



**Hospital Sisters**  
HEALTH SYSTEM

# Flexplan Enrollment Guide 2019



**FLEXPLAN**

The benefits of choice

[benefits.hshs.org](https://benefits.hshs.org)

Wisconsin

## A Message from the President and CEO

Dear Colleagues,

Thank you for your commitment and dedication to Hospital Sisters Health System. I am proud of our System and our ability to deliver on our mission - "To reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry," and to provide quality patient care and services to the communities we serve. HSHS values our colleagues. We recognize your contributions in support of our mission by providing competitive benefits and programs for your health and well-being.

We are pleased to share that for 2019, there will be no changes to your Flexplan benefit offerings, and only a slight increase in colleague premium contributions for the HSHS Healthy Plan. HSHS colleague contributions for medical coverage have been below national average for comparable coverage and we expect this trend to continue for our colleagues in 2019. HSHS is committed to providing you with new enhanced year-round benefit communications and resources so you have a better understanding of your complete benefit offerings. As you review your medical benefits and options, remember that the HSHS Healthy Plan provides the highest level of benefits to colleagues and their dependents who use Prevea's provider network and HSHS facilities for medical care. We are proud of the services our colleagues deliver to patients and equally proud of our facilities, so we encourage you to use HSHS for your care whenever you can. We are also pleased to continue to provide benefits like the Anytime Virtual Care program. The program provides access to physician services 24 hours a day, 7 days a week at no cost to covered colleagues and their covered dependents.

For colleagues seeking to grow their families through adoption, I am excited to share that HSHS is introducing a new benefit this year that will provide financial support for the adoption process. Beginning in 2019, HSHS will cover up to \$7,500 of eligible expenses for adopting a child. Colleagues are eligible for adoption assistance if they have been employed with HSHS and eligible for Flexplan benefits for at least six months.

As we move into the second year of our wellness program, LiveWELL, we are encouraged by your active participation and your efforts to adopt healthier lifestyles through the program. As a health system, our colleagues often encourage patients to make healthy lifestyle choices. LiveWELL equips all of us to become better role models for our patients.

During annual enrollment - November 1 to November 14, 2018 - you will have an opportunity to review and update your benefit choices for 2019. Your benefit elections will be effective January 1, 2019 through December 31, 2019. It's important that you take time to consider your benefits and make elections before the enrollment deadline. You will not have another opportunity to make changes to your benefits during the year, unless you have a qualifying change in family status, so make sure to act.

Please read this guide to learn more about what's new for 2019, review your Flexplan benefits and see your 2019 colleague medical, dental and vision plan contributions. If you have questions about your benefits or enrolling, you can contact benefits representatives at the HSHS Colleague Service Center at 1-855-FYI-HSHS (1-855-394-4747). For online benefits support and the link to enroll in 2019 benefits, visit the HSHS Benefits Website at **[benefits.hshs.org](http://benefits.hshs.org)**.

Again, thank you for the work you do every day to advance our mission and provide the highest standard of care to all people.

Sincerely,



Mary Starmann-Harrison  
President and Chief Executive Officer  
HSHS

# Welcome to Annual Enrollment for 2019 Benefits

To help you prepare for annual enrollment, use this guide to:

- Learn what's new for 2019.
- Know where to find resources and support.
- Understand what you need to do and when to take action.

For more details about your 2019 HSHS benefits, check out the interactive 2019 Benefits Guide on the HSHS Benefits Website, [benefits.hshs.org](http://benefits.hshs.org).

## Availability of Summary Health Information

Hospital Sisters Health System offers two medical coverage options. As required by the Patient Protection and Affordable Care Act, your plan makes available a Summary of Benefits and Coverage (SBC) for each option. The SBCs can be found on the HSHS Benefits Website at [benefits.hshs.org](http://benefits.hshs.org). You can also request a paper copy, free of charge, by contacting the HSHS Colleague Service Center.



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## New for 2019

Take a closer look at what's new beginning January 1, 2019.

### Adoption Assistance

Colleagues who have been employed with HSHS and eligible for Flexplan benefits for at least six months will be able to receive reimbursement up to \$7,500 per child to cover adoption expenses. Eligible expenses include:

- Application fees
- Home studies
- Agency and placement fees
- Legal fees and court costs
- Immigration, immunization and translation fees
- Transportation, meals and lodging
- Parent, child and family adoption counseling.

HSHS will reimburse expenses after the colleague finalizes the adoption and provides a copy of the adoption decree. The colleague must be employed by HSHS at the time the reimbursement is made.

### 2019 Colleague Contributions

Colleagues will see only a minimal increase in premium contributions for HSHS Healthy Plan coverage. Your contribution will be based on who you cover and the option you choose.

There are **no changes** to costs for your other Flexplan benefits, including dental, vision, supplemental life insurance and voluntary accidental death and dismemberment (AD&D).

See page 17 for 2019 colleague contributions for medical, dental and vision coverage.

### Great News!

You can now earn wellness incentives at your own pace through LiveWELL. See page 18 for more information about the wellness program.



## Annual Enrollment Is November 1 - 14, 2018

During annual enrollment, you can make changes to your benefit choices online at **[www.ezenroll.com](http://www.ezenroll.com)**. Take this opportunity to consider your needs and review your Flexplan options. Make sure you have coverage that works best for you in 2019. As a reminder, if you are eligible to cash in PTO during 2019, you must make a new election during annual enrollment.

Coverage will remain in effect for the 2019 calendar year. You cannot choose new options during the year unless you have a qualifying change in status.

## Enrollment Checklist

- 1 Go to **www.ezenroll.com**. You can also reach this site by clicking “Enroll” from **benefits.hshs.org**. Enter your Tri-Star account number or Social Security number (without dashes). If you already have a password established with Tri-Star, enter it in the password field. Otherwise, enter the last 4 digits of your Social Security number as your password. Click the “Submit” button.
- 2 Read the authorization statement, and then click “Continue” to go to the “Welcome” page.
- 3 Read and follow the on-screen instructions.
  - Your current benefit elections will be displayed, and you can make changes for the new plan year or leave your benefit elections unchanged. During annual enrollment, you may also make changes to your personal, dependent, and/or beneficiary information.
  - Any increases to supplemental life insurance for you and/or your spouse will require the completion of an Evidence of Insurability (EOI) form and approval by Securian prior to the increase going into effect. The form will be mailed directly to you from Securian. Return the completed form to Securian.
- 4 Print a copy of your online 2019 benefit elections summary. In early December, you can compare it to your benefits confirmation statement. If you make a mistake or wish to change your benefit elections during annual enrollment, simply sign back in and repeat the enrollment process again. The last changes you make before 11:59 p.m. on November 14th will be your elections for the 2019 plan year.

## If You Have Questions

- Watch the brief “Welcome to Annual Enrollment” video that colleagues will receive by email for highlights of what’s new for 2019.
- Visit the HSHS Benefits Website, **benefits.hshs.org**, and check out:
  - Annual Enrollment page for a refresher on what you need to do and when.
  - 2019 interactive Benefits Guide for more details about your 2019 benefits. From the guide, you can link to HSHS and vendor resources for additional decision support.
  - HSHS Healthy Plan Cost Estimator to compare your costs under the medical plan options.
  - Fun, educational videos that provide quick lessons on how key benefits work.
- Contact benefits representatives at the HSHS Colleague Service Center at 1-855-FYI-HSHS (1-855-394-4747) with questions about your benefits or enrolling.



### ID Cards

If you enroll in the HSHS Healthy Plan for 2019, you will receive a new ID card from Dean Health Plan in December. Use your new ID card for medical and prescription drug services in 2019.

## Benefit Highlights

### *Estimate Your Costs*

By using the HSHS Healthy Plan Cost Estimator, you can see how your anticipated personal expenses plus your annual colleague contributions for coverage under each option add up. And, you can find out how using the Health Care FSA can make a difference by saving you money on taxes. Locate the Estimator on [benefits.hshs.org](https://benefits.hshs.org).

### *If Your Dependent Lives Outside Wisconsin*

If you have a dependent who lives outside Wisconsin, such as a child attending college, you can register your dependent with Dean Health Plan after you receive your Dean Health Plan ID card. Once your dependent is registered, the national MultiPlan network will apply for your dependent's HSHS Healthy Plan coverage.

### **Medical and Prescription Drug Coverage**

You have two Exclusive Provider Organization (EPO) medical options through the HSHS Healthy Plan:

- Basic Option.
- High Option.

Dean Health Plan administers the HSHS Healthy Plan. For some covered services, you must first meet a deductible before the EPO plans begin to pay benefits. After you meet the deductible, the plans pay a percentage of the cost of services, and you pay the remaining amount. **Preventive care, such as annual routine physical exams and screenings, are covered at 100% when you use network providers.**

### *HSHS Healthy Plan Provider Networks*

Generally, you need to use providers in your designated network to have your medical care covered by the HSHS Healthy Plan. Colleagues in Wisconsin use one of the following networks, depending on the zip code of your primary home residence:

- HSHS/Prevea360 network service area.
- HSHS/Prevea360/HealthEOS network service area.

To determine which provider network to use based on your zip code, see the 2019 Benefits Guide available at [benefits.hshs.org](https://benefits.hshs.org).

### *When You Need Care from a Non-Network Provider*

Out-of-network services will not be covered unless you first obtain a referral from your network provider and prior authorization from Dean Health Plan. Your network provider will need to submit a referral request to Dean Health. If HealthEOS is your primary network, you need a referral if the provider required for your care is not in either the HSHS/Prevea360 or the HealthEOS network. In order for services to be covered, the referral needs to be reviewed and approved prior to services being received.

If you have questions about the referral process, contact Dean Health Plan at 1-888-895-1188. Additional information about using the HSHS Healthy Plan can be found in the 2019 Benefits Guide available at [benefits.hshs.org](https://benefits.hshs.org).

### *Find a Provider*

To locate a network provider, go to the HSHS Benefits Website at [benefits.hshs.org](https://benefits.hshs.org).

## Prescription Drug Coverage

When you enroll in an HSHS Healthy Plan medical option, you will automatically have prescription drug coverage at pharmacies participating in the Navitus Health Solutions network.

When filling a prescription, you have two options:

- Fill up to a 30-day supply at an in-network retail pharmacy.
- Fill up to a 90-day supply using the Costco mail order service.

To find out if a retail pharmacy is part of the Navitus Health Solutions network, ask your pharmacy or go online to [www.deancare.com/aso](http://www.deancare.com/aso) and click on “Member Portal”. Enter your user name and password, then click “Login”. If you do not have a user name and password, click “Register Now”. Once you are logged in, you may click on the Navitus logo, then click on “Pharmacy Search” to locate a network pharmacy. Remember, the pharmacy network is subject to change.

To order by mail, you will need to register with Costco Mail Order Pharmacy at [www.pharmacy.costco.com](http://www.pharmacy.costco.com), or by calling 1-800-607-6861. Please note that you should have your Dean Health Plan ID card, and have your doctor prescribe you a 90-day prescription plus refills for up to one year (if applicable) to register. Once you have registered with Costco, mail your completed “Patient Profile Form” (found at [www.pharmacy.costco.com](http://www.pharmacy.costco.com)) along with your 90-day prescription and payment method to Costco Mail Order at 215 Deininger Circle, Corona, CA 92880. If you have questions about ordering for home delivery, contact Costco at 1-800-607-6861.

### *Additional Details About Your Prescription Drug Coverage*

**Coverage for Maintenance Medications** – If you are purchasing any prescribed drugs you take to treat an ongoing medical condition, such as high blood pressure or diabetes, you will be required to use an HSHS pharmacy or mail service after having a maintenance medication filled two times at a retail pharmacy.

**Coverage for Specialty Medications** – If you take any oral or injectable specialty medications that are self-administered drugs, you must purchase these medications through Lumicera (Navitus Health Solutions’ specialty pharmacy vendor) or an HSHS pharmacy for the medication to be covered by the HSHS Healthy Plan.

**Coverage for Brand-Name Medications** – If you receive a brand-name drug when a generic is available, you are responsible for paying the difference in price between the brand-name drug and its generic equivalent, in addition to the higher coinsurance amount charged for brand-name medications.

**Medications Requiring Step Therapy or Prior Authorization** – Certain prescription drugs require prior authorization or step therapy. If you attempt to fill a prescription for a medication included in the prior authorization or step therapy program and the program criteria have not been met, your claim will be rejected. The pharmacy will receive a message that prior authorization or step therapy is required, along with a phone number that the pharmacy should contact for further information. You can still choose to purchase the medication, but you will be responsible for the full cost.

To learn more about your prescription drug coverage, see the 2019 Benefits Guide available at [benefits.hshs.org](http://benefits.hshs.org).



## Compare Your Medical Plan Options

The percentages in the following table are the percentages the plan pays. These do not reflect any services not covered by the plan, benefit reductions caused by not complying with precertification, or out-of-network charges that exceed reasonable and customary limits.

	BASIC				HIGH			
	Network			Out of Network	Network			Out of Network
	Facility	Primary Care Physician <sup>1</sup>	Specialist Physician	Facility or Professional	Facility	Primary Care Physician <sup>1</sup>	Specialist Physician	Facility or Professional
<b>Wellness and Preventive Care</b>	100% no deductible			No coverage	100% no deductible			No coverage
<b>Annual Medical Deductible</b>	All cross apply				All cross apply			
Per Individual	None	None	\$1,800	No coverage	None	None	\$900	No coverage
Family Limit	None	None	\$3,600	No coverage	None	None	\$1,800	No coverage
<b>Annual Medical Out-of-Pocket Limit</b> (includes medical deductible)	All cross apply				All cross apply			
Per Individual	\$3,800	\$3,800	\$3,800	No coverage	\$3,000	\$3,000	\$3,000	No coverage
Family Limit	\$7,600	\$7,600	\$7,600	No coverage	\$6,000	\$6,000	\$6,000	No coverage
<b>Physician Charges</b>								
Office Visit Charge/Allergy Serums/ Injections	N/A	95%	75%	No coverage	N/A	95%	85%	No coverage
Spinal Manipulation (up to 10 visits per calendar year)	N/A	95%*	75%*	No coverage	N/A	95%*	85%*	No coverage
Surgery/Procedure/All Other	N/A	95%	75%*	No coverage	N/A	95%	85%*	No coverage
<b>Outpatient Imaging and Lab</b>								
Advanced Imaging <sup>2</sup>	75%	75%	75%	No coverage	85%	85%	85%	No coverage
Other Imaging & Lab	75%	75%	75%	No coverage	85%	85%	85%	No coverage
<b>Hospital/Facility Charges IP/OP</b>	75%	N/A	N/A	No coverage	85%	N/A	N/A	No coverage
<b>Emergency Room Care</b>								
True Emergency	\$100 copay then 75%	N/A	75%*	Same as Network	\$100 copay then 85%	N/A	85%*	Same as Network
Other Condition	\$300 copay then 70%	N/A	70%*	No coverage	\$300 copay then 70%	N/A	70%*	No coverage
<b>Ambulance</b>	75%	95%	75%	Same as Network	85%	95%	85%	Same as Network
<b>Mental Health and SA</b>								
Office Visits	N/A	95%	75%	No coverage	N/A	95%	85%	No coverage
Other Outpatient	75%	95%	75%	No coverage	85%	95%	85%	No coverage
Inpatient	75%	95%	75%	No coverage	85%	95%	85%	No coverage
<b>Outpatient Therapy Services<sup>3</sup> / Cardiac Rehab / Dialysis / DME</b>	75%	95%	75%	No coverage	85%	95%	85%	No coverage
<b>Other Covered Services</b>	75%	95%	75%	No coverage	85%	95%	85%	No coverage
<b>Lifetime Benefit Maximum</b>	Unlimited				Unlimited			

\* after Annual Medical Deductible is met

<sup>1</sup> Professional provider who is a general practice physician, family practice physician, internal medicine physician or pediatrician.

<sup>2</sup> Advanced imaging includes PET, CAT, MRI, MRA, bone density and sleep study. Prior approval required.

<sup>3</sup> Therapy Services include physical, occupational and speech therapy, radiation therapy, chemotherapy and electroconvulsive therapy.



## Prescription Drug Coverage

Medical Option	BASIC	HIGH
Annual Deductible	\$400 per person	\$150 per person
Annual Out-of-Pocket Maximum	\$1,600 per person \$3,200 family limit	\$1,300 per person \$2,600 family limit
Generic:	80% after deductible	
Preferred Brand:	70% after deductible	
Non-preferred (non-formulary) Brand Retail:	\$15 per prescription, then the plan pays 70% after deductible (up to 30-day supply per fill)	
Non-Preferred (non-formulary) Brand Mail Service:	\$45 per prescription, then the plan pays 70% after deductible (up to 90-day supply per fill)	



## More Health Support for You

### Anytime Care Program

Have a medical question? You have access to a doctor, 24/7, using Anytime Care, at no cost. Visit with a doctor online or via telephone about many conditions, including allergies, asthma, cold and flu symptoms, rashes, and sinus infections. The service is available online at [www.anytimecare.com](http://www.anytimecare.com), or you can call 1-844-391-4747 and speak with a provider.

The Anytime Care program is available to HSHS Healthy Plan participants (colleagues and dependents) in Alabama, Arizona, California, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Minnesota, Montana, Nebraska, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Washington, and Wisconsin.

### Healthy Partners

If you have a chronic health care condition, such as congestive heart failure, high blood pressure, high cholesterol or diabetes, or visit the emergency room (ER) often, Healthy Partners can help you manage your condition. The program also helps you transition home after a hospital stay or ER visit. You'll receive support at home, help with scheduling and preparing for doctors' appointments, reviewing your treatment and medications, and additional education on your condition. If you are eligible for this service, you will be contacted by Healthy Partners.

See the 2019 Benefits Guide on the HSHS Benefits Website, [benefits.hshs.org](http://benefits.hshs.org), for more information about the Anytime Care Program and Healthy Partners.

## Dental Coverage



The Flexplan provides two dental plan options to help you care for your teeth and gums:

- Basic Option.
- High Option.

The dental options provide coverage for preventive and diagnostic services and basic and major care. When you enroll in the High Option, orthodontia is also covered for you and your eligible dependents.

### Compare Your Dental Plan Options

Dental Option	BASIC	HIGH
<b>Annual Deductible</b>	\$50/person, up to \$150/family maximum	\$25/person, up to \$75/family maximum
<b>Annual maximum benefit</b>	\$800/person	\$1,500/person (not including orthodontia)
<b>Preventive care and diagnostic services, including:</b> <ul style="list-style-type: none"> <li>• Up to two exams in a calendar year</li> <li>• Up to two cleanings in a calendar year</li> <li>• Complete set of x-rays in a 36-month period</li> <li>• Up to two fluoride treatments for children under age 19 in a 12-month period</li> </ul>	100% R&C, no deductible	100% R&C, no deductible
<b>Basic care services, including:</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Extractions</li> <li>• Root canal therapy</li> <li>• Oral surgery</li> <li>• Repair of dentures and bridges</li> </ul>	85% R&C after deductible	85% R&C after deductible
<b>Major care services, including:</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Dentures</li> </ul>	50% R&C after deductible	50% R&C after deductible
<b>Orthodontia</b>	Not covered	50% R&C after annual deductible and additional \$25 charge \$1,500/person lifetime maximum benefit

## Vision Coverage

You can receive vision coverage through the VSP Vision Plan, or as part of your dental coverage. The VSP Vision Plan provides coverage for eye exams, lenses, frames and contact lenses, plus discounts on many vision services and products. No deductible applies to VSP vision benefits.

	VSP Network Providers	Other Providers
<b>Vision Exams</b> (once every 12 months)	Covered in full after \$15 copay	Up to \$45 reimbursement
<b>Lenses</b> (once per 12 months)		Reimbursement
• Single Vision	Covered in full	Up to \$30
• Bifocal	Covered in full	Up to \$50
• Trifocal	Covered in full	Up to \$65
• Lenticular	Covered in full	Up to \$100
• Progressive Bifocals		
- Standard	\$0 copay	Up to \$50
- Premium	\$95-\$105 copay	Up to \$50
- Custom	\$150-\$175 copay	Up to \$50
• UV Coating	\$16 copay	Not covered
• Tint	\$0-\$15 copay	Not covered
• Scratch Resistance	\$17 copay	Not covered
• Anti-reflective (standard)	\$41 copay	Not covered
• Basic Polycarbonate	Children: \$0 copay Adults: \$31-\$35 copay	Not covered
• Other Lens Enhancements	20% - 25% discount	Not covered
<b>Frames</b> (once every 12 months)	\$150 allowance \$170 allowance for featured frames 20% off balance \$150 Costco allowance	Up to \$70 reimbursement
<b>Contact Lenses</b> (once every 12 months in lieu of frames and lenses)		Reimbursement
• Medically Necessary	\$0 copay	Up to \$210
• Elective	\$130 allowance	Up to \$105
• Fit & Follow up	\$0 copay	Not covered
<b>Other</b>	<ul style="list-style-type: none"> <li>• Prescription sunglasses: 20% discount</li> <li>• Low vision aid: 75% of cost up to \$1,000 every 2 years</li> <li>• Laser surgery: 15% discount off regular price (5% off promotional price) at select providers</li> </ul>	Not covered



### Cigna Vision Discount Program

Colleagues who enroll in Flexplan dental coverage have the Cigna Vision discount program. The vision discount program provides savings on routine eye exams and purchases of frames and lenses, including contacts. To view discount information for vision care services for Cigna Vision, go to [benefits.hshs.org](https://benefits.hshs.org).

## Flexible Spending Accounts (FSAs)

### *Estimate Your Tax Savings*

When you visit [benefits.hshs.org](https://benefits.hshs.org), use the Dependent Care FSA estimator to see how much you might save in taxes by using a Dependent Care FSA.

Flexible spending accounts, or FSAs, help you save by letting you set aside money — on a tax-free basis — to pay for certain eligible out-of-pocket expenses.

**Health Care Flexible Spending Account (FSA)** – You can contribute up to \$2,650 to your Health Care FSA each year. You can use the money in the account to cover medically necessary expenses that aren't covered by your medical, dental, and vision plans.

**Dependent Care Flexible Spending Account (FSA)** – The Dependent Care FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult) when you're working, looking for a job, or attending school on a full-time basis. You can set aside up to \$5,000 to pay for eligible dependent day care expenses (\$2,500 if you're married and filing separate tax returns).

### *About the Dependent Care FSA and Taxes*

As you consider a Dependent Care FSA, think about what works best for you: the FSA or the dependent care tax credit provided by federal law.

It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In most cases, the Dependent Care FSA provides more savings than the tax credit.

### *How FSAs Work*

Using an FSA is easy and saves you money, but requires careful planning. With an FSA, you put aside money to pay for annual expenses through tax-free payroll deductions, which fund your account(s). By making tax-free contributions, you're reducing your taxable income — **which means more money in your pocket.**

***Use your Benny Card for eligible Health Care FSA expenses:***  
*Health Care FSA participants will be able to use the FSA Benny card for easy and convenient payment of out-of-pocket expenses. If you receive a service that does not accept the FSA debit card, save your receipt and file a paper claim for reimbursement from your account.*

For information about eligible expenses, see IRS Publication 502 (for Health Care FSA-eligible expenses) or IRS Publication 503 (for Dependent Care FSA-eligible expenses), available at [www.IRS.gov](https://www.irs.gov), or visit Tri-Star Systems' website at [www.tri-starsystems.com](https://www.tri-starsystems.com).

**Please note abortions, sterilizations, contraceptives, sexual reassignment, in-vitro fertilization, artificial insemination, or embryonic implantation procedures are not considered eligible Health Care FSA expenses due to HSHS ethics/philosophy.**



## Life and AD&D Insurance

When the unexpected happens, you and your family are protected.

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

You automatically receive basic coverage of 1½ times your annual salary, to a maximum of \$50,000. Your annual salary is based on your rate of pay and regularly scheduled hours as of October 1, 2018.

You are not required to provide evidence of insurability — or proof of good health — for basic life and AD&D coverage.

### Voluntary Accidental Death and Dismemberment (AD&D) Coverage

In addition to the basic AD&D insurance coverage provided by HSHS, you can purchase more coverage separate from life insurance for you and for your family through Securian. Your cost for voluntary AD&D coverage is paid on a pre-tax basis.

You may purchase voluntary AD&D insurance for yourself in a coverage amount ranging from \$50,000 to \$250,000. You can also purchase additional coverage for your family in the following coverage amounts:

- **You and spouse only:** Your legal spouse is covered for 60% of your coverage amount.
- **You, spouse and children:** Your legal spouse is covered for 50% of your coverage amount and each child is covered for 15% of your coverage amount.
- **You and children only:** Each child is covered for 20% of your coverage amount.

### Supplemental Life Insurance Coverage

You also have additional life insurance options you can purchase on an after-tax basis through Securian, including:

- **Supplemental life insurance for you** from one to eight times your pay, up to \$1 million in additional coverage.
- **Supplemental life insurance for your legal spouse** in \$5,000 increments from \$5,000 to \$50,000. If your spouse is also an HSHS colleague and eligible for basic life insurance, you cannot elect supplemental life insurance for your spouse.
- **Supplemental life insurance for your eligible dependent children** in \$2,500 increments from \$2,500 to \$10,000. When you select supplemental children's life insurance, each child from live birth is covered for the same amount — so if you choose \$5,000 children's life insurance, each child would have \$5,000 in coverage.



### Living Care Benefit

The living care benefit can provide financial assistance if you become terminally ill by letting you receive a part of your life insurance benefit while you are living.

For more information about your life and AD&D insurance benefits, including when evidence of insurability is required, see the 2019 Benefits Guide available on [benefits.hshs.org](https://benefits.hshs.org).

## Disability Coverage

### *If You Have an EIB Balance as of December 31, 2018*

Your Extended Illness Benefit (EIB) hours are available for you to use for sickness or illness after December 31, 2018. Like STD, EIB will begin on the next regularly scheduled work day following seven consecutive calendar days of absence due to disability. The STD benefit is payable after you exhaust any accrued EIB balance. Once your EIB hours are used, the STD program will provide benefits for the rest of your first 26 weeks of disability.

Disability benefits help protect you and your family by providing a portion of your income if you become disabled and are unable to work because of a personal illness or injury. HSHS provides two types of disability insurance for your financial protection.

### Short-Term Disability (STD)

HSHS provides short-term disability coverage at no cost to you. Benefits are payable if you are away from work because of a personal injury or illness, including pregnancy.

#### STD Coverage

<b>Benefit</b>	Based on colleague's employment classification
<b>When benefits begin</b>	Next regularly scheduled work day following seven consecutive days of absence due to disability
<b>How long benefits last</b>	Up to 26 weeks of disability, when combined with any Extended Illness Benefits (EIB) paid

You may use Paid Time Off (PTO) to receive pay for any regularly scheduled work days that fall within the first seven consecutive calendar days of absence when STD benefits are not payable.

### Long-Term Disability (LTD)

If your disability extends beyond 26 weeks, you may be eligible for long-term disability benefits.

#### LTD Coverage

<b>Benefit</b>	Up to 60% of annual base pay
<b>When benefits begin</b>	After 180 days of disability
<b>Minimum benefit</b>	10% of your gross benefit or \$100, whichever is greater
<b>Maximum benefit</b>	\$10,000/month

For more information about your disability benefits, see the 2019 Benefits Guide available on [benefits.hshs.org](http://benefits.hshs.org).

## Employee Assistance Program

The Employee Assistance Program (EAP) provides you and your eligible dependents with support to manage the stress and challenges of life. The program is available to all HSHS colleagues without enrollment, and there is no cost to you.

All services are confidential and provided by professional counselors. The EAP team includes family therapists, clinical social workers, marriage and family therapists, professional counselors and clinical psychologists.

Services include support for:

- Physical and emotional illness
- Marital, relationship and family concerns
- Grief and bereavement
- Career and job issues
- Stress
- Drug and alcohol abuse
- Gambling

For more information or to schedule an appointment, contact Prevea Behavioral Care at 1-920-272-1200 or 1-888-2PREVEA.



## Cashing in Paid Time Off (PTO)

If you are a non-management colleague who is regularly scheduled (budgeted) to work at least 32 hours per pay period and not a physician, during annual enrollment for 2019, you can declare the number of PTO hours — up to a maximum of 40 hours — that you want to cash in during 2019. By making this declaration during annual enrollment, you will receive the PTO hours you cash-in at 100% of your straight time rate of pay.

For more information about this benefit, see the 2019 Benefits Guide available on [benefits.hshs.org](https://benefits.hshs.org).

## Cost of Coverage

You and HSHS share the cost of your Flexplan benefits.

***HSHS pays for:***

Basic Life and AD&D Insurance  
Short-Term and Long-Term  
Disability Coverage  
Employee Assistance Program  
LiveWELL Wellness Program

***You pay for:***

Vision  
Flexible Spending Accounts  
Voluntary AD&D  
Supplemental Life

***While HSHS pays the majority  
of the cost, you and HSHS  
share the cost of:***

Medical  
Dental

You pay your share of most Flexplan benefit costs before federal, state and Social Security taxes are calculated. Note: Coverage for an eligible legally-domiciled adult (LDA) may be taxed. Visit **[benefits.hshs.org](https://benefits.hshs.org)** for more information.

If you elect supplemental life insurance for yourself, your spouse or your child(ren), you pay for this coverage with after-tax deductions. Premiums for supplemental life coverage for you and your spouse are age-based; for children the premiums are a flat amount, regardless of the number of children.





See the following charts for your 2019 medical, dental and vision coverage costs.

2019 Biweekly Colleague Medical Insurance Deductions				
Medical	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
<b>72+ hours</b>				
Basic	\$23.72	\$94.65	\$61.16	\$129.28
High	\$58.76	\$166.46	\$122.46	\$227.36
<b>48-71 hours</b>				
Basic	\$39.44	\$124.56	\$87.68	\$170.13
High	\$74.48	\$196.37	\$148.98	\$268.21
<b>32-47 hours</b>				
Basic	\$59.86	\$154.47	\$114.19	\$210.98
High	\$94.90	\$226.28	\$175.49	\$309.06

2019 Biweekly Colleague Dental Plan Deductions				
Dental	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
<b>72+ hours</b>				
Basic	\$1.60	\$13.72	\$10.26	\$22.35
High	\$6.72	\$24.24	\$25.57	\$43.07
<b>48-71 hours</b>				
Basic	\$4.05	\$16.91	\$13.24	\$26.08
High	\$9.17	\$27.43	\$28.55	\$46.80
<b>32-47 hours</b>				
Basic	\$5.54	\$18.48	\$14.78	\$27.72
High	\$10.66	\$29.00	\$30.09	\$48.44

2019 Biweekly Colleague Vision Plan Deductions				
Vision	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
	\$3.72	\$7.43	\$7.96	\$12.71

## Support for Your Health and Well-being

The HSHS wellness program, LiveWELL, now offers more flexibility for completing the program's challenges and earning the "Level 1" wellness incentive (at least 1,000 points). Participants will be able to complete challenges and earn incentives **anytime** during the program period. HSHS recognizes that everyone's wellness journey is different. We hope by eliminating challenge deadlines, more individuals will take time to not only earn wellness incentives, but improve their health and well-being.

To be eligible to participate in LiveWELL, you must be an HSHS benefit-eligible colleague (regularly scheduled/budgeted to work 16 or more hours per week), or a spouse who is covered under the HSHS Healthy Plan.

To participate, register by visiting <http://hshs.limeade.com>. You can also learn more about LiveWELL on the HSHS Benefits Website, [benefits.hshs.org](http://benefits.hshs.org). For questions, call the HSHS Colleague Service Center at 1-855-FYI-HSHS or email at [fyi@hshs.org](mailto:fyi@hshs.org).

### *Reward Yourself!*

In 2019, participants can earn up to \$25 per pay period — **or up to \$650 a year!** Wellness incentive dollars will be paid on an annual basis at the beginning of the new year.



**Hospital Sisters**  
HEALTH SYSTEM

**LiveWELL**



## Contact Information

If you have questions about ...	Contact ...
Enrolling or your Flexplan benefits	The HSHS Colleague Service Center 1-855-FYI-HSHS, fyi@hshs.org
Medical <ul style="list-style-type: none"> <li>• Customer Service               <ul style="list-style-type: none"> <li>• Claim information</li> <li>• ID cards</li> </ul> </li> <li>• Provider locator</li> <li>• Treatment pre-approval</li> <li>• 24/7 Nurse line (Prevea Care After Hours)</li> </ul>	Dean Health Plan <a href="http://deancare.com/aso">deancare.com/aso</a> 1-888-895-1188 (7:30 a.m. to 5 p.m. CST, Monday - Thursday, and 8 a.m. - 4:30 p.m. CST, Fridays) <a href="http://benefits.hshs.org">benefits.hshs.org</a> 1-920-496-4700 or 1-888-277-3832
Prescription Drugs <ul style="list-style-type: none"> <li>• Retail (Navitus Health Solutions)</li> <li>• Mail service (Costco)</li> <li>• Specialty pharmacy (Lumicera)</li> </ul>	Navitus Health Solutions <a href="http://www.navitus.com">www.navitus.com</a> 1-866-333-2757 <a href="http://www.pharmacy.costco.com">www.pharmacy.costco.com</a> 1-800-607-6861 <a href="http://www.lumicera.com">www.lumicera.com</a> 1-855-847-3553 (8 a.m. - 7 p.m. CST, Monday - Thursday and 8 a.m. - 6 p.m. CST, Fridays)
Dental <ul style="list-style-type: none"> <li>• Claim information</li> <li>• Dental providers</li> </ul>	Cigna HealthCare <a href="http://www.cigna.com">www.cigna.com</a> 1-800-244-6224
Vision	Vision Service Plan (VSP) <a href="http://www.vsp.com">www.vsp.com</a> 1-800-877-7195
Flexible Spending Accounts <ul style="list-style-type: none"> <li>• Health Care FSA</li> <li>• Dependent Care FSA</li> </ul>	Tri-Star Systems <a href="http://www.tri-starsystems.com">www.tri-starsystems.com</a> 1-800-727-0182 (phone) 1-800-315-0737 (fax)
Disability Insurance <ul style="list-style-type: none"> <li>• Short-Term Disability</li> <li>• Long-Term Disability</li> </ul>	UNUM <a href="http://www.unum.com">www.unum.com</a> 1-866-295-3007 Monday - Friday, 7 a.m. - 7 p.m. CST

The benefit plans outlined in this guide are intended, designed and administered as “church plans” as defined by federal tax law and ERISA (Employee Retirement Income Security Act of 1974). This means that the plans are designed to benefit colleagues of church-sponsored entities and are administered by one or more individuals who are appointed to their position by a church-sponsored governance body. Because the plans are “church plans,” certain federal laws do not apply, including but not limited to ERISA.

This enrollment guide is intended to be only an overview of Hospital Sisters Health System benefits. More details about how the HSHS Healthy Plan, dental, life insurance, accidental death and dismemberment insurance, disability coverages, and health care and dependent care flexible spending accounts work are included in the summary plan descriptions for those benefits. Hospital Sisters Health System reserves the right to change, suspend or end benefit plans at any time.

This guide does not apply to colleagues whose primary home residence zip code is not in Wisconsin. This guide does not apply to Kiara colleagues, colleagues who are represented by St. John’s carpenters and painters unions, temporary and leased colleagues and medical residents.



**HSHS** | Benefit Questions?  
1-855-FYI-HSHS  
Colleague Service Center

*You care for our patients. We care for you.*

[benefits.hshs.org](https://benefits.hshs.org)