

|                   |          |
|-------------------|----------|
| Medical Insurance | 1/4 MILE |
| Vision Plan       | 3 MILES  |
| Life Insurance    | 5 MILES  |

**HEALTH**  
coverage

1 MILE



*It's an Open Road!*



## Benefit Enrollment Guide 2021





# 2021 Benefits & Eligibility



## WHATS NEW:

- New prescription drug vendor, Express Scripts
- New Flexible Spending vendor, HealthEquity
- Expanded no cost generic medication at OHOP

## Your 2021 Benefits

Owensboro Health provides a full range of benefits designed to address your needs now and in the future.

- Medical Benefits
- Prescription Drug Benefits
- Dental Benefits
- Vision Benefits
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Health Savings Account
- Health Reimbursement Account
- Flexible Spending Account
- Life and AD&D Insurance
- Disability Insurance
- Additional Benefits

[See Link for information on all benefit plans and to enroll online.](#)

## How to Enroll

You can enroll by going to LINK and enrolling online or you can enroll by phone at 1-888-236-6014.

**All team members must actively enroll to receive benefits in 2021. Your current benefits will NOT automatically carry over. If you do not take action during Open Enrollment, you will not have coverage in 2021.**

## When Does Coverage Begin?

Eligibility for benefits for full-time and part-time team members begins on the first of the month following 30 days of employment.\* Team members who experience a qualifying event or a status change will have benefits effective on the first of the month following the event, provided they elect the coverage and submit documentation within 30 days of the event.

*\* Employment contracts take precedence.*

## Spouse Eligibility for Medical Plan

If the "Employee Only" premium for the lowest-cost health plan at the spouse's employer is less than \$300 per month, the spouse cannot participate in the Owensboro Health medical plan. If your spouse's employer does not offer insurance or if the premium costs more than \$300 per month for employee only coverage, you must provide written documentation on company letterhead that is signed by a company official in order for your spouse to be added to the plan. The information must be provided each year and

may be verified. Falsification of the document is grounds for disciplinary action up to and including termination of employment.

## Dependent Verification Reminder

Coverage for NEW dependents will pend until documentation is submitted and verified. If your dependent verification documents are not uploaded within the required time frame, your dependents will not be enrolled in coverage. The required documentation can be uploaded to the "Employee File" tab under "Personal Information" on the "My Profile" tab. The fax number for submitting documents is 1-844-309-1030. You will be required to enter your dependent's Social Security number to enroll in benefits. Children can be covered until age 26. See plan documents for details.

## Enrollment Changes During The Year

You will need to wait until the next open enrollment period to elect or change your coverage unless you experience a status change or a qualifying event.

You have 30 days from the date of a status change or qualifying event to make your election changes and submit documentation. Visit the benefits website on Link or call 1-888-236-6014 to make a change.

Qualifying events include the following:

- Marriage, divorce, or legal separation
- Gain or loss of an eligible dependent for reasons such as birth, adoption, placement for adoption, court order, disability, or death
- An event that causes a dependent to satisfy or cease to satisfy the eligibility requirements of the plan, such as reaching the dependent age limits
- Changes in your spouse's employment or benefit coverage that affect benefits eligibility
- Changes in a dependent's benefits eligibility

**STATUS CHANGE:** Status change means changing from FT, PT or PRN.





## Medical Services Requiring Pre-Certification

Certain care or services may be excluded from coverage (e.g. other procedures performed in non-hospital/ freestanding facilities, i.e., cardiac cath, etc.), or require prior authorization or certification from UMR. Services requiring pre-certification include, but are not limited to:

- Inpatient stays in a hospital, extended care facility, skilled nursing facility or residential treatment facility
- Partial hospitalization program
- Transplant and transplant-related services
- Home healthcare
- Durable medical equipment over \$1,500 (excluding braces or orthotics)
- Durable medical equipment rentals over \$500 per month
- Prosthetics over \$1,000
- Clinical trials
- Inpatient stays in hospitals or birthing centers that are longer than 48 hours following normal vaginal deliveries or 96 hours following Cesarean sections
- Inpatient behavioral health for acute care
- Bariatric surgery
- Kidney dialysis
- Chemotherapy
- Infusion therapy over \$10,000

It is your responsibility as a plan member to determine whether your care is covered and/or requires prior approval. Your healthcare provider can assist with this process and provide you or UMR any information needed to review the care or service.

We recommend that you contact UMR as far in advance as possible to confirm whether additional information from you or your provider is needed. This will help avoid delays in processing the claim(s) and making payment(s) to the provider or facility. If you have any questions, please contact UMR at 1-866-494-4502.

## 2021 Medical Plan Tiers

| 2021 MEDICAL PLAN TIERS   |  |
|---|--|
| <b>OH HOSPITALS*</b>  | <ul style="list-style-type: none"> <li>• Owensboro Health Regional Hospital services</li> <li>• Owensboro Health Muhlenberg Community Hospital services</li> </ul>   |
| <b>PHYSICIANS AND ST. VINCENT**</b>   | <ul style="list-style-type: none"> <li>• Owensboro Health Network participating physicians and providers (see provider lookup)</li> <li>• Owensboro Health Medical Group physicians and providers</li> <li>• St. Vincent Hospital, physicians and providers</li> </ul> |
| <b>UNITEDHEALTHCARE</b>   | <ul style="list-style-type: none"> <li>• Participating UnitedHealthcare (UHC) providers <u>outside the footprint</u> (see footprint on p. 8)</li> </ul>  |
| <b>OUT-OF-NETWORK</b>   | <ul style="list-style-type: none"> <li>• Non-participating Owensboro Health Network providers <u>within the footprint</u></li> <li>• Non-participating UHC providers <u>outside the footprint</u></li> </ul>   |
| <p><i>Note that certain services and/or physicians, providers, and facilities ARE NOT COVERED. It is your responsibility as a plan member to determine whether your care is covered and/or requires prior approval. Contact UMR in advance of the service date to confirm whether additional information is needed.</i></p> |  |

\*Including hospital-based departments – see listing on Link under HR & Benefits.

\*\*St. Vincent physicians and facilities in Vanderburgh and Warrick Counties only.



# Medical Plan 1 with Health Savings Account (HSA)



| 2021 - Plan #1 with Health Savings Account (HSA)   | OH HOSPITALS*   | PHYSICIANS AND ST. VINCENT**           | UNITEDHEALTHCARE            | OUT-OF-NETWORK                         |
|--|---|--|-----------------------------|--|
| <b>EMPLOYER CONTRIBUTION (PER CALENDAR YEAR)</b>   |   |  |                             |  |
| Individual   | Up to \$500 deposit per team member on a match basis*** |  |                             |  |
| <b>DEDUCTIBLE (PER CALENDAR YEAR)</b>  |   |  |                             |  |
| Individual   |   | \$2,800                                |                             | \$5,400                                |
| Family   |   | \$5,400                                |                             | \$10,800                               |
| <b>OUT-OF-POCKET MAXIMUM (PER CALENDAR YEAR - INCLUDES COPAYS, COINSURANCE AND DEDUCTIBLE AMOUNTS)</b>             |   |  |                             |  |
| Individual   |   | \$4,500                                |                             | \$9,000                                |
| Family   |   | \$9,000                                |                             | \$18,000                               |
| <b>PHYSICIAN / PROFESSIONAL FEES - MEMBER PAYS</b>   |   |  |                             |  |
| Primary Care Physician (Office Visit)  | N/A   | Deductible, then \$10 copay            | Deductible, then \$25 copay | Deductible, then \$25 copay, then 50%  |
| Specialist (Office Visit)  | N/A   | Deductible, then \$20 copay            | Deductible, then \$35 copay | Deductible, then \$35 copay, then 50%  |
| Charges Related to Office Visit (Lab, EKG, etc.)   | N/A   | Deductible, then \$50 copay, then 20%  |                             | Deductible, then \$250 copay, then 50% |
| Imaging (CT/PET Scans, MRIs, X-rays, etc.)   | N/A   | Deductible, then \$100 copay, then 20% |                             | Deductible, then \$500 copay, then 50% |
| Professional Fees (Hospital Visits, Surgeon, Radiologist, Anesthesiologist, Pathologist, Allergy Injections, etc.) | N/A   | Deductible, then 20%                   |                             | Deductible, then 50%                   |
| Urgent/Convenient Care   | N/A   | Deductible, then \$10 copay            | Deductible, then 20%        | Deductible, then \$25 copay, then 50%  |
| Preventive Care  | You pay 0% for covered, in-network preventive care****  |  |                             | NOT COVERED                            |
| <b>HOSPITAL / FACILITY FEES - MEMBER PAYS</b>  |   |  |                             |  |
| Inpatient Service (including Owensboro Health hospital-based facilities) *   | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |                             | Deductible, then \$750 copay, then 50% |
| Facility MRI   | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |                             | Deductible, then \$750 copay, then 50% |
| Facility Lab and X-ray   | Deductible, then 0%                                     | Deductible, then \$150 copay, then 20% |                             | Deductible, then \$250 copay, then 50% |
| Bariatric Surgery  | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |                             | Deductible, then \$750 copay, then 50% |
| Outpatient Surgical  | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |                             | Deductible, then \$750 copay, then 50% |
| Outpatient Therapy (PT, OT, ST, etc.)  | Deductible, then 0%                                     | Deductible, then 20%                   |                             | Deductible, then 50%                   |
| Other Outpatient Services  | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |                             | Deductible, then \$750 copay, then 50% |

\*Including hospital-based departments – see listing on Link under HR & Benefits.

\*\*St. Vincent physicians and facilities in Vanderburgh and Warrick Counties only.

\*\*\*If a team member elects coverage for spouse or dependent who is also a team member of Owensboro Health, Inc., the maximum employer contribution remains at \$500.

\*\*\*\*Covered preventive care is per ACA guidelines and can be found on Link under HR & Benefits.

| 2021 - Plan #1 with Health Savings Account (HSA)  | OH HOSPITALS*        | PHYSICIANS AND ST. VINCENT**           | UNITEDHEALTHCARE                                 | OUT-OF-NETWORK |
|---|----------------------|--|--|----------------|
| <b>EMERGENCY SERVICES - MEMBER PAYS</b>   |                      |  |  |                |
| <b>True Emergency Care (Life threatening illness, accident, etc.)</b>                     | Deductible, then 0%  | Deductible, then 10%                   |  |                |
| <b>Non-Emergency Care</b>   | Deductible, then 10% | Deductible, then \$350 copay, then 20% | Deductible, then \$350 copay, then 50%           |                |
| <b>Ambulance</b>  | Deductible, then 0%  | Deductible, then 10%                   |  |                |
| <b>MATERNITY CARE - MEMBER PAYS</b>   |                      |  |  |                |
| <b>Physician Charges Only (Office Visits, Delivery)</b>                                   | N/A                  | Deductible, then \$200 copay           | Deductible, then \$750 copay, then 50%           |                |
| <b>Related Charges (Labs, etc.)</b>   | N/A                  | Deductible, then 20%                   | Deductible, then 50%                             |                |
| <b>MENTAL DISORDERS / SUBSTANCE ABUSE - MEMBER PAYS</b>                                   |                      |  |  |                |
| <b>Inpatient</b>  | Deductible, then 0%  | Deductible, then 20%                   | Deductible, then 50%                             |                |
| <b>Outpatient</b>   | N/A                  | Deductible, then \$25 copay, then 20%  | Deductible, then \$25 copay, then 50%            |                |
| <b>OTHER - MEMBER PAYS</b>  |                      |  |  |                |
| <b>Home Healthcare: Limited to 90 visits per calendar year. One visit equals 4 hours.</b> | Deductible, then 0%  | Deductible, then 20%                   | Deductible, \$50 copay, then 50%                 |                |
| <b>Skilled Nursing Facility: Limited to a maximum of 120 days per calendar year</b>       | Deductible, then 0%  | Deductible, then 20%                   | Deductible, \$50 copay, then 50%                 |                |
| <b>Hospice</b>  | N/A                  | Deductible, then 0%                    | Deductible, then 50%                             |                |
| <b>Human Organ/Tissue Transplant</b>  | Deductible, then 0%  |  | Deductible, then 0% for UMR Center of Excellence | NOT COVERED    |
| <b>Infertility</b>  | Not Covered          |  |  |                |
| <b>Freestanding Cath Lab Services</b>   | N/A                  | Not Covered                            |  |                |
| <b>Spinal Manipulations</b>   | N/A                  | Deductible, then \$25 copay, then 20%  | Deductible, \$25 copay, then 50%                 |                |
| <b>All other covered services and supplies</b>  | Deductible, then 0%  | Deductible, then 20%                   | Deductible, then 50%                             |                |

\*Including hospital-based departments – see listing on Link under HR & Benefits.

\*\*St. Vincent physicians and facilities in Vanderburgh and Warrick Counties only.

\*\*\*If a team member elects coverage for spouse or dependent who is also a team member of Owensboro Health, Inc., the maximum employer contribution remains at \$500.

\*\*\*\*Covered preventive care is per ACA guidelines and can be found on Link under HR & Benefits.

| <b>2021 MEDICAL RATES FOR PLAN 1 WITH HSA (TOBACCO FREE)</b> |                             |                           |                                    |                             |                           |                                    |
|--|-----------------------------|---------------------------|------------------------------------|-----------------------------|---------------------------|------------------------------------|
|  | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution |
|  | FULL-TIME                   |                           |                                    | PART-TIME                   |                           |                                    |
| <b>Employee</b>  | \$110.00                    | \$671.26                  | \$55.00                            | \$180.00                    | \$601.26                  | \$90.00                            |
| <b>Employee Plus Spouse</b>                                  | \$230.00                    | \$1,410.65                | \$115.00                           | \$378.00                    | \$1,262.65                | \$189.00                           |
| <b>Employee Plus Child(ren)</b>                              | \$144.00                    | \$1,340.40                | \$72.00                            | \$282.00                    | \$1,202.40                | \$141.00                           |
| <b>Family</b>  | \$290.00                    | \$2,131.92                | \$145.00                           | \$509.00                    | \$1,912.92                | \$254.50                           |
| <b>2021 MEDICAL RATES FOR PLAN 1 WITH HSA (TOBACCO USER)</b> |                             |                           |                                    |                             |                           |                                    |
|  | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution |
|  | FULL-TIME                   |                           |                                    | PART-TIME                   |                           |                                    |
| <b>Employee</b>  | \$198.00                    | \$583.26                  | \$99.00                            | \$268.00                    | \$513.26                  | \$134.00                           |
| <b>Employee Plus Spouse</b>                                  | \$318.00                    | \$1,322.65                | \$159.00                           | \$466.00                    | \$1,174.65                | \$233.00                           |
| <b>Employee Plus Child(ren)</b>                              | \$232.00                    | \$1,252.40                | \$116.00                           | \$370.00                    | \$1,114.40                | \$185.00                           |
| <b>Family</b>  | \$378.00                    | \$2,043.92                | \$189.00                           | \$597.00                    | \$1,824.92                | \$298.50                           |

# Medical Plan 2 with Health Reimbursement Account (HRA)

| 2021 - Plan #2 with Health Reimbursement Account (HRA)   | OH HOSPITALS*  | PHYSICIANS AND ST. VINCENT** | UNITEDHEALTHCARE     | OUT-OF-NETWORK                         |
|--|--|------------------------------|----------------------|--|
| <b>EMPLOYER CONTRIBUTION (PER CALENDAR YEAR)</b>   |  |                              |                      |  |
| Individual   | \$500 credit per team member***                        |                              |                      |  |
| <b>DEDUCTIBLE (PER CALENDAR YEAR)</b>  |  |                              |                      |  |
| Individual   | \$250  |                              | \$1,000              | \$4,500                                |
| Family   | \$500  |                              | \$2,000              | \$9,000                                |
| <b>OUT-OF-POCKET MAXIMUM (PER CALENDAR YEAR - INCLUDES COPAYS, COINSURANCE AND DEDUCTIBLE AMOUNTS)</b>             |  |                              |                      |  |
| Individual   | \$4,500  |                              |                      | \$9,000                                |
| Family   | \$9,000  |                              |                      | \$18,000                               |
| <b>PHYSICIAN / PROFESSIONAL FEES - MEMBER PAYS</b>   |  |                              |                      |  |
| Primary Care Physician (Office Visit)  | N/A  | \$20 copay                   | \$30 copay           | Deductible, then \$25 copay, then 50%  |
| Specialist (Office Visit)  | N/A  | \$30 copay                   | \$40 copay           | Deductible, then \$35 copay, then 50%  |
| Charges Related to Office Visit (Lab, EKG, etc.)   | N/A  | Deductible, then 20%         |                      | Deductible, then \$250 copay, then 50% |
| Imaging (CT/PET Scans, MRIs, X-rays, etc.)   | N/A  | Deductible, then 20%         |                      | Deductible, then \$500 copay, then 50% |
| Professional Fees (Hospital Visits, Surgeon, Radiologist, Anesthesiologist, Pathologist, Allergy Injections, etc.) | N/A  | Deductible, then 20%         |                      | Deductible, then 50%                   |
| Urgent/Convenient Care   | N/A  | \$20 copay                   | Deductible, then 20% | Deductible, then \$25 copay, then 50%  |
| Preventive Care  | You pay 0% for covered, in-network preventive care**** |                              |                      | NOT COVERED                            |
| <b>HOSPITAL / FACILITY FEES - MEMBER PAYS</b>  |  |                              |                      |  |
| Inpatient Service (including Owensboro Health hospital-based facilities) *   | \$200 copay per admit                                  | Deductible, then 20%         |                      | Deductible, then \$750 copay, then 50% |
| Facility MRI   | Deductible, then 10%                                   | Deductible, then 20%         |                      | Deductible, then \$750 copay, then 50% |
| Facility Lab and X-ray   | Deductible, then 10%                                   | Deductible, then 20%         |                      | Deductible, then \$250 copay, then 50% |
| Bariatric Surgery  | \$200 copay  | Deductible, then 20%         |                      | Deductible, then \$750 copay, then 50% |
| Outpatient Surgical  | \$200 copay  | Deductible, then 20%         |                      | Deductible, then \$750 copay, then 50% |
| Outpatient Therapy (PT, OT, ST, etc.)  | Deductible, then 10%                                   | Deductible, then 20%         |                      | Deductible, then 50%                   |
| Other Outpatient Services  | Deductible, then 10%                                   | Deductible, then 20%         |                      | Deductible, then \$750 copay, then 50% |

\*Including hospital-based departments – see listing on Link under HR & Benefits.

\*\*St. Vincent physicians and facilities in Vanderburgh and Warrick Counties only.

\*\*\*If a team member elects coverage for spouse or dependent who is also a team member of Owensboro Health, Inc., the maximum employer contribution remains at \$500.

\*\*\*\*Covered preventive care is per ACA guidelines and can be found on Link under HR & Benefits.



| 2021 - Plan #2<br>with Health Reimbursement Account (HRA)                          | OH HOSPITALS*         | PHYSICIANS AND<br>ST. VINCENT** | UNITEDHEALTHCARE                                 | OUT-OF-NETWORK |
|--|-----------------------|---------------------------------|--|----------------|
| <b>EMERGENCY SERVICES - MEMBER PAYS</b>  |                       |                                 |  |                |
| True Emergency Care (Life threatening illness, accident, etc.)                     | Deductible, then 0%   | Deductible, then 10%            |  |                |
| Non-Emergency Care   | Deductible, then 10%  | Deductible, then 20%            | Deductible, then \$350 copay, then 50%           |                |
| Ambulance  | Deductible, then 10%  |                                 |  |                |
| <b>MATERNITY CARE - MEMBER PAYS</b>  |                       |                                 |  |                |
| Physician Charges Only (Office Visits, Delivery)                                   | N/A                   | Deductible, then 20%            | Deductible, then \$750 copay, then 50%           |                |
| Related Charges (Labs, etc.)   | N/A                   | Deductible, then 20%            | Deductible, then 50%                             |                |
| <b>MENTAL DISORDERS / SUBSTANCE ABUSE - MEMBER PAYS</b>                            |                       |                                 |  |                |
| Inpatient  | \$200 copay per admit | Deductible, then 20%            | Deductible, then 50%                             |                |
| Outpatient   | N/A                   | Deductible, then 20%            | Deductible, then \$25 copay, then 50%            |                |
| <b>OTHER - MEMBER PAYS</b>   |                       |                                 |  |                |
| Home Healthcare: Limited to 90 visits per calendar year. One visit equals 4 hours. | Deductible, then 0%   | Deductible, then 20%            | Deductible, \$50 copay, then 50%                 |                |
| Skilled Nursing Facility: Limited to a maximum of 120 days per calendar year       | \$200 copay per admit | Deductible, then 20%            | Deductible, \$50 copay, then 50%                 |                |
| Hospice  | N/A                   | Deductible, then 0%             | Deductible, then 50%                             |                |
| Human Organ/Tissue Transplant  | Deductible, then 0%   |                                 | Deductible, then 0% for UMR Center of Excellence | NOT COVERED    |
| Infertility  | Not Covered           |                                 |  |                |
| Freestanding Cath Lab Services   | N/A                   | Not Covered                     |  |                |
| Spinal Manipulations   | N/A                   | Deductible, then 20%            | Deductible, \$25 copay, then 50%                 |                |
| All other covered services and supplies  | Deductible, then 0%   | Deductible, then 20%            | Deductible, then 50%                             |                |

\*Including hospital-based departments – see listing on Link under HR & Benefits.

\*\*St. Vincent physicians and facilities in Vanderburgh and Warrick Counties only.

\*\*\*If a team member elects coverage for spouse or dependent who is also a team member of Owensboro Health, Inc., the maximum employer contribution remains at \$500.

\*\*\*\*Covered preventive care is per ACA guidelines and can be found on Link under HR & Benefits.

| <b>2021 MEDICAL RATES FOR PLAN 2 WITH HRA (TOBACCO FREE)</b> |                             |                           |                                    |                             |                           |                                    |
|--|-----------------------------|---------------------------|------------------------------------|-----------------------------|---------------------------|------------------------------------|
|  | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution |
|  | FULL-TIME                   |                           |                                    | PART-TIME                   |                           |                                    |
| Employee   | \$130.00                    | \$739.26                  | \$65.00                            | \$209.00                    | \$660.26                  | \$104.50                           |
| Employee Plus Spouse   | \$390.00                    | \$1,435.45                | \$195.00                           | \$566.00                    | \$1,259.45                | \$283.00                           |
| Employee Plus Child(ren)                                     | \$250.00                    | \$1,401.60                | \$125.00                           | \$380.00                    | \$1,271.60                | \$190.00                           |
| Family   | \$450.00                    | \$2,244.71                | \$225.00                           | \$701.00                    | \$1,993.71                | \$350.50                           |
| <b>2021 MEDICAL RATES FOR PLAN 2 WITH HRA (TOBACCO USER)</b> |                             |                           |                                    |                             |                           |                                    |
|  | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution | 2021 Employee Contributions | 2021 Company Contribution | 2021 Per Pay Employee Contribution |
|  | FULL-TIME                   |                           |                                    | PART-TIME                   |                           |                                    |
| Employee   | \$218.00                    | \$651.26                  | \$109.00                           | \$297.00                    | \$572.26                  | \$148.50                           |
| Employee Plus Spouse   | \$478.00                    | \$1,347.45                | \$239.00                           | \$654.00                    | \$1,171.45                | \$327.00                           |
| Employee Plus Child(ren)                                     | \$338.00                    | \$1,313.60                | \$169.00                           | \$468.00                    | \$1,183.60                | \$234.00                           |
| Family   | \$538.00                    | \$2,156.71                | \$269.00                           | \$789.00                    | \$1,905.71                | \$394.50                           |

# Prescription Drug Plan



The Prescription Drug Plan is included with both medical plans. Your medical and prescription expenses both accumulate towards your deductible. Please note there are different deductibles for in- and out-of-network pharmacies and two different in-network deductibles for Medical Plan 2.

| PRESCRIPTION DRUG PLAN*  |   |   |                         |
|--|---|---|-------------------------|
|  | Owensboro Health Outpatient Pharmacy**                  | In-Network Pharmacy***                                    | Out-of-Network Pharmacy |
| <b>Member Pays</b>   |   |   |                         |
| <b>RETAIL (30-day supply, not to exceed 100 units)</b>   |   |   |                         |
| <b>Generic – Formulary</b>   | \$10 copay after deductible                             | \$30 copay after deductible                               | Not covered             |
| <b>Brand – Formulary</b>   | 20% after deductible (\$30 min – \$125 max per script)  | 30% after deductible (\$60 min – \$250 max per script)    |                         |
| <b>Brand – Non Formulary</b>   | 50% after deductible (\$60 min – \$250 max per script)  | 50% after deductible (\$120 min – \$500 max per script)   |                         |
| <b>Excluded Medications</b>  | Not covered   |   |                         |
| <b>MAIL ORDER – (90-day supply)</b>  |   |   |                         |
| <b>Generic – Formulary</b>   | \$20 copay after deductible                             | \$60 copay after deductible                               | Not covered             |
| <b>Brand – Formulary</b>   | 20% after deductible (\$60 min – \$250 max per script)  | 30% after deductible (\$120 min – \$500 max per script)   |                         |
| <b>Brand – Non Formulary</b>   | 50% after deductible (\$120 min – \$500 max per script) | 50% after deductible (\$240 min – \$1,000 max per script) |                         |
| <b>Excluded Medications</b>  | Not covered   |   |                         |
| <b>SPECIALTY MEDICATIONS:</b> Specialty Medications MUST be filled through the MedImpact Specialty Pharmacy IF the prescription cannot be filled through the Owensboro Health Outpatient Pharmacy. Contact MedImpact for additional information. |   |   |                         |
| <b>Generic – Formulary</b>   | 50% after deductible (\$80 min – \$400 max per script)  | 50% after deductible (\$80 min – \$800 max per script)    | Not covered             |
| <b>Brand – Formulary</b>   |   |   |                         |
| <b>Brand – Non Formulary</b>   |   |   |                         |
| <b>Excluded Medications</b>  | Not covered   |   |                         |

\* This plan design is to be used with both medical plans — all In-network Pharmacy apply to in-network deductible for Medical Plan 1 (HSA)  
 \*\* Applies to Tier 1 and Tier 2 in-network deductibles (Owensboro Health facilities) for Medical Plan 2 (HRA)  
 \*\*\* Applies to Tier 3 deductible (UHC) for Medical Plan 2 (HRA)

## Owensboro Health Outpatient Pharmacy Express Scripts

### Contact Information Hours

Phone: 1-270-417-6701  
 Monday through Friday: 7 a.m. to 7 p.m. (CST).  
 Email: outpatient.pharmacy@owensborohealth.org  
 Saturday and Sunday: 9 a.m. to 5 p.m. (CST).

Generic prescriptions for certain medical conditions are available to you at no cost if you utilize the Owensboro Health Outpatient Pharmacy. To see a list of medical conditions and the applicable generic prescriptions, consult the HR & Benefits section of LINK. Plus you get discounts for non-prescription products sold at the Owensboro Health Outpatient Pharmacy.

Owensboro Health medical plan members have access to Express Scripts pharmacies nationwide including both chain and independent pharmacies. Contact Express Scripts for information on the pharmacies included in the network.

### Express Scripts Customer Contact Information

Phone: 1-877-886-1678  
 Website: [www.express-scripts.com/OwensboroHealth](http://www.express-scripts.com/OwensboroHealth)

Certain FDA-approved contraceptives, generic prescriptions, and brand name prescriptions without a generic alternative are available at no cost at any network pharmacy. A complete listing of these medications is located on Link or on the benefits website.



# Owensboro Health Network

## Dark Blue Area

- The dark blue area is referred to as “the footprint.”
- If you receive care from an Owensboro Health provider or Owensboro Health Network provider, professional fees will be covered as in-network.
- If you use a physician or provider that is not contracted with Owensboro Health Network, then the coverage is considered out-of-network.

## White Area

- If you receive care from an Owensboro Health physician or Owensboro Health Network provider, professional fees will be covered as in-network.
- If you use the UnitedHealthcare Network (UHC), coverage is in-network.
- If you use a provider that is not in the UnitedHealthcare Network, then the coverage is considered out-of-network.

Certain care or services may be excluded from coverage (e.g. other procedures performed in non-hospital/freestanding facilities, i.e., cardiac cath, etc.), or require prior authorization or certification from UMR. It is your responsibility as a plan member to determine whether your care is covered and/or requires prior approval. Contact UMR in advance of the service date to confirm whether additional information is needed from you or your provider.

## TO FIND AN OWENSBORO HEALTH NETWORK PROVIDER:

Visit <https://link.owensborohealth.org>. Go to HR + Benefits > 2021 Benefits > Find a Provider. This is located in the middle of the page under 2021 Benefit Resources.

**Benefits are NOT PROVIDED at select facilities and providers, including RIVERVIEW SURGERY CENTER, all DEACONESS HEALTH SYSTEM physicians and facilities, and all METHODIST physicians and facilities.\***

*\*Excluding emergency*



- St. Vincent physicians and facilities in Vanderburgh and Warrick counties are considered in-network.
- Owensboro Surgery Center is considered in-network.

# HSA, HRA & FSA

## Health Savings Account (HSA)

If you enroll in Medical Plan 1, you are eligible to open and contribute to a Health Savings Account or "HSA." An HSA is an individually-owned, tax-advantaged bank account that you can use to pay for qualified medical expenses now or in the future. It is intended to help you cover out-of-pocket medical expenses until you meet your deductible.

You fund your account through pre-tax payroll deductions up to the annual IRS limits. If you're over 55, the IRS allows you to contribute an additional \$1,000. Consult IRS Publication 969 or speak with your accountant regarding your own personal contributions and tax situation. For 2021, Owensboro Health provides a matching contribution of up to \$500 to your account. Owensboro Health's and your contributions combined cannot exceed the IRS limits for 2021. Watch [LINK](#) for information regarding 2021 IRS limits.

Since the HSA is a tax-advantaged account, the IRS has certain restrictions about who is eligible to open or contribute to an HSA. You are not eligible if you are:

- Covered by a low deductible health plan, including your spouse's
- Covered under Medicare, Medicaid, or Tricare
- Enrolled in a regular Healthcare Flexible Spending Account, including your spouse's
- Claimed as a dependent on someone else's tax return

You can use your HSA to pay for qualified healthcare expenses throughout the year, or you can save it for future qualified expenses. At the end of the year, any unspent balances remain in the account. Because you own the account, it is portable if you leave the organization. Your account can also be invested in mutual funds and the growth and earnings are tax-free.

## Health Reimbursement Account (HRA)

If you enroll in Medical Plan 2, you are eligible for a Health Reimbursement Account or "HRA." This account is established and funded by Owensboro Health to help you pay for out-of-pocket medical and prescription expenses only.

Owensboro Health will fund your HRA up to \$500 as you incur claims. Unlike the HSA, you cannot make contributions to your HRA. However, you can enroll in the Flexible Spending Account, which can be used to pay for eligible medical, prescription, dental, and vision expenses. If you do not reach up to \$500 in claims in the HRA in 2021, the money will carry over up to a maximum of \$1,000, if you elect Plan 2 the following year. The HRA is employer-owned.

## Flexible Spending Account (FSA)

The Healthcare Flexible Spending Account or "FSA" allows you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare expenses such as copays, deductibles, prescriptions, dental expenses, and vision expenses.

You fund your account through pre-tax payroll deductions up to the 2021 IRS limit. Any contributions made to an FSA during the year must be used during the plan year. Claims must be incurred by December 31, 2021. Amounts that are not used during the plan year will be forfeited at the end of the year. If you are enrolled in Medical Plan 2, remember to account for the \$500 Owensboro Health will contribute to your HRA if you have medical claims.

*Note: If you contribute to an HSA or receive contributions to your HSA by Owensboro Health, neither you nor your spouse can participate in the Healthcare FSA. The IRS prohibits an individual from having a Healthcare FSA and an HSA at the same time.*







Owensboro Health offers three dental plans from which to choose: Low, Medium, or High. All three plans cover in-network and out-of-network dentists. However, in-network dentists have agreed to provide dental care at reduced fees under the plan. If you use a dentist outside the Delta Dental network, you will be responsible for Reasonable/Usual and Customary (R&C) fees, which are usually higher than negotiated fees. For additional plan information or to locate a provider, visit the Delta Dental website [www.deltadentalky.com](http://www.deltadentalky.com) (dental network "PPO" or "Premier").

| DELTA DENTAL PLANS   |                    |                |                    |                |                    |                |
|--|--------------------|----------------|--------------------|----------------|--------------------|----------------|
|  | LOW OPTION         |                | MEDIUM OPTION      |                | HIGH OPTION        |                |
|  | In-Network         | Out-of-Network | In-Network         | Out-of-Network | In-Network         | Out-of-Network |
| <b>Deductible</b><br>Minor and Major Services  | \$0                | \$0            | \$0                | \$0            | \$0                | \$0            |
| <b>Annual/Calendar Year Maximum</b>  | \$1,000 per person |                | \$1,500 per person |                | \$1,500 per person |                |
| <b>Orthodontia Lifetime Benefit</b>  | N/A                |                | N/A                |                | \$1,500 per person |                |
| <b>Routine Diagnostic/Preventive Care</b><br>Exams, Cleanings, X-rays, Sealants                    | 100%               | 100%           | 100%               | 100%           | 100%               | 100%           |
| <b>Minor Services</b><br>Simple Extractions, Fillings, Oral Surgery, Denture Repairs, Root Canals* | 50%                | 50%            | 50%                | 50%            | 70%                | 70%            |
| <b>Major Services</b><br>Crowns, Prosthetics, Periodontic Services, Implants**                     | Not covered        |                | 50%                | 50%            | 50%                | 50%            |
| <b>Orthodontia***</b>  | Not covered        |                | Not covered        |                | 50%                | 50%            |

*Coinsurance in this chart refers to the percentage of costs the dental plan will pay. The remaining percentage is the member's responsibility.*

*\* Low option does not provide coverage for root canals.*

*\*\* Medium option does not provide coverage for implants.*

*\*\*\* Orthodontia benefits are covered for dependent children to the end of the month in which they reach age 19.*

| 2021 DENTAL RATES               |                      |               |             |
|---------------------------------|----------------------|---------------|-------------|
|                                 | 2021 MONTHLY PREMIUM |               |             |
|                                 | LOW OPTION           | MEDIUM OPTION | HIGH OPTION |
| <b>Employee</b>                 | \$16.84              | \$25.24       | \$28.98     |
| <b>Employee Plus Spouse</b>     | \$34.88              | \$53.00       | \$60.84     |
| <b>Employee Plus Child(ren)</b> | \$44.86              | \$75.72       | \$86.94     |
| <b>Family</b>                   | \$56.46              | \$88.34       | \$101.42    |

Participants enrolled in the Delta Dental program are eligible for a vision discount program through Vision Service Plan (VSP). The discount plan can be used for eye exams, materials, and more. For information, contact VSP at 1-800-877-7195. Note: this program is NOT an insurance plan.

# Vision Plan

Owensboro Health offers vision benefits through EyeMed. To locate a list of participating providers, obtain claim forms for reimbursement, and view plan benefit information, go to the EyeMed website at [www.eyemed.com](http://www.eyemed.com) and choose the Insight Network.

| EYEMED VISION PLAN                     |  |                |
|--|--|----------------|
|  | In-Network   | Out-of-Network |
| <b>Exam with Dilation as Necessary</b> | \$10 copay   | \$50           |
| <b>Frames</b>                          | \$0 copay; \$140 allowance, 20% off balance over \$140 | \$80           |
| <b>Lenses</b>                          |  |                |
| Single Vision                          | \$25 copay   | \$50           |
| Bifocal                                | \$25 copay   | \$70           |
| Trifocal                               | \$25 copay   | \$90           |
| <b>Contact Lenses*</b>                 |  |                |
| Conventional                           | \$0 copay; \$150 allowance, 15% off balance over \$150 | \$150          |
| Disposable                             | \$0 copay; \$150 allowance, plus balance over \$150    | \$150          |
| Medically Necessary                    | \$0 copay, paid-in-full                                | \$210          |
| <b>Frequency</b>                       |  |                |
| Exam                                   | Once every calendar year                               |                |
| Frames                                 | Once every calendar year                               |                |
| Lenses or Contact Lenses               | Once every calendar year                               |                |

\* Contact lens allowance includes materials only.

| 2021 VISION RATES               |                      |
|---------------------------------|----------------------|
|                                 | 2021 MONTHLY PREMIUM |
| <b>Employee</b>                 | \$8.92               |
| <b>Employee Plus Spouse</b>     | \$16.94              |
| <b>Employee Plus Child(ren)</b> | \$17.84              |
| <b>Family</b>                   | \$26.24              |

EyeMed participants are eligible for a hearing test discount through Amplifon. The discount includes 40% off hearing exams as well as discounts on hearing aids at locations nationwide. Call 1-844-526-5432 to find a provider. Note: this program is NOT an insurance plan.







## Life and Accidental Death & Dismemberment Insurance

Owensboro Health provides company-paid Basic Life and Accidental Death and Dismemberment (AD&D) coverage to full-time and part-time team members. Full-time team members will receive coverage equal to 1.5 times their annual salary up to a maximum of \$500,000. Part-time team members will receive a Life and AD&D benefit in the amount of \$25,000.

The IRS requires Owensboro Health to report the value of any company-paid life insurance benefit provided in excess of \$50,000 per year. The IRS also requires that Owensboro Health subject this amount to an age-based imputed income tax. This tax is reflected on your payroll statement as "Group Term Life" (GTL).

## Supplemental Life and Accidental Death & Dismemberment Insurance

To supplement the company-paid Life and AD&D Insurance benefits, full-time and part-time team members are able to purchase Supplemental Life and AD&D Insurance. New elections for team member and spouse will require Evidence of Insurability (EOI).

**Team Member:** Coverage may be purchased in increments of \$10,000 up to five times your annual pay to a maximum of \$300,000, whichever is less. Rates are based on your age as of January 1, 2021. Current participants can increase coverage by 1 level if under the Guaranteed Issue limit of \$300,000 or five times salary, whichever is less without having to complete EOI.

**Spouse:** Coverage for your spouse may be purchased in increments of \$5,000, up to a maximum of \$150,000, not to exceed 50 percent of the team member amount. Rates are based on the team member's age as of January 1, 2021. Current participants can increase coverage by 1 level if under the Guaranteed Issue limit of \$75,000 or 1/2 of the team member's coverage amount, whichever is less without having to complete EOI.

**Dependent Child:** Coverage for your child(ren) may be purchased in the amount of \$5,000 or \$10,000, not to exceed 100 percent of the team member's Supplemental Life amount. Coverage can be provided up to age 26.

# Life and Disability Plans

**Note:** You must purchase Team Member Supplemental Life Insurance in order to be able to purchase coverage for your spouse and/or child(ren).

**Age Reduction:** Benefit amount will be reduced according to the following schedule:

- Benefit reduces to 55% at age 70
- Benefit reduces to 35% at age 75
- Benefit reduces to 27% at age 80

## Portable Life Insurance

Basic Life and Supplemental Life coverage is portable up to the age of 70. If you terminate your employment with Owensboro Health, you will receive a package in the mail from Unum with instructions on how to continue your coverage. If you have questions, please contact Unum at 1-800-445-0402 for clarification.

## Short-Term Disability Insurance

Short-Term Disability (STD) Insurance replaces a portion of your salary if you are unable to work due to a covered injury or illness. Benefits begin after the elimination period of 14 calendar days. Benefits are payable up to 26 weeks.

Owensboro Health provides company-paid STD coverage to full-time team members in an amount equal to 60 percent of your base pay to a maximum of \$2,500 per week.

Part-time team members may purchase voluntary STD coverage in an amount of 50 or 60 percent of your base pay to a maximum of \$750 per week.

## Long-Term Disability Insurance

Long-Term Disability (LTD) Insurance replaces a portion of your salary if your disability continues beyond the period covered by Short-Term Disability Insurance. The benefit begins after you have been disabled 180 days.

LTD Insurance is offered as a voluntary benefit to full-time and part-time team members. You can enroll in either a 50 percent or a 60 percent base salary LTD benefit with a maximum monthly benefit of \$7,500. The benefit begins after 180 days of disability and is coordinated with Social Security, Workers Compensation, etc.

# Supplemental Health Plans

## Critical Illness Insurance

Critical Illness Insurance can reduce the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. You choose the benefit amount when you enroll. Coverage is portable. You can take your policy with you if you change jobs or retire.

## Accident Insurance

Accident Insurance pays a benefit directly to you if you or an eligible dependent suffers a covered injury. This benefit can help cover out-of-pocket expenses related to these injuries — such as hospitalization, physical therapy, transportation and more. There are no health questions or physical exams required. Coverage is portable. You can take your policy with you if you change jobs or retire.

## Hospital Indemnity Insurance

Hospital Indemnity Insurance can help protect your finances by providing payments to help cover eligible expenses associated with a hospital stay. You can use this benefit however you choose — deductibles, coinsurance or even non-medical expenses, such as rent or mortgage, car payments or child care. Benefits are paid in addition to any other insurance you may have, and this protection is available at a competitive cost.

*The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations that may affect any benefits payable.*



## Wellness Program

Our wellness program is available to all Owensboro Health team members. We provide educational opportunities, as well as activities to promote wellness throughout our organization. Activities include wellness events, on-site biometric screenings, blood drives and more. We have a Wellness Champion program extending to all areas of our health system. The Wellness Champion in your department acts as the liaison to share wellness information and upcoming opportunities.

- **Virgin Pulse:** Our vendor is Virgin Pulse. Review Link for more information.
- **Freedom From Smoking:** The American Lung Association's Freedom From Smoking program is for individuals who are ready to quit smoking. For information, call 1-270-688-3291.
- **Real Appeal:** This online program is offered at no cost to team members and covered spouses with a BMI of 23 or higher. It includes online group sessions, a Success Kit containing workout DVDs, recipes, and kitchen items, and online tools to help monitor food intake, activity and weight-loss progress. For information, call 1-844-924-7325.
- **LifeSteps:** This program enables participants to develop personalized eating and physical activity plans, which incorporate small changes that add up to big changes for a lifetime! For information, call 1-270-688-4852.
- **Diabetes Prevention Program:** Lifestyle coaches can help you make lasting lifestyle changes, like eating healthier, increasing physical activity, and improving coping skills. For information, call 1-270-688-4852.
- **Corporate Fitness Membership:** Owensboro Health will pay the full cost of membership for full-time and part-time team members at the Healthpark, Central City Convention Center or Hopkins County YMCA. Spouses and family members are also eligible. Team members are responsible for required taxes.





# Additional Benefits

## Paid Time Off

Owensboro Health offers paid time off (PTO) to full-time and part-time team members. PTO can be used for vacation, doctor's appointments, illnesses including satisfaction of the elimination period for short-term disability if applicable, holidays, and personal reasons. Refer to company policies for more details.

## Know Your Rx

Know Your Rx provides education to team members about lower-cost alternative therapies and/or identifies the lowest-cost option for obtaining a specific prescription. Know Your Rx also serves as an educational resource to covered team members and dependents for questions related to medications as relates to adverse reactions, drug interactions, or other general information.

## College Savings Plan

The 529 College Savings Plan allows you to set aside funds for tuition, room and board, books and other fees for a student to attend an accredited institution of higher education. Funds grow tax-free, and withdrawals are federal income tax-free. The maximum lifetime contribution is \$395,000. There are no annual limits, only the maximum lifetime limit. For more information, call 1-877-615-4116 or visit [www.invesco.com/college-bound-529-plan/](http://www.invesco.com/college-bound-529-plan/).

## Community Nurse Line

The Owensboro Health Call Center has a Community Nurse Line which allows you to speak to a nurse 24 hours a day, 7 days a week, about current health issues or symptoms you or a family member may be experiencing. Call 1-877-888-6647.

## Employee Assistance and Counseling Services

The Employee Assistance Program (EAP) provides no cost confidential counseling sessions to all team members, spouses and qualified dependents. Appointments are available at the Healthpark in Owensboro and at MultiCare in Madisonville.

Counseling services are available to address issues, including family, marriage and parenting worries, substance abuse issues, workplace crises and conflicts, interpersonal relationships, dealing with chronic illness, grief counseling, depression, anxiety and other emotional stress. To access the EAP, call 1-270-688-1547 or 1-800-711-5752. Visits are limited to six sessions per family member, per issue, per calendar year.

## Travel Assistance Program

Whenever you travel 100 miles or more from home be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies, etc. For more information call, 1-800-872-1414 (in the US) or 1-609-986-1234 (outside the US). Reference # 01-AA-UN-762490.

## Contacts

| BENEFIT  | PROVIDER   | PHONE NUMBER                                       | WEBSITE OR EMAIL ADDRESS  |
|--|--|--|---|
| <b>Benefit Questions and Assistance</b>                  | Owensboro Health Benefits Center                     | 1-888-236-6014                                     | mybenefitquestions@owensborohealth.org  |
| <b>Enrollment</b>  | bswift   | 1-888-236-6014                                     | https://signin.owensborohealth.org/bswift   |
| <b>Medical - Nurseline - Pre-Certifications</b>          | UMR  | 1-800-207-3172<br>1-877-950-5083<br>1-866-494-4502 | www.umar.com<br>Owensboro Health Facility & Providers: Choose Owensboro Health Network<br>In-Network Providers: Choose UnitedHealthcare Choice Plus network |
| <b>Health Savings Account (HSA)</b>                      | HealthEquity   | 1-877-915-3233                                     | www.myhealthequity.com  |
| <b>Health Reimbursement Account (HRA)</b>                | UMR  | 1-800-207-3172                                     | www.umar.com  |
| <b>Flexible Spending Account (FSA)</b>                   | HealthEquity   | 1-877-915-3233                                     | www.myhealthequity.com  |
| <b>Pharmacy</b>  | Owensboro Health Outpatient Pharmacy Express Scripts | 1-270-417-6701<br>1-877-886-1678                   | outpatient.pharmacy@owensborohealth.org<br>www.express-scripts.com/owensborohealth  |
| <b>Know Your Rx</b>                                      | Know Your Rx   | 1-855-218-5979                                     | www.KYRx.org  |
| <b>Dental</b>  | Delta Dental   | 1-866-480-4871                                     | www.deltadentalky.com<br>Choose "Premier or PPO" Network  |
| <b>Vision</b>  | EyeMed   | 1-866-723-0513                                     | www.eyemedvisioncare.com  |
| <b>Disability (STD, LTD)</b>                             | Unum   | 1-866-779-1054                                     | www.unum.com  |
| <b>Leave of Absence</b>                                  | Unum   | 1-866-779-1054                                     | www.unum.com  |
| <b>Life Insurance</b>                                    | Unum   | 1-800-445-0402                                     | www.unum.com  |
| <b>Accident, Critical Illness and Hospital Indemnity</b> | Cigna  | 1-800-754-3207                                     | https://my.cigna.com  |
| <b>Retirement</b>  | Prudential   | 1-877-778-2100                                     | prudential.com/online/retirement  |
| <b>College Savings</b>                                   | CollegeBound 529                                     | 1-877-615-4116                                     | www.invesco.com/college-bound-529-plan/   |
| <b>COBRA</b>   | UMR  | 1-800-207-1824                                     | N/A   |
| <b>Tobacco Cessation Program</b>                         | Owensboro Health                                     | 1-270-688-3291                                     | Shiloh.Fisher@owensborohealth.org   |

Every effort has been made to ensure this information is accurate. However, the plans are governed by legal documentation and insurance contracts. If there is any difference between the information in this guide and the official plan document, the plan document rules. If changes in the plans are necessary to comply with the law or IRS regulations, you will be notified. Owensboro Health reserves the right to change or terminate any of the plans at any time. Enrollment in these benefits is not a guarantee of benefits or continued employment.

**Need assistance with enrollment? Call Owensboro Health Benefits Center at 1-888-236-6014.**