



OPEN ENROLLMENT BENEFITS GUIDE

Enrollment Period: Oct. 24 - Nov. 13

Plan Year: 2023



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WE'RE HERE FOR YOU. YOUR HEALTH. *Your Plans!*

This year's highlights ...

- During this year's open enrollment, St. Claire HealthCare benefit eligible employees will have a great opportunity to elect supplemental benefits through Guardian Life, one of the world's largest mutual life insurance companies, which was founded in 1860. *Several Guardian Life policies will be available to staff during open enrollment, on a guarantee issue basis.*

If staff currently have coverages with Colonial Life they will be given the opportunity to have their existing coverages mapped over to corresponding Guardian plans with like or better benefits, and more competitive pricing. In certain instances, employees may desire to maintain their Colonial coverages and change to personal payment. *Not all Colonial policies will be mapped, additional details regarding the transition to Guardian Life will be communicated in the open enrollment communications.*

- The same three Humana health plans (Green, Blue, & Red) will continue to be offered with essentially the same benefits as last year. Only staff making health plan/tier changes, or enrolling new for 2023 will receive Humana insurance cards. All other staff not making changes to their medical plan will continue to use their current Humana insurance card for plan year 2023.
- Dental Insurance Options: For '23 we are continuing to offer the same Delta Dental PPO Plans (2) with the same benefits as last year. See page 9 for premiums and coverage details.
- Vision Insurance Options: For '23, we are continuing to offer Anthem Blue View Vision with the same benefits & no premium increase. See page 10 for premiums and coverage details.

Full benefit summaries, premiums, and more for each plan are available online through ADP.

PLAN NOTES

- All deductibles, copayments and coinsurance apply toward the out-of-pocket maximum.
- If applicable, benefits listed with a coinsurance are subject to deductible.
- Dependent Age: to the end of the year which the child attains age 26.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered at no member cost.
- Pre-existing Exclusion Period: None.

ADDITIONAL INFORMATION

For more information, contact Humana, by visiting www.humana.com or calling 1-866-427-7478.

For a complete list of preventative services covered by the Affordable Care Act (ACA) please visit www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventative-services-covered-under-aca/

BENEFITS FAIR

Thursday, Oct. 27

8 AM - 3 PM

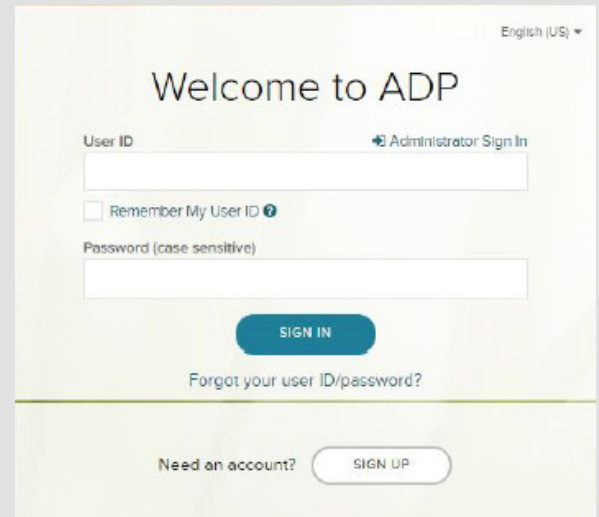
Café Meeting Room D

Enrollers will be on site 10/17 - 11/5 for Guardian questions.

OPEN ENROLLMENT

ONLINE ENROLLMENT PERIOD: **Oct. 24 - Nov. 13**

1. Access the **Employee Self Service** website.
NOTE: If this is your first time login in, you will need to register (Sign Up). Click "Sign Up" and follow the instructions provided.
2. Enter your **User ID** and **Password**. (*NOTE:* To retrieve a lost User ID or Password, click **Forgot Your User ID / Password?**)
3. Click **Sign In**. (*NOTE:* Information or activity notification pages may display. Please respond as needed to continue.)



For difficulty with navigation or to obtain assistance with logging in, please contact a MyLife Advisor at 1-855-547-8508.



FREQUENTLY ASKED QUESTIONS

Do all FT & PT SCH staff need to participate in Open Enrollment?

Yes. The Open Enrollment period gives you the opportunity to make election changes for certain benefits. All Open Enrollment changes will take effective January 1, 2023. While last year the switch was made to a passive (optional) Open Enrollment, this year, participation is required. Since this will be the first Open Enrollment hosted by ADP it is imperative all staff complete an Open Enrollment election. Our intention is to move back to a passive Open Enrollment for plan year 2024.

ADP is available to FT & PT staff on a 24-7 basis so you can make your 2023 benefit elections at the time and location of your choosing. Please be sure to review all available insurance information contained in this guide to assist with your election. Additional documents and complete plan summaries can be found on the Intranet.

*Surcharges only apply to those enrolled in health insurance (excludes dental, vision and supplemental coverage).

If I don't make "changes" during Open Enrollment can I make them later?

Only under special circumstances. As a result of IRS rules, SCH can only make Open Enrollment benefits available during the 'open enrollment' period, unless you have a family status qualifying event. For example: new dependent (due to birth or adoption), marriage, divorce, spouse/dependent gains or loses other group coverage, dependent becomes ineligible, death of spouse or child. Changes must be submitted to Human Resources within 30 days of the event. Exception: Guardian supplemental coverage can only be changed at Open Enrollment.

Do all FT SCH staff need to complete surcharge certifications every year?

No, only if there is a change in your surcharge status. Surcharge attestations will no longer be collected via the Employee Portal. Surcharge attestations can be changed via the ADP enrollment site.



	Higher Premium * GREEN PLAN		Moderate Premium * BLUE PLAN		Lower Premium ** RED PLAN
COST	Staff Cost Per Month		Staff Cost Per Month		Staff Cost Per Month
Single (Staff Only)	\$149.02		\$100.28		\$44.06
Staff Plus Spouse	\$451.00		\$314.00		\$165.20
Staff Plus Child(ren)	\$391.54		\$271.30		\$142.38
Family	\$686.04		\$473.10		\$251.50
BENEFITS	In-Network		In-Network		In-Network
Deductible (Single/Family) <small>Applies toward Maximum Out-of-Pocket</small>	\$750/\$1500		\$1500/\$3000		\$3000/\$6000
Out-of-Pocket Maximum <small>(Single/Family) (Annual)</small>	\$2500/\$5000		\$3000/\$6000		\$4000/\$8000
Preventative Office Visit	No Member Cost		No Member Cost		No Member Cost
Physician Office Visit <i>Diagnostic Allergy Injection</i>	\$35 Copay \$5 Copay		\$25 Copay \$5 Copay		20% after deductible
Specialist Office Visit	\$50 Copay		\$30 Copay		20% after deductible
Inpatient Hospital Services	25% after deductible		20% after deductible		20% after deductible
Outpatient Hospital Services	25% after deductible		20% after deductible		20% after deductible
Emergency Room	\$150 Copay		\$150 Copay		20% after deductible
Ambulance Services <small>(Ground and Air)</small>	100% Covered		100% Covered		20% after deductible
Urgent Care	\$35 Copay		\$25 Copay		20% after deductible
Lab/Diagnostic Imaging	No Member Cost		20% after deductible		20% after deductible
Prescription <small>Based on 30-day Supply</small>	Non-SCH	SCH Retail	Non-SCH	SCH Retail	20% after deductible
	Level One: \$10 Level Two: \$20 Level Three: \$40	Level One: \$5 Level Two: \$10 Level Three: \$20	Level One: \$10 Level Two: \$30 Level Three: \$60	Level One: \$5 Level Two: \$15 Level Three: \$30	
Outpatient Therapy Services <small>Physician Home & Office Visit In Hospital or Other Care Facility</small>	\$35 Copay 25% after deductible		\$25 Copay 20% after deductible		20% after deductible 20% after deductible
Maternity Services <small>Office Visit Inpatient Hospital</small>	\$35 Copay 25% after deductible		\$30 Copay 20% after deductible		20% after deductible 20% after deductible
Lifetime Max	Unlimited		Unlimited		Unlimited

Requirements under the Affordable Care Act mandate that all health insurance companies collect all spouse and dependent social security numbers. Please be sure that you have this information on hand when completing your open enrollment election.

* Consider these plans if you or a family member have regular health care expenses, for instance- due to chronic illness, or you expect to have other moderate to significant health care needs over the course of the next year.

** Consider this plan if you and your family are generally healthy and don't expect significant health care expenses this year, like surgery or other procedures.



STAFF DISCOUNTS

The discounts below for St. Claire HealthCare services are intended for staff/family covered by a SCH health plan^A. Plan specific discounts are listed below.

● **Outpatient Laboratory Services and Diagnostic Imaging (X-Ray, MRI, CT, Mammography, & Ultrasound):**

Upon request, a 30% discount will be applied to the “member responsibility” portion of charges. This discount may be received by contacting Patient Financial Services upon receipt of your bill. You must make arrangements to pay in full the remaining portion of the bill at the time of the discount.

Blue Plan - 30% Discount | Red Plan - 30% Discount

● **Outpatient Therapy Services:**

● St. Claire HealthCare provided OUTPATIENT THERAPY visits can be received for COPAYMENTS ONLY^B.

● **Green Plan - \$35 | Blue Plan - \$25 | Red Plan - \$35**

● **“Fast Track” @ St. Claire Regional Medical Center's Emergency Department:**

● This discount applies to SCH's Fast Track level of care only. If the patient's clinical condition determines that they are not eligible for treatment in the Fast Track, the regular ED co-pays apply. Examples of the kinds of conditions that could be seen in the Fast Track MAY include things like minor contusions, sprains, minor lacerations, minor burns, upper respiratory infections, insect stings, and ear infections. “FAST TRACK” @ St. Claire Regional Medical Center's ED is open 24 hours a day, 7 days a week.

Green Plan - \$75 Copayment | Blue Plan - \$75 Copayment

SCH Medical, Surgical, Urgent Care, & Dental Office Visits:

Copayments/Co-insurance are discounted by \$15^C for office visits with a St. Claire HealthCare physician. SCH staff, their spouse, and dependent children are eligible.

^AMust be covered by your health plan.

^BNumber of Total Visits/Year is determined within each plan.

^C\$15 but no more than the patient's cost.



SURCHARGE CERTIFICATIONS

A staff member who submits inaccurate or false information on any surcharge certification may be subject to having the surcharge applied retroactively for the applicable plan year and possibly receive disciplinary action for dishonesty and falsification of documents. Surcharges only apply to the health insurance (excludes dental, vision, and supplemental coverage).

No Increases!

HEALTH INSURANCE SURCHARGES

TOBACCO SURCHARGE

For 2023, staff will incur a \$90 surcharge per month via payroll on their healthcare premiums if they, their spouse, or their dependent child(ren) enrolled on SCH's health plan uses a tobacco product. Tobacco is defined as cigarettes, pipes, cigars, e-cigarettes, vape pens/juuls (containing nicotine) chewing, and/or smokeless tobacco. (Note: only one (1) surcharge per plan.)

Are there any options available that enable me to not incur the surcharge?

Each tobacco using member would need to enroll and successfully complete a tobacco cessation program and recertify a Tobacco Surcharge Certification with Human Resources.

SPOUSAL SURCHARGE

What is the Spousal Premium Surcharge?

For 2023, staff will incur a \$60 surcharge per month via payroll on their healthcare premiums if they elect coverage under SCH's health plan for their spouse who is eligible for subsidized health care benefits of a (comparable plan) through their own employer.

What does SCH consider to be a comparable plan?

SCH considers a comparable plan, a plan that provides minimum essential coverage under a group health plan as outlined by ACA guidelines.

Why do we have this surcharge?

The cost of health insurance coverage for a spouse because they are adults is very high. SCH must look at all possible ways to manage costs.

What if my spouse is not employed, or is not eligible for his/her own health insurance through his/her employer?

If your spouse is currently unemployed, self-employed, or is not eligible for his/her own employer health insurance then no surcharge will be applied.



DENTAL INSURANCE

SCH is continuing to offer 2 Delta Dental PPO plans. These plans include Delta's preferred provider organization which offers comprehensive dental coverage.

<i>No Rate Increases!</i>	PLAN 1	PLAN 2
DELTA DENTAL	Full Time <i>Staff Cost Per Month</i>	Full Time <i>Staff Cost Per Month</i>
Employee Only	\$6.44	N/A
Two Person	\$28.16	\$16.00
Family	\$47.96	\$30.46
BENEFIT OVERVIEW		
6 Month Exam & Cleaning	No Cost	No Cost
Individual/Family Deductible	\$25/\$75	\$50/\$150
Maximum Benefit (Per Person - Per Benefit Year)	\$1,500	\$1,000
Orthodontics (Per Person - Per Lifetime)	\$2,000	50%/\$1,000 max

Maximum Benefit Carryover (Plans 1 & 2):

- Member receives annual maximum at the beginning of the group's benefits period.
- Member must have one covered dental service during the benefit period.
- Paid claims for the benefit period must be less than half of the annual maximum.
- A portion of the unused maximum will be carried over for future use.

Questions? Call 1.800.423.2184

VISION INSURANCE

NO RATE INCREASES - Take advantage of group rates to get affordable Anthem Blue View Vision coverage for eye exams, frames, lenses, contacts, and more.

ANTHEM <i>Blue View Vision</i>	Full Time <i>Staff Cost Per Month</i>
Employee Only	\$6.60
Employee & Spouse	\$11.55
Employee & Child(ren)	\$12.52
Family	\$19.10
BENEFIT OVERVIEW	
Routine Eye Exam <i>(once every 12 months)</i>	\$10 Copay
Eyeglass Frames <i>(once every 24 months)</i>	\$130 Allowance 20% Off Balance Over \$130
Eyeglass Lenses <i>(once every 12 months)</i>	\$15 Standard Plastic lenses
Contact Lenses Fitting & 2 Follow-Up Visits	Up to \$55 10% Off Retail
Contact Lenses (instead of, but not in addition to, eyeglass lenses) <i>(once every 12 months)</i>	\$130 Allowance 15% Off Balance Over \$130

RELIGIOUS EMPLOYER EXEMPTION CERTIFICATION

Under the Affordable Care Act, women’s preventative health care such as mammograms, screenings for cervical cancer, prenatal care, and other services must be covered by health plans with no cost sharing. SCH’s plans cover these services as mandated.

However, SCH meets the requirements to be exempt from including contraceptive services from its health plans. At this time, upon receipt of SCH’s self-certification, Humana is required by the federal government to assume sole responsibility, independent of SCH and its plan, to pay for contraceptive services without cost-sharing, premium, fee, or other charge to plan participants and beneficiaries.

YOU MAY QUALIFY FOR OTHER COVERAGE OPTIONS

Health Insurance Exchange

Staff who are not eligible for St. Claire HealthCare’s health insurance may want to consider enrolling through the Federal Marketplace @ [Healthcare.gov](https://www.healthcare.gov).

Medicaid/KCHIPs

If your income and/or family size meets the requirements for Medicaid make sure to see a St. Claire HealthCare Financial Counselor prior to enrolling in SCH’s benefits.

Medicare

If you are 65 years of age or older and would like to consider a Medicare Supplement and/or a Medicare Advantage Plan please contact Trademark Insurance & Investments at **606-784-7474**, or a Medicare representative of your choice.

Medicare Part D RX Disclosure

If you (or your covered dependent) have Medicare or will become eligible for Medicare in the next 12 months, current Federal law gives you choices about your prescription drug coverage. For more details go to www.schstaff.org.



SUPPLEMENTAL INSURANCE

Voluntary Term Life - You now have the ability to buy up to \$250,000 of term life insurance on yourself, \$50,000 on your spouse and \$10,000 on your children with no medical questions asked.

Short Term Disability - Protect yourself from loss of income due to a short term disability. You have 3 options to choose from 40%, 50% and 60% of earnings up to \$1,000 of weekly benefit. No medical questions asked. The duration of the benefits perfectly coincide with your employer paid Long Term Disability.

Accident Insurance - Protect you and your family from out of pocket medical expenses due to an accident. The schedule of benefits is covers a wide variety of expenses from an ambulance ride, ER visit, to specific injuries. Please review the schedule of benefits to see all that it covers for you, your spouse and children. Also, the wellness benefit provided to you and your family will pay for the majority of premium itself all for just getting a your annual well check.

Hospital Indemnity - Out of pocket expenses due to a stay at a hospital are very expensive. This line of coverage provides you a benefit to help ease that burden. Did you know that over 70% of hospital admissions are due to delivery of a baby?

Critical Illness - St. Claire you are being offered a very generous guarantee issue up to \$30,000 on yourself and \$30,000 on your spouse if you should suffer one of the critical illnesses on the schedule of benefits including heart attack, cancer, stroke and 30 other severe illnesses.

Cancer Coverage - A cancer diagnosis can be one of the most difficult situations a family can go through. Besides the physical and emotional trauma, there is great financial consequence. Protect yourself and your spouse by electing the lucrative cancer coverage. The benefit includes diagnosis, hospital stay, outpatient family lodging, radiation / chemo benefit and so much more.

FLEXIBLE SPENDING ACCOUNTS

Medical Reimbursement & Dependent Care

A Flexible Spending Account (FSA) allows you to **save up to 30%** on your eligible healthcare and/or dependent care expenses every year by using **pretax dollars**. Your Health FSA contributions are deducted from your taxable pay on a pretax basis before federal, state, and Social Security (FICA) taxes are taken out.

Medical Reimbursement Accounts: Set aside pretax money for medical expenses not covered by insurance including deductible/co-pays/co-insurance and prescription costs. Also, covers eyeglasses and dental costs. The IRS Annual Maximum is \$2,750.

Dependent Care Accounts: Set aside pretax money for child care expenses. The IRS Annual Maximum is \$5,000.

IRS rules allow participates to receive an additional two-and-a-half month "grace period" to incur and reimburse eligible expenses from the prior year's remaining unused benefits.

HEALTH SAVINGS ACCOUNT

If you are enrolled in the Red Health Plan you may want to consider a Health Savings Account (HSA).

What is an HSA? An interest-earning, tax-free account that is an option with certain qualified health insurance plans. SCH's "**Red Plan**" can be used with an HSA. You can open an HSA with a bank or other financial institution. You own and control the money, like a personal savings account. However, the money in it is used to pay only for healthcare-related expenses. The new limits for health savings accounts (HSA) for 2023 are \$3,650 for individual coverage and \$7,300 for family coverage. The catch-up contribution limit for those over 55 is \$1,000.

For more details visit: <https://www.healthcare.gov/glossary/health-savings-account-HSA/> or <https://www.irs.gov/pub/irs-pdf/p969.pdf>



RETAIL PHARMACY

SCH staff enrolled with SCH's Humana Health Insurance plan will receive a discount on prescription copays. Discounts are only given for SCH staff member and are not available for staff's family members. Payroll deduction will also be available as a one time pay deduction. To transfer your prescriptions, stop by or call **606-780-5550**.

Prescription pricing based on a 30-day supply:

GREEN PLAN		BLUE PLAN		RED PLAN
Non-SCH	SCH Retail	Non-SCH	SCH Retail	
Level One: \$10 Level Two: \$20 Level Three: \$40	Level One: \$5 Level Two: \$10 Level Three: \$20	Level One: \$10 Level Two: \$30 Level Three: \$60	Level One: \$5 Level Two: \$15 Level Three: \$30	20% after deductible

ADDITIONAL DISCOUNTS

- Humana Green & Blue Insurance Plan participants will receive a 25% discount off prescription copays.
- Humana Red Insurance Plan participants will receive a 25% discount off prescription copays up to a maximum of \$15.
- Discounts are only given for SCH staff members and are not available for staff's family members.

SCH staff member must present their SCH badge to receive discount and payroll deduction.

PRICE GUARANTEE - St. Claire HealthCare's Retail Pharmacy will gladly match any competitor's price in Morehead for prescription and over-the-counter (OTC) medicines!



Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.



Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.



Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.



Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!



More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

Here's how many Points you need to move up in Status



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

5,000
One adult per policy

8,000
One adult per policy

10,000
One adult per policy

8,000
combined two adults per policy

12,000
combined two adults per policy

15,000
combined two adults per policy

+3,000
for each member 18 years and older per policy

+4,000
for each member 18 years and older per policy

+5,000
for each member 18 years and older per policy

Adult children can only move a family out of Blue Status by completing a verified workout.



BENEFITS PLAN DIRECTORY

Benefit Plan	Administrator/ Contact	Telephone	Web Address
HEALTH PLANS			
Green Plan Blue Plan Red Plan	Humana Member Services Customer Service	1-866-427-7478 <ul style="list-style-type: none"> • Order ID cards • Prescription formulary • Provider directory • Check on claims status • Check on benefit info. 	www.humana.com <ul style="list-style-type: none"> • Order ID cards • Prescription formulary • Provider directory • View claims status • View benefit information
DENTAL PLAN			
PPO Dental Plan 1 PPO Dental Plan 2	Delta Dental of Kentucky	1-800-955-2030 <ul style="list-style-type: none"> • Check on claims • Order ID cards • Check eligibility & benefits 	www.deltadentalky.com <ul style="list-style-type: none"> • View claims • Order ID cards • Check eligibility & benefits
VISION PLAN			
Vision	Anthem	1-866-723-0515 <ul style="list-style-type: none"> • Order ID cards • Check on claims 	www.anthem.com <ul style="list-style-type: none"> • Order ID cards • View claims
IRS SECTION 125 PLANS			
Medical Reimbursement Account	FEBCO	1-800-489-1539	www.febco.com <ul style="list-style-type: none"> • With PIN can view account
Dependent Care Account	FEBCO	1-800-489-1539	www.febco.com <ul style="list-style-type: none"> • With PIN can view account
SUPPLEMENTAL INSURANCE			
Accident, Hospital Income, Cancer, Critical Illness, Intensive Care, Universal Life, Level Term & Group Term Life, Short Term Disability	Guardian	1-888-600-1600	www.guardiananytime.com
RETIREMENT PLANS			
St. Claire HealthCare 401(k) Plan	Securian Plan # 002 Contract # 69558	1-800-233-2881	securianretirementcenter.com securianretirementcenter.com/enroll <ul style="list-style-type: none"> • View statements • Funds selection and more

NOTES

