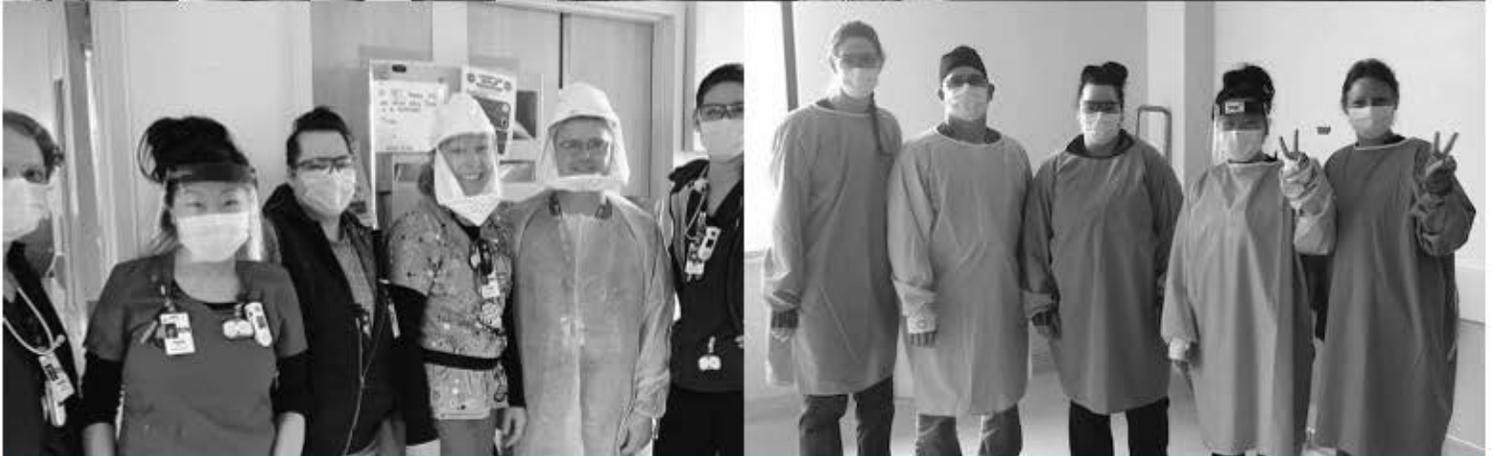




central peninsula
hospital

Benefits Summary



2023-2024

Effective 7/1/23 - 6/30/24



central
peninsula
hospital

**Contact
Human
Resources
regarding
any questions
you may have
about the
information
contained in
this booklet.
We will be
happy to
assist you.**

907-714-4773

Your Benefit Choices

Central Peninsula Hospital offers employees a comprehensive benefits package. Employees may choose to participate in the following benefit plans and programs:

- Medical, Dental, Vision, and Prescriptions – Moda
- Flexible Spending Accounts (FSA)
- Health Reimbursement Arrangement (HRA)
- Health Savings Account (HSA)
- Retirement Plan - Voya
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Consolidated Leave
- Educational Assistance
- Employee Assistance Program (EAP)

You Have Choices!

The CPH benefits program gives you choices about the benefits and coverage amounts that are right for you. This summary highlights some of the main features of your benefits package so that you can make informed decisions about your coverage.

Remember we are here to help! Contact Human Resources regarding any questions you may have about the information contained in this booklet. We will be happy to assist you!

This summary provides a brief summary of benefits available for CPH Employees. It does not contain all of the details, rules and limitations. For additional information, refer to the summary plan descriptions and official plan documents which govern these programs. In the event that the content of this brochure or any oral representation made by any person regarding the plans conflicts with or is inconsistent with the provisions of the plan documents, the provisions of the plan documents are controlling. Your enrollment in CPH benefits is subject to all limitations of the plans, including any pre-existing conditions exclusions, waiting periods and at-work requirements. CPH reserves the right to amend, modify, or terminate any of the plans, policies or procedures (in whole or in part) at any time without notice.

Table Of Contents

Health Plan Eligibility	1
Enrolling for Coverage.....	1
Changing Your Choices During the Year.....	1
Cost of Coverage	2
Medical	3
Additional Programs and Benefits	5
Prescription Drugs	7
Dental	8
Vision	9
Health Reimbursement Arrangement (HRA)	10
Health Savings Account (HSA)	11
Flexible Spending Accounts (FSA)	12
Consolidated Leave Program	13
Paid Time Off (PTO).....	13
Income Assurance Program (IAP).....	15
Family Medical Leave.....	15
Retirement Plan 403(b)	16
Educational Assistance	17
Continuing Education Hours	19
Life and Accidental Death & Dismemberment (AD&D) Insurance	20
Short Term Disability	21
Long Term Disability	22
Employee Assistance Program	23
Comprehensive Online Resources.....	23
Magellan Self-Screening System.....	23
LifeMart Discounts.....	23
Employee Benefits Summary	24
Important Phone Numbers & Websites	26
Notes	27

Eligibility for benefits occurs on the 1st of the month following 30 days of employment. Employees, who experience a status change into an eligible status type following their initial 30 days of employment, will be eligible on the 1st of the month following 30 days of the status change.

Benefit coverage ends on the last day of the month in which separation from employment occurs or if your status changes to per diem. You or your dependents may be eligible for COBRA coverage. Please contact Human Resources for details.

The following employee types are eligible to enroll in benefits:

- **Full Time:** Employees whose scheduled status hours are a minimum of 72 hours per pay period.
- **Part Time:** Employees whose scheduled status hours are a minimum of 32 hours per pay period.

ACA Full Time Definition: In accordance with the Affordable Care Act (ACA), employees who average at least 130 hours per month will be considered full-time. Actual hours worked will be reviewed at the following items to determine eligibility:

- Per Diem employees who have reached their one-year anniversary.
- A 12 month "look back" period of 5/1-4/30 will occur each year for all employees to determine eligibility for the period of 7/1-6/30 of the next year.

If an employee has averaged at least 130 hours during either of the period identified, they will be eligible to participate in the health plan at Level 1 premium rates. Per Diem employees who meet this requirement will be offered the following choice:

- CPH health insurance coverage effective the 1st day of the second calendar month following the end of their first year (at Level 1 rates) or at open enrollment (July 1) if they qualify at that time; or
- The additional earnings in lieu of benefits normally afforded Per Diem employees.

As an eligible employee, you may enroll your eligible dependents in many of the plans.

Eligible dependents are:

- Your Legal Spouse
- Unmarried or married dependent child under the age of 26 - This includes a stepchild, legally adopted child, child placed for adoption with the employee or child who has been placed under the legal guardianship of the employee.
- Children over the age of 26 who are unable to support themselves because of a mental or physical disability. Proof of a mental or physical disability must be approved by the claims administrator.

Enrolling for Coverage

If you are a new employee or have recently transferred to full or part time, you will receive a reminder through Workday, our HRIS platform to make your benefit elections.

You will be able to make your benefit elections directly with Workday at your convenience.

If you are currently enrolled, you may change your elections **only during the open enrollment** period which occurs in May and June each year, unless you have a qualified family status change during the year.

Changing Your Choices During the Year

The benefit choices you make are in effect from July 1 – June 30. **You may make changes during the year only if you have a qualified family status change or if it is during the open enrollment period in June.** Qualified family status changes may include:

- Marriage or divorce
- Death of a spouse or dependent
- Birth or adoption of a child or addition of a dependent
- Loss of eligibility of a dependent child
- Loss of coverage outside of CPH

You must enroll **within 60 days** of a qualified family status change, to update your personal information and benefit selections. You will have 90 days from the date of the qualifying event to provide the supporting documents (birth certificate, marriage certificate, divorce decree, etc.) to Human Resources. Any benefit changes you want to make during the year must be consistent with the type of qualified family status change you have. If you miss the deadline, you must wait until the next annual enrollment period to make a change.

Cost of Coverage

Cost of Coverage

Benefits are a big part of your total pay, and they can be expensive. CPH pays most of the cost (85% for Level 1 and 70% of the premium for Level 2 on the Redoubt, Iliamna and Denali plans) to provide coverage for employees and their families.

You will have the option to choose between the three medical plans, the Denali Plan, the Redoubt Plan, and the Iliamna Plan, at the time of enrollment. The Redoubt and Iliamna Plans offer coverage at a reduced employee contribution rate, but have a higher deductible. Employees who want a lower deductible have the option to purchase the Denali Plan at a higher employee contribution rate.

Below are the current monthly rates for the health care plan, this includes health, vision, dental, and prescription coverage. Full-time employees pay level 1 and part-time employees pay level 2:

Monthly Premium	Denali Plan		Redoubt Plan		Iliamna Plan	
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Employee	\$380.66	\$761.32	\$174.24	\$348.48	\$174.24	\$348.48
Employee & Spouse	\$785.08	\$1,570.18	\$359.40	\$718.80	\$359.40	\$718.80
Employee & Children	\$736.58	\$1,473.14	\$337.18	\$674.34	\$337.18	\$674.34
Employee and Family	\$1,160.06	\$2,320.10	\$531.06	\$1,062.12	\$531.06	\$1,062.12

Please Note:

- Your premium contributions are taken out of your paycheck on a pre-tax basis as part of the Section 125 Premium Conversion Plan. Therefore, once you make your enrollment election for coverage you will not be allowed to change that election until the next Open Enrollment period, unless you have a qualifying change in family status.
- Premium contributions are deducted on a pre-tax basis.
- Bi-weekly premiums are taken out of the first 2 paychecks each month.

Central Peninsula Hospital self-insures our health care plan. This means that we assume all of the financial risk for providing health care benefits, rather than paying an insurance company to assume this risk. **Moda Health** is the claims administrator for our medical, vision, dental and prescription drug plans. The main goal of this plan is to provide a high level of coverage for employees and their families as well as reduce costs.

Value Based Plan Features:

Our Value Based Plan features include reduced deductibles for Value Based network providers, \$10 copay for Value Based Primary Care Provider's consultation charge, and \$2 copay for value tier prescriptions.

How it works:

Certain providers, referred to as Value Based Providers, have agreed to coordinate care for our participants. To make it easier for you to use these providers we are reducing the deductible.

- For the **Denali Plan**, services received at Value Based providers will accumulate to a lesser \$1,000 deductible for individuals and \$2,000 for families.
- For the **Redoubt Plan**, services received at a Value Based provider will accumulate to a lesser \$2,000 deductible for individuals and \$4,000 for families.
- For the **Iliamna Plan**, the services received at a Value Based provider will accumulate to a lesser \$2,000 self-only deductible and \$4,000 for families.

We are also offering a \$10 copay for office visits if you use a Value Based Primary Care Provider recognized by Moda. For the Denali and Redoubt Plans, your deductible is waived at Value Based Primary Care Providers for the physician's consultation charge. For the Iliamna Plan, the services accrue to your deductible and the \$10 **copay will apply after the deductible is met**.

To find a list of Providers, search the Find Care tool at www.modahealth.com. You can also contact Moda Customer Service to inquire about the current list of Value Based Providers.

Network Information:

Endeavor Select is the primary network for Alaska. All licensed professional providers (non-facility) in Alaska are covered at the in-network level. All major hospitals (facility) in Alaska are considered in-network with the exception of Providence Hospital in Anchorage. Members searching for providers in Alaska should navigate to <https://www.modahealth.com/ProviderSearch/faces/webpages/providerSearch.xhtml>

First Choice Alaska is the wrap network partnered with the Endeavor Select network in Alaska. First Choice Network is a network of providers in Alaska, inclusive of Providence providers. Members searching for providers should navigate to First Choice network at <https://www.fchn.com/providersearch/moda-ak>.

Aetna Signature PPO is the wrap network for the lower 48. Services outside of Alaska are subject to the PPO network, in and out of network benefits for providers and facilities applies. Members searching for providers outside of Alaska should navigate to Provider Search - Home (aetna.com)

Navitus is the Pharmacy Benefits Manager with a large selection of in-network pharmacies. Navitus Member Portal Mail-order prescriptions are processed with Costco Mail Order (you don't need to be a Costco member to use the Costco pharmacy) or Postal Prescription Services. Visit Costco.com/pharmacy/home-delivery or ppsr.com to get set up.

Delta Dental PPO & Premier is the network of dentists who have agreed to charge set fees and won't balance-bill you. Search for PPO Providers at Moda Find Care | Search as a guest (modahealth.com) & Search for Premier Providers at Moda Find Care | Search as a guest (modahealth.com). The PPO Network offers members the most savings for the lowest cost.

Summary of Medical Benefits

	Denali Plan	Redoubt Plan	Iliamna Plan
Deductible			
<u>Individual</u>			
Value Based	\$1,000	\$2,000	\$2,000 self only
All Other Providers	\$1,250	\$2,500	\$2,500 self only
<u>Family</u>			
Value Based	\$2,000	\$4,000	\$4,000
All Other Providers	\$2,500	\$5,000	\$5,000
Preventive Care Services	100%, ded. waived	100%, ded. waived	100%, ded. waived
Percentage Payable			
Central Peninsula Hospital	90%	90%	90%
PPO Network Hospital	80%	80%	80%
Non-PPO Hospital	60%	60%	60%
Value Based Diagnostic Testing	90% after ded. is met	90% after ded. is met	90% after ded. is met
OP Physician Services			
Value Based Primary Care Provider	\$10 copay, ded. waived	\$10 copay, ded. waived	\$10 copay after deductible is met
All Other PPO	80% after ded. is met	80% after ded. is met	80% after ded. is met
Non-Participating	60% after ded. is met	60% after ded. is met	60% after ded. is met
Maximum Out-of-Pocket (including deductible)			
Individual	\$3,000	\$4,000	\$4,000
Family	\$6,000	\$8,000	\$8,000
Chiropractic Visit Limit	12 visits	12 visits	12 visits
Health Reimbursement Arrangement (HRA) or Health Savings Account (HSA)	Not available	\$500 employer paid HRA	\$500 employer paid HSA; employees can also contribute

Preauthorization:

All hospital admissions should be preauthorized by you or your attending physician. Failure to preauthorize an admission may result in a reduction of benefits or possible non-payment of the claim. Contact Moda Health to obtain preauthorization of hospital admissions, case management services or medical necessity reviews. They may be reached at 855-232-6886.

Identification Cards:

You will receive an identification card in the mail. If you have misplaced your card or have dependents on your plan that will need additional cards, you may log in to your dashboard at www.modahealth.com to download or request one.

Iliamna Plan - How do the deductibles work?

In order to be a Qualified High Deductible Health Plan eligible for Health Savings Account (HSA) contributions, the IRS requires that all non-preventive medical and prescription drug expenses be subject to a minimum medical deductibles for self only and family coverage. Therefore, on the Iliamna Plan, you will have to meet the deductible before most prescriptions will be covered. If you are the only person in your family covered on the plan, the self-only deductible will apply. If you have any other family members enrolled on the plan, you must meet the family deductible before the plan covers any non-preventive medical or prescription expenses.

SWORD Virtual Physical Therapy

Alleviate your pain by as much as 70% in just eight weeks!

Relieve pain from the comfort of home. This wellness program is available to Moda Health plan participants and their covered dependents at no additional cost as part of your medical benefits. Receive specialized treatment tailored just for you. SWORD will ship a tablet and motion sensors to guide you and provide real-time feedback during your exercises. Your physical care specialist will be there to support you virtually and is available at any time.



Visit join.swordhealth.com/moda/register to get started!

Here's how it works



Pick Your PT

Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.



Get Your Sword Kit

Your kit comes complete with motion trackers + a tablet, and will provide you and your PT with real-time feedback.



Stay Connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.



Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

Diabetes Management Program - Livongo

Register for Livongo and receive a welcome kit in only 3-5 days.

Medical plan participants and their covered dependents can participate in the Livongo program at no additional cost. Once you've registered, you'll receive:

- Connected blood glucose meter
- Unlimited Strips
- Personalized insights
- Expert coaching

Call 800-945-4355 or visit Join.Livongo.com/CPH/hi and use registration code CPH.



The Diabetes Management program supports people diagnosed with type 1 or type 2 diabetes and helps make living with diabetes easier. The program team works with you to provide personalized plans so you can live your healthiest life possible.

The program provides you a connected meter and unlimited strips and lancets. If members of the program team see that your glucose levels go out of range, they'll reach out to you within 15 minutes to get you the support you need. You also have the option to work with a certified health coach for more guidance.

Getting registered for the Diabetes Management program is easy and only takes a few minutes. You can either download the Livongo app, call 800-945-4355 or visit the website by scanning the QR code above. You will start the process by answering a few simple questions about your health to see if you qualify for the program. If you do qualify, you will be mailed a Welcome Kit with instructions on how to get started.

If you prefer to receive support in Spanish, this option is available to you.

Never be Without a Doctor

Text a doctor for free* 24/7 with CirrusMD

Use CirrusMD for:

- Coughs, fevers, sore throat
- Earaches, stomach pain, diarrhea
- Rashes, allergic reactions, animal/insect bites
- Back/abdominal pain
- Sports injuries, burns, heat-related illness
- Urinary tract infections
- General health questions

Doctors are available 24 hours a day, 7 days a week.

Download the CirrusMD app or connect online at modahealth.com/cirrusmd and see how easy it is to connect to a doctor in seconds!



*CirrusMD is covered at 100% with no deductible for participants in the Denali and Redoubt plans. The services are subject to the deductible for participants in the Iliamna plan, and will be covered at 100% after the deductible is met.

Passport to Health

CPH offers the Passport to Health program to employees and their dependents who have been identified with health conditions and who may be able to benefit from in person health coaching. The program is free and voluntary. Participants work with a Moda health coach located in Soldotna. If you are invited into the program, participation incentives may include waiving copays or coinsurance for certain services, although deductibles still apply.

Call 1-855-718-1769 to find out more about this program and eligibility for this program.

Moda 360

Let a Moda 360 Health Navigator be your guide

Healthcare can be complicated. Moda 360 Health Navigators help make it easier for you. As a Moda Health member, you have exclusive access to Moda 360 Health Navigators. You can contact a Health Navigator if you need help with:

- Scheduling support
- Care programs
- Prior authorization
- Claims and provider billing support

Call 855-232-6886 to connect with a Moda 360 Health Navigator, or visit modahealth.com.

Behavioral Health Champions

The support you need and deserve

Our Behavioral Health Champions bring all the support and tools you need for mental wellness right to you. In a fast moving world with challenges at every turn, you may find yourself needing someone to help you find the right mental health balance and support. That's where we come in. Your Behavioral Health Champion can help you:

- Access a local mental health professional that's right for you
- Get the care and support you need quickly and easily
- Verify provider availability and schedule appointments
- With follow-up connections to make sure you have what you need and are getting the care and support you deserve

To get started, call 833-212-5027 or email bhchampions@modahealth.com.

Prescription Drugs

The prescription drug plan for CPH is managed through Moda Health. This plan is designed to help you and your family use clinically appropriate medications and manage the increasing cost of prescription medications.

In order to encourage use of low cost high value medications to treat some chronic conditions, we have included a Value Based prescription tier with a \$2 copay per prescription. On the Moda website www.modahealth.com you can use the pharmacy tools for: checking medication costs, viewing prescription history, viewing prescription claims and forms, reviewing drug interactions, and finding in-network pharmacies.

For a prescription drug list, please visit <https://www.modahealth.com/pdfs/Prescription-drug-list-large-group.pdf>

Summary of Prescription Drugs Benefits

	Denali Plan & Redoubt Plan	Iliamna Plan
Prescription Drug Copays <u>Retail (30 day supply)</u>		The following copays apply after you meet your deductible
Value Based	\$2	\$2
Generic/Select	\$10	\$10
Formulary Brand/High Cost Generic	\$35	\$35
Non-Formulary Brand	\$70	\$70
Specialty Preferred	\$150	\$150
Specialty Non-Preferred	\$300	\$300
<u>Retail (60 or 90 day supply) or Mail order</u>	2x copay	2x copay
Out-of-Pocket Maximum		Combined with the medical Max. Out-of-Pocket
Individual	\$3,100	
Family	\$5,700	

Note: If a Generic drug equivalent is available and a Covered Person chooses to purchase a Brand Name drug, the Covered Person will be required to pay the Brand Name copayment amount plus the cost difference between the Brand Name drug and the Generic equivalent, unless the Physician's prescription indicates "Dispense as Written" or similar indication.

When you use either option, your claim for benefits will automatically be filed for you with the Claims Administrator.

- If you fail to show your Plan identification card at the pharmacy, or if you use a non-participating pharmacy, you must pay for the cost of the drug and file your claim for reimbursement directly with Moda Health.
- Your reimbursement will be based on the amount the plan would have paid had you used a participating pharmacy.

Dental coverage is included when you enroll in any of the three medical plan options (Denali, Redoubt, or Iliamna). The dental plan helps pay the cost of dental expenses for you and your family and is designed to promote and encourage preventive dental care. The dental plan pays a percentage of your eligible expenses as shown in the following table:

Summary of Dental Benefits

	Denali, Redoubt and Iliamna Plans
Deductible	\$50 / Person \$150 / Family <i>Waived for network dentists</i>
Percentage Payable	Preventive: 100% Basic: 80% Major: 50% Orthodontia: 50%, \$50 lifetime deductible
Maximum Benefit	\$2,000 per person per year (basic, major) \$2,000 per person lifetime (orthodontia)

Preventative

- Preventive services do not apply to your maximum benefit under the dental plan.
- Oral examinations, limited to two examinations each calendar year.
- Diagnostic Services, including examinations and diagnostic x-rays.
- Topical fluoride application for covered persons under the age of 20, limited to two treatments each calendar year.
- Prophylaxis, limited to two treatments each calendar year.
- Sealants for covered persons under age 14, limited to use on permanent teeth.
- Space maintainers for covered persons under age 14.

Basic Services

- Extractions
- Filling restoration to restore diseased or accidentally broken teeth.
- Root Canal therapy
- Oral surgery performed on teeth or gums

Major Services

- Inlays, onlays, gold filling and crown restoration to restore diseased or accidentally broken teeth.
- Replacement of an existing partial or full removable denture, new bridgework or the addition of teeth to an existing partial or full removable denture or bridgework Initial installation of fixed bridgework
- Initial installation of partial or full removable dentures

Orthodontia Services

- Diagnostic services
- Active treatment, including initial and subsequent necessary appliances.
- Retention treatment, including necessary appliances.

Vision coverage is included when you enroll in any one of the three medical plan options (Denali, Redoubt, or Iliamna). The vision plan for employees at CPH is a self-funded plan administered by Moda Health. Under the vision plan you may visit any provider, and prescriptions may be filled by any Optician, Optometrist, or Ophthalmologist. Below is a summary of the vision benefits.

Examinations

Covered routine examination services are:

- Examination of the outer and inner parts of the eye;
- Evaluation of vision sharpness (refraction);
- Binocular balance testing;
- Routine tests of color vision, peripheral vision and intraocular pressure; and
- Case history, recommendations and prescriptions.

Lenses

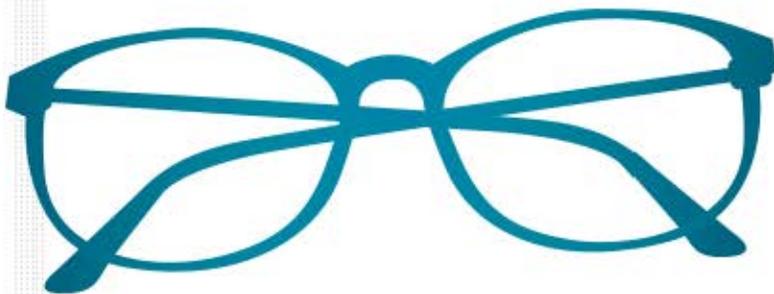
When necessary to improve vision, benefits are available to include eyeglass lenses. Benefits for the following are paid up to the allowable amount for the type of lens prescribed:

- Special features, such as tinting or coating;
- Fitting of eyeglass lenses to frames; and
- Fitting contact lenses to the eyes

Frames

Benefits are available for the Usual, Customary and Reasonable fee, up to the limits as stated in the Schedule of Benefits. This benefit includes parts of frames and fitting the frames to the face.

Denali, Redoubt and Iliamna Plans	
Vision	<p>Exam: \$25 copay, one per year.</p> <p>Glasses: up to \$120 allowance for frames and a set of lenses per year.</p> <p>Lenses: covered at 100%.</p> <p>Contacts: up to \$105 per year in lieu of glasses.</p>



What's a Health Reimbursement Arrangement?

An HRA is a reimbursement account which allows Central Peninsula Hospital to set aside funds on a pre-tax basis for you to spend on any qualified expense that is covered under Section 213(d) of the IRS Code. Money not used in one year can be rolled over from year-to-year with the idea being that you, the participant, can save money to be used in years when you have higher health care expenses.

Who can participate?

All Central Peninsula Hospital employees who are in enrolled in the Redoubt Plan are automatically enrolled in this program!

At the time that you initially enroll in medical coverage and July 1 of each year, CPH will make a contribution of \$500 to each **Redoubt Plan** employee's account. **The HRA is not available to Denali or Iliamna Plan participants.**

Filing a claim:

- Claims can be filed via the mobile app or online via your member portal.
- Submit for reimbursement with a completed manual claim form and fax or mail it in.
- **Benefits Card** The Benefits Card provides direct access to your Flexible Spending Account, allowing you to pay for eligible healthcare expenses at qualified locations wherever Visa is accepted.
- You are responsible for receipts verifying the account was used for qualifying expenses. The IRS can request documentation when you do your taxes, so you will want to track expenditures with your tax paperwork.

Signing up for direct deposit allows you to receive your funds faster for any type of claim filed.

Please note, when you terminate coverage or change plans, you will no longer have access to these funds for future claims, unless you choose to purchase COBRA coverage. (You may continue to use the HRA for claims incurred prior to coverage termination, subject to timely filing limits)

For more information about the HRA contact BenefitHelp Solutions at www.benefithelpsolutions.com, (888)398-8057 or contact CPH Human Resources at 907-714-4773.

What's a Health Savings Account?

An HSA is savings account which allows you to contribute money on a pre-tax basis for you to spend on any qualified expense that is covered under Section 213(d) of the IRS Code. Money not used in one year can be rolled over from year-to-year with the idea being that you, the participant, can save money to be used in years when you have higher health care expenses.

Who can participate?

An individual who:

- Is covered under a qualified high-deductible health plan (QHDHP)- such as the Iliamna Plan
- Not covered by any health plan other than a QHDHP
- Not be enrolled in Medicare
- Not be a dependent on another person's tax return

At the time that you initially enroll in the Iliamna Plan, CPH will make a contribution of \$500 to each **Iliamna Plan** employee's account. **The HSA is not available to Denali or Redoubt Plan participants.**

Benefits to you:

- An HSA is yours. Funds in your HSA account stay with you, even if your change jobs.
- Contribute tax-free. An HSA reduces your taxable income. The money is tax-free both when you put it in and when you take it out to cover qualified medical expenses.
- Grow funds tax-free. An HSA grows with you. When your HSA balance reaches the minimum balance requirement, your funds can be invested in mutual funds yielding tax-free earnings.
- Spend tax-free. Withdrawals used for eligible expenses are tax- free.
- Funds can be withdrawn anytime for medical expenses.
- After age 65, the funds can be used for any purpose, without penalty.

Benefit Help Solutions will send you Identify Verification information to set up your Health Savings Account. You have 60 days to respond and verify your identity before they close the account.

You are responsible for receipts verifying the account was used for qualifying expenses. The IRS can request documentation when you do your taxes, so you will want to track expenditures with your tax paperwork.

A Health Savings Account rolls over year-to-year and if you leave employment at CPH, the HSA will go with you.

Flexible Spending Accounts (FSA)

Did you know that there's a simple way to get your hands on additional spendable income, month after month? If you, like most people, spend a few hundred dollars or more each year in out-of-pocket healthcare or childcare costs, you can get 25 to 40 percent of that money back in your pocket when you sign up for a Flexible Spending Account (FSA).

This plan is administered through Benefit Help Solutions a partner with Moda Health and offers two reimbursement accounts for CPH employees to participate in: Medical or Dependent Care Reimbursement Plans.

Here's how they work:

With an FSA, you determine how much out-of-pocket child care and healthcare expenses you have each year, and then you have that amount (divided by the number of payroll periods) automatically set aside from your paycheck. The money is pulled out before taxes are deducted and held in a special account for you. When you start paying healthcare or dependent care expenses, you get reimbursed from your FSA account — and that money never gets taxed. The bottom line: you get more spendable income for paying off credit-card debt, planning a much-needed vacation or finally getting yourself an iPhone. What will you do with the money you'll save?

When Can I Sign Up?

- 1) When you are initially eligible to enroll in benefits. (See page 3)
- 2) During open enrollment held in May-June of each year.

Contact HR for more details.

Claims information:

- **Benefits Card** The Benefits Card provides direct access to your Flexible Spending Account, allowing you to pay for eligible healthcare expenses at qualified locations wherever Visa is accepted.
- **Direct Deposit:** By having your Flexible Spending Account reimbursement directly deposited into your bank account, you eliminate the hassle of having to go to the bank each time you receive a check.

Important Rules to Consider before enrolling in a Flexible Spending Account

- **Rollover-You can rollover up to the IRS maximum each year.**
- Your elections cannot be changed or revoked unless you experience a **qualified family status change**
Examples of Qualified Family Status Changes:
 - Marriage
 - Divorce
 - Birth or adoption of child
 - Death
 - Change in employment status for you, your spouse or tax dependent
 - Change in dependent care provider
 - Increase or decrease in dependent care provider charges
 - Participation in Flexible Spending Accounts may slightly reduce your Social Security benefits.
- Funds cannot be moved from your healthcare to your dependent care account or visa versa.
- You do not have to be enrolled in the medical plan to participate.
- You must re-enroll each year during the open enrollment period.
- You cannot contribute to a Healthcare FSA if you elect a Health Savings Account (HSA).

For more information about Flexible Spending Accounts contact BenefitHelp Solutions at www.benefithelp.com, (888)398-8057 or contact CPH Human Resources at 907-714-4773.

Consolidated Leave Program

Consolidated Leave Program is a two-part program, which consolidates and replaces the traditional vacation, holiday, and sick leave benefits. This program is comprised of Paid Time Off (PTO) and the Income Assurance Program (IAP).

Eligibility

The consolidated leave program is a benefit for all regularly scheduled full time and part time employees.

Paid Time Off (PTO)

A benefit accrued each pay period according to the number of hours paid per pay period (up to a maximum of eighty-four (84) hours), and the number of years of service with the hospital. This accrued time may be used for any purpose including holidays, vacations, family needs, personal business, or personal illness of thirty-two (32) consecutive hours or less.

Plan in effect upon:	PTO Accrual Per Hour	PTO Accrual Per 80 Hour Pay Period	PTO Accrual For 26 Pay Periods	MAX Accrual	MAX Accrual for Director
Hire Date	0.08462	6.77 Hours	176 Hours (22 days)	264 Hours (33 Days)	344 Hours (43 Days)
1st Anniversary	0.10385	8.31 Hours	216 Hours (27 Days)	324 Hours (40.50 Days)	404 Hours (50.50 Days)
3rd Anniversary	0.11538	9.23 Hours	240 Hours (30 Days)	360 Hours (45 Days)	440 Hours (55 Days)
5th Anniversary	0.12308	9.85 Hours	256 Hours (32 Days)	384 Hours (48 Days)	464 Hours (58 Days)
7th Anniversary	0.13077	10.46 Hours	272 Hours (34 Days)	408 Hours (51 Days)	488 Hours (61 Days)
10th Anniversary	0.13846	11.08 Hours	288 Hours (36 Days)	432 Hours (54 Days)	512 Hours (64 Days)
Executive Level 1	.123077	9.8462 Hours	256 Hours (32 Days)	464 Hours (58 Days)	N/A
Executive Level 2	.142308	11.3846 Hours	296 Hours (37 Days)	524 Hours (65.5 Days)	N/A
Executive Level 3	.161538	12.9230 Hours	336 Hours (42 Days)	584 Hours (73 Days)	N/A

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Taking PTO

PTO, except for illness or emergency, must be requested in advance in accordance with departmental policy in writing on a "PTO Request" form or via the Internet Gateway and must be approved by the employee's supervisor. In absence of a departmental policy, at least a two-week (14 day) advance notice is required.

Taking Unscheduled PTO (PTO-U)

When using PTO due to illness and/or an unscheduled absence, the employee must contact his/her Director by the required time designated by departmental policy. If the employee is ill at work and must leave, and or if the Director sends the employee home due to illness, the Director will make the determination as to use of accrued PTO or IAP based on prior utilization of hours by the employee. PTO for illness or unscheduled absence will be documented on the time record as PTO-U.

The designated holidays observed by CPH are:

New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve and Christmas Day.

If a holiday falls on the day of the week that an employee is normally scheduled to work, the default procedure is to pay the employee PTO equivalent to the number of hours normally worked that shift. If an employee chooses not to be paid PTO for the holiday, they must notify their director before processing of that pay period's payroll.

PTO For Registered Nurses

PTO Usage for Registered Nurses falls under the Collective Bargaining Agreement, Article 9. Contact Human Resources for a copy of the Collective Bargaining Agreement.

PTO Donations

If an employee is on an approved leave and has exhausted PTO and applicable IAP hours, and experiences a medical or family emergency or some other hardship situations that causes an extended absence from work, the employee may request donations from the facility-wide Emergency Leave Bank.

Donating Hours: All staff members may submit a written request to donate accrued, unused PTO hours to the facility-wide Emergency Leave Bank. Donated hours can be designated for the benefit of a specific employee recipient, if desired. Donations of a minimum of 1 hour, up to a maximum of 120 hours may be donated any 1 calendar year. The donating employee must retain at least 40 hours of PTO in their own bank. Employees may make donations in response to a specific co-worker's request for donations.

Requesting Hours: If you need to request additional PTO hours please submit a request to the Human Resources department. Hours donated to specifically designated recipients first, and then the remaining donated hours will be equally distributed among the other approved recipients, so long as donated PTO hours are available. Donated hours will be paid on the pay period in which the employee falls below full or part time status hours. Any qualified employee may receive up to a maximum of 480 donated hours in 1 calendar year if the hours are available.

Annual Voluntary PTO Cash-out

In December of each year employees may have the option to voluntarily cash out a portion of their PTO balance during the next calendar year. Employees must maintain a minimum balance of PTO in their account. The total number of hours cashed out may not exceed 50% of projected PTO accruals for the year, based on regularly scheduled hours. Voluntary cash-out forms must be completed within the designated time frame to be eligible.

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Income Assurance Program (IAP)

A benefit accrued each pay period according to the number of hours paid per pay period (up to a maximum of eighty (80) hours). IAP may be used on the first 2 shifts missed due to an employee or an employee's child's medical condition during any calendar year. After the first 2 shifts in any calendar year, IAP may only be used following 32 consecutive hours of absence caused by illness or injury or on the first day of an absence due to hospitalization, or non-elective outpatient surgery.

IAP Accrual Schedule (Based on Full-time Employment)				
Length of Service	IAP Accrual Per Hour	Accrual Per 80 Hour Pay Period	Accrual For 26 Pay Periods	MAX**
Date of Hire	.030768	2.46 Hours	64 Hours (8 Days)	480 Hours (60 Days)

Taking IAP:

Should an employee return to work after the use of IAP and find that they cannot complete their scheduled shift, due to the same illness, they will return to the use of IAP and will provide a physician's release documenting that the absence was due to the continuation of the same illness. If the employee returns to work after the use of IAP and completes their scheduled shift, any additional days absent will be paid as if the employee were encountering a new illness.

Family Medical Leave

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

Twelve workweeks of leave in a 12-month period for:

- the birth of a child and to care for the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

Twenty-six workweeks of leave in a single 12-month period to:

- care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

For further questions regarding PTO, IAP OR Family Medical Leave contact the Human Resources Department.

Retirement Plan 403(b)

Voya Financial

The money you save and invest now – during your working years – can have the biggest impact on how much you'll have in retirement. And your employer-sponsored retirement savings plan can help you build the savings you'll need down the road.

Employees of Central Peninsula Hospital have the option of participating in the 403(b) Employer Contributory Plan. This plan offers many benefits making it easy and convenient for you to save for your future, including:

- Payroll deduction - the amount you choose is up to you!
- Potential tax benefits by lowering your taxable income along the way.
- Access to professionally managed investments.
- Tools, resources and education/advice to help you plan, save and invest.

How are contribution made?

- **Employee Elective Deferrals** – This is the amount you choose to contribute.
- **New employees are auto-enrolled in the plan for a 3% contribution**

After employees meet the eligibility requirements:

- **Employer Discretionary Contributions** – CPH will contribute funds equal to 2% of your annual salary to your plan.
- **Employer Matching Contributions** – CPH will match eligible employee contributions for a maximum of 3% of the employee's bi-weekly salary.

In addition employees participating in the plan have the option of rolling over accounts from previous places of employment into their CPH 403(b) account.

Eligibility

All hospital employees are eligible to make elective deferrals into the 403(b) plan. However, in order to receive Employer Discretionary and Matching contributions you must have either full or part-time status, have completed at least one eligibility year of service in which you work 1000 hours, and have attained age 21. Employees who are eligible to receive the Employer Discretionary and Matching contributions shall start receiving contributions after they are eligible and it is an enrollment period. **Enrollment periods occur in December and June of each year and are effective January and July of each year.**

Investment paths can help steer you in the right direction

When you join the plan, you are doing more than just saving. You are also investing your money to help you reach your savings goals. With a wide range of investment options available, you can choose the path that best meets your needs and goals.

Additionally, we offer tools and support to help you understand your investment choices and make sound decisions, including:

- A local representative who will work with you to create a customized investment strategy.
- Online services that will provide guidance and advice.
- Target date funds that take into consideration your predicted retirement age.
- A Financial Wellness program which offers a financial wellness assessment, an assessment summary, personalized wellness dashboard, and a resource center with educational resources.



For complete information on the plan and its rules, including rules for eligibility, please refer to CPH. beready2retire.com or call the Voya Retirement Readiness Center at 800.584.6001.

Educational Assistance

CPH encourages employees to develop their skills, knowledge and job effectiveness through continuing education. Educational Assistance may be granted for courses taken through an accredited college, university or an approved technical school that are work related, maintain or improve the skills required by an employee in his/her employment, or that may make an employee more valuable to the organization.

This program allows eligible employees to receive funds to further their education prior to completing the course. At the successful completion of the course participating employees are required to submit receipts and show record of a passing grade of 'C' or better.

Eligibility

All **full-time** and **part-time** employees who have completed one (1) year of service are eligible for this benefit. Per Diem and Temporary employees are not eligible for Educational Assistance.

What can I use it for?

Educational Assistance may be used for the following educational expenses as outlined in Internal Revenue Code Section 127(c)(1): tuition, books, supplies, and equipment necessary for class.

Educational Assistance **may NOT** be used for tools or supplies which employees may keep after the course is completed, education involving sports, games, hobbies (unless job-related), meals, lodging, or transportation.

	Maximum Annual Reimbursement	
	Undergraduate Courses	Graduate Courses
Full Time Employee		
2nd year of service	\$1,500	\$1,500
3 or more years of service	\$2,000	\$2,500
Part Time Employee		
2nd year of service	\$750	\$750
3 or more years of service	\$1,000	\$1,250

To take advantage of this benefit the following steps must be completed.

- 1 Submit your application online, at <https://app.smartsheet.com/b/form/135b4b6b441c4979bcc55503bb44057>
- 2 Applications will be reviewed and are subject to available funds. If approved, you will receive a check and be requested to sign a promissory agreement.
- 3 At the completion of your course, record of passing grades received ("C" or better or "Pass" if Pass/Fail grading) and all receipts for educational expenses incurred must be turned in to Human Resources no later than 30 days after the end date of the course/semester.

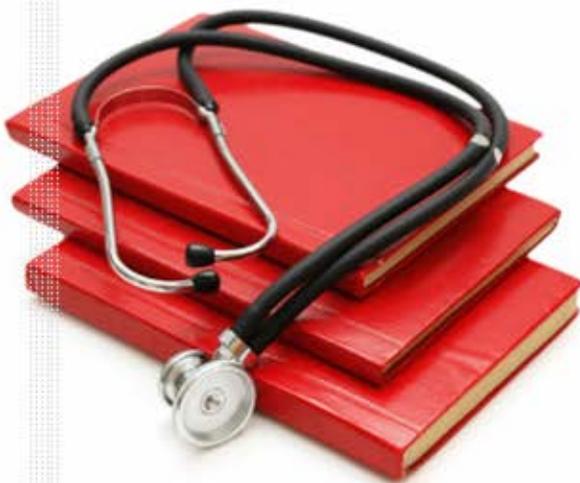
Application Periods

Applications must be submitted prior to class start date.

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General Rules and Guidelines

- Record of passing grades and eligible receipts must be submitted to Human Resources no later than 30 following the completion of the course.
- Funds advanced for Educational Assistance in excess of actual, eligible expenses incurred, must be returned to CPH no later than 30 days after the end date of the course/semester.
- If the employee is unable to provide receipts for eligible expenses equal to the amount they received for the semester, the remainder of the funds must be repaid to CPH no later than 30 days after the end date of the course/semester.
- If the employees withdraws or does not complete the course with a passing grade, all funds related to that course must be repaid.
- Employees must re-apply for each semester that they would like to request funds.
- You are required to be currently employed by Central Peninsula Hospital at the time reimbursement is requested/received.
- Because this benefit is offered to an employee to maintain or improve his/her required skills and to encourage his/her further development while increasing his/her contribution to the organization, any employee who leaves Central Peninsula Hospital within twenty-four (24 months) of receiving any Educational Assistance, or changes in his/her employment status to other than full-time or part-time will be required to repay a portion of the monies advanced, according to the length of employment served after receipt of Educational Assistance.
- Educational Assistance above IRS-established amounts is taxable income as the promissory note is forgiven and will be reported as income to the recipient. Educational Assistance below the IRS amount is non-taxable.
- To identify the employee's responsibilities for repayment of the money if obligations are not fulfilled, a promissory note will be signed by the employee prior to the receipt of Educational Assistance. Any monetary deficiency owed under this program becomes immediately due and payable at the time of default on the Educational Loan Promissory Note provisions.



For more information contact Human Resources or see policy CPGH.102.520-Educational Assistance.

Continuing Education Hours

At CPH, it is strongly encouraged for all employees to stay current with the trends and new advancements in their area of employment. All employees at CPH are eligible for compensation for hours spent in educational endeavors that are relevant to their position.

Employees may be provided a minimum of **16 hours per year** of continuing education dependent upon their position. This time will be reimbursed at regular pay rate, and not be, or cause worked time to be eligible for overtime pay. Additional education time will be available to those attending programs that are hospital directed for their position.

Eligibility

All Employees are eligible to participate in this program. (For information pertaining to education benefits for RN staff, please refer to the Collective Bargaining Agreement between RNs United and CPH.)

Where to Find Educational Offerings

Educational offerings are posted on various education boards throughout the hospital, in the Staff Development office and also on the Staff Development page on the intranet.

To participate in this program, complete the following steps:

- 1** Find an appropriate educational offering you would like to attend. (If you are unsure if the offering is acceptable consult your Department Director.)
- 2** Complete a Continuing Education/Travel application. These can be found on the Intranet.
- 3** Complete the steps outlined on the form.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and AD&D insurance plan is administered by Cigna. This benefit pays in the event of your death or the death of an eligible dependent. The plan also pays a benefit if you or an eligible dependent loses a limb, vision, speech, and hearing or dies due to an accident.

Eligibility

Full-time and part-time employees are eligible for benefits on the 1st of the month following 30 days of employment. You may also enroll during open enrollment which occurs each year during the months of May and June.

Company-Paid

CPH pays the full cost to provide you with life and AD&D coverage equal to one times your annual pay if you are a full or part time employee. The maximum benefit is \$500,000.

Optional Life and AD&D Insurance

- **Employee Life:** Optional life and AD&D insurance are available if you want more insurance than what CPH provides. Employees may elect coverage in \$10,000 increments to a maximum of \$750,000 or 7 times your annual salary, whichever is less. The Employee Guarantee Issue, at the time of initial enrollment is \$80,000. If you choose coverage beyond that you will be required to provide satisfactory evidence of good health. The amount of your benefit is reduced by 35% at age 65 and 50% at age 70.
- **Spouse Life:** You may choose to elect life and AD&D coverage for your spouse in increments of \$5,000. The Spouse Guarantee Issue at the time of initial enrollment is \$25,000. If you choose coverage beyond that you will be required to provide satisfactory evidence of good health.
- **Child/Children Life:** You may choose to elect life and AD&D coverage for your child or children amounts of \$1,000, \$5,000 or \$10,000 per eligible child. Children can be covered up to age 19, or up to 25 if they are a full-time student.

Please refer to the Term Life and Accident Insurance booklet provided by Cigna for the Life and AD&D insurance rates.

For complete information on the plan, including the enrollment process, please contact Human Resources.

Short Term Disability

The Short Term Disability Insurance benefit is available to all full or part time employees and will help secure your family's financial security in the event of your disability. The need for disability insurance protection depends on individual circumstances and financial situations. The Short Term Disability plan is administered by New York Life, and offers two levels of coverage.

1. The basic level, paid for by the hospital for all full or part time employees, provides a weekly benefit up to 70% of your covered weekly earnings – to the program maximum of \$200 per week.

2. The voluntary level allows you to change your maximum weekly benefit to \$1,000.

To receive benefits under this plan, you must be disabled (as defined in the Short Term Disability Insurance booklet) as a result of a covered injury or sickness, and you must be under the appropriate care of a licensed, practicing physician when is qualified to treat your disability.

When do I receive benefits?

Before collecting benefits, you must satisfy the elimination period following your date of disability. For the plan offered at CPH, this period is 29 days for accident, 29 days for sickness of continuous disability,

How much am I eligible to receive?

On the 31st consecutive day of disability you are eligible to receive 70% of your weekly pay with a maximum of \$200 per week, or the amount of your voluntary coverage.

How long will I receive benefits?

Once you qualify for benefits under this plan, you continue to receive them until the end of the 22 week benefit period, or until you no longer qualify for benefits, whichever occurs first. New York Life will ask you to periodically furnish proof of your continued disability.

How do I apply?

Short term disability claims are initiated by phone. Contact New York Life directly at 800-362-4462.

* Other benefits you receive may reduce the amount of disability benefits due to you. These may include, but are not limited to PTO/IAP, Workers Compensation, State Disability, Social Security and Retirement funds.

For complete information on the plan, including the enrollment process, please contact Human Resources.

Long Term Disability

Having adequate insurance coverage is not only the basis for a sound financial blueprint, it helps to provide the protection you need to ensure that your family, your home and your finances will be protected. To help ensure your financial wellness, all full and part time employees are invited to participate in the Long Term Disability plan administered by New York Life.

This benefit pays you up to 60% of your weekly pay up to a maximum benefit of \$10,000 per month, in the event that you experience a disabling injury or illness that lasts longer than the qualifying period. This is a group plan benefit, which means the premiums are very affordable at only \$0.22 per \$100 of coverage.

When do I receive benefits?

Long term disability benefits begin after a 180-day qualifying period.

How long will my benefits last?

The maximum duration of long term disability benefits is the earlier of 1) your normal projected retirement age, or 2) you are able to return to work.

What does Long Term Disability Insurance cover?

This program covers disabling injuries or sicknesses that last beyond the elimination period, whether they occur on or off the job.

How do I get started?

Review the LTD Benefit Booklet to determine if you are interested in purchasing this coverage. Complete the enrollment form included in the booklet and return the form to Human Resources.



For complete information on the plan, including the enrollment process, please contact Human Resources.

The EAP (Employee Assistance Program) is a confidential counseling and referral service that can help you and your family successfully deal with life's challenges. The EAP can help with things like stress, anxiety, depression, relationship problems, job or work stress, parenting, alcohol and drugs, legal issues, and financial concerns.

EAP services are available to you at no cost, as your employer has prepaid these services

Get the care you need in these convenient and confidential ways:

- Call **800-478-2812**, 24 hours a day 7 days a week and speak with an intake specialist who will assist you in accessing the information you need.
- Go online to **www.magellanascend.com** where you can find several web-based programs, videos, on-demand learning opportunities, a self-referral process, and many articles on various health related topics, such as parenting, financial wellness, managing work and career, mental health, relationships, overcoming grief and depression, wellness and healthy living, coping with stress and anxiety, older adult resources, etc.
- App Library hosts convenient links to download mobile apps to help with anxiety management, insomnia, obsessive compulsive disorder and more.
- The monthly newsletter and live webinar are featured on the homepage each month.

Additional Program Benefits Provided at No Charge by Your Employer:

Magellan Health is committed to supporting you through life's challenges. Legal or financial concerns can put considerable stress on an individual—and their family. Our relationship with CLC, Inc. (CLC) allows us to offer a wide range of legal and financial services and resources, easily accessed via telephone and through **MagellanAscend.com**.

Comprehensive Online Resources

Through **www.Magellanascend.com**, you have unlimited access to an easy to navigate legal and financial resource center.

You can use the site to obtain general information on a wide range of legal and financial topics, including many common issues. The site includes a legal library, mortgage and retirement calculators, over 5,000 state specific legal and financial forms, articles, and an e-mail form to request referral services.

The site also offers an interactive will preparation program free of charge. With online wills, you can easily create a will in less than one-hour by selecting the kind of will and other documents they need, answering a few short questions, saving it, and then printing it out. It's fast, it's easy and comes with a complete set of instructions on how to properly sign and notarize the documents so that they are legally valid.

Magellan Self-Screening System

If you need help with mental health or substance abuse concerns but aren't ready to speak with a counselor, use the Magellan Self-Screening System. It's a confidential resource that allows you to get help and information via the phone or internet. Access MSSS by visiting **www.Magellanascend.com**, or calling your toll-free number and following the prompts to take the alcohol misuse or depression self-screening.

LifeMart Discounts

Life is expensive. LifeMart, a member discount program offered through this program, makes everyday life a little more affordable, and a lot more fun. Visit LifeMart through the EAP website to access hundreds of deals on nationally recognized brand-name products and services, all in one convenient location. And don't worry, access is free!

Benefits	Eligible Employees	When Eligible
Insurance		
See plan document or Benefits Summary Booklet on the Human Resources intranet page for full details of plan coverage		
Medical/Dental/Vision/RX	FT & PT Employees	1st of the month following 30 days of employment
Basic Group Life & Accident Insurance	FT & PT Employees	1st of the month following 30 days of employment Employer-paid at 1x annual salary
Voluntary Term Life & Accident Insurance	FT & PT Employees	1st of the month following 30 days of employment
Basic Short-Term Disability	FT & PT employees	1st of the month following 30 days of employment
Voluntary Short-Term Disability	FT & PT Employees	1st of the month following 30 days of employment
Voluntary Long-Term Disability	FT & PT Employees	1st of the month following 30 days of employment
Health Care Flexible Spending Account	FT & PT Employees	1st of the month following 30 days of employment
Dependent Care Flexible Spending Account	FT & PT Employees	1st of the month following 30 days of employment
Retirement		
Voluntary 403b, Pre Tax & Roth	All Employees	All employees are eligible to make contributions to their retirement accounts from the start of employment
403b Matching	FT & PT Employees working 1 year/1000 hours	After completion of 1 year/1000 hours, employees will begin receiving matching contributions of 100% of their contribution up to 3% on Jan 1 or July 1, whichever is closer.
403b Discretionary	FT & PT Employees working 1 year/1000 hours	After completion of 1 year/1000 hours, employees will begin receiving discretionary contributions of 2% of their salary on Jan 1 or July 1, whichever is closer.
403b Auto Enrollment	All Employees	All employees are auto-enrolled into the 403b for a contribution amount of 3%. Employees can opt-out or make changes at any time.
Education		
See Policy CPGH.102.520 for full details regarding Educational Assistance in Policy Manager on the CPH Intranet		
Continuing Education	All Employees	Receive 16-24 hours of continuing education (CE) annually to attend seminars or classes.
Educational Assistance	FT & PT Employees	Employees may apply for tuition assistance to further develop their skills and/or enhance their knowledge. FT employees are eligible for up to \$2500 annually; PT employees are eligible for up to \$1250 annually. Must have completed one year of employment to eligible.

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Benefits	Eligible Employees	When Eligible	
Other			
Employee Assistance Program (EAP)	All Employees	All employees and their immediate family members are able to directly access CPH's EAP program administered by Magellan Health. The EAP was established to provide employee with confidential professional counseling for personal, marital, family, financial, or job related problems. CPH covers the cost of the initial intake assessment and up to two follow-up visits. (For more details see Policy CPGH.102.570 Employee Assistance Program in Policy Manager on the CPH intranet.)	
Employee Discounts	All Employees	Discounts are provided in the CPH Food Court with CPH photo identification. Other discounts for hotels or car rentals may be found on the HR page on the CPH intranet.	
Time Off			
See Policy CPGH.102.530 for full details on the Consolidated Leave guidelines (PTO/IAP) and Policy CPGH.102.180 Attendance and Timeliness for guidelines regarding absences in Policy Manager on the CPH Intranet			
Paid Time Off (PTO)	FT & PT Employees*	Can be used for any purpose including holidays, vacations, family needs, personal business or personal illness. Recognized Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve and Christmas Day.	
Income Assurance Program (IAP)	FT & PT Employees*	Can be used for an employee or their children on the first 2 illness related absences of the calendar year, non-elective outpatient surgery, admission to a hospital and following 32 consecutive hours of absence for an injury or illness.	
Bereavement Leave	FT & PT Employees	Funeral Leave of 1 day is provided to attend the service of a friend; bereavement leave of 3 days is provided for the death of an immediate family member (see Policy CPGH.102.540 Leaves of Absence for more details).	
PTO Earning Schedule			
Plan in effect upon:	Accrual per hour	Accrual per 80 hour pay per pay period	Max
Hire Date	0.08462	6.77 Hours	264 Hours
1st Anniversary	0.10385	8.31 Hours	324 Hours
3rd Anniversary	0.11538	9.23 Hours	360 Hours
5th Anniversary	0.12308	9.85 Hours	384 Hours
7th Anniversary	0.13077	10.46 Hours	408 Hours
10th Anniversary	0.13846	11.08 Hours	432 Hours
Exec Level 1	.123077	9.8462 Hours	464 Hours
Exec Level 2	.142308	11.3846 Hours	524 Hours
Exec Level 3	.161538	12.9230 Hours	584 Hours

*No waiting period, may be used upon accrual.

Important Phone Numbers & Websites

For questions or to get more information about the CPH/HP benefit plan, contact the appropriate resources below.

Call or log on for more information or questions about...

Moda Health	Medical/Vision	855-232-6886
	Dental	855-232-6863
	Pharmacy	855-232-6696
	CirrusMD	my.cirrusmd.com
	Sword	855-232-6886
	Livongo	855-232-6886
	Health Navigator	855-232-6886
	Behavioral Health Champions	833-212-5027 bhchampions@modahealth.com
	Provider information	www.fchn.com/providersearch/moda-ak and www.phcs.com or www.modahealth.com
BenefitHelp Solutions	FSA, HSA, and HRA	888-398-8057 www.benefithelpsolutions.com
New York Life	Life and Disability Services	800-362-4462 www.newyorklife.com
Magellan Behavioral Health	Employee Assistance Program	800-478-2812 www.magellanascent.com
Voya Financial	403(b) and 457(b) Retirement Plan	800-584-6001 www.voyaretirementplans.com
CPH Human Resources	Benefit eligibility Enrollment Qualified family status changes Family Medical Leave	907-714-4773 hrstaff@cpgh.org
CPH Policies & Procedures	All corporate policies	Located on the CPH intranet
Benefits Consultants	Parker, Smith & Feek	800-457-0220

