

**Southern Ohio
Medical Center**

Very Good things are happening here

Benefits *At A Glance* 2009



Revised January 2009

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Medical Center**

Very Good things are happening here

Benefit	Description	Eligibility	Cost
<p>Direct Deposit</p> <p>For information call Mary Anderson at ext. 8118</p>	<p>Your earnings are transferred directly into your checking or savings account via electronic transfer.</p>	<p>All employees.</p>	<p>No cost to employees.</p>

Benefit	Description	Eligibility	Cost
<p>Additional Benefits</p> <p>For information call Ellen Devins at ext. 8380</p>	<ul style="list-style-type: none"> • Credit Union –DESCO • Holiday Savings Account –DESCO • Payroll deduction - cafeteria meals - various sales - Gift Gallery • Discounted LIFE Center Membership • Discounted AAA Membership • Sam's Club Membership • Weight Watchers • Shift Differential • Jury Duty/Military Leave • Bereavement Leave • Employee Health Services • Individualized Orientation • Free Parking • Cafeteria Discounts • Worker's Compensation • Unemployment Insurance • Off Site Parking Incentives • Employee Emergency Relief Fund • Annual Service Awards Banquet • Reward and Recognition Programs • Christmas Buffet • Paid Time Off • PTO Sick Days • Donation of PTO • Healthy Partners Discount • AT&T Discount (84509) • Sprint Discount (0018717214) • Local Merchant Rewards Program • VPI Pet Insurance • Adoption Reimbursement • Continuing Education Units 	<p>All employees. Varies by benefit.</p>	<p>Cost and eligibility of these additional benefits vary. Please contact Human Resources for further information.</p>

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Benefit	Description	Eligibility	Cost
<p>Employee Assistance Program (EAP)</p> <p>For information contact EAP at ext. 8425</p>	A confidential assessment, treatment and referral service offering help to employees and members of their immediate families who have psychosocial problems that may disrupt family, job and overall well being.	All employees and their dependents.	No cost to employees.

Benefit	Description	Eligibility	Cost
<p>Prepaid Legal and Identity Theft Shield</p> <p>For information contact Wendell Beculheimer 877-624-4470 or call Tonya Messer at ext. 8745</p>	<p>Comprehensive plan that offers members the ability to contact an attorney to assist them with legal questions, document review, traffic violations and similar issues 24-hours a day, 7-days a week. Includes preparation of a will for employee and their spouse.</p> <p>Identity theft protection may be purchased separately or in addition to the pre-paid legal services.</p>	All employees.	<p>Pre-paid Legal \$7.88 per pay</p> <p>Identity Theft \$ 6.48 per pay</p> <p>Pre-paid Legal and Identity Theft \$12.85 per pay</p>

Benefit	Description	Eligibility	Cost																								
<p>Paid Time Off</p> <p>For information call Ken Applegate at ext. 8594</p>	<p>Paid Time Off (PTO) provides time away from your work responsibilities for vacations, holidays and personal needs.</p> <p>PTO is accrued per each hour worked and varies depending upon years of service according to the following schedule:</p> <table border="0"> <tr> <td style="color: #0070C0;"><u>Years of Service</u></td> <td style="color: #0070C0;"><u>Max Annual Accrual</u></td> </tr> <tr> <td>Hourly</td> <td></td> </tr> <tr> <td>0 – 4</td> <td>152 hours</td> </tr> <tr> <td>5 – 13</td> <td>192 hours</td> </tr> <tr> <td>14 – 19</td> <td>232 hours</td> </tr> <tr> <td>20+</td> <td>272 hours</td> </tr> <tr> <td>Salary/Supervisory</td> <td></td> </tr> <tr> <td>1 – 9</td> <td>192 hours</td> </tr> <tr> <td>10 – 19</td> <td>232 hours</td> </tr> <tr> <td>20+</td> <td>272 hours</td> </tr> <tr> <td>Directors</td> <td></td> </tr> <tr> <td>20+ years</td> <td>272 hours</td> </tr> </table>	<u>Years of Service</u>	<u>Max Annual Accrual</u>	Hourly		0 – 4	152 hours	5 – 13	192 hours	14 – 19	232 hours	20+	272 hours	Salary/Supervisory		1 – 9	192 hours	10 – 19	232 hours	20+	272 hours	Directors		20+ years	272 hours	All regular full-time, part-time, and contingent employees are eligible for paid time off.	No cost to employees.
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Overview

This document provides you with an overview of the various benefits available at Southern Ohio Medical Center. Due to space limitations, it is impossible to list complete details for each benefit. For additional information concerning a particular benefit plan, consult your Summary Plan Document or you may call the contact number listed for that benefit.

Eligibility

Eligibility varies for each benefit plan. Be sure to review the eligibility for each benefit or call Ellen Devins at ext. 8380 for further information. Enrollment forms, where required, must be completed and returned to Human Resources within 30 days from your date of hire or the date you become eligible.

Events that Effect Your Benefits

In order to properly maintain your benefit plans, it is imperative that your personal information on file in Human Resources is current and accurate. It is your responsibility to notify HR immediately in the event of any of the following changes/events:

- Employment status (i.e., part-time to full-time)
- Marital status (marriage or divorce)
- Birth or adoption of a child
- Death of a dependent
- Ineligibility of a dependent (i.e., age, marriage, student status, etc.)
- Address/phone number/name
- Loss of, or becoming newly eligible for, other coverage (through spouse, parent, etc.)
- Beneficiary
- Banking institution or account number (direct deposit)

Note: For most changes, notification to Human Resources must be completed within 30 days of the change/event in order to make the change effective.

In the Event You Decide to Leave SOMC

If for any reason you decide to end your employment relationship with SOMC, please notify Human Resources at ext. 7231 as soon as possible. HR will schedule an exit interview with you to discuss all your benefits and answer any questions you may have regarding the status of each benefit.

The information contained in this document is subject to change with or without notice.

Benefit	Description	Eligibility	Cost
<p>Online Homework Help</p> <p>Tutor.com http://somc.org/employee/</p> <p>For more information call Ellen Devins at ext. 8380</p>	<p>Online Homework Help provides live tutoring assistance, in many subjects, to students in kindergarten through the first year of college. Subject experts will assist students in a variety of ways, including charts, graphs and referrals to other Internet resources, to find answers to their questions and make learning easier and more enjoyable.</p> <p>Assistance is available from both English- and Spanish-speaking tutors from 2 to 10 p.m., seven days a week (excluding holidays).</p>	<p>All employees and their children.</p>	<p>SOMC provides this benefit at no cost to employees and/or their children.</p>

Benefit	Description	Eligibility	Cost
<p>Sick Child Care “TLC” Program</p> <p>For information call Pediatrics at ext. 8341</p>	<p>Daycare services for your sick children are provided in the Pediatrics Department. Availability is determined by patient census, on a first/come, first/serve basis.</p>	<p>All employees.</p> <p>Employees must pre-register their children. Forms are available in Human Resources and/or Pediatrics.</p>	<p>Only sick children will be accepted. Services cost \$1 per hour.</p>

Benefit	Description	Eligibility	Cost
<p>SOMC Employee Auto & Home Insurance</p> <p>For information contact Travelers Insurance 888-695-4640</p> <p>or call Tonya Messer at ext. 8745</p>	<p>Special group rates and discounts available for auto and home insurance. Convenient payment options available including payroll deduction.</p>	<p>All full-time and part-time employees.</p>	<p>Plan cost varies depending upon coverage selected.</p>

Benefit	Description	Eligibility	Cost
<p>Educational Assistance</p> <p>For information call Mary Anderson at ext. 8118</p>	<p>SOMC provides selected applicants with educational assistance (books and late fees excluded) for approved courses of study.</p> <p>Must be pursuing a degree or education in a position defined as “hard to fill.”</p> <p>One-hundred percent tuition assistance is available for RN, BSN, MLT, RT, LPN and MSW degrees (limitations and/or maximums may apply).</p> <p>Other courses may be eligible for 50 percent reimbursement.</p>	<p>Regular full-time, part-time, contingent or flex employees who have successfully completed the 90-day introductory period. Graduate degrees eligible after one year of continuous services</p>	<p>A work commitment, based on hours worked, following completion of degree/course work is required.</p>

Benefit	Description	Eligibility	Cost
<p>Scholars Program</p> <p>For information call Mary Anderson at ext. 8118</p>	<p>Educational assistance is available to children, step-children and spouses of current SOMC employees. 100 percent tuition assistance is available for RN, MLT, RT, US and LPN, up to \$5,200 per year (based on available funding).</p>	<p>Children, step-children and spouses of current SOMC employees.</p> <p>Employee must have completed one year of service.</p>	<p>A work commitment, based on hours worked, following completion of degree/course work is required.</p>

Benefit	Description	Eligibility	Cost
<p>Stipend Program</p> <p>For information call Mary Anderson at ext. 8118</p>	<p>Approved programs may qualify for payment of tuition, room and board and limited living expenses while attending school.</p>	<p>Eligibility is determined on a case-by-case basis.</p>	<p>A work commitment, based on hours worked, following completion of degree/course work is required.</p>

Benefit	Description	Eligibility	Cost
<p>529 College Savings Plan</p> <p>Edward Jones Contact Barry Rodbell at 740-353-0363</p>	<p>The College Advantage 529 College Savings Plan allows employees to set aside funds, through payroll deduction for future education needs. Five different savings funds are available, based on the investment strategy that fits your comfort level.</p>	<p>All employees are eligible to participate on the first day of hire.</p>	<p>Minimum contribution of \$15 per month.</p>

Leave of Absence

Southern Ohio Medical Center recognizes that occasionally employees need extended time away from work due to special circumstances or needs. To accommodate those needs, SOMC provides the following types of leave:

- FMLA (Family and Medical Leave Act)
- Maternity
- Personal
- Educational
- Military
- Others as approved at the hospital’s sole discretion

While on an approved leave of absence, your seniority and benefits are protected.

Your Responsibilities While On a Leave

- Notify your supervisor of your need for a leave of absence
- Provide beginning and ending dates
- Complete the appropriate leave request form (Request for Leave or Employee Status Change)
- Provide medical certification and periodic updates (at least every 30 days) for all FMLA requests
- Questions regarding FMLA should be directed to Human Resources (ext. 8745)
- Continue to pay your normal medical/dental insurance premium by the first of each month during your leave of absence to maintain coverage
- Contact Matt Nelson at Great West regarding 403(b) loan arrangements at 1-800-284-0444
- Contact HR (ext. 8380) regarding your other payroll deductions
- Notify HR (ext. 8380) immediately of any change effecting your benefits
- Enrollment of new dependents must be completed within 30 days of the event (birth, adoption, marriage)
- Consult with SOMC Personnel Policies and Procedures manual, located on the SOMC Intranet or contact HR (ext. 8745) for complete details of all leaves of absence

When You Return From Leave

- You must provide a fitness-for-duty certificate from your physician to Human Resources
- If you are released for duty with restrictions (i.e., hours, duties, etc) you must consult Employee Health before returning.
- Provide HR and your department with as much advance notice as possible of your return to work date

Worker’s Compensation

SOMC provides protection for employees injured at work through the Workers’ Compensation Program. If you are injured at work, regardless of how minor the injury is, you must notify your supervisor immediately and complete an employee incident report. Questions regarding Workers’ Compensation should be directed to Safety Services at ext. 8568.

Benefit	Description	Eligibility	Cost																																	
Medical Insurance SOMC Standard SOMC Select For claims and benefit coverage contact UMR 800-950-4867 umr.com To find out if your physician or a hospital is in the network, contact Provider Network HealthReach 800-455-4460 ohiohealthgroup.com If not in the HealthReach Network, contact Beechstreet 800-432-1776 beechstreet.com For Pharmacy information contact Pharmacy Services 800-997-3784 catalystrx.com or call Ellen Devins at ext. 8380	Comparing the Features <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Standard</u></td> <td style="text-align: center;"><u>Select</u></td> </tr> <tr> <td>Choice of provider:</td> <td>Freedom to choose any doctor or hospital either in or out of the network</td> <td>Freedom to choose any doctor or hospital either in or out of the network</td> </tr> <tr> <td>Use of specialists:</td> <td>No referral required</td> <td>No referral required</td> </tr> <tr> <td>Services out of network:</td> <td>Reduced benefits</td> <td>Reduced benefits</td> </tr> <tr> <td>Office visit (co-pay):</td> <td>\$20 PCP \$40 specialist</td> <td>\$15 PCP \$30 specialist</td> </tr> <tr> <td>ER co-pay:</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>Urgent Care co-pay:</td> <td>\$25</td> <td>\$25</td> </tr> </table> Pharmacy Benefit (same) <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>SOMC</u></td> <td style="text-align: center;"><u>Other</u></td> </tr> <tr> <td>Generic:</td> <td>\$5/prescrpt.</td> <td>\$15/prescrpt.</td> </tr> <tr> <td>Preferred name brand:</td> <td>\$20/prescrpt.</td> <td>\$30/prescrpt.</td> </tr> <tr> <td>Non-preferred name brand:</td> <td>\$35/prescrpt.</td> <td>\$45/prescrpt.</td> </tr> </table> <ul style="list-style-type: none"> • Generic mandate will be applied • 90-day supply of maintenance drugs available for two times the normal co-pay • Maintenance drugs available through SOMC Pharmacy only • Restricted Pharmacy Network Applies 		<u>Standard</u>	<u>Select</u>	Choice of provider:	Freedom to choose any doctor or hospital either in or out of the network	Freedom to choose any doctor or hospital either in or out of the network	Use of specialists:	No referral required	No referral required	Services out of network:	Reduced benefits	Reduced benefits	Office visit (co-pay):	\$20 PCP \$40 specialist	\$15 PCP \$30 specialist	ER co-pay:	\$100	\$100	Urgent Care co-pay:	\$25	\$25		<u>SOMC</u>	<u>Other</u>	Generic:	\$5/prescrpt.	\$15/prescrpt.	Preferred name brand:	\$20/prescrpt.	\$30/prescrpt.	Non-preferred name brand:	\$35/prescrpt.	\$45/prescrpt.	Eligibility begins on the first day of the month after hire date. Annual open enrollment held November 1—30. Regular full-time and regular part-time employees (approved for 32 hours/pay).	Employee premiums are deducted from each pay on a pre-tax basis: SOMC Standard FT Single \$25.17/pay FT EE+Ch \$46.34/pay FT EE+Sp \$50.75/pay FT Family \$59.02/pay PT Single \$33.69/pay PT EE+Ch \$63.27/pay PT EE+Sp \$67.68/pay PT Family \$81.60/pay SOMC Select FT Single \$39.05/pay FT EE+Ch \$71.44/pay FT EE+Sp \$77.64/pay FT Family \$123.91/pay PT Single \$51.32/pay PT EE+Ch \$97.32/pay PT EE+Sp \$106.52/pay PT Family \$164.98/pay <i>Rates effective 01/01/09</i>
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Dental For information contact UMR 800-950-4867 umr.com or call Ellen Devins at ext. 8380	Plan Benefits <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Calendar Year</u></td> <td style="text-align: center;"><u>Co-pay Percentage</u></td> <td style="text-align: center;"><u>Max. Benefits</u></td> </tr> <tr> <td>Service</td> <td>Deductible</td> <td></td> <td></td> </tr> <tr> <td>Preventative/diagnostic treatment</td> <td>NONE</td> <td>0%</td> <td>2 cleanings per cal. year</td> </tr> <tr> <td>Basic treatment</td> <td>\$50 per person</td> <td>20%</td> <td rowspan="2">\$1,000 per year</td> </tr> <tr> <td>Major treatment</td> <td>\$50 per person</td> <td>50%</td> </tr> <tr> <td>Orthodontic treatment</td> <td>NONE</td> <td>40%</td> <td>\$1,500 lifetime</td> </tr> </table>		<u>Calendar Year</u>	<u>Co-pay Percentage</u>	<u>Max. Benefits</u>	Service	Deductible			Preventative/diagnostic treatment	NONE	0%	2 cleanings per cal. year	Basic treatment	\$50 per person	20%	\$1,000 per year	Major treatment	\$50 per person	50%	Orthodontic treatment	NONE	40%	\$1,500 lifetime	Eligibility begins on the first day of the month after hire date. Annual open enrollment held November 1—30. Regular full-time and regular part-time employees (approved for 32 hours/pay).	Dental Premiums FT Single \$2.78/pay FT EE+Ch \$6.35/pay FT EE+Sp \$6.35/pay FT Family \$6.35/pay PT Single \$3.54/pay PT EE+Ch \$8.90/pay PT EE+Sp \$8.90/pay PT Family \$8.90/pay <i>Rates effective 01/01/09</i>
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Cash Balance Retirement Plan For information call Ellen Devins at ext. 8380	The Cash Balance Plan is a retirement plan fully funded by SOMC. Employees earn 100% vesting after 3 years of service. Normal retirement at age 65 with at least 3 years of vesting service, or early retirement at age 55 with at least 3 years of service. Benefit grows during the course of employment through service and interest credits. Service credits are a percent of pay and increase with years of service. Interest credits are applied each year a balance is in the fund. A Lump Sum option is available upon retirement or termination.	All employees are eligible. Must be 21 years of age with 1,000 hours of service. SOMC Contribution Schedule <table border="0"> <tr> <td>Years of Service</td> <td>Contribution</td> </tr> <tr> <td>0-4</td> <td>2%</td> </tr> <tr> <td>5-9</td> <td>2.5%</td> </tr> <tr> <td>10-14</td> <td>3%</td> </tr> <tr> <td>15-19</td> <td>4%</td> </tr> <tr> <td>20-24</td> <td>5%</td> </tr> <tr> <td>25-29</td> <td>6%</td> </tr> <tr> <td>30+</td> <td>7%</td> </tr> </table>	Years of Service	Contribution	0-4	2%	5-9	2.5%	10-14	3%	15-19	4%	20-24	5%	25-29	6%	30+	7%	SOMC provides to employees at no cost. Service credits accrued each year are based on wages up to the 2009 IRS maximum recognizable pay limit of \$245,000.
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Benefit	Description	Eligibility	Cost
403(b) Retirement Savings Plan Great West Contact Matt Nelson gwrs.com 800-284-0444 or call Ellen Devins at ext. 8380	Employees are automatically enrolled in the plan with contributions of 2% of starting base pay made on a pre-tax basis via payroll deduction. Great West Life administers the plan. Several investment options with varying degrees of risk are available. SOMC provides matching contributions immediately, with 100 percent vesting earned after three years of service. Current information regarding investment options may be viewed at www.gwrs.com.	All employees, except temporary, are eligible. Contributions begin with first pay.	Employees may contribute up to \$16,500 during 2009, with an additional \$5,000 catch-up contribution allowed for employees age 50 and older. SOMC will match, dollar for dollar, up to 2% of your pay (based on the 2009 IRS maximum recognizable pay limit of \$245,000) if you are contributing to the plan.* *Matching contributions are subject to annual discrimination testing which may result in a portion of the matching contribution being taxable income.

Benefit	Description	Eligibility	Cost
Savings Bonds For information contact usbonds.gov or call Mary Anderson at ext. 8118	Employees may purchase Series EE US Savings Bonds of various denominations through payroll deduction. Bonds are mailed to employee's home from the Federal Reserve Bank.	All employees are eligible to participate on first day of hire.	Bonds are available in denominations of \$100, \$200, \$500 and \$1,000. The bonds cost 1/2 of the face amount. Bonds are purchased with after-tax funds.

Benefit	Description	Eligibility	Cost																								
<p>Short Term Disability</p> <p>For information call Tonya Messer at ext. 8745</p>	<p>Disability protection in the event you are unable to work due to a non-work related medical condition.</p> <p>Hourly: Benefit pays 60 percent of your weekly salary up to \$400 per week. Begins the seventh day of illness or injury. Maximum of 26 weeks.</p> <p>Salary: paid according to chart below:</p> <table border="1"> <thead> <tr> <th>Service</th> <th>Full Pay</th> <th>60% Pay</th> </tr> </thead> <tbody> <tr> <td>Less than 1 year</td> <td>2 weeks</td> <td>24 weeks</td> </tr> <tr> <td>1 year-less than 2 years</td> <td>4 weeks</td> <td>22 weeks</td> </tr> <tr> <td>2 years-less than 3 years</td> <td>6 weeks</td> <td>20 weeks</td> </tr> <tr> <td>3 years-less than 5 years</td> <td>10 weeks</td> <td>16 weeks</td> </tr> <tr> <td>5 years-less than 7 years</td> <td>14 weeks</td> <td>12 weeks</td> </tr> <tr> <td>7 years-less than 10 years</td> <td>18 weeks</td> <td>8 weeks</td> </tr> <tr> <td>Over 10 years</td> <td>26 weeks</td> <td>0 weeks</td> </tr> </tbody> </table>	Service	Full Pay	60% Pay	Less than 1 year	2 weeks	24 weeks	1 year-less than 2 years	4 weeks	22 weeks	2 years-less than 3 years	6 weeks	20 weeks	3 years-less than 5 years	10 weeks	16 weeks	5 years-less than 7 years	14 weeks	12 weeks	7 years-less than 10 years	18 weeks	8 weeks	Over 10 years	26 weeks	0 weeks	<p>Regular full-time employees only.</p> <p>Coverage begins after six months of continuous full-time employment.</p>	<p>No cost to employees.</p>
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Benefit	Description	Eligibility	Cost
<p>Long Term Disability</p> <p>For information call Tonya Messer at ext. 8745</p>	<p>Disability coverage for long term conditions. Benefits begin after initial 26 weeks of disability.</p> <p>Benefits equal 60 percent of your base annual salary (up to a maximum of \$3,500 per month) less any social security or other applicable benefits you and your family are eligible to receive. Benefits continue until recovery or age 65, whichever is first.</p>	<p>Regular full-time employees only.</p> <p>Coverage begins after six months of continuous full-time employment.</p>	<p>No cost to employees.</p>

Benefit	Description	Eligibility	Cost
<p>AFLAC Insurance Products</p> <p>For information call Ramona Ingram 1-800-452-8631 or call Tonya Messer at ext. 8745</p>	<p>AFLAC offers a variety of supplemental insurance products through payroll deduction plans such as cancer coverage, disability, life, long-term care and accident coverage are available.</p>	<p>Eligibility begins on the first day of the month after hire date.</p> <p>Annual open enrollment held November 1—30.</p> <p>Regular full-time and regular part-time employees (approved for 32 hours/pay).</p>	<p>Plan cost varies according to the coverage selected.</p>

Type of Service	SOMC STANDARD			SOMC SELECT		
	SOMC	In-Network	Out-of-Network	SOMC	In-Network	Out-of-Network
Deductible	\$350/indiv. \$700/family	\$700/indiv. \$1400/family	\$1,500/indiv. \$3,000/family	\$150/indiv. \$300/family	\$300/indiv. \$600/family	\$1,000/indiv. \$2,000/family
Annual out-of-pocket maximum (deductible not included)	\$2,500/indiv. \$5,000/family	\$2,500/indiv. \$5,000/family	\$3,500/indiv. \$7,000/family	\$1,500/indiv. \$3,000/family	\$2,000/indiv. \$4,000/family	\$2,500/indiv. \$5,000/family
Primary Care office visit (incl. OB/GYN)	N/A	\$20/visit	60% after deduct.	N/A	\$15/visit	60% after deduct.
Specialist office visit	N/A	\$40/visit	60% after deduct.	N/A	\$30/visit	60% after deduct.
Preventive Care						
Routine physical	N/A	\$20/visit	Not Covered*	N/A	\$15/visit	Not Covered*
Routine GYN exam	N/A	\$20/visit	Not Covered*	N/A	\$15/visit	Not Covered*
Routine Pap	100% (lab)	70% after deduct.	Not Covered*	100% (lab)	80% after deduct.	Not Covered*
Well-child checkups	N/A	100% up to 24-months \$20/visit 24-months - 19	Not Covered*	N/A	100% up to 24-months \$15/visit 24-months - 19	Not Covered*
Allergy Immunizations	N/A	\$20/visit	60% after deduct.	N/A	\$15/visit	60% after deduct.
Allergy Testing	N/A	70% after deduct.	60% after deduct.	N/A	80% after deduct.	60% after deduct.
PSA	100%	70% after deduct.	Not Covered	100%	80% after deduct.	Not Covered
Routine Immunizations	N/A	100% up to 24-months \$20/visit 24-months - 19	Not Covered*	N/A	100% up to 24-months \$15/visit 24-months - 19	Not Covered*
Mammography screening						
Inpatient Hospital						
Unlimited days	100% no deductible	70% after deduct.	60% after deduct.	100% no deductible	80% after deduct.	60% after deduct.
Outpatient Hospital						
Diagnostic Services	80% after deduct.	70% after deduct.	60% after deduct.	90% after deduct.	80% after deduct.	60% after deduct.
Surgery						
Inpatient	100% no deductible	70% after deduct.	60% after deduct.	100% no deductible	80% after deduct.	60% after deduct.
Outpatient	80% after deduct.	70% after deduct.	60% after deduct.	90% after deduct.	80% after deduct.	60% after deduct.
Office-based						
Maternity/GYN						
Prenatal and postpartum office visits	N/A	70% of the global fee	60% after deduct.	N/A	80% of the global fee	60% after deduct.
Delivery (vaginal/cesarean)	100% no deductible	70% after deduct.	60% after deduct.	100% no deductible	80% after deduct.	60% after deduct.
Inertility treatment	Not covered	Not covered	Not Covered	Not covered	Not covered	Not covered
Mental Health						
Inpatient (30/calendar year max.)	N/A	70% after deduct.	60% after deduct.	N/A	80% after deduct.	60% after deduct.
Outpatient (20 visits/calendar year max.)	N/A	\$40 per visit	60% after deduct.	N/A	\$30 per visit	60% after deduct.
Substance Abuse						
Inpatient (30/calendar year max.)	N/A	70% after deduct.	60% after deduct.	N/A	80% after deduct.	60% after deduct.
Outpatient (20 visits/calendar year max.)	N/A	\$40 per visit	60% after deduct.	N/A	\$30 per visit	60% after deduct.
Miscellaneous						
Urgent Care Center	\$25/visit		60% after deduct.	\$25/visit		60% after deduct.
Emergency Room	\$100 per visit	\$100 per visit	60% after deduct.	\$100 per visit	\$100 per visit	60% after deduct.
Ambulance	N/A	80% no deductible	80% no deductible	N/A	80% no deductible	80% no deductible
Hospice	80% after deduct.	70% after deduct.	60% after deduct.	90% after deduct.	80% after deduct.	60% after deduct.
Durable Medical Equipment	N/A	80% after deduct.	80% after deduct.	N/A	80% after deduct.	80% after deduct.
Dialysis	80% after deduct.	70% after deduct.	60% after deduct.	80% after deduct.	80% after deduct.	60% after deduct.
Home Health	80% after deduct.	70% after deduct.	60% after deduct.	90% after deduct.	80% after deduct.	60% after deduct.
Gastric Bypass	not covered	not covered	not covered	not covered	not covered	not covered
Physical Therapy (30 visits/cal. year max.)	80% after deduct.	70% after deduct.	60% after deduct.	90% after deduct.	80% after deduct.	60% after deduct.
Occ. Therapy (30 visits/cal. year max.)	80% after deduct.	70% after deduct.	60% after deduct.	90% after deduct.	80% after deduct.	60% after deduct.
Speech Therapy (20 visits/cal. year max.)	80% after deduct.	70% after deduct.	60% after deduct.	90% after deduct.	80% after deduct.	60% after deduct.
PRE-EXISTING CONDITION	Does not apply	Does not apply	Does not apply	Doesn't apply	Doesn't apply	Doesn't apply
POLICY MAXIMUM (combined)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
DEPENDENT COVERAGE	To age 19; full-time students to 24 (end of month)	To age 19; full-time students to 24 (end of month)	To age 19; full-time students to 24 (end of month)	To age 19; full-time students to 24 (end of month)	To age 19; full-time students to 24 (end of month)	To age 19; full-time students to 24 (end of month)

Benefit	Description	Eligibility	Cost
Pharmacy Services For information call ext. 8101	Employees may have their prescriptions filled at the outpatient pharmacy window at the SOMC Pharmacy, Monday - Friday, 9 a.m. to 5:30 p.m.; pick-up only 5:30 - 6 p.m. Saturday - 9 a.m. - 5:30 p.m.	All employees and their dependents are eligible.	Co-pays are determined by the type of drug.

Benefit	Description	Eligibility	Cost
Healthy Partners Program For information contact Regina Tipton at ext. 7510	Employee Wellness Plan. Involves initial consultation and assessment, establishing health related goals and progress review with a Wellness Specialist. HPP members can earn a free SOMC LIFE Center membership through the program.	All employees.	No cost to employees.

Benefit	Description	Eligibility	Cost
UMRmD For information contact UMRmD 800-950-4867 or ext. 3045	UMRmD is a wellness program that focuses on your health and well being. Services include assistance with any health care issues, smoking cessation, tools and resources for lowering blood pressure and cholesterol and diet and exercise information.	All employees and their family members who are enrolled in SOMC's medical insurance plan.	No cost to employees or dependents.

Benefit	Description	Eligibility	Cost
Vision Coverage For information contact Vision Service Plan 1-800-877-7195 vsp.com or call Mary Anderson at ext. 8118	Vision coverage is available through VSP (Vision Service Plan). Two coverage options are available; both offer a \$130 frame allowance or up to \$120 for contact lenses, \$10 co-pay per exam and \$10 co-pay for materials. Plan 1 <ul style="list-style-type: none"> Eye exam once every 12 months Lenses and frames once every 24 months Plan 2 <ul style="list-style-type: none"> Eye Exam once every 12 months Lenses and frames once every 12 months 	Eligibility begins on the first day of the month after hire date. Annual open enrollment held November 1—30. Regular full-time and regular part-time employees (approved for 32 hours/pay).	Employee premiums are deducted from each pay on an after-tax basis: Plan 1 Single \$4.95/pay Family \$10.38/pay Plan 2 Single \$8.07/pay Family \$16.91/pay

Benefit	Description	Eligibility	Cost
Flexible Spending Accounts (FSA) For information call Ramona Ingram 1-800-452-8631 or call Ellen Devins at ext. 8380	Flexible Spending Accounts offer savings through pretax contributions to cover eligible medical or dependent care expenses. Expenses may be paid with the FSA debit card, or by submitting receipts for reimbursement. Benefit is administered by AFLAC.	Eligibility begins on the first day of the month after hire date. Annual open enrollment held November 1—30. Regular full-time and regular part-time employees (approved for 32 hours/pay).	Contribution amounts are determined by individual employee. Annual maximums: Medical \$2,600 Dependent Care \$5,200

Benefit	Description	Eligibility	Cost
Basic Life, Accidental Death and Dismemberment For information call Ellen Devins at ext. 8380	Hourly employees may elect coverage equal to one time their annual salary up to \$50,000. Salaried employees are may select coverage equal to two times their annual salary up to \$100,000. AD&D coverage is provided at the same level as Basic Life.	Regular full-time employees only. Coverage begins on the first day of the month after hire date. Coverage ends when FT employment ends.	No cost to employees.

Benefit	Description	Eligibility	Cost
Supplemental Life For information call Ellen Devins at ext. 8380	Supplemental life offers employees an economical means of increasing their basic life coverage provided by SOMC. Hourly employees may elect coverage equal to one time their annual salary up to \$50,000. Salaried employees are may select coverage equal to two times their annual salary up to \$100,000.	Regular full-time employees only. Coverage begins on the first day of the month after hire date. Coverage ends when FT employment ends. Conversion to individual plan available.	Employees pay 100 percent of the cost. Rate is based on age and annual salary. Contact Human Resources for specific rate information.