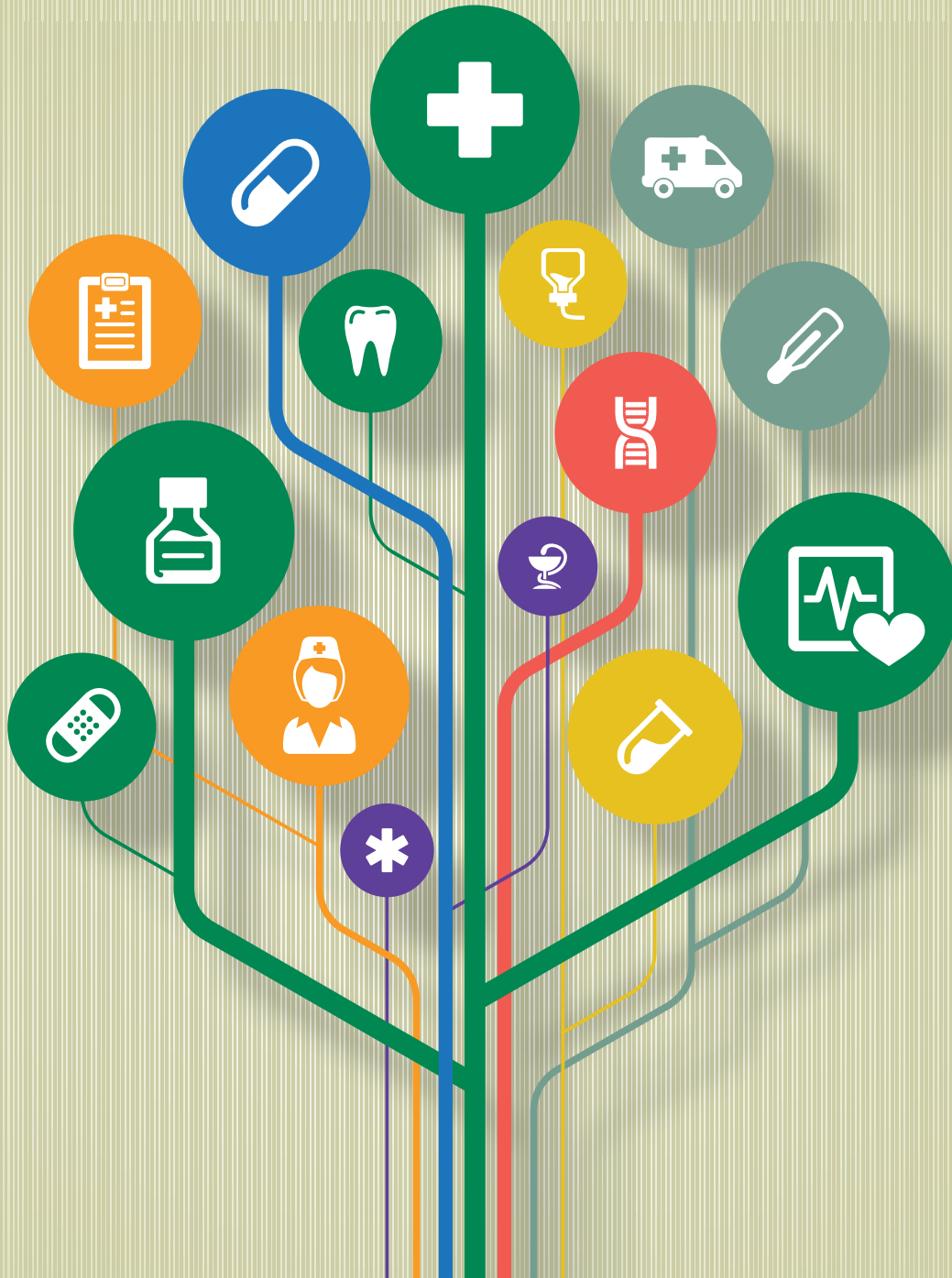


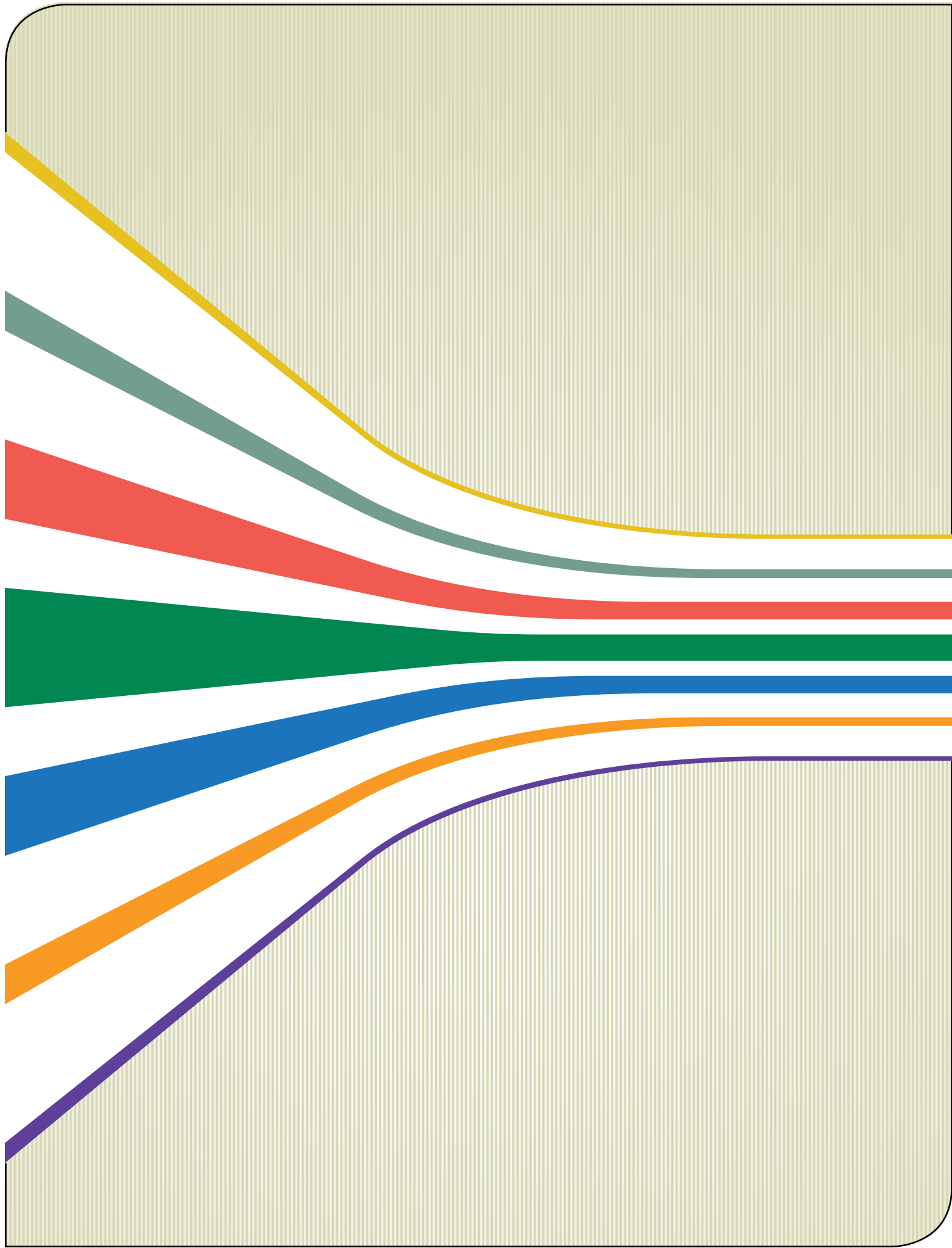
# MY Benefits



## 2015 EMPLOYEE ENROLLMENT GUIDE



**ENROLLMENT DEADLINE ▶ OCTOBER 30, 2014**



# Enrollment Deadline is **October 30, 2014**



## Welcome to Open Enrollment for 2015.

This is your annual opportunity to review your benefits elections and make changes based on you and your family's needs for the upcoming year.

Lexington Medical Center is committed to offering quality, cost-effective benefits choices for our employees. We also believe in promoting their health and well-being, which is why LMC pays approximately 75 percent of our employees' health care costs. That's an average of \$12,000 per employee per year.

In addition, in the ever-changing world of health care, LMC continues to look for innovative strategies to reduce costs and improve efficiencies, satisfaction and quality. In 2015, LMC will transition to a new pharmacy benefit vendor as a measure to help you manage your health care expenses and reduce costs.

**Please review the enclosed 2015 Price Sheet** located on page 5 for the premium details of your benefits coverage. If you do not make any enrollment changes during Open Enrollment, all current 2014 elections will continue for 2015. However, if you are currently enrolled in a **Flexible Spending Account**, you must **re-enroll** to participate in 2015. All benefits selections are effective January 1, 2015–December 31, 2015.

### **Open Enrollment will be available from Monday, October 20 through Thursday, October 30.**

Confirmation statements will be mailed to your home the week of November 3.

If you have any questions during Open Enrollment, please contact Human Resources at (803) 791-2131, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Sincerely,

**LMC Benefits Team**

### NEW FOR 2015

#### ► **New Pharmacy Vendor:**

Starting January 1, 2015, our pharmacy benefits will be administered by Express Scripts. You will have access to the same level of benefits as in the past, including access to Express Script's national network of retail pharmacies. Express Scripts has more than 60,000 retail pharmacies participating in its network. For more information on the new pharmacy program with Express Scripts, please refer to the Pharmacy section on page 10 .



### **Need help navigating eBenefits online?**

Human Resources is available to help with eBenefits, Monday through Friday from 8:00 a.m. to 5:00 p.m.

**Call the Help Line  
(803) 791-2131**



# Health Care Reform Highlights

It has been nearly five years since the Patient Protection Affordable Care Act (PPACA), more commonly known as health care reform, was enacted.

In order to comply, we made certain changes to our benefits programs through the years. We will continue to implement changes as required by PPACA.



## Questions

regarding which protections apply and which ones do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, can be directed to Human Resources at (803) 791-2131.

You may also contact the U.S. Department of Health and Human Services at: [www.healthcare.gov](http://www.healthcare.gov).

## NEW IN 2015

### Employer Mandate and Eligibility Changes

Beginning in 2014, the individual mandate became effective. The mandate requires that everyone (with limited exception) must have health insurance that meets basic minimum standards. Individuals who fail to comply are subject to a penalty.

Beginning in 2015, the employer mandate (a.k.a. “Pay or Play” penalties) becomes effective. This requires that employers with at least 100 employees must offer affordable coverage to 70% of their full-time employees or pay a penalty. **For purposes of the employer mandate, a “full-time” employee for health care eligibility is someone who averages 30 hours of service per week or 130 hours per month.**

Lexington Medical Center continues to offer affordable group health insurance that meets all required standards and for 2015, our full-time coverage is expanded to include employees working an average of 30 or more hours per week (or 130 hours per month) over a prior 12-month measurement period.

### Grandfathered Health Plan

Lexington Medical Center’s health plan remains a “grandfathered health plan” under PPACA. A grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted in 2010 and does not have to comply with all changes required under PPACA. However, grandfathered plans are not exempt from all of PPACA’s requirements. Some provisions of our program were already stronger than provisions required by the law. For example, although PPACA requires the elimination of pre-existing condition limitations on health benefits, LMC medical plans eliminated pre-existing condition limitations years before PPACA was passed.

# Who Depends on Me?



## Lexington Medical Center will continue to offer cost-effective health plans and benefits for employees' spouses and children.

These plans include medical, dental and life insurance. Please read the information below for help determining your eligible dependents. **Federal regulations require you to provide each dependent's social security number to complete Open Enrollment.**

### Spouse:

An employee's legally married (as recognized by South Carolina) or common law spouse with signed affidavit.

### Children:

An employee's natural or adopted children as well as any foster children, stepchildren, or children of whom an employee has custody or legal guardianship.

- ▶ Children (as defined above) are eligible for coverage under Lexington Medical Center's health benefits plan (PPO and HMO), dental plan and dependent life insurance program whether or not they reside with you, whether or not they legally depend on you for financial support, whether or not they are tax dependents and whether or not they are students.
- ▶ Children may be covered until they turn 26 years of age. **New for 2015:** Coverage for such dependent children will terminate at the end of month in which the child attains age 26. They may, however, be eligible to extend coverage under COBRA.

### To enroll or re-enroll your children under the age of 26:

1

If your children were previously covered by LMC, select the box beside their names under the Medical and Dental section.

2

If your children were never enrolled in the LMC medical or dental plans, download the Dependent Affidavit form located in eConnect under eBenefits in the Medical and Dental section. **This form must be turned in to Human Resources no later than November 17.**

**WHEN ENROLLING IN eBENEFITS, you must confirm that each child whom you wish to cover is your child as defined on this page.**



### Remember

**You are required to provide each dependent's social security number to complete Open Enrollment.**



# Snapshot of Core Benefits

## Available During Open Enrollment

**Lexington Medical Center is pleased to continue to provide a benefits program that can be customized by each employee.**

LMC offers a wide range of options for employees to choose the benefits that best address their individual, financial and dependent needs and interests.

### Medical & Pharmacy

- ▶ BlueCross/BlueShield – PPO 500
- ▶ BlueCross/BlueShield – PPO 750
- ▶ BlueChoice (HMO)
- ▶ Express Scripts

### Dental

- ▶ BlueCross/BlueShield Traditional Plan

### Basic Life Insurance

- ▶ One times your base annual earnings (BAE) up to \$1,500,000
- ▶ No medical underwriting for coverage up to \$1,000,000

### Supplemental Life Insurance

- ▶ Your choice of one, two or three times your BAE, up to \$1,500,000 when combined with basic life insurance
- ▶ No medical underwriting unless your total basic and supplemental life insurance is more than \$1,000,000 or supplemental coverage increases by more than one level (e.g., 1x BAE to 3x BAE)

## Eligibility

for benefits and provisions may differ by employee category (FT, PT, Flex employees, Lex Plan employees, etc.). Full-time for health care eligibility is someone who averages 30 hours of service per week or 130 hours per month.

**DISCLAIMER:** Details are contained in the official plan documents, insurance contracts or Human Resources policies. In the event of any conflict between this Enrollment Guide and the official plan documents, insurance contracts or HR policies, the terms of the plan documents, insurance contracts and HR policies will always govern. LMC reserves the exclusive right to modify, amend or terminate any and all plans at any time.

# 2015 Employee Price Sheet



## Bi-weekly Payroll Deduction Amounts

You will notice a slight increase in medical premiums that is consistent with the national average. Plan co-payments, deductibles and co-insurance will remain the same.

OPTION 1 – BLUECROSS/BLUESHIELD – PREFERRED PROVIDER ORGANIZATION (PPO) 500						
	FULL TIME 30 hours or more	LMC CONTRIBUTION COST	PART TIME 20–29 Hours	LMC CONTRIBUTION COST	PART TIME 16–19 Hours	LMC CONTRIBUTION COST
Employee Only	\$86	\$321	\$147	\$260	\$175	\$232
Employee + Child(ren)	\$174	\$574	\$255	\$493	\$294	\$454
Employee + Family	\$242	\$858	\$371	\$729	\$419	\$681

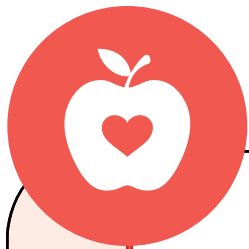
OPTION 2 – BLUECROSS/BLUESHIELD – PREFERRED PROVIDER ORGANIZATION (PPO) 750						
	FULL TIME 30 hours or more	LMC CONTRIBUTION COST	PART TIME 20–29 Hours	LMC CONTRIBUTION COST	PART TIME 16–19 Hours	LMC CONTRIBUTION COST
Employee Only	\$42	\$223	\$95	\$170	\$125	\$140
Employee + Child(ren)	\$73	\$414	\$159	\$328	\$198	\$289
Employee + Family	\$127	\$590	\$249	\$468	\$306	\$411

OPTION 3 – BLUECHOICE – HEALTH MAINTENANCE ORGANIZATION (HMO)						
	FULL TIME 30 hours or more	LMC CONTRIBUTION COST	PART TIME 20–29 Hours	LMC CONTRIBUTION COST	PART TIME 16–19 Hours	LMC CONTRIBUTION COST
Employee Only	\$68	\$272	\$139	\$201	\$174	\$166
Employee + Child(ren)	\$127	\$490	\$220	\$397	\$271	\$346
Employee + Family	\$205	\$700	\$345	\$560	\$416	\$489

DENTAL			
	FULL TIME 30 hours or more	PART TIME 20–29 Hours	PART TIME 16–19 Hours
Employee Only	\$17	\$17	\$17
Employee + Family	\$45	\$45	\$45

\* LMC contribution costs are rounded to the nearest dollar and displayed for information purposes only.

SUPPLEMENTAL LIFE/AD&D – PER \$1,000 OF COVERAGE			
	FULL TIME 30 hours or more	PART TIME 20–29 Hours	PART TIME 16–19 Hours
Age < 25	\$0.025	\$0.025	\$0.025
Age 25 – 29	\$0.025	\$0.025	\$0.025
Age 30 – 34	\$0.029	\$0.029	\$0.029
Age 35 – 39	\$0.037	\$0.037	\$0.037
Age 40 – 44	\$0.051	\$0.051	\$0.051
Age 45 – 49	\$0.076	\$0.076	\$0.076
Age 50 – 54	\$0.119	\$0.119	\$0.119
Age 55 – 59	\$0.180	\$0.180	\$0.180
Age 60 – 64	\$0.236	\$0.236	\$0.236
Age 65 – 69	\$0.370	\$0.370	\$0.370
Age 70 – 74	\$0.642	\$0.642	\$0.642
Age > 75	\$1.040	\$1.040	\$1.040



# Medical Plan Options



## IMPORTANT!

If you choose another facility for an inpatient service that LMC can provide, there is an additional \$500 co-pay that you will need to pay. This additional co-pay does not go toward your coinsurance out-of-pocket limit.

Please refer to the 2015 Medical Plan Details on pages 7–9 of this guide to help you compare and choose the medical plan that best meets the needs of you and your family.

## Lexington Medical Center offers three medical plans.

Each of the medical plans differs in the amount you contribute through payroll deduction, the amount you pay for the medical services you use and the cost to LMC.

Your expenses for medical services will typically be less when you use LMC as compared to using other providers. As an employee, you and your family are encouraged to use LMC services whenever possible.

---

### Option 1: BlueCross/BlueShield PPO 500

This plan is a Preferred Provider Organization and, under this medical option, you will not be required to coordinate care through a Primary Care Physician (PCP). You will, however, need to have medical services provided through a network provider to receive the maximum coverage allowance. You will pay the highest bi-weekly premium for this level of coverage.

---

### Option 2: BlueCross/BlueShield PPO 750

This medical option is exactly like the first option (PPO 500) except that you will assume a slightly higher financial responsibility by paying higher deductibles and annual out-of-pocket expenses. You will, however, pay significantly lower bi-weekly premiums. Many employees consider this option the best value for medical coverage because of the lower bi-weekly premium.

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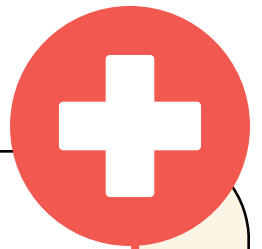
### Option 3: BlueChoice (HMO)

This plan is more restrictive than the PPO options because all of your care is coordinated through a PCP and there is no coverage for care received out-of-network (except for emergencies). If you are enrolling in HMO for the first time, be sure to let Human Resources or BlueChoice know the PCP you have chosen. You can change your PCP anytime by calling BlueChoice (1-800-868-2528) or by visiting [BlueChoiceSC.com](http://BlueChoiceSC.com).

**Please note that members of all three medical plans will receive new medical insurance cards for 2015. When you receive them, please be sure to use the new 2015 cards beginning January 1 and destroy the cards you may have from prior plan years.**



# 2015 Medical Plan Details



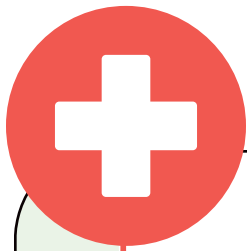
PPO 500	At LMC (LMC Owned Providers)	In-Network (Other BCBS Providers)	Out-of-Network (Non-Participating Providers)
<b>Annual/Lifetime Limits</b>	Unlimited/Unlimited		
<b>Annual Per Person Deductible</b> (Limit of 3 per Family)	\$500		
<b>Annual Family Deductible</b>	\$1,500		
<b>Coinsurance Out-of-Pocket Limit</b> (Per Person)	\$1,000		\$2,500
<b>Inpatient Coverage</b>	90%	70% (80% if service cannot be provided at LMC)	50%
<b>Additional Inpatient Copay</b> (per admission)	N/A	\$500 (waived if service cannot be provided at LMC) (does not apply to out-of-pocket limit)	
<b>Outpatient Coverage</b>	90%	70% (80% if service cannot be provided at LMC)	50%
<b>Physicians/Office Visit</b> (including lab/x-ray in physician office)	90%	80%	50%
<b>Preventative Care</b> (Physical, Immunizations)	90%	80%	50%
<b>Well Baby Care</b> (Up to Age 6)	\$35 Copay		
<b>Screenings/Mammography/ PAP Test/Prostate Exam</b>	\$20 Copay		
<b>Emergency/Urgent Care</b> Outpatient Physician	90% 90%	70% 80%	70% 50%
<b>MEDCare Urgent Care</b>	Not Covered		
<b>Minute Clinic</b>	Not Covered		
<b>Durable Medical Equipment</b> (pre-authorization required if greater than \$500)	80%		50%
<b>Home Health/Hospice</b> (pre-authorization required)	80%		50%
<b>Skilled Nursing</b> (limit of 120 days)	90%	70%	50%
<b>Therapy</b> Physical/Occupational/Speech	90%	70%	50%
	<b>In-Network</b>		<b>Out-of-Network</b>
<b>Pharmacy</b> Retail (31 day)	Generic: 90% (after \$500 deductible) Brand: 80% (after \$500 deductible)		Generic: 90% (after \$500 deductible) Brand: 80% (after \$500 deductible)
Mail Order (90 day)	Generic: 90% (no deductible) Brand: 80% (no deductible)		Not Covered

## Required Pre-Approval for Health Care Services

Pre-approval is required for all hospital, psychiatric, skilled nursing facility admissions, home health, hospice, RN at home and durable medical equipment over \$500.

Network providers will get pre-approval for you; however, YOU are responsible for obtaining approvals if you utilize non-network providers.

**NOTE:** All coinsurance amounts are **AFTER** deductible, unless otherwise noted.



# 2015 Medical Plan Details Continued



## Online Services

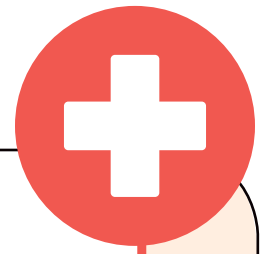
Check eligibility, deductible, out-of-pocket limits, authorizations, claims, other health insurance questionnaires, customer service questions, online provider directories, request new ID cards or make changes to your PCP online at:

**BlueChoiceSC.com**  
**SouthCarolinaBlues.com**

PPO 750	At LMC (LMC Owned Providers)	In-Network (Other BCBS Providers)	Out-of-Network (Non-Participating Providers)
<b>Annual/Lifetime Limits</b>	Unlimited/Unlimited		
<b>Annual Per Person Deductible</b> (Limit of 3 per Family)	\$750		
<b>Annual Family Deductible</b>	\$2,250		
<b>Coinsurance</b> <b>Out-of-Pocket Limit</b> (Per Person)	\$1,250		\$3,250
<b>Inpatient Coverage</b>	90%	70% (80% if service cannot be provided at LMC)	50%
<b>Additional Inpatient Copay</b> (per admission)	N/A	\$500 (waived if service cannot be provided at LMC) (does not apply to the out-of-pocket limit)	
<b>Outpatient Coverage</b>	90%	70% (80% if service cannot be provided at LMC)	50%
<b>Physicians/Office Visit</b> (including lab/x-ray in physician office)	90%	80%	50%
<b>Preventative Care</b> (Physical, Immunizations)	90%	80%	50%
<b>Well Baby Care</b> (Up to Age 6)	\$35 Copay		
<b>Screenings/Mammography/ PAP Test/Prostate Exam</b>	\$20 Copay		
<b>Emergency/Urgent Care</b> Outpatient Physician	90% 90%	70% 80%	70% 50%
<b>MedCare Urgent Care</b>	Not Covered		
<b>Minute Clinic</b>	Not Covered		
<b>Durable Medical Equipment</b> (pre-authorization required)	80%		50%
<b>Home Health/Hospice</b> (pre-authorization required)	80%		50%
<b>Skilled Nursing</b> (limit of 120 days)	90%	70%	50%
<b>Therapy</b> Physical/ Occupational/Speech	90%	70%	50%
	<b>In-Network</b>		<b>Out-of-Network</b>
<b>Pharmacy</b> Retail (31 day)	Generic: 90% (after \$750 deductible) Brand: 80% (after \$750 deductible)		Generic: 90% (after \$750 deductible) Brand: 80% (after \$750 deductible)
Mail Order (90 day)	Generic: 90% (no deductible) Brand: 80% (no deductible)		Not Covered

**NOTE:** All coinsurance amounts are **AFTER** deductible, unless otherwise noted.

# 2015 Medical Plan Details Continued



HMO	At LMC (LMC Owned Providers)	In-Network (Other BCBS Providers)	Out-of-Network (Non-Participating Providers)
<b>Annual/Lifetime Limits</b>	Unlimited/Unlimited		
<b>Annual Per Person Deductible</b> (Limit of 3 per Family)	\$500		
<b>Annual Family Deductible</b>	\$1,500		
<b>Coinsurance Out-of-Pocket Limit</b> (Per Person/Family)	\$2,000/\$4,000		Not Covered
<b>Inpatient Coverage</b>	90%	70% (80% if service cannot be provided at LMC)	Not Covered
<b>Additional Inpatient Copay</b> (per admission)	N/A	\$500 (waived if service cannot be provided at LMC) (does not apply to the out-of-pocket limit)	
<b>Outpatient Coverage</b>	90%	70% (80% if service cannot be provided at LMC)	Not Covered
<b>Physicians Office Visit</b> <b>Office Visit Lab/X-ray</b>	90% \$20 Copay \$20 Copay	80% \$25 Copay \$25 Copay	Not Covered
<b>Preventative Care</b> (Physical, Immunizations) <b>Well Baby Care</b> (Up to Age 6) <b>Screening/Mammography/PAP Test/Prostate Exam</b> <b>Well Woman Exam</b>	\$20 Copay (PCP) \$20 Copay \$20 Copay \$20 Copay	\$25 Copay (PCP) \$25 Copay \$25 Copay \$25 Copay	Not Covered
<b>Emergency</b> Emergency Room Emergency Room Physician	90% 90%	70% 80%	Emergency Room Out-of-Network coverage only available if true emergency
<b>Urgent Care</b>	100% after \$20 Copay	70% after \$50 Copay	Urgent Care Out-of-Network coverage only available if outside local area
<b>MEDCare Urgent Care</b>	Not Covered		
<b>Minute Clinic</b>	Not Covered		
<b>Durable Medical Equipment</b>	80%		Not Covered
<b>Home Health/Hospice</b>	80%		Not Covered
<b>Skilled Nursing</b> (limit of 120 days)	90%	70% (80% if service cannot be provided at LMC)	Not Covered
<b>Therapy</b> Physical/ Occupational/Speech	90%	70% (80% if service cannot be provided at LMC)	Not Covered
	<b>In-Network</b>		<b>Out-of-Network</b>
<b>Pharmacy</b> Retail (31 day)  Mail Order (90 day)	Generic: \$10 Copay Brand (Preferred) : \$30 Copay Brand (Non-Preferred): \$40 Copay Specialty (Orals): \$40 Copay  Generic: \$20 Copay Brand (Preferred) : \$60 Copay Brand (Non-Preferred): \$80 Copay Specialty (Injectibles/Infusables): 80% after Deductible		Not Covered

## NOTE:

All coinsurance amounts are **AFTER** deductible, unless otherwise noted.

1. For true emergencies, benefits for out-of-network providers will be identical to what would have been paid at an in-network provider.
2. In the HMO, all care must be coordinated through a Primary Care Physician (PCP). If authorization is obtained, other physicians in the HMO are covered at 90% LMC/80% in-network. Out-of-network physicians are not covered. Authorizations are not required for an annual routine OB/GYN visit.

# Pharmacy Benefit Management



## New for 2015

### Administered by Express Scripts

New for 2015, Express Scripts will be Lexington Medical Center's pharmacy benefit manager. The change to Express Scripts will provide you access to the largest retail pharmacy network and provide many new plan features. Pharmacy coinsurance and copays will remain the same. Accredo will remain the specialty pharmacy. You will continue to purchase your specialty drugs to treat complex medical conditions (e.g. cancer, multiple sclerosis, transplant) from Accredo.



### Enrollment and ID Card

When you enroll in one of the medical plans, you will automatically be enrolled into the corresponding pharmacy plan. Your coverage level (Employee, Employee + Child or Family) will be the same for both medical and pharmacy. You cannot elect prescription drug coverage without enrolling in a medical plan. A separate prescription drug card will be mailed to your home address in December (A new Medical ID Card will also be mailed to your home in December).

**Additional detailed information concerning the Express Scripts pharmacy benefits and transition of your prescriptions, prior authorizations, Step Therapy Program, Generic Incentive, etc. will be mailed to your home address in the next couple of weeks.**

### Express Scripts

A representative from Express Scripts will also be available to answer questions on-site during Open Enrollment.

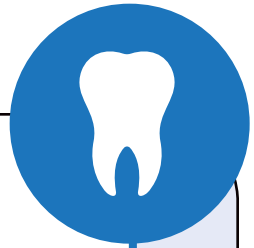
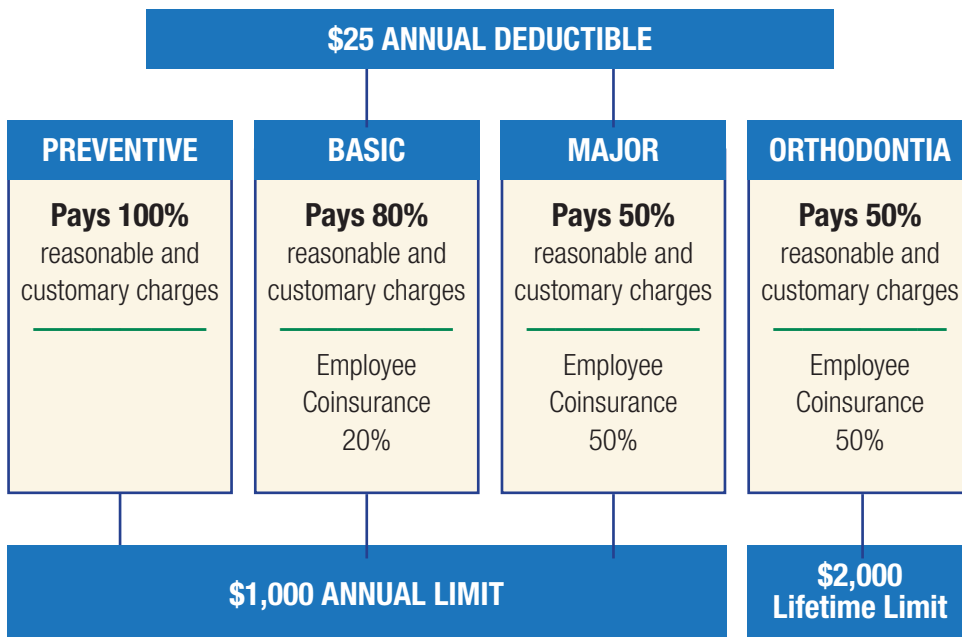
# Dental Plan

## Lexington Medical Center gives you the option to select dental coverage for you and your family.

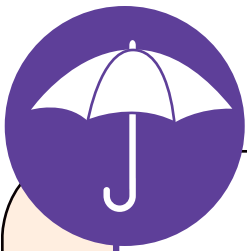
The only decision you have to make about dental benefits is whether you want to cover yourself or your entire family.

## COVERED SERVICES

- ▶ **PREVENTIVE** — oral exams, X-rays, emergency treatment, cleanings, fluoride treatments (up to age 19) and space maintainers (up to age 19)
- ▶ **BASIC** — anesthesia, extractions, fillings, endodontics (root canal), periodontics (gum treatments), prosthodontic maintenance (dentures, crowns and fixed bridge work), oral surgery and antibiotic injections
- ▶ **MAJOR** — crowns, inlays, onlays, gold fillings and prosthodontic installation and replacement (dentures and fixed bridge work)
- ▶ **ORTHODONTIA** — braces to straighten teeth



# Life, Supplemental Life & AD&D Insurance



## Tax regulations require

that when the value of any company-provided, pre-tax employee life insurance amount is greater than \$50,000, the company must report the premium cost as imputed taxable income on your W-2. This generally has a very small impact on take-home pay.

Employees can purchase supplemental life and Accidental Death and Dismemberment (AD&D) insurance at highly affordable rates for additional protection beyond Lexington Medical Center's core life insurance program.

## Life and AD&D Insurance

This coverage is term life insurance and does not build cash value. It provides a lump sum benefit to the person you name as your beneficiary in the event of your death.

LMC provides life and AD&D benefits equal to one times your base annual earnings (1x BAE) to all eligible full-time and part-time employees (working 16 or more hours per week) at no cost.

You can opt to purchase additional supplemental life and AD&D coverage in increments of one times, two times or three times your BAE.

### You do not need to answer medical questions unless:

- ▶ Your total basic and supplemental life insurance is more than \$1,000,000.
- ▶ You increase optional supplemental coverage by more than one level (e.g., changing from 1x BAE to 3x BAE during annual enrollment).

**The combined maximum coverage level for life, supplemental life and AD&D insurance is \$1,500,000.**

**If you exceed the limit, contact Human Resources for a personal health assessment form. Remember this application is subject to approval.**

## Age-rated Premiums for Supplemental Life and AD&D Insurance

The life insurance premiums that apply to you are provided in the Benefits Enrollment section of eBenefits. Or you can use the rates shown in the 2015 Price Sheet (in this guide) to determine your cost. To calculate the cost, use the formula below.

### Example for a 35-year-old employee earning \$37,000:

<b>A.</b> Enter your earnings rounded to the next higher thousand.	<b>\$37,000</b>
<b>B.</b> Enter the supplemental coverage level (1x, 2x or 3x earnings).	<b>2</b>
<b>C.</b> Multiply A times B. This will equal your coverage amount.	<b>\$74,000</b>
<b>D.</b> Divide C by 1,000.	<b>74</b>
<b>E.</b> Find the rate per \$1,000 of coverage for your age on the 2015 Price Sheet.	<b>\$.037</b>
<b>F.</b> Multiply D times E. This is your premium amount.	<b>\$2.74</b>

# Snapshot of Additional Benefits



## Available During Open Enrollment

**Lexington Medical Center is pleased to offer a suite of additional benefits for our employees.**

### Short-term Disability (Coverage for Part-time Employees)

Part-time employees may elect to purchase short-term disability insurance during Open Enrollment.

- ▶ Continues a percentage of your pay
- ▶ For non-occupational illness or injury

### Dependent Life Insurance

- ▶ Spouse: \$5,000, \$10,000 or \$20,000
- ▶ Child/Children: \$5,000

### Flexible Spending Accounts

- ▶ Health care up to \$2,500
- ▶ Dependent day care up to \$5,000



**Eligibility** for benefits and provisions may differ by employee category (Full-time, Part-time, Flex employees, Lex Plan employees, etc.). Full-time for health care eligibility is someone who averages 30 hours of service per week or 130 hours per month.

**DISCLAIMER:** Details are contained in the official plan documents, insurance contracts or Human Resources policies. In the event of any conflict between this Enrollment Guide and the official plan documents, insurance contracts or HR policies, the terms of the plan documents, insurance contracts and HR policies will always govern. LMC reserves the exclusive right to modify, amend or terminate any and all plans at any time.



# Short-term Disability Coverage



## Imputed Income

According to IRS regulations, dependent life insurance plans offered by employers may be subject to imputed income.

**For more information,** please visit [irs.gov](http://irs.gov) or contact your tax advisor. In the event of the death of your spouse or children, you will receive a cash payment from The Hartford.

## Short-term Disability Coverage for Part-time Employees.

If you are eligible for full-time benefits (standard hours of 30 or more per week, 24 standard hours for Lex Plan or at least 8 standard hours for Flex employees), LMC provides short-term disability coverage on the 91st day of eligible employment and benefits are payable day 1 for an accident and day 6 from treatment for a sickness.

If you are a part-time employee whose standard hours are 16–29 hours per week, you have the option of purchasing short-term disability coverage. Eligibility is on the 91st day of eligible employment and benefit begins after 30 days of approved disability.

## Dependent Life Insurance Coverage

In the event of the death of your spouse or children, you will receive a cash payment from The Hartford.

The amount of this payment will be determined by the coverage options you select. Dependent life insurance will cover children up to age 26, regardless of whether they live with you or depend on you for financial support. Children are no longer eligible the date they attain 26 years of age.

Options	Bi-weekly Premium
<b>Option 1:</b> Spouse \$5,000/Child(ren) \$5,000	\$0.58
<b>Option 2:</b> Spouse \$10,000/Child(ren) \$5,000	\$0.98
<b>Option 3:</b> Spouse \$20,000/Child(ren) \$5,000	\$1.78

### Reviewing Existing Dependent Coverage

Please review existing dependent coverage to determine whether changes are needed to dependent information or level of coverage. If you need to make corrections to your dependents, please complete the Dependent and/or Beneficiary Correction Form located within the Dependent Life Insurance section of online enrollment.



# Flexible Spending Accounts

If you are currently enrolled in a Flexible Spending Account (FSA), **you must re-enroll** in order to participate in an FSA for 2015. All other current 2014 benefits elections will continue for 2015 at the new employee contribution levels unless you change them.

## Health Care Reimbursement Plan

Lexington Medical Center's health care FSA allows you to use pre-tax dollars to reimburse out-of-pocket costs (deductibles, co-insurance and co-pays), as well as medical expenses not covered by the medical plan.

**Annual Contribution Limits ▶ Minimum \$100 ▶ Maximum \$2,500**

### REMINDER— Over-the-counter Items

All medications – even over-the-counter (OTC) items — require a prescription from a licensed physician in order to be reimbursed from your FSA. Participants should still retain copies of their physician's prescription as they may be required to provide it. This does not apply to reimbursements for the cost of insulin, which continues to be permitted for reimbursement even if purchased without a prescription.

To view a list of OTC medications that do or do not require a physician prescription visit or health care contribution limit, visit [shdr.com](http://shdr.com). If you have additional questions, contact our FSA administrator at 1-800-768-4873 or 1-800-930-2441.

## Dependent Day Care Reimbursement Plan

**Annual Contribution Limits ▶ Minimum \$100 ▶ Maximum \$5,000**

This plan allows you to use pre-tax dollars to reimburse eligible expenses for dependent day care that enables you (and your spouse, if married) to work. Eligible expenses include day care or after-school care expenses for a child under age 13 or care for a spouse or a qualified adult dependent incapable of self-care. **The debit card CANNOT be used for reimbursement of dependent day care expenses.**

## Carry Over

The \$500 carryover provision continues for 2015. Per IRS regulation, amounts above \$500 are still subject to the "Use It or Lose It" forfeiture.





# Enrollment Resources & Information



## Questions?

Call the helpline at  
**(803) 791-2131**  
Monday – Friday,  
8:00 a.m. – 5:00 p.m.



## IMPORTANT!

**Your eConnect user name and password serve as your “electronic signature.”**

When you use them to enroll through eBenefits online enrollment, you give LMC permission to process your 2015 benefits elections and make necessary payroll deductions, just as if you had provided written authorization.

## Before you begin, consider these helpful tips.

- ▶ **Read the Enrollment Guide.** This booklet will guide you through the enrollment process and answer many of your questions.
- ▶ **Remember that federal regulations require you to provide each dependent’s social security number** to complete the enrollment process. Refer to page 3 for help identifying eligible dependents.
- ▶ **Review the Snapshot of Benefits** on pages 4 and 13.
- ▶ **Talk about your current benefits elections with your spouse and any dependents**, and discuss if your needs have changed. This may help you decide whether to keep the same benefits or make changes for 2015.

## eConnect Access at Home

When you access eConnect at home, you will need to enter your eConnect user name and password. If you have difficulty accessing the system using your user name and password, please call the IS Help Desk at (803) 791-2022.

eBenefits requires Microsoft Internet Explorer version 6.0 or higher, Netscape Navigator/ Netscape Communicator version 7.2 or higher, Windows 2000 or Foxfire 1.0. If you are having difficulty logging in from your personal computer, please come to Human Resources to complete your enrollment.

## Changes to Benefit Selections Outside of Annual Enrollment

Don’t forget, once you make your benefit selections for the year, IRS regulations limit your ability to make any changes prior the next annual enrollment period. Generally, you cannot make changes during the plan year unless you have a qualifying change, which includes:

- Marriage or divorce
- Birth or adoption of a child
- Death of your spouse or child
- Loss or gain of spousal employment
- Change to your employment status (e.g., full-time to part-time)
- Significant change to your spouse’s and/or child’s coverage

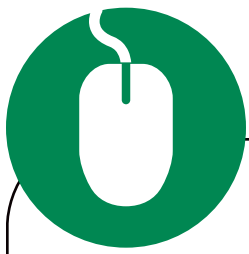
## How does this apply?

If you experience a qualifying event, you must notify Human Resources within 31 days of that event or you will be prohibited from making a change until the next annual enrollment period. Changes in your elections must be consistent with the qualifying change in status. For example, if you select Employee + Family HMO coverage and you get divorced, you may remove your spouse from HMO coverage, but you may not change your coverage to the PPO option until the annual enrollment period.

NOW THAT YOU HAVE CONSIDERED ALL OF YOUR 2015 BENEFITS OPTIONS...

# Let's Get Started!

Follow these  
easy step-by-step instructions  
to complete your  
2015 online eBenefits enrollment.



# Enrolling Online. It's easy!

eBenefits is an easy and effective way to access and make changes to your 2014 benefits elections. The eBenefits website is customized for you, showing only your personal benefits options and information.

**If you experience problems accessing your benefits enrollment information online, call Human Resources at (803) 791-2131, Monday through Friday from 8:00 a.m. to 5:00 p.m.**

## STEP 1

### OPTION 1: AT HOME

Go to [home.lexmed.com](http://home.lexmed.com) and click on eConnect.

### OPTION 2: AT LMC

Go to the LexLoop homepage and double click on the eConnect logo.



## STEP 2

### OPTION 1:

For employees who already use eConnect for training or other functions, continue to use your current user name and password.

### OPTION 2:

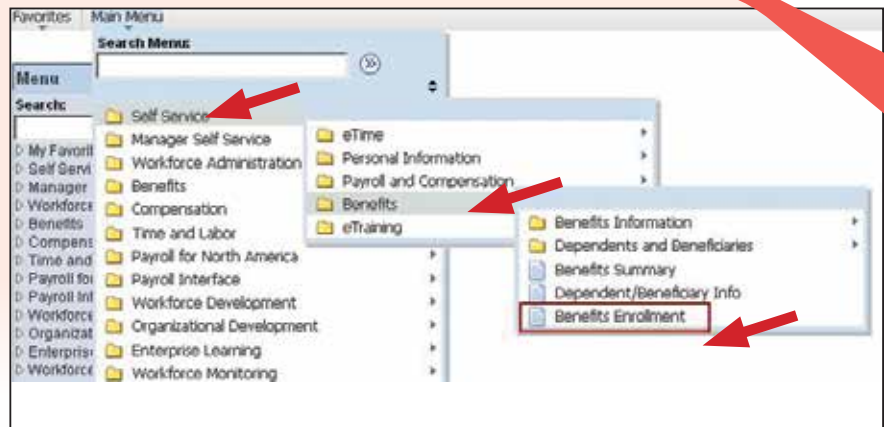
For employees who have not accessed eConnect during the last 30 days, please call the IS Help Desk at (803) 791-2022.



## STEP 3

### NAVIGATING TO eBENEFITS:

1. Click on **Self Service**.
2. Click on **Benefits**.
3. Click on **Benefits Enrollment**.



## STEP 4

### USING eBENEFITS:

To begin enrollment, click on **Select**.

Benefits Enrollment

Lexington Medical Center is proud to offer you a comprehensive and affordable benefits package. Our goal is to provide market competitive health and income protection plans that are reasonable and affordable for you and your family. After your initial enrollment, the only time you may change your benefit choices is during the next annual Open Enrollment or a qualified Family Status Change.

The **Select** button next to an event means it is currently open for enrollment. To begin your enrollment, click **Select**, it will take a few seconds for your benefits enrollment information to load.

Note: Your Open Enrollment event may be temporarily closed if you have an incomplete enrollment from a previous event. Please contact Human Resources at (903) 791-2131 if you are unable to make your Open Enrollment elections.

Open Enrollment will close on 10/30/2014 11:59:59 PM.

Event Description	Event Date	Event Status	Job Title	
Open Enrollment	01/01/2014	Open	Human Resource Representative	<b>Select</b>

After you use the **Select** button, it will take a few seconds for your benefits enrollment information to load.

## STEP 5

### REVIEWING CURRENT BENEFITS ELECTIONS AND MAKING CHANGES:

To review or change your benefits options and view prices under each plan, click the **Edit** button.

To re-enroll or change coverage, select the radial button next to new coverage, review/add dependents covered (if applicable), scroll to the bottom of the page and click on the **Update Elections** button.

If there are changes to dependents, please complete the **Dependent and/or Beneficiary Correction** form and return to Human Resources.

**SOME PLANS DO NOT HAVE EDIT BUTTONS** because these benefits are informational only or require changes or enrollment through Human Resources.

Open Enrollment

Open enrollment is your annual opportunity to modify your benefit choices.

In order to participate in the Flexible Spending Accounts next year, you must re-enroll in these programs during the Open Enrollment period.

Open Enrollment will close on 10/30/2014 11:59:59 PM.

**Important:** Your enrollment choices will not be complete until you click **Submit** located at the end of the enrollment summary.

Enrollment Summary	Before Tax	After Tax	Edit
<b>Medical</b> Current: BlueChoice HMO:Empl Only New: BlueChoice HMO:Empl Only		60.00	<b>Edit</b>
<b>Dental</b> Current: Dental Insurance:Empl Only New: Dental Insurance:Empl Only		13.00	<b>Edit</b>
<b>Life</b> Current: Base Life: Salary * 0 X 1 New: Base Life: Salary * 0 X 1 : \$42,000			<b>Edit</b>
<b>Supplemental Life</b>			<b>Edit</b>

## STEP 6

### SUMMARIZING ELECTIONS:

Once you make all of your changes, click the **Submit** button at the bottom of the page.

You will have access to the system to make changes until the end of Open Enrollment on October 30, 2014.

This summary summarizes estimated costs for your new benefit choices.

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	6.00	6.00	6.00

If the cost of any benefit selection is based on variable earnings, that cost is not reflected.

**Submit**

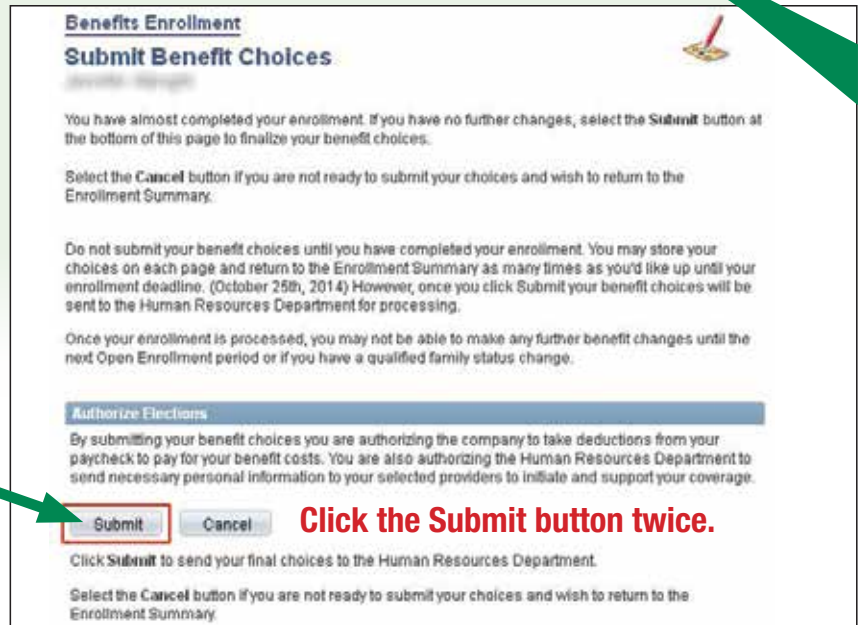
Click **Submit** to send your final choices to the Human Resources Department.

**Important:** Your enrollment choices will not be complete until you click **Submit** above. If you do not have any benefit changes, you may click [I Have No Changes](#).

# STEP 7

## AUTHORIZING ELECTIONS:

If you have completed all of your changes, click the **Submit** button **twice**. You must click **Submit** **twice** to store your elections.



**Benefits Enrollment**  
**Submit Benefit Choices**

You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit choices.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. (October 25th, 2014) However, once you click Submit your benefit choices will be sent to the Human Resources Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

**Authorize Elections**

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Human Resources Department to send necessary personal information to your selected providers to initiate and support your coverage.

**Submit** **Cancel** **Click the Submit button twice.**

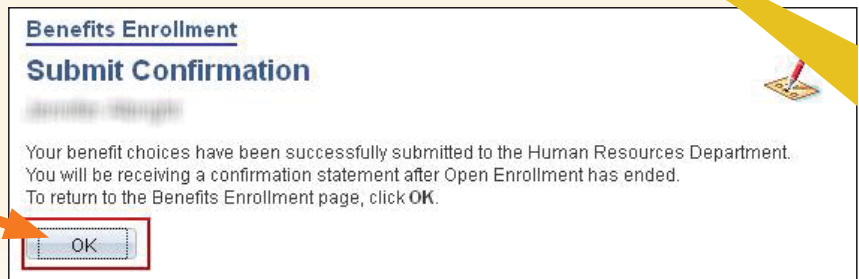
Click **Submit** to send your final choices to the Human Resources Department.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

# STEP 8

## CONFIRMING YOUR eBENEFITS ELECTIONS AND SIGNING OUT:

Do not sign out until you see the **Submit Confirmation** page. This means that your choices have been saved. If you log off before you see this message, you may not have registered the benefits changes you selected for 2015.



**Benefits Enrollment**  
**Submit Confirmation**

Your benefit choices have been successfully submitted to the Human Resources Department. You will be receiving a confirmation statement after Open Enrollment has ended. To return to the Benefits Enrollment page, click **OK**.

**OK**

Once you have successfully completed eBenefits enrollment, log off by clicking on the **Sign Out** link in the top right corner.

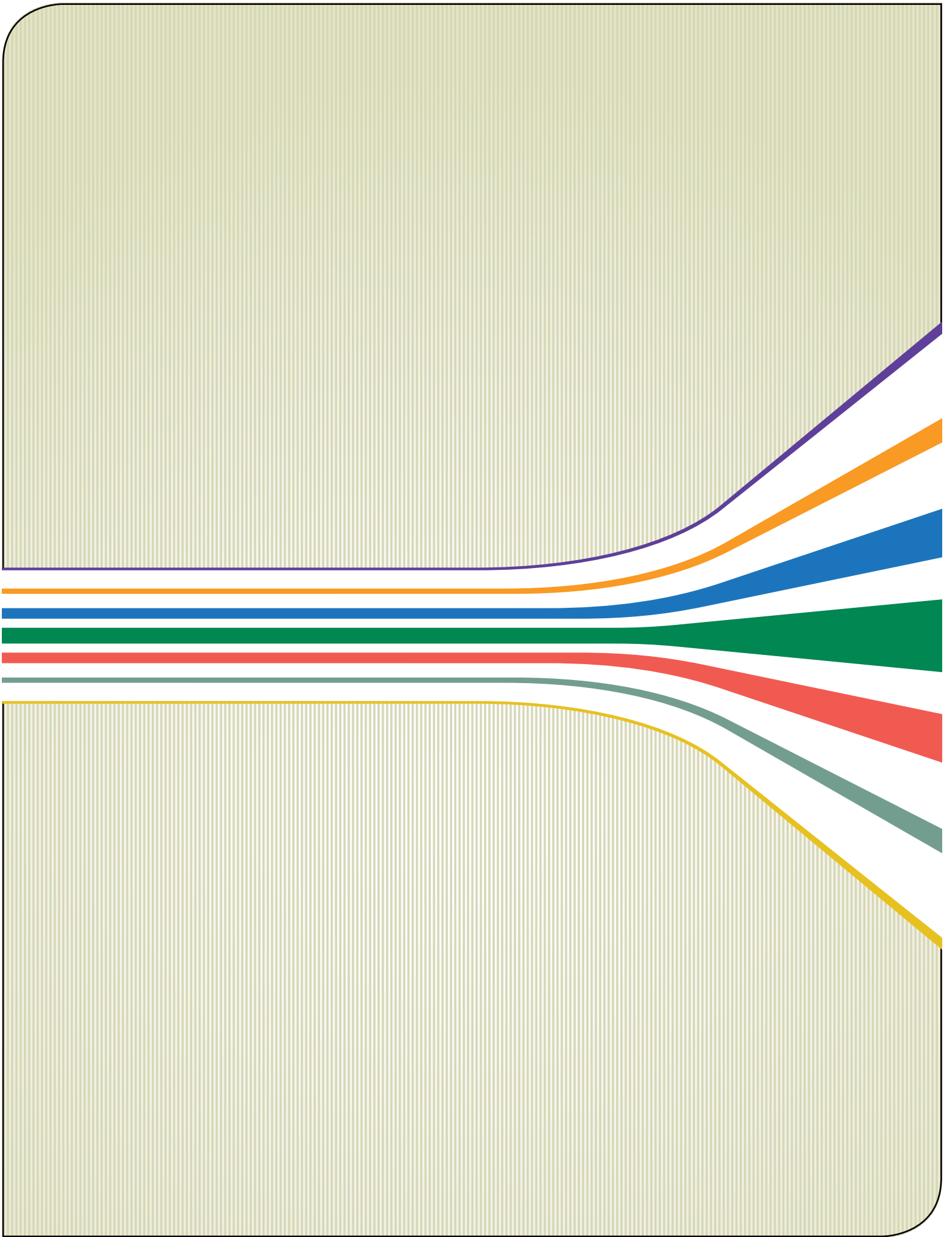
# STEP 9

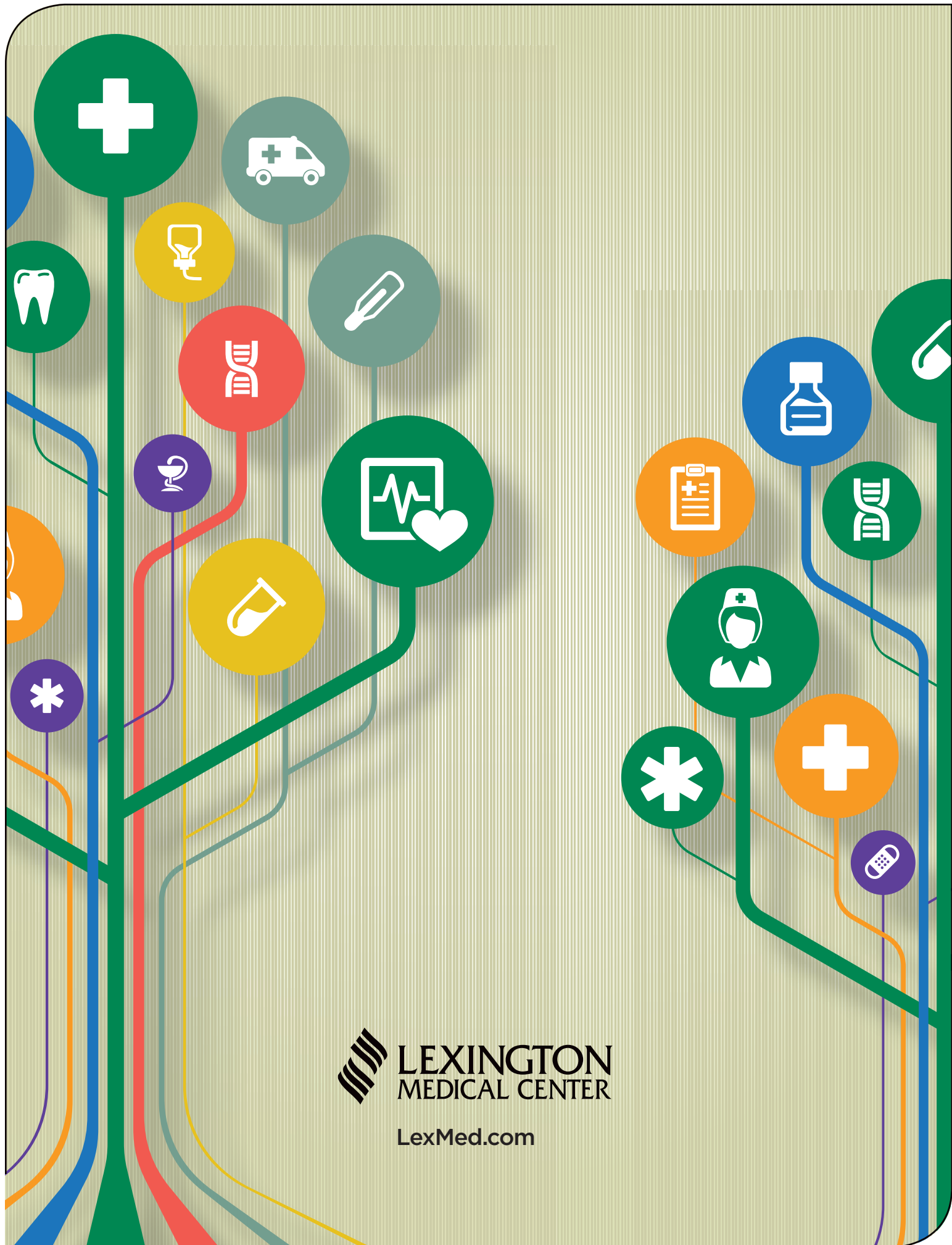
## REVIEWING eBENEFITS CONFIRMATION STATEMENT:

A printed copy of your 2015 benefits elections will be mailed to your home during the week of November 3, 2014. This confirmation statement will serve as your receipt for your 2015 benefits elections.



**If there are corrections to your elections, please indicate on your confirmation and return to Human Resources no later than Monday, November 17.**





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