



# BENEFITS

## Axis Health System

Plan Year: January 1, 2019 to December 31, 2019



# 2019

## EMPLOYEE BENEFITS GUIDE

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# FY 2019



## Who Is Eligible?

If you are a full-time or part-time employee (regularly scheduled to work 30 or more hours per week) you are eligible to enroll in the AHS Health Plan; other benefits require full-time (40 hours per week) to enroll. The Health Plan benefit is effective on the first of the month following 60 days of continuous employment.



## Enrollment

The benefits you elect during open enrollment will be effective from January 1, 2019 through December 31, 2019.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partner's benefits or employment status.

# CONTACT INFORMATION



Refer to this list when you need to contact one of your benefit vendors.

## MEDICAL

<b>Third Party Administrator:</b>	UMR
<b>Group #:</b>	76-412912
<b>Customer Service Phone Number:</b>	1-800-826-9781
<b>Provider Web Address:</b>	<a href="http://www.umar.com">www.umar.com</a>
<b>Network:</b>	UHC Choice Plus Network
<b>Medical Management Service:</b>	1-866-494-4502

## PRESCRIPTION DRUG

<b>Vendor:</b>	Welldyne Rx
<b>Customer Service Phone Number:</b>	(888) 722-1223
<b>Website:</b>	<a href="http://www.mywdrx.com">www.mywdrx.com</a>

## DENTAL

<b>Provider Name:</b>	Sun Life
<b>Provider Phone Number:</b>	(800) 442-7742
<b>Provider Web Address:</b>	<a href="http://www.sunlife.com">www.sunlife.com</a>

## VISION

<b>Provider Name:</b>	Vision Service Plan (VSP)
<b>Provider Phone Number:</b>	(800) 877-7195
<b>Provider Web Address:</b>	<a href="http://www.VSP.com">www.VSP.com</a>

## HEALTH SAVINGS ACCOUNT (HSA) & FLEXIBLE SPENDING ACCOUNT (FSA)

<b>Provider Name:</b>	Rocky Mountain Reserve
<b>Provider Phone Number:</b>	(888) 722-1223
<b>Provider Web Address:</b>	<a href="http://www.rockymountainreserve.com">www.rockymountainreserve.com</a>

## LIFE AND LONG TERM DISABILITY PLANS

<b>Provider Name:</b>	Sun Life
<b>Provider Phone Number:</b>	(800)-247-6875
<b>Provider Web Address:</b>	<a href="http://www.sunlife.com">www.sunlife.com</a>

## HUMAN RESOURCES QUESTIONS

<b>Contact Person:</b>	Jennifer Bearden or Patricia Roy
<b>Phone Number:</b>	(970) 335-2236 or 335-2211
<b>E-mail Address:</b>	<a href="mailto:jbearden@axishealthsystem.org">jbearden@axishealthsystem.org</a> <a href="mailto:proy@axishealth.org">proy@axishealth.org</a>

# Medical

## PPO MEDICAL BENEFIT & PRESCRIPTION DRUGS



The PPO medical and prescription drug benefits are provided through UMR, UHC Choice Plus Network, and Welldyne Rx.

SERVICES	Network Providers	Non-Network Providers
<b>Physician Visit</b> <ul style="list-style-type: none"> <li>AHS PCP</li> <li>PCP</li> <li>Specialist</li> </ul>	\$15 \$25 \$50	50% after deductible
<b>Deductible</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$2,500 \$5,000	\$2,500 \$5,000
<b>Hospitalization</b>	Covered at 75% after deductible	Covered at 50% after deductible
<b>Preventive Care</b>	Covered at 100%, no deductible	Not Covered
<b>MRI/CT Scan</b>	Covered at 75% after deductible	Covered at 50% after deductible
<b>Emergency Room</b>	\$350 copay	\$350 copay
<b>Urgent Care</b>	\$65	Covered at 50% after deductible
<b>Out-of-Pocket Max</b> (includes all copay, coinsurance and deductible) <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$4,000 \$8,000	\$7,500 \$15,000
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>Retail – Mail Order 2.5X</li> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> </ul>	\$15 \$40 \$60	Not Covered

### PPO Premium Cost for 2019, beginning January 1, 2019

	Employee Per Month Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
<b>Employee Premium</b>	\$0.00	\$783.14	\$633.97	\$1,118.77
<b>AHS Pays</b>	\$828.72	\$957.17	\$774.85	\$1,367.38

# HEALTH CARE FLEXIBLE SPENDING ACCOUNT

AHS provides you the opportunity to pay for out-of-pocket medical, dental and vision expenses with pre-tax dollars through Flexible Spending Accounts. You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you don't spend all Plan contributions during the Plan Year up to \$500 will be rolled over to the following Plan Year. Amounts carried over do not affect the maximum amount of salary redirection contributions for the Plan Year to which they are carried over.

In calendar year 2019, the maximum that you can contribute to the Health Care Flexible Spending account is \$2,700.

# DEPENDENT CARE ACCOUNT

The Dependent Care FSA lets AHS's employees use pre-tax dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)



# Medical

## HDHP (HIGH DEDUCTIBLE HEALTH PLAN) MEDICAL & PRESCRIPTION DRUGS



The HDHP medical and prescription drug benefits are provided through UMR, UHC Choice Plus Network, and Welldyne Rx.

SERVICES	Network Providers	Non-Network Providers
<b>Physician Visit</b> <ul style="list-style-type: none"> <li>AHS PCP</li> <li>PCP</li> <li>Specialist</li> </ul>	Covered at 75% after deductible Covered at 75% after deductible Covered at 75% after deductible	50% after deductible
<b>Deductible</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$3,500 \$7,000	\$6,500 \$13,000
<b>Hospitalization</b>	Covered at 75% after deductible	Covered at 50% after deductible
<b>Preventive Care</b>	Covered at 100%, no deductible	Not Covered
<b>MRI/CT Scan</b>	Covered at 75% after deductible	Covered at 50% after deductible
<b>Emergency Room</b>	Covered at 75% after deductible	Covered at 75% after deductible
<b>Urgent Care</b>	Covered at 75% after deductible	Covered at 50% after deductible
<b>Out-of-Pocket Max</b> (includes all copay, coinsurance and deductible) <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$5,500 \$11,000	\$10,500 \$21,000
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>Retail – Mail Order 2.5X</li> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> </ul>	Covered at 75% after deductible Covered at 75% after deductible Covered at 75% after deductible	Not Covered

### HDHP PREMIUM Cost for 2019, beginning January 1, 2019

	Employee Per Month Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
<b>Employee Premium</b>	\$0.00	\$743.39	\$601.79	\$1,061.99
<b>AHS Pays</b>	\$786.66	\$908.59	\$735.53	\$1,297.99

# HSA (HEALTH SAVINGS ACCOUNT)

An HSA is a tax-advantaged savings account for participants enrolled in a qualified HDHP. You can contribute tax-free money from your paycheck into the HSA to help pay for qualified health care expenses, or to save for potential future expenses. You can contribute up to the annual IRS limits outlined below. **Axis Health will contribute \$500 per calendar year for employee only coverage and \$1,000 per calendar year for employees and dependent coverage.** Funds will be deposited into your HSA each payroll. **The IRS maximum contribution below includes both employee and employer contributions**

## 2019 IRS Annual Contribution Limits

Status	Axis Contribution	Employee Contribution Max	IRS 2019 Contribution Max	Catch-Up Contribution Max (Age 55+)
Employee Only	\$500	\$3,000	\$3,500	\$1,000
Employee with Dependents	\$1,000	\$6,000	\$7,000	\$1,000



# DENTAL

## VOLUNTARY DENTAL

The vendor for dental coverage in 2019 is Sun Life. This is a PPO plan through the Sun Life dental network. You can locate a provider at [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist)

Services	Any Dentist
Deductible	\$50 Individual/\$150 Family
Preventive Services	Routine exams, x-rays – 100%
Basic Services	Fillings, simple extractions – 100%
Major Services	Oral surgery, root canal, crowns – 50%
Orthodontia	Not Covered
Calendar Year Maximum	\$1,200 per individual

### DENTAL PREMIUM Cost for 2019, beginning January 1, 2019

Employee Per Month Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Employee Premium	\$32.90	\$63.85	\$90.46	\$121.41



*Dental insurance is often seen as unnecessary or a “luxury” item, when in reality, it’s just as important as your medical coverage. People who see the dentist regularly have better dental outcomes.*

# VOLUNTARY VISION

# VISION

Axis Health System offers you a Vision benefit through Vision Service Plan (VSP). The network is the Choice Network and you can locate a provider at [www.VSP.com](http://www.VSP.com)

Services		Network Provider	Non-Network Provider
Exam	Copay	\$10	Up to \$45
Lenses	Single Vision	Covered 100% after \$25 copay	Up to \$30
	Lined Bifocal	Covered 100% after \$25 copay	Up to \$50
	Lined Trifocal	Covered 100% after \$25 copay	Up to \$65
	Lenticular	Covered 100% after \$25 copay	Up to \$100
Frames		\$130 allowance	Up to \$70
Contacts (in lieu of glasses)	Elective	\$130 allowance	Up to \$105
	Medically Necessary	\$210 allowance	Up to \$210
Laser Vision Correction		15-20% discount	No discount

## VISION PREMIUM Cost for 2019, beginning January 1, 2019

Employee Per Month Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Employee Premium	\$8.67	\$13.88	\$14.17	\$22.84



*Your eyes are  
your window  
to the world.  
Keep them healthy  
and bright by  
taking advantage of  
this valuable benefit.*

## BASIC LIFE INSURANCE

AHS provides basic life insurance for all employees working full time (40 hours per week). Eligibility begins on the first of the month following 60 days of employment.

The amount of life insurance for employees is **1 times their annual salary up to \$250,000 with a minimum amount of \$50,000.**

The amount of your insurance will be reduced by 33% on the day you reach age 65 and by another 33% on the day you reach age 70.

Your eligibility for this benefit ends on the day you cease active work; you are no longer in an eligible class or if AHS ends or changes this benefit.

## VOLUNTARY LIFE

AHS provides the option for employees to purchase additional life insurance coverage for all employees working full time (40 hours per week). Eligibility begins on the first of the month following 60 days of employment. This benefit is 100% employee-paid.

Employees can elect 5 times their annual salary up to \$500,000 in \$10,000 increments. The employee guaranteed issue amount is \$130,000.

Employees spouse can elect 50% of employee amount up to \$250,000 in \$5,000 increments. The spouse guaranteed issue amount is \$50,000.

Employees can elect up to \$10,000 for eligible children in \$1,000, \$5,000, or \$10,000 flat amounts.

The amount of your insurance will be reduced by 33% on the day you reach age 70 and by another 33% on the day you reach age 75.

Conversion is included.

Premium is based on \$1,000 of volume elected. See next page for rates

<b>SunLife</b>	<b>Employee Rate basis: Per \$1,000 of volume</b>	<b>Spouse Rate basis: Per \$1,000 of volume</b>
Age <24	\$0.050	\$0.070
Age 25-29	\$0.060	\$0.087
Age 30-34	\$0.080	\$0.111
Age 35-39	\$0.101	\$0.135
Age 40-44	\$0.142	\$0.179
Age 45-49	\$0.232	\$0.333
Age 50-54	\$0.393	\$0.567
Age 55-59	\$0.674	\$1.052
Age 60-64	\$0.871	\$1.367
Age 65-69	\$1.411	\$2.445
Age 70+	\$2.092	\$5.301
AD&D Rate (EE)	\$0.026	\$0.026
Child Life/AD&D Rates (based on benefit amount)	\$0.200 per \$1,000/\$0.026	

## LTD – LONG TERM DISABILITY

AHS provides long term disability insurance for all employees working full time (40 hours per week) and have been continuously employed full time for 5+ years.

**Monthly Benefit:** 60.00% of covered monthly pre-disability pay

**Monthly Maximum Benefit:** \$7,500

**Benefits Begin** after 90 day(s) of disability

**Maximum Benefit Duration** For disabilities occurring before age 60, Social Security Normal Retirement Age (SSNRA)

## BEREAVEMENT LEAVE

Full time employees who work 40 hours per week are currently eligible for paid leave of up to three days to attend the funeral of an immediate family member. Immediate family is defined as your spouse/partner, parents, children, sisters, brothers, grandparents, grandchildren, and your mother and father-in-law. In the event of a near relative, full time employees are currently granted up to one paid day to attend a funeral. Near relatives include your aunts, uncles, nieces, nephews and your spouse's grandparents, brothers, and sisters.

# PAID TIME OFF (PTO), EXTENDED ILLNESS BANK (EIB) AND PAID SICK DAYS

The Paid Time Off program (PTO) accrual is a combination of vacation time and sick time. PTO and EIB accruals begin on the first day of employment for all full-time employees who work 40 hours per week. PTO accrual starts at 8.67 hours per month and increases incrementally up to 22 hours per month after 10 years of service. EIB accrual is 2 hours per month. PTO and EIB accruals are available for use in the pay period following completion of 30 days of employment. In the instance where a new employee has not worked a full 30 days and an unforeseen absence from work would occur, the employee would not be paid for the days not worked.

## ACCRUAL SCHEDULE FOR PTO

PTO Accrual	Rate of Accrual
Year 1 and 2	8.67 hours per month
Year 3 and 4	10 hours per month
Year 5-7	12 hours per month
Year 8 and 9	15 hours per month
Year 10	22 hours per month

## ACCRUAL SCHEDULE FOR EIB

PTO Accrual	Rate of Accrual
	2 hours per month

## PAID SICK DAYS

*If hired July 1 – December 30<sup>th</sup>, full time staff (40 hours per week) will have 2 sick days (16 hours) available for use each fiscal year (July 1 – June 25). If hired January 1 – April 30<sup>th</sup>, full time staff will have one sick day (8 hours) available for use until the end of the fiscal year, June 25. The EIB benefit will then be available to use as of the 3<sup>rd</sup> day of illness.*

**Please Note:** Sick days are not an accrued benefit, meaning they are available to each employee as 2 benefit days (16 hours) as of July 1. Also, sick days do not carry over from year to year and are not paid out at separation. This benefit does not apply to employees covered under an AHS Employment Agreement.

	Number of Sick Days
Date of hire is July 1 – Dec 30	2 days or 16 hours and may be taken in one hour increments
Date of hire is Jan 1 – Apr 30	1 day or 8 hours and may be taken in one hour increments

# HOLIDAYS

AHS observes the following holidays:

- **New Year's Day (January 1)**
- **President's Day (third Monday in February)**
- **Memorial Day (last Monday in May)**
- **Independence Day (July 4)**
- **Labor Day (1st Monday in September)**
- **Thanksgiving Day (4<sup>th</sup> Thursday in November)**
- **Day after Thanksgiving**
- **Christmas Eve\* – 4 hours (December 24)**
- **Christmas Day (December 25)**

When a holiday falls on a Saturday, it is observed on the preceding Friday. When the holiday falls on a Sunday, the following Monday is the observed holiday.

\* *The 4 Hour Christmas Eve Holiday will be considered a Holiday only when Christmas Eve, December 24 falls on a Monday, Tuesday, Wednesday or Thursday.*

AHS Holidays are days off with pay for staff who are regularly scheduled to work full time and AHS defines full time as regularly scheduled to work forty (40) hours per week.

Non-exempt hourly employees are required to be regularly scheduled on the day of the Holiday to be paid holiday pay and are paid for an 8 hour day unless HR/Payroll has authorized documentation on file to pay differently; i.e. 4 hours pay if shift is 4 hours, 10 hours pay if shift is 10 hours, etc.

The standard business hours for AHS are 8 a.m. to 5 p.m. Employees who work in the business office or at one of the outpatient locations are scheduled to work 8 hour days. If a program or location requires shifts to be other than 8 hours the supervisor is required to submit an approved Work Schedule Change Form or indicate the shifts on the New Hire Form. Shifts at inpatient locations are program specific

# WELLNESS

(EFFECTIVE JULY 1, 2018 THROUGH JUNE 30, 2019)

Full time employees scheduled to work 40 hours per week are eligible on the first of the month following 60 days of continuous employment.

## Eligible Programs

- Gym membership
- Exercise classes (i.e. yoga or Pilates)
- Weight Loss Program (official program not homegrown)\*
- Smoking Cessation Program\*
- Purchase of exercise equipment for your home\*

\* Please check with HR to verify the program or equipment you choose is reimbursable.

Reimbursement is \$250.00 for staff who are regularly scheduled to work 40 hours per week. Reimbursement for this benefit is subject to payroll taxes and 401(k) withholding. Reimbursement for this benefit is via the payroll process. *Reimbursements are not authorized for staff who are planning on separating employment or who have tendered their resignation.*

## Additionally:

1. Employees who participate in this benefit will be asked to provide documentation of the usage of the benefit to help assess the quality of this as a benefit.
2. If this benefit is continued into future years, the reimbursement amount will be subject to change depending upon budgetary constraints.

All requests for reimbursement must go through HR for approval and tracking purposes and receipts must be submitted by June 25, 2019 to be reimbursed in the FY19 Fiscal Year.





## **AXIS HEALTH SYSTEM 401(K) PLAN** AVAILABLE TO ALL EMPLOYEES

A 401(k) plan allows employees to make salary deferrals to their own retirement account. Our Plan offers two types of salary deferrals: Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. All employees are eligible for participation on the first of the month occurring after the day all eligibility requirements are met. AHS will make a safe harbor matching contribution up to 6% of your compensation. This safe harbor matching contribution is 100% vested.

<b><i>Employee Deferral to 401 (k) or Roth</i></b>	<b><i>AHS Matching Contribution</i></b>
1%	1%
2%	2%
3%	3%
4%	4%
5%	5%
6%	6%

## **EMPLOYEE ASSISTANCE PROGRAM** AVAILABLE TO ALL EMPLOYEES

You may be struggling with stress at work, seeking financial or legal advice, or want help with family relationships. Your EAP offers support and resources for you and your immediate family members. Accessing your EAP is easy and available 24 hours a day. Please call 855-205-9185 or log on to [liveandworkwell.com](http://liveandworkwell.com). Access code: UMREAP

## **ADDITIONAL BENEFITS FOR CONSIDERATION** AVAILABLE TO ALL EMPLOYEES

Amerinet Marketplace

MyVerizon Discount with Amerinet up to 22% discount

Durango Recreational Center Corporate Wellness

AFLAC contact: [Darci McMahon 970/385-5656 or darci\\_mcmahon@us.aflac.com](mailto:darci_mcmahon@us.aflac.com)