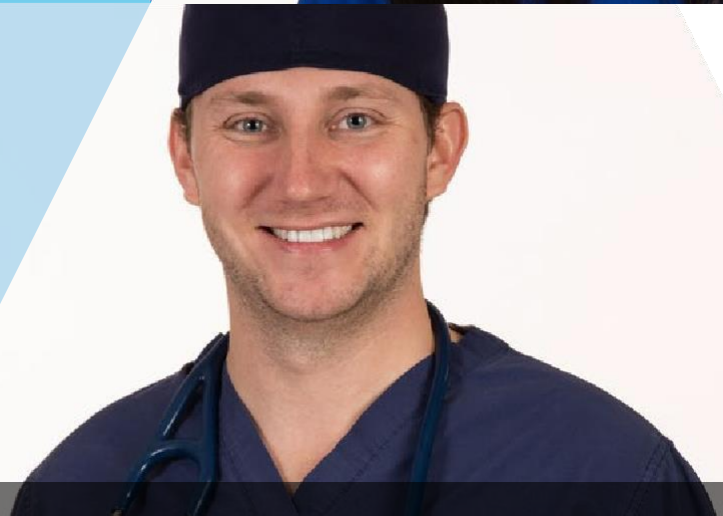


# 2024 BENEFIT GUIDE



**West Tennessee**  
HEALTHCARE™



# IMPORTANT MESSAGE!

*This is an Active Enrollment year.*

**This means that if you do not take action your benefits will not rollover to 2024.**

*Dear Team Member,*

We appreciate you choosing West Tennessee Healthcare as your employer of choice. Each one of you is crucial in taking care of patient's in many different capacities. Giving the absolute best care to our patients is vital. Because employees are our biggest asset, we want to take care of your total wellbeing. This has been a year of change for West TN Healthcare. Our system has completed the implementation of our new HR/Payroll Platform which included reducing the number of systems used to only our Workday Platform and API Time and Attendance for time collection. We also began the implementation process of our Epic Acute Program. This initiative will create efficiency for employees and patients. We know that employees invest a great deal of time in their patients and we are excited about the new innovative initiatives to improve employee and patient experience. We want to invest in YOU!

This year, West Tennessee Healthcare is offering a new healthcare plan that focuses on low cost and concentrated usage of our own providers. The new plan is called our Exclusive Provider Organization or EPO Plan. This plan will actually replace our existing Co-Pay plan moving forward. We will continue to offer the Healthcare Reimbursement Plan as well as our Healthcare Savings Plan. The EPO Plan will include lower cost co-pays, deductibles, and premiums while using a select network of providers who primarily include our West TN Healthcare providers. We also want to take the opportunity to remind employees of our Living-Well Benefit for our staff regardless of your insurance carrier. This excellent benefit is available to all employees who are benefit eligible. As a reminder, this program covers primary care and behavioral health treatments at little to no cost to you which has the organization very excited. Please remember, if you are enrolled in the HSA plan you are still eligible for the behavioral health benefits associated

with the Living Well Benefit. We aim to promote employee benefits that will give you access to primary care, behavioral health care, and assistance in making healthy decisions.

Again, this is an Active enrollment, which means employees must login during the open enrollment period (October 26 – November 19) to enroll in benefits. Instructions are included within the packet on how to login or assistance can be provided to you if you have questions. Please note: **If you participate in a WTH benefit plan and you wish to maintain coverage, you must re-enroll.** Open Enrollment will begin on October 26, 2023 and elections must be complete in the Workday Platform by **November 19, 2023**. No changes will be made after this date. We encourage everyone to login early to make changes or enroll in any benefit needed for 2024. Should you have any issues during the process, please reach out to our human resource team at 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 grateful that you choose to be part of our team.

*Shannon*  
Shannon Cinicola  
Chief Human Resource Officer



# TABLE OF CONTENTS



## Section One | *Enrollment Basics*

How to Enroll	1
New Hires	2
Qualifying Life Events	3



## Section Two | *Medical Benefits*

Medical	4
Medical - Network Options	5
Finding Providers	6
Medical Plan Comparison	7
Medical Plan Rates	9
Health Accounts	10
Prescription Drugs	12
2024 Living Well	14



## Section Three | *Dental and Vision*

Dental	18
Vision	19



## Section Four | *Financial Protection Benefits*

Flexible Spending Accounts (FSA)	21
Financial Protection Benefits	23
Disability	24



## Section Five | *Other Benefits*

Employee Assistance Program	25
Additional Services	26
Retirement Plans	27
Voluntary Benefit Options	28
Other Benefits and Perks	30
Benefit Contacts	31

**These are Interactive!**  
Click to jump to a section.



TableofContents



Medical



Dental



Vision



Life



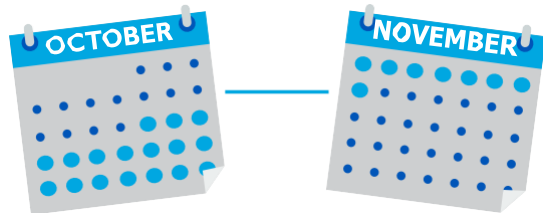
Disability



Enroll

# HOW TO ENROLL

## Annual Enrollment: OCTOBER 26 – NOVEMBER 19



Annual Enrollment is the time when 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.

See the New Hire section for how to log in to our benefits enrollment system, Workday. Additional instructions are also located on the WTH We care Hub > Human Resources.

**Enrollment ends November 19, 2023.  
Don't forget to take action.**

 This is an ACTIVE enrollment year



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# HOW TO ENROLL

## Beneficiaries



Beneficiary information should be added to the Workday system during enrollment.

**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.**

To enroll in the Chubb Lifetime Benefit Term Life Insurance, please call the West Tennessee Healthcare Enrollment Center at 866-460-0509, Monday – Friday 8 a.m. – 5 p.m. CDT, or click on “Chubb Enrollment Link in your awaiting your actions tasks on the home page in Workday” this will appear once your workday enrollment is fully complete.

## 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 Workday to make your elections.

### LOGIN

- Go to **Workday**
- Your login information will be your WTH credentials given by the Information Security Team

### BEGIN ENROLLMENT

- Once you are in Workday, you will see new hire enrollment in your awaiting actions, or you go to your inbox. You will find your inbox on your home page and click the inbox icon.

### ENROLL

- You will click on **Let's Get Started**.
- 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**.
- You will need to add your spouse and/or dependent information as needed.

### CONFIRM ENROLLMENT

- Review the elections shown and make sure everything is correct. Otherwise, click **submit**.
- Success! You have enrolled. Print your confirmation statement for your records.



TableofContents



Medical



Dental



Vision



Life



Disability



Enroll

# 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, 2024, 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









### 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 to Workday, fax them to HR at 731-265-1130 or bring copies into the HR department (please include EmployeeID Number).

## 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 employment (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 OLE. 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.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll



# MEDICAL

## 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 Account (HRA) and Health Savings Account (HSA) and one that is an Exclusive Provider Organization (EPO) 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 the Option 2 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: EPO	OPTION 2: DEDUCTIBLE WITH HRA	OPTION 3: HIGH DEDUCTIBLE WITH HSA
<ul style="list-style-type: none"> <li>• Lowest deductible and premiums</li> <li>• Copays for office visits (physician charges only) - No deductible required</li> <li>• Prescription drug coverage- No deductible required</li> <li>• In-network benefits limited to WTH and affiliated providers</li> <li>• Only emergency services covered in-network</li> </ul>	<ul style="list-style-type: none"> <li>• Company-funded HRA</li> <li>• WTH funds your HRA to offset deductibles</li> <li>• Unused account funds can roll over from year to year but are forfeited at termination</li> <li>• Prescription drug coverage - No deductible required. A copay still applies</li> </ul>	<ul style="list-style-type: none"> <li>• WTH partially funds your HSA to offset highest deductibles</li> <li>• This plan has the lowest premium but highest deductible and out-of-pocket risk</li> <li>• Employee contributes pre-tax contributions to the HSA to offset out-of-pocket costs and save for future healthcare expenses</li> <li>• Unused account funds can roll over from year to year</li> <li>• HSA account accumulates interest and can be invested</li> </ul>
<p>Network: West Tennessee Healthcare and Limited Gap Providers</p>	<p>Network: VHAN and AETNA National Network Providers</p>	



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# MEDICAL - NETWORK OPTIONS

*Depending on the plan you select, you will be able to choose from a wide range of options across the state and nationally.*

## Your Network Options in the EPO Plan:

West Tennessee Healthcare and Limited Gap Providers:

- This new plan is an exclusive provider option (EPO) made up of West Tennessee Healthcare providers and facilities. Where WTH has gaps in specialty coverage, the network includes other local providers. From a facility perspective, this new option will include West Tennessee Healthcare facilities only plus those facilities like Le Bonheur, Regional One, and Vanderbilt that offer sub-specialty services not available locally.
- For emergency services when traveling outside of West Tennessee, or for dependents living outside of West Tennessee, your options for care include the Aetna National Network.

## Here is a brief description of your network options under the HRA and HSA plan 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 in-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.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll



# FINDING PROVIDERS

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

1. Visit <https://www.aetna.com>. Log into your existing account or create an account.
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](https://www.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 Provider."
3. Complete the General Search by entering your zip code and the distance for your search.
4. Select a Provider Category (medical, behavioral health, etc.) and then select the Provider Type (primary care physician, specialist, etc.).
5. Click on Start Search. If you want to refine your search, click on More Options.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# MEDICAL PLAN COMPARISON

OPTION 1: EPO		OPTION 2: DEDUCTIBLE W/HRA			OPTION 3: HIGH DEDUCTIBLE W/HSA		
<b>Account Funding</b>	This plan does not offer an HRA or HSA.	A Health Reimbursement Account is fully funded by WTH.			A Health Savings Account (HSA) is partially funded by WTH. You can also contribute tax-free money to your HSA. In 2024, total contributions may not exceed \$4,150 individual coverage or \$8,300 for family coverage.		
<b>Account Funding: The amount WTH contributes to your account depends on who you cover</b>							
<b>Your Deductible</b>	Except for office visits, you pay 100% of the costs until you meet your deductible.	You pay 100% of the medical costs until you meet your deductible. However, your HRA will be used to offset your deductible and other healthcare expenses covered by the plan.			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.		
<b>Employee</b>	None	\$300			\$350		
<b>Employee + 1</b>	None	\$550			\$650		
<b>Family</b>	None	\$800			\$900		
	<b>WTH Network</b>	<b>VHAN</b>	<b>Aetna Network</b>	<b>Out-of-Network</b>	<b>VHAN</b>	<b>Aetna Network</b>	<b>Out-of-Network</b>
<b>Employee</b>	\$300	\$1,000	\$1,250	\$1,500	\$1,600	\$2,000	\$2,500
<b>Employee + 1</b>	\$300 per person	\$1,000 per person	\$1,250 per person	\$1,500 per person	\$3,200*	\$4,000*	\$5,000*
<b>Family</b>	\$300 per person not to exceed \$900	\$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	\$3,200*	\$4,000*	\$5,000*

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

<b>Out of Pocket Maximums</b>	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.						
<b>Employee</b>	\$2,000	\$3,000	\$4,600	No Max	\$5,000	\$6,350	No Max
<b>Employee + 1</b>	\$2,000 per person	\$3,000 per person	\$4,600 per person	No Max	\$5,000 per person	\$6,350 per person	No Max
<b>Family</b>	\$2,000 per person or \$6,000 per family*	\$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

\* Eligible health services incurred from in-network and out-of-network providers will satisfy in-network and out-of-network deductibles and out-of-pocket maximums.

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

Maximums illustrated below cover medical services only. Prescription drugs have separate out-of-pocket maximums.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# MEDICAL PLAN COMPARISON

	OPTION 1: EPO	OPTION 2: DEDUCTIBLE W/ HRA			OPTION 3: HIGH DEDUCTIBLE W/ HSA		
	WTH Network	VHAN	Aetna Network	Out-of-Network	VHAN	Aetna Network	Out-of-Network
<b>Preventive Care</b>	\$ 0	\$0	\$0	80% after deductible	\$0	\$0	80% after deductible
<b>Routine Office Visits</b>	\$10 Copay	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible
<b>Specialist Care</b>	\$35 Copay	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible
<b>Emergency Care</b>	10% after deductible	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible
<b>X-Rays &amp; Laboratory Tests</b>	10% after deductible	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible
<b>Inpatient &amp; Outpatient Hospitalization</b>	10% after deductible	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible
<b>Inpatient &amp; Outpatient Mental Health Care Facility</b>	10% after deductible	15% after deductible	30% after deductible	80% after deductible	15% after deductible	30% after deductible	80% after deductible


[Table of Contents](#)

[Medical](#)

[Dental](#)

[Vision](#)

[Life](#)

[Disability](#)

[Enroll](#)

# MEDICAL PLAN RATES

MEDICAL PLAN – FULL-TIME BI-WEEKLY RATES	INDIVIDUAL	EMPLOYEE + 1	FAMILY
<b>Option 1: EPO Plan</b>			
Employees making less than \$17/hour	\$61.00	\$122.00	\$173.00
Employees making between \$17 - \$74.99/hour or more	\$73.00	\$152.00	\$216.00
Employees making \$75/hour or more	\$86.00	\$182.00	\$257.00
<b>Option 2: Deductible Plan with HRA</b>			
Employees making less than \$17/hour	\$76.00	\$153.00	\$216.00
Employees making between \$17 - 74.99/hour	\$91.00	\$190.00	\$270.00
Employees making \$75/hour or more	\$107.00	\$228.00	\$321.00
<b>Option 3: High Deductible with HSA</b>			
Employees making less than \$75/hour	\$76.00	\$149.00	\$205.00
Employees making \$75/hour or more	\$91.00	\$186.00	\$256.00
MEDICAL PLAN – PART-TIME BI-WEEKLY RATES	INDIVIDUAL	EMPLOYEE + 1	FAMILY
<b>Option 1: EPO Plan</b>			
Employees making less than \$17/hour	\$122.00	\$244.00	\$346.00
Employees making \$17 - 74.99/hour	\$146.00	\$304.00	\$432.00
Employees making \$75/hour or more	\$172.00	\$364.00	\$514.00
<b>Option 2: Deductible Plan with HRA</b>			
Employees making less than \$17/hour	\$152.00	\$306.00	\$432.00
Employees making between \$17 - 74.99/hour	\$182.00	\$380.00	\$540.00
Employees making \$75/hour or more	\$214.00	\$456.00	\$642.00
<b>Option 3: High Deductible with HSA</b>			
Employees making less than \$75/hour	\$152.00	\$298.00	\$410.00
Employees making \$75/hour or more	\$182.00	\$372.00	\$512.00


[Table of Contents](#)

[Medical](#)

[Dental](#)

[Vision](#)

[Life](#)

[Disability](#)

[Enroll](#)

# HEALTH ACCOUNTS

If you are currently enrolled in the Option 2 HRA and switch to the Option 3 HSA for 2024, remaining funds from the HRA **do not transfer over to HSA.**

If you enroll in the Option 2 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 2 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)
<b>Who administers this account?</b>	Aetna	PayFlex/Aetna
<b>Who contributes?</b>	WTH	WTH and you (optional). Total annual contributions from you and WTH may not exceed \$4,150/individual or \$8,300/family for the year.
<b>What can I use the money for?</b>	Eligible medical expenses such as office visits. The HRA cannot be used for dental or vision expenses.	Eligible healthcare 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 <a href="http://www.irs.gov">www.irs.gov</a> .
<b>Who owns the money in the account?</b>	You, as long as you remain an eligible employee at WTH.	You do. You can take it with you if you leave WTH.
<b>Is there an account fee?</b>	No	No, as long as you are employed by WTH.
<b>How do I access my account?</b>	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.
<b>Does the money earn interest?</b>	No	Yes
<b>Can I take the unused balance with me if I leave WTH?</b>	No	Yes. It's always your money - including any earnings from interest or any investment gains or losses.
<b>Can I roll over unused dollars from year to year?</b>	Yes	Yes, even after you leave WTH.
<b>Can I contribute to a Health Care Flexible Account (FSA)?</b>	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.
<b>Do I have access to the cash in my account?</b>	No	Yes (non-medical distributions are taxable and subject to 20% penalty prior to age 65; no penalty for 65+ distributions).
<b>Must I report my account on my federal income tax form?</b>	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 healthcare expenses.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 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	\$350	\$100	\$100	\$550
Employee + 1	\$650	\$100	\$100	\$850
Family	\$900	\$100	\$100	\$1,100

You can also contribute to the plan, using pre-tax dollars. The combined maximums for 2024 are

- Individual - \$4,150
- Family - \$8,300
- 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 travelling

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[Table of Contents](#)

[Medical](#)

[Dental](#)

[Vision](#)

[Life](#)

[Disability](#)

[Enroll](#)



# PRESCRIPTION DRUGS

## WITH HSA: A 3-TIER, CLOSED FORMULARY PLAN

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

<b>Tier 1: Generic</b>	You pay the lowest cost for drugs in this level.
<b>Tier 2: Preferred Brand</b>	You pay a slightly higher cost for drugs in this level.
<b>Tier 3: Non Preferred Brand</b>	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 percentage of the prescription price.**

## MEDICAL PLAN OPTION 1: EPO PLAN AND MEDICAL PLAN OPTION 2: DEDUCTIBLE WITH HRA PLAN

<b>In House 30-day supply</b>	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
<b>In House 90-day supply maintenance medications, you pay two times monthly copay and receive 90-day supply.</b>	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
<b>Tier 3: Non-preferred Brand 30 day in house</b>	25% x cost of drug with minimum \$55 and maximum \$75 copay		
<b>Example: If drug cost is:</b>	\$55 – \$220	\$220.01 – \$299.99	\$300 or more
<b>Then variable copay is:</b>	\$55	25% x Cost	\$75
<b>Specialty</b>	Depends on Tier Status		

## MEDICAL PLAN OPTION 3: HIGH DEDUCTIBLE WITH HSA

After deductible is met, copays above will apply.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# PRESCRIPTION DRUGS, CONT.

## MEDICAL PLAN OPTION 1: EPO PLAN AND MEDICAL PLAN OPTION 2: DEDUCTIBLE WITH HRA PLAN

<b>Non-WTH Retail Pharmacy Variable copay 30 day supply</b>	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
<b>Specialty</b>	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: EPO PLAN AND MEDICAL PLAN OPTION 2: DEDUCTIBLE WITH HRA 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 EPO Plan and Option 2 HRA 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.

West Tennessee Healthcare is now offering specialty pharmacy services to support our patients/employees who require complex or high-cost therapies. Services include Co-pay assistance, prior authorization support, refill management, counseling and more. Employees can request to fill their specialty prescriptions through WTH-Specialty Pharmacy. West Tennessee Healthcare Specialty Pharmacy has highly trained pharmacists and pharmacy liaisons to work directly with specialty practices to provide high touch support to patients and employees.

Contact us today at the email or phone number below to learn more.

West Tennessee Healthcare Specialty Pharmacy. 367 Hospital Blvd.: First Floor Suite #101 Jackson, TN 38301

**Phone:** 731-661-2260 **Email:** [wthspecialty@wth.org](mailto:wthspecialty@wth.org)



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 2024 LIVING WELL

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

### Available October 1 – December 15, 2024

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, 2024 \$100 will be deposited into your HRA or HSA (Option 2 and 3 participants)
- Incentives will be deposited in January 2025

### 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

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.

### Living Well Expansion

West Tennessee Healthcare will now offer primary care and behavioral health services at little to no cost for benefit-eligible employees with the exception of employees enrolled in the HSA plan. For example, you will have no out-of-pocket expense for your primary care or behavioral clinic visits from a WTMG or Pathways provider, though some tests or other procedures ordered may end up creating a bill. All benefit-eligible employees, regardless of insurance carrier can take advantage of this expanded benefit (you don't have to be enrolled in the Aetna health plan for this benefit). Unfortunately, if you are enrolled in an HSA medical plan you will not be eligible due to IRS regulations.

### What is covered?

- In-person and telehealth care
- Counseling and medication management services
- Basic lab and x-ray performed on-site at the clinic by the primary care providers



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 2024 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 Health line
- \$150 for Meeting Health Goal

Additional Questions/Information please contact Allison Wright, Employee Health Director, 731-541-7585.

## 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 that 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 JMC GH. For more information. call Allison Wright. 731-541-7585.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 2024 LIVINGWELLDIABETES

## West Tennessee Healthcare – Employees, Spouses, Adult Dependents

*Due to IRS regulations, HSA Medical Plan participants are not eligible to participate in the Living Well 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” are free of customary copayment for enrolled diseases
- Appropriate lab tests provided through Medical Center Lab are free of charge – A1C, Urine Microalbumin and Cholesterol Panel
- Appointments with educators/coaches for counseling, information and training are free of charge
- Glucose meter/strips (diabetes) are 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 which is a 2 hour course with Employee Health Nurses, LWD coaches, Pharmacy representative and Dietitian from the Lift Management.
- After enrollment, participation requires 2 coach calls yearly in January and July.
- Coach calls are required by all participants and are done via telephone.
- Employees are encouraged to come to Employee Health Office during their birthday month to draw required labs.
- Follow the prescribed regimen as given by the Provider and Coach for medications, exercise, food intake and coaching calls.
- Fill all prescriptions for approved “standard of care” medications through the approved West Tennessee Healthcare Pharmacy.
- For labs to be covered under the LWD program, labs must be drawn at Employee Health Department or Medical Center Lab.
- Provide the Employee Health Coach the required labs, eye exam and foot exam annually to continue enrollment in the program.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 2024 LIVINGWELLDIABETES

## 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 2024 (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 2024 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

- The participant must be 18 years or over.
- The participant must be an employee or dependent of an employee of West Tennessee Healthcare.
- **The participant must be covered by the WTH AETNA VHAN medical plan.** (If you are covered under the HSA account, you are not eligible due to federal regulations with the HSA plan).
- The participant must have a diagnosis of either Type 1 or Type 2 Diabetes (pre-diabetes, “borderline diabetes”, or gestational diabetes does not qualify.)
- The participant **must** have a primary care provider (NP, MD, PA, etc.)
- All new enrollees must attend one camp before receiving benefits.
- Mini-Camps are two hour sessions with an employee health nurse, pharmacy and dietitian present to teach about the management of diabetes.
- Enrollment sessions are held in the Employee Health Conference Room and are held 4 times a year in January, April, July and October.

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



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll



# 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](http://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
<b>Low Option</b>	\$5.24	\$10.47	\$17.27
<b>High Option</b>	\$7.19	\$14.37	\$23.71

### DENTAL PART-TIME BI-WEEKLY RATES

<b>Low Option</b>	\$8.10	\$17.04	\$28.04
<b>High Option</b>	\$14.38	\$28.74	\$47.42

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


[Table of Contents](#)

[Medical](#)

[Dental](#)

[Vision](#)

[Life](#)

[Disability](#)

[Enroll](#)

# VISION

Delta Vision 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, by visiting [vsp.com](http://vsp.com) or calling 800-877-7195. You can also download the VSP App on your iPhone, iPad or Android to view your benefit details and have your ID card right at your fingertips.

*Claims incurred prior to the end of this year must be sent to EyeMed, even if they send those claims for reimbursement next year.*

## Vision Rates

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



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

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>	
<b>Exam</b> <i>(With Dilation as Necessary)</i>	\$5 Copay	\$40	\$0 Copay	\$45	
<b>Frequency</b>	Once every 12 months		Once every 12 months		
<b>Frames</b> <i>(Any available frame at provider location)</i>	\$0 Copay \$130 Allowance 20% off balance over \$130	\$70	\$0 Copay \$150 Allowance 20% off balance over \$150	\$70	
<b>Frequency</b>	Once every 24 months		Once every 12 months		
<b>Standard Plastic Lenses</b>					
<i>Single Vision</i>	\$25 Copay	\$30	\$25 Copay	\$30	
<i>Bifocal</i>	\$25 Copay	\$50	\$25 Copay	\$50	
<i>Trifocal</i>	\$25 Copay	\$70	\$25 Copay	\$65	
<i>Lenticular</i>	\$25 Copay	\$70	\$25 Copay	\$100	
<i>Standard Progressive</i>	\$25 Copay	\$50	\$25 Copay	\$50	
<b>Frequency</b>	Once every 24 months		Once every 12 months		
<b>Covered Lens Options</b>					
<i>Std Polycarbonate &lt; age 19</i>	\$0 Copay	\$5	\$0 Copay	\$5	
<b>Contact Lenses (in lieu of lenses)</b>					
<i>Conventional</i>	\$130 Allowance 15% off balance over \$130	\$105	\$150 Allowance 15% off balance over \$150	\$105	
<i>Disposable</i>	\$130 Allowance	\$105	\$150 Allowance	\$105	
<i>Medically Necessary</i>	\$0 Copay, Paid-in-full	\$210	\$0 Copay, Paid-in-full	\$210	
<b>Frequency</b>	Once every 24 months		Once every 12 months		

[Table of Contents](#)[Medical](#)[Dental](#)[Vision](#)[Life](#)[Disability](#)[Enroll](#)

# 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 \$3,050 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 \$3,050 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 \$610 or less left in your Health Care 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 \$610.

## 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 the 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.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 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.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll



# FINANCIAL PROTECTION BENEFITS

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

Available for employees in a full-time, 7 on 7 off, weekends 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 supplementallife can enroll but will be required to complete EOI and coverage will be determined by Lincoln Financial Group 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 \$.154 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 \$.154
- 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 \$.017 per \$1,000 per month.

## Supplemental Dependent Life Insurance

Dependent life insurance is available through Lincoln Financial Group 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	\$1.85
2	\$15,000	\$5,000/child	\$4.23
3	\$20,000	\$7,500/child	\$5.92
4	\$50,000	\$10,000/child	\$12.46

\*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. When completing your enrollment on Workday, a link for the EOI application will be sent to your Workday inbox, to be completed online.

## Evidence of Insurability

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



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll



# 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 Lincoln Financial 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 \$.80
- 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 **20-year-olds** who will be out of work

14.6%

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



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# EMPLOYEE ASSISTANCE PROGRAM

## Pathways Behavioral Health Services

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

Taking care of our own — Contact the WTH Concierge at Pathways for more information at [takingcare@wth.org](mailto:takingcare@wth.org) or by calling **731-541-8555**.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 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 includes 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.*



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# 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](mailto: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



TableofContents



Medical



Dental



Vision



Life



Disability



Enroll

# VOLUNTARY BENEFIT OPTIONS

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

*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 are 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.
- Include the 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, you will receive a \$100 wellness benefit each for every covered person who has wellness or preventive services 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



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll



# 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 healthcare, 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.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll



# 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
- Dedicated law firm
- Legal document review (up to 15 pages each)
- Access to legal forms/contracts
- Letters and phone calls made on your behalf
- 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](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](mailto: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](http://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.



Table of Contents



Medical



Dental



Vision



Life



Disability



Enroll

# BENEFIT CONTACTS



BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
<b>Medical</b>	Aetna	800-743-0910	<a href="http://aetna.com">aetna.com</a>
<b>Prescription Drug</b>	Navitus	855-673-6504	
<b>Health Reimbursement Account</b>	Aetna	800-743-0910	<a href="http://aetna.com">aetna.com</a>
<b>Dental</b>	Delta Dental	800-223-3104	<a href="http://deltadentaltn.com">deltadentaltn.com</a>
<b>Vision</b>	Delta Vision	800-877-7195	<a href="http://vsp.com">vsp.com</a>
<b>Flexible Spending Accounts / Health Savings Account</b>	Inspira Financial	844-729-3539	<a href="http://inspirafinancial.com">inspirafinancial.com</a>
<b>Life and AD&amp;D</b>	Lincoln Financial Group	888-787-2129	<a href="mailto:GroupLifeClaims@lfg.com">GroupLifeClaims@lfg.com</a>
<b>Lifetime Benefit Term Insurance BCI Enrollment Center</b>	Combined Insurance/Chubb	731-467-5228 866-460-0509	<a href="mailto:supplementalhelpdesk@joincanopynation.com">supplementalhelpdesk@joincanopynation.com</a>
<b>Short Term and Long Term Disability</b>	Lincoln Financial Group	866-340-0392	<a href="http://MyLincolnPortal.com">MyLincolnPortal.com</a> Registration code: LF0967WTH
<b>Critical Illness, Accident, Cancer</b>	Allstate	731-467-5228	<a href="mailto:supplementalhelpdesk@joincanopynation.com">supplementalhelpdesk@joincanopynation.com</a>
<b>Hospital Indemnity</b>	Aetna	731-467-5228	<a href="mailto:supplementalhelpdesk@joincanopynation.com">supplementalhelpdesk@joincanopynation.com</a>
<b>Living Well Program</b>	Pathways	731-541-4170	
<b>Retirement Plan</b>	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.*


[Table of Contents](#)

[Medical](#)

[Dental](#)

[Vision](#)

[Life](#)

[Disability](#)

[Enroll](#)