

2022 BENEFIT GUIDE



West Tennessee
HEALTHCARE™



IMPORTANT MESSAGE!

This is a passive enrollment year.

**This means that if you do not take action
your benefits will rollover to 2022.**

Dear Team,

Thank you for choosing to be a part of the West Tennessee Healthcare team. This has been an extremely tiring year for health care workers and we want you to know you are appreciated. Each person plays such a significant role in the healthcare journey for each patient.

Annual enrollment presents an opportunity for each individual to think about their own health, in addition, specific wellness needs. It has been a physically and mentally tiring year and we sincerely want you to take advantage of the resources available to you through the Employee Assistance Program and Healthy Heights. It is vital that you take time to ensure your wellbeing and self-care.

There are no significant changes in our benefit offerings for 2022, as this will be a passive enrollment for employees. There will be a minimal increase to medical and dental premiums. Employees will have the opportunity to enroll or make changes to their benefit elections via our Benefit Administration Platform called SmartBen. This is the same system that was used last year to help employees elect their benefits. Employees can continue to utilize the online website and the SmartBen Now App.

Again, this is a passive enrollment, which means employees may login at any time during the open enrollment period and make changes or enroll in new benefits. Instructions are included within the packet on how to login. If employees wish to make no changes to their benefits, their existing elections will roll over for next year. Open Enrollment will begin on October 14, 2021. All elections and changes must be complete in the SmartBen System by November 7, 2021. No changes will be made after this date. We encourage everyone to login early to make changes or enroll in any benefit needed for 2022. Should you have any issues during the process, please reach out to our human resource team @ 731-265-1120. Our Human Resource group is here to help and serve your needs.

Again, thank you for all that you do for our patients, their family members, and our community. West Tennessee Healthcare's vision is to be chosen by our staff, our physicians and our community as the best place to work, the best place to practice and the best place to receive comprehensive care. We are sincerely humbled that you choose to be part of our team.

Shannon

Shannon Cinicola
Executive Director, Human Resources



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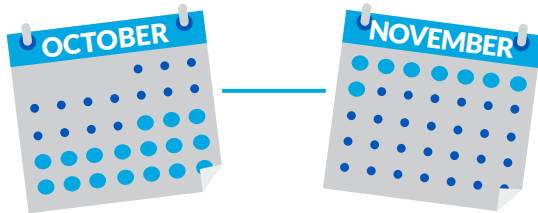
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HOW TO ENROLL

Annual Enrollment: OCTOBER 14 – NOVEMBER 7



Annual Enrollment is the time where you decide which benefits you want to enroll in for the next plan year. This is your chance to make sure the plans you are currently enrolled in are still meeting the needs of you and your family. This year, you must actively enroll if you want benefits on January 1, 2022.

See the New Hire section for how to log in to our benefits enrollment system, SmartBen. Additional instructions are also located on the WTH Intranet > Human Resources > Benefits.

Remember if you have or elect a Flexible Spending Account (FSA) or a Health Savings Account (HSA), you must take action to elect a contribution amount for 2022.

Elections made in 2021 to your HSA, or FSA account will not carry over for 2022. You need to actively enroll and select your contribution amount each year.



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HOW TO ENROLL

Beneficiaries

Beneficiary information should be inputted into the SmartBen system during enrollment. BUT, you must also need to complete the paper beneficiary form as well. You can print the form from SmartBen.



IMPORTANT! When you enroll, you'll be asked in the system if you are a tobacco user and if you are covering a spouse under medical, if they have access through their employer. If the answer is yes to either or both of these questions, you'll be subject to a surcharge.

New Hires

You have 30 days from your hire date to enroll in your benefits. If you miss that window, you will have to wait until the next Annual Enrollment period (unless you have a qualifying life event – see the next page). Log in to SmartBen to make your elections.

LOGIN

- Go to wth.smartben.net
- Username: The letters “WTH” + your unique 5-digit employee ID number.
- Password: Your initial password is your birth date as MMDDYYYY. You will be prompted to change the default password. Your new password must be 8 characters in length and requires 1 letter and 1 number.

BEGIN ENROLLMENT

- From the home page, click **Begin Enrollment**, then choose **New Hire Enrollment**. On this page, you will see all your benefit options. On the right side, you will also see your total cost per pay period for your benefit plans.

UPDATE DEPENDENTS & BENEFICIARIES

- Look for the **Manage People** icon. If you are enrolling new dependents, click on this icon to enter your dependents' names, birth dates and SSNs. This information is required if you want to enroll them under your benefit plans.

ENROLL

- After your dependents are entered, click **Manage Benefits**.
- Confirm or change your benefits. Click on each benefit to enroll or make changes to a selection.
- Once your elections are complete, each benefit will have a green light next to it. To proceed to the next step, click the button labeled **Elect & Continue**.

REVIEW & CONFIRM ENROLLMENT

- The Items Verified page will list any items that require attention. Review and follow instructions for anything outstanding. Otherwise, click **Continue**. You will then need to enter your initials to agree to your enrollment selections.
- To confirm, enter your initials at the bottom of the confirmation page and click **Continue**.
- Success! You have enrolled. Print your confirmation statement for your records.



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BENEFIT BASICS

Annual Enrollment is your opportunity to review your benefits and make choices for the upcoming plan year. Elections made during this Annual Enrollment period will become effective on January 1, 2022, and will remain in effect for the entire year, unless you experience a qualifying life or family status event.









Dependent Eligibility

Eligible dependents have access to many of the benefits we offer:

- Your legal spouse
- Dependent children who are your:
 - Son, daughter, stepson, stepdaughter, eligible foster child, adopted child, or child for whom you have permanent legal and physical custody without regard to whether the child is married, financially supported by you, resides with you or is a full-time student
- Mentally or physically disabled and meet certain requirements

Qualifying Life Events

You may make changes to your benefits during the year if you experience certain life events. These are called qualifying life events, or QLEs. Examples include:

-  Marriage or divorce
-  Death of a dependent
-  Birth or adoption of a child
-  Dependent becomes ineligible for coverage
-  Spouse gains or loses employment
-  Switching from part-time to full-time (or vice versa) by employee or spouse
-  Taking unpaid leave of absence by employee or spouse
-  A significant change in the health coverage of the employee or employee's spouse attributable to the spouse's employment

Changes must be made within 30 days of the QLE, and it is your responsibility to notify Human Resources. If you miss the 30-day window, you will be required to wait until the next Annual Enrollment to change your benefits.

Newborns must be added to your coverage. To add a newborn to your coverage, you must notify Benefits in Human Resources within 30 days of the birth.

Verifying Eligible Dependents

Whether you are enrolling new dependents during Annual Enrollment or as a new hire, you'll need to submit documentation verifying your dependent's eligibility. This includes items like birth certificates, marriage licenses, divorce decree and proof of new coverage. You can take a picture of these documents and upload them into SmartBen, fax them to HR at 731-265-1130 or bring copies into the HR department (please include Employee ID Number).



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Employee Coverage Costs and Savings

Cost Sharing

West Tennessee Healthcare pays a large portion of the premium cost for your healthcare coverage. The employee share of the cost depends on level of coverage chosen and whether the coverage includes spouse and/or dependent children.

The costs listed in this guide for medical, dental and vision coverage are what you will contribute from each pay period on a pre-tax basis.

Pre-Tax Deductions Means Savings for You

Pre-tax deductions reduce an employee's taxable wages, meaning they will likely owe less federal income tax and FICA tax (Social Security and Medicare taxes).

West Tennessee Healthcare helps you save money by taking advantage of regulations that allow you to pay for benefit premiums with pre-tax dollars. Pre-tax dollars are dollars earned before state, federal and social security taxes are deducted. This applies to all benefit premiums except dependent life, short term disability, cancer, accident, critical illness, hospital indemnity, long term disability, prearranged funeral, Air Evac, ID Shield and Legal Shield.

You have three medical plan options: two that are Consumer Driven Health Plans with a Health Reimbursement Accounts (HRA) and Health Savings Account (HSA) and one that is a Preferred Provider Organization (PPO) plan. All three plans pay 100% for preventive care. The plans differ when it comes to how you pay for expenses before and after you meet your deductible. The other big difference in the plans is that Option 1 Deductible plan offers an HRA, while Option 3 High Deductible plan offers an HSA. Here's a rundown of how the plans work, starting with how WTH can help offset your costs. Let's look at the difference on how these plans operate.

OPTION 1: DEDUCTIBLE WITH HRA	OPTION 2: PPO	OPTION 3: HIGH DEDUCTIBLE WITH HSA
<ul style="list-style-type: none"> • Company-funded HRA • WTH funds your HRA to offset deductibles • Unused account funds can roll over from year to year but are forfeited at termination • This plan offers reduced employee premiums for employees earning \$15/hour or less 	<ul style="list-style-type: none"> • This is the highest cost health plan, therefore premiums are highest • Office copays provide less risk and greater predictability for out-of-pocket costs • Deductible and coinsurance will be applied to lab and imaging services that occur in a physician office. • Copays will be applied to physician charges only. 	<ul style="list-style-type: none"> • WTH partially funds your HSA to offset highest deductibles • This plan has the lowest premium but highest deductible and out-of-pocket risk • Employee contributes pre-tax contributions to the HSA to offset out-of-pocket costs and save for future health care expenses • Unused account funds can roll over from year to year • HSA account accumulates interest and can be invested



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MEDICAL - NETWORK OPTIONS

We hope you will choose to receive healthcare at one of West Tennessee Healthcare's access points whenever possible, but through the Vanderbilt's Health Affiliated Network (VHAN), you also have a wide range of options across the state. If these two networks still don't fit your needs, we also provide access to Aetna's POS II providers and facilities.

Vanderbilt Health Affiliated Network

West Tennessee Healthcare is a proud participant in the Vanderbilt Health Affiliated Network (VHAN). Our active involvement in VHAN enables us to have a larger impact on improving the quality and lowering the cost of health care for patients in our region. Through our work with more than 6,700 providers, 60 hospitals, 15 health systems and hundreds of physician practices and clinics, we strengthen communities and improve the quality of life across the Southeast by promoting and supporting better health.

When you choose health care services from providers in VHAN, you are getting high-quality care at your best benefit plan level. You can benefit from enhanced focus and attention to your preventive health needs, from free cancer screenings to important tests to keep you and your covered family members healthy. You also have access to an expansive team of experts, like pharmacists, social workers and dieticians, working with your provider to support you when needed.

Here is a brief description of your network options:

Tier 1 Providers: VHAN (Vanderbilt Health Affiliated Network)

- When you choose from more than 5,000 VHAN Tier 1 providers, you'll have the lowest deductible, coinsurance percentage and out-of-pocket maximum.
- You also have access to more than 120 walk-in, urgent care, and pediatric after-hours clinics across the state.

Tier 2 Providers: Aetna National Network

- In addition to providers in VHAN, Aetna has a strong presence throughout the United States. If you have a dependent college student, are travelling or live outside of VHAN's service area, you'll have Zin-network access to high caliber hospitals and physicians.
- When you choose Tier 2 providers, your deductible, coinsurance percentage and out-of-pocket maximum will be higher than Tier 1, but significantly lower than if you go out of network.

Tier 3 Providers: Out-of-Network

- When you choose Tier 3 or out-of-network providers, your deductible and coinsurance percentage will be significantly higher and there is no annual out-of-pocket maximum.



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FINDING PROVIDERS

How to Find Tier 1 (VHAN) Primary Care Provider or Specialist

1. Visit vhan.com/findaprovider.
2. You can find a primary care doctor by searching for Family Medicine or Internal Medicine as the specialty.
3. To find a VHAN urgent care or a walk-in clinic: visit quickcare.vhan.com to find more than 120 urgent care, walk-in and pediatric after-hours clinics across Tennessee.

How to Find Tier 2 (Aetna National Network) Providers

1. Visit <https://www.aetna.com/individuals-families.html>.
2. Click on "Find a doctor." Either log in to your existing account or under "Guests" select "Plan from an employer."
3. Complete the General Search by entering your zip code and the distance for your search.
4. Select your Plan – Enter Aetna POS II (Open Access) under Aetna Open Access Plans.
5. Select a Provider Category (medical, behavioral health, etc.) and then select the Provider Type (primary care physician, specialist, etc.).
6. Click on Start Search. If you want to refine your search, click on More Options.



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MEDICAL PLAN COMPARISON

	OPTION 1 DEDUCTIBLE W/HRA			OPTION 2 PPO			OPTION 3 HIGH DEDUCTIBLE W/HSA		
Account Funding	A Health Reimbursement Account is fully funded by WTH.			This plan does not offer an HRA or HSA.			A Health Savings Account (HSA) is partially funded by WTH. You can also contribute tax-free money to your HSA. In 2022, total contributions may not exceed \$3,650 individual coverage or \$7,300 for family coverage.		
Account Funding: The amount WTH contributes to your account depends on who you cover									
Employee	\$300			None			\$300		
Employee + 1	\$550			None			\$550		
Family	\$800			None			\$800		
Your Deductible	You pay 100% of the costs until you meet your deductible. However, your HRA will be used to offset your deductible and other health care expenses covered by the plan. Deductible below includes account funding.			You pay 100% of the costs until you meet your deductible.			You pay 100% of the costs until you meet your deductible. However, you can use your HSA to offset your deductible, to pay for your portion of covered medical expenses (coinsurance) and other eligible medical expenses not covered by your medical insurance. Deductible below includes account funding.		
	VHAN	Aetna	Out-of-Network	VHAN	Aetna	Out-of-Network	VHAN	Aetna	Out-of-Network
Employee	\$1,000	\$1,250	\$1,500	\$600	\$850	\$1,100	\$1,500	\$2,000	\$2,500
Employee +1	\$1,000 per person	\$1,250 per person	\$1,500 per person	\$600 per person	\$850 per person	\$1,100 per person	\$3,000*	\$4,000*	\$5,000*
Family	\$1,000 per person not to exceed \$3,000	\$1,250 per person not to exceed \$3,750	\$1,500 per person not to exceed \$4,500	\$600 per person not to exceed \$1,800	\$850 per person not to exceed \$2,550	\$1,100 per person not to exceed \$3,300	\$3,000*	\$4,000*	\$5,000*

* HSA Deductible Note: No individual deductible for employee plus one or more

Out of Pocket Maximums	Once you reach the out-of-pocket amount below (including your deductible), the plan will pay 100% of the remaining eligible expenses for in-network care and services for the rest of the year. There is no out-of-pocket maximum if you go out-of-network.								
Employee	\$3,000	\$4,600	No Max	\$3,000	\$4,600	No Max	\$5,000	\$6,350	No Max
Employee +1	\$3,000 per person	\$4,600 per person	No Max	\$3,000 per person	\$4,600 per person	No Max	\$5,000 per person	\$6,350 per person	No Max
Family	\$3,000 per person or \$9,000 per family*	\$4,600 per person or \$9,200 per family*	No Max	\$3,000 per person or \$9,000 per family*	\$4,600 per person or \$9,200 per family*	No Max	\$5,000 per person or \$10,000 per family*	\$6,350 per person or \$12,700 per family*	No Max

* Family out-of-pocket maximum will not exceed \$9,000 (VHAN) and \$9,200 (Aetna National Network).

** Flexible Spending Accounts (FSA) can be used for Options 1 and 2.



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MEDICAL PLAN COMPARISON

	OPTION 1 DEDUCTIBLE W/ HRA			OPTION 2 PPO COPAY			OPTION 3 HIGH DEDUCTIBLE W/ HSA		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Preventive Care	\$0	\$0	80% after deductible	\$0	\$0	80% after deductible	\$0	\$0	80% after deductible
Routine Office Visits	15% after deductible	30% after deductible	80% after deductible	\$20 Copay	\$20 Copay	80% after deductible	15% after deductible	30% after deductible	80% after deductible
Specialist Care	15% after deductible	30% after deductible	80% after deductible	\$40 Copay	\$40 Copay	80% after deductible	15% after deductible	30% after deductible	80% after deductible
Emergency Care	15% after deductible	30% after deductible	80% after deductible	15% after \$100 copay Copay waived if admitted	30% after \$100 copay Copay waived if admitted	30% after \$100 copay Copay waived if admitted	15% after deductible	30% after deductible	80% after deductible
X-Rays & Laboratory Tests	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible
Inpatient & Outpatient Hospitalization	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible
Inpatient & Outpatient Mental Health Care Facility	15% after deductible	30% after deductible	80% after deductible	IP - 15% after deductible OP - 100% after \$40 copay	IP - 30% after deductible OP - 100% after \$40 copay	80% after deductible	15% after deductible	30% after deductible	80% after deductible


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MEDICAL PLAN RATES

MEDICAL PLAN – FULL-TIME BI-WEEKLY RATES	INDIVIDUAL	EMPLOYEE + 1	FAMILY
Option 1 Deductible Plan with HRA			
Employees making less than \$15/hour	\$65.00	\$131.00	\$185.00
Employees making between \$15 - 74.99/hour	\$78.00	\$163.00	\$231.00
Employees making \$75/hour or more	\$91.00	\$195.00	\$275.00
Option 2: Copay Plan			
Employees making less than \$75/hour	\$110.00	\$238.00	\$335.00
Employees making \$75/hour or more	\$123.00	\$270.00	\$380.00
Option 3: High Deductible with HSA			
Employees making less than \$75/hour	\$65.00	\$127.00	\$175.00
Employees making \$75/hour or more	\$78.00	\$159.00	\$220.00

MEDICAL PLAN – PART-TIME BI-WEEKLY RATES	INDIVIDUAL	EMPLOYEE + 1	FAMILY
Option 1 Deductible Plan with HRA			
Employees making less than \$15/hour	\$130.00	\$262.00	\$370.00
Employees making between \$15 - 74.99/hour	\$156.00	\$326.00	\$462.00
Employees making \$75/hour or more	\$182.00	\$390.00	\$550.00
Option 2: Copay Plan			
Employees making less than \$75/hour	\$220.00	\$476.00	\$670.00
Employees making \$75/hour or more	\$246.00	\$540.00	\$760.00
Option 3: High Deductible with HSA			
Employees making less than \$75/hour	\$130.00	\$254.00	\$350.00
Employees making \$75/hour or more	\$156.00	\$318.00	\$440.00


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HEALTH ACCOUNTS

If you are currently enrolled in the Option 1 HRA and switch to the Option 3 HSA for 2022, remaining funds from the HRA **do not transfer over to HSA.**

If you enroll in the Option 1 Deductible with HRA or the Option 3 High Deductible with HSA, you'll get money from WTH to help pay your medical expenses.

- If you enroll in Option 1 Deductible Plan you automatically have a Health Reimbursement Account (HRA) funded by WTH to help offset your deductible.
- If you enroll in Option 3 High Deductible Plan, WTH will put money in a Health Saving Account (HSA) for you. In addition, you can contribute your own tax-free money to the HSA subject to IRS maximum limitations (updated annually).

Here's How These Accounts Work

	HEALTH REIMBURSEMENT ACCOUNT (HRA)	HEALTH SAVINGS ACCOUNT (HSA)
Who administers this account?	Aetna	PayFlex/Aetna
Who contributes?	WTH	WTH and You (optional). Total annual contributions from you and WTH may not exceed \$3,650/individual or \$7,300/family for the year.
What can I use the money for?	Eligible medical such as office visits. The HRA cannot be used for dental or vision expenses.	Eligible health care expenses including your deductible, dental and vision expenses, in- and out-of-network office visits, prescription drugs, etc. (Only medical expenses count toward your deductible.) Ineligible expenses are subject to a tax penalty. For a list of eligible expenses, go to www.irs.gov .
Who owns the money in the account?	You, as long as eligible at WTH.	You do. You can take it with you if your leave WTH.
Is there an account fee?	No	No, as long as you are employed by WTH.
How do I access my account?	Your HRA is part of your medical plan and funds from your account will be used to offset your out-of-pocket expenses.	You will receive a debit card to access your HSA funds. You can also pay for eligible expenses with any other form of payment and request a withdrawal/reimbursement from your account.
Does the money earn interest?	No	Yes
Can I take the unused balance with me if I leave WTH?	No	Yes. It's always your money - including any earnings from interest or any investment gains or losses.
Can I roll over unused dollars from year to year?	Yes	Yes, even after you leave WTH.
Can I contribute to a Health Care Flexible Account (FSA)?	Yes	Yes, a Limited Purpose FSA is available to reimburse dental and vision expenses ONLY. After your HSA deductible is met, you can use your FSA to pay for eligible medical expenses, too.
Do I have access to the cash in my account?	No	Yes (non-medical distributions are taxable and subject to 20% penalty prior to age 65; no penalty for 65+ distributions).
Must I report my account on my federal income tax form?	No, your HRA is part of the plan.	Yes, the IRS requires that you include Form 8889 with your federal income tax return each year that you have an HSA, to report contributions and withdrawals, but no tax applies if your withdrawals are for eligible health care expenses.
Is there a catch-up contribution?	No	Yes, you can make an HSA catch-up contribution up to \$1,000 if you are age 55+ in 2022.



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HEALTH SAVINGS ACCOUNT (HSA)

Consider the HSA

Don't let the high deductible of Option 3 scare you away from this plan. The HSA can help you pay for out-of-pocket expenses. Here are some benefits:

- It has the lowest bi-weekly premium because the risk is higher than alternative plans.
- Tax advantages:
 - Your contributions are not subject to federal income tax (FIT).
 - Once your account balance reaches \$1,000, it will begin to earn interest, and you can choose investment accounts to maximize investment income, which is not subject to FIT.
 - As long as the money in your HSA is used for qualified medical, dental and vision care expenses, it is NOT taxed as income when you use it.
- HSAs roll over from year to year.
- You own all the money in your HSA – the money moves with you if you leave WTH.

WTH even provides you money to help you start your HSA. If you complete a Health Assessment, you get even more! (See page 14.)

COVERAGE	WTH CONTRIBUTES	IF YOU COMPLETE A HEALTH ASSESSMENT	IF YOU VISIT YOUR PCP	TOTAL POSSIBLE FUNDING
Employee	\$300	\$100	\$100	\$500
Employee + 1	\$550	\$100	\$100	\$750
Family	\$800	\$100	\$100	\$1,000

You can also contribute to the plan, using pre-tax dollars. The combined maximum contributions allowed by the Internal Revenue Service (IRS) for 2022 are

- Individual - \$3,650
- Family - \$7,300
- Catch up contributions up to \$1,000 are available if you are 55+

Reasons to move to an HSA

Lower Premiums



Savings from lower premiums by enrolling in the HDHP or ACA plan can be deposited into the Health Savings Account ... make sure you do the math to see how much money you can save

Portable



An HSA stays with you when you change jobs, change insurance, or retire. It can pay your insurance premiums in retirement

Remaining Balance



The balance rolls over year-to-year and can continue to grow

Retirement Planning



Savings invested in mutual funds can supplement other retirement plans, like traveling



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PRESCRIPTION DRUGS

WTH HAS A 3-TIER, CLOSED FORMULARY PLAN.

What you pay falls into one of these tiers or levels:

Tier 1: Generic	You pay the lowest cost for drugs in this level.
Tier 2: Preferred Brand	You pay a slightly higher cost for drugs in this level.
Tier 3: Non Preferred Brand	You pay the highest cost for drugs in this level.

Closed formulary means the plan covers only prescription drugs in the formulary. With your health plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percent of the prescription price.

MEDICAL PLAN OPTION 1: DEDUCTIBLE WITH HRA PLAN AND MEDICAL PLAN OPTION 2: PPO COPAY PLAN

In House 30-day supply	Tier 1	Generic	\$10 Copay
	Tier 2	Preferred Brand	25% x cost of drug with Min \$30 and Max \$50 copay
	Tier 3	Non-preferred Brand	25% x cost of drug with Min \$55 and Max \$75 copay
In House 90-day supply maintenance medications, you pay two times monthly copay and receive 90-day supply.	Tier 1	Generic	\$20 copay
	Tier 2	Preferred Brand	25% x cost of drug with Min \$60 and Max \$100 copay
	Tier 3	Non-preferred Brand	25% x cost of drug with Min \$110 and Max \$150 copay
Tier 3: Non-preferred Brand 30 day in house	25% x cost of drug with minimum \$55 and maximum \$75 copay		
Example: <i>If drug cost is:</i>	\$55 - \$220	\$220.01 - \$299.99	\$300 or more
<i>Then variable copay is:</i>	\$55	25% x Cost	\$75
Specialty	Depends on Tier Status		

MEDICAL PLAN OPTION 3: HIGH DEDUCTIBLE WITH HSA

After deductible is met, copays above will apply.



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PRESCRIPTION DRUGS, CONT.

MEDICAL PLAN OPTION 1: DEDUCTIBLE WITH HRA PLAN AND MEDICAL PLAN OPTION 2: PPO COPAY PLAN

Non-WTH Retail Pharmacy Variable copay 30 day supply	Tier 1	Generic	\$15 copay
	Tier 2	Preferred Brand	35% x cost of drug with Min \$55 and Max \$75 copay
	Tier 3	Non-preferred Brand	35% x cost of drug with Min \$80 and Max \$100 copay
Specialty	Depends on Tier Status		

MEDICAL PLAN OPTION 3: HIGH DEDUCTIBLE WITH HSA

After deductible is met, copays above will apply.

Employee Out of Pocket Maximum for Pharmacy Benefits Only

MEDICAL PLAN OPTION 1: DEDUCTIBLE WITH HRA PLAN AND MEDICAL PLAN OPTION 2: PPO COPAY PLAN

The Affordable Care Act set maximum limits on how much consumers can be required to pay out of pocket annually for their medical care and prescription drugs. This will be very beneficial to those with chronic illness and high cost prescriptions. The out-of-pocket maximum is for pharmacy only and will be in addition to separate out-of-pocket maximum specific to medical care. This affects Option 1 HRA Plan and Option 2 PPO Plan only.

Single - \$2,000 Family - \$4,000

Step Therapy - Applies to All Plans

WTH participates in a step therapy program for prescriptions used for the treatment of high cholesterol, digestive disorders and anxiety/depression. This drug coverage review promotes the appropriate use of equally effective but lower cost drugs first. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step therapy drugs.



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Health Risk Assessment: Earn Additional Money into Your HRA and HSA

Available October 1 – December 15, 2021

Complete your [Health Risk Assessment](#) after logging in to your Aetna account to find the Assessment.

To complete the assessment, you will need to “Know Your Numbers.”

- HDL cholesterol
- LDL cholesterol
- Total cholesterol
- Triglycerides
- Glucose
- Blood Pressure
- Height
- Weight

These numbers were provided to you at your Annual Health Update if you had your labs completed for Healthy Heights. You can also obtain these numbers by visiting your PCP (primary care provider) and having your annual wellness visit, which is 100% covered under our medical plan.

In order to get maximum contributions from West Tennessee Healthcare into your HRA, HSA or health incentive account, do the following.

- Complete your annual health assessment by December 15, 2021
- \$100 will be deposited into your HRA or HSA (Option 1 and 3 participants),
- Or \$50 will be deposited into your health incentive account (Option 2 PPO plan participants).
- Incentives will be deposited in January 2022.

Why? We want you to know your numbers and understand your health risks.

- Go see your primary care provider (PCP) for an annual wellness or well-woman exam.
- Once Aetna processes your claim WTH will deposit \$100 into your HRA or HSA,
- Or, \$50 will be deposited into your health incentive account (Option 2 PPO plan participants)

Why? Having an established relationship with a PCP is foundational to your health, and preventive medicine is a critical, and free part of your annual wellness regime.



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2022 LIVING WELL

Answering Your Health Assessment Questions

We ask: how can you take care of others, if you are not taking care of yourself?

Healthy Heights (our employee well-being program) provides employees with the tools and resources needed to attain and sustain a healthy state of well-being so that they can provide compassionate and exceptional care to the patients and communities we serve!

Why does WTH offer the health assessment?

The goal of the health assessment is to help improve your health and well-being in two ways.

- First, it provides health information you can use for discussions with your physician and helps you understand the effect that lifestyle choices may have on your health.
- Second, it helps WTH know what types of education and support programs would be most useful to our employees. There are many things that contribute to weight, BMI, cholesterol and glucose numbers. Some of those things can be controlled; some can't. The goal of the assessment is to help you, not to increase premiums.

What does hospital leadership and the benefits department see?

Your individual information is not seen by hospital leadership or the Benefits department. All they see is collective data on all employees as a group.

How is this collective information used?

The collective data WTH receives on all employees will help us understand the health of our employee population at large. We will use this information to establish education and support programs that will be of the most benefit to our employees to help improve the health of our population.

Will my individual health insurance premium go up as a result of my numbers?

No.

Healthy Heights Employee Well-Being Program

We Pay You to Be Well!

Healthy Heights is here to take care of you so that you can take care of others! The only requirement needed is Labs (collected at your AHU @ EHS).

Benefits

- FREE Gym Membership
- Education
- Food Discounts
- FREE EAP Counseling
- FREE Prenatal Classes
- 24/7 Healthline
- \$150 for Meeting Health Goal

Additional Questions/Information please contact Allison Wright, Employee Health Manager, 731-422-7919.

Kick the Habit Tobacco Cessation Program

Kick the Habit is a 4-week course that provides motivation, education, and support to help you reach the goal of tobacco cessation.

Each week features different aspects of Tobacco Cessation. A Registered Nurse leads the program and also includes Dietitian, Exercise Specialist, and a Pharmacist. This class meets in a support group setting.

Classes offered quarterly during the months of February, May, August and November from 5:30-6:30 p.m. at JMCGH. For more information, call Allison Wright, 731-422-7919.



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2022 LIVING WELL DIABETES

West Tennessee Healthcare – Employees, Spouses, Adult Dependents

Due to IRS regulations, HSA Medical Plan participants are not eligible to participate in the LivingWell Diabetes Program because the program offers disease treatment in addition to preventing future complications related to diabetes.

Program Benefits

- All Diabetes medications designated by the program as “standard of care” free of customary copayment for enrolled diseases
- Appropriate lab tests provided through Medical Center Lab free of charge – A1C, Urine Microalbumin and Cholesterol Panel
- Appointments with educators/coaches for counseling, information and training free of charge
- Glucose meter/strips (diabetes) free of charge
- Insulin pumps and related supplies are not covered (Insulin for pumps may be covered)

Provider Role

- Provides routine primary care for participant
- Provides treatment plan
- Orders labs through Medical Center Lab
- Monitor nationally recognized diabetes measures (e.g., HEDIS), to be determined each program year

Participant Role

- Become qualified in diabetes self-management by completing one “Mini-Camp” enrollment session (1 hour class)
- Follow the prescribed regimen as given by the Provider and Coach for medications, exercise, food intake, monitoring and coaching calls
- Fill all prescriptions for approved diabetic medications through the approved West Tennessee Healthcare Pharmacy and have all related labs drawn at Medical Center Lab, Lift or EHS
- Keep appointments with the Provider and Coach as scheduled. If unable to keep appointments, reschedule as soon as possible
- Follow the guidelines as presented in the Disease Management Program Agreement
- Failure of a participant to comply with all components of the program will result in disenrollment from the program
- Participant must have a primary care provider
- WTH Employees: Appointments may not be scheduled as paid time.
- Monitor nationally recognized diabetes measures (e.g., HEDIS), to be determined each program year



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2022 LIVING WELL DIABETES

Coach Role

- Coaches will assess each employee individually to identify frequency and method of coaching (face to face visit vs. telephonic). Minimum coaching calls/visits will occur twice a year.
- Serve as a “conduit for care” between the participant, provider and secondary coaches (educator, dietitian, pharmacist, physical therapist)
- Assess and address the physical and educational needs of the participant
- Assess the food intake, exercise, and monitoring records of the participant and discuss indications of the assessment
- Monitor compliance of the participant to the Disease Management Program Agreement
- Monitor nationally recognized diabetes measures (e.g., HEDIS), to be determined each program year.

The Diabetes Disease Management Program 2022 (DDMP) provides West Tennessee Healthcare Medical Plan participants (employees, spouses, dependents 18 years and older) with the opportunity to receive certain healthcare benefits related to diabetes. Whereas, program enrollment may occur throughout the 2021 calendar year, the program may cease at any time.

Eligibility status may be affected by non-compliance to the prescribed regimen. Termination of Medical Plan coverage also results in cessation of program benefits.

Enrollment

- Enrollment sessions (“Mini-Camp”) for diagnosed diabetic patients will be held at various times in the J Walter Barnes or Medical Founders Room A/B throughout the year.
- If you have never been diagnosed with diabetes, but you have symptoms or recent lab results that indicate you may have diabetes, we recommend you follow up with your PCP as soon as possible.
- Newly hired employees of WTH who are participants in the West Tennessee Healthcare Medical Plan, and their spouses and dependents 18 years and older, may enroll in the Disease Management Program after they become eligible participants in the medical plan.
- Newly diagnosed employees, spouses, and dependents may enroll in the Disease Management Program throughout the year with documentation/date of diagnosis.
- Participant Training

You must attend Mini Camp/Registration in order to be enrolled in program. You may contact Employee Health Services at 731-422-7910.



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DENTAL

Through Delta Dental, you have two options available: Option 1 - Low Option and Option 2 - High Option. Please review and carefully choose the best plan for you and your family. You are allowed to visit any dentist you wish, but if you stay within the Delta Dental network, those providers have agreed to negotiated fees and you'll save the most money.

Customer service representatives are available Monday – Friday, 7:00 a.m. to 5:00 p.m. at 800-223-3104. Visit their online Consumer Toolkit at DeltaDentalTN.com/ConsumerToolkit to:

- Check benefit eligibility
- Find current benefit information
- Print an ID card
- Review claims and more

Mobile App

Get your Delta Dental benefits at your fingertips. Download the Delta Dental Mobile App for Apple iOS or Android to:

- Find a dentist
- Check benefits and claims
- Access mobile ID card
- Access Toothbrush Timer

Dental Rates

DENTAL FULL-TIME BI-WEEKLY RATES			
	Individual	Employee + 1	Family
Low Option	\$4.05	\$8.52	\$14.02
High Option	\$7.95	\$16.33	\$26.91
DENTAL PART-TIME BI-WEEKLY RATES			
Low Option	\$8.10	\$17.04	\$28.04
High Option	\$14.38	\$28.74	\$47.42

	OPTION 1 – LOW OPTION		OPTION 2 – HIGH OPTION	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual/Family	\$50/\$150 Waived for Preventive		\$50/\$150 Waived for Preventive	
Annual Maximum	\$1,000		\$2,000	
Lifetime Orthodontia Maximum	Not Covered		\$1,500	
Preventive (Cleanings, X-Rays)	100%	50%	100%	100% after deductible
Basic Restorative (Endodontics, periodontics, oral surgery, fillings, simple extractions, sealants)	80%	50%	90%	70%
Major Restorative (Prosthetics)	50%	50%	60%	50%
Orthodontia (Adult and children)	Not Covered		50%	50%
Frequency and Limitations				
Routine cleanings	2 per 12-month period		2 per 12-month period	
Bite wing x-rays	2 per 12-month period < age 19; 1 per 12 months > age 19		2 per 12-month period < age 19; 1 per 12 months > age 19	
Sealants	1st and 2nd molars < age 19 1 per 60 months		1st and 2nd molars < age 19 1 per 60 months	
Full mouth x-ray	1 per 60 months		1 per 60 months	
Periodontal Maintenance	2 per 24 months combined with cleaning		2 per 24 months combined with cleaning	
Missing Tooth coverage	No		Yes	
Implant Coverage	No		Yes	



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VISION

EyeMed provides two plan options: Option 1 - Low Option and Option 2 - High Option. Please review and carefully choose the best plan for you and your family.

Find an in-network provider and access to your vision benefits 24/7, visit eyemed.com or call 888-581-3648. You can also download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and have your ID card right at your fingertips.

Contact Lenses can be ordered through contactsdirect.com and you will receive an additional \$20 discount on top of your lens allowance. Watch your EyeMed Member Portal for “special offers” and coupons on contacts.

Vision Rates

VISION FULL-TIME BI-WEEKLY RATES			
	Individual	Employee + 1	Family
Low Option	\$2.28	\$4.32	\$6.34
High Option	\$5.11	\$9.72	\$14.27
VISION PART-TIME BI-WEEKLY RATES			
	Individual	Employee + 1	Family
Low Option	\$2.28	\$4.32	\$6.34
High Option	\$5.11	\$9.72	\$14.27

	OPTION 1 - LOW OPTION		OPTION 2 - HIGH OPTION	
	IN NETWORK	OUT OF NETWORK <i>Reimbursement to member up to:</i>	IN NETWORK	OUT OF NETWORK <i>Reimbursement to member up to:</i>
Exam (With Dilation as Necessary)	\$5 Copay	\$40	\$0 Copay	\$40
Frequency	Once every 12 months		Once every 12 months	
Frames (Any available frame at provider location)	\$0 Copay \$130 Allowance 20% off balance over \$130	\$91	\$0 Copay \$150 Allowance 20% off balance over \$150	\$105
Frequency	Once every 24 months		Once every 12 months	
Standard Plastic Lenses				
Single Vision	\$25 Copay	\$30	\$0 Copay	\$30
Bifocal	\$25 Copay	\$50	\$0 Copay	\$50
Trifocal	\$25 Copay	\$70	\$0 Copay	\$70
Lenticular	\$25 Copay	\$70	\$0 Copay	\$70
Standard Progressive	\$25 Copay	\$76	\$0 Copay	\$96
Frequency	Once every 24 months		Once every 12 months	
Covered Lens Options				
Std Polycarbonate < age 19	\$0 Copay	\$5	\$0 Copay	\$5
Contact Lenses (in lieu of lenses)				
Conventional	\$130 Allowance 15% off balance over \$130	\$104	\$150 Allowance 15% off balance over \$150	\$120
Disposable	\$130 Allowance	\$104	\$150 Allowance	\$120
Medically Necessary	\$0 Copay, Paid-in-full	\$210	\$0 Copay, Paid-in-full	\$210
Frequency	Once every 24 months		Once every 12 months	



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FLEXIBLE SPENDING ACCOUNTS (FSA)

West Tennessee Healthcare offers flexible spending account choices as a smart and convenient way to stretch your benefit dollars and receive tax savings. Because of pre-tax dollars, these accounts are regulated by the IRS.

- **Health Care FSA:** You can contribute up to \$2,750 per year on a pre-tax basis to pay for eligible out-of-pocket medical, dental and vision expenses. Your minimum contribution for the year is \$130.
- **Limited Purpose FSA:** If you contribute to a Health Savings Account, you can set aside \$2,750 of pre-tax dollars into this account. It can ONLY be used for dental and vision expenses.
- **Dependent Care FSA:** You can contribute up to \$5,000 per household per year (\$2,500 if married, filing separately) on a pre-tax basis to cover your cost of childcare for children up to age 13 and/or dependent adults.

Health Care FSA

You may use this account for most medical, prescription drug, dental, vision and hearing expenses that are not paid for by your healthcare plans. Some examples include deductibles, copayments, eyeglasses, contact lenses, hearing aids, braces and other expenses allowed by the IRS.

Your entire election amount is available to you at the beginning of the plan year. You will continue to fund the account through payroll deductions from each paycheck.

At the end of the plan year, if you have \$550 or less left in your Healthcare FSA, it will automatically roll over to the next year. You will have the opportunity to use this money and not lose it. However, you will forfeit anything above \$550.

Dependent Care FSA

A dependent care account allows you to use tax-free dollars to pay for the care of a young child or disabled family member while you work. If you are married, you can only use this account if your spouse is employed, is a full-time student for at least five months of the year or is disabled.

You can pay for daycare expenses for children under 13, disabled children, disabled parents, a disabled spouse or other relatives who qualify under Internal Revenue Code. Education expenses are not eligible. For your FSA contributions to be considered eligible for reimbursement, your provider must claim your payments as taxable income.

Dependent Care FSA funds are only available to you as each payroll deduction is taken and your account is updated.

Keep in mind that the IRS has a “use it or lose it” rule. If you do not use the full amount in your Dependent Care FSA by the end of the allowed timeframe, you will lose any remaining funds. WTH has the grace period for the account and you will have an additional 75 days to spend your Dependent Care FSA dollars.



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FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA Enrollment

Each year that you would like to participate in the FSAs, you must choose the amount you want to set aside. If you participated the previous year, your election does not carry over.

- Remember, you cannot stop or change your contribution amount during the year unless you experience a qualifying life event (see details on page 3).
- You cannot transfer funds from one FSA to another.

Using Your FSA Funds

- To use your Health Care FSA funds, you may use the PayFlex Card, your account debit card, to pay for your eligible expenses. When you use the card, the funds automatically come out of your FSA. Note: save all of your receipts and Explanation of Benefits (EOB) from your insurance plan. These may be needed to verify the use of your funds.
- If you pay for eligible expenses with cash, check or personal credit card, you can submit an online request for reimbursement or you can fill out a paper claim form and fax or mail to PayFlex.
- Your PayFlex Card will work for several years, so don't throw it away! If you have an account next year, you will be able to continue to use the same card. We will issue you a new one when your current card expires.
- To use your Dependent Care FSA funds, claims can be made either online or by printing out a claim form, filling it out and either faxing or mailing in to PayFlex.

Please see the PayFlex Flexible Spending Account flyer found on the WTH Intranet on the Human Resources page for more information.

Note: Per IRS rules, employees enrolled in Option 3 High Deductible Medical Plan with a Health Savings Account (HSA) cannot be enrolled in the standard Health Care FSA. HSA participants may enroll in the Limited Purpose FSA that can be used for dental and vision charges only.

1 PLAN

Determine how much to contribute based on the contribution limits.

2 SPEND

Use your funds on eligible expenses by using your debit card or paying up front and submitting for reimbursement.

3 COLLECT

Submit IRS-Required documentation to substantiate your claims and collect your reimbursement.



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FINANCIAL PROTECTION BENEFITS

WTH-Provided Life Insurance and Accidental Death & Dismemberment (AD&D)

Available for employees in a full time, 7 on 7 off, weekenders or RN55 status.

WTH provides, at no cost to you, basic life and AD&D insurance coverage equal to one times your annual base salary, rounded up to the nearest thousand.

Supplemental Life Insurance

You may purchase supplemental life insurance for an additional 1 or 2 times your annual base salary, up to a maximum benefit of \$1,500,000 when combined with your basic coverage amount.

Employees currently enrolled in supplemental life (1 times annual salary) can increase coverage to 2 times annual salary up to guaranteed issue amount of \$300,000 without Evidence of Insurability (EOI).

Amounts over \$300,000 require EOI. Employees not currently enrolled in supplemental life can enroll but will be required to complete EOI and coverage will be determined by The Hartford Medical Underwriting.

Base Annual Salary

For calculating per pay period rate for life insurance, base annual salary is your base hourly rate before any differentials are paid, multiplied by 2,080 hours.

Cost of Supplemental Life Insurance

Your monthly cost will be \$.16 per \$1,000 of coverage

- Multiply Base Annual Salary by 1 or 2 depending on amount of coverage requested
- Round above figure to next highest \$1,000
- Divide by 1,000
- Multiply your answer by \$.16
- Multiply by 12 and divide by 26 to get the estimated amount you will pay per pay period

Supplemental Accidental Death and Dismemberment (AD&D)

You may purchase an additional 1 or 2 times your annual salary in accidental death and dismemberment coverage. The cost is \$.018 per \$1,000 per month.

Supplemental Dependent Life Insurance

Dependent life insurance is available through Aetna to eligible dependents. Annual Enrollment is the only time you may apply for this coverage after your initial eligibility period.

Options Available

Option	Spouse*	Children	Per Pay Period
1	\$7,500	\$2,500/child	\$1.92
2	\$15,000	\$5,000/child	\$4.41
3	\$20,000	\$7,500/child	\$6.18
4	\$50,000	\$10,000/child	\$13.00

*Employees with Spouse Coverage may increase coverage by one level without any evidence of insurability. First time enrollers or those requesting more than one level increase will be required to complete evidence of insurability (EOI). EOI is not required for children. EOI will be mailed to your home address.

Evidence of Insurability

The evidence of insurability consists of a detailed medical questionnaire, though a medical exam may also be required.



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DISABILITY

Short Term Disability Insurance (STD)

For eligible employees (full-time status), you may apply for STD coverage during Annual Enrollment. Coverage is determined by Aetna after you complete the evidence of insurability.

To calculate an estimated cost of your STD coverage, complete the following steps:

- Multiply your base rate (hourly base rate before any differentials are added) by 40
- Multiply your answer by 60% to determine weekly benefit. Round answer to nearest dollar, not to exceed \$1,000
- Multiply your weekly benefit by \$.83
- Divide by 10, multiply by 12 and divide by 26 to determine pay period deduction

Long Term Disability Insurance (LTD)

Full-time employees that have at least five years of employment are automatically covered under the WTH-paid LTD policy. Employer-paid LTD pays 50% of an employee's monthly covered earnings up to a maximum of \$12,000 per month. Full-time employees with less than five years of service have the option to purchase a voluntary LTD policy. Voluntary coverage pays 50% of employee's monthly covered earnings up to a maximum of \$5,000 per month.

Becoming disabled (or being unable to work) is more common than you think



51% Working adults who do **not** have disability insurance *other than Social Security*

48% Adults who do **not** have enough savings to cover three months of living expenses if they can't work



5.6% Working Americans who will experience a **short-term disability** each year

14.6% 20-year-olds who will be out of work for at least a year from being disabled before retiring

25% Adults aged 35-65 can expect to become **disabled for five years** or longer during their careers

30% Adults aged 35-65 will suffer a disability lasting at least 90 days during their careers

MORE THAN **375,000 AMERICANS** BECOME TOTALLY DISABLED EVERY YEAR



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EMPLOYEE ASSISTANCE PROGRAM

Pathways Behavioral Health Services & Aetna Resources For LivingSM

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home. You can call Pathways Behavioral Health Services & Aetna Resources For Living 24 hours a day for confidential emotional well-being support. You can also access up to six counseling sessions per issue each year at NO charge.

Visit with a counselor face-to-face, online with televideo or get immediate support by phone. They can help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse and more
- Self-esteem and personal development

Online Resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find articles, self-assessments, video resource, webinars and more.

Taking care of our Own - contact the WTH Concierge at Pathways for more information at [takingcare@wth.org/731.541.8555](mailto:takingcare@wth.org).



Resourcesforliving.com

- Username: WTH
- Password: eap
- 866-326-3176



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ADDITIONAL SERVICES

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel and more.

Fitness Discounts

Save on gym memberships at over 9,000 locations nationwide and home fitness equipment. Participating gyms and programs include 24 Hour Fitness, LA Fitness, Anytime Fitness®, Zumba® Fitness, Nutrisystem® and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other Services

Identity theft services include one hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.



Legal Services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation, you can get a 25 percent discount.

**Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.*

Financial Services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

You can also get a 25 percent discount on tax preparation services.

**Services must be for financial matters related to the employee and eligible household members.*



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RETIREMENT PLANS

Plan Eligibility and Employer Match Eligibility

All employees are eligible to make pre-tax 403(b) and 457(b) and/or Roth 403(b) and 457(b) contributions at date of hire. Full-time employees and part-time employees (hired prior to October 1, 2005) are eligible to receive the 403(b) match following 90 days of service.

403(b) Vesting: When the Match is Officially Yours to Keep

If your date of hire is before February 1, 2009, you will be 100% vested in all matching contributions.

If your date of hire is on or after February 1, 2009, you will be subject to a 3-year vesting cliff, by which your matching contributions will be 100% vested on or following 3 years of service from your date of hire. Participants are fully vested upon death or age 65.

403(b) Withdrawals

You can only withdrawal from your 403(b) account if you have a separation from service, hardship, turn age 59 ½, die (beneficiary), or need to take a loan.

403(b) Rollovers into the Plan

If you have one of these existing accounts, they are eligible to roll over into the WTH plan: 401(k), 403(b), 457(b), 401(a), Pension Plan lump sums and Traditional IRA.

How Contributions are Matched

If you are eligible, West Tennessee Healthcare will match 50% of what you defer up to a maximum of 6% of your base salary. The total effective match is 3% of your base salary.

Example: Julie works full-time (based on 80 hours) at West Tennessee Healthcare for an hourly base rate of \$12.50. In the chart below, you will see what Julie could contribute per pay period to the 403(b) plan and what her match would be per pay period.

Julie %	Julie \$	WTH %	WTH \$
1.00%	\$10	.50%	\$5
2.00%	\$20	1.00%	\$10
3.00%	\$30	1.50%	\$15
4.00%	\$40	2.00%	\$20
5.00%	\$50	2.50%	\$25
6.00%	\$60	3.00%	\$30

Questions?

If you have questions, please reach out to Vickie Jones, Sr. Benefits Specialist at 731-265-1127 or vickie.jones@wth.org. You can also contact Voya Financial Advisors, Inc. directly at 731-668-9818.

Watch this video about our WTH Retirement Plan



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VOLUNTARY BENEFIT OPTIONS

These are high level overviews of the Allstate benefits. For full details and summaries, visit SmartBen.

The medical plan provides great coverage for you and your family's general healthcare needs. Still, everyone's needs are slightly different. That's where our supplemental benefit options come in to assist in protecting your financial health! You can choose these benefits to protect your family's finances in case of an unforeseen injury or illness.

These policies:

- Provide affordable coverage and offered to you at group rates.
- Allow you to own the policy. You take it with you if you leave WTH or retire.
- Are paid conveniently out of your paycheck.
- Allstate Benefit Coverage. Also receive a \$100 wellness benefit each for every covered person who has wellness or preventive service performed during the year – just submit a claim.

Accident Insurance

Accidents happen when you least expect them. With Accident Insurance through Allstate, you can be prepared to cover the out-of-pocket expenses that may occur on or off the job due to a work or non-work-related injury. Accident insurance provides a lump sum payment based on the accident/injuries sustained, so you can have the peace of mind knowing you are financially covered. The benefit is paid directly to you, and you decide the best way to spend it. It is that simple. Whether it is to pay medical expenses, the mortgage, car payments or even utility bills, you decide.

Advantages of accident insurance:

- You will receive cash benefits for expenses that may not be covered under your medical insurance.
- There are no health questions to answer.
- You can insure your spouse and children.

Examples of covered expenses:

- Dislocations
- Burns
- Fractures
- Ambulance services
- Initial hospital confinement
- Physical therapy

Critical Illness Insurance

If you were diagnosed with a critical illness today, how would you cover the extra cost for treatment? Statistics show that over your lifetime the chances of being diagnosed with a critical illness are high. WTH offers you a chance to protect your finances with the Critical Illness Plan through Allstate. Critical Illness coverage provides a way for you to stay ahead of the medical and out-of-pocket expenses that can accompany certain covered medical events. Payments are made directly to you.

There are two plan options available to you, your spouse and child(ren): \$10,000 or \$20,000.

Also receive a \$X wellness benefit each for every covered person who has wellness or preventive service performed during the year – just submit a claim.

Examples of covered illness and conditions include:

- Cancer
- Stroke
- Heart attack
- Kidney failure
- Major organ transplant
- Coma
- Paralysis



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VOLUNTARY BENEFIT OPTIONS

Aetna Hospital Indemnity

With an average cost of \$10,000 per hospital stay in the US, it's easy to see why having Hospital Indemnity insurance coverage may make good financial sense. If you are admitted or confined to a hospital due to an accident or illness, this insurance can help pay for out-of-pocket costs such as health insurance deductibles and copayments—or for anything that you see fit.

You can enroll in Hospital Indemnity insurance without answering any health questions. The benefit amount for each hospital stay is determined by the length of your stay as well and the type of facility in which you are confined:

- Admission (1 time per sickness/injury): \$1,000
- Confinement (31 days per calendar year): \$100
- ICU Supplemental Confinement (31 days per calendar year): \$200

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate, you can rest a little easier. Their coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment
- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details

Additional benefits have been added to enhance your coverage.

LifeTime Benefit Term Life Insurance

You work hard to provide a good life for your family. However, what if something happens to you? LifeTime Benefit Term provides money to your family at death, and while you are living too, if you need home health care, assisted living or nursing care. For the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.

Features

- Affordable financial security lifelong protection with premiums beginning as low as \$3 per week.
- Dependable guaranteed life insurance premium and death benefits that last a lifetime.
- Highly competitive rates for the same premium, LifeTime Benefit Term provides higher benefits than permanent life insurance and lasts to age 121.
- Fully portable and guaranteed renewable for life as long as premiums are paid as due.
- After 10 years, paid up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.
- If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.



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OTHER BENEFITS AND PERKS

LegalShield/IDShield

Get the legal and identity theft protection you and your family deserve with LegalShield and IDShield. Through a nationwide network of provider law firms, LegalShield provides every member direct access to a dedicated law firm. And IDShield is the only identity theft protection plan armed with a team of licensed private investigators, ensuring that if your identity is stolen it will be fully restored.

LegalShield Benefits:

- Legal consultation and advice on your behalf
- Dedicated law firm
- Legal document review (up to 15 pages each)
- Access to legal forms/contracts
- Letters and phone calls made
- Speeding ticket assistance
- Will preparation
- 24/7 emergency legal access
- Mobile app
- And more!

IDShield Plan Benefits:

- Identity consultation and advice
- Dedicated licensed private investigators
- Child monitoring (family plan only)
- Social media monitoring
- Identity and credit monitoring
- Identity threat and credit inquiry alerts
- Complete identity restoration
- Monthly credit score tracker
- Password manager
- 24/7 emergency access
- Mobile app
- And more!

Individual plans starting at \$8.45 monthly. For more information, call The Rambo Group at 901-553-0132 or visit <http://www.legalshield.com/info/westtnhealth.com>.

Air Evac

Available to enroll in air ambulance membership. Payments for Air Evac can be payroll deducted with a one-time deduction. Contact Dustin White at dustin.white@gmr.net.

Leaders Credit Union

Leaders Credit Union is the credit union serving West Tennessee Healthcare employees. As a not-for-profit financial institution, we offer rates on loans and higher rates on savings. Take advantage of payroll deducted savings accounts, checking accounts, vehicle and personal loans, credit cards and home loans with incentives especially for healthcare employees.

New or current employees can open accounts online at www.leaderscu.com or by calling 731.664.1784, ext.1253. Leaders representatives are typically on-site for new employee orientation and can open accounts for current or new employees at that time.

Note: Membership fees may be required when opening new accounts. Thank you! Please let me know if you need anything else.

Final Expense Plus

This plan allows the opportunity to prepay for funeral and final expenses. Optional payment plans of 3, 5, 7 or 10 years are available. Regular full time and part time employees are eligible for enrollment upon employment.



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BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
Medical	Aetna	800-743-0910	aetna.com
Prescription Drug	Navitus	855-673-6504	
Health Reimbursement Account	Aetna	800-743-0910	aetna.com
Dental	Delta Dental	800-223-3104	deltadentaltn.com
Vision	EyeMed	888-581-3648	eyemed.com
Flexible Spending Accounts / Health Savings Account	PayFlex	844-729-3539	payflex.com
Life and AD&D	The Hartford	877-320-0484	thehartford.com/employeebenefits
Lifetime Benefit Term Insurance	Combined Insurance/Chubb	731-256-5240	
Short Term and Long Term Disability	The Hartford	888-301-5615	thehartford.com/employeebenefits
Critical Illness, Accident, Cancer	Allstate	731-256-5240	
Hospital Indemnity	Aetna	731-256-5240	
Employee Assistance Program	Aetna	866-326-7196	Resourcesforliving.com Username: wth Password: eap
Retirement Plan	Voya Financial	731-668-9818	

Disclaimer: This benefits summary highlights key features of the benefits program and does not include all plan rules and details. The terms of your benefits plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority. West Tennessee Healthcare reserves the right to change or discontinue its benefits plans at any time without prior notice. Participation in any of the plans is not a contract of employment.



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