible +\$500 Fee *	20% after deductible	40% after deductible*
Outpatient Medical Services (hospital care other than Emergency Room)	No co-pay	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Ambulatory Surgical Center (outpatient surgery & supplies)	No co-pay	20% after deductible	40% after deductible*	20% after deductible	40% after deductible*
Emergency Room Services	\$150 co-pay Waived if admitted	\$100 co-pay, then 10% Waived if admitted	\$100 co-pay, then 10% Waived if admitted	20% after deductible	20% after deductible
Ambulance Services (medically necessary ground or air)	No co-pay	20% after deductible	20% after deductible*	20% after deductible	20% after deductible*
Prescription Benefits (see page 11)	MedImpact			Optum Rx through United Healthcare	

Benefits shown are for illustration purposes only. In case of discrepancy, refer to the policy/certificate. *Out-of-Network reimbursements are likely to be based on rates significantly lower than what your doctor actually bills. You will likely have to pay the difference between the carrier reimbursement rate and the amount on your doctor bills. Before utilizing out-of-network services/providers, you should discuss with the provider how they will handle the balance.

Health Savings Account (HSA) Information

When you're choosing a health plan, there are many factors that affect your decision. If you want an option with flexibility, a high level of choice and tax-advantaged savings, a high deductible health plan with a health savings account (HSA) might be the right choice for you.

What are HSAs?

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany High Deductible Health Plans (HDHPs). HSA money can be used tax-free when paying for qualified medical expenses, helping you pay your HDHP's larger deductible. At the end of the year, you keep any unspent money in your HSA. This rolled over money can grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free. Your HSA and the money in it belongs to you—not your employer or insurance company. An HSA can be a tremendous asset as you save for and pay medical bills because it gives you tax advantages, more control over your own spending and the ability to save for future expenses.

What is a high-deductible health plan (HDHP)?

- A high-deductible health plan is a plan with a minimum annual deductible and a maximum out-of-pocket limit as listed below. These minimums and maximums are determined annually by the Internal Revenue Service (IRS) and are subject to change.
- HDHP provide certain tax advantages including the ability to have Health Savings Accounts
- El Camino Hospital's new PPO plan qualifies as a HDHP.

Who is eligible for an HSA?

Anyone who is:

- Covered by a high-deductible health plan (HDHP);
- Not covered under another medical plan that is not an HDHP;
- Not entitled to (eligible for AND enrolled in) Medicare benefits; or
- Not eligible to be claimed on another person's tax return.

Why have an HSA?

HSA/HDHPs take a different approach to health coverage than other plans with lower deductibles. Having an HSA provides you with many benefits, including flexibility and easy saving, helping you plan and pay for medical expenses.

What are the advantages of an HSA?

Here are some of the advantages an HSA provides you with:

- Security – Your HSA can provide a savings buffer for unexpected or high medical bills.
- Affordability – In most cases, you can lower your monthly health insurance premiums when you switch to health insurance coverage with a higher deductible, and these HDHPs can be paired with an HSA.
- Flexibility – You can use your HSA to pay for current medical expenses, including your deductible and expenses that your insurance may not cover, or you can save your funds for future medical expenses.
- Savings – You can save the money in your HSA for future medical expenses, all while your account grows through tax-deferred investment earnings.
- Tax Savings – An HSA provides you with triple tax savings:
 - Tax deductions when you contribute to your account
 - Tax-free earnings through investment
 - Tax-free withdrawals for qualified medical expenses
- Control – You make the decisions regarding:
 - How much money you will put in the account
 - When to make contributions to the account
 - Whether to save the account for future expenses or pay current medical expenses
 - Which expenses to pay for from the account
 - How to invest the money in the account
- Portability – Accounts are completely portable, meaning you can keep your HSA after you leave El Camino Hospital.
- Ownership – Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSAs, making it a great way to save money for future medical expenses.

What is the difference between an HSA and Healthcare Flexible Spending Account (FSA)?

Both FSAs and HSAs are tax-advantaged accounts that allow people to save money to pay for qualified medical expenses, but they have several key differences.

	Flexible Spending Accounts (FSAs)	Health Savings Accounts (HSAs)
Medical Coverage	Can be used in conjunction with any type of health insurance or no health insurance.	Employee must be enrolled in a qualified High Deductible Health Plan to contribute.
Eligible Expenses	Funds can be used to cover deductibles, copays and coinsurance, as well as qualified medical expenses that are not covered by health insurance, such as LASIK eye surgery that occur in the current year .	Funds can be used to cover deductibles, copays and coinsurance, as well as qualified medical expenses that are not covered by health insurance, such as LASIK eye surgery that occur in the current or future years .
Risk of Forfeiture	"Use it or lose it" – money not used by the end of the calendar year is forfeited.	None. Employee owns account and may be reimbursed for qualified medical expenses at any time in the future.
Annual Max	\$2,550	\$3,350 employee only \$6,750 if dependent coverage \$1,000 additional amount may be deposited as "catch-up" if you are 55 years of age or older
Access/Claims	Once the first contribution is made, the full annual contribution amount is available for reimbursement.	Employee may only be reimbursed up to the account balance.
Coordination between FSA and HSA	If enrolled in HSA cannot access for medical expenses until the HDHP deductible is reached. Dental and vision expenses may be reimbursed at any time.	If enrolled in FSA must use for medical expenses up to the plan deductible. Employee may also submit dental and vision claims as well as after-deductible medical expenses.

How do I enroll in an HSA?

- During Open Enrollment, employee enrolls in HDHP and elect HSA amount and submits in Employee Self-Service.
- Employee opens an account with Optum Bank, United Healthcare and El Camino Hospital's HSA partner.
- Payroll makes bi-weekly pre-tax deductions from employee's paycheck and submits funds to Optum Bank.
- Employee receives medical services paid by United Healthcare HDHP, subject to deductible and coinsurance.
- Employee may seek reimbursement from HSA account for amounts paid toward deductible and coinsurance.
- Employee may also enroll in Limited FSA which can be accessed for dental and vision expenses and for medical expenses AFTER the annual deductible is met.

When do I use my HSA?

- After visiting a physician, facility or pharmacy, your medical claim will be submitted to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility or pharmacy, or you can choose to save your HSA dollars for a future medical expense.
- You may also be able to use an HSA debit card to access your HSA funds. Optum Bank may require documentation to support the reimbursement.
- You may use your HSA for non-medical expenses. However, HSA amounts that are used for non-medical expenses are taxable as income to you and are generally subject to an additional 20% penalty.

Where can I find more information?

Additional information will be available in **Workterra**. In addition, employees may refer to IRS Publications 829 (HSA) and 502 (Eligible Medical Expenses).

MedImpact is the company contracted by El Camino Hospital to provide your prescription benefit plan for the HMO and PPO plans. The MedImpact plan includes:

- 24-hour, 365 day-a-year Customer Service Call Center (844) 587-7383
- A national network of over 60,000 pharmacies
- Home delivery of your medications
- Web-based ordering
- National Preferred Formulary

The 2015 National Preferred Formulary is on the MedImpact website.

El Camino Hospital has a “Generic Preferred Program” in place. Members who choose to fill a prescription with a brand drug when a generic version is available from multiple sources will pay the difference between the cost of the brand and the generic drug plus the co-pay.

El Camino Hospital has a “Preferred Home Delivery Program” in place. After two refills, members must go through home delivery or pay an increased amount at the local pharmacy.

Employees enrolled in the HDHP w/HSA will not be using MedImpact for their prescriptions. The HDHP w/HSA has its own prescription drug plan with Optum Rx through United Healthcare as described below:

Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to www.myuhc.com® or calling the Customer Care number on your ID card.

A deductible and out-of-pocket maximum may apply. Please refer to the medical plan documents for the annual deductible and out-of-pocket maximum amounts, which include both medical and pharmacy expenses. This means that you will pay the full amount United Healthcare has contracted with the pharmacy to charge for your prescriptions (not just your copayment), until you have satisfied the deductible. Once the deductible is satisfied, your prescriptions will be subject to the copayments outlined here. If you reach the Out-of-Pocket maximum, you will not be required to pay a copayment.

Prescription Drug Plan Coverage

Employees are automatically enrolled in prescription drug coverage when they enroll in medical benefits

Medical Plan	HMO	PPO	High Deductible Health Plan
RX Plan	MedImpact		Optum Rx through United Healthcare
Annual Deductible	None		\$3000 ind. or \$6000 fam. (combined with medical coverage)
Annual out-of-pocket max	\$3,600 ind \$7,200 fam.		\$5000 ind. \$10,000 fam. (combined with medical coverage)
Generic—Retail	\$5 for up to a 30-day supply		\$5 for up to a 30-day supply after deductible
Formulary—Retail	\$20 for up to a 30-day supply		\$20 for up to a 30-day supply after deductible
Generic—Home Delivery*	\$10 for up to a 90-day supply		\$10 for up to a 90-day supply after deductible
Formulary—Home Delivery*	\$40 for up to a 90-day supply		\$40 for up to a 90-day supply after deductible

* Only certain Prescription Drug Products are available through United Healthcare mail order; please visit www.myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.

Note: If you purchase a United Healthcare Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount we would have paid for the same Prescription Drug Product dispensed by a United Healthcare Network Pharmacy.

Dental Plan Options

As with the medical plan, you may choose between three dental plans for yourself and eligible dependents or you may waive coverage.

You do not need to provide proof of other dental coverage to waive coverage.

Comparing Your Options

The three available plans include:

- DeltaCare USA
- MetLife 1000
- MetLife 1500

All plans provide excellent coverage. The primary difference between the plans is the way in which you access services. The MetLife Dental plans allow you to choose your dental care provider at the time services are needed. The DeltaCare USA plan requires you to select a dental office from the DeltaCare USA panel of providers at the time you enroll. You and all the dependents you enroll in the

DeltaCare USA plan will receive or coordinate all of your dental care through the same dental provider. With the MetLife plans, the plans pays a percentage of covered charges based on the services you receive and the provider of service. There is no ID card required for either plan. Just let your dentist know you are a MetLife member.

In the DeltaCare USA plan, you pay the established co-pay amount for each type of procedure and the plan pays all remaining charges. Charges are covered only if you receive treatment from your selected dental provider or upon authorized referral. DeltaCare will send you an ID card.

Below is a chart that will help you compare the differences between the plans.



Benefit Highlights	DeltaCare USA	MetLife 1000		MetLife 1500	
	DeltaCare USA Network	MetLife Network	Non-Network	MetLife Network	Non-Network
Deductible	None	\$50 per individual \$150 per family		None None	
Cal. Year Max. Benefit	N / A	\$1,000 per individual		\$1,500 per individual	
Preventive Services	Co-pay	0% **	0% **	0% **	0% **
Basic Services	Co-pay	20% ** After Ded.	20% ** After Ded.	20% ** After Ded.	20% ** After Ded.
Major Services	Co-pay	50% ** After Ded.	50% ** After Ded.	20% ** After Ded.	20% ** After Ded.
Orthodontics	\$1,950 Child \$2,150 Adult Co-pay varies*	50% ** Lifetime max of \$ 1,000		None	

* Fee schedules are provided by DeltaCare USA and are available in *Employee Self-Service* . Please see the co-pay schedule for exact amounts that you will be responsible for.

** Percentages represent the amount you will be responsible for paying.

Note: All Non-Network percentages are based on the Usual and Customary Rate (UCR) approved by MetLife. If the procedure is more than the customary rate then you will pay the percentage plus the difference between the two prices.

Vision Plan Options

Your vision plan is provided through Vision Service Plan (VSP). VSP has the nation's largest eye care doctor network available. VSP allows you and your covered dependents to utilize the services of a VSP provider for many of your vision needs. The plans provide thorough eye examinations, discounts on lenses, frames, contacts and laser vision correction.

El Camino Hospital provides VSP Standard vision plan to all benefit-eligible employees at no cost to you. You may not waive this coverage. In addition, you may choose the VSP Enhanced plan and/or choose to cover your spouse/registered domestic partner and/or children.

There is no ID card required to use this plan. Just let your provider know you are an El Camino Hospital employee.

Comparing Your Options

There are two plans available:

- ◆ VSP Standard
- ◆ VSP Enhanced

Both plans allow you to see In-network and out-of-network providers. To learn more about providers and your benefits, go to www.vsp.com.



Below is a chart that will help you compare the differences between the plans.

Benefit Highlights	VSP Standard		VSP Enhanced	
	VSP Network	Non-Network	VSP Network	Non-Network
Co-pays				
Exams	\$15 co-pay		\$15 co-pay	
Materials	\$25 co-pay		\$25 co-pay	
Diabetic Eyecare Plus Program	\$20 co-pay		\$20 co-pay	
Allowance for Services				
Exams	Every plan year		Every plan year	
Lenses or Contact Lenses	Every <i>other</i> plan year		Every plan year	
Frames	Every <i>other</i> plan year		Every plan year	
Benefit Level				
Eye Exam	100% Covered	Up to \$45	100% Covered	Up to \$45
Frames	Up to \$120	Up to \$47	Up to \$150	Up to \$47
Lenses	100% Covered	Prices Vary	100% Covered	Prices Vary
Contact Lenses (Elective)	\$120 Allowance	Up to \$105	\$130 Allowance	Up to \$105

Life Insurance Options

Employee Life Insurance Options

To help provide your loved ones with financial protection in the event of your death, you may choose from a variety of life insurance levels. During Open Enrollment, we encourage you to review and update your beneficiaries on *Employee Self-Service*. You may change your beneficiary designation at anytime through the *Employee Self-Service* website.

Basic Employee Life Insurance

El Camino Hospital provides benefit-eligible employees with \$10,000 of life insurance—at no cost to you. You may not waive Basic coverage.

Voluntary Employee Life Insurance

Employees may apply for up to \$490,000 of voluntary coverage. At the time of your initial benefits enrollment, you may select up to \$340,000 without restriction. If you would like an amount over \$340,000, you must complete an Evidence of Insurability (EOI) form and pass medical underwriting before the amount over \$340,000 goes into effect. The process of medical underwriting may take several months. Your coverage will stay at \$340,000 until you are notified of approval by mail. An online EOI form is available at the Reliance Standard Life website. If you do not pass medical underwriting, your coverage will remain at \$340,000.

Changing Your Coverage

You may change your coverage level once each year during the annual open enrollment period or during the year if you have a qualifying event. If you wish to increase your coverage during Open Enrollment, you may increase coverage an additional \$10,000 without going through medical underwriting. For amounts greater than an additional \$10,000, you will be required to go through medical underwriting and submit an (EOI) Evidence of Insurability form.

Making the Right Choice

You will find the cost of your life insurance options on the Bi-Weekly Rate Schedule. The costs shown are based on your age. Choose the option that best fits your family's needs and budget.

Spouse/Registered Domestic Partner and Dependent Life Insurance Options

You may also obtain life insurance coverage for your spouse/registered domestic partner and children up to age 26. You are automatically designated as the beneficiary for all spouse / registered domestic partner and dependent coverage. The IRS requires that you pay the cost of this coverage on an after-tax basis.

Spouse/Registered Domestic Partner Life Insurance

The spouse/registered domestic partner life insurance plan allows you to select from over a dozen options ranging from \$10,000 to \$250,000 in coverage. A few basic rules apply to selection:

- Spouse/registered domestic partner coverage cannot exceed 50% of the total employee life coverage you select.
- Spouse/registered domestic partner coverage requires completion of an EOI application form for amounts over \$10,000 at the time of your initial benefit enrollment, and will not take effect until medical underwriting has been approved.
- If you wish to increase your coverage during the annual Open Enrollment period or due to a qualifying event, you will be required to complete medical underwriting and submit an EOI application.
- You may apply for EOI on the Reliance Standard Life Insurance website through a link in *Employee Self-Service*.

Dependent Life Insurance

The dependent life plan allows you to choose from five options ranging from \$2,500 to \$10,000 of coverage. Your child(ren) up to age 26 are eligible for coverage. No medical underwriting is required for dependent life insurance.

AD&D Insurance Options

Basic AD&D Insurance

The Hospital pays the cost of basic Accidental Death and Dismemberment (AD&D) coverage of \$10,000. AD&D pays a benefit to your beneficiaries if you die or to you if your covered dependent dies or sustains certain types of injuries as the result of an accident.

Voluntary AD&D Insurance

The voluntary AD&D program allows you to buy coverage for yourself up to \$250,000. You may also cover your spouse/registered domestic partner (RDP) and children at a percent of your employee coverage.

If you die as a result of an accident, AD&D benefits will be paid in the amount you selected to your beneficiary/ies. If any insured family member dies as a result of an accident, the AD&D plan will pay all or a portion of the coverage you selected depending on your family's composition at the time of the accident. These amounts are illustrated below:

Percent of Benefit Amount Paid			
Family Composition	Employee	Spouse	Child(ren)
Employee only	100%	N/A	N/A
Employee, SP/RDP, Child(ren)	100%	40%	10% each
Employee and SP/RDP Only	100%	40%	N/A
Employee and Child(ren) Only	100%	N/A	15%

If you receive certain types of injuries as a result of and within one year following an accident, the AD&D plan will pay all or a portion of your coverage amount as indicated below:

For Loss Of	Plan Pays
Life	Full Coverage Amount
Both hands or both feet	Full Coverage Amount
Sight of both eyes	Full Coverage Amount
Combination of two: hand, foot, or sight	Full Coverage Amount
Speech and Hearing (Both Ears)	Full Amount
One hand, one foot or sight of one eye	One Half Full Amount
Speech or hearing (One Ear)	One Half Full Amount
Thumb and index finger of same hand	One-Quarter Full Amount

Only one amount, the largest, will be paid for all losses resulting from one accident.

Changing Your Coverage

You can change your voluntary AD&D coverage only during the annual enrollment period or if you have a change in family status. AD&D coverage does not require medical underwriting.

Long Term Disability Insurance Options

Long Term Disability (LTD) coverage provides important income protection for anyone who cannot work due to disability. El Camino Hospital provides all benefit-eligible employees with basic LTD coverage at no cost. You may also choose a LTD buy-up benefit with a waiting period of 30 days. The cost of LTD coverage is paid on an after-tax basis.

Coverage Type	Plan Pays
A (Basic)	60% of pay, 90-day waiting period
B (Buy-up)	60% of pay, 30-day waiting period

Option A and B will pay you a benefit equal to 60% of your pay (up to \$10,000/month) if you are disabled and can't work. The benefits you receive will be offset by state disability, Social Security, worker's compensation and certain other disability benefits you may receive such as PTO and ESL. If 60% of salary has been met by other compensation, then the minimum of \$100 will be paid monthly.

Changing Your Coverage

You can change your LTD coverage only during the annual open enrollment period. If you change from Option A to Option B during open enrollment any benefits received would be subject to pre-existing condition review.

Flexible Spending Accounts

Another feature of your benefit plan are flexible spending accounts (FSA) which offer you an opportunity to budget and pay for certain living expenses and save on taxes at the same time. You choose whether or not to contribute to a spending account. You also decide how much to set aside.

There are two types of spending accounts, one for health care and one for dependent care. These two accounts are very similar in the way they are set up, but they are totally separate accounts. The health care spending account provides a before-tax method of paying for certain health care expenses that are not covered by your medical, dental, or vision plans. The dependent care spending account provides reimbursement for expenses such as day care for a child or a dependent adult in the same before-tax manner.

You can use the worksheet on **page 17** to help you plan your FSA deposit if you decide to participate.

Important Spending Account Rules

Flexible Spending account rules are determined by the IRS. Although strict, these rules still give you ample opportunity to benefit and come out ahead. IRS regulations require that:

- You use the money in your spending account only for eligible expenses. Eligible expenses are discussed in greater detail in the table on the next page.
- You will lose any money that you put into your spending accounts and do not use by the end of the year (“use it or lose it rule”).
- If your family status changes because of a birth, adoption, legal guardianship, death, marriage, divorce or a spouse’s losing his or her job, you can change your election within 30 days. Otherwise, according to IRS regulations, you can only change it during the annual open enrollment period.
- Reimbursement from the Dependent Care Spending Account will be limited to the amount currently on deposit in the account. Health Care Spending Account claims will be reimbursed up to the amount of your annual election at any time during the year. If you terminate your employment, you may be reimbursed for any eligible **health care** expense incurred up to the last day of employment unless you continue to contribute to the plan thru COBRA.
- You cannot transfer amounts between your spending accounts, nor can you use Dependent Care Spending Account fund to pay Health Care Spending Account claims or vice versa.
- Your salary-related benefits, including your disability, life, AD&D, and retirement are not affected by the amounts you contribute to the spending accounts.



DON'T FORGET! If you wish to remain in the Health Care and/or Dependent Care Spending Accounts you **MUST** enroll in each account every calendar year.

Claims and reimbursement

Claims and reimbursements are processed by **Employee Benefit Specialists (EBS)**. If you enroll in a Flexible Spending Account an **EBS** Group Welcome Packet will be sent with your confirmation statement after you enroll. You will submit your claims and receipts to EBS by fax, email or mail and they will reimburse you through direct deposit or mail.

FSA Debit Card

El Camino Hospital employees who have elected a Health Care Spending Account will receive an FSA debit card for more convenience.

For more information, visit www.ebsbenefits.com or call (888) 327-2770.

Limited Flexible Spending Account

The Limited Flexible Spending Account (LFSA) is similar to a standard Health Flexible Spending Account. For more information please see page 10.

Rules on Limited FSA - limits apply if an employee is enrolled in a HDHP and is contributing to both an HSA and FSA in the same calendar year.

Before you meet your health plan's deductible, your limited health care FSA funds are available only for certain expenses, including:

- Dental care and orthodontia, such as fillings, X-rays, braces, caps and mouth guards
- Vision care, including eyeglasses, contact lenses, solutions and supplies, and LASIK eye surgery
- Preventive care not covered under your health plan (vaccines, flu shots and diagnostic tests, for example)

Prescriptions and eligible over-the-counter items are reimbursable only for dental, vision and preventive care.

After you meet your health plan's deductible, you may get reimbursed for:

- All FSA-qualified health care expenses, depending on your employer's plan. That's right. Meet your deductible, and your limited health care FSA may work like a standard health care FSA. See our qualified health care expenses list. Your after-deductible reimbursements may not be limited to dental, vision or preventive care.

Health Care Flexible Spending Account

The Health Care Flexible Spending Account (HCFSA) reimburses you for your out-of-pocket medical, dental, vision and all other types of health care expenses. Typical expenses for you and those dependents recognized by the IRS include deductibles and co-payments.

The minimum contribution per pay period is \$10; the maximum contribution is \$98.07. On a full-calendar year basis, you may contribute a minimum of \$260 and a maximum of \$2,550 per year.

When you have an eligible health care expense, you will submit your receipts or use your debit card. You will be reimbursed from your account with tax-free dollars.

Keep in mind that medical and dental expenses may be deducted from your federal income tax return only if they exceed 7.5% of adjusted gross income. Because most medical expenses do not exceed this level, many people find the health care flexible spending account works to their best tax advantage.

The important thing to remember is that you cannot be reimbursed for an eligible expense through your spending account *and* deduct it on your federal income tax return.

See the Spending Account Worksheet on **page 16** to help determine your election.



Health Care Flexible Spending Account		
Reimbursement for out-of-pocket medical (not for High Deductible Health Plan) , dental & vision expenses for you and your eligible dependents.		
Contribution:	\$260 — \$2,550 per calendar year	
Unused Money:	Forfeited at end of calendar year (claims must be submitted by 03/31 of the following year)	
Covers:	Out-of-Pocket Expenses for employees and eligible dependents as described in IRS Publication 502.	
Examples of Eligible Expenses	<ul style="list-style-type: none"> • Co-pays / Deductibles • Coinsurance • Prescription Drugs • Acupuncture & Chiropractic • Alcoholism Treatment • Ambulances • Braces • Braille books • Contact Lenses & Glasses • Insulin 	<ul style="list-style-type: none"> • Laboratory Fee's & X-Rays • Dental and Orthodontic fees • Developmentally Disabled Person's Cost for Special Home Care • Medical Supplies • Guide Dogs • Hearing Aids • Laser Eye Surgery • Hospital Bills • Psychiatric Care
Examples of Non-Eligible HCSA Expenses	<ul style="list-style-type: none"> • Over-the-counter Drugs without a prescription • Cosmetic Surgery • Dietary Supplements • Fitness Programs • Health Club Memberships • Hot Tubs 	<ul style="list-style-type: none"> • Medical and Dental Premiums for your spouse and / or dependents • If enrolled in the High Deductible Health Plan and a Health Savings Account (HSA), medical expenses are subject to the High Deductible Health Plan's deductible.

Dependent Care Spending Account

You can use the Dependent Care Spending Account (DCSA) to reimburse yourself for costs related to the care for your children or for a dependent adult while you are at work.

The program allows you to set aside pre-tax dollars to pay for the same kinds of expenses that you would declare as tax credits on your federal tax return. Under a spending account arrangement, you make contributions to the plan from your salary each pay period before payroll taxes are computed.

You decide how much to deposit into your Dependent Care Spending account, up to a maximum of \$5,000 per year per family. You are then reimbursed for eligible expenses from your individual account based on claim forms received. Reimbursements will be limited to the amount currently on deposit in the account.

See the Dependent Spending Account Worksheet on the next page to help determine your election.

Dependent Care Spending Account	
Reimbursement for dependent care expenses for the care of your spouse, child under the age of 13 or any other dependents who are mentally incapable of self-care.	
Contribution:	\$260 — \$5,000 per calendar year
Reimbursement Eligibility Requirements	<ul style="list-style-type: none"> • The care must be necessary for you to work or for your spouse to work or attend school full-time. • The amount to be reimbursed must not be greater than your annual income or your spouse's, whichever is lower. (If your spouse is a full-time student or is mentally or physically incapacitated— and so does not have a regular job—his or her financial status will be based on an assumed monthly income of \$200 if you have one dependent \$400 if you have two or more dependents.)
Child Dependent Requirements	<ul style="list-style-type: none"> • The child must be younger than 13 and depend upon you for at least 50% of his/her financial support. • Care may be provided either inside or outside your home, but it may not be provided by anyone considered your dependent for income tax purposes, such as one of your older children. • If the care is provided by a facility that care for more than six children, the facility must be licensed and you must provide the license number or tax ID number on your reimbursement request. • If the care is provided by an individual you must provide the individual's social security number on your reimbursement request. • Nursery and/or preschool charges are allowed, but tuition for education beyond kindergarten is not.
Adult Dependent Requirements	<ul style="list-style-type: none"> • He/she must be physically or mentally incapable of caring for himself or herself. • He/she must be dependent upon you for at least 50% of his or her financial support. • Care may be provided either outside your home (such as a nursing home) are eligible only if the dependent regularly spends at least eight hours each day in your household.

Flexible Spending Account Worksheet

Health Care Flexible Spending Account Worksheet

	Column 1	Column 2
List the amount you spent or expect to spend for:	Current Year Actual Expenses	Next Year Projected Expenses
1. Medical Expenses not covered by your health plan: Note: Those enrolled the HIGH DEDUCTIBLE HEALTH PLAN w/Health Savings Account may not use this account for medical and prescription drug expenses until the deductible is met. They must use the Health Savings Account (HSA) and use a "Limited FSA" for dental and vision expenses		
Deductibles	\$	\$
Co-pay (your share of medical expenses)	\$	\$
Other likely expenses	\$	\$
Prescription drugs and medical supplies	\$	\$
2. Vision Care expenses (exams, glasses, contacts or deductibles under the vision plan)		
	\$	\$
3. Dental Expenses not covered by your dental plan:		
Deductibles	\$	\$
Co-pay (your share of dental expenses)	\$	\$
Orthodontic Services	\$	\$
Other likely expenses	\$	\$
Add up the total medical, dental and vision expenses in column 2.		\$

Dependent Care Spending Account Worksheet

	Column 1	Column 2
List the amount you spent or expect to spend for:	Current Year Actual Expenses	Next Year Projected Expenses
Child Care Provider	\$	\$
Day-Care Center	\$	\$
Nursery School (not school in first grade or above)	\$	\$
Summer day-care or camp (excluding over-night camps)	\$	\$
After-school Care	\$	\$
Home Health Care Worker	\$	\$
Care for Qualifying Adult	\$	\$
Totals	\$	\$

DEPENDENT CARE EXAMPLE: A California employee (filing single or married, separately) with one child, annual gross income of \$50,000, who elects \$5,000, will save 7.65% in Social Security and Medicare taxes, 27% in Federal Income Tax, and 9.3% in California State Income tax, for a total tax savings of \$2,197.50. This results in higher take-home pay.

Transit Benefit

The Transit plan is administered by Employee Benefits Specialists (EBS). You can pay for your transportation expenses using the EBS debit / credit card or by submitting a manual claim for reimbursement. The amount you have available is limited to the amount of pre-tax payroll deductions you currently have in your account. Funds remaining in your account after 12/31 will be forfeited. You can enroll, stop or make changes at any time through Workterra. Enrollments / changes are effective on the 1st of the month. Retroactive changes are not permitted. You may elect a maximum of \$60 per paycheck.

Eligible Transit expenses include:

- Transit passes to and from work, including the cost of tokens, passes, fare cards, vouchers, etc.
- Mass transit public systems to and from work (Mass transit can be a public system, or a private enterprise provided by a company or individual who is in the business of transporting people in a “commuter highway vehicle”)
- Transportation provided by a qualified, private transportation company

For questions about eligible expenses or to check your available balance you may contact EBS at www.ebsbenefits.com or call (888) 327-2770.



Employee Assistance Program & Wellness Coaching

El Camino Hospital cares about the well-being of you and your family. We provide CONCERN: EAP services to benefit-eligible employees and their families at no cost to you. Below is a list of just some of the services and resources available. To access these resources call (800) 344-4222 or visit their website at www.concern-eap.com. Use the Company Code: **El Camino Hospital**

Short-Term Counseling

Each individual has a 1-10 visit benefit per problem per 12-month period for social-emotional issues. CONCERN:EAP offers assessment, crisis intervention, short-term counseling and referral to community resources. Sample topics include: marital and family problems, difficulty with relationships, emotional distress, job stress, communication or conflict issues, alcohol or drug problems affecting you or your family, loss and death.

Parenting And Childcare Resources

Referrals are available for a wide variety of childcare services in your area including: family day care homes, Infant centers and preschools, adoption assistance, before/after school care, in-home childcare, care for sick children, 24-hour care, emergency/drop-in care, school age and college assistance.

Legal Consultations

Referrals are available for legal issues. You will be linked to a local attorney for a free 30-minute office or telephone consultation. The legal referral service can be used for all types of legal matters (excluding claims involving workplace issues). Some examples include: consumer issues, personal/family services, small Business services, Immigration issues, contract issues, IRS matters.

Financial Counseling

Information and resources are available for financial matters. You have access to a financial help line that provides sound financial guidance that will help you manage your money wisely and develop long-term financial security.

Eldercare Resources

If you're caring for an elderly relative and need assistance in finding services or support, call CONCERN: EAP. Services include referral to programs and resources in your area that will make it easier to handle the task of locating the needed help.

Career Management

Get your career back on track with a one-hour, in-person appointment with a Career Counselor. Career Counselors can help you assess on-the-job career development issues, clarify skills, interests, values and work styles. They can also help you evaluate education and skill enhancement options.

Wellness Coaching

Improve your health — for life! What changes do you want to make in your life? Changing habits is easier when you have the information, tools, and support that you need. Programs, designed by health professionals, can help you reach your health goals—and stick with them for life. Personal health coaching is what really makes the programs different from all the rest. You work one-on-one with a highly trained personal coach who will support you throughout your program.

Online Education

LifeAdviser is your online education portal and resource center available 24/7 accessible from any internet web browser. It is a self-help portal with tools, tip, and resources to help employees and their families live healthier, happier lives. Check it out at www.concern-eap.com Company Code: **El Camino Hospital**



CORE Wellness Program



Just as we care about the well-being of our patients, El Camino Hospital also genuinely cares about your well-being and wants to partner with you to maintain a healthy lifestyle. As we adopt healthy habits, our organization demonstrates to our patients and community that we take our own health as seriously as we take theirs. Focusing on employee wellness promotes a positive atmosphere at work and helps us provide better care to our patients.

As part of this initiative, Employee Wellness & Health Services (EWHS) will be offering various wellness programs, health challenges, incentives and opportunities for biometric screenings throughout the year. Be sure to check the CORE Wellness page on the Tool Box for the latest information. We are committed to providing you with the tools you need to make healthy choices at work and beyond.

Biometric Screenings & Coaching

Available through EWHS by appointment, and taking only 20 minutes, a health coach will work with you to set goals to enhance your healthy lifestyle. This screening consists of blood pressure, height, weight, body composition, and body mass index (BMI).

Health Risk Questionnaire

Offered to employees enrolled in Keas, you will be asked questions about your lifestyle habits and medical history and provided with instant results and interactive features. It is your gateway to recommendations and resources based on your unique health profile.

Blood Drives

We have partnered with the Blood Centers of the Pacific, the primary supplier of blood and blood components to El Camino Hospital. Blood Drives are held twice a year at both the Mountain View and Los Gatos campuses to help ensure the continuous availability of blood to serve the Hospital and the Community.

Keas Challenges

El Camino Hospital has partnered with Keas to provide a fun, interactive way to help you set and achieve health related goals in a social environment. We believe the power of the group is the key to creating individual change. After each challenge, our employees report healthier habits, an increased interest in health and wellness and weight loss. Challenges will run throughout the year. Discover the power of play.

Stress Relief

A variety of programs are available to assist you with stress management and stress relief. Free programs include roving massage therapy, a stress relief touch wall, brown bag lectures, and wellness coaching through CONCERN-EAP. Fee-based programs have included an 8-week Mindfulness-Based Stress Reduction Course, and a 12-week ECH Heart Matters™ Stress Management program.

Energizer Stations

Energizer Stations are located outdoors on the Mountain View and Los Gatos campuses to provide a way for employees to engage in short bursts of activity to re-energize during the day.

Art & Glass Walking Path

The Mountain View campus has an indoor quarter-mile walking path. Viewing art and walking have both been shown to reduce stress and increase positive emotions. The Art and Glass Walking Path combines artwork with a guided walking route to provide an opportunity to benefit from both. With an average walking pace of 3 miles per hour, the 0.25 mile walking route can be completed in about 5 minutes without stops. If employees have more time, they can spend longer enjoying each piece of artwork; walk the path 4 times to complete one mile, try out the Courtyard Energizer Stations, or walk the path in the opposite direction for a different perspective. Employees can pick up a map at the Information Desk in the Main Lobby, where the path starts and ends.

Voluntary Benefits and Employee Services

El Camino Hospital offers you access to voluntary benefits with convenient payroll deductions and special discount programs. Some of the programs we offer are listed below.



Our Voluntary benefits partner is MetLife. You will be able to enroll in most of the voluntary benefit programs offered by MetLife on Workterra. Policies that need to be individually underwritten such as home, auto, and pet insurance require that you contact MetLife directly at 1-800-GET-MET (1-800-438-6388). You may enroll in home, auto, or pet insurance anytime during the year.

- Accident Insurance (*enroll on Workterra*)
- MetDefender (*enroll on Workterra*)
- Critical Illness Insurance (*enroll on Workterra*)
- MetLaw Insurance (*enroll on Workterra*)
- Hospital Indemnity (*enroll on Workterra*)
- Auto & Home Insurance (*contact MetLife for enrollment*)
- Veterinary Pet Insurance (*contact MetLife for enrollment*)

1-800-GET-MET8 (1-800-438-6388)
Monday-Friday 8:00 am-11:00 pm EST
www.metlife.com

Employee Discount Programs

El Camino Hospital also partners with a variety of service providers to provide discounts to employees. Currently, some of these include: El Camino YMCA, Wells Fargo Bank, Click Home, Global Fit, Action Day / Primary Plus, Tickets at Work, Verizon, AT&T Wireless, and Dell Computers. In addition, discounts are available through the Hospital's purchasing partner Premier, Inc. Information about discount programs is available on the ECH Toolbox.

Provident Credit Union

Provident Credit Union is a member-owned, not-for-profit financial cooperative that returns its profits to members in the form of lower loan rates and higher savings rates. Members have access to 18 Bay Area branches, a shared credit union branch network of more than 2,500 branches and over 28,000 free ATMs nationwide. Provident Credit Union has served the Bay Area since 1950. Provident is a full-service financial institution offering checking, savings, mortgages, auto and personal loans, and online and



mobile banking options. The nearest branches to El Camino Hospital are 398 W. El Camino Real, Sunnyvale, and 15425 Los Gatos Blvd., Los Gatos. An ATM is located near Human Resources in Mountain View.

For more information, call (650) 508-0300.

24-Hour Travel Assistance Services

Through your group coverage with Reliance Standard Life Insurance, you automatically receive travel assistance services provided by On Call International (On Call), pursuant to an agreement between Reliance Standard and On Call. On Call is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. On Call also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from Human Resources.

For more information, call toll free: (800)456-3893

ID Theft Recovery Services

To protect you and your family from this devastating loss of time, money and security, Reliance Standard Life Insurance and ECH have provided you with a full service ID Recovery Program that will perform the recovery process for you should you or a member of your family fall victim to identity theft.

Should you or anyone in your family fall victim to identity theft, InfoArmor® Identity Protection Experts will provide restoration services.

For more information, call toll free: (855)246-7347

Paid Time Off & Extended Sick Leave

How much PTO do I accrue?

Paid Time Off (PTO) hours accrue based on your hours worked (up to 80 per pay period) and length of service at the Hospital. The chart below shows how the hours are accrued each pay period.

PTO hours also accrue on Hospital Convenience / Daily Cancellation time, PTO taken, and Jury and Witness Duty leaves.

Paid Time Off Accruals		
Length of Service	Per Hour	Maximum Per Pay Period
Less than 2 years	0.1096	8.77
At 2 years	0.1135	9.08
3 years	0.1327	10.62
4 years	0.1519	12.15
5 years	0.1538	12.31
10 years	0.1596	12.77
11 years	0.1635	13.08
12 years	0.1673	13.38
13 years +	0.1712	13.69

Maximum accrual is 400 hours

How much Extended Sick Pay (ESL) do I get?

Full-time employees accrue 40 hours per year. Eligible part-time employees accrue ESL on a prorated basis based on their work (FTE) status. There is no maximum accrual.

Can I convert my ESL to cash or exchange it for PTO?

No, it cannot be converted to cash or PTO.

Extended Sick Leave Accrual per pay Period							
	EMPLOYEE WORK STATUS (FTE)						
	1.0	0.9	0.8	0.7	0.6	0.5	0.4
Extended Sick Leave	1.538	1.385	1.231	1.077	0.923	0.769	0.615

What happens to my PTO and ESL if I leave?

Upon termination, 100% of your accrued PTO balance is paid out to you. The payoff rate is your hourly rate. Accrued ESL cannot be converted to cash or PTO. ESL balances are zeroed out when an employee terminates employment or transfers into a per diem position.

Benefits Open Enrollment Worksheet



Use this worksheet to PREPARE yourself to use the online benefits enrollment system. Human Resources will NOT accept this form as your benefits enrollment.

If you fill this out before you use the **Workterra** website, you will have an easier time entering your choices online.

Which Plan Do I Want?	 Who Do I Want to Cover? Include Social Security Numbers
<p><u>Medical Plan Choices</u></p> <p><input type="checkbox"/> HMO: \$25 PCP and \$35 Specialist office visit co-pay <input type="checkbox"/> Name and Provider ID number of physicians</p> <p><input type="checkbox"/> PPO: 80% in-network ; 60% out-of-network coverage after \$500 individual deductible; \$1,500 ind. out-of-pocket max</p> <p><input type="checkbox"/> HIGH DEDUCTIBLE HEALTH PLAN w/HSA: 80% in-network ; 60% out-of-network coverage after \$3,000 individual deductible; \$5,000 ind. out-of-pocket max</p> <p><input type="checkbox"/> Waive: I do not want medical coverage and I will provide proof of other coverage to Human Resources if I am waiving medical coverage. Proof of other coverage is any one of the following: Certificate of Credible Coverage (obtained from source of other coverage), sometimes this document is also called a HIPAA Certificate, or you may provide a copy of your other plan's medical ID card showing you as a covered member.</p>	<p><input type="checkbox"/> Employee [Me]</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Registered Domestic Partner</p> <p><input type="checkbox"/> Child(ren)</p> <p>If adding a dependent, I will need to provide documentation of eligibility when requested.</p>
<p><u>HEALTH SAVINGS ACCOUNT (HSA)</u></p> <p>Amount you wish to contribute:</p> <p><input type="checkbox"/> <u>HEALTH SAVINGS ACCOUNT</u></p> <p>\$ _____ annual amount [\$260 up to \$3,350 individual or \$6,750] <u>OR</u></p> <p>\$ _____ amount to be taken out of each paycheck. [\$10 up to about \$128.85 (ind.) or \$259.61 (fam.).]</p>	<p>Your HSA "contribution" is the amount you set aside pre-tax to pay for eligible expenses. Your contribution is taken out of your paycheck every two weeks. You can use your HSA debit card to pay for eligible health care expenses</p>
<p><u>Dental Plan Choices</u></p> <p><input type="checkbox"/> DeltaCare USA: Choose dentist from their list; no annual maximum; some orthodontic coverage</p> <p><input type="checkbox"/> MetLife 1000: any dentist; \$1,000 annual maximum; some orthodontic coverage</p> <p><input type="checkbox"/> MetLife 1500: any dentist; \$1,500 annual maximum; no orthodontic coverage</p> <p><input type="checkbox"/> Waive: I do not want dental coverage</p>	<p><input type="checkbox"/> Employee [Me]</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Registered Domestic Partner</p> <p><input type="checkbox"/> Child(ren)</p>
<p><u>Vision Plan Choices</u></p> <p><input type="checkbox"/> VSP Standard: Eye exam every calendar year, frames and lenses or contact lenses every <i>other</i> calendar year. Frame allowance is \$120; Contact lenses allowance \$120 from network providers.</p> <p><input type="checkbox"/> VSP Enhanced: Eye exam, frames and lenses or contact lenses every calendar year. Frame allowance is \$150; Contact lenses allowance \$130 from network providers.</p>	<p><input type="checkbox"/> Employee [Me]</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Registered Domestic Partner</p> <p><input type="checkbox"/> Child(ren)</p>

Work Sheet Only - This is not a Benefit Enrollment Form

Which Plan Do I Want?	 Who Do I Want to Cover?
<p><u>Basic Life Insurance</u> You are automatically enrolled in this coverage for \$10,000. This benefit is paid by El Camino Hospital. You do not need to sign up, but you should make a beneficiary designation.</p> <p><input type="checkbox"/> <u>Voluntary Employee Life Insurance</u> This coverage is optional. You may purchase up to \$490,000 of coverage. You can add \$10,000 during open enrollment without EOI. To apply for amounts over an additional \$10,000, you must complete an EOI form at the Reliance Standard Life Insurance website. How much voluntary life insurance do I want to buy? Amount \$ _____</p>	<p>Should I update my beneficiary designations? <i>[To change or update your beneficiary designations, go to the Workterra Basic Life screen.]</i></p>
<p><u>ECH Accidental Death & Dismemberment (AD&D)</u> You are automatically enrolled in this coverage, up to \$10,000. This benefit is paid by El Camino Hospital. You do not need to sign up, but you should make a beneficiary designation.</p> <p><input type="checkbox"/> <u>Voluntary AD&D</u> This coverage is optional. You may purchase up to \$250,000 of AD&D coverage for yourself and/or entire family. This coverage is in addition to the \$10,000 of El Camino Hospital AD&D that you get. Do I want to cover myself or my family? How much voluntary AD&D life insurance do I want to buy? Amount \$ _____</p>	<p>Should I update my beneficiary designations? <i>[To change or update your beneficiary designations, go to the Workterra AD&D screen.]</i></p>
<p><input type="checkbox"/> <u>Spouse / Registered Domestic Partner Life Insurance</u> This coverage is optional. You may purchase life insurance on your spouse or registered domestic partner. The coverage you elect in this plan cannot exceed 50% of your (employee) total life insurance coverage. Amount: \$ _____</p>	<p><i>[You are the beneficiary of this insurance].</i></p>
<p><input type="checkbox"/> <u>Dependent Life Insurance</u> This coverage is optional. You may purchase life insurance on your child(ren) and child(ren) of a registered domestic partner. Amount: \$ _____</p>	<p><i>[You are the beneficiary of this insurance].</i></p>
<p><input type="checkbox"/> <u>Long Term Disability (LTD)</u> Long-Term Disability pays you part of your salary if you can't work due to injury or illness after you satisfy a 90-day waiting period. This plan is provided to you at no cost because El Camino Hospital pays 100% of the premium. You may choose to upgrade your LTD benefit by selecting a shorter waiting period of 30-days, however you must pay the cost of the plan upgrade. Refer to the LTD enrollment page on Workterra for your cost.</p>	<p><i>Not Applicable</i></p>

Work Sheet Only - This is not a Benefit Enrollment Form

Which Plan Do I Want?	Who Do I Want to Cover?
<p><u>FLEXIBLE SPENDING ACCOUNTS (FSA)</u></p> <p>FLEXIBLE SPENDING ACCOUNTS DO NOT AUTOMATICALLY RENEW. YOU <u>MUST</u> ENROLL EACH YEAR YOU WANT TO PARTICIPATE.</p> <p>Amount you wish to contribute:</p> <p><input type="checkbox"/> <u>HEALTH CARE SPENDING ACCOUNT OR LIMITED FSA</u></p> <p>\$ _____ annual amount [\$260 up to \$2,550.] <u>OR</u></p> <p>\$ _____ amount to be taken out of each paycheck. [\$10 up to about \$98.07.]</p> <p><input type="checkbox"/> <u>DEPENDENT CARE SPENDING ACCOUNT</u></p> <p>\$ _____ annual amount [\$260 up to \$5,000.] <u>OR</u></p> <p>\$ _____ amount to be taken out of each paycheck. [\$10 up to about \$192.31.]</p> <p>Any "contribution" money left in your account on 12/31 will be lost, so think carefully about the amount you choose.</p>	<p>Your "contribution" is the amount you set aside pre-tax to pay for eligible expenses. Your contribution is taken out of your paycheck every two weeks. To "pay yourself back," you submit receipts for eligible expenses directly to a company called EBS. They will reimburse you by check or by direct deposit to your bank account, or you can use your FSA debit card to pay for eligible health care expenses</p>

When you finish enrolling on *Workterra*; here are some other things you may need to do to follow up your choices. Have you...

- Clicked on the Finish button at the bottom of the *Workterra* Confirmation Statement to finalize your choices online?
- If enrolling in the HMO, have you elected Primary Care Physicians for yourself and your dependents?
- If enrolling new members in DeltaCare USA, contacted DeltaCare USA at (800) 422-4234 with your dentist election?
- If needed, have you completed an Evidence of Insurability (EOI) form online at Reliance Standard Life Insurance's website?
- If enrolling in MetLife voluntary benefits, did you go to the MetLife link on the Benefits Summary page?
- If you waived your medical coverage turned in proof of other coverage?
- If covering dependents, able to provide documentation when requested?

Annual Notices

An important part of any benefit program includes all the required and important notices. The following notices are provided in accordance with our reporting and disclosure requirements. If you have any questions about the information included in this booklet or these notices, please contact Human Resources.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2015 for coverage starting as early as January 1, 2016.

Can I Save Money on my Health Insurance Premiums in the Marketplace? You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace? Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefits costs covered by the plan is no less than 60% of such costs.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information? For more information about your coverage offered by your employer, please check your summary plan description which is on *E-Benefits* or contact the Member Services Department of your health care provider as shown on your Benefit ID card.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov**, or if you reside in California, **www.CoveredCA.com**, for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. **This information is numbered to correspond to the Marketplace application.**

3. Employer Name: El Camino Hospital 4. 94-3167314
5. Employer Street Address: 2500 Grant Road 6. Phone: 650-940-7222
7. City: Mountain View 8. State: CA 9. 94040
10. Who can we contact about employee health coverage at this job? Human Resources Department
11. Phone No. (if different from above): _____ 12. Email: _____

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- ✓ Some Employees. Eligible employees are: Regular full-time and part-time employees who are scheduled to work 16 hours or more per week.

With respect to dependents:

- ✓ We do offer coverage. Eligible dependents are: Your spouse or registered domestic partner and your children up to the age of 26, regardless of their student status, residency, marital status or financial dependence.

- ✓ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov), or if you reside in California, [www.CoveredCA.com](https://www.coveredca.com), will guide you through the process.

* *An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).*

HIPAA Notice of Availability of Notice of Privacy Practices

This Plan is required by law to provide notice of the Plan's duties and privacy practices with respect to covered individuals' protected health information by providing a Notice of Privacy Practices (NOPP) to participants. The Plan's NOPP is available upon request. To obtain a copy of the NOPP, or for more information regarding the Plan's privacy policies or your rights under HIPAA, contact the Human Resources Department at 650-940-7222.

HIPAA Special Enrollment Rules

HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in El Camino Hospital's health plan under "special enrollment provisions" briefly described below.

- **Loss of Other Coverage.** If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents under El Camino Hospital's health plan if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 30 days after you or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage.
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents under El Camino Hospital's health plan. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.
- **Enrollment Due to Medicaid/CHIP Events.** If you or your eligible dependents are not already enrolled in El Camino Hospital's health plan, you may be able to enroll yourself and your eligible dependents if:
 - (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or
 - (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Please contact the Plan Administrator at 650-940-7222 for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description(s) or insurance contract(s).

Notice of Declining Enrollment (As Provided by HIPAA)

When you decline enrollment for yourself and/or your dependents (including your spouse) and **state in writing that you and/or your dependents have other coverage** under another group health plan or health insurance coverage as the reason for declining to enroll, then special rules may apply to you and/or your spouse and/or your child/ren in the **event you and/or your dependents have lost this other coverage due to the loss of eligibility.**

Loss of eligibility does not include a loss due to failure of the individual or the participant to pay premiums on a timely basis or termination of coverage for cause (**such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan**).

If you decline enrollment for yourself and/or dependents because you have COBRA continuation coverage under another plan, you will not be eligible for a Special Enrollment until COBRA continuation coverage has been exhausted or terminated as a result of loss of eligibility.

Loss of Eligibility includes a loss of coverage as a result of legal separation, divorce, death, termination of employment, reduction in the number of hours of employment, and any loss of eligibility after a period that is measured by reference to any of the foregoing.

Under these rules, a group health plan is required to provide a special enrollment period for yourself and/or your dependents should they request enrollment within **30 days** after the loss of other coverage has occurred.

Wellness Program: Alternative Standard and Disclosure Policy

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at 650-940-7021 and we will work with you to develop another way to qualify for the reward.

In addition, any medical information obtained by a wellness program may only be used for purposes of plan operations and may only be disclosed to the plan administrator in aggregate form that does not disclose, and is not reasonably likely to disclose the identity of specific individuals, except as is necessary to administer the plan. Use the contact information above to request additional information on what, if any, medical information will be obtained and if medical information is received:

- Who will receive the medical information;
- How the medical information will be used; and,
- The restrictions on its disclosure and the methods employed to prevent improper disclosure of the medical information (including whether the program complies with HIPAA privacy requirements).

Women's Health & Cancer Rights Act of 1998

In the case of an employee or dependent who receives benefits under the plan in connection with a mastectomy and who elects breast reconstruction (in a manner determined in consultation with the attending physician and the patient), coverage will be provided for:

- Reconstruction of the breast on which mastectomy has been performed;
- Surgery and reconstruction on the other breast to produce a symmetrical appearance;
- Prostheses; and

Treatment for physical complications of all stages of mastectomy, including lymphedemas.

Coverage for reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary." Benefits will be provided on the same basis as for any other illness or injury under the Plan.

If you would like more information on WHCRA benefits, call your Plan Administrator at 650-940-7222.

Newborns' and Mothers' Health Protection Act of 1996

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with child birth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan, or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48 hour (or 96 hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information on pre-certification, contact your Plan Administrator at 650-940-7222.

Patient Protection Disclosure (HMO)

United Health Care generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you and/or your family members. If you do not properly make this designation, United Health Care designates one for you. For information on how to select a primary care provider, and for a list of participating primary care providers, contact United Healthcare at 800-624-8822.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from United Healthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network or specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact United Healthcare at 800-624-8822.

California Maternity Coverage

Group health plans and health insurance issuers with policies or contracts issued in the State of California generally may not, under California law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the law generally does not prohibit the mother's or newborn's treating physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In addition, California law requires the Plan to cover a post-discharge follow up visit for the mother and newborn within 48 hours of discharge when prescribed by the treating physician. The visit shall be provided by a licensed health care provider whose scope of practice includes postpartum care and newborn care. The visit shall include, at a minimum, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary maternal or neonatal physical assessments. The treating physician shall disclose to the mother the availability of a post-discharge visit, including an in-home visit, physician office visit, or plan facility visit. The treating physician, in consultation with the mother, shall determine whether the post-discharge visit shall occur at home, the plan's facility, or the treating physician's office after assessment of certain factors. These factors shall include, but not be limited to, the transportation needs of the family, and environmental and social risks.

Furthermore, the Plan may not:

- Reduce or limit the reimbursement of the attending provider for providing care to an individual enrollee in accordance with the coverage requirements.
- Provide monetary or other incentives to an attending provider to induce the provider to provide care to an individual enrollee in a manner inconsistent with the coverage requirements.
- Deny a mother or her newborn eligibility, or continued eligibility, to enroll or to renew coverage solely to avoid the coverage requirements.
- Provide monetary payments or rebates to a mother to encourage her to accept less than the minimum coverage requirements.
- Restrict inpatient benefits for the second day of hospital care in a manner that is less than favorable to the mother or her newborn than those provided during the preceding portion of the hospital stay.
- Require the treating physician to obtain authorization from the Plan prior to prescribing any services covered by this section.

Rebates for Failure to meet Medical Loss Ratio Requirements

In the event that El Camino Hospital qualifies and receives a return of premium (Rebate) as a result of an insurance issuer's failure to meet the Medical Loss Ratio requirements under the Affordable Care Act, El Camino Hospital at its option, shall either:

- Reimburse Plan participants through a payroll adjustment in the amount determined under the Affordable Care Act regulations;
- Reduce employee contributions by an amount determined under Affordable Care Act regulations to reflect the employee's share of the Rebate; or
- Use the Rebate to enhance benefits under the Plan by an amount determined under Affordable Care Act regulations.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO – Medicaid
Medicaid Website: <http://www.colorado.gov/hcpf>
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid
Website: <https://www.flmedicaidtplrecovery.com/>
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: <http://dch.georgia.gov/>
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid
Website: <http://www.in.gov/fssa>
Phone: 1-800-889-9949

IOWA – Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <http://www.kdheks.gov/hcf/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-977-6740
TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP
Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: http://www.dhs.state.mn.us/id_006254
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid
<http://medicaid.mt.gov/member>
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

NEVADA – Medicaid
Website: <http://dwss.nv.gov/>
Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: <http://www.ncdhhs.gov/dma>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid
Website: <http://www.oregonhealthykids.gov>
<http://www.hijossaludablesoregon.gov>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: <http://www.dhs.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: <http://www.eohhs.ri.gov/>
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid: <http://health.utah.gov/medicaid>

CHIP: <http://health.utah.gov/chip>
Phone: 1-866-435-7414

VERMONT – Medicaid
Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor
Employee Benefits Security Administration**
www.dol.gov/ebsa

1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services**

www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Important Notice About Your Prescription Drug Coverage and Medicare: Creditable Coverage

If you (and/or your dependents) have Medicare, or will become eligible for Medicare within the next 12 months, federal law gives you more choices about your

Please read this notice carefully. It has information about your prescription drug coverage under the El Camino Hospital health plan (Employer Plan) and the coverage options available to Medicare Part-D eligible individuals. This Notice also provides information on additional resources that may help you decide which prescription drug coverage to choose.

You should keep this notice with your important records. If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

The purpose of this notice is to advise you that the Employer Plan prescription drug coverage listed below is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay. This is known as “creditable coverage.”

- MedImpact RX Plan (UHC HMO & UHC PPO Plan)

Why this is important: Coverage under this plan may help you avoid a Medicare Part D late enrollment penalty. If you or your covered dependent(s) are enrolled in the Employer Plan and are currently or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment.

Late Enrollment Penalty (Higher Premium Charge)

You should know that if you waive or drop coverage under the Employer Plan and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Medicare Part D premium may go up by at least 1% per month for every month that you do not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than what most other people pay. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Medicare Part D.

Medicare Prescription Drug Coverage

You may have heard about Medicare's prescription drug coverage (called Medicare Part D), and wondered how it would affect you. Medicare offers prescription drug coverage to everyone with Medicare. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become Part D eligible, and each year thereafter during Medicare open enrollment (October 15 through December 7). Individuals who decide to drop their creditable employer/union coverage may be eligible for a two month Medicare Special Enrollment Period.

Interaction Between Coverages

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or a family member of an active employee, your current Employer Plan coverage will be affected. If you join a Medicare Part D drug program, separate from your employer plan, you will become ineligible for the EL CAMINO HOSPITAL coverage. If you do decide to join a Medicare drug plan and drop your current EL CAMINO HOSPITAL coverage, be aware that you and your dependents may not be able to get this coverage back. Medigap issuers will not be able to get this coverage back.

Additional Information

Contact the person listed at the end of this Notice for further information about your current prescription drug coverage. **NOTE:** You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if the Employer Plan coverage changes, or upon your request.

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, contact the Social Security Administration (SSA) online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan, you may be required to provide a copy of this notice when you join a Part D plan to show that you have maintained creditable coverage and, therefore, may not be required to pay a higher Part D premium.

For more information about this notice or your employer-sponsored prescription drug coverage, contact:
Human Resources
Phone: 650-940-7222

Important Notice About Your Prescription Drug Coverage and Medicare: Non-Creditable Coverage

If you (and/or your dependents) have Medicare, or will become eligible for Medicare within the next 12 months, federal law gives you more choices about your

Please read this notice carefully. It has information about your prescription drug coverage under the El Camino Hospital health plan (Employer Plan) and Medicare Part-D coverage available to Medicare Part-D eligible individuals. This Notice also provides information on additional resources that may help you decide which prescription drug coverage to choose.

You should keep this notice with your important records. If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Non-Creditable Coverage

The purpose of this notice is to advise you that the Employer Plan prescription drug coverage listed below is, on average for all plan participants, **NOT** expected to pay out as much as the standard Medicare prescription drug coverage. Therefore, your coverage is considered “non-creditable coverage.”

- United Healthcare HDHP with HSA RX Plan

This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage through the Employer Plan. This also is important because it may mean that you pay a higher premium if you do not join a Medicare drug plan when you first become eligible.

You can keep your current coverage under the Employer Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Late Enrollment Penalty (Higher Premium Charge)

You should know that if you waive or drop coverage under the Employer Plan and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Medicare Part D premium may go up by at least 1% per month for every month that you do not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than what most other people pay. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Medicare Part D.

Medicare Prescription Drug Coverage

You may have heard about Medicare's prescription drug coverage (called Medicare Part D), and wondered how it would affect you. Medicare offers prescription drug coverage to everyone with Medicare. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become Part D eligible, and each year thereafter during Medicare open enrollment (October 15 through December 7). Individuals who decide to drop their employer/union coverage may be eligible for Medicare Part D for a two month Medicare Special Enrollment Period; however, you may pay a higher premium because you do not have creditable coverage under the Employer Plan.

Interaction Between Coverages

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or a family member of an active employee, your current Employer Plan coverage will not be affected. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan.

In addition, if you waive or drop your current Employer Plan coverage to enroll in a Medicare Part D plan, you and your dependents will be able to re-enroll in the Employer Plan coverage at open enrollment or when you have a special enrollment event.

Additional Information

Contact the person listed at the end of this Notice for further information about your current prescription drug coverage. **NOTE:** You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if the Employer Plan coverage changes, or upon your request.

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For information about this extra help, contact the Social Security Administration (SSA) online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your employer-sponsored prescription drug coverage, contact:
Human Resources
Phone: 650-940-7222

El Camino Hospital Group Insurance Plan

Listed below are names, addresses and telephone numbers, as well as other information, which will help you gain information about the plan.

Plan Sponsor:

El Camino Hospital
2500 Grant Road
Mountain View, CA 94040
650-940-7000

Plan Administrator:

El Camino Hospital
2500 Grant Road
Mountain View, CA 94040
650-940-7000

Employer Identification Number of Plan Sponsor:

94-3167314

Member Contacts:

Julie Johnston, Human Resources

Name of Plan:

El Camino Hospital Group Insurance Plan

Services of Legal Process

Legal process should be served on the Plan Administrator at the address listed above.

Statement of ERISA Rights

As a participant in the El Camino Group Benefit Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (ERISA). ERISA provides that all plan participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's Office, all plan documents, including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as annual reports and plan descriptions.
2. Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.
3. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary financial report.

In addition to creating right for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plans, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you, any other plan participants, and beneficiaries. No one, including the Hospital, the union, or any other person, may fire you or otherwise discriminate against you in any way, to prevent you from obtaining benefits or exercising your rights under ERISA. If your claim for benefits is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request material from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in the state or federal court. If it should happen that plan fiduciaries misused the plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you lose, the court may order you to pay these costs and fees. If you have any questions about this statement or about your rights under ERISA, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest area office of the U.S. Department of Labor Management Services Administration, Department of Labor. The flexible benefit plan is operated according to the terms of legal documents including insurance contracts and plan documents. In the event of a conflict between this enrollment booklet and the legal documents, the legal document will be followed.

Summary Annual Report for El Camino Hospital Group Insurance

This is a summary of the annual report of the El Camino Hospital Group Insurance, a health insurance, prescription drug insurance, dental insurance, life insurance, accidental death and dismemberment insurance, vision insurance, long-term disability insurance, and employee assistance program plan (Employer Identification Number 94-3167314, Plan Number 502), for the plan year 01/01/2014 through 12/31/2014. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has insurance contracts with Health Net, Vision Service Plan, Concern-EAP, Delta Dental of California, and Sun Life Assurance Company of Canada to pay certain health, HMO contract, PPO contract, vision, employee assistance program, dental, long-term disability, life insurance, supplemental life insurance, dependent life insurance, and accidental death and dismemberment claims incurred under the terms of the plan. In addition, the plan has contracts of administrative services for self-funding arrangement with Keenan and Express Scripts for prescription drugs and Met Life for dental. The total expenses paid for the plan year ending 12/31/2014 were \$52,591,954. The total consists of:

- 1) \$45,394,347 paid in premiums to the insurance contract providers.
- 2) \$2,462,921 paid for MetLife Dental, of which \$104,329 was an administrative expense and \$2,358,592 were paid in benefits to participants and beneficiaries.
- 3) \$4,734,686 paid for Prescription Drugs, of which \$72,424 was an administrative expenses and \$4,662,262 was paid in benefits to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Financial information and information on payments to service providers.
2. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Julie Johnston, who is a representative of the plan administrator, at 2500 Grant Rd, Mountain View, CA 94040 and phone number, 650-940-7000. The charge to cover copying costs will be \$1.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 2500 Grant Rd, Mountain View, CA 94040, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

UNITED HEALTHCARE - 2016 BIWEEKLY MEDICAL RATE SCHEDULE

UNITED HEALTH CARE - HMO

Coverage:		WAIVE	EMPLOYEE ONLY	EE + SPOUSE/DP	EE + CHILD(REN)	EE + FAMILY				
Paycheck Ded*		371.70			895.99		643.55		1114.65	
HRS	FTE%	Waive	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	50.00	0.00	371.70	0.00	895.99	0.00	643.55	0.00	1114.65
72	0.9	45.00	0.00	371.70	0.00	895.99	0.00	643.55	0.00	1114.65
64	0.8	40.00	0.00	371.70	0.00	895.99	0.00	643.55	0.00	1114.65
56	0.7	35.00	0.00	371.70	0.00	895.99	0.00	643.55	0.00	1114.65
48	0.6	30.00	0.00	371.70	0.00	895.99	0.00	643.55	0.00	1114.65
40	0.5	25.00	0.00	371.70	0.00	895.99	0.00	643.55	0.00	1114.65
32	0.4	20.00	223.02	148.68	537.60	358.40	386.13	257.42	668.79	445.86

UNITED HEALTH CARE - PPO

Coverage:		WAIVE	EMPLOYEE ONLY	EE + SPOUSE/DP	EE + CHILD(REN)	EE + FAMILY				
Paycheck Ded*		606.73			1459.36		1054.33		1830.58	
HRS	FTE%	Waive	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	50.00	235.03	371.70	563.37	895.99	410.78	643.55	715.93	1114.65
72	0.9	45.00	235.03	371.70	563.37	895.99	410.78	643.55	715.93	1114.65
64	0.8	40.00	235.03	371.70	563.37	895.99	410.78	643.55	715.93	1114.65
56	0.7	35.00	235.03	371.70	563.37	895.99	410.78	643.55	715.93	1114.65
48	0.6	30.00	235.03	371.70	563.37	895.99	410.78	643.55	715.93	1114.65
40	0.5	25.00	235.03	371.70	563.37	895.99	410.78	643.55	715.93	1114.65
32	0.4	20.00	458.05	148.68	1100.96	358.40	796.91	257.42	1384.72	445.86

UNITED HEALTH CARE - HDHP PPO w/HSA

Coverage:		WAIVE	EMPLOYEE ONLY	EE + SPOUSE/DP	EE + CHILD(REN)	EE + FAMILY				
Paycheck Ded*		394.22			946.12		689.88		1202.37	
HRS	FTE%	Waive	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	50.00	22.52	371.70	50.13	895.99	46.33	643.55	87.72	1114.65
72	0.9	45.00	22.52	371.70	50.13	895.99	46.33	643.55	87.72	1114.65
64	0.8	40.00	22.52	371.70	50.13	895.99	46.33	643.55	87.72	1114.65
56	0.7	35.00	22.52	371.70	50.13	895.99	46.33	643.55	87.72	1114.65
48	0.6	30.00	22.52	371.70	50.13	895.99	46.33	643.55	87.72	1114.65
40	0.5	25.00	22.52	371.70	50.13	895.99	46.33	643.55	87.72	1114.65
32	0.4	20.00	245.54	148.68	587.72	358.40	432.46	257.42	756.51	445.86

*All paycheck deductions are pre-tax.

2016 BI-WEEKLY DENTAL RATE SCHEDULE

DELTACARE USA DENTAL

Coverage:		WAIVE	EMPLOYEE ONLY	EE + SPOUSE/DP	EE + ONE CHILD	EE + FAMILY				
Paycheck Ded*		7.58			12.71		12.71		18.72	
HRS	FTE%	Waive	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	0.00	0.00	7.58	0.00	12.71	0.00	12.71	0.00	18.72
72	0.9	0.00	0.00	7.58	0.00	12.71	0.00	12.71	0.00	18.72
64	0.8	0.00	0.00	7.58	0.00	12.71	0.00	12.71	0.00	18.72
56	0.7	0.00	0.00	7.58	0.00	12.71	0.00	12.71	0.00	18.72
48	0.6	0.00	0.00	7.58	0.00	12.71	0.00	12.71	0.00	18.72
40	0.5	0.00	0.00	7.58	0.00	12.71	0.00	12.71	0.00	18.72
32	0.4	0.00	4.55	3.03	7.63	5.08	7.63	5.08	11.23	7.49

METLIFE 1000 DENTAL

Coverage:		WAIVE	EMPLOYEE ONLY	EE + SPOUSE/DP	EE + CHILD(REN)	EE + FAMILY				
Paycheck Ded*		22.52			45.03		46.16		68.68	
HRS	FTE%	Waive	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	0.00	14.95	7.58	32.32	12.71	33.45	12.71	49.96	18.72
72	0.9	0.00	14.95	7.58	32.32	12.71	33.45	12.71	49.96	18.72
64	0.8	0.00	14.95	7.58	32.32	12.71	33.45	12.71	49.96	18.72
56	0.7	0.00	14.95	7.58	32.32	12.71	33.45	12.71	49.96	18.72
48	0.6	0.00	14.95	7.58	32.32	12.71	33.45	12.71	49.96	18.72
40	0.5	0.00	14.95	7.58	32.32	12.71	33.45	12.71	49.96	18.72
32	0.4	0.00	19.49	3.03	39.94	5.08	41.08	5.08	61.19	7.49

METLIFE 1500 DENTAL

Coverage:		WAIVE	EMPLOYEE ONLY	EE + SPOUSE/DP	EE + CHILD(REN)	EE + FAMILY				
Paycheck Ded*		30.09			60.15		61.68		91.73	
HRS	FTE%	Waive	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	0.00	22.51	7.58	47.44	12.71	48.96	12.71	73.02	18.72
72	0.9	0.00	22.51	7.58	47.44	12.71	48.96	12.71	73.02	18.72
64	0.8	0.00	22.51	7.58	47.44	12.71	48.96	12.71	73.02	18.72
56	0.7	0.00	22.51	7.58	47.44	12.71	48.96	12.71	73.02	18.72
48	0.6	0.00	22.51	7.58	47.44	12.71	48.96	12.71	73.02	18.72
40	0.5	0.00	22.51	7.58	47.44	12.71	48.96	12.71	73.02	18.72
32	0.4	0.00	27.06	3.03	55.06	5.08	56.59	5.08	84.24	7.49

*All paycheck deductions are pre-tax.

2016 BIWEEKLY VISION RATE SCHEDULE

VSP STANDARD

Coverage:		EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
Paycheck Ded*		3.60		5.72		5.84		9.87	
HRS	FTE%	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	0.00	3.60	0.00	5.72	0.00	5.84	0.00	9.87
72	0.9	0.00	3.60	0.00	5.72	0.00	5.84	0.00	9.87
64	0.8	0.00	3.60	0.00	5.72	0.00	5.84	0.00	9.87
56	0.7	0.00	3.60	0.00	5.72	0.00	5.84	0.00	9.87
48	0.6	0.00	3.60	0.00	5.72	0.00	5.84	0.00	9.87
40	0.5	0.00	3.60	0.00	5.72	0.00	5.84	0.00	9.87
32	0.4	0.00	3.60	1.27	4.45	1.34	4.50	3.76	6.11

VSP ENHANCED With In Network Frame Upgrade to \$150

Coverage:		EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
Paycheck Ded*		5.53		8.79		8.98		15.17	
HRS	FTE%	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
80	1.0	1.93	3.60	3.07	5.72	3.14	5.84	5.30	9.87
72	0.9	1.93	3.60	3.07	5.72	3.14	5.84	5.30	9.87
64	0.8	1.93	3.60	3.07	5.72	3.14	5.84	5.30	9.87
56	0.7	1.93	3.60	3.07	5.72	3.14	5.84	5.30	9.87
48	0.6	1.93	3.60	3.07	5.72	3.14	5.84	5.30	9.87
40	0.5	1.93	3.60	3.07	5.72	3.14	5.84	5.30	9.87
32	0.4	1.93	3.60	4.34	4.45	4.48	4.50	9.06	6.11

*All paycheck deductions are pre-tax.

2016 BIWEEKLY LIFE INSURANCE RATE SCHEDULE

Basic Life Insurance Coverage (Paid by ECH)

\$10,000 at Rate of \$0.70

Voluntary Employee Life Insurance

(This is a after-tax deduction)

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & above*
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27	\$2.14
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54	\$4.27
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81	\$6.41
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08	\$8.54
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35	\$10.68
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62	\$12.81
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88	\$14.94
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15	\$17.08
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42	\$19.21
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69	\$21.35
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96	\$23.48
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23	\$25.62
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50	\$27.75
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77	\$29.89
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04	\$32.02
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31	\$34.16
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58	\$36.29
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85	\$38.43
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12	\$40.56
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38	\$42.69
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65	\$44.83
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92	\$46.96
X	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19	\$49.10
Y	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46	\$51.23
Z	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73	\$53.37
AA	\$260,000	\$7.80	\$9.00	\$16.20	\$21.00	\$24.60	\$35.40	\$45.00	\$111.00	\$55.50
BB	\$270,000	\$8.10	\$9.35	\$16.82	\$21.81	\$25.55	\$36.76	\$46.73	\$115.27	\$57.64
CC	\$280,000	\$8.40	\$9.69	\$17.45	\$22.62	\$26.49	\$38.12	\$48.46	\$119.54	\$59.77
DD	\$290,000	\$8.70	\$10.04	\$18.07	\$23.42	\$27.44	\$39.48	\$50.19	\$123.81	\$61.91
EE	\$300,000	\$9.00	\$10.38	\$18.69	\$24.23	\$28.38	\$40.85	\$51.92	\$128.08	\$64.04
FF	\$310,000	\$9.30	\$10.73	\$19.32	\$25.04	\$29.33	\$42.21	\$53.65	\$132.35	\$66.18
GG	\$320,000	\$9.60	\$11.08	\$19.94	\$25.85	\$30.28	\$43.57	\$55.38	\$136.62	\$68.31
HH	\$330,000	\$9.90	\$11.42	\$20.56	\$26.65	\$31.22	\$44.93	\$57.12	\$140.88	\$70.44
II	\$340,000	\$10.20	\$11.77	\$21.18	\$27.46	\$32.17	\$46.29	\$58.85	\$145.15	\$72.58
JJ	\$350,000	\$10.50	\$12.12	\$21.81	\$28.27	\$33.12	\$47.65	\$60.58	\$149.42	\$74.71
KK	\$360,000	\$10.80	\$12.46	\$22.43	\$29.08	\$34.06	\$49.02	\$62.31	\$153.69	\$76.85
LL	\$370,000	\$11.10	\$12.81	\$23.05	\$29.88	\$35.01	\$50.38	\$64.04	\$157.96	\$78.98
MM	\$380,000	\$11.40	\$13.15	\$23.68	\$30.69	\$35.95	\$51.74	\$65.77	\$162.23	\$81.12
NN	\$390,000	\$11.70	\$13.50	\$24.30	\$31.50	\$36.90	\$53.10	\$67.50	\$166.50	\$83.25
OO	\$400,000	\$12.00	\$13.85	\$24.92	\$32.31	\$37.85	\$54.46	\$69.23	\$170.77	\$85.39
PP	\$410,000	\$12.30	\$14.19	\$25.55	\$33.12	\$38.79	\$55.82	\$70.96	\$175.04	\$87.52
QQ	\$420,000	\$12.60	\$14.54	\$26.17	\$33.92	\$39.74	\$57.18	\$72.69	\$179.31	\$89.66
RR	\$430,000	\$12.90	\$14.88	\$26.79	\$34.73	\$40.68	\$58.55	\$74.42	\$183.58	\$91.79
SS	\$440,000	\$13.20	\$15.23	\$27.42	\$35.54	\$41.63	\$59.91	\$76.15	\$187.85	\$93.93
TT	\$450,000	\$13.50	\$15.58	\$28.04	\$36.35	\$42.58	\$61.27	\$77.88	\$192.12	\$96.06
UU	\$460,000	\$13.80	\$15.92	\$28.66	\$37.15	\$43.52	\$62.63	\$79.62	\$196.38	\$98.19
VV	\$470,000	\$14.10	\$16.27	\$29.28	\$37.96	\$44.47	\$63.99	\$81.35	\$200.65	\$100.33
WW	\$480,000	\$14.40	\$16.62	\$29.91	\$38.77	\$45.42	\$65.35	\$83.08	\$204.92	\$102.46
XX	\$490,000	\$14.70	\$16.96	\$30.53	\$39.58	\$46.36	\$66.72	\$84.81	\$209.19	\$104.60

* At age 70, the Voluntary coverage amount and cost are reduced 50%

2016 BIWEEKLY RATE SCHEDULES

Spouse / Registered DP Life Insurance, Dependent Life and Accidental Death and Dismemberment (AD&D)

Spouse / Registered DP Life Insurance (Spouse / Registered DP coverage cannot exceed 50% of employee coverage)*

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92
X	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19
Y	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46
Z	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73

** When the employee reaches age 70, Spouse / Registered DP coverage terminates as Spouse / Registered DP is no longer eligible. Rates are based upon employee's age

Dependent Life*		
A	\$2,500	\$0.23
B	\$5,000	\$0.46
D	\$7,500	\$0.69
E	\$10,000	\$0.92

Voluntary AD&D*					
Employee Only			Employee + Family		
A	\$20,000	\$0.27	H	\$20,000	\$0.42
B	\$25,000	\$0.33	I	\$25,000	\$0.53
C	\$50,000	\$0.67	J	\$50,000	\$1.06
D	\$100,000	\$1.34	K	\$100,000	\$2.12
E	\$150,000	\$2.01	L	\$150,000	\$3.18
F	\$200,000	\$2.68	M	\$200,000	\$4.25
G	\$250,000	\$3.35	N	\$250,000	\$5.31

* Voluntary deductions are after-tax

2016 BIWEEKLY LTD INSURANCE AND FSA RATE SCHEDULES

Long Term Disability (This is a after-tax deduction)		
ECH Pays for the amount equal to the deduction for the 90-day waiting period		
		Biweekly Premium Calculation
A	60% Benefit / 90 Day Waiting	\$0.27 per \$100 of current monthly salary* x 12 / 26
B	60% Benefit / 30 Day Waiting	\$0.57 per \$100 of current monthly salary* x 12 / 26
* up to a monthly salary of \$16,667		

Flexible Spending Accounts	
Health Care Flexible Spending Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260.00
Maximum contribution per year	\$2,550.00

Dependent Care Flexible Spending Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260.00
Maximum contribution per year	\$5,000.00

Health Savings Account (This is a pre-tax deduction available only to employees enrolling in the HDHP)	
Minimum contribution per year*	\$260.00
Maximum contribution per year (ind.)	\$3,350.00
Maximum contribution per year (family)	\$6,750.00
Age 55+ Catch Up Contribution	\$1,000.00

* Minimum contribution per pay period is \$10.00

Where Can I Get More Information?

Carrier Name	Group Information	Member Services
MEDICAL		
United Healthcare	HMO # 357241 PPO # 903486 HDHP w/HSA # 903486	HMO: (800) 624-8822 www.uhcwest.com PPO: (866) 633-2446 HDHP w/ HSA: (866) 314-0335 www.myuhc.com
Optum Bank a United Health Group company	Health Savings Account	(800) 791-9361 Option 1 Monday-Friday 5:00 am-5:00 pm PST www.myuhc.com
MedImpact (HMO, PPO) (Effective 01/01/2016)	Pharmacy PHI14	(844) 587-7383 www.medimpact.com
Optum RX (HDHP)	Pharmacy #uhealth	(800) 788-7871 www.optumrx.com
DENTAL		
DeltaCare USA	DHMO # 01572	(800) 422-4234 www.deltadentalins.com/plans/delta_care_usa.html
MetLife Dental	PPO 1000 # 302572 PPO 1500 # 302572	(800) 942-0854 www.metlife.com/mybenefits
VISION		
Vision Service Plan	VSP Standard # 12154060 VSP Enhanced # 12154060	(800) 877-7195 www.vsp.com
EMPLOYEE ASISTANCE PROGRAM [EAP]		
Concern:EAP	EAP PROGRAM Company Code: El Camino Hospital	(800) 344-4222 www.concern-eap.com
LIFE INSURANCE AND AD&D INSURANCE AND LONG TERM DISABILITY		
Reliance Standard Life Ins.	Life # GL 153180 AD&D & Voluntary Life # VAR 206350 Voluntary AD&D # VAR 2016349	(800) 351-7500
Matrix Absence Management	LTD # LTD 125534	(888) 477-5110 www.matrixeservices.com
FLEXIBLE SPENDING ACCOUNTS (FSA)		
Employee Benefit Specialists, Inc. (Effective 01/01/2016)	Health Care Flexible Spending Account Dependent Care Flexible Spending Account Transit Benefits	(888) 327-2770 www.ebsbenefits.com
PROVIDENT CREDIT UNION		
Provident Credit Union	Checking, Savings, Mortgage, Auto & Personal Loans	(650) 508-0300 www.providentcu.org
403 (b) RETIREMENT SAVINGS PLAN		
Fidelity Investments	Plan # 62178	800-343-0860 www.fidelity.com/atwork
ADDITIONAL SERVICES		
MetLife Voluntary Benefits	Accident, Critical Illness, Hospital Indemnity, MetLaw, MetDefender, Pet Insurance, Auto & Home Insurance	1-800-GET-MET8 (1-800-438-6388) Monday-Friday 8:00 am-11:00 pm EST www.metlife.com
Workterra - Online Benefit Administration System (Effective 01/01/2016)	<ul style="list-style-type: none"> ◆ Log into Workterra www.workterra.net ◆ "Forms Library" contains the details of your plans, Summary of Benefits and Coverage (SBC) and the Summary Plan Description. 	Call Center (888) 327-2770 8 AM to 5 PM PST, Monday through Friday



*Mountain View
2500 Grant Road
Mountain View, CA 94040*



*Los Gatos
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Legal Disclaimer: It is not the intent of this guide to otherwise substitute or replace any official plan documents, plan summaries or contracts between El Camino Hospital and the insurance carriers. If there is any conflict between this summary and the official Summary Plan Descriptions (“SPD”) or plan documents, the official SPD and/or plan documents will govern. The hospital reserves the right to modify, amend or discontinue the benefit plans it offers to its employees.

Some benefit programs require contributions from the employee.

Refer to your benefit materials provided on *Workterra* or contact Human Resources for additional details about any plan.