



EMPLOYEE BENEFITS 2021 - 2022

Hamilton Memorial Hospital District offers a flexible benefits plan for employees providing a comprehensive base of coverage plus additional choices in the selection of benefits. For additional details, you may direct questions to the Human Resources Department.

Description	Provider	Who Pays	Eligibility	Details										
Group Major Medical Health Insurance Plan	Administration Mutual Medical	Both HMH and Employee with HMH paying the largest share of the premium IRC Sec 125 Eligible	1ST of the month following or coinciding with 60-days of service <i>30 hours per week</i>	<ul style="list-style-type: none"> • Deductible: Individual \$1,500 Family \$4,500 • Co-insurance: 80/20 in PPO Network • Covered Services performed at HMHD are covered at 100% • Prescriptions: \$20 / \$35 / \$50 										
Group Minimum Value Insurance Plan	Administration Mutual Medical	Both HMH and Employee with HMH paying the largest share of the premium IRC Sec 125 Eligible	1ST of the month following or coinciding with 60-days of service <i>30 hours per week</i>	<ul style="list-style-type: none"> Out-of-pocket: Individual \$6,500 Family \$13,000 • Co-insurance: 60/40 in PPO Network • Covered Services performed at HMHD are covered at 100% • Prescriptions: 60% reimbursement of cost. 										
Group Term Life Insurance and A D & D	Reliance Standard Life Insurance Company	100% EMPLOYER Paid	1ST of the month following or coinciding with 90-days of service <i>30 hours per week</i>	<p>1.5 times your annual salary, rounded to next 1,000; maximum of \$50,000</p> <p>Age reductions:</p> <table style="margin-left: 20px;"> <tr> <td>Age 65-69</td> <td>65% of original</td> </tr> <tr> <td>Age 70-74</td> <td>40% of original</td> </tr> <tr> <td>Age 75+</td> <td>20% of original</td> </tr> </table> <p>AD&D equal to 100% of the principal amount plus:</p> <table style="margin-left: 20px;"> <tr> <td>10%</td> <td>seatbelt usage</td> </tr> <tr> <td>5%</td> <td>airbag equipped</td> </tr> </table> <p>Waiver of Premium after 9 months if disabled prior to age 60</p>	Age 65-69	65% of original	Age 70-74	40% of original	Age 75+	20% of original	10%	seatbelt usage	5%	airbag equipped
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Supplemental Term Life Insurance	Reliance Standard Life Insurance Company	100% EMPLOYEE Paid	1ST of the month following or coinciding with 90-days of service <i>30 hours per week</i>	<p>Employee: Increments of \$10,000 Maximum of \$500,000 Guaranteed Issue to \$100,000</p> <p>Spouse: Increments of \$5,000, Maximum of \$250,000 Cannot exceed employee coverage; Guaranteed issue to \$50,000</p> <p>Child: 14 days to 6 months: \$500 6 months to age 26: \$2500 increments to a maximum of \$25,000</p> <p>Waiver of Premium if disabled prior to age 60, after 9-months to age 70.</p> <p>Refer to plan brochure for details on plan reductions based on age.</p>										

<p>Group Voluntary Long-Term Disability</p>	<p>Reliance Standard Life Insurance Company</p>	<p>100% EMPLOYEE Paid</p>	<p>1ST of the month following or coinciding with 90-days of service <i>30 hours per week</i></p>	<p>60% of Regular Monthly Gross Salary; Maximum of \$10,000 \$100 minimum / month (after offsets) 90-day Elimination Period</p>
<p>Group Voluntary Short-Term Disability</p>	<p>Reliance Standard</p>	<p>100% EMPLOYEE Paid</p>	<p>Same as LTD, Requires a minimum of \$10,000 annual earnings</p>	<p>60% of Weekly Salary maximum \$1,500 \$25 Weekly minimum after offsets 14 day or 30 day Elimination Periods</p>
<p>Group Dental Insurance</p>	<p>Reliance Standard</p>	<p>100% EMPLOYEE Paid IRC Sec 125 Eligible</p>	<p>1ST of the month following or coinciding with 90-days of service <i>30 hours per week</i></p>	<p>\$50 deductible Calendar Year Max \$1,000 Orthodontic Max \$1,000 100 / 100 / 60 / 50 In Network 100 / 80 / 50 / 50 Out of Network</p>
<p>VSP Vision Care Plan</p>	<p>VSP – Vision Care Plan Standard Reliance</p>	<p>100% EMPLOYEE Paid</p>	<p>Network: VSP Choice: the largest network in the country</p>	<p>Features: WellVision Exam every 12 months Prescription Glasses every 12 months Frames (or allowance) every 24 months <i>(see brochure for details)</i> - OR - Contact Lens Care (or allowance) every 12 months Extra discounts available for sunglasses additional glasses, Laser Vision, and costs for out-of-network providers Four (4) separate premium levels <i>(Emp, Emp + 1 Dep, Emp + Children, Full Family)</i></p>
<p>Accident and Sickness 24-hour coverage for accidents on or off the job</p>	<p>Boston Mutual Life Insurance Company (BML)</p>	<p>Employee Accident Option <i>Plus</i> Scheduled indemnity benefits paid directly to the insured 100% EMPLOYEE Paid Eligibility: 15th of the month coinciding with 60 days of service 20 hours per week</p>	<p>Features: Emergency Room Hospital Admission / Confinement Fracture and Dislocation Follow-up Doctor Visit Burns / Concussions / Torn Cartilage Physical Therapy Occupational HIV / Wellness Riders Accidental Death & Dismemberment Catastrophic Accidental Injury EE only, EE+1Dep, EE+Children, Family</p>	

Permanent Whole Life Insurance	Boston Mutual Life Insurance Company (BML)	<p align="center">100% EMPLOYEE Paid</p> <p align="center">Coverage Available for: Employee Spouse Children Grandchildren</p> <p align="center">Eligibility: 15th of the month coinciding with 60 days of service 20 hours per week</p>		<ul style="list-style-type: none"> ■ Individual permanent, portable life insurance for the entire family ■ Premiums start at \$2.00 per week for Adults; \$1.00 per week for Children or Grandchildren ■ The Employee is <u>NOT</u> required to participate if they only want coverage on a spouse or child. ■ Offered with reduced underwriting requirements (fewer medical questions) ■ Whole Life Insurance builds Cash Value at Guaranteed Rates. ■ Represents the often-overlooked portion of a well-designed life insurance program that will remain in force post-retirement.
Critical Illness Plus	Boston Mutual Life Insurance Company (BML)	<p align="center">100% EMPLOYEE Paid</p> <p align="center">Coverage Available for: Individual and Family</p> <p align="center">Eligibility: 15th of the month coinciding with 60 days of service 20 hours per week</p>		<ul style="list-style-type: none"> ■ Over 1.6 million new cancer cases are expected to be diagnosed per year. ■ Each year, 785,000 Americans will have a new coronary attack. ■ Initial Occurrence Benefit – Lump sum benefit payable upon initial diagnosis of a covered illness or condition. Additional Occurrence and Re-Occurrence benefits. ■ Annual Screening / Wellness Benefit
PTO Paid Time Off	HMHD	<p align="center">1ST of the month following or coinciding with 90-days of service</p> <p align="center">Full and Part-Time Employees</p>		<p>Based on years of service and hours worked. Questions should be directed to Human Resources.</p>
Sick Pay Plan	HMHD	<p align="center">1ST of the month following or coinciding with 90-days of service</p> <p align="center">Full and Part-Time Employees Budgeted for 40 hrs per pay period</p>		<p>Accumulated Each Pay Period Based on Years of Service</p>
401(A) Pension Plan	The STANDARD	<p align="center">100% EMPLOYER Paid</p>		<ul style="list-style-type: none"> • Contributions, for employees not covered by a collective bargaining agreement, start at the beginning of the third year of service • HMHD contributes 2% of an employee's gross pay
457(B) Retirement Plan	The STANDARD	<p align="center">100% EMPLOYEE Paid</p>		<ul style="list-style-type: none"> • Voluntary contributions by employees up to IRS Guidelines. • Contributions accumulate on a Tax Deferred basis.
Union Pension	Labors International Union of North America	<p>1st Day of the 4th Month of Continuous Service</p>	<p align="center">100% EMPLOYER Paid</p>	<p>Pension Benefits Accrue Each Pay Period</p>

Bereavement	HMHD	Full and Part-Time Employees are Eligible on the 1 st Day of the 4 th Month of Service	This benefit is not accrued or accumulated. The duration is based on the family member relationship as outlined in our published policy information.
Education Assistance	HMHD	Full and Part-Time employees 100% Tuition, Fees, and Books Paid by HMHD (Selected Healthcare Careers)	To apply for assistance, an employee must submit the required paperwork and must receive approval to be Included in this program
FMLA Family Medical Leave	HMHD (Statutory)	Employees employed for one year and who have worked a minimum of 1,250 hours	Twelve Weeks of Leave for certain reasons outlined in the Family Medical Leave Act Guidelines
Payroll Direct Deposit	HMHD	Offered to all employees. A check stub will be issued to all employees for their paycheck	Offered by HMHD as a convenience for all employees

HMHD BenSum 2020 – GSA

INSURANCE COSTS

HEALTH INSURANCE:

Major Medical:

Single \$83.00 per pay
Family \$276.00 per pay

Minimum Value Plan:

Single \$62.50 per pay
Family \$207.50 per pay

Other Options Available:

MAXI I: Single \$83 per pay
Family \$276 per pay

MRP - \$41.50 per pay

DENTAL INSURANCE:

Employee Only	\$15.58 per pay
Employee/Spouse	\$30.90 per pay
Employee/Children	\$33.84 per pay
Family	\$48.12 per pay

VISION INSURANCE:

Employee Only	\$3.88 per pay
Employee/Spouse	\$8.38 per pay
Employee/Children	\$6.76 per pay
Family	\$11.24 per pay

RELIANCE LIFE AND DISABILITY:

Basic Life and Accidental Death and Dismemberment – Coverage is 1 ½ times employee's annual salary and is paid by hospital.

Supplemental Life – Based on amount of coverage and age

Short Term Disability – Based on age and salary

Long Term Disability – Based on age and salary

NEW HIRE AND ANNUAL ENROLLMENT:

BOSTON MUTUAL LIFE, ACCIDENT, AND CRITICAL ILLNESS INSURANCE:

Cost based on age and amount of coverage, please ask HR for packet of information if you are interested.