



# 2023 EMPLOYEE BENEFITS GUIDE



# BENEFIT NEWS

Great River Health offers a comprehensive benefit package, with many different options to meet the needs of our workforce.

This guide contains a high-level summary of the different benefits coverages and options available to you. While every effort has been made to ensure this booklet accurately reflects the provisions of the plans, only the official plan documents govern the operation of the plans and payment of benefits.

## Resources

### To Enroll / Make Benefits Changes

Workday

<https://wd5.myworkday.com/greatriverhealth/d/home.html>

### Plan Documents and Notices

HR Sharepoint (during Open Enrollment, some documents are also in Workday)

### Provider Look Up

To find a HealthSmart Provider

<https://providerlookup.healthsmart.com>

### Retirement

Fidelity Investments

1.800.343.0860

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

### EAP (Employee Assistance Program)

Employee & Family Resources (EFR)

1.800.327.4692

[efr.org/myeap](http://efr.org/myeap)

### Have Questions?

A complete list of contacts is on the last page of this guide.

### Important!

***To enroll or make benefits changes, you must do so within 30 days of the qualifying event, otherwise you cannot make a change until the next annual open enrollment period.***



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## Electing Benefits

There are a few times during the year when you can elect or change your benefit elections under a cafeteria plan. They are:

- As a new hire
- When you have a qualifying life event
- During Annual Open Enrollment

Great River Health's plan year runs from January 1 through December 31.

## Eligibility

As a Great River Health employee, you are eligible for benefits if you meet the following hour requirements:

- Partially Benefit Eligible (PBE) – 20 to 29 hours per week
- Fully Benefit Eligible (FBE) – 30 to 40 hours per week

Initial enrollment period must be completed within 30 days of your hire date.

All benefits are effective the first of the month following your hire date, unless you are hired on the first of the month then your benefits are effective upon hire.

Eligible dependents include:

- Your lawful spouse as determined by the state in which you reside.
- Your or your spouse's children and stepchildren, adopted children or children placed for adoption with the eligible employee or eligible employee's spouse and any children whom you have legal custody. Any dependent children, which by court order must be provided healthcare coverage by the eligible employee or the eligible employee's spouse. Court or government approval of guardianship is required. (up to age 26).
- Your or your spouse's unmarried child over age 26 certified as disabled.

## Qualifying Life Events

You can add/remove a qualified dependent to your current plans during the year if you experience a qualifying life event within the special enrollment time period. Qualifying life events include:

LIFE EVENT	ENROLLMENT PERIOD	DOCUMENTATION
Marriage	30 days	Marriage Certificate
Divorce	30 days	Divorce Decree
Birth/Adoption	60 days	Birth certificate/Adoption Decree
Death of spouse or dependent child	30 days	Certified copy of Death Certificate
Change in employment status of employee, spouse or dependent child	30 days	Document showing loss/gain of coverage effective date
Entitlement to Medicare or Medicaid	60 days	Document showing coverage effective date
Qualification by Plan Administrator of a child support order for medical coverage	30 days	Document will be submitted by State to Plan Administrator
Change in cost of dependent care (only for flexible dependent care spending account)	30 days	Employee statement of decreased daycare costs

**Important! If you experience a qualifying life event, you must complete a benefit event within the special enrollment time period of the qualified life event. If you miss this time period, you will have to wait until the next annual enrollment period to make changes.**

# MEDICAL

Great River Health offers a choice of medical plan coverage options, so you can elect the plan that best meets your needs and those of your family.

## Medical Plans

- **Health Basic** — Health plan that processes prescription coverage through the deductible.
- **Health Plus** — Health plan that has a prescription co-pay plan.
- **High Deductible Health Plan with Health Savings Account (HSA)** — Health plan that has a higher deductible but allows you to put aside pre-tax money into an HSA to fund qualified medical expenses. With this plan, prescription coverage is processed through the deductible.

**For all medical plans, the following services (if available) must be performed by a Preferred Provider to be covered. If you choose to use a non-Affiliated Provider for any of the services listed below, you will pay 100% of the cost:**

- MRIs, CT Scans and PET Scans
- Physical Therapy
- Durable Medical Equipment
- Home Health Care

\* Additionally, if you elect the Health Basic or Health Plus plan, the deductible is waived for medical services provided by an Affiliated Provider. It is also waived at the Emergency Room if you or your dependent is admitted.

## Affiliated Providers

Southeast Iowa Regional Medical Center	Keokuk Clinic	New London Clinic
Wapello Clinic	Mediapolis Clinic	Universal Therapy Group
Henry County Health Center (HCHC)	Provider Services Billed by HCHC	Burlington Ear, Nose and Throat, PC
CHC Pediatrics Clinic	Forefront Dermatology	Davis Radiology
Burlington Neurology & Sleep Clinic, PLC	Mt. Pleasant Family Practice	

## \$500 Added Deductible

If you choose to have a procedure done at another facility when it could have been performed at an Affiliated Provider – an added \$500 deductible will be assessed for each date of service.

- Max additional deductible: \$1000 Single and \$2000 Employee + 1 and Family.
- Does not apply toward any other plan deductible, co-insurance and/or out-of-pocket expense.

## Medical Plan

Each Medical Plan has a network structure. There are different deductibles, co-insurance and out-of-pocket maximums (OPM) depending upon which network your provider falls in. Preferred and In-Network deductibles and OPMs cross accumulate while Out-of-Network has a separate and additional deductible and OPM.

- Preferred — Affiliated Providers
- In-Network — HealthSmart Network - HealthSmart Preferred Option  
To find a provider: <https://providerlookup.healthsmart.com>
- Out-of-Network

# MEDICAL PLANS

PLAN PROVISION	HEALTH BASIC			HEALTH PLUS			HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		
	Preferred (Affiliated Providers)	In-Network (HealthSmart Providers)	Out-of-Network ***	Preferred (Affiliated Providers)	In-Network (HealthSmart Providers)	Out-of-Network ***	Preferred (Affiliated Providers)	In-Network (HealthSmart Providers)	Out-of-Network ***
Company Contribution to HSA (Individual / Family)	n/a			n/a			\$300 / \$720		
Annual Deductible (Individual / Family)	\$1000/ \$2000	\$1500/ \$3000	\$2000/ \$4000	\$1000/ \$2000	\$1500/ \$3000	\$2000/ \$4000	\$2500/ \$5000	\$3500/ \$6900	\$3500/ \$6900
Out-of-Pocket Maximum (Individual / Family)	\$3500/ \$7000	\$4650/ \$9300	\$8150/ \$16,300	\$3500/ \$7000	\$4650/ \$9300	\$8150/ \$16,300	\$2500/ \$5000	\$3500/ \$6900	\$8150/ \$16,300
Coinsurance - PPO	80% / 20%	70% / 30%	60% / 40%	80% / 20%	70% / 30%	60% / 40%	100%	100%	60% / 40%
Lifetime Maximum	unlimited			unlimited			unlimited		
Routine Preventive Care	100%	100%	Not covered	100%	100%	Not covered	100%	100%	Not covered
Physician Office Visits / Telehealth Visits	80% (deductible waived)	70%*	60%***	80% (deductible waived)	70%*	60%***	100%*	100%*	60%***
Chiropractor (limited to 12 visits)	80%*	70%*	60%***	80%*	70%*	60%***	100%*	100%*	60%***
Inpatient Hospital Services	80% (deductible waived)	70%*	60%***	80% (deductible waived)	70%*	60%***	100%*	100%*	60%***
Outpatient Hospital Services	80% (deductible waived)	70%**	60%***	80% (deductible waived)	70%**	60%***	100%*	100%**	60%***
Outpatient Lab & X-ray Services	80% (deductible waived)	70%**	60%***	80% (deductible waived)	70%**	60%***	100%*	100%**	60%***
Physical Therapy (limited to 30 visits)	80% (deductible waived)	Not covered	Not covered	80% (deductible waived)	Not covered	Not covered	100%*	Not covered	Not covered
Emergency Room Emergency	80% * ^	80% * ^	80% * ^	80% * ^	80% * ^	80% * ^	100% * ^^	100% * ^^	100% * ^^
Non-Emergency	80% * ^	70% * ^	60% * ^ ***	80% * ^	70% * ^	60% * ^ ***	100% * ^^	100% * ^^	60% * ^ ***
Urgent Care	80% (deductible waived)	70%*	60%***	80% (deductible waived)	70%*	60%***	100%*	100%*	60%***
Prescription Drugs	Heritage Park Pharmacies	Other Participating Pharmacies	Out-of-Network	Heritage Park Pharmacies	Other Participating Pharmacies	Out-of-Network	Heritage Park Pharmacies	Other Participating Pharmacies	Out-of-Network
Prescription Drug Deductible	combined with medical		Not covered	no deductible where co-pay indicated; specialty drug deductible combined w/medical		Not covered	combined with medical		Not covered
Prescription Drug Out-of-Pocket Maximum	combined with medical		Not covered	\$1,500 single; \$3,000 family co-pay out of pocket; speciality drug out-of-pocket maximum combined with medical		Not covered	combined with medical		Not covered
Generic	80%*	70%*	Not covered	\$6	\$10	Not covered	100%*	100%*	Not covered
Brand Name (Formulary)	70%*	60%*	Not covered	\$28	\$50	Not covered	100%*	100%*	Not covered
Brand Name (Non-Formulary)	60%*	50%*	Not covered	\$55	\$80	Not covered	100%*	100%*	Not covered
Specialty Drugs	80%*	70%*	Not covered	80%*	70%*	Not covered	100%*	100%*	Not covered

\* After deductible is met

\*\* After deductible is met, added \$500 deductible may apply

\*\*\* Preferred and In-Network Deductibles & OPM cross accumulate while Out-of-Network shall have a separate and additional deductible & OPM.

^ Emergency Room - Health Basic and Health Plus - If service is for an emergency – 80% coinsurance and deductible waived if admitted for all tiers. In an emergency, all tiers will accrue toward the in network deductible and out of pocket maximum. If service is not an emergency standard coinsurance of 80%/70%/60% applies. Out of network benefit does NOT accrue toward the in network deductible and out of pocket maximum.

^^ Emergency Room - HDHP - If service is for an emergency – Deductible and 100% coinsurance apply for all tiers. In an emergency, all tiers will accrue toward the in network deductible and out of pocket maximum. If service is not an emergency standard coinsurance of 100%/100%/60% applies. Out of network benefit does NOT accrue toward the in network deductible and out of pocket maximum.

# HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account, only available to those enrolled in the High Deductible Health Plan. This plan has a higher deductible; however, it has lower premium costs with the intention that you will set aside the premium savings in your HSA. In addition to your contributions, Great River Health will put funds in your HSA on your behalf. These funds can be used to help pay for your out of pocket costs.

An HSA is an individual bank account with triple tax advantages – money goes in tax free, grows tax free and can be used to pay for eligible medical expenses tax free. The funds in your HSA carry forward, year after year, even into retirement. There is no requirement to spend the money and you own your HSA and the funds in it, even if you leave Great River Health or change medical plans. The funds are yours and will not expire.

## **To be eligible and qualify for an HSA, you must meet the following requirements:**

- You must be covered under the High Deductible Health Plan with HSA.
- You may not have other health coverage.
- You are not enrolled in a governmental plan such as Medicare, Medicaid or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.
- You or your spouse/domestic partner cannot have a Medical Flexible Spending Account (FSA) unless it is a Limited Purpose FSA.

## **Contribution of funds to an HSA**

- Employees must set up their HSA at **Two Rivers Bank & Trust**. They must also provide the account information to Human Resources so the contributions can be sent to their account.
- Great River Health will contribute up to \$300 for individual coverage / \$720 for family coverage annually. The funds are deposited into the account each pay period as part of the payroll process. Employees, who are covered under the CWA Contract, are not eligible for the employer contribution.
- You can also contribute to your account on a pre-tax basis via payroll deduct up to the IRS contribution limits.
- You can contribute on a post-tax basis and then take the deduction when completing your personal income taxes.

2023 IRS ANNUAL LIMITS	
Single	\$3,850
Family	\$7,750
Catch up limit for those 55 or older	\$1,000

IRS Limits are a combination of the employer AND employee funds.

## **Using your HSA Funds**

- You can use the money in your HSA to pay for qualified expenses.
- The utilization of HSA funds for qualified expenses are tax-free.
- You may withdraw funds to pay for the qualified expenses for yourself, your spouse, or a dependent without tax penalty, even if the spouse or the dependent does not meet the eligibility requirements to contribute to an HSA (dependent must be a tax dependent).
- Withdrawals are permitted even if you are no longer eligible to contribute to the HSA, if you are enrolled in Medicare, or no longer enrolled in an HSA-eligible high deductible health plan.
- You can use the money in your HSA for non-qualified expenses; however, the money will be taxed, and penalties MAY apply.
- You can elect to save your HSA funds for future medical expenses and retirement.

# FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) is a tax-advantaged account that works similar to a savings account. Funds are deducted each pay period on a pre-tax basis and are deposited into your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. **Employee Benefit Systems** administers the Great River Health FSA plans.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS	ACCESS TO FUNDS	BENEFIT
<b>Health Care FSA</b>	<ul style="list-style-type: none"> <li>• Medical/Dental/Vision Deductibles</li> <li>• Medical Coinsurance</li> <li>• Medical/Dental/Vision Copays</li> <li>• Prescription Drugs</li> <li>• Eye glasses, frames, contact lenses</li> </ul>	\$3,050	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.	Saves on eligible expenses not covered by insurance; reduces your taxable income.
<b>Limited Health Care FSA</b>	<ul style="list-style-type: none"> <li>• Dental expenses</li> <li>• Vision expenses</li> </ul>	\$3,050	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.	For those who enroll in an HSA, you can enroll in the Limited FSA and save on eligible dental and vision expenses not covered by insurance.
<b>Dependent Care FSA</b>	<ul style="list-style-type: none"> <li>• Day care or after school programs for children through age 12</li> <li>• Elder care programs</li> </ul>	\$5,000	Funds are only available once they are deducted from the employee's payroll and deposited into their account.	Reduces your taxable income and helps support you and your spouse to work or attend school full-time.

## Important Information about FSA accounts

Your FSA elections will be in effect from January 1 through December 31, 2023. Claims for reimbursement must be submitted by March 31<sup>st</sup> of the following year. If you leave employment during the plan year, remaining funds are forfeited. Please plan your contributions carefully.

Great River Health allows for up to \$610 of unused Health Care FSA funds to carry over to the next FSA plan year. Any unused funds over \$610 or under \$100 will be forfeited. This is known as the 'use it or lose it' rule and it is governed by IRS regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year. If you have rollover money from the current year's FSA and you want to enroll in the HSA, the rollover money can roll into a Limited Health Care FSA.

Remember that you must save all receipts from purchases made on your EBS FSA Benefit Card. You may be asked to submit a receipt to validate the purchases made with your card.

## Accessing FSA Information

EBS offers multiple methods for accessing your account information and submitting claims information.

METHOD	OPTION	SITE INFORMATION
<b>Online Flex Portal</b>	<ul style="list-style-type: none"> <li>• View account balances</li> <li>• File claims and submit receipts</li> <li>• Set up direct deposit for reimbursement</li> <li>• Submit repayment for ineligible expenses</li> </ul>	<a href="https://ebs-tpa.lh1ondemand.com">https://ebs-tpa.lh1ondemand.com</a> Username: first initial of first name, last name, followed by last 4 digits of SSN (jsmith6789) Password: SSN no dashes (123456789)
<b>EBS Mobile App</b>	<ul style="list-style-type: none"> <li>• File claims for medical and dependent care FSA</li> <li>• Snap a photo of a receipt and upload it to a new claim or add to an existing claim</li> <li>• View account balances</li> </ul>	Download 'Benefits at EBS' from the App Store on your smartphone Username: first initial of first name, last name, followed by the last 4 digits of SSN (jsmith6789) Password: SSN no dashes (123456789) You will be prompted to set a 4-digit pin number

## Sample Paycheck Savings

*\* This is an example only and may not reflect your actual experience.*

	With FSA	Without FSA
Your per paycheck income	\$2,000	\$2,000
Pre-Tax FSA Contribution	-\$300	\$0
FICA/Federal/State Taxes	-\$400	-\$500
After-Tax Expenses (daycare/medical)	\$0	-\$300
Net Pay	\$1,300	\$1,200
Net Savings	\$700	\$0

# WRAP PLAN

The Wrap plan is a limited supplemental benefit plan. This plan is only available to employees who have primary group coverage under another plan. The Wrap plan will always be considered secondary coverage.

The maximum yearly benefit under this plan is \$1,000 per member per calendar year. The plan is intended to cover all or part of another group's medical plan deductible and out-of-pocket payments, physician office co-pays and prescription co-pays. It does not cover dental or vision and it does not cover charges denied by your primary plan.

You cannot elect the Wrap plan if you are covered under another GRH plan or if you are covered under Medicare or Medicaid.

# CRITICAL ILLNESS & ACCIDENT INSURANCE

Great River Health offers its Fully Benefit Eligible employees two additional voluntary insurance plans in the form of Critical Illness Insurance and Accident Insurance through **Reliance Standard**.

## ***Critical Illness Insurance***

This insurance plan will cover you and your spouse or children in the event you are diagnosed with a critical illness. This can range anywhere from a heart attack, stroke, major organ failure, and cancer. For you to be eligible for Spousal and Child coverages, you must elect Employee coverage on yourself.

PLAN	COVERAGE
Employee	You may purchase in increments of \$5,000 up to \$20,000
Spouse	You may purchase in increments of \$5,000 up to \$20,000 You may not exceed 100% of employee amount
Child	Coverage is limited to 25% of employee elected amount

## ***Accident Insurance***

Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare. Coverage can be elected in the following targets: Employee only, Employee & Spouse, Employee & Children, and Family.



# LIFE and AD&D INSURANCE

Life and Accidental Death & Dismemberment Insurance is offered through **Reliance Standard**.

## **Basic Life and Accidental Death & Dismemberment (AD&D) Insurance**

Great River Health provides Fully Benefit Eligible employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost. The life insurance pays coverage based on the schedule below. The AD&D portion doubles the benefit and will also pay in the event of accidental dismemberment. Great River Health also provides a spouse and child life benefit at no additional cost. The coverage is \$5,000 spouse/\$2,500 child.

EMPLOYEE GROUP	COVERAGE
Hourly	1 times your base annual salary rounded to the next \$1,000. Amount may not exceed \$300,000.
Salary	1.5 times your base annual salary rounded to the next \$1,000. Amount may not exceed \$300,000.
Manager & Above	2 times your base annual salary rounded to the next \$1,000. Amount may not exceed \$300,000.
CWA RNs	\$50,000

## **Supplemental Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance**

Employees who want to supplement their basic life insurance and AD&D may purchase additional coverage. These are separate plans so you may purchase the supplemental life independently of the AD&D or vice versa. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions. For you to be eligible for Spousal and Child coverages, you must elect Employee coverage on yourself.

PLAN	COVERAGE
Employee Supplemental Life	You may purchase in increments of \$10,000 You may elect up to the lesser of 5 times your salary or \$500,000 Guarantee Issue Amount is \$300,000*
Spouse Supplemental Life	You may purchase in increments of \$5,000 You may elect 100% of employee amount up to \$250,000 Guarantee Issue Amount is \$50,000*
Child Supplemental Life	\$10,000

*\* All Supplemental AD&D amounts are Guarantee Issue (No EOI required)*

## **Evidence of Insurability (EOI)**

Evidence of Insurability rules apply to Employee Supplemental Life and Spouse Supplemental Life coverages. Any amount elected above the Guarantee Issue Amount will require EOI and will need to be approved by Reliance Standard. If you are a new hire or newly eligible for coverage based on a qualifying event, you can elect up to the Guarantee Issue Amount with no EOI requirement.

Once enrolled in the Reliance Standard Supplemental Life Insurance coverage, you and your spouse will be able to elect two additional levels of coverage each year during open enrollment, up to the Guarantee Issue Amount with no EOI requirements. Any new coverage for employees and spouses, or any coverage above the Guarantee Issue Amount will require a completed EOI and will need to be approved by Reliance Standard.

# VISION

The vision plan covers routine eye exams and pays for all or a portion of the cost of glasses or contact lenses if needed. The vision coverage is through **EyeMed**, log into [eyemed.com](http://eyemed.com) to find an in-network provider.

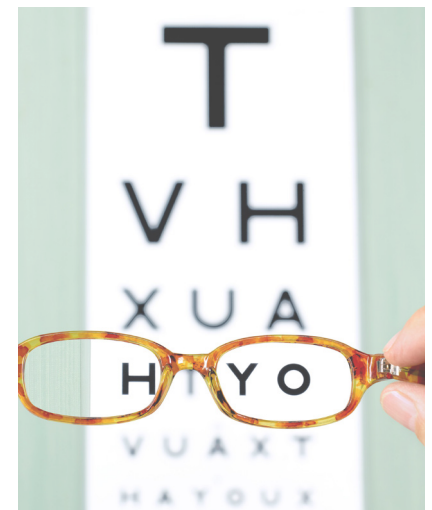
EyeMed highlights:

- Eye360 features a \$0 eye exam and an additional \$50 added to your frame allowance at PLUS Providers (*not available in all states*)
- Ability to use the frame and contact allowance in the same benefit year - worth up to an extra \$150, contact EyeMed for details.
- Separate contact lens fit and follow-up coverage (leaving the entire allowance for materials)
- Several In-Network options for buying eyewear online
- Members-only savings on eyewear, LASIK, hearing aid and more with online options

Vision Care Services	In-Network Cost	Out of Network Member Reimbursement
<b>EXAM SERVICES</b> - once every plan year Exam at <i>PLUS Providers</i> Exam	\$0 copay \$10 copay	Up to \$40 Up to \$40
<b>FRAME</b> - once every plan year Any available frame at <i>PLUS Providers</i> Frame	\$0 copay; 20% off balance over \$200 allowance \$0 copay; 20% off balance over \$150 allowance	Up to \$105 Up to \$105
<b>CONTACT LENSES</b> - (in lieu of lenses) once every plan year ( <i>Contact Lens allowance includes materials only</i> ) Contacts - Conventional Contacts - Disposable Contacts - Medically necessary	\$0 copay; 15% off balance over \$150 allowance \$0 copay; \$150 allowance \$0 copay; paid-in-full	Up to \$105 Up to \$105 Up to \$300
<b>STANDARD PLASTIC LENSES</b> - (in lieu of contacts) once every plan year Single Vision Bifocal Trifocal Lenticular Progressive - Standard Progressive - Premium Tier 1 Progressive - Premium Tier 2 Progressive - Premium Tier 3 Progressive - Premium Tier 4	\$25 copay \$25 copay \$25 copay \$25 copay \$25 copay \$110 copay \$120 copay \$135 copay \$200 copay	Up to \$30 Up to \$50 Up to \$70 Up to \$70 Up to \$50 Up to \$50 Up to \$50 Up to \$50 Up to \$50
<b>LENS OPTIONS</b> Anti Reflective Coating - Standard Anti Reflective Coating - Premium Tier 1 Anti Reflective Coating - Premium Tier 2 Anti Reflective Coating - Premium Tier 3 Polycarbonate - Standard < 19 years of age	\$45 copay \$57 copay \$68 copay \$85 copay \$0 copay	Up to \$23 Up to \$23 Up to \$23 Up to \$23 Up to \$20

## Additional Discounts for In-Network

<b>DISCOUNTED EXAM SERVICE</b> Retinal Imaging	Up to \$39
<b>CONTACT LENS FIT &amp; FOLLOW-UP</b> (Fit and two follow-up visits are available once comprehensive exam is completed) Fit and Follow-up - Standard Fit and Follow-up - Premium	Up to \$40 10% off the retail price
<b>DISCOUNTED LENS OPTIONS</b> Photochromic - Non-Glass Polycarbonate - Standard Scratch Coating - Standard Plastic Tint - Solid or Gradient UV Treatment	\$75 \$40 \$15 \$15 \$15
<b>OTHER ADD-ON SERVICES AND MATERIALS</b>	20% off retail price



Oral health is essential to overall health. Regular dental exams can help you and your dentist locate problems in the early stages when treatment is simpler, and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease.

PROVISION	BASIC PLAN	PLUS PLAN
Annual Deductible (Individual/Family)	\$25 / \$75	\$25 / \$75
Annual Maximum Benefit (per person)	\$750	\$1,500
Diagnostic and Preventative Includes cleanings, fluoride applications, x-rays and sealants	100%*	100%*
Basic Restorative Care Includes cavity repair, tooth extractions, root canals, space maintainers and periodontal services	80%**	100%**
Major Services Includes crowns, bridges, dentures and implants	50%**	50%**
Orthodontia (dependent child up to age 19)	Not Covered	50%** \$1,500 lifetime maximum

\* Deductible waived

\*\*After deductible is met

Please see Plan Document for complete details

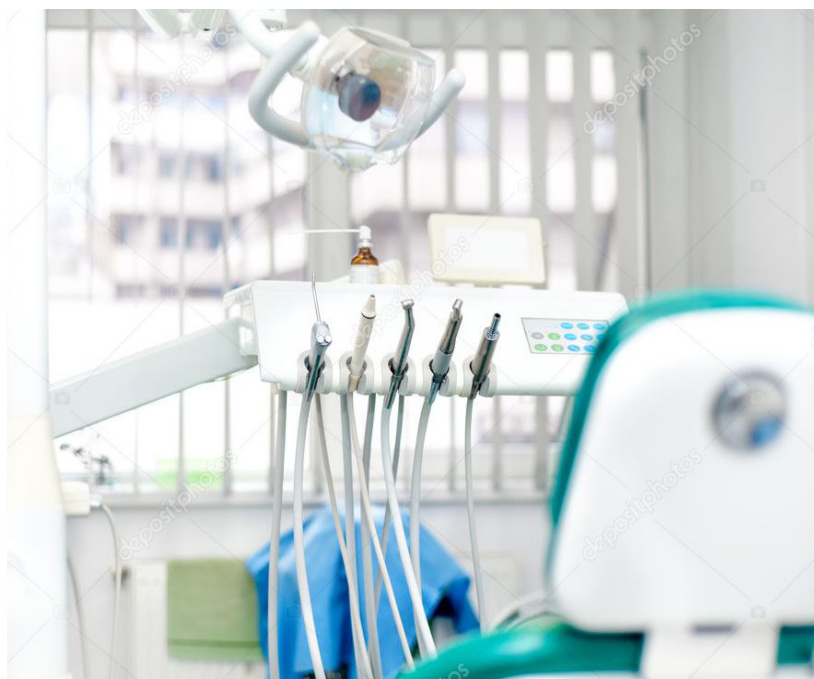
## Network

With the Great River Health Dental plans, there is no network.

You may see any provider you choose.

The plan will pay Usual and Customary Rates (UCR).

If the provider you choose charges more than the UCR, you may be balance billed for anything above this amount.



# DISABILITY

Disability benefits are designed to replace a portion of your income if you are unable to work due to an illness or injury. Great River Health offers both Short Term and Long Term Disability plans to our Fully Benefit Eligible employees. There is a pre-existing clause with these plans called a 3/12 clause. If you were treated for the illness/injury in the three (3) months prior to electing coverage, you will not receive any benefit in the first 12 months of coverage.

## Short Term Disability (STD)

This is a voluntary benefit that you must elect at enrollment. Premiums are calculated based on your salary and are deducted from your paycheck after-tax.

STD PLAN COVERAGE	
Elimination Period	30 days
Coverage Percentage	60%
Weekly Maximum	\$1,500
Benefit Duration	22 Weeks

*\* Please see Plan Information for additional details*



## Long Term Disability (LTD)

You are automatically enrolled in LTD coverage at no cost to you.

LTD PLAN COVERAGE	
Elimination Period	180 days
Coverage Percentage	60%
Monthly Maximum	\$5,000
Benefit Duration	Social Security Normal Retirement Age (SSNRA) or set benefit period, whichever is longer

*\* Please see Plan Information for additional details.*

# EAP (EMPLOYEE ASSISTANCE PROGRAM)

The Employee Assistance Program (EAP) is offered to all employees through **Employee and Family Resources (EFR)**.

EFR takes care of your total well-being by focusing on eight distinct areas of health: Emotional, Physical, Social, Intellectual, Occupational, Financial, Environmental and Spiritual. It covers you, your dependents and your parents.

EFR provides 24/7 telephonic counseling support and each covered individual has access to up to six (6) free face-to-face sessions with local practitioners, as referred by the plan when necessary.

You can use this program for:

- Marital and family conflicts
- Job-related difficulties
- Stress, anxiety and depression
- Parent and child relationships
- Various other related issues

In addition to the counseling listed above, EFR can also assist with the following:

- Legal consultation
- Financial consultation
- Identity Theft Resolution services
- Elder Care and Childcare resource and referral information

All communication you have with the professionals at EFR remains strictly confidential.



# RETIREMENT PLANS

Great River Health retirement plans are administered by **Fidelity Investments**. Great River Health offers two retirement plans for employees to save for their retirement.

PLAN	403(B)	401(K)
Job Profile	Registered Nurses/Clinical Facilitators covered by CWA Bargaining Unit	All other job profiles

## **Eligibility**

- All employees age 18 and over are eligible to voluntarily contribute to the plan.
- In order to receive the employer contribution, you must be age 18, have completed one (1) year of service and worked 520 hours in that one year. If you do not meet the eligibility requirements for the employer contribution during your first year of employment, eligibility will be reviewed annually on your anniversary date.
- Once you become eligible, you are enrolled in the employer contribution the first of the month following your anniversary date.

## **Employer Contributions**

- GRH will match 100% of employee contributions up to the first 5% of eligible earnings.
- CWA - see bargaining agreement for employer contribution details.
- The employer contribution is a pre-tax contribution.
- These contributions are subject to the annual IRS contribution limits.
- If you contribute less than 5%, you will be missing out on a great savings opportunity!

## **Vesting**

- Great River Health allows employees to be immediately vested.
- Any employee and employer contributions belong to you, even if you leave the organization.

## **Automatic Enrollment**

- The retirement plan allows for automatic enrollment after 90 days from hire.
- Employees that do not elect a voluntary contribution or opt out of enrolling will be auto-enrolled at 6% pre-tax contribution.
- This contribution will auto-escalate (automatically increase) every January by 1% until a maximum of 10% pre-tax is being contributed.

## **Investment Options**

- Employees can choose to contribute Pre-tax or Roth (after-tax).
- Employee elections can be changed at any time on the Fidelity website ([www.netbenefits.com/atwork](http://www.netbenefits.com/atwork)).

## **Financial Planning**

- GRH has two dedicated retirement planners who come on-site monthly.
- Watch the Internal Communication emails for dates to schedule an appointment.
- Contact information is also available on the HR Sharepoint site.

# SUMMARY OF NOTICES

Below is a summary of notices that Great River Health is required to make available to employees. These documents are available electronically on the HR Sharepoint page for all employees.

NOTICE	DESCRIPTION
Medicare Part D Notice	Informs Medicare eligible participants as to whether the group plan's prescription drug coverage is credible
Women's Health and Cancer Rights Act	Describes required plan benefits for mastectomy-related services
Annual CHIP Notice	Provides information about possible premium assistance under a state's Medicaid or Children's Health Insurance Program
Mental Health Parity and Addiction Equity Act	Describes criteria for determining medical necessity for mental health or substance abuse disorder benefits
ACA Exchange Notice	Includes information regarding the existence of the exchange, as well as contact information and a description of the services provided by the exchange
Summary of Benefits and Coverage (SBC)	Provides a short, easy-to-understand summary of the plan benefits and coverage, as well as a glossary of standard terms
HIPAA Notice of Privacy Practice for Protected Health Information	Describes ways that the plan may use and disclose individual protected health information, employee's rights and the plan's duty to protect that information
Medical Plan Documents & Summary Plan Description (SPD)	Describes the plan and the benefits

# 2023 EMPLOYEE RATES

All rates below are quoted as **MONTHLY** premiums.  
Effective January 1, 2023

## MEDICAL (PRE-TAX)

	Fully Benefit Eligible			Partially Benefit Eligible		
	Health Basic	Health Plus	HDHP	Health Basic	Health Plus	HDHP
Employee	\$117.00	\$225.00	\$55.00	\$735.79	\$913.36	\$699.95
Employee + 1	\$839.00	\$1,145.00	n/a	\$1,684.19	\$2,185.06	n/a
Family	\$870.00	\$1,176.00	\$502.00	\$1,705.69	\$2,230.45	\$1,622.07

## WRAP (PRE-TAX)

	Fully Benefit Eligible	Partially Benefit Eligible
Employee	\$62.00	\$125.00
Family	\$165.00	\$273.00

## DENTAL (PRE-TAX)

Fully Benefit Eligible and Partially Benefit Eligible		
	Dental Basic	Dental Plus
Employee	\$6.65	\$20.08
Employee + Spouse	\$36.23	\$60.15
Employee + Child(ren)	\$49.60	\$84.14
Family	\$94.20	\$147.80

## VISION (PRE-TAX)

Fully Benefit Eligible and Partially Benefit Eligible	
Employee	\$9.07
Employee + 1	\$17.00
Family	\$24.93

## VOLUNTARY AD&D

Employee Rate	\$0.020
Spouse Rate	\$0.020
Child Rate	\$0.020
*Per \$1000 of coverage	

## SHORT TERM DISABILITY

Employee	\$0.57
*Per \$10 of coverage	

## VOLUNTARY LIFE

Age Band	Employee Rate	Spouse Rate	Child Rate
<25	\$0.050	\$0.064	\$0.180
25-29	\$0.060	\$0.076	
30-34	\$0.080	\$0.090	
35-39	\$0.090	\$0.116	
40-44	\$0.122	\$0.166	
45-49	\$0.168	\$0.266	
50-54	\$0.326	\$0.488	
55-59	\$0.632	\$0.916	
60-64	\$0.946	\$1.430	
65-69	\$1.696	\$2.388	
70-74	\$3.044	\$4.574	
75+	\$3.044	\$4.574	
*Per \$1000 of coverage			

# CONTACT INFORMATION

PLAN	CONTACT INFORMATION	HELPFUL WEBSITES/APPS
<b>Medical / Dental</b>	Vendor: World Insurance Associates Contact: Jennifer McMillan / Mary Brueck Phone: 319.758.8419 / 319.758.8423	<a href="http://www.worldinsurance.com">www.worldinsurance.com</a>
<b>Medical Claims Processor</b>	Vendor: Employee Benefit Systems Contact: Amber Nupp Phone: 319.758.8470	<a href="http://www.ebs-tpa.com">www.ebs-tpa.com</a>
<b>Dental Claims Processor</b>	Vendor: Employee Benefit Systems Contact: Celest Johnson Phone: 319.758.8447	<a href="http://www.ebs-tpa.com">www.ebs-tpa.com</a>
<b>Vision</b>	Vendor: EyeMed Phone: 1.866.939.3633	<a href="http://www.eyemed.com">www.eyemed.com</a> EyeMed - App
<b>Flexible Spending Accounts</b>	Vendor: Employee Benefit Systems Contact: Denise Swanson Phone: 319.758.8454	<a href="http://www.ebs-tpa.com">www.ebs-tpa.com</a> <a href="https://ebs-tpa.lh1ondemand.com">https://ebs-tpa.lh1ondemand.com</a> Benefits on Demand - App
<b>Life Insurance / AD&amp;D / Disability Critical Illness &amp; Accident Insurance</b>	Vendor: Reliance Standard / Assured Partners Phone: 1.800.351.7500 / 1.866.496.3102	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a> <a href="http://www.assuredpartners.com/FortMadison">www.assuredpartners.com/FortMadison</a>
<b>Health Savings Account</b>	Vendor: Two Rivers Bank & Trust Phone: 1.888.226.6063	<a href="http://www.tworivers.bank">www.tworivers.bank</a>
<b>EAP</b>	Vendor: Employee & Family Resources Phone: 1.877.883.1387	<a href="http://efr.org/myeap">efr.org/myeap</a>
<b>Retirement</b>	Vendor: Fidelity Investments Phone: 1.800.343.0860	<a href="http://www.netbenefits.com/atwork">www.netbenefits.com/atwork</a>
<b>Human Resources - Benefits (Employee Services)</b>	Contact: Taylor Toops Phone: 319.768.3757 Email: <a href="mailto:ttoops@greatriverhealth.org">ttoops@greatriverhealth.org</a> Office Hours: 7:30am-4:00pm	Enrollment Site: Workday Plan documents: HR Sharepoint

