

St. Luke's

Magic Valley

New
Hire

Benefits
Packet

St. Luke's

Benefit Plan Year

April 1, 2009

through

March 31, 2010

TABLE OF CONTENTS

Group Health Plans4

Important Information Regarding Group Health Plans7

Other Benefits Available at St. Luke's16

Flexible Spending Account (FSA)19

Pay in Lieu of Benefits (PILB)27

Voluntary Benefits29

Health & Welfare Benefit Plan Administrative Information32

Important Benefit Contacts34

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
CHOICE			
CATASTROPHIC			
ADDITIONAL COST FOR DENTAL, ORTHODONTICS AND VISION INSURANCE			
INCENTIVE DENTAL			
DENTAL/ORTHO			
VISION			

Medical Plan Coverage Options

Choice		Catastrophic
Yearly Deductible		
Lifetime Maximum		
Out-of-Pocket Maximum		
Co-insurance per covered individual	<u>St. Luke's Facility</u> <u>All Other Facilities</u>	<u>St. Luke's Facility</u> <u>All Other Facilities</u>
Accident Benefit²		
Utilization Review		
Chiropractic Services	Contracting Provider: Non-Contracting Provider⁶:	
Prescription Drug Benefit	<u>Purchased at St. Luke's or RXAmerica Participating Pharmacy*</u> \$200 copay for drugs that cost \$1000 or more for a 30-day supply.	
Mental Health & Substance Abuse	Inpatient Outpatient Intensive Outpatient Program	
Preventive Care Module		
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
<p><u>Dental Only:</u></p> <p>\$0.00</p> <p>70-80-90-100%</p> <p>Yrs. of Coverage</p> <p>_____ If this is your first year in this plan, coverage starts at 70% for Class A & Class B.</p> <p>50%</p> <p>Not Covered</p> <p>\$1,200.00</p>	<p><u>Dental and Orthodontics:</u></p> <p>waived for Class A & D services</p> <p>\$30.00</p> <p>\$60.00</p> <p>\$90.00</p> <p>100%</p> <p>80%</p> <p>50%</p> <p>50%</p> <p>\$1,000.00</p> <p>_____: There is a one year waiting period from your effective date before this benefit begins.</p> <p>\$1,200.00</p>
Vision Plan	
<p><u>Vision - What the plan will pay:</u></p> <p>\$60.00 maximum</p> <p>\$70.00 (limited to one pair every 24 months from prior date of service)</p> <p>\$21.00</p> <p>\$35.00</p> <p>\$45.00</p> <p>\$105.00</p> <p>\$36.00</p> <p>\$36.00</p> <p>\$85.00</p>	

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

**PLEASE
NOTE
DEADLINE**

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

[illegible]

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:

Making Enrollment Changes:

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

Termination of Health Insurance:

Maintenance of Group Health Benefits

Electing the Medical Plan That is Right for You

CHOICE and CATASTROPHIC Plans:

Prescription Drug Benefit

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

Supplemental AD&D Options

Insurance Options

Who is eligible for the EAP?

How much does EAP cost and what does the EAP provide?

How do I access the EAP?

How do I access the Personal Advantage website?

Employer Contributions:

You Contribute

Employer Match

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 not “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 Plan - Eligible Expenses to Consider:

If you have any questions about the direct deposit option, please feel free to contact Pinnacle Pension Services at (208) 433-0030.

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

Assume:

Assume:

Assume:

Account Annual Maximums:

Assume Pledge Per Short Plan Year:

	<hr/>	<hr/>
Less FSA Deduction:	<hr/>	<hr/>
	<hr/>	<hr/>
Net Spendable Income:	<hr/>	<hr/>
	\$ 958.90	\$1,011.03
Employee B: Increase in take-home pay per pay period:		\$52.13
Employee B: Annual increase in take-home pay:		\$1,355.38

Health Flexible Spending Account (FSA) Reimbursements

Examples of expenses eligible for FSA reimbursement:

Examples of expenses not eligible for FSA reimbursement

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 Worksheet

HEALTH CARE ACCOUNT:

DEPENDENT CARE ASSISTANCE ACCOUNT:

expenses in this account.

Do not include health care



**EMPLOYEE/PARTICIPANT
FLEXIBLE SPENDING ACCOUNT
AUTHORIZATION FOR DIRECT DEPOSIT OF
REIMBURSEMENT CLAIMS**

Company Name: _____

Employee/Participant's Name: _____

Employee/Participant's SS #: _____

I hereby authorize Pinnacle Pension Services, Inc. to initiate credit entries to my:

☐☐

Indicated below and the depository named below to credit the same to such account.

*

Staple Voided Check Here

SAMPLE

Bank account number: _____

Name of financial institution: _____


Branch location: _____

City: _____ State: _____

Bank ACH Transit Routing Number: _____



Hank A. Hart

Click **Add An Item**. Your claim items will then be displayed.
and click **Add An Item**.

mm/yy	Description	Amount	Dependent
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Create Claim

Please enter line detail for the first item and then click **Add An Item**.
To add multiple items, continue to enter line detail.

Claim Type	Start mm/dd/yy	End mm/dd/yy
Select... 	<input type="text"/>	

[ADD AN ITEM](#)

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

Long Term Care offered by MedAmerica:

MetLife Supplemental Long Term Disability (LTD) Plan:

Boston Mutual Life Insurance Company:

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**

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 Administrators

Medical

Vision

Dental & Orthodontics

RX America

Reliant Behavioral Health

Pinnacle Pension Services

Reliastar Life Insurance Company/ING

Other Important Contacts
