St. Luke's Magic Valley

New Hire

Benefits Packet

St. Luke's Benefit Plan Year

April 1, 2009

through

March 31, 2010

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Group Health Plan Premiums Table Effective April 1, 2009

Type of Plan	Full Time Rates	Part-Time Level III Rates	Part-Time Level II Rates
CHOICE			
CATASTROPHIC			
Type of Plan	Full Time Rates	Part-Time Level III Rates	Part-Time Level II Rates
	i uii Tiille Nates	Part-Time Level in Nates	rant-fille Level II Nates
CHOICE			
CATASTROPHIC			
ADDI	TIONAL COST FOR DENT	AL, ORTHODONTICS AND VISION INSL	JRANCE
DENTAL/ORTHO			
VISION			

Medical Plan Coverage Options

	Choice	Catastrophic	
Yearly Deductible			
Lifetime Maximum			
Out-of-Pocket Maximum			
Co-insurance per covered individual	St. Luke's Facility All Other Facilities	St. Luke's Facility All Other Facilities	
Accident Benefit ²			
Utilization Review			
Chiropractic Services	Contracting Provider: Non-Contracting Provider ⁶ :		
Prescription Drug Benefit		d at St. Luke's or a Participating Pharmacy* or more for a 30-day supply.	
Mental Health & Substance Abuse	Inpatient Outpatient Intensive Outpatient Program		
	Preventive Care Modul	e	
Annual Well Baby:			
Child Annual Immunizations			
Child Annual Physical			
Adult Annual Physical			

¹ **Out-of-Pocket Maximum:** For non-emergency services provided at a non-St. Luke's facility, the plan will only pay 60% for facility services, even if the participant has met their out-of-pocket maximum.

² Accident Benefit: In the event of an accident, the covered individual's deductible is waived, if indicated.

Dental/Orthodontics/Vision Plan Options

Incentive Dental	Dental and Orthodontics
Dental Only:	Dental and Orthodontics:
\$0.00 70-80-90-100%	waived for Class A & D services \$30.00 \$60.00 \$90.00
Yrs. of Coverage	100% 80% 50% 50%
If this is your first year in this plan, coverage starts at 70% for Class A & Class B. 50% Not Covered	\$1,000.00 : There is a one year waiting period from your effective date before this benefit begins.
\$1,200.00	

Vision Plan

Vision - What the plan will pay:

\$60.00 maximum

\$70.00 (limited to one pair every 24 months from prior date of service)

\$21.00

\$35.00

\$45.00

\$105.00

\$36.00

\$36.00

\$85.00

Important Information Regarding Group Health Plans

All Employees Need to Know the Following Regarding Initial Enrollment in St. Luke's Group Health Plans and Mid-Year Changes

Enrolling in St. Luke's Group Health Plans

Employees may enroll in one of the two medical plans and/or one of the two dental plans and/or the vision plan within 30 days of their hire date, or transfer to a "benefits eligible" position date (date of hire/transfer is day one).

Mid-Year Changes

St. Luke's Group Health Plan Mid-Year Changes

Change in Status:	Deadline to Enroll:	Effective Date of Coverage:

Pre-Existing Condition Exclusion & Special Enrollment Rights Notice

1. 1st Pre-existing Condition Exclusion Notification required by HIPAA
Notice of Pre-existing Condition Exclusion:
2. Notice of Special Enrollment Rights required by HIPAA
Notice of Special Enrollment Rights:

Important Reminders Divorce: Children Ages 19 to 23:

Changing Employment Status (Full Time, PTLIII, PTLII, Flex):

Making Enrollment Changes:

Termination of Health Insurance:

Maintenance of Group Health Benefits



Can I Enroll in the Group Health Plan at a Later Date?
Two Dental Plan Options and One Vision Plan Dental/Orthodontics
Incentive Dental
Vision Plan

What Facilities Am I Required To Use?

Important Legal Reminders

HIPAA Privacy & Security

C.O.B.R.A. Coverage

Notice to St. Luke's Group Health Plan Participants regarding the Women's Health and Cancer Rights Act of 1998

25% Discount on Facility Fees Provided at a St. Luke's Facility

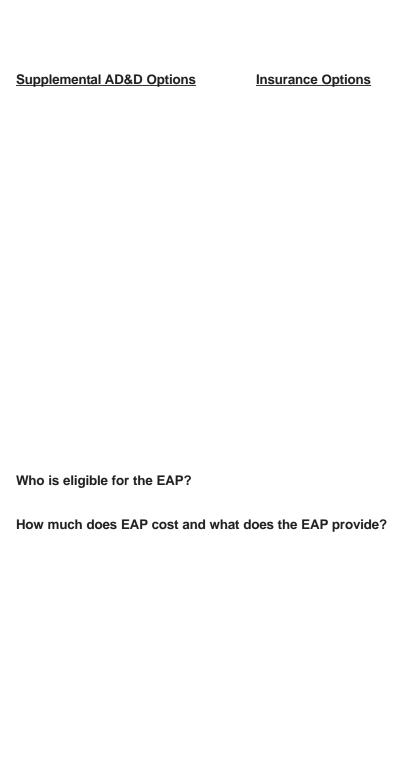
excludes

IMPORTANT!

Other Benefits Available at St. Luke's

Dependent Life

Insurance Options



ow do I access the Person	al Advantage website	2	
	al Advantage website	•	
mployer Contributions:	You Contribute	Employer Match	

How do I access the EAP?

To enroll in the plan or to sign up for the employer match, please contact: Anita Parrott, Investment Advisor Representative AIG Valic Financial Advisors, Inc. Direct calls: 208-423-4864

For appointments: 1-866-283-4892

Flexible Spending Accounts (FSA)

Please Note:

For new hires or eligible transfers, this benefit becomes effective the first day of the month following 90 days of employment.

Important!

You must re-elect this benefit every Annual Enrollment. This benefit does <u>not</u> "carry over" from year to year.

Do you feel like you pay too much in taxes?

Can you predict how much you spend on dependent care each year?

Can you predict how much you spend on health care each year?



Flexible Spending Account Tax Savings for Dependent Care and/or Health Care

Assume:		
Assume:		
Assume:		
Account Annual Maximums:		
Assume Pledge Per Short Plan Year:		
	_	
Less FSA Deduction:	_	
Net Spendable Income:	\$ 958.90	\$1,011.03
Employee B: Increase in take-home Employee B: Annual increase in take		\$52.13 \$1,355.38



This list is not all-inclusive and may be subject to change based on IRS codes for eligible expenses. This list compiled from CCH Federal Tax Guide Reports.

Flexible Spending Accounts Worksh	eet
_	
HEALTH CARE ACCOUNT:	
DEPENDENT CARE ASSISTANCE ACCOUNT:	
expenses in this account.	Do not include health care



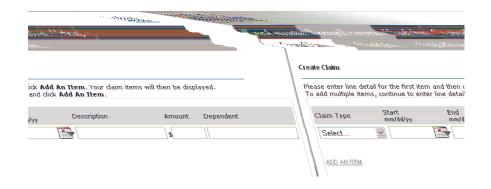
EMPLOYEE/PARTICIPANT FLEXIBLE SPENDING ACCOUNT AUTHORIZATION FOR DIRECT DEPOSITOF REIMBURSEMENT CLAIMS

Company Name:	
Employee/Participant's N	ame:
Employee/Participant's S	S #:
I hereby authorize Pinnac	ele Pension Services, Inc. to initiate credit entries to my:
Indicated below and the o	* Staple Voided Check Here
Bank account number: _	
	ion:
City:	State:
	Hank A. Hart

On-Line Claims Filing System!

To create a new account, complete all the item	Only one account per participant below and click "Continue."	(employee) is available
	Social Security Number (11122333	33)
	Date of Birth: (mm/dd/yyyy):	
	E-mail Address:	
the e-mail address entered above.	NOTE: If you leave the user name bla	nk, your user name will b
	User Name:	
characters long any combination of numbers, bols: !@#\$%^&*(), per and lower case sensitive. No spaces,		Must be 6-20 letters or syn Letters are up
	Password:	
characters long any combination of numbers, bols: !@#\$%^&*(). per and lower case sensitive. No spaces.		Must be 6-20 letters or syn Letters are up
	Confirm Password:	
rie?	Select a Hint Question:	Favorite Mo
	Answer:	

Creating a Reimbursement Form



Pay in Lieu of Benefits (PILB)

OPTIONAL

FORFEIT

Group Health Plan • Paid Time Off (PTO) • Extended Sick Leave (ESL)

• Long Term Disability (LTD) • PTO Donations • ESL Bonus

Group Term Life & Supplemental Term Life Insurance
 Adoption Reimbursement

RETAIN

• Retirement Program • Flexible Spending Account (FSA)

• Tuition/Certification Reimbursement • Employee Assistant Program (EAP)

Years of Service Awards
 Leave of Absence Program

• E. E. Gilbertson Scholarship • Workers' Compensation

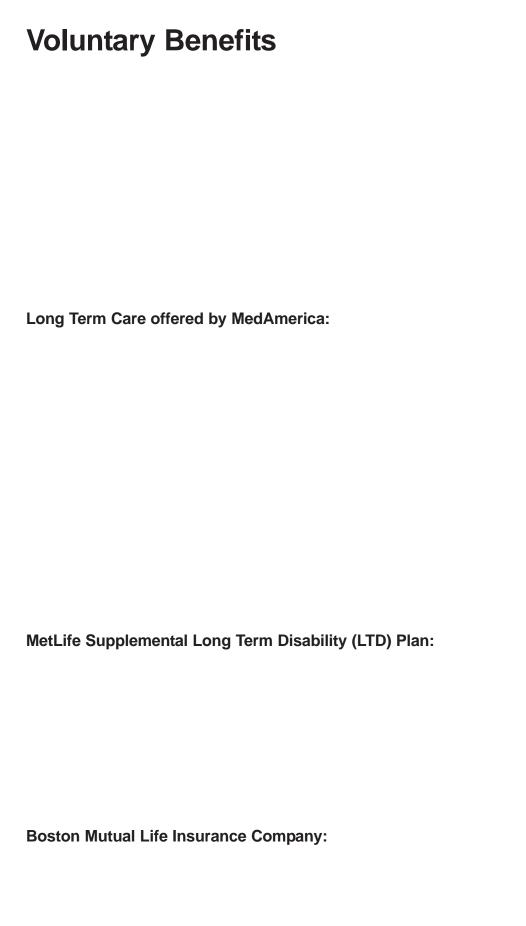
• Unemployment Insurance • All Voluntary Benefits

• Bereavement Pay

Electing PILB:

Paid Time Off (PTO) Provisions

Extended Sick Leave (ESL) Provisions



Voluntary Benefits Brought to You by AFLAC (208) 280-2917 or email at ellwinsinsco@pmt.org
Some of the plans available through payroll deduction: Personal Accident Expense (Pre & Post Tax)
Personal Short Term Disability (Post Tax)
Hospital Intensive Care (Pre Tax)
Cancer Expense Protection (Pre Tax)

Voluntary Benefits Brought to You by MetLife® (1-800-GET-MET8)						
MetLife® Group Auto and Home/Personal Property Insurance						
MetLaw® Premier Legal Plan						
Veterinary Pet Insurance						

ST. LUKE'S REGIONAL MEDICAL CENTER HEALTH AND WELFARE BENEFIT PLANS ADMINISTRATIVE INFORMATION

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Regence BlueShield of Idaho, Inc. 1602 21st Avenue P.O. Box 1106 Lewiston, ID 83501 1-800-632-2022 National Vision Administrators P.O. Box 2187 Clifton, NJ 07015 (973) 574-2400 or 1-800-672-7723

Delta Dental of Idaho P.O. Box 2870 Boise, ID 83701 (208)489-3580

Reliastar Life Insurance Company/ING 20 Washington Avenue South Minneapolis, MN 55401 website: www.ingemployeebenefits-us.com

Pinnacle Pension Services 3101 West Main St, Ste 100 Boise, ID 83702

208-344-2111

Important Benefit Contacts

St. Luke's Benefits Plan Adminis	strators	
Medical	Vision	
Dental & Orthodontics	RX America	
Reliant Behavioral Health		
Pinnacle Pension Services		
Reliastar Life Insurance Company/ING		
Other Important Cont	acts	