

# Team Member Benefits 2020







## Welcome to UofL Health!

You want to come to work every day knowing you're entering a healthy and safe environment. We want you to go home every day with the same peace of mind — knowing you and your family's total well-being is protected. Your benefits, from affordable health care to a robust retirement plan, help to take care of you — physically, mentally, financially and socially.

This guide outlines the UofL Health comprehensive benefits program, designed for the health of our team members and their families, as well as the financial sustainability of our organization. We recognize that benefits are an important part of a total compensation package and that no single benefit plan is right for everyone. The UofL Health benefits program provides an opportunity to customize a plan that best meets your needs.

It is important that you review the information in this guide and consider your options carefully to ensure that you select the most appropriate benefits for you and your family. This guide contains only general information. The benefits described here are covered in detail in the official plan and policy documents. You should refer to these documents for specific information since this guide only briefly summarizes these benefits. Please note that the terms of the official plan documents and insurance policies are controlling. In the case of any conflict between the contents of the actual plan documents governing individual benefit offerings and this brochure, the terms of the plan documents will control. The benefits described in this guide may be modified or discontinued by UofL Health at any time.

## Questions?

Contact the Human Resources Department at 502-588-0418, or [HR@ulh.org](mailto:HR@ulh.org).

*Our mission to create healthier communities extends to our workplace and you.*

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# What's New for 2020?

## Additional High Deductible Health Plan

This year, UofL Health added an additional high deductible health plan (HDHP). The new \$5,000 HDHP gives our team members another option among medical insurance plans.

## Express Scripts

This year, UofL Health made the decision to move from CVS to Express Scripts. Express Scripts now serve as the Prescription Benefit Manager (PBM) for the UofL Health plan. Pharmacies will submit claims electronically to Express Scripts and Express Scripts will be responsible for your eligibility and claims processing as well as serving as the Mail Order Pharmacy.

## Know Your Rx Coalition

The Know Your Rx Coalition is available to you as a resource to help you get the best value and experience from your Express Scripts managed prescription benefit. The Know Your Rx Coalition is available to you for assistance with any questions or issues related to your medication coverage and access and provides opportunity for direct contact with a pharmacist that can navigate the Express Scripts system on your behalf.

## AP Assist

In addition to our HR benefits specialists, please refer to AP Assist with general questions.

The AP Assist team is comprised of experienced and helpful benefits counselors that will:

- Assist with understanding plan benefits and eligibility rules
- Help with understanding EOB's and other plan materials
- Work with the insurance company to resolve claims
- Provide information about benefits options after a life event like marriage, birth, death, divorce, job change
- Assist member in obtaining ID Cards, and much more

8:30 a.m.-5 p.m.

Monday-Friday

1-833-664-7195

[apassist@assuredpartners.com](mailto:apassist@assuredpartners.com)

# Before You Begin

Call your HR Specialist to schedule a personal one-on-one session to complete your benefits.

**Any further questions regarding enrollment please call: 502-588-0418**

Please ensure that your personal information in UltiPro is accurate. During the enrollment process, correct the following information:

- Marital status
- Dependents listed under contacts
- Mailing address
- Social Security numbers and DOB for you, your spouse and dependents

# Open Enrollment

## Annual Open Enrollment for Current Team Members

Annual open enrollment is your opportunity to elect medical, dental, vision, life, disability and other welfare benefits. The UofL Health plan year runs from Jan. 1 through Dec. 31. Once an open enrollment period ends, you will not have an opportunity to change your benefit elections until the next open enrollment period unless you have a “qualified life event,” “special enrollment event,” or fall under some other exception that permits mid-year changes.

Current team members will have an open enrollment period specified by UofL Health. Team members who enroll during their annual open enrollment period will be eligible for coverage on Jan. 1, 2020.

## Initial Open Enrollment

If you are hired after Nov. 1, 2019 or you become benefit-eligible during the plan year, you must make your benefit elections within 30 days after your date of hire. If you take no action during this initial enrollment period, you will automatically default to the following benefits:

**Basic Life and Accidental Death & Dismemberment Insurance**

**Short Term Disability**

**Basic Long-Term Disability Insurance**

For all newly hired team members, if you make your benefit elections within 30 days after your date of hire, your coverage will take effect the first day of the month following your hire date.

Your medical cards will be mailed to your residence.

## How to Enroll in Your Benefits

Open enrollment will be available Oct. 16-30, 2019. You can access UltiPro from any computer. We recommend you logging into UltiPro prior to open enrollment to ensure you have the correct username and password.

- To start the process first go to <https://e42.UltiPro.com>. From there you will log in. In the top left corner click Menu. Under the "Myself" tab there be an option to select "Open Enrollment", select the "Open Enrollment" hyperlink.

## Enrollment Deadlines and Corresponding Effective Dates

Employee Status	Enrollment Deadline	Effective Date of Coverage	Documentation Required
All currently active employees	October 30, 2019 11:59 p.m.	January 1, 2020	
New hire/ rehires	Must enroll within 30 days of hire date	First day of month following hire date	
Status change from: Part-time to full-time PRN to full-time PRN to part-time Full-time to part-time	Must enroll within 30 days of status change date	First day of month following status change	
Qualified life event*	Must enroll within 30 days of life event date	First day of month following hire date	Marriage/ Birth certificate/ Other court documents for newly added dependents

\*Providing proof pertaining to your qualified life event (ex. Marriage Certificate, Birth Certificate, Letter showing loss of coverage/ acquiring coverage).

## Open Enrollment / Benefit Eligibility

### Who Is Eligible?

Full-time employee regularly scheduled to work 72+ hours per two-week pay period, and part-time employee regularly scheduled to work 40+ hours per two-week pay period and their eligible dependents are eligible for UofL Health health and welfare benefit programs on the first of the month following 30 days of full-time/part-time employment. Medical, dental, vision will end the last day of the month following a team member's termination or other loss of eligibility and you will be charged your portion of the premium due for the remainder of the month. All other benefits end on the last day of employment. Supplemental life ends on date of termination.

### Spouse/Domestic Partner Coverage

Benefit-eligible team members may enroll a spouse or a same or opposite-sex domestic partner in medical, dental, vision, dependent life insurance, supplemental accidental death and dismemberment insurance. As a result of recent tax law changes, a team member's same-sex spouse will be recognized as a spouse for tax and benefit purposes. Please note that only one spouse or domestic partner may be enrolled at any given time. When enrolling your domestic partner you will be required to complete a signed, notarized affidavit of domestic partner status for coverage. When enrolling your domestic partner for the first time, please contact UofL Health Human Resources before making your online enrollment elections. The human resource department will request specific documentation required for coverage.

If you enroll your domestic partner, the dependent child(ren) of your domestic partner are also eligible for UofL Health, dental, vision, dependent life insurance, supplemental accidental death and dismemberment insurance.



## Dependent Child Coverage

You may cover a natural child, stepchild, foster child, legally adopted child, child placed for legal adoption or any other child for whom you or your spouse/domestic partner are legally responsible until age 26 under the UofL Health medical, dental, vision, dependent life insurance, and supplemental accidental death and dismemberment insurance plans.

Please note once your child reaches the age of 26 they will be dropped from your medical, dental, vision, dependent life insurance, and supplemental accidental death and dismemberment insurance at the end of the month after their birthday. Please contact HR for proper paperwork.

## Changing Your Enrollment Elections

The benefit elections you make during annual or initial open enrollment are binding for the plan year or remainder of the plan year, as applicable, unless you experience a “qualified life event,” or “special enrollment event” or fall under some other exception that permits mid-year changes.

## Qualified Life Event

A qualified life event is a life status change that allows you to make adjustments to your current benefit elections during the year. The type of life event you experience will dictate the change(s) you are eligible to make. **Please notify UofL Health – Human Resources within 30 days after the qualified life event and provide supporting documentation to make change(s). The effective date of this change will be the first of the month following Human Resources’ receipt and acceptance of the completed form and supporting documentation.** Timely-submitted changes in coverage for newborns and children who are newly adopted or placed with you for adoption **will be effective retroactive to the date of birth, adoption, or placement for adoption.** If you do not request to make your plan election changes within the 30-day period (60 days for eligibility changes under Medicaid or CHIP), you will not be able to make the change until the next Open Enrollment period or until you experience another qualified change event, a special enrollment event, or some other event that permits a mid-year change.

Examples of qualified mid-year change events include the following:

- **Change in Status** - includes change in marital status; change in number of dependents; change in employment status of the employee, spouse or dependent; change in residence; and if a dependent satisfies or ceases to satisfy the plan’s eligibility requirement.
- **HIPAA Special Enrollment Rights** – this permits certain health plan changes if other coverage is lost due to loss of eligibility, discontinuation of employer contributions under another employer’s plan, or exhaustion of a COBRA period of coverage. In addition, HIPAA grants rights to add coverage upon marriage or acquiring a new dependent child, if previously waived. You must request coverage within 30 days after losing the coverage or within 30 days after acquiring a dependent through marriage, birth, adoption or placement for adoption.
- **CHIPRA Rights** – this permits certain health plan enrollment changes if you or your dependent loses coverage under a state CHIP or Medicaid program, or you or your dependent become eligible for a premium assistance subsidy from the state. You must request coverage within 60 days after the CHIPRA event.
- **Other Rights** – cost or coverage changes within an employer’s plan may result in contribution changes or an alternative election (if the change is significant).
- **Dependent Care Changes** - changes in dependent care options. (Ex. If you move away from the area of your day care provider or if your day care provider was to close down.)

## HIPAA Special Enrollment Rights

This permits certain health plan changes if other coverage is lost due to loss of eligibility, discontinuation of employer contributions under another employer’s plan, or exhaustion of a COBRA period of coverage. In addition, HIPAA grants rights to add coverage upon marriage or acquiring a new dependent child, if previously waived. You must request coverage within 30 days after losing the coverage or within 30 days after acquiring a dependent through marriage, birth, adoption or placement for adoption.

## Time Off/ PTO Requests

**Vacation:** Vacation hours will be accrued based on years of service and position within UofL Health. Please reference the table below for specific accrual rates. Employees may use vacation time for an actual vacation or for any other reason that they need time away from work.

**Personal:** Employees will receive a maximum of 32 personal hours annually. These hours can be used when employees are sick or need time away from work to attend personal matters. They will be forfeited at the end of the year if an employee does not use them by 11:59 p.m. on Dec. 31. Employees may also use personal hours to vacation time or any other time off, as needed.

**Note:** Both vacation and personal hours will be pro-rated based on an employee's FTE status.

**Holidays:** Employees will receive 48 holiday hours annually.

An employee may not take unpaid time away from work if the employee has vacation, personal, and/or holiday hours available. The only exception to this will be in the case of low census cancellation (for more information, see the Low Census Cancellation policies).

UofL Health Vacation Time Accrual Schedule					
Accrual Level	Completed Years of Service	Accrual Amount Per Year	Amount Accrued per Eligible Hour Worked	Maximum Accrual Amount Per Pay Period	Maximum Accrual Possible is 125%
Non-Exempt	0 through 5	96 hours	0.046	3.69 hours	120 hours
	6 through 10	136 hours	0.065	5.23 hours	170 hours
	11 through 20	160 hours	0.077	6.15 hours	200 hours
	21+ years	184 hours	0.088	7.08 hours	230 hours
Exempt	0 through 5	144 hours	0.0690	5.54 hours	180 hours
	6 through 15	168 hours	0.0808	6.46 hours	210 hours
	16+ years	192 hours	0.0920	7.38 hours	240 hours
Directors/APCs	0 through 10	168 hours	0.0808	6.46 hours	210 hours
	11+ years	192 hours	0.0920	7.38 hours	240 hours

## Bereavement

Benefits-eligible employees are immediately eligible for bereavement time off with pay. Bereavement time off will be pro-rated based on the employee's standard work schedule. If the employee is currently using vacation/paid time off benefits, the employee may cancel the vacation/paid time off and replace it with bereavement time off with pay. If the employee is receiving disability benefits, the employee may not substitute bereavement time off with pay. Employees are eligible to receive bereavement time off with pay in the amount of three (3) days per occurrence for the death of an immediate family member and one (1) day per occurrence for other family members.



# Benefit Choices

## Coverage Levels

When electing medical, dental, and vision you have four (4) coverage level choices as follows:

1. Employee Only
2. Employee + Spouse/Domestic Partner
3. Employee + Child(ren)
4. Family

## Benefits at a Glance

We understand that your health is a priority. To help you care for you and your family, we offer four medical plan options to choose from: Core and Basic PPO plans and two qualified high deductible health plans. Each includes an extensive network of doctors, hospitals and pharmacies across the country to give you exceptional medical care and prescription drug coverage.

All medical plan options cover preventive care at 100 percent, so services like physicals and mammograms are free as long as they are coded properly with an in network provider. For most other services, you pay a percentage of the cost and the plan pays its share. For some services, you have to meet the deductible before the plan starts to pay.

## Employer Sponsored Benefits

Short-Term Disability	<p>You're eligible if you are a:</p> <ul style="list-style-type: none"><li>• Full-time employee regularly scheduled to work 72+ hours per two-week pay period</li><li>• Part-time employee regularly scheduled to work 40+ hours per two-week pay period</li></ul> <p>Your coverage begins on the first day of the month following 90 days of employment.</p> <p>The plan option: 60% of your annual base salary is taken after 5 days of PTO has been used</p>
Long-Term Disability	<p>You're eligible if you are a full-time employee regularly scheduled to work 72+ hours per two-week pay period. Your coverage begins on the first day of the month following 90 days of employment.</p>
Basic Life Insurance	<p>You're eligible if you are a full-time employee regularly scheduled to work 72+ hours per two-week pay period. Your coverage begins on the first day of the month following 90 days of employment. Coverage is one times your salary up to \$750,000.</p>
Tuition Assistance	<p>You're eligible if you are a:</p> <ul style="list-style-type: none"><li>• Full-time employee regularly scheduled to work 72+ hours per two-week pay period</li><li>• Part-time employee regularly scheduled to work 40+ hours per two-week pay period</li></ul> <p>Your coverage begins 6 months after employment.</p>

## Terms to know

- **Deductible:** the amount you pay for certain covered services before the plan begins to pay its share.
- **Copay:** a fixed dollar amount you pay each time you receive certain covered services, such as emergency room visits.
- **Coinsurance:** the percentage you pay for most other covered health care services.
- **Out-of-pocket (OOP) maximum:** the most you pay for covered expenses in a year, including deductibles, copays and coinsurance.
- **Enhanced network:** UL1 Enhanced Network
- **In-network:** Anthem Network

# Medical and Prescription Insurance

The UofL Health medical and prescription insurance is offered through Anthem and Express Scripts/Know Your Rx Coalition. UofL Health offers two PPO plans and two qualified high deductible health plans, as listed below. You may also choose to waive coverage.

Specialty prescriptions are filled by the UofL Hospital Pharmacy. This allows for the organization to keep pharmacy spending in the organization and to offer discounted rates to our team members. Team members can set up payroll deductions for their pharmacy expenses and the pharmacy has many other benefits for our team members.

## You have options for your care

The Medical Plan has three networks: enhanced network, in-network, and out of network.

- You may choose to see a provider outside of the enhanced network and still receive an in-network benefit by selecting providers from the Anthem network.
- The medical plan will cover services if you go to an out-of-network provider, but you may pay more out-of-pocket.

### Anthem Medical Rates

Full Time Employees	Employee Only	EE + Spouse	EE + Children	Family
Core Plan	\$65.88	\$148.09	\$133.38	\$230.44
Basic Plan	\$43.36	\$106.99	\$96.29	\$160.55
High Deductible Plan 3000	\$29.29	\$82.96	\$74.72	\$124.45
High Deductible Plan 5000	\$15.66	\$54.13	\$44.29	\$73.81

Part Time Employees	Employee Only	EE + Spouse	EE + Children	Family
Core Plan	\$90.59	\$197.46	\$177.84	\$296.28
Basic Plan	\$66.30	\$152.85	\$137.55	\$229.36
High Deductible Plan 3000	\$45.00	\$112.25	\$101.09	\$168.36
High Deductible Plan 5000	\$20.87	\$72.15	\$58.03	\$98.39

## Providers

Please see the instructions below on how to select an in network provider, and providers in the Enhanced Network.

**STEP 1** Visit [anthem.com/findadoctor](https://anthem.com/findadoctor) (or visit [anthem.com](https://anthem.com), click menu and then click "Find a Doctor")  
Search as a Guest: click on "search by selecting a plan/network"

**STEP 2** Complete the following fields:

- How do you get insurance? Select "Employer"
- What state do you want to search in? Select Kentucky
- Select a plan/network –Employer Sponsored

**STEP 3** Select your search criteria and click "Search".

**STEP 4** View your search results. UL1 indicates an Enhanced Network provider

## Customer Service Numbers

Please contact Anthems customer service numbers below if you have any questions regarding your providers network.

Member Services: 1-844-274-6404

Group #004004545

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# Your Benefits at a Glance

## Health and Welfare Plans

### Medical Plan

These charts show the enhanced network and in-network amounts.

*These are  
the amounts  
you pay.*

	Core		Basic	
	Enhanced Network	In-Network	Enhanced Network	In-Network
<b>Employer Account Funding</b>	No employer funding		No employer funding	
<b>Annual Deductible</b>				
Individual	\$0	\$1,500	\$0	\$2,500
Family	\$0	\$3,000	\$0	\$5,000
<b>Calendar Year Out-of-Pocket (OOP) Maximum</b>				
Individual	\$3,000	\$6,000	\$4,000	\$6,600
Family	\$6,000	\$9,000	\$8,000	\$13,200
<b>Preventive Care Services</b>	100% covered		100% covered	
<b>Primary Care Physician Office Visit</b>	\$10 copay (no deductible)	20% coinsurance (no deductible)	\$20 copay (no deductible)	30% coinsurance (no deductible)
<b>Specialist Office Visit</b>	\$25 copay (no deductible)	25% coinsurance (no deductible)	\$35 copay (no deductible)	35% coinsurance (no deductible)
<b>Emergency Room Visit</b>	\$175 copay then 100% covered	\$175 copay then 100% covered	\$200 copay then 100% covered	\$200 copay then 100% covered
<b>Urgent Care</b>	\$50 copay (no deductible)	\$75 copay (no deductible)	\$75 copay (no deductible)	\$100 copay (no deductible)
<b>Ambulance (medically necessary)</b>	100% covered		100% covered	
<b>Inpatient Care/ Services</b>	10% coinsurance (no deductible) for facility and physician charges		15% coinsurance (no deductible) for facility and physician charges	
<b>Outpatient Care/ Services</b>				
<b>Home Health Care</b>				
<b>Hospice</b>				
<b>Durable Medical Equipment</b>				
<b>Chiropractor (20 visit limit per person per year)</b>	25% coinsurance (after deductible)		35% coinsurance (after deductible)	

Medical chart continues on next page.

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# Your Benefits at a Glance

Continued

## Health and Welfare Plans *Continued*

### Medical Plan

*Continued*

These charts show the enhanced network and in-network amounts.

These are the amounts you pay.	Core		Basic	
	Enhanced Network	In-Network	Enhanced Network	In-Network
<b>THERAPY</b>				
<b>Physical Occupational Speech and Massage</b>  (30 visit limit per person per year, does not apply to enhanced network)	10% coinsurance (no deductible) for facility and physician charges	25% coinsurance (after deductible)	15% coinsurance (no deductible) for facility and physician charges	35% coinsurance (after deductible)
<b>Mental and Nervous</b>  (Inpatient or outpatient)				
<b>Other Covered Services</b>				
<b>Lifetime Maximum</b>	Unlimited		Unlimited	

*Medical chart continues on next page.*



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# Your Benefits at a Glance

## Health and Welfare Plans

### Medical Plan

These charts show the enhanced network and in-network amounts.

*These are  
the amounts  
you pay.*

	3000HDHP		5000HDHP	
	Enhanced Network	In-Network	Enhanced Network	In-Network
<b>Employer Account Funding</b>	\$500 individual \$1,000 family Contributions will be per pay period	\$500 individual \$1,000 family Contributions will be per pay period	\$500 individual \$1,000 family Contributions will be per pay period	\$500 individual \$1,000 family Contributions will be per pay period
<b>Annual Deductible</b>				
Individual	\$3,000	\$3,000	\$5,000	\$5,000
Family	\$6,000	\$6,000	\$10,000	\$10,000
<b>Calendar Year Out-of-Pocket (OOP) Maximum</b>				
Individual	\$4,500	\$6,500	\$6,500	\$6,900
Family	\$9,000	\$13,000	\$13,000	\$13,800
<b>Preventive Care Services</b>	100% covered		100% covered	
<b>Primary Care Physician Office Visit</b>	15% coinsurance (after deductible)	20% coinsurance (after deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Specialist Office Visit</b>	20% coinsurance (after deductible)	25% coinsurance (after deductible)	20% coinsurance (after deductible)	25% coinsurance (after deductible)
<b>Emergency Room Visit</b>	\$200 copay then 100% covered after deductible	\$200 copay then 100% covered after deductible	\$200 copay then 100% covered after deductible	\$200 copay then 100% covered after deductible
<b>Urgent Care</b>	\$75 copay (after deductible)	\$100 copay (after deductible)	\$75 copay (after deductible)	\$100 copay (after deductible)
<b>Ambulance (medically necessary)</b>	100% covered (after deductible)		100% covered (after deductible)	
<b>Inpatient Care/ Services</b>				
<b>Outpatient Care/ Services</b>	15% coinsurance (after deductible) for facility and physician charges		15% coinsurance (after deductible) for facility and physician charges	
<b>Home Health Care</b>				
<b>Hospice</b>				
<b>Durable Medical Equipment</b>				
<b>Chiropractor (20 visit limit per person per year)</b>	25% coinsurance (after deductible)		25% coinsurance (after deductible)	

Medical chart continues on next page.

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Health and Welfare Plans *Continued*

Medical Plan

*Continued*

These charts show the enhanced network and in-network amounts.

These are the amounts you pay.	3000HDHP		5000HDHP	
	Enhanced Network	In-Network	Enhanced Network	In-Network
THERAPY				
Physical Occupational Speech and Massage  (30 visit limit per person per year, does not apply to enhanced network)	15% coinsurance (after deductible) for facility and physician charges	25% coinsurance (after deductible)	15% coinsurance (after deductible) for facility and physician charges	25% coinsurance (after deductible)
Mental and Nervous  (Inpatient or outpatient)				
Other Covered Services				
Lifetime Maximum	Unlimited		Unlimited	



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# Your Benefits at a Glance

Continued

## Health and Welfare Plans *Continued*

### Medical Plan

*Continued*

**Express Scripts:**  
**1-800-282-2881**

**Know Your RX Coalition:**  
**1-859-218-5970**

Express Scripts serves as the Prescription Benefit Manager (PBM) for your plan. Pharmacies will submit claims electronically to Express Scripts and Express Scripts will be responsible for your eligibility and claims processing as well as serving as the Mail Order Pharmacy.

The Know Your Rx Coalition is available to you as a resource to help you get the best value and experience from your Express Scripts managed prescription benefit. The Know Your Rx Coalition is available to you for assistance with any questions or issues related to your medication coverage and access and provides opportunity for direct contact with a pharmacist that can navigate the Express Scripts system on your behalf. Consider the Coalition to be your advocate. If you elect HDHP, you must meet deductible before you will receive these rates.

*Benefits below are applied after satisfying the overall deductible amounts for the qualified high deductible health plans.*

	30 days	90 days
Tier 1 - UofL Hospital Pharmacy	\$5 copay	\$12.50
Tier 1 - Retail Pharmacy	\$10 copay	\$25 copay
Tier 2 - UofL Hospital Pharmacy	10% coinsurance (\$15 min/\$40 max)	\$10 coinsurance (\$30 min/\$80 max)
Tier - Retail Pharmacy	20% coinsurance (\$30 min/\$80 max)	20% coinsurance (\$60 min/\$160 max)
Tier 3 - UofL Hospital Pharmacy	20% coinsurance (\$25 min/\$75 max)	20% coinsurance (\$50 min/\$150 max)
Tier 3 - Retail Pharmacy	40% coinsurance (\$50 min/\$150 max)	40% coinsurance (\$100 min/\$300 max)

### Specialty Pharmacy

Tier 1	25% coinsurance (\$100 max)	
Tier 2	25% coinsurance (\$150 max)	
Tier 3	25% coinsurance (\$250 max)	



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# Dental Insurance

UofL Health will continue offering dental coverage through Delta Dental for 2020. There will be a Core and Buy-Up plan offered.

## Benefit Contributions at a Glance

### Delta Dental Rates

Employees (20-40 hrs.)	Employee Only	EE + Spouse	EE + Children	Family
Buy-Up Dental Plan	\$12.12	\$23.77	\$28.38	\$44.14
Core Dental Plan	\$9.92	\$19.44	\$23.22	\$36.10



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# Your Benefits at a Glance

Continued

## Health and Welfare Plans *Continued*

### Dental Plan

Delta Dental:  
1-800-955-2030  
Group# 709740

You can choose from two comprehensive dental plan options through Delta Dental: Buy-Up and Core. Both options cover preventive and diagnostic services at 100%. You can go to any dentist, but your costs are lower when you see a Preferred Dentist Program Plus (PDP Plus) network provider.

	Delta Dental PPO Dentist	Non-participating Dentist		
PPO yearly maximum \$1500 Core yearly maximum \$1000	Plan pays	Plan pays		
Diagnostic & Preventative				
	Buy-Up	Core	Buy-Up	Core
Diagnostic and Preventative Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%	100%
Radiographs - X-rays	100%	100%	100%	100%
Basic Services				
	Buy-Up	Core	Buy-Up	Core
Minor Restorative Services - fillings and crown repair	90%	50%	80%	50%
Endodontic Services - Root canals	90%	50%	80%	50%
Periodontic Services - to treat gum disease	90%	50%	80%	50%
Other Basic Services - misc. services	90%	50%	80%	50%
Denture Repair - repairs to complete to partial dentures	90%	50%	80%	50%
Major Services				
	Buy-Up	Core	Buy-Up	Core
Major Restorative Services - crowns	60%	50%	50%	50%
Fixed Prosthodontic Repair - to bridges	60%	50%	50%	50%
Implants Repair - implant maintenance, repair, and removal	60%	50%	50%	50%
Reline and Rebase - to dentures	60%	50%	50%	50%
Adjustment to Dentures - adjustments to complete or partial dentures	60%	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	60%	50%	50%	50%
Orthodontic Services				
	Buy-Up	Core	Buy-Up	Core
Orthodontic Services - braces	50%	50%	50%	50%
Orthodontic Age Limit -	N/A			

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# Vision Insurance

UofL Health offers vision insurance through EyeMed. This is a pre-tax benefit. If you choose to enroll yourself, spouse/ domestic partner or your dependent child(ren) in the vision plan, you will pay the cost for coverage.

## Benefit Contributions at a Glance

### Employee Vision Rates

All Subscribers	Employee Only	EE + Spouse	EE + Children	Family
EyeMed Vision Plan	\$3.06	\$5.74	\$5.93	\$8.80



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# Your Benefits at a Glance

Continued

## Health and Welfare Plans *Continued*

### Vision Plan

Our vision plan, administered through EyeMed, ensures optimal eye health for you and your family. Coverage is available for services received out-of-network, but you receive the greatest benefit when you go to an EyeMed SELECT network provider.

To find an EyeMed network provider, go to [eyemedvisioncare.com](http://eyemedvisioncare.com) and choose the SELECT network.

**EyeMed:**  
**866-723-0513**  
**Group #1011755**

*These are the amounts you pay.*

	Member Cost In-network	Out-of-network Reimbursement*
<b>Exam with Dilation as Necessary</b>	\$10 Copay	\$106
<b>Fundus Photography Benefit</b>	Up to \$39	N/A
<b>Exam Options</b> -Standard Contact Lens Fit and Follow-up -Premium Contact Lens Fit and Follow-up	Up to \$40 \$10 off Retail Price	N/A N/A
<b>Frames</b> Any available frame at provider location	\$0 Copay; \$150 Allowance; 20% off balance over \$150	\$100
<b>Standard Plastic Lenses</b> -Single Vision -Bifocal -Trifocal	\$15 Copay \$15 Copay \$15 Copay	\$70 \$95 \$120
<b>Standard Progressive Lenses</b> <b>Premium Progressive Lenses</b>	\$80 Copay \$80 Copay, 80% of Charge less \$120 Allowances	\$95 \$95
<b>Lens Options</b> -UV Treatment -Tint (Solid and Gradient) -Standard Plastic Scratch Coating -Standard Polycarbonate – Adults -Standard Polycarbonate – Kids under 19 -Standard Anti-reflective Coating -Polarized -Other Add-ons	\$15 \$15 \$0 Copay \$40 \$0 Copay \$45 20% Off Retail Price 20% Off Retail Price	N/A N/A \$25 N/A \$40 N/A N/A N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$105
Disposable	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$105
Medically Necessary	\$0 Copay, Paid-in-full	\$210
<b>Laser Vision Correction</b> Lasik or PRK from U.S. Laser Network	15% Off Retail Price or 5% Off Promotional Price	N/A
<b>Additional Pairs Benefit</b>	Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
<b>Frequency</b> -Examination -Lenses or Contact Lenses -Frames	Once every 12 months Once every 12 months Once every 24 months	

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# Supplemental Life

In addition to your core Basic Life and AD&D Insurance, you have an opportunity to elect Supplemental Life and/or AD&D Insurance for you and your family on an after-tax basis. The team member must elect voluntary coverage for themselves in order to purchase any amount for a spouse/ or children.

As a team member you may elect up to an additional \$750,000 in voluntary Supplemental Life and/or AD&D coverage. The guarantee issue amount is 3x the salary up to \$500,000 during the team member's initial enrollment. Anything above that amount or after the initial enrollment period requires the completion of an Evidence of Insurability (EOI) form. The rates for this coverage are below. Benefit reductions apply to age 70 and above. The maximum increase is \$20,000 per year. Note: Any Supplemental Life benefits you elect for yourself or your dependents must be purchased on an after-tax basis.

## Spousal, Domestic Partner, and Child(ren) Monthly Rates

You can elect up to \$200,000 of coverage as a team member for your spouse or domestic partner. The team member's date of birth is used to calculate the spouse or domestic partner's premium. Spousal life benefit not to exceed 100% of employee supplemental life benefit. The guarantee issue amount for this coverage is \$50,000 during the team member's initial enrollment. Dependent Children coverage is \$2.00 per month for \$20,000, regardless of the number of children. Anything above that amount or after the initial enrollment period requires the completion of an Evidence of Insurability (EOI) form. Please refer to the full schedule of benefits for reduction schedules based on age, accelerated death benefits, portability, conversion and benefit pay-outs on the Life and/or AD&D coverage.

## Insurance Conversion and/or Portability Insurance

Many of the benefits sponsored or made available by UofL Health, including Basic Life Insurance, Basic AD&D, Basic Long-Term Disability Insurance, Supplemental Life Insurance, Supplemental AD&D, Dependent Life Insurance carry with them the opportunity for you to either convert or port coverage, if you should separate your employment from UofL Health. You may be able to convert or port the insurances you have purchased through UofL Health to an individual policy, subject to the procedures of the insurance carrier, after your separation of service. It is important to note that the failure to respond within the time period set forth by the insurance carrier will result in the loss of your conversion and/or portability privileges.

**Team Member Only Life Insurance Monthly Rates per \$1,000**

Age	Rate Per EE Age	with AD&D
< 25	\$0.032	\$0.045
25-29	\$0.035	\$0.048
30-34	\$0.042	\$0.055
35-39	\$0.049	\$0.062
40-44	\$0.072	\$0.085
45-49	\$0.111	\$0.124
50-54	\$0.170	\$0.183
55-59	\$0.295	\$0.308
60-64	\$0.419	\$0.432
65-69	\$0.628	\$0.641
70-74	\$0.947	\$0.960
75-79	\$0.998	\$1.011
80-99	\$0.998	\$1.011

**Spouse Life Insurance Monthly Rates per \$1,000**

Age	Rate Per EE Age
< 25	\$0.068
25-29	\$0.081
30-34	\$0.092
35-39	\$0.109
40-44	\$0.160
45-49	\$0.260
50-54	\$0.425
55-59	\$0.628
60-64	\$0.934
65-69	\$1.387
70-74	\$2.634
75-79	\$2.634
80-99	\$2.634

*Benefit reductions apply to age 70 and above.*

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# Health Savings Accounts / Flexible Spending Accounts

For 2020 our Health Savings Accounts, Flexible Spending Accounts, and Flexible Spending Dependent Care accounts will be administered through Discovery Benefits.

You'll be able to manage your benefits information through your online account after completing a few steps:

1. Set up your account by going to <http://www.discoverybenefits.com/benefitslogin>.
2. From the login screen, click the "Create your new username and password" link and complete the required user identification fields.
3. Answer the security questions and click the "Submit" button.
4. Set up your username and password. You are now ready to start using your benefits!



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# Your Benefits at a Glance

Continued

## Health and Welfare Plans *Continued*

### HSA/FSA Spending Accounts

Making the most of your money is important. To help you save for eligible health care and dependent care expenses, we offer a variety of spending accounts through Discovery.

The IRS determines what is considered an eligible expense under these accounts. Please refer to Publications 502 and 503 on [irs.gov](https://www.irs.gov).

For Open Enrollment all HSA, and FSA accounts must be re-elected by the employee with the amount you would like to contribute for the year.

	FSA Flexible Spending Account	FSA Dependent day care spending account	HSA Health Savings Account
Definition	An employee-funded account used to pay for qualified health care expenses with pretax dollars	An employee-funded account used to pay for qualified child and adult day care expenses with pretax dollars	An employee and employer-funded account used to pay for qualified health care expenses with pretax dollars
Who is eligible?	Benefit eligible employees not enrolled in a HDHP	Benefit eligible employees	Employees enrolled in a high-deductible medical plan
Who is covered?	Subscribers to the plan and their eligible dependents	Qualified dependents to the subscriber	Subscribers to the plan and their eligible dependents
What is the annual contribution limit?	\$2,700	\$5,000	\$3,550 single/ \$7,100 family
When are my funds available?	First day of coverage, funds are front loaded	As contributed, funds are accrued per pay period	As contributed, funds are accrued per pay period
Can I change my election midyear?	No	No	Yes, per IRS guidelines you can change your elections once a month. This is done by contacting HR
Can I have more than one type of spending account?	Yes. You can have an FSA spending account and FSA dependent care	Yes. You can have an FSA dependent care and an HSA OR FSA spending account	Yes. You can have an HSA and an FSA dependent care
Do unused funds carry over to the next year?	No	No	Yes
Can I take the account funds with me if I change jobs, change health plans or retire?	No, this benefit will term the date you term with the company	No, this benefit will term the date you term with the company	Yes, although you will no longer receive employer contributions
Can I use the account for retirement income?	No	No	Yes
Is the account tax-advantaged?	Yes, all funds are deducted from your paycheck at the pre tax amount	Yes, all funds are deducted from your paycheck at the pre tax amount	Yes, all funds are deducted from your paycheck at the pre tax amount
Does the account earn interest?	No	No	Not technically

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## Health Savings Account (HSA) Terms & Conditions FAQ — Participants

### How do I accept the terms and conditions for my HSA?

After enrolling in an HSA through your employer, log in to your Discovery Benefits online account or mobile app. Once logged in, you'll be prompted to read and agree to several different agreements. Once you've read and agreed to each, click "Submit" to complete submission of the terms and conditions. Your HSA funds will not be available until these agreements are agreed to and submitted. Note: Terms and conditions only need to be accepted one time.

### What happens after I accept the electronic agreements?

Once you accept the agreements, your HSA enrollment will be complete and you can use your account if your identity has been verified as required by the USA PATRIOT Act.

The debit card will become active within 24 hours and, as soon as the agreements are accepted, you can file distribution requests using the online account, the mobile app or a form.

### What is the USA PATRIOT Act?

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an HSA. This means that when you open an HSA with Discovery Benefits, we'll ask for your name, street address, date of birth and other information that allows us to identify you.

This process takes approximately five to seven business days, during which time your account will be blocked. Once this process is completed and your identity has been verified, access to your HSA will be unblocked and made available to you. If your identity is not verified (e.g. if you moved recently and your new address is not on file with the appropriate government agency), you may be asked to provide proof of your identity by providing a copy of your utility bill to verify your address or a copy of your Social Security card if the number does not match the verifying source's records.

### What happens if I do not complete the needed identity verification for the USA PATRIOT Act?

The HSA will be closed, and any funds will be returned to your employer.

### What happens if I am enrolled in an HSA but have not signed the HSA agreements?

You will receive a reminder from Discovery Benefits informing you that your account is still on hold and you will not have access to your HSA funds until the HSA agreements are signed. You will still have access to Limited Medical FSA, Dependent Care FSA, Commuter and HRA funds (if applicable).

### What happens if I do not accept the HSA agreements?

Funds will be returned to you if you refuse to sign the HSA agreements, as long as you complete an HSA Distribution Request/Account Closure Form.

### Can I complete and sign the HSA agreements through the mobile app?

Yes (if you have the app version 5.1 or later).

### I'm having trouble accepting the terms and conditions. What should I do?

You must scroll and/or read through the terms and conditions prior to selecting "Read and Accept." If you click "Read and Accept" and still cannot see the box to check "Accept the Terms," it may be because your view is zoomed in. With your computer settings, bring the zoom to 100%, which should allow you to see and select "Accept the Terms." Use a computer that does not have internet-setting restrictions.

# Your Benefits at a Glance

Continued

## Health and Welfare Plans *Continued*

### LEGAL INSURANCE

The legal insurance benefit is a group plan sponsored by UofL Health. ARAG provides legal protection offering legal solutions to meet your needs at the workplace on a post-tax basis. It allows you and qualified family members (dependents up to age 26) to have access to an attorney should a legal situation arise, such as civil damage defense claims, real estate matters, and wills and estate planning. Some of the benefits are outlined below. Please refer to the group legal insurance benefits summary for a more comprehensive listing of covered services, exclusions and benefit limits. Please note that an in-network attorney must be utilized to receive the higher benefit.

The cost for the benefit is \$11.50 semi-monthly.

**ARAG: 1-800-247-4184**

	Benefits
<b>Identity Theft</b>	
Identify Theft Services	100% Paid in Full
<b>In-Office Attorney Services</b>	
Civil Damage Claims (Defense)	100% Paid in Full
Consumer Protection Matters	100% Paid in Full
Criminal Matters	100% Paid in Full
+ Criminal Misdemeanor	100% Paid in Full
Debt-Related Matters	100% Paid in Full
Family Law	100% Paid in Full
+Caregiving	100% Paid in Full
+Divorce Contested	100% Paid in Full (up to 15 Hours)
+Post Decree Defense	100% Paid in Full (up to 8 Hours)
+Post Decree Enforcement	100% Paid in Full (up to 8 Hours)
+Child Support Enforcement	100% Paid in Full (up to 8 Hours)
General Matters	100% Paid in Full
+General In-Office	100% Paid in Full (up to 4 Hours)
Government Benefits	100% Paid in Full
Real Estate Matters	100% Paid in Full
Small Claims Court	100% Paid in Full
Tax Matters	100% Paid in Full
Traffic Matters	100% Paid in Full
+Minor Traffic Tickets (unlimited)	100% Paid in Full
Wills and Estate Planning	100% Paid in Full
+Irrevocable Trust	100% Paid in Full
+Revocable	100% Paid in Full
<b>Telephone Services</b>	
Legal Hotline	100% Paid in Full
Financial Wellness Hotline	100% Paid in Full
Identity Theft Services	100% Paid in Full
+Caregiving Services	100% Paid in Full
Immigration Assistance	100% Paid in Full
<b>Online Resources</b>	
Online Financial Tools	100% Paid in Full

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# Your Benefits at a Glance

Continued

## Health and Welfare Plans *Continued*

### MEDICAL TRANSPORTATION (MASA)

MASA: 1-800-643-9023

What does MASA provide?

Emergent Ground Ambulance transports can easily surpass \$2000 and can reach as high as \$5000. Emergent Air Ambulance transports frequently cost more than \$40,000. If you are in need of specialized care and can be transported on a non-emergent basis, it is common for a medically equipped plane to cost more than \$20,000. Most people assume that their health insurance will cover most, if not all of the costs of these transports. Usually, the opposite is true, leaving you with large bills.

MASA provides coverage for the unexpected life circumstances and emergencies. The benefit coverage is listed below. Dependents are covered under the benefit as well.

<i>Benefit</i>	<b>EMERGENT PLUS</b> \$7/pay period	<b>PLATINUM</b> \$19.50/pay period
Emergency Air Medical Transport	✓ (U.S. Only)	✓
Emergency Ground Ambulance Transport	✓ (U.S. Only)	✓
Repatriation - We'll fly you back!	✓	✓
Non-Emergency Air Transport		✓
Organ Retrieval		✓
Minor Child/Grandchild Return		✓
Organ Recipient Transport		✓
Non-Injury Transport		✓
Pet Return		✓
Vehicle Return		✓
Return Transportation		✓
Escort Transportation		✓
Mortal Remains Transport		✓
Worldwide Coverage		✓

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## Health and Welfare Plans *Continued*

### ADDITIONAL BENEFIT OPTIONS

#### Employee Assistance Program

Call for confidential support or information, day or night.

1-877-890-0273

[www.achievesolutions.net/hpg2](http://www.achievesolutions.net/hpg2)

*Life can get tough, even overwhelming at times. If you find yourself navigating a personal or work-related challenge, remember the EAP can help! It's a confidential service through Beacon Health Options.*

**You and your family can receive up to five free sessions per issue. You also receive unlimited access to online resources for help with issues, such as:**

- Stress
- Depression
- Parenting
- Anxiety
- Adolescent behavioral problems
- Grief and loss
- Adolescent substance use disorder
- Legal problems
- Marital difficulties
- Substance use disorder
- Financial concerns
- Caregiving issues
- Stage of life difficulty (early adult, midlife, retirement)
- Accident or trauma



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## Health and Welfare Plans *Continued*

### FARMINGTON VOLUNTARY BENEFITS

**Short Term  
Long Term  
Critical Illness  
Accident Insurance  
Pet Insurance**

**Farmington: 1-800-621-0067**

#### **Permanent Life Insurance**

*Provides a lifetime of security*

- Coverage available for you, your spouse and your dependent children.
- You do not have to buy coverage for yourself in order to purchase a policy for an eligible family member.

#### **Short Term Disability Insurance**

*Protect your most valuable asset — your income!*

- Collect up to \$1,400/week (amount of income replacement is based on salary).
- Benefits are paid directly to you.
- Sickness and off-the-job accident coverage.
- Benefits are paid tax-free under the current tax law.

#### **Critical Illness Insurance**

*Have you witnessed the financial impact of a Heart Attack, Stroke, Cancer, Major Organ Transplant or Kidney Failure?*

- Are you concerned about heart attack, stroke, kidney failure, major organ transplant or cancer?
- Lump sum dollars paid upon diagnosis for covered conditions.
- Paid in addition to medical and disability plans.
- \$50 annual health screening benefit.

#### **Accident Insurance**

*Accidents happen! Protect yourself and your family*

- Provides coverage for off-the-job accidents.
- You, your spouse and your eligible children may be covered.
- Specific benefit amounts — Plan pays in addition to medical & disability benefits for Emergency Room, fractures, cuts, burns, etc.

#### **Pet Insurance**

*They're family and deserve the best care, too.*

- Reimbursements are paid directly to pet owners for a comprehensive list of veterinary services.
- Choice of veterinarian—No pre-authorization required.

## Health and Welfare Plans *Continued*

### BRIGHT HORIZONS

#### Bright Horizons Care Advantage Program

UofL Health has partnered with Bright Horizons® to help you better manage your many work, family and personal responsibilities by providing the following programs and benefits:

- **Back-Up Child & Adult/Elder Care** – access to back-up care for both your children and adult/elder family members during a lapse or breakdown in normal care arrangements through the Back-Up Care Advantage Program®
- **Additional Family Support** – free access to an online database of regular caregivers, pet care services, elder care resources and discounts, tutoring and test prep, homework and household help; also access regular child care benefits with preferred enrollment and tuition discounts for center-based care

**Register today. Be ready tomorrow.**

Register at no cost: [www.careadvantage.com/ulh](http://www.careadvantage.com/ulh)

Username: ULH

Password: 4backup

Or call 24/7/365 at 877-BH-CARES (242-2737).

Download the Back-up Care App at the App store. Search “Back-up Care.”



# Retirement

## Who handles our retirement account?

Lincoln Financial Group

800-234-3500 Customer Service is available from 8 a.m.– 8 p.m. EST.

[LincolnFinancial.com/Retirement](http://LincolnFinancial.com/Retirement)

## How do I enroll in the retirement account with UofL Health?

Each employee is automatically enrolled at 4 percent. If you do not wish to enroll in the plan or want to elect an amount other than 4 percent, you must do so within 30 days of your participation date by calling Lincoln Financial.

## Do I need to increase my contribution amount each year?

Lincoln will increase your contribution amount annually, up to a maximum of 10 percent. However, you can increase and decrease your contribution amount at any time by calling Lincoln or by changing it through your online account.

## How much will UofL Health match my own contribution, per paycheck?

UofL Health gives their employees a bi-weekly employer match up to 3.5 percent. This means they will match 100 percent of the first 1 percent you contribute and then 50 percent of the next 5 percent that you contribute.

## Do I get the employer match immediately?

No, you must be employed at least one year and work at least 1,000 hours for UofL Health before you can receive the bi-weekly match of 3.5 percent.

## Does UofL Health make any more contributions to my retirement account, other than the bi-weekly 3.5 percent?

Yes they do! UofL Health makes a yearly employer contribution up to 2.5 percent of your eligible pay. To be eligible, you must work a minimum of 1,000 hours during the plan year, and be employed on the last day of the plan year.

## Is the money in my retirement account mine?

Yes! You are ALWAYS fully-vested in your retirement plan with UofL Health. This means that any amount of money in your retirement account, at any time, is always 100 percent of YOUR money.





## Wellness Journey

The Wellness Journey Team actively seeks to empower team members with education, tools, and resources to encourage positive well-being and a healthy lifestyle.

### **WellRight, wellness platform**

<https://wellnessjourney.wellright.com/>

- WellRight is web-based. You will create a username and password to get started. From there you can utilize the program and track progress on a computer, tablet or smartphone that is internet-capable.
- WellRight has a free app. If you're an Android or iPhone user, you can download the WellRight App in the Apple or Google Play Stores and sign in with the same username and password you created on the website.
- WellRight offers text tracking features. This will allow you to engage in programming just by sending/receiving texts, making it that much easier to achieve personal health goals.
- WellRight is secure. The online and app experiences are secure and HIPAA compliant.

### **WellRight Status Levels**

- 5K - 40 points
- 10K - 60 points
- Half Marathon - 80 points
- Marathon - 100 points



## Program Getting Started Overview

**wellnessjourney.wellright.com**

After you register, follow the five steps below to ensure your experience with the program is quick and easy. Should you need help, simply reach out to [<support@icws-wellness.com>](mailto:support@icws-wellness.com).

### Review program details and sign up for activities

- Review all announcements which provide program details and steps to get your rewards or incentives.
- Review all sections and program options. Some activities will automatically be on your homepage; others can be chosen by selecting the + symbol.
- Select the "i" button for details on how to participate, meet the goal, and earn the reward.



### Register your mobile number

- Register your mobile number with the system to participate in challenges that require tracking on a regular basis.
- Enter your mobile number in your profile when you register or on any tracking challenge details page.
- Pick the days and time you want the reminders.
- Track using text messages—you never have to login to participate.



### Sync a fitness device or mobile app

- WellRight syncs with many fitness devices and wireless scales.
- Visit the Devices option in the top navigation and approve the connection.
- Select the brand of device you're syncing, and log in with your account information.
- Your steps, weight, and sleep will be automatically sent to the platform.
- If you're in a challenge with goals of steps, weight, or sleep, your progress will automatically update.

### Participate in one of four ways

- **Website** – Hover on the challenge tile and select the action button to log your activity.
- **Text Message** – Respond back to the message to log activity.
- **Fitness Device/App** – Sync your device/app with the system and steps, sleep, or weight will automatically be applied toward the challenge.
- **Mobile App** – All features are available in the app to participate, including setting up push notifications to track.

### Download the mobile app

- The app is in both the Android and iPhone store. Search for "WellRight."

#### TIPS

Visit your user profile for important information:

- Update privacy and communication settings
- Review total progress and rewards earned
- Invite family members, if allowed by your organization
- View FAQs or contact support

Complete all required activities by their end date to keep all rewards earned

Reset your password from the main login page

# UofL Outpatient Center Pharmacy Diabetes Medication Therapy Management Program

## What is the Employee Diabetes Medication Therapy Management (MTM) Program?

- Regular, confidential meetings with a clinical pharmacist to discuss medications, monitoring blood sugar, nutrition, physical activity, foot care, immunizations, and the prevention of diabetes complications
- Customized goal setting and coaching so that you can better manage your diabetes
- Collaboration with your provider(s) to optimize your diabetes care

## Who can participate in the Employee Diabetes MTM Program?

- Any UofL Health employee or dependent over the age of 18 with type 1 or type 2 diabetes who is covered under the health benefit plan and prescription benefit plan with UofL Health

## What are the benefits of the Employee Diabetes MTM Program?

- Individualized care and education related to your diabetes
- Communication with your provider(s) on your progress, including any recommendation for medication adjustments
- FREE diabetes medications and supplies if filled at either the UofL Physicians Outpatient Center (ULPOC) or Ambulatory Care Building (ACB) pharmacy

## How do I enroll in the Employee Diabetes MTM Program?

- Schedule an appointment with one of our Outpatient Center Pharmacy MTM pharmacists:
  - Tina Claypool, PharmD, CDE at 502-813-6105 or [tinacl@ulh.org](mailto:tinacl@ulh.org)
  - Janet Mills, PharmD, BCPS, CDE at 502-813-6104 or [janetmo@ulh.org](mailto:janetmo@ulh.org)

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