



# WORKING FOR YOU

## EMPLOYEE BENEFITS GUIDE

APRIL 1, 2019 TO MARCH 31, 2020 PLAN YEAR

[www.virginiahospitalcenter.com](http://www.virginiahospitalcenter.com)

# AT VIRGINIA HOSPITAL CENTER HEALTH SYSTEM WE ARE STRIVING TO BE THE BEST

You see, to **Be The Best Hospital** is our mission. It's really that simple. We know that your time and expertise are valuable, which is why we offer one of the best benefits packages in the area. Virginia Hospital Center Health System is a community based hospital with the luxury of being located within a large and culturally diverse metropolitan area, providing you with the convenience of national museums, public transportation, shopping, nightlife, and more.

To help you be at your best and make the most of your employment experience, we offer a comprehensive and generous benefits package. We want to recognize your needs and the needs of your family so that you can provide your best at the workplace. Your Hospital programs and plans will help you meet the challenges of everyday living, from high-quality medical and dental care benefits that help you and your family be at your healthiest to retirement benefits that will help you build wealth for the future.

Human Resources at Virginia Hospital Center Health System is dedicated to customer service and you are our customer. We have an open door policy and encourage your feedback, ideas, and/or comments regarding your employment with us.

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## HOW YOUR EMPLOYEE BENEFITS PACKAGE WORKS

You are eligible for all the benefits Virginia Hospital Center offers if you work in a full-time or permanent part-time status. If you are a PRN or part-time employee working less than 20 hours per week, you are only eligible for medical coverage under the High Deductible Health Plan option and other voluntary benefits as shown in the chart on page 2.

Provided that you enroll within 30 days of your eligibility date, your benefits will begin on the first day of the month following your eligibility date. If you do not enroll for benefits within the 30-day period, you will have to wait for the next annual open enrollment to apply for benefits. No exceptions can be made to the 30-day enrollment period.

If you experience an employment status change or qualified family status change, you may be eligible to add or drop benefits during a special 30-day enrollment period as defined in the Summary Plan Description booklet located on the Benefits Corner site, located on the Employee Portal, and generally described in the Family Status Change section below.

## ELIGIBLE DEPENDENTS

If you choose to enroll dependents (spouse/same sex spouse and/or children) in your medical plan and/or other benefits, your dependents must meet the criteria as defined in the Summary Plan Description booklet located on the Benefits Corner site, located on the Employee Portal. Proper documentation will be required for your spouse/same sex spouse and/or children enrolled in your health and dental plan.

## FAMILY STATUS CHANGE

Since life has a way of changing, and some of these changes may affect your need for benefits, you may make a coverage change during the year if you experience a qualified event such as marriage, birth or adoption of a baby, divorce, or change of status of employment by you or your spouse. *You have 30 days after the change in status event to make a benefit change. Contact the Benefits Department to see if you are eligible for a change. Newborn children must be added to the health plan within 30 days from the date of birth.*

## EMPLOYEE STATUS CHANGE

If you have an employment status change from PRN or part-time working less than 20 hours per week to permanent part-time or full-time, you have 30 days from your status change effective date to make changes to your health plan option and to enroll in all other Hospital benefits. No exceptions can be made to the 30-day enrollment period.

Your health enrollment change or benefits enrollments will begin on the first day of the month following your eligible employment status change.

If you do not enroll during this 30-day period, next year's annual open enrollment period or a family status change event will be your next opportunity to update your coverage.

## YOUR PRE-TAX BENEFITS

Our benefits program is tax-effective in ways you may not even realize. For example, the premiums you pay for certain benefits (such as medical coverage) are deducted from your pay on a pre-tax basis. Due to this favorable tax treatment, IRS rules limit changes to your coverage during the year.

## ANNUAL OPEN ENROLLMENT TIME

This is the one time each year that you are allowed to add or change your benefits, a rule established by government regulations, because you pay for the benefits with pre-tax dollars. Careful attention to this summary will help ensure that your benefits meet your needs. During annual open enrollment, you may add or drop coverage or add or drop dependents. Your Flexible Spending Account (Dependent Care/Medical) elections do not automatically carry over each year. If you want to participate in the Flexible Spending Account programs, you must re-enroll each year, even if you want your Flexible Spending Account levels to stay the same. If you have an unclaimed amount in your Medical Flexible Savings Account following the end of the Plan Year, up to \$500 of that amount will be carried over to the next Plan Year (you must be re-enrolled in the next plan year to use roll-over funds). Any amount in excess of \$500 is forfeited.

BENEFITS SUMMARY	FULL-TIME	PERMANENT PART-TIME	PRN (ON CALL) PART-TIME (UNDER 20 HRS)
Arlington Community Federal Credit Union	•	•	•
AT&T Wireless Discount Program	•	•	•
Commuter Benefit Program	•	•	•
Dental Insurance	•	•	
Education at VHC Health System	•	•	•
Employee Assistance Program (EAP)	•	•	•
Family Leave Accrual	•	•	
Flexible Spending Accounts – Dependent Care/Medical	•	•	
For Eyes Vision	•	•	•
From You Flowers Discount Program	•	•	•
Health Savings Account (HSA)	•	•	
Hyatt Legal Plans – MetLaw	•	•	
Jury Duty	•	•	
Legal Shield - Identity Theft Protection	•	•	•
Life Insurance	•	•	
Long-Term Disability (LTD)	•	•	
Medical Insurance	•	•	(HDP Only)
MetLife Accident and Critical Illness	•	•	•
MetLife Auto and Home	•	•	•
National Institute of Health Credit Union	•	•	•
Paid Time Off (PTO)	•	•	
Parking	•	•	•
Retirement Program	•	•	•
Sick Time (SCK Bank)	•	•	
Short-Term Disability (STD)	•	•	
Sport and Health Discount Program	•	•	•
Sprint Discount Program	•	•	•
T-Mobile Wireless Discount Program	•	•	•
TicketsatWork	•	•	•
Transit Benefit	•	•	
Tuition Reimbursement	•	•	
Verizon FiOS	•	•	•
Verizon Wireless Discount Program	•	•	•
Working Advantage Discount Program	•	•	•
YMCA Discount Program	•	•	•
Zip Car Discount Program	•	•	•
1-800-FLOWERS Discount Program	•	•	•

## YOUR MEDICAL CHOICES

Virginia Hospital Center Health System gives you access to affordable, comprehensive medical coverage through your choice of three options: the Virginia Hospital Center Health System PPO, Virginia Hospital Center Health System High Deductible Plan or the Kaiser Permanente Signature HMO.

You can select the option that best meets your needs and your budget. To help you understand the differences between the options and evaluate which will be best for you, please carefully review each plan's basic overview on the following pages, and the Summary Plan Descriptions available through the Benefits Corner site, located on the Employee Portal.

Our medical plan options are “non-grandfathered” under the Patient Protection and Affordable Care Act (PPACA), and provide participants with all the consumer protections required by the law. This includes:

- Preventive care – all options provide covered preventive care services without any cost-sharing. Preventive care can be effective in helping detect and treat conditions early, when they are most manageable.
- Provider choice – all options allow you to select participating providers to provide care, and allow women to seek OB-GYN care without needing a referral or preauthorization.

Virginia Hospital Center Health System medical plan options were previously grandfathered. The change in status ensures compliance with PPACA and helps keep hospital benefits fully competitive with the medical coverage offered by others in the marketplace.

Your payroll deductions for coverage, per pay period, are shown on page 8 of this booklet. In keeping with the tobacco-free values of our organization, your payroll deductions for medical coverage are lower if you are a non-smoker. This reflects that non-smokers generally have fewer illnesses, which are shorter in duration and less expensive to treat. Here is how the cost difference works:

- You will qualify for the non-smoker rates if you and all the family members that you cover are non-smokers.
- If you or a covered family member is a smoker, your payroll deductions for health insurance will be at the smoker rates.

**If you or any of your covered dependents are smokers, ask Human Resources about our free online smoking cessation course to help reduce your healthcare premiums.** Non-smokers can generally expect to live longer, healthier lives and enjoy a higher quality of life. Virginia Hospital Center Health System encourages everyone to become tobacco-free and involved in health and wellness activities.



## KEY FEATURES: VIRGINIA HOSPITAL CENTER HEALTH SYSTEM PPO

Virginia Hospital Center Health System offers a *Preferred Provider Organization (PPO)* medical plan that is administered through a national network: *CareFirst Administrators – BlueCard* for your health care needs. This makes good sense from a medical perspective because the network helps assure that every physician is qualified with the appropriate credentials. It also makes sense from a cost perspective because when you use a network physician, you receive the service at a discounted rate. In addition, **when you use Virginia Hospital Center Health System services, you receive a 100% benefit. For a list of providers in the Virginia Hospital Center Physician Group network visit [vhcphysiciangroup.com](http://vhcphysiciangroup.com).** For a list of network providers, visit the CareFirst Administrators website: [www.CFABlue.com](http://www.CFABlue.com) or call the Customer Service number: 1-866-942-7859.

SERVICES	VHC	IN-NETWORK	OUT-OF-NETWORK*
Annual deductible	None	\$250 per person \$500 family	\$250 per person \$650 per family
Pre-existing condition limits	None	None	None
Annual out-of-pocket limit	\$4,000 per person \$8,000 per family	\$4,000 per person \$8,000 per family	\$8,000 per person \$16,000 per family
Primary care physician visits	\$10 co-pay VHC Physician Group	\$20 co-pay	50%*
OB/GYN visits	\$15 co-pay	\$15 co-pay	50%*
Maternity care	\$15 co-pay	\$15 co-pay	50%*
Well baby visit	100%	100%	50%*
Pediatrician	\$15 co-pay	\$15 co-pay	50%*
Specialist visits	\$25 co-pay VHC Physician Group	\$35 co-pay	50%*
Outpatient mental and nervous/ alcohol and drug abuse	\$15 co-pay	\$15 co-pay	50%*
Preventive care	Fully covered - 100%	100%	50%*
Outpatient surgery	Fully covered - 100%	\$50 co-pay plus 30% co-insurance*	50%*
Inpatient room and board	Fully covered - 100%	\$100 co-pay plus 30% co-insurance*	\$2,000 co-pay per admission, then 50%
Inpatient diagnostic lab and X-ray	Fully covered - 100%	\$50 co-pay plus 30% co-insurance*	50%*
Outpatient diagnostic lab and X-ray	Fully covered - 100%	\$50 co-pay plus 30% co-insurance*	50%*
Inpatient mental and nervous/ alcohol and drug abuse	Fully covered - 100%	\$50 co-pay plus 30% co-insurance*	50%*
Emergency room	Fully covered - 100%	\$50 co-pay	\$50 co-pay
Urgent care	Fully covered - 100%	\$30 co-pay	50%*
Vision care	Children under age 19 receive 2 eye exams and 2 pairs of glasses or an annual supply of contacts (max. 12 boxes) per plan year. For adults (age 19 or older), the plan pays up to \$300 per person per plan year.		
Annual out-of-pocket limit for prescription drugs	\$3,000 per person \$6,000 per family		
Retail prescription drugs	After the \$70 per person/\$210 per family prescription deductible: Generic – \$5 co-pay / Preferred brand – \$35 co-pay / Non-preferred brand – \$55 co-pay		
Mail order prescription drugs (up to 90-day supply; no prescription deductible)	Generic – \$10 co-pay / Preferred brand – \$70 co-pay / Non-preferred brand – \$110 co-pay		

\*Subject to deductible.

Plan options are “non-grandfathered” under the Patient Protection and Affordable Care Act and comply with applicable requirements of the law, such as covering preventive care with no cost sharing.



## KEY FEATURES: VIRGINIA HOSPITAL CENTER HEALTH SYSTEM HDP (HIGH DEDUCTIBLE PLAN)

Virginia Hospital Center Health System offers a *High Deductible Plan (HDP)* medical plan. Only this plan option will be available to all hospital employees (full-time, permanent part-time, PRN and part-time working less than 20 hours per week status). The VHC HDP plan offers a \$2,000 individual deductible with 20% or 30% member co-insurance thereafter if you visit a physician within the network (see below). The plan is administered through a national network: CareFirst Administrators and utilizes the Blue Preferred plan network. For a list of network providers, visit the CareFirst Administrators website: [www.CFABlue.com](http://www.CFABlue.com) or call the Customer Service number: 1-866-942-7859.

SERVICES	IN-NETWORK	OUT-OF-NETWORK*
Annual deductible (integrated medical & prescription)	\$2,000 Individual \$4,000 Family	\$4,000 Individual / \$8,000 Family
Pre-existing condition limits	None	None
Annual out-of-pocket limit (integrated medical & prescription)	\$5,500 per person \$11,000 per family	\$11,000 per person \$22,000 per family
Primary care physician visits	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
OB/GYN visits	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Maternity care	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Well baby care	100%	50%*
Pediatrician	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Specialist visits	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Outpatient mental and nervous/ alcohol and drug abuse	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Preventive care	100% at Virginia Hospital Center Health System / 100% In-Network	50%*
Outpatient surgery	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Inpatient room and board	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Inpatient diagnostic lab and X-ray	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Outpatient diagnostic lab and X-ray	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Inpatient mental and nervous/ alcohol and drug abuse	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Emergency room	80%*	80%*
Urgent care	80% at Virginia Hospital Center Health System* / 70% In-Network*	50%*
Vision care	Children under age 19 receive 2 eye exams and 2 pairs of glasses or an annual supply of contacts (max. 12 boxes) per plan year. For adults (age 19 or older), the plan pays up to \$300 per person per plan year.*	
Retail prescription drugs	80%*	
Mail order prescription drugs (up to 90-day supply)	80%*	

\*After deductible has been met.



## KEY FEATURES: KAISER PERMANENTE HMO

As a Signature HMO plan member, you would have the ability to choose a primary care physician and receive care at any Kaiser Permanente medical center or from affiliated physicians. Many of the medical centers also offer pharmacy, lab, X-ray, urgent care and vision services, allowing you the convenience of being able to access all these services in one trip. For additional information, visit the Kaiser Permanente website: [www.kp.org](http://www.kp.org) or call the customer service number: 1-800-777-7902 or 301-468-6000 (Washington metro area). For medical advice or appointments, please call 1-800-777-7904 or 703-359-7878.

SERVICES	IN-NETWORK BENEFITS
Annual deductible	None
Annual out-of pocket limit	\$3,500 per person / \$9,400 per family
Pre-existing condition limit	None
Primary care physician visits	\$15 co-pay
Specialist visits	\$30 co-pay
OB/GYN visits	\$15 co-pay
Maternity care	No co-pay (Once diagnosis of pregnancy is confirmed)
Well baby care	No charge
Outpatient surgery	\$50 co-pay
In-patient room and board	No charge
In-patient diagnostic lab and X-ray	No co-pay
Outpatient diagnostic lab and X-ray	No co-pay
Outpatient specialty imaging	\$50 co-pay
In-patient behavioral and chemical	No charge
Outpatient behavioral and chemical	\$7 group therapy / \$15 individual therapy
Preventative care	No co-pay
Urgent care	\$30 co-pay
Emergency room	\$50 co-pay (waived if admitted)
Prescription plan	Generic - \$10 KP medical center or VHC pharmacy / \$30 community participating pharmacy Formulary - \$30 KP medical center or VHC pharmacy / \$50 community participating pharmacy Non-Formulary - \$50 KP medical center or VHC pharmacy / \$75 community participating pharmacy
Mail order prescription plan	Generic - \$10 (2x for a 90 day supply) Formulary - \$30 (2x for a 90 day supply) Non-Formulary - \$50 (2x for a 90 day supply)
Vision care	Routine eye refractions \$15 co-pay Pediatric vision eyewear (up to age 19) no co-pay \$250 allowance every two years towards frames/lenses/contact lenses for adults 19 years or older

Plan options are “non-grandfathered” under the Patient Protection and Affordable Care Act and comply with applicable requirements of the law, such as covering preventive care with no cost sharing.

## DENTAL CARE BENEFITS

Dental coverage is provided through the [Delta Dental PPO](#) plan. Delta Dental offers a large nationwide network of providers and you will be able to take advantage of lower out-of-pocket expenses because of the preferred pricing the network has established. Your benefits are based on levels of treatment: Diagnostic & Preventive, Basic, Major, and Orthodontic.

### MAX OVER

Max Over is a Dental Plan feature that encourages preventive care by allowing you to roll over a portion of the plan's annual maximum to use in the future, if needed. You are eligible if you:

- Have at least one preventive visit within the plan year,
- Have at least one cleaning performed annually,
- Have claims that are less than the Max Over claims threshold.

Once you meet the criteria, the appropriate Max Over amount will roll into a Max Over account for you. Then, if you need services in the future that cost more than the annual maximum, your Max Over account can help cover the difference.

Another Dental Plan feature to use is Life Smiles, an oral health risk assessment tool that can help you make smart oral health choices.

Please refer to the Dental Plan Summary Plan Description available on the Benefits Corner site located on the Employee Portal for specific details. To contact Delta Dental for providers or customer service, you can visit the website at: [www.deltadentalva.com](http://www.deltadentalva.com) or by phone at 1-800-237-6060.

SERVICES	IN-NETWORK PPO/PREMIER	OUT-OF-NETWORK
Annual deductible	\$75 per person/\$150 per family	
Annual benefit maximum	\$1,500 per person, per plan year	
Oral exams	100%	100%
Periodontal/Regular cleanings	100%	100%
Fluoride applications	100%	100%
Bitewing X-rays	100%	100%
Full mouth/panelpipse X-rays	100%	100%
Space maintainers	100%	100%
Sealants	100%	100%
Palliative treatment	100%	100%
Healthy Smile, Healthy You Program	100%	100%
Amalgam and composite fillings	80%*	80%*
Stainless steel crowns	80%*	80%*
Oral surgery	80%*	80%*
Denture repair and recementation of crowns, bridges and dentures	80%*	80%*
Endodontic services/root canal therapy	80%*	80%*
Periodontic services	80%*	80%*
Therapeutic drug injections	80%*	80%*
Prosthodontics/dentures/bridges	50%*	50%*
Crowns	50%*	50%*
Implants	50%*	50%*
Orthodontic	50%**	50%**

\*Subject to deductible

\*\*\$1,500 lifetime maximum applies

## EMPLOYEE COST: MEDICAL AND DENTAL PLANS

Your per pay period deductions for medical coverage and dental coverage, from April 1, 2019 through March 31, 2020, are shown below. **If your spouse is enrolled in a healthcare option, you will be subject to a monthly spousal privilege premium of \$300 (\$138.46 per pay period).** Please contact Human Resources if you are eligible for a waiver.

MEDICAL DEDUCTIONS PER PAY PERIOD: VIRGINIA HOSPITAL CENTER HEALTH SYSTEM PPO			
COVERAGE LEVEL	FULL-TIME		PERMANENT PART-TIME
	NON-SMOKER	SMOKER	NON-SMOKER/SMOKER
Employee only	\$106.05	\$121.96	\$212.10
Employee and child(ren)	\$225.07	\$258.83	\$450.14
Employee and spouse/same sex spouse*	\$261.99	\$301.29	\$523.98
Family	\$370.70	\$426.31	\$741.40

MEDICAL DEDUCTIONS PER PAY PERIOD: VIRGINIA HOSPITAL CENTER HEALTH SYSTEM HIGH DEDUCTIBLE PLAN			
COVERAGE LEVEL	FULL-TIME		PERMANENT PART-TIME/PRN/PART-TIME
	NON-SMOKER	SMOKER	NON-SMOKER/SMOKER
Employee only	\$56.63	\$64.95	\$68.03
Employee and child(ren)	\$118.91	\$136.57	\$236.67
Employee and spouse/same sex spouse*	\$138.22	\$158.78	\$275.29
Family	\$195.10	\$224.19	\$389.05

MEDICAL DEDUCTIONS PER PAY PERIOD: KAISER PERMANENTE SIGNATURE HMO PLAN			
COVERAGE LEVEL	FULL-TIME		PERMANENT PART-TIME
	NON-SMOKER	SMOKER	NON-SMOKER/SMOKER
Employee only	\$94.92	\$109.16	\$189.84
Employee and child(ren)	\$201.45	\$231.67	\$374.70
Employee and spouse/same sex spouse	\$234.49	\$269.66	\$468.98
Family	\$331.81	\$381.58	\$615.41

DENTAL DEDUCTIONS PER PAY PERIOD: DELTA DENTAL PPO PLAN	
COVERAGE LEVEL	FULL-TIME AND PERMANENT PART-TIME
Employee only	\$19.22
Employee and child(ren)	\$36.70
Employee and spouse/same sex spouse	\$40.40
Family	\$67.86

**Coverage begins the first day of the month following your eligibility date. If any premium deductions are missed due to the timing in which you have submitted your enrollment, these premiums will be collected from future paychecks.**

If you are Part-Time (working less than 20 hours per week) or PRN employee enrolled in health insurance and a premium cannot be collected from your paycheck due to lack of hours worked in a pay period, a check must be submitted to HR within 7 days of the missed deduction paycheck date. If a payment is not received for the amount due, your benefits will be terminated on the last day of the coverage month and you will be responsible for payment of any missed premiums. **For employees who terminate employment with Virginia Hospital Center and miss a premium from their paycheck, you will receive a bill for the unpaid amounts. It is your responsibility to check your paystubs for accuracy of enrollment and premium deductions.**

# INCOME PROTECTION BENEFITS

*Short-Term Disability, Long-Term Disability, Life Insurance, Accidental Death and Dismemberment Insurance, Critical Illness Insurance, and Accident Insurance are insured through MetLife Insurance Company.*

## SHORT-TERM DISABILITY

A very real concern among people who work for a living is the need to protect their income during periods of disability. Short-Term Disability (STD) insurance helps to safeguard your income in the event that you experience a prolonged sickness or injury. This insurance coverage is available to benefit-eligible employees only. Employees pay the full cost with after-tax premiums for this benefit. There is a 7-day elimination period for illness and a 14-day elimination period for injury and you must deplete your accrued sick time (SCK) accruals before STD payments go into effect. Refer to the STD Plan Summary booklet for more information about this benefit.

## LONG-TERM DISABILITY

What if you have an extended illness and can't work? How would the mortgage or other debts get paid? How would you take care of your family? In fact, you are more likely to become disabled during your working career than to die. That's why we offer you Long-Term Disability (LTD) coverage. Monthly LTD benefits are paid after you've been certified as partially or totally disabled and unable to work for 90 days. Employees pay the full cost with after-tax premiums. The plan works together with other disability benefits that you may receive – such as Social Security, Worker's Compensation, STD, and/or your sick bank. Refer to the LTD Plan Summary booklet for more information about this benefit.

## LIFE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Term Life Insurance pays benefits to your beneficiary if you die. The Hospital pays the premium for this coverage.

EMPLOYEE STATUS	LIFE/AD&D BENEFITS
Full-time employee	1 x annual salary
Permanent part-time employee	½ x annual salary

## DESIGNATE A BENEFICIARY

When you enroll, *it is required for you to name a beneficiary (or beneficiaries) to receive your life insurance.* You may name anyone you wish, and you may change your designation at any time.

## OPTIONAL TERM LIFE

You are eligible to buy additional term life insurance for yourself, your spouse, and your children. You may purchase additional life insurance for yourself and your spouse in \$10,000 increments up to \$500,000. You may also purchase additional AD&D coverage for yourself and your spouse up to \$250,000. The coverage amount you elect for your spouse may not exceed 100 percent of your additional life coverage. If you wish to purchase additional term life insurance or additional term life insurance with AD&D coverage for your children for a policy of \$5,000 or \$10,000 coverage, you must also purchase additional term life insurance.

You pay for this optional life insurance on a pre-tax basis, and you can continue it when you retire or leave the Hospital. You must inform the Benefits Department in Human Resources if you wish to continue this insurance.

## CRITICAL ILLNESS

Critical illness insurance provides a lump-sum cash benefit to cover expenses associated with a qualifying serious illness. You and your loved ones are covered for critical illnesses such as:

- Cancer
- Heart Attack
- Stroke
- Alzheimer's and 20+ additional conditions.

Lump-sum payments can be used to pay for cost of care and treatment and the replacement of lost income due to a major medical catastrophic event. You and your family members are guaranteed coverage up to \$30,000 with no medical exam needed. If you retire or change jobs, you can take your coverage with you.

Other benefits include:

- Health Screening benefit which pays \$50
- Will preparation services
- MetLife Vision Access Discount program

## ACCIDENT INSURANCE

Accident Insurance helps you pay for the medical and out of pocket expenses you incur after an accidental injury. If major medical insurance is not an option for you, accident insurance may help to protect outside the open enrollment period. The plan provides a lump sum payment for over 150 different covered events such as:

- Fractures
- Dislocations
- Burns
- Cuts or lacerations
- Eye Injuries

You will receive a lump sum payment for covered medical services or treatment such as emergency care, inpatient and outpatient surgery, physician visits and therapy services (physical and occupational therapy).

The plan provides protection 24 hours a day while on or off the job. You may elect coverage for you or your family members and no medical exam is needed. If you retire or change coverage you may take the coverage with you.



## FLEXIBLE SPENDING ACCOUNTS (FSA)

Everyone wants to save money and use it wisely. That's what Flexible Spending Accounts do – they offer a way for you to pay for certain expenses with pre-tax dollars. The kinds of expenses you can pay through FSAs are generally important and necessary costs. Through the benefit plan, you have the option of two separate accounts – one for *dependent care* expenses and one for *medical* expenses. *You must be a benefits eligible employee to participate in the FSAs and re-enroll every plan year.*

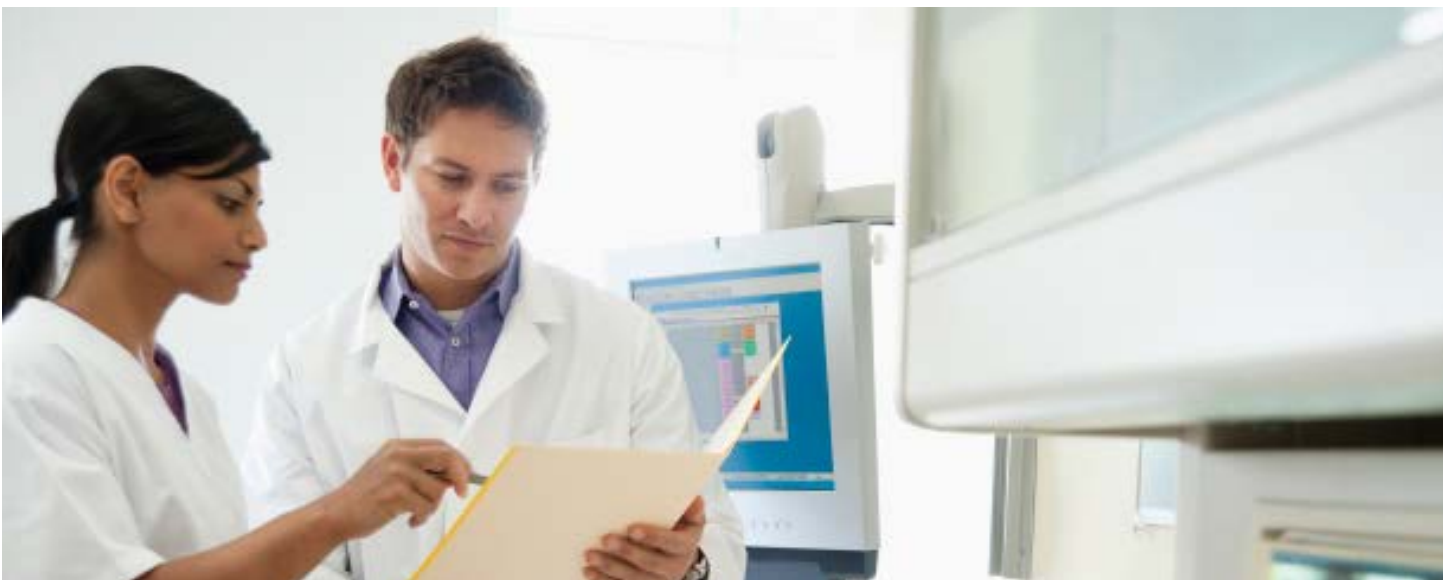
- **Dependent Care FSA** – You may contribute up to **\$5,000** each plan year (or **\$2,500** if you are married, but file separate income tax returns) to pay for eligible daycare expenses while you are at work. Highly Compensated Employees (HCEs) can contribute up to a maximum of **\$2,500** each plan year.
- **Medical FSA** – You may contribute up to **\$2,700** each plan year to pay for eligible medical, dental, vision, and prescription drug expenses that are not covered by another source, such as insurance.

Your FSAs are administered by Optum. You may access balance information and submit your claims online through the Optum website: [www.OptumBank.com](http://www.OptumBank.com). Please see the Benefits Corner site, located on the Employee Portal for FSA set up and login instructions. To contact [www.OptumBank.com](http://www.OptumBank.com), call 1-800-243-5543.

## HOW FSAs WORK

It's simple to use these accounts – and it's easy to enroll in this benefit plan:

- Estimate the eligible expenses that you and your family will have during the plan year (refer to the Flex Plan Summary Plan Description for a list of eligible expenses). *Under the Medical FSA, you may be reimbursed for over-the-counter (OTC) medicines such as eye care, first aid dressings/supplies and diabetes testing kits/aids. Some OTC medicines require a physician's note.*
- For annual open enrollment, divide this amount by the number of pay periods in the plan year. This amount is put into your Dependent Care FSA and/or Medical FSA each pay period through pre-tax deductions from your paycheck.
- Reimbursement checks are mailed to your home address or you can enroll in direct deposit online through [www.OptumBank.com](http://www.OptumBank.com).





## EXAMPLES OF ELIGIBLE FSA EXPENSES

### Dependent Care FSA:

- Care for children up to age 13 at a licensed nursery school, day camp, or childcare center that provides day care
- Services from individuals who provide child care in or outside your home while you work
- Household services (related to the care of the elderly or disabled adults or children who live with you) provided by a housekeeper, maid, cook, etc., as long as the individual is partly responsible for the well-being and care of your qualified dependents
- Care by a nurse or home health care agency for care for your spouse or legal dependent that is physically or mentally incapable of self-care

### Medical FSA:

- Your share of medical and dental care expenses, such as co-payments and deductibles
- Prescription drug co-payments
- Non-covered vision care expenses such as eye exams, eye glasses, contact lenses, or laser vision correction
- Non-covered hearing exams and hearing aids

### FOR MORE TOOLS, RESOURCES AND ADDITIONAL INFORMATION, REFER TO:

- The Flexible Spending Account Summary Plan Description on the Benefits Corner site, located on the Employee Portal
- The Optum website, [www.OptumBank.com](http://www.OptumBank.com)
- IRS publications 503(Dependent Care FSA), 502 and 969 (Medical FSA); available via the IRS website: [www.irs.gov](http://www.irs.gov)

## IRS FORFEITURE RULES

Be sure to estimate your expenses carefully. Government regulations allow you to roll over up to \$500 of Medical FSA funds to the next plan year, which you may use on eligible expenses as long as you participate in the Medical FSA during the next plan year. If your employment ends, the Medical FSA may be used for expenses you incur through the day that your coverage ends, while the Dependent Care FSA may be used for expenses you have up until the end of the plan year in which your coverage ends. For more information, visit the IRS website at [www.irs.gov](http://www.irs.gov) and view IRS publications: 503 (Dependent Care FSA), 502 and 969 (Medical FSA).



# HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, co-payments, co-insurance and other eligible expenses, you can lower your overall health care costs.

An HSA can be used only if you have a High Deductible Health Plan (HDHP). The annual contribution limit for individual coverage is \$3,500. For those with family coverage, the annual contribution limit is \$7,000. Catch-up contributions can be made any time during the year by HSA-eligible participants who will be age 55 or older by the end of the year. Those 55 or older can contribute up to \$1,000 extra annually in catch-up contributions.

## HOW HSA'S WORK

Opening an HSA allows you to pay less in federal income taxes, because you can make before-tax deposits to your account – and those before-tax deposits reduce your taxable income for federal income tax purposes.

The money in your HSA is yours to withdraw at any time to pay for eligible medical expenses that aren't paid by your high-deductible individual health insurance policy. You can use the funds in your HSA to pay for deductibles, co-payments and co-insurance for qualified medical expenses such as:

- Doctor Visits
- Dental Care
- Vision Care
- Prescription Medications
- Chiropractic Services

Be sure to save your receipts! For a full list of qualified medical expenses, visit [www.optumbank.com/qualified\\_expenses](http://www.optumbank.com/qualified_expenses). Your HSA rolls over from year to year, so you can continue to grow your savings and use it in the future – even into retirement.

## IMPORTANT HSA RULES

- You must be enrolled in the HDHP for your medical coverage if you want to contribute to an HSA.
- If you are enrolled in the HDHP and choose not to contribute to the HSA you can enroll into the Medical FSA plan
- If you enroll into the HDHP and you choose to contribute to the HSA you will NOT be allowed to enroll into the Medical FSA plan



# COMMUTER BENEFITS

## *PRE-TAX TRANSIT, METRO PARKING AND VANPOOL*

The Commuter Benefit encourages and assists full-time and permanent part-time staff in the use of transit and parking for purposes of commuting to and from work, through Qualified Transportation Accounts. Qualified Transportation Accounts allow employees to set aside pre-tax funds used for eligible transit and parking expenses related to commute to work. If the participant has both a parking account and a transit account, each account is entirely separate, and funds cannot be transferred from one to the other. Transit and/or parking benefits are limited to employee expenses only: reimbursement is not allowed for spouse or dependent transit or parking expenses.

## *HOW THE OPTUM PAYMENT CARDS WORKS WITH COMMUTER BENEFITS*

OPTUM allows employees to set aside pre-tax dollars via payroll deduction to be credited to their optum payment card which can be used to pay to Metrorail, Metrobus, Metro parking and select Vanpool expenses. Employees can set aside up to \$265 per month for each type of expense (transit/vanpool and parking). The Card can be used for mass transit passes, tokens, or fare cards purchased at a valid transit fare terminal.

All regular full-time and permanent part-time employees are eligible to participate in this benefit.

The Card maintains separate accounts or “purses” of pre-tax money for parking and transit and directs the card transaction to the appropriate purse based on the Merchant Category Code (MCC) at the point of sale.

The amount of available funds on the card must cover the entire mass transit or parking expense or the transaction will be declined. The participant may split the cost by swiping their Card for the exact available amount and then pay for the remaining amount with an alternate form of payment.

## *ARLINGTON TRANSIT COMMUTER BENEFIT*

You can ride ART 51 and ART 52 buses for free by showing your Hospital ID badge upon boarding. The ART 51 bus serves customers who travel between Ballston Metro and Virginia Hospital Center. The ART 52 bus serves customers who travel between East Falls Church Metro and Virginia Hospital Center. You can also go online to:

- Sign up for text alerts about severe weather and how it may impact your ART route,
- View transportation schedules throughout the Arlington area, and
- Purchase ART and other transit fares.

For information on these and other benefits, visit [www.commuterpage.com/art](http://www.commuterpage.com/art) or call 703-228-RIDE.

In addition, take advantage of the free Guaranteed Ride Home program that can provide you with a FREE reliable ride home for emergencies or unscheduled overtime, up to four times per year, if you are a commuter who regularly (at least 2x/week) takes transit, bikes, walks or carpools/vanpools to work. Register for free at [tdm.commuterconnections.org/mwcog](http://tdm.commuterconnections.org/mwcog) or call 1-800-745-7433.

## *VANPOOL CONNECT*

In an effort to get more people interested and educated in vanpool transportation, Arlington Transportation Partners (ATP) has teamed up with local vanpool providers, to help people secure an easy and affordable commute both into and out of Arlington County. Commuters are able to use their pre-tax commuter benefits to pay for the vanpool.

For more information on how ATP's Vanpool Connect program, visit [JoinAVanpool.com](http://JoinAVanpool.com) or 703-247-9299

### **What is a Vanpool?**

Vanpools are a group of commuters traveling from one or more origination points to a shared destination. Vanpools include as few as 4 and up to 15 people. Vanpools help reduce stress and allow commuters to avoid traffic with a direct route consisting of minimal stops.

Vanpools are most cost effective for employees who live 15 miles or more from their destination. The pricing for the van is fixed on a monthly basis, the only fluctuation being the price of gasoline.

Commuter vanpools are eligible for the transit benefit (up to \$265/month), as defined by the IRS.

## PAID TIME OFF (PTO)

Paid Time Off (PTO) is a benefit that combines traditional vacation, holiday and personal leave, providing you with flexibility to schedule time off with pay.

You will be granted PTO hours at the beginning of each calendar quarter\* – **January 1, April 1, July 1 and October 1**. Your allotment of PTO hours depends on your position and service, as shown below. PTO hours may be used at your discretion with the approval of your department manager.

All regular full-time and permanent part-time staff are eligible to utilize PTO after successful completion of their 90 day probationary period.

FULL-TIME STAFF PTO ACCRUAL		
	Years of Service	Quarterly PTO Grant*
STAFF	5 years or less	44 hours
	More than 5 years	54 hours
DEPARTMENT HEAD	0-3 years	54 hours
	More than 3 years	64 hours

\* January 1, April 1, July 1 and October 1

PERMANENT PART-TIME STAFF PTO ACCRUAL		
	Years of Service	Quarterly PTO Grant*
STAFF	5 years or less	18 hours
	More than 5 years	25 hours
DEPARTMENT HEAD	0-3 years	27 hours
	More than 3 years	32 hours

\* January 1, April 1, July 1 and October 1

*Part-time staff working fewer than 20 hours per week do not accrue any PTO regardless of service.*

## ACCUMULATION

**At the end of a calendar year, you may carryover up to 40 hours of unused PTO. If you have more than 40 hours of unused PTO at the end of a calendar year, those excess hours will be converted into sick leave.**

**At the end of your employment with the Hospital, you can receive a payment of unused PTO, equal to 75% of your pay rate for up to 40 hours of unused PTO.**

## HOLIDAYS AND PTO

Eligible employees may use PTO for Hospital-recognized holidays when their department is closed.

Those employees who work on a recognized holiday are paid time and one-half. Those whose day off falls on a holiday do not have to use PTO. If a supervisor allows an employee to work on a holiday when their department is closed, the employee does not use PTO.

## SICK TIME

Sick time is intended to enable you to accrue sufficient time to bridge the waiting periods between the onset of Short-Term Disability (STD) and/or Long-Term Disability (LTD). Sick time (SCK) pay is restricted to use for **personal illness/injury only**, and physician certification may be requested before SCK hours are used.

You may use accrued **Sick Time (SCK)** pay if your absence is due to:

- A personal injury/illness
- A hospital (inpatient) admission.
- An outpatient surgical procedure, including dental surgery.
- A work-related illness or injury sustained on the job that qualifies for workers compensation.
- A re-occurrence of an illness.

All regular full time and permanent time staff are eligible to utilize sick time after successful completion of their 90 day probationary period.

FULL-TIME SICK TIME (SCK) ACCRUAL SCALE		
	YEARS OF SERVICE	ACCRUAL
STAFF	5 years or less	0.02690 per hour
	More than 5 years	0.03846 per hour
DEPARTMENT HEAD	All years of service	0.03846 per hour

PERMANENT PART-TIME SICK TIME (SCK) ACCRUAL SCALE		
	YEARS OF SERVICE	ACCRUAL
STAFF	All years of service	0.02690 per hour

## FAMILY LEAVE PROGRAM

Virginia Hospital Center Health System recognizes the need for employees to be responsible for family matters. All full-time (work 32 hours or more per week) and permanent part-time employees (work 20 hours or more per week) become participants in the family leave program upon hire. To begin using the accrued time in this program, you must have a continuous service date of five years or more. Full-time employees will earn FVL ACC and accrue up to four days per year; permanent part-time employees will earn FVL ACC and accrue up to two days per year. The maximum accrual is up to 20 days for full-time employees and up to 10 days for permanent part-time employees.

### USE OF FAMILY LEAVE ACCRUAL (FVL ACC)

When an employee has a qualified family medical leave situation (as defined by the Federal government) and has reached the five year service requirement, he/she is eligible to use the days accrued in their family leave bank. You must complete a request form and turn it in to Human Resources along with required medical certification. Your timekeeper will record your time as SCK or PTO, or leave without pay. Human Resources and Payroll will credit back your hours. Once an employee has exhausted the family leave bank he/she will once again begin to accrue days for future family leave purposes. Human Resources must approve family leave pay before it is credited back to your used hours, and you must provide proper medical certification.

# VIRGINIA HOSPITAL CENTER HEALTH SYSTEM RETIREMENT PROGRAM

Building financial resources for your future is important – and it's a shared responsibility. For most people, the resources for retirement come from three primary sources: their own savings, employers and Social Security. At Virginia Hospital Center Health System, our Savings Plan is a resource that gives you both a way to build your own savings and receive assistance from your employer.

## SAVINGS PLAN

The plan can help you achieve your financial goals for the future in several important ways:

- Your contributions. You can save a percentage of your pay, up to IRS-determined limits each year.
- Matching contributions. The hospital adds matching contributions based on the first 8% of pay you save.
- Investment options. You choose how your account will be invested.
- Tax advantages. Your account is tax deferred to help you accumulate more for your retirement.

The plan is a flexible, convenient way for you to save. Depending on your compensation each year of service within the organization, you will participate in either a 401(k) or a 403(b) version of the plan. Both of these plans include a Roth feature, which blends characteristics of a traditional 401(k) or 403(b) with features of a Roth IRA. Important plan features are identical in both versions.

## YOUR CONTRIBUTIONS

You can elect to save from 1% to 50% of your eligible compensation in the plan, up to an IRS-determined annual limit. For 2019, the limit on your regular contributions is \$19,000.

If you are at least age 50, or if you will turn age 50 during the year, you are eligible to make additional “catch-up” contributions to help you reach your goals faster. You can contribute up to \$6,000 in catch-up contributions in 2019. To make catch-up contributions, you must adjust your deferral to contribute the higher maximum of \$25,000 in 2019 (\$19,000 in regular contributions plus \$6,000 in catch-up contributions).

## MATCHING CONTRIBUTIONS

When you are saving for your future by contributing to the plan, Virginia Hospital Center Health System makes matching contributions to your account. The contributions you make, up to 8% of your eligible pay, will be matched as follows:

YOUR YEARS OF SERVICE	VIRGINIA HOSPITAL CENTER HEALTH SYSTEM MATCH On first 8% of eligible pay contributed
Less than 5 years	65%
5-9 years	75%
10-14 years	85%
15 or more years of service	100%

The match, which increases as your length of service increases, rewards both your commitment to save and your commitment to Virginia Hospital Center Health System.

### EMPLOYER MATCHING CONTRIBUTIONS

Virginia Hospital Center offers additional money to help you save for retirement. You are eligible for matching contributions after completing **two years** of service. You must be an active employee on December 31, and worked 1,000 hours in the Plan Year to be eligible for the match. **The match will be contributed annually** following the end of each calendar year.

## INVESTMENT OPTIONS

In addition to growing from the contributions made by you and the hospital, your account can also grow over time through investment earnings. The plan allows you to choose how to invest your account. You can choose any combination of a variety of available funds. Your choices include a range of asset classes (such as stocks vs. bonds) and investment mixes, so your account can be invested in a way that will be consistent with your goals.

## TAX ADVANTAGES

Your pretax contributions, the hospital contributions and investment earnings are tax-deferred. This means that you do not pay taxes until this money is withdrawn from your account. If you make Roth contributions to your retirement plan, these payroll deductions are made on an after-tax basis, meaning you pay current federal and, if applicable, state and local taxes in the year the contributions are made. Withdrawals of Roth contributions are tax-free if certain criteria are met.

## MAKE THE MOST OF THE PLAN

To make the most of your Virginia Hospital Center Health System retirement benefits, you should contribute at least 8% of your eligible pay to the Savings Plan. For more information about the plan and your investment choices, contact our plan administrator, T. Rowe Price. Call 1-800-922-9945 (available business days between 7 a.m. and 10 p.m. ET), connect with the retirement website [rps.troweprice.com](http://rps.troweprice.com) or mobile solutions [troweprice.com/mobilesolutions](http://troweprice.com/mobilesolutions).

## SAVINGS PLAN HIGHLIGHTS

	PLAN FEATURE	
Who is eligible	You are eligible to participate starting on your date of hire	
How to enroll	Enroll directly with T. Rowe Price <ul style="list-style-type: none"><li>• Web: <a href="http://rps.troweprice.com">rps.troweprice.com</a></li><li>• Phone: 1-800-922-9945</li><li>• Mobile: <a href="http://troweprice.com/mobilesolutions">troweprice.com/mobilesolutions</a></li></ul>	
Your contributions	Make pre-tax and/or post-tax contributions of up to 1% to 50% of eligible pay <ul style="list-style-type: none"><li>• Up to IRS limit of \$18,500 in 2018</li><li>• Additional \$6,000 in catch-up contributions allowed if at least age 50 during 2018</li></ul>	
Hospital contributions	Hospital matches your contributions as follows:	
	YEARS OF SERVICE	MATCH AMOUNT
		On first 8% of eligible pay contributed
	Less than 5 years	\$0.65
	5-9 years	\$0.75
	10-14 years	\$0.85
	15 or more years of service	\$1.00
Investing your account	Your choice of a variety of professionally managed funds	
More information	See the Summary Plan Description on the Benefits Corner site, located on the Employee Portal or connect with the T. Rowe Price resources above.	

# ADDITIONAL BENEFITS PROVIDED BY VIRGINIA HOSPITAL CENTER HEALTH SYSTEM

As an employee with Virginia Hospital Center Health System, you are also entitled to other additional benefits:

- Virginia Hospital Center Urgent Care Center - Open 24 hours a day, 7 days a week
- ATM money machines on campus
- Cafeteria discount
- Direct deposit
- Employee lactation room
- Employee recognition program "Stars"
- Flu shots (free)
- Gift shops on campus
- Health promotion fitness and health education class discounts
- Hospital discount for employee and family members
- On-site employee health nurse
- Retirement education sessions
- Smoke/drug free campus
- Smoking cessation program
- Workforce Enhancement education program
- Worker's Compensation
- Career development and mentorship programs
- Tuition reimbursement

## EMPLOYEE PARKING

Virginia Hospital Center Health System provides free parking to all employees. Employees are assigned to our on-campus garages, or to one of several nearby off-site parking lots. During peak morning and evening hours, a free shuttle service is provided to and from these off-site parking areas. Employees also have the option to take the local ART 51 bus to and from the hospital's main campus. Through our partnership with Arlington County, employees can ride these two buses for free by presenting their VHC ID. **Virginia Hospital Center Health System spends approximately \$1 million annually to provide employees with free parking and transportation.**

## WORK/LIFE BENEFITS

### ARLINGTON COMMUNITY FEDERAL CREDIT UNION

Great News! As a Hospital employee, you and your immediate family are eligible to bank with Arlington Community Federal Credit Union! You may already have financial relationships, but keep the Credit Union in mind when you're exploring your next banking needs. This is the neighborhood credit union, not a bank, and the commitment is to serving members and the greater community. Just as great – they're available wherever you are with access to over 20,000 ATMs and shared branching or through the Mobile App. The mission of the Credit Union is to empower the financial lives of members. Great ways to save, competitive rates, and a willingness to find solutions that other financial institutions might not be able to provide.

- Loans (including mortgage, personal loans, fast cash)
- Checking and Savings options
- Investment and planning

Visit [www.arlingtoncu.org](http://www.arlingtoncu.org) to learn more. To get started call 703-526-0200.

### AT&T WIRELESS DISCOUNT PROGRAM

AT&T Signature Discount Program is available to all United States based Virginia Hospital Center employees. This program is available for employees that currently have AT&T wireless service or those wanting to become an AT&T

wireless customer. VHC employees may receive 25% off their monthly AT&T wireless services, including qualified voice and data plans. Begin using your benefit now by visiting [att.com/wireless/vhc](http://att.com/wireless/vhc) or by finding the AT&T store closest to you. Please provide the VHC employee discount code FAN# 5154666 along with proof of employment (employee badge or paystub) to the store representative.

### CHILD CARE AND EDUCATION AT VIRGINIA HOSPITAL CENTER HEALTH SYSTEM

Child Care and Education at Virginia Hospital Center Health System serves 123 children ages 6 weeks through 5 years on a full-time and part-time basis including drop-in care. The teacher to child ratio meets widely recognized national standards of quality as defined by the National Association for the Education of Young Children and the Arlington Virginia Department of Human Services. The center is conveniently located at 601 S. Carlin Springs Road, just off Route 50. The center is complimented by age appropriate outdoor playgrounds and is open for 13½ hours per day for Virginia Hospital Center Health System employees. For more information, contact 703-717-7200, email [vahospital@brighthorizons.com](mailto:vahospital@brighthorizons.com) or visit the Bright Horizons website at [www.brighthorizons.com/vahospital](http://www.brighthorizons.com/vahospital).



### **FROM YOU FLOWERS DISCOUNT PROGRAM**

From You Flowers offers an employee discount program for personal purchases such as flowers, plants, gifts and more. You may take advantage of this discount by visiting [www.fromyouflowers.com/vahospital](http://www.fromyouflowers.com/vahospital) or by calling 1-800-838-8853. Use promotional code: 1225 to receive 20% off your purchase.

### **HYATT LEGAL PLANS – METLAW**

Benefit eligible employees have unlimited access to more than 14,000 experienced attorneys with Hyatt Legal Plans (MetLaw). Network attorney assistance includes phone consultations, in-person consultations, document preparation and full representation for many common legal matters. Within the MetLaw network, covered legal services are provided with no additional attorney fees. You also have the flexibility to use an out-of-network attorney and get reimbursed for covered services according to a set fee schedule. For more information visit [info.legalplans.com](http://info.legalplans.com) and enter password: MetLaw or call 1-800-821-6400.

### **INSIGHT PROGRAM – EMPLOYEE ASSISTANCE PROGRAM (EAP)**

The Insight Program is an assessment and referral service for employees. It provides free, confidential, professional assistance to help employees resolve problems that affect their personal lives or job performance. To contact Insight, dial 703-558-6EAP.

### **METLIFE AUTO AND HOME**

Virginia Hospital Center Health System employees are eligible for special group discounts on auto and home insurance policies through MetLife insurance. You may choose from a variety of insurance policies to meet your coverage needs including personal excess liability, boat, condo, renters, motor home, recreational vehicle and motorcycle. To start saving money today, contact a dedicated MetLife agent:

- Geomara Polanco  
(703)216-9675 [gpolanco1@metife.com](mailto:gpolanco1@metife.com)
- Maurice Sobel  
(703) 840-7942 [msobel@summitfgi.com](mailto:msobel@summitfgi.com)

Or, you can call 1-800-GETMET8 or go to [www.metlife.com](http://www.metlife.com).

### **NATIONAL INSTITUTE OF HEALTH FEDERAL CREDIT UNION**

National Institute of Health Federal Credit Union (NIHFCU) is dedicated to delivering affordable loans and convenient banking solutions that save both time and money, exclusive for local professional of the biomedical and

healthcare industry. Virginia Hospital Center Health System employees will enjoy a wide array of low rate and member friendly loan options for their home, auto, education, credit or business needs. NIHFCU also encourages employees to visit [www.nihfcu.org/mortgages](http://www.nihfcu.org/mortgages) to sign up for their popular, mortgage check-up program which is a free consultation with an NIHFCU mortgage advisor to help you own your current or future home for less. NIHFCU also provides help with your Retirement and Education funds 529.

NIHFCU offers free worldwide ATM access, free remote services, free mobile and online services, and free platinum debit rewards. For more information visit [www.nifcu.org](http://www.nifcu.org), call 1-800-877-6440 or stop by an NIHFCU branch location.

### **PERKS, FOR EYES**

Your Perks Benefits – Being a Perks Member entitles you to exclusive discounts at any For Eyes Optical location. You can receive a 20% discount on eye exams\*, 30% discount on complete frames and lenses, 20% discount on Conventional contact lenses, 10% discount on Disposable contact lenses, Sunglass Frames, and accessories. Simply provide your Virginia Hospital account number for instant savings: 7393035720

\*EYE EXAMS PERFORMED BY INDEPENDENT DOCTORS OF OPTOMETRY LOCATED IN OR ADJACENT TO FOR EYES LOCATIONS IN CERTAIN STATES. SOME INDEPENDENT DOCTORS OF OPTOMETRY MAY NOT PARTICIPATE SO PLEASE CONFIRM AT LOCATION

### **SMARTMOVE**

The Smart Way to Buy or Sell Real Estate. Virginia Hospital Center has teamed up with SMARTMOVE, a comprehensive real estate program with cash incentives when buying & selling. SMARTMOVE employee benefits include:

- A personal move coordinator to help identify qualified real estate professionals to help navigate the total home ownership experience
- Home Sale Assistance
- Home Finding Assistance
- Mortgage Services
- Title Services
- Homeowners Insurance
- Household Goods Moving

Contact 1-800-645-6560 or click [virginiahospitalcenter.smartmove.com](http://virginiahospitalcenter.smartmove.com) for more information and eligibility requirements.

## ***SPORT AND HEALTH DISCOUNT PROGRAM***

US Fitness provides discounted membership options to employees and accompanying members of their immediate family (restrictions apply). All Virginia Hospital Center Health System employees receive a discount on dues and processing fees. For information on club locations and amenities, visit the websites: [www.sportandhealth.com](http://www.sportandhealth.com) and [www.onelifefitness.com](http://www.onelifefitness.com). For questions concerning enrollment call the club of your choice or 703-245-4178.

## ***SPRINT DISCOUNT PROGRAM***

All Virginia Hospital Center Health System employees are entitled to receive a discount on their monthly charges on their Sprint service with a two-year service agreement. Employees will receive a 23% discount off select monthly service plans. Begin using your benefit now by visiting [www.sprint.com/vhc](http://www.sprint.com/vhc) or by visiting a local Sprint store to purchase new service. Existing Sprint customers can visit [www.sprint.com/verify](http://www.sprint.com/verify) to get your discount added to your account. You will need your paystub or employee ID for verification purposes. When calling or visiting a Sprint location, mention the Corporate ID HCVRT\_ZZZ.

## ***LEGALSHIELD – IDENTITY THEFT PROTECTION***

Take the steps today to protect your family against tomorrow's legal and identity theft issues with LegalShield. In the event identity theft ever does occur, LegalShield and Kroll Advisory Solutions are here to restore your identity. The experts at Kroll are the only licensed investigators in the field that provide a \$5 million service guarantee to restore you and your covered family back to pre-theft status. Identity theft could cost you your reputation, your job and even your children's future. IDShield now includes, High Risk Application and Transaction Monitoring, User Name and Password Monitoring and Instant Hard Inquiry Alerts. Get protected and enjoy constant access via the IDShield app. Visit [www.legalshield.com/info/vhc](http://www.legalshield.com/info/vhc) or speak to your local representative 240-844-1015.

## ***THE ENERGY CLUB***

Virginia Hospital Center employees and their immediate families are offered a steeply discounted monthly membership rate to The Energy Club, a privately owned and operated boutique health club located in Shirlington Village in South Arlington. The club offers over 60 weekly scheduled classes including Zumba, BodyPump, Yoga, Pilates, Bootcamp, Spin and more. In addition to classes, the club has recently upgraded cardio and strength training equipment and offers complimentary towel service, free parking, indoor rock wall climbing, and executive style locker rooms with sauna included with the cost of membership.

All new members are offered a complimentary 60-minute Personal Training session scheduled at their convenience. The discounted rate for VHC employees is \$39 per month with a 12-month commitment to membership for employees. Family members may add-on to membership for the same \$39 monthly rate on a month-to-month basis with no contract commitment requirements. Private Personal Training and Small Group Training are also offered. For membership inquiries or to schedule a tour, please contact Chris at [ctran@theenergyclub.com](mailto:ctran@theenergyclub.com) or call 703.824.0600 and ask for Member Services.

## ***T-MOBILE WIRELESS DISCOUNT PROGRAM***

As a Virginia Hospital Center employee, you can get 15% off all lines on your account, plus weekly promotions. T-Mobile plans give you:

- Unlimited talk, text and data while on the T-Mobile network with no overages or annual service contracts.
- Unlimited calling to any number in Mexico and Canada from the U.S. plus get 4G LTE data and unlimited calling and texting when you are in Mexico and Canada, just like in the U.S., at no extra charge.
- Unlimited data and texting when you travel to any of 140+ countries and destinations so you can stay connected when you are abroad.

To switch to T-Mobile, call 1-866-464-8662 and use code 32458TMOFAV, or visit <http://goo.gl/fZot59> (case sensitive). Existing T-Mobile customers must visit [www.t-mobile.com/corpdiscout](http://www.t-mobile.com/corpdiscout).



## ***TUITION REIMBURSEMENT PROGRAM***

The Hospital provides assistance to employees for pre-approved coursework at an accredited college, university, or professional school. Courses are approved by select criteria (refer to tuition policy for criteria). You must complete one year of service, then you can apply for coursework in the following semester. You must apply before the start of coursework each semester, during the application open season period for tuition.

## ***VERIZON FIOS DISCOUNT PROGRAM***

Verizon Connections is a program that provides monthly discounts on FiOS and High Speed Internet service bundles for the home. Ordering new service bundles through the Verizon Connections website provides:

- An exclusive employee discount of up to \$10 per month,
- Additional online order discount, plus
- Access to current promotions for new customers
- Set up fee waiver (\$99)

Visit [verizon.com/connections](http://verizon.com/connections) and enter your corporate email address, or select 'I don't have a work email address' and follow the prompts to verify your employment. Existing Verizon customers may be eligible for monthly discounts of up to \$10 per month on qualifying bundles.

\*EMPLOYEES MUST ORDER THROUGH [WWW.VERIZON.COM/CONNECTIONS](http://WWW.VERIZON.COM/CONNECTIONS) TO RECEIVE DISCOUNT. ORDERS PLACED BY PHONE OR ANY OTHER METHOD DO NOT QUALIFY FOR THIS OFFER.

## ***VERIZON WIRELESS DISCOUNT PROGRAM***

Virginia Hospital Center Health System employees receive 22% off their monthly access fee on plans \$39.99 and higher, 25% off accessories, and low equipment prices. To place an order, or to register your line, please go to [www.verizonwireless.com/getdiscount](http://www.verizonwireless.com/getdiscount). For questions that are not answered online, contact Verizon Wireless at 1-800-922-0204.

## ***WORKING ADVANTAGE DISCOUNT PROGRAM***

Virginia Hospital Center Health System employees have exclusive access to the Working Advantage discount network which allows savings up to 60% on ticket events and online shopping. Through Working Advantage, you can save on movie tickets, theme parks, ski tickets, Broadway shows, sporting events, hotels and travel, health and fitness, museums and city passes, merchant gift certificates and much more! To subscribe, visit [www.workingadvantage.com](http://www.workingadvantage.com) and register your account using the Virginia Hospital Center Health System ID #627012832. You may also contact them by phone at 1-800-565-3712.

## ***YMCA DISCOUNT PROGRAM***

Virginia Hospital Center Health System employees get a special discounted rate on membership at the YMCA Arlington, located at 3422 13th Street North, Arlington, VA 22201. They offer a variety of activities and amenities for members, including cardio equipment, strength circuit, free-weight area, racquetball/handball courts, outdoor swimming pool, free aerobic classes, free babysitting, and the AWAY program for traveling members. The YMCA also has a metropolitan membership program for people who live outside the Arlington area. For more information, check the website at [www.ymcadc.org](http://www.ymcadc.org) or call 703-525-5420.

## ***ZIPCAR***

As an employee of Virginia Hospital Center, you have access to cars parked all over the city and the world! Drive for a few hours or days and pay only for the length of your reservation. Plus, gas and insurance are always included. For a quick lesson on how to use Zipcar check out our "how to zip" videos.

Zipcar is car-sharing, a simple, affordable way to have a car without owning one. Join our account today and get self-service, on-demand access to "wheels when you want them":

- Find Zipcars near the office, in your neighborhood or around the world
- Access to new flexible Zipcars for one-way trips
- Replace taxis and black cars with Zipcars by the hour
- Free, legal curbside parking in DC. Don't pay that meter on DC streets.

Join for just \$35 (50% off the regular rate) with the Virginia Hospital Center discount, and you can experience a faster and easier way to navigate the workweek. Visit [www.zipcar.com/vhc](http://www.zipcar.com/vhc) to join.

## ***1-800-FLOWERS DISCOUNT PROGRAM***

1-800-FLOWERS offers an employee discount program to use anytime throughout the year for personal purchases. You may take advantage of this discount by visiting [www.1800flowers.com](http://www.1800flowers.com) or by contacting their business gift services dedicated line at 1-800-755-7474 and using promotional code: VHCenter to receive a 10% discount off your entire purchase.

## CONTACT INFORMATION

### **Arlington Community Federal Credit Union**

**703-526-0200**, [www.arlingtoncu.org](http://www.arlingtoncu.org)

### **Arlington Transit Commuter Benefit**

**703-228-RIDE**, [www.commuterpage.com/art](http://www.commuterpage.com/art)

### **AT&T Wireless Discount Program**

**1-800-331-0500**, [www.att.com/wireless/vhc](http://www.att.com/wireless/vhc)

### **CareFirst Administrators – BlueCard**

*Virginia Hospital Center Health System's Medical and COBRA administrators*

**1-866-942-7859** [www.CFABlue.com](http://www.CFABlue.com)

### **Child Care & Education at**

### **Virginia Hospital Center Health System**

**703-717-7200**, [www.brighthorizons.com/vahospital](http://www.brighthorizons.com/vahospital)

### **CVS/Caremark**

*Prescription drug administrators*

**1-800-966-5772**, [www.caremark.com](http://www.caremark.com) or

[www.druglist.com](http://www.druglist.com) to view the medication directory

### **Delta Dental**

*Virginia Hospital Center Health System Dental Plan*

**1-800-237-6060**, [www.deltadentalva.com](http://www.deltadentalva.com)

### **Fairview, For Eyes**

**1-800-For-Eyes**, [www.foreyes.com](http://www.foreyes.com)

### **From You Flowers Discount Program**

**1-800-838-8853**, [www.fromyouflowers.com/vahospital](http://www.fromyouflowers.com/vahospital)

### **Hyatt Legal Plans – MetLaw**

**1-800-821-6400**, [www.legalplans.com](http://www.legalplans.com)

### **Insight Program/Employee Assistance Program (EAP)**

**703-558-6EAP**

### **Kaiser Permanente Signature HMO**

**301-468-6000 (Washington Metro Area)**

**1-800-777-7902 (Outside Washington Metro Area)**

[www.kp.org](http://www.kp.org)

### **Legal Shield**

**1-866-288-5229, 240-844-1015 local representative**

[www.legalshield.com/info/vhc](http://www.legalshield.com/info/vhc)

### **Metlife**

**1-800-638-6420**, [www.metlife.com](http://www.metlife.com)

### **Metlife Auto & Home**

**1-800-GETMET8 (1-800-438-6388)**, [www.metlife.com](http://www.metlife.com)

### **National Institute of Health Credit Union (NIHFCU)**

**1-800-877-6440**, [www.nihfcu.org](http://www.nihfcu.org)

### **Optum**

**1-800-243-5543**, [www.OptumBank.com](http://www.OptumBank.com)

### **SMARTMOVE**

**1-800-645-6560**, [virginiahospitalcenter.smartmove.com](http://virginiahospitalcenter.smartmove.com)

### **Sport and Health Discount Program**

**703-816-8800**, [www.sportandhealth.com/enroll](http://www.sportandhealth.com/enroll)

### **Sprint Discount Program**

**1-866-639-8354**, [www.sprint.com/vhc](http://www.sprint.com/vhc)

### **The Energy Club**

**703-824-0600**, [theenergyclub.com](http://theenergyclub.com)

### **T-Mobile Wireless Discount Program**

**1-866-464-8662**, <http://goo.gl/fZot59> or  
[www.t-mobile.com/corpdiscout](http://www.t-mobile.com/corpdiscout)

### **T. Rowe Price**

**1-800-922-9945**, [rps.troweprice.com](http://rps.troweprice.com)

### **Verizon FiOS Discount Program**

[www.verizon.com/connections](http://www.verizon.com/connections)

### **Verizon Wireless Discount Program**

**1-800-922-0204**, [www.verizonwireless.com/getdiscount](http://www.verizonwireless.com/getdiscount)

### **Virginia Hospital Center Health System – Benefits Department**

*(VHC Employee Portal Link)*

**703-558-6572**, <http://myhospital/divisions/administration/benefits%20corner/pages/default.aspx>

### **Working Advantage Discount Program**

**1-800-565-3712**, [www.workingadvantage.com](http://www.workingadvantage.com)

### **YMCA Discount Program**

**703-525-5420**, [www.ymcadc.org](http://www.ymcadc.org)

### **Zipcar**

**1-866-4ZIPCAR**, [www.zipcar.com/business](http://www.zipcar.com/business)

### **1-800-FLOWERS Discount Program**

**1-800-FLOWERS**, [www.1800flowers.com](http://www.1800flowers.com)



# BENEFITS NOTICES

The following are notices and certifications relating to the Virginia Hospital Center Health System benefit plans. Some of these notices are required by the federal government.

- WOMEN'S HEALTH NOTICE
- FAMILY AND MEDICAL LEAVE ACT OF 1993
- YOUR CONTINUATION COVERAGE RIGHTS UNDER COBRA
- YOUR RIGHTS UNDER ERISA
- MEDICARE PART D CREDITABLE COVERAGE NOTICE
- HIPPA NOTICE OF PRIVACY PRACTICES
- MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM – CHIP

## WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and co-insurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

If you would like more information, please contact your plan administrator at 703-558-6872.

## YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA)

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer (one with at least 50 employees within 75 miles) for at least one year, and for 1,250 hours over the previous 12 months.

## REASONS FOR TAKING LEAVE

Unpaid leave must be granted for any of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- To bond with a child (leave must be taken within one year of birth or placement)
- to care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.
- for qualifying exigencies related to the foreign deployment of a military member who is the eligible employee's spouse, child or parent.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

## ADVANCE NOTICE AND MEDICAL CERTIFICATION

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

## JOB BENEFITS AND PROTECTION

For the duration of FMLA leave, the employer must maintain:

- The employee's health coverage under any "group health plan."
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave. FMLA cannot exceed 12 weeks in total.

## UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA; or
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## ENFORCEMENT

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides greater family or medical leave rights.

## FOR ADDITIONAL INFORMATION

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division  
Washington, D.C. 20210

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA), as amended by the Tax Reform Act of 1986 and the Omnibus Budget Reconciliation Act of 1989, requires the continuation of health benefits in certain situations where coverage would otherwise be lost.

## ELIGIBLE EMPLOYEES

If you are an employee of Virginia Hospital Center Health System and are covered under the Virginia Hospital Center Health System's health and/or dental benefit plans, you may have a right to choose COBRA if you lose your group health/dental coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct).

## ELIGIBLE DEPENDENTS

If you are covered under Virginia Hospital Center Health System's benefit plan, you may choose COBRA for yourself if you lose your coverage because of:

- The death of the employee.
- A reduction in the employee's work hours or termination of the employee's employment (for reason other than gross misconduct).

- Divorce or legal separation.
- The employee becoming entitled to Medicare.

In addition, a dependent child who stops being eligible as a dependent under Virginia Hospital Center Health System's benefit plan is eligible for COBRA coverage. A child born to, or placed for adoption with, the covered employee during a period of continuation coverage is also a qualified beneficiary eligible for COBRA coverage.

It is your (or your family member's) responsibility to inform Human Resources of a divorce, legal separation or a child losing dependent status under Virginia Hospital Center Health System's Benefit plan within 30 days of the date of the event. You have at least 60 days from the date you would lose coverage to notify the COBRA administrator that you want to continue coverage under COBRA. If you don't choose to continue coverage within this time period, your medical coverage will end. Your coverage under COBRA will be identical to the coverage provided under the plan to similarly situated employees or their covered dependents. This also means that if the coverage changes for similarly situated employees or their covered dependents, your coverage under COBRA will also be modified. See plan description for more information.

## YOUR RIGHTS UNDER ERISA

As a participant in the plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants are entitled to:

- Examine, without charge, at the plan administrator's office and at other specified locations, all plan documents, including insurance contracts, and copies of all documents filed by the plans with the U.S. Department of Labor, such as detailed annual reports and plan descriptions.
- 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.
- 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 annual report.

## CONTINUE GROUP HEALTH PLAN COVERAGE

You are entitled to continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. It is important to review the documents governing the plan regarding the rules for exercising your COBRA continuation coverage rights. You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs.

Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plans. The people who operate your plans have a duty to do so prudently, and in the interest of you and other plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such case, the court may require the plan administrator to provide the materials and pay you up to \$110 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 a state or federal court. If it should happen that those who operate the plan misuse 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 federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claims frivolous.

### **CLAIM REVIEW**

Claim processing usually takes from 5 to 10 business days, exclusive of mailing time. In special situations, we may need additional time to make a final decision on your claim.

### **CLAIM APPEAL PROCEDURE**

If a claim is denied or partially denied, the plan supervisor will furnish notice to the participant which will specify the reason or describe the additional information required. Upon written request by the participant, the plan supervisor will review the claim in question and give final written decision. If such decision is not received within, the participant may assume that the claim has been denied, unless he/she has been notified of the special circumstances necessitating an extension of time for consideration of the claim.

After an appealed claim has been denied by the plan supervisor, the participant may appeal the denial by filing a written request for a review by the plan administrator. The participant may have access to pertinent plan documents, which will be made available during normal business hours or any other reasonable times designated by the employer. He/she also has the right to provide the plan administrator with written statements relating to the merits of his/her claim. The plan administrator will render a written, final and binding decision. This decision will also be delivered in writing setting forth specific reasons for the decision and specific references to the pertinent plan provisions upon which the decision is based.

If you have any questions about this statement or your rights under ERISA, you should contact the plan administrator, Rita Jensen-Jaouhari at 703-558-6711 or the nearest Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

## ***IMPORTANT NOTICE FROM VIRGINIA HOSPITAL CENTER HEALTH SYSTEM ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE***

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Virginia Hospital Center Health System and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage is available to everyone with Medicare.
2. Virginia Hospital Center Health System has determined that the prescription drug coverage offered in the Virginia Hospital Center Health System PPO plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.
3. Read this notice carefully – it explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.

You may have heard about Medicare's prescription drug coverage, and wondered how it would affect you. Virginia Hospital Center Health System has determined that your prescription drug coverage with Virginia Hospital Center Health System PPO plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might offer more coverage for a higher monthly premium.



**Because your existing coverage is, on average, as good as standard Medicare prescription drug coverage, you can keep your Virginia Hospital Center Health System coverage and not pay extra if you later decide to enroll in Medicare coverage.**

People with Medicare can enroll in a Medicare prescription drug plan during an initial enrollment period. However, because you have existing prescription drug coverage that, on average, is as good as the Medicare coverage, you can choose to join a Medicare prescription drug plan later. Each year after the initial enrollment period, you will have the opportunity to enroll in a Medicare prescription drug plan between October 15th and December 7th.

**If you do decide to enroll in a Medicare prescription drug plan and drop your Virginia Hospital Center Health System prescription drug coverage, be aware that you may not be able to get your Virginia Hospital Center Health System coverage back until the next annual open enrollment period.**

If you drop your coverage with Virginia Hospital Center Health System and enroll in a Medicare prescription drug plan, you may not be able to get your Virginia Hospital Center Health System coverage back until the next annual open enrollment period. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

You should also know that if you drop or lose your coverage with Virginia Hospital Center Health System and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next open enrollment period to enroll.

**For more information about this notice or your current prescription drug coverage:**

For more information about your current Virginia Hospital Center Health System prescription drug coverage, you may contact the Benefits Department at 703-558-6711 and speak to a benefits representative. 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, and if this coverage changes. You also may request a copy.

**For more information about your options under Medicare prescription drug coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is included in the "Medicare & You"

handbook. You should have received a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number).
- 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. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY users should call 1-800-325-0778).

**Remember: Keep this notice. If you later enroll in one of the plans approved by Medicare that offer prescription drug coverage you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your medical information is important to us.

This notice applies to the privacy practices of the associate and retiree group health plans sponsored by Virginia Hospital Center Health System.

Because this notice applies to all associate and retiree group health plans sponsored by Virginia Hospital Center Health System, including medical, prescription, dental, vision and health FSA plans, the remainder of this notice will simply use the phrase, "the Plan" to refer to each of those separate plans.

## OUR LEGAL DUTY

**Uses & disclosures of medical information.** This notice describes our privacy practices, which include how we may use, disclose (share or give out), collect, handle and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We also are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2013 and is intended to amend the notice of Virginia Hospital Center Health System. Privacy practices with an effective date of April 14, 2003.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the

changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and post the new notice on our website and provide the revised notice or information about the changes and how to get the revised notice in our next annual mailing to those associates and retirees who participate in the Plan. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

**Primary uses and disclosures of protected health information.** We use and disclose protected health information about you for payment and health care operations. The federal health care privacy regulations (“HIPAA Privacy Rule”) generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, applicable state or federal privacy laws might impose a privacy standard under which we will be required to operate. For example, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing and reproductive rights. In addition to these state law requirements, we also may use or disclose protected health information in the following situations:

- **Payment:** We may use and disclose your protected health information for all activities that are included within the definition of “payment” as written in the HIPAA Privacy Rule. For example, we might use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others that are covered by your health plan. We also may use your information to determine your eligibility for benefits, coordinate benefits, examine medical necessity, obtain premiums and issue explanations of benefits to the person who subscribes to the health plan in which you participate.
- **Health care operations:** We may use and disclose your protected health information for all activities that are included within the definition of “health care operations” as defined in the HIPAA Privacy Rule. For example, we may use and disclose your protected health information to determine our premiums for your health plan or for underwriting and other activities relating to plan coverage, to conduct quality assessment and improvement activities, to engage in care coordination or case management, and to manage our business. However, we will not use your genetic information for underwriting purposes.
- **Business associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use or disclose protected health information, but only after we require the business associates

to agree in writing to contract terms designed to appropriately safeguard your information.

- **Other covered entities:** We may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

**Other possible uses and disclosures of protected health information.**

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information:

- **To you or with your authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices; we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.
- **Disclosures to the Secretary of the U.S. Department of Health and Human Services:** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services (DHHS) when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.
- **To plan sponsors:** Where permitted by law, we may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan. We also may disclose summary health information (this type of information is defined in the HIPAA Privacy Rule) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

- **To family and friends:** If you agree (or if you are unavailable to agree), such as in a medical emergency situation, we may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment of your health care.
- **Underwriting:** We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or disclose protected health information that is genetic information of an individual for such purposes. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us.
- **Health oversight activities:** We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system, (2) government benefit programs, (3) other government regulatory programs and (4) compliance with civil rights laws.
- **Abuse or neglect:** We may disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.
- **To prevent a serious threat to health or safety:** Consistent with certain federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Coroners, medical examiners, funeral directors and organ donation:** We may disclose protected health information to a coroner or medical examiner for purposes of identifying you after you die, determining your cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also might disclose, as authorized by law, information to funeral directors so that they may carry out their duties on your behalf. Further, we might disclose protected health information to organizations that handle organ, eye or tissue donation and transplantation.
- **Research:** We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information and (2) approved the research.
- **Inmates:** If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you, (2) your health and safety and the health and safety of others or (3) the safety and security of the correctional institution.
- **Workers' compensation:** We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Public health and safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.
- **Required by law:** We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to DHHS upon their request for purposes of determining whether we are in compliance with federal privacy laws.
- **Legal process and proceedings:** We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.
- **Law enforcement:** We may disclose to a law enforcement official limited protected health information of a suspect, fugitive, material witness, crime victim or missing person. We might disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.
- **Military and national security:** We may disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful counterintelligence, intelligence and other national security activities.
- **Other uses and disclosures of your protected health information:** Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

## INDIVIDUAL RIGHTS

- **Access:** You have the right to look at or get copies of the protected health information contained in a designated record set, including your protected health information maintained in an electronic format, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. You must make a request in writing to obtain access to your protected health information. You may request the information be transmitted as an electronic copy in certain circumstances, if you make the request in writing. You also may request access by sending a letter to the address at the end of this notice. If you request copies, we might charge you a reasonable fee for each page and postage if you want the copies mailed to you. If you request an alternative format, we might charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same person who denied your initial request.

- **Disclosure accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities, including a disclosure involving an electronic health record. (Note: A disclosure involving an electronic health record must be accounted for even if it was for treatment, payment, and health care operation purposes.) We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure and certain other information. Your request may be for disclosures made up to six years before the date of your request (three years in the case of a disclosure involving an electronic health record).

You may request an accounting by submitting your request in writing using the information listed at the end of this notice. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

- **Restriction requests:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement that we

might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agreement to the requested restriction by notifying you in writing.

In addition, you have the right to restrict disclosure of your protected health information to the health plan for payment or healthcare operations purposes (but not for carrying out treatment) in situations where you have paid the healthcare provider out-of-pocket in full. In this case, the plan is required to implement the restrictions that you request.

You may request a restriction by writing to us using the information listed at the end of this notice. In your request tell us: (1) the information of which you want to limit our use and disclosure and (2) how you want to limit our use and/or disclosure of the information.

- **Confidential communication:** If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information. This means that you may request that we send you information by alternative means, or to an alternate location. We may accommodate your request if it is reasonable, specifies the alternative means or alternate location, and specifies how payment issues (premiums and claims) will be handled. You may request a confidential communication by writing to us using the information listed at the end of this notice.
- **Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Electronic notice:** Even if you agree to receive this notice on our website or by electronic mail (email), you are entitled to receive a paper copy as well. Please contact us using the information listed at the end of this notice to obtain this notice in written form. If the email transmission has failed, and Virginia Hospital Center Health System is aware of the failure, then we will provide a paper copy of the notice to you.
- **Breach Notification:** You must be notified in the event of a breach of unsecured PHI. A “breach” is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of the PHI. PHI is considered compromised when the breach poses a significant risk of financial harm,



damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

## CHANGES IN OUR PRIVACY POLICY

Virginia Hospital Center Health System periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your financial information secure — it is our highest priority. Even if you are no longer a Virginia Hospital Center Health System employee, our privacy policy will continue to apply to your records.

## QUESTIONS AND COMPLAINTS

Information on Virginia Hospital Center Health System privacy practices. You may request a copy of our notices at any time. If you want more information about our privacy practices, if you would like additional copies of this notice, or have questions or concerns, please call the Member Services number on your ID card or contact the Virginia Hospital Center Health System Privacy Office using the information below.

**Filing a complaint.** If you are concerned that we might have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information listed at the end of this notice to complain to us. You also may submit a written complaint to DHHS. We will provide you with the contact information for DHHS upon request.

We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with DHHS.

### Contact Information:

Virginia Hospital Center Health System Health Plans HIPAA Privacy Office  
Human Resources Department – Attn: Rita Jensen-Jaouhari  
Virginia Hospital Center Health System  
1701 N. George Mason Drive  
Arlington, VA 22205  
Telephone: 703-558-6572  
Fax: 703-558-6553  
E-mail: [rjensen@virginiahospitalcenter.com](mailto:rjensen@virginiahospitalcenter.com)

## 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](http://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](http://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 or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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 January 31, 2019. Contact your State for more information on eligibility –

### ALABAMA – Medicaid

Website: [www.myalhipp.com](http://www.myalhipp.com)  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPH.com](mailto:CustomerService@MyAKHIPH.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: [Colorado.gov/HCPF/Child-Health-Plan-Plus](http://Colorado.gov/HCPF/Child-Health-Plan-Plus)  
CHP+ Customer Service: 1-800-359-1991/  
State Relay 711

### FLORIDA – Medicaid

Website: <http://flmedicaidtplrecovery.com/hipp/>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/medicaid>  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

**INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone 1-800-403-0864

**IOWA – Medicaid**

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

**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: 1-800-442-6003  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-462-1120

**MINNESOTA – Medicaid**

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>  
Phone: 1-800-657-3739

**MISSOURI – Medicaid**

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

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: [http://dhhs.ne.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)  
Phone: 1-855-632-7633

**NEVADA – Medicaid**

Medicaid Website: <https://dwss.nv.gov/>  
Medicaid 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: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://dma.ncdhhs.gov/>  
Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

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

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**

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

**TEXAS – Medicaid**

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

#### **UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>

CHIP: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

#### **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](http://www.coverva.org/programs_premium_assistance.cfm)

Medicaid Phone: 1-800-432-5924

CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

CHIP Phone: 1-855-242-8282

#### **WASHINGTON – Medicaid**

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>

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**

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

#### **WYOMING – Medicaid**

<https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## **NONDISCRIMINATION STATEMENT AND NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY**

### **DISCRIMINATION IS AGAINST THE LAW**

Virginia Hospital Center Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Virginia Hospital Center Health System:

- Provides free aids and services, such as qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic formats, other formats) to help people with disabilities to communicate effectively with us.
- Provides free language services, such as qualified interpreters or information written in other languages, to people whose primary language is not English.

If you need these services, contact the hospital's Civil Rights Coordinator. If you believe that Virginia Hospital Center Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the hospital's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

For additional information or assistance, call the Benefits Department at 703-558-6711.

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*PLEASE NOTE: This booklet is meant to provide you with an overview of the benefits of working at Virginia Hospital Center Health System. The Hospital reserves the right to make any changes to any of the benefit plans.*

*We have made every effort to make the information in this booklet as accurate and easy for you to understand as possible. However, this booklet and any oral statements are not a substitute for the official plan documents. If there is a difference between what is in this booklet or told to you orally, and the official plan documents, the official plan documents will govern.*

*Summary Plan Descriptions (available on the Employee Portal) provide you with specific information about specific plans. Virginia Hospital Center Health System policies and procedures are written in the Personnel Policy Manual and accessible to you through your supervisor, department manager, or Human Resources. The Human Resources Department encourages you to review all plan materials in detail before making any benefit or employment decisions.*





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 2013 for coverage starting as early as January 1, 2014.

### 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 9.5% 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.<sup>1</sup>

**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 or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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 at least 60% of the total allowed benefit costs for self-only coverage.

## 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 <b>Virginia Hospital Center</b>		4. Employer Identification Number (EIN) <b>54-0505989</b>	
5. Employer address <b>1701 N George Mason Drive</b>		6. Employer phone number <b>703-558-5000</b>	
7. City <b>Arlington</b>		8. State <b>VA</b>	9. ZIP code <b>22205</b>
10. Who can we contact about employee health coverage at this job? <b>Benefits Department</b>			
11. Phone number (if different from above) <b>703-558-6711</b>		12. Email address <b>benefits_department@virginiahospitalcenter.com</b>	

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

- As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

(A) Spouse (B) Same Sex Spouse (C) Children under Age 26 (D) Unmarried dependent children age 26 and over who are incapable of self support that began before the child reached age 26 (E) Any child of a participant who does not qualify as a dependent under subsections b or c above, solely because the child is not primarily dependent upon the participant for support so long as over half of the support of the child is received by the child from the participant pursuant to a legal document indicating child custody or a child support order.

☐ We do not offer coverage.

☒ 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) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



## NOTICE REGARDING WELLNESS PROGRAM

Virginia Hospital Center Health System offers a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may receive an incentive for participating. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Department.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as education programs. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Virginia Hospital Center Health System may use aggregate information it collects to design a program based on identified health risks in the workplace, we will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Department.



BENEFITS DEPARTMENT  
1701 N. George Mason Drive  
Arlington, VA 22205  
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