Calvert Health System
Calvert Memorial Hospital

Employee Benefits Guide

2016 — 2017 Plan Year

Calvert Health System
Calvert Memorial Hospital

2016-2017 Plan Year Benefit Guide

Dear Calvert Team Member:

Calvert takes pride in offering a comprehensive benefits package to its team members. As part of our commitment to provide quality and cost-effective benefits, we routinely ask you to review our offerings and make healthcare elections for you and your eligible family members. Whatever plan option you choose, Calvert's strategy is to give you the right tools and information, at the right time, to make the right health care decisions.

From health benefits to retirement benefits, from educational assistance to discounted disability and life insurance plans; we offer a wide variety of benefits, many with no or low employee cost. Take advantage of the benefits Calvert has to offer. Please take the time to review all of the plan options available to you. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet the needs for you and your family throughout the year. Make your elections online with our benefits enrollment system by June 12, 2016.

If you have additional questions that this Benefits Enrollment guide did not answer, please call Health Advocate and they will be happy to assist you.

Wishing you the best of health,

Dean Teague
President and CEO

Henry Trentman
Chairman of the Board

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Who is Eligible?

All active full-time and part-time employees who are scheduled to work a minimum of 20 hours or more per week and their eligible dependents, including dependent children up to age 26 for most benefits. Benefits become effective on the first of the month following 60 days of consecutive employment following successful enrollment.

Spouse/Dependents

Dependents are defined as legal spouse and the dependent child of you or your spouse and includes a natural child, stepchild, legally adopted child, child placed for adoption, and child or grandchild for whom you or your spouse have legal custody or testamentary or court appointed guardianship.

How to Enroll

Calvert offers employees access to a convenient online benefits enrollment site. It's a fast and easy way to enroll in your benefits for you and your family. For enrollment assistance, please refer to the enrollment instructions on insert.

Benefits Effective Date

Benefits elected during open enrollment will become effective July 1, 2016 and will remain in place through June 30, 2017 unless a qualifying event takes place. Benefits for newly hired employees as well as existing ineligible employees who change to eligible status, have 30 days from their date of hire or status change date to enroll in benefit plans. Benefits become effective on the first day of the month following a change in benefit eligible status or first of the month following 60 days of continuous employment.

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include birth of a child, adoption, marriage, death, divorce, a court order requiring provision of insurance to a dependent, loss of coverage (if you or your spouse/dependents are covered under another plan and then lose that coverage), Medicare eligibility, move or transfer out of the plan's service area, or change in eligibility due to an employment status change. Should you wish to make changes to your elections due to a qualifying event, you have 30 days from the event to notify Human Resources and provide the appropriate documentation. Otherwise, you will have to wait until the next open enrollment to make any changes to your benefit elections.

What's new for 2016/2017?

NEW High Deductible Health Plan with HSA

Calvert's medical options are designed to provide you and your family with access to high quality, affordable healthcare. Two self-funded medical plans are available through NCAS to provide Calvert employees flexibility and savings. You will realize the greatest cost savings by using in-network providers. The plans differ in deductibles, co-pays and premium cost sharing.

The new high deductible health plan (HDHP), highlighted on page 7, is paired with a Health Savings Account (HSA). Any employee who enrolls in the HDHP is eligible to contribute to their own HSA account. Funds are deposited in a prorated manner each pay period. For more information on the Health Savings Account, see page 10 in this Benefit Guide.

NEW Premium Changes

Calvert strives to keep employee premium costs down from year to year; however, due to healthcare cost inflation, the 2016/2017 rates have changed, depending on which options you elect. Please take the time to review your healthcare needs, and elect the plan that is best for you and/or your family.

NEW Health Advocate

This is a confidential service provided to you at no additional cost. You can use the Health Advocate service to locate medical providers, discuss benefit plan options, or resolve ongoing health care and health insurance related issues. See page 5 in this guide for more information on Health Advocate.

NEW FSA Vendor

Beginning July 1, 2016, the new FSA vendor will be CBIZ. Anyone enrolling in the FSA for the 2016/2017 plan year will receive a **NEW DEBIT CARD** in the mail. Please see page 11 in this guide for more detailed information regarding your FSA account.

NEW Unum Voluntary Products*

You work hard for your paycheck. But it can be hard to budget for life's unexpected emergencies. That's why Calvert is giving you the option to purchase new voluntary insurance products offered through Unum. These products can help protect your finances from the uncertainty of the future and give you peace of mind. These insurance products are replacing the current Allstate products. *Please note: if you are currently enrolled in the critical illness and accident insurance through Allstate, you will need to re-elect with Unum during open enrollment to continue paying via payroll deduction*. If you are currently enrolled in the Universal Life insurance with Allstate, you may keep this benefit, but Calvert will no longer deduct the premium from your payroll. You will need to coordinate with Allstate to request a direct bill arrangement in order to continue coverage.

*New Unum products include:

- Critical Illness Insurance
- Accident Insurance
- Supplemental Whole Life Insurance

***In order to enroll in these voluntary coverages, you MUST meet with an enrollment counselor during open enrollment or call the UNIVERS enrollment center. More information is provided on pages 16 and 17 of this Benefit Guide.**

Who is Health Advocate?

HealthAdvocate™
Always at your side

Health Advocate is a service provided by Calvert, for those that elect to enroll in a Calvert medical plan. With Health Advocate, you have confidential, unlimited access to a Personal Health Advocate who can help you and your eligible family members resolve healthcare and insurance-related Issues, as well as, estimate costs for medical procedures — all through a single toll-free number (866) 695– 8622. Assistance via email is also available.

How can Health Advocate help?

HealthAdvocate™

Help is Only a Phone Call Away

Your Own Personal Health Advocate

We've all been there—spent endless time researching medical treatments, hunting down the right specialist, or interpreting medical bills. Now, you can turn over these issues to a Personal Health Advocate who knows the ins and outs of the system.

Save time, money and worry

Personal Health Advocates, typically registered nurses, supported by medical directors and benefits and claims specialists, are industry experts who can help you get to the bottom of a wide variety of healthcare and insurance-related issues.

Help for the whole family

You, your spouse, dependent children, parents and parents-in-law can all use the service.

How we can help

- ☑ **Find the right doctors**, hospitals and other providers
- ☑ **Schedule appointments**, transfer medical records
- ☑ **Explain conditions** and research latest treatments
- ☑ **Resolve billing and insurance claims issues**
- ☑ **Secure second opinions**
- ☑ **Clarify benefits** and get approvals for covered services
- ☑ **Find options for non-covered services**
- ☑ **Estimate costs** for medical procedures and negotiate payments
- ☑ **Locate eldercare services**

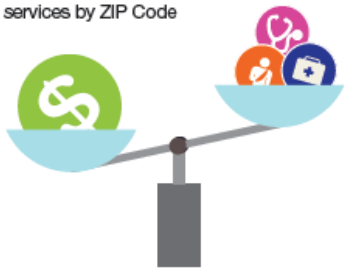
Plus. . . Help Shopping for Healthcare

Save money on your healthcare expenses by comparing prices for medical procedures right in your area. Our Health Cost Estimator+ and pricing support will:

- Get pricing estimates for doctors, hospitals and other facilities nationwide
- Compare costs for hundreds of medical services by ZIP Code
- View provider quality and safety scores
- Read patient reviews

Three easy ways to get help:

Online | Mobile | Call



Just Call!

24/7 Support 866.695.8622

Or visit online at
http://healthadvocate.com/members

Medical Benefits Description

NCAS is the provider that administers the CareFirst network for Calvert's self-funded medical plans. Calvert is offering two different plans for the 2016/2017 plan year. Below you will see the plan highlights for the Traditional PPO plan.

Plan Design	Traditional PPO Plan		
	Calvert Local Network	CareFirst Network	
Plan Year Deductible		**In-Network**	**Out-of-Network**
Single	$250	$500	$1,000
Employee + 1 or Family	$500	$1,000	$2,000
Out of Pocket Maximum			
Single	$2,500	$3,000	$10,000
Employee + 1 or Family	$5,000	$6,000	$20,000
Preventive Care*			Deductible, then:
- Well Child Care	No charge	No charge	Not Covered
- Adult	No charge	No charge	Not Covered
- Cancer Screenings	No charge	No charge	Not Covered
Office Visits			Deductible, then:
Primary Care Physician/ Primary Medical Home	$20 co-pay	$30 co-pay	60% Allowed Benefit
Specialist	$30 co-pay	$40 co-pay	60% Allowed Benefit
Diagnostic Imaging & Lab Testing			Deductible, then:
Outpatient (free-standing)	Deductible, then 90%	Deductible, then 80%	60% Allowed Benefit
Hospitalization			Deductible, then:
Inpatient	100%	Deductible, then 80%	60% of Allowed Benefit
Outpatient	Deductible, then 90%	Deductible, then 80%	60% of Allowed Benefit
Emergency Room (waived if admitted)	$100 co-pay	$100 co-pay	$100 co-pay
Urgent Care	$50 co-pay	$50 co-pay	$50 co-pay
Prescription Drugs**			
Generic Formulary	$10 co-pay	$10 co-pay	$10 co-pay
Brand Formulary	$35 co-pay	$35 co-pay	$35 co-pay
Non-Formulary	$60 co-pay	$60 co-pay	$60 co-pay
Retail 90 (Walgreens only)	2.5 x retail or full cost; whichever is cheaper		
Mail Order	2.5 x retail or full cost; whichever is cheaper		

**You cannot combine a preventive care visit with a visit to address a complaint/health issue. If you do so, the visit will not be coded preventive and you may be subject to your deductible/co-pay.*

***Co-pays will be waived if you are ENGAGED in Calvert's Wellness Program and receiving a generic prescription, filled by Mail Order or at a Walgreen's retail pharmacy, for one of the 5 specified health conditions (Asthma, Diabetes, Depression, Hypertension, or Hyperlipidemia).*

What does it mean for Calvert to be Self-Funded?

Having a self-funded plan means that claims incurred under the medical plan are funded directly by Calvert, not NCAS or CareFirst. Some advantages of a self-funded plan include the ability to offer innovative and competitive health benefits, specific to employee needs. In addition, premiums are adjusted each year based upon claims paid in the prior plan year instead of a flat premium increase.

Medical Benefits Description

NCAS is the provider that administers the CareFirst network for Calvert's self-funded medical plans. Calvert is offering two different plans for the 2016/2017 plan year. Below you will see the plan highlights for the High Deductible Health Plan with HSA.

Plan Design	High Deductible Health Plan with HSA		
	Calvert Local Network	CareFirst Network	
Plan Year Deductible		In-Network	Out-of-Network
Single	$2,000	$2,000	$4,000
Employee + 1 or Family	$4,000	$4,000	$8,000
Out of Pocket Maximum			
Single	$5,000	$5,000	$10,000
Employee + 1 or Family	$10,000	$10,000	$20,000
Preventive Care*			
- Well Child Care	No charge	No charge	Not Covered
- Adult	No charge	No charge	Not Covered
- Cancer Screenings	No charge	No charge	Not Covered
Office Visits			
Primary Care Physician/ Primary Medical Home	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Specialist	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Diagnostic Imaging & Lab Testing			
Outpatient (free-standing)	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Hospitalization			
Inpatient	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Outpatient	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Emergency Room (waived if admitted)	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Urgent Care	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Prescription Drugs	Deductible, then:	Deductible, then:	
Generic Formulary	$10 co-pay	$10 co-pay	$10 co-pay
Brand Formulary	$35 co-pay	$35 co-pay	$35 co-pay
Non-Formulary	$60 co-pay	$60 co-pay	$60 co-pay
Retail 90 (Walgreens only)	2.5 x retail or full cost; whichever is cheaper		
Mail Order	2.5 x retail or full cost; whichever is cheaper		

**You cannot combine a preventive care visit with a visit to address a complaint/health issue. If you do so, the visit will not be coded preventive and you may be subject to your deductible/co-pay.*

***Co-pays will be waived if you are ENGAGED in Calvert's Wellness Program and receiving a generic prescription, filled by Mail Order or at a Walgreen's retail pharmacy, for one of the 5 specified health conditions (Asthma, Diabetes, Depression, Hypertension, or Hyperlipidemia).*

Generics = Savings

Remember to ask your doctor for generic drugs when possible. A generic 30-day prescription at a retail pharmacy is still just $10.

Wellness Plan - Engaged vs. Non-Engaged

Engaged	Non-Engaged
Covered Employee MUST: Accept and sign the Health Risk Incentive Contract **AND** **Covered Employee and/or Spouse MUST:** Complete an initial Health Risk Assessment (HRA) in a timely manner, including all of the following: • Online questionnaire • Height/Weight/BMI •Body Composition* • Fasting blood lipid panel* • Fasting blood glucose* • Blood pressure *Waived for pregnant participants **AND** Satisfy engagement requirements if Risk Factors are identified**	**Covered Employee FAILS to:** Accept the Health Risk Incentive Contract **AND/OR** **Covered Employee and/or Spouse FAILS to** Complete an initial Health Risk Assessment (HRA) in a timely manner, including any of the following: • Online questionnaire • Height/Weight/BMI •Body Composition* • Fasting blood lipid panel* • Fasting blood glucose* • Blood pressure *Waived for pregnant participants **AND/OR** Satisfy engagement requirements if Risk Factors are identified**
**Additional Information regarding engagement is available in the Incentive Contract and Policy	

Wellness Engagement

For those employees and covered spouses that have identified risk factors, **ENGAGEMENT** each quarter* is **REQUIRED** to remain an **ENGAGED** member.

** Some risk factors may only require semi-annual engagement instead of quarterly.*

Quarterly Check-ins occur:

- **September 1 – 30, 2016**
- **December 1 – 31, 2016**
- **March 1 – 31, 2017**

If any covered member, including spouses, with an identified risk factor **FAILS** to engage during the quarter*, the employee will move to **NON-ENGAGED** status and the **NON-ENGAGED** premium will apply until the covered member complies with all of the engagement requirements.

If any covered member, including spouses, **FAILS** to respond to the Conifer Personal Health Nurse when contacted, the employee will move to **NON-ENGAGED** status and the **NON-ENGAGED** premium will apply until the covered member complies with all of the engagement requirements.

Medical/Pharmacy Plan Rates

Scheduled Work Hours (per week)	Coverage Level	Traditional PPO Plan		High Deductible Health Plan w/ HSA	
		Engaged	Non-Engaged	Engaged	Non-Engaged
≥30 hours	Employee Only	$57	$116	$20	$53
	Employee + 1	$209	$334	$140	$253
	Family	$276	$445	$188	$340
20 - 29 Hours	Employee Only	$192	$251	$135	$188
	Employee + 1	$441	$566	$339	$452
	Family	$597	$766	$456	$608

*Above premiums are per pay

Smoking Surcharge

A surcharge of $50 per pay period is applied to the above rates IF an:

- **EMPLOYEE fails to sign the Statement of Non-Tobacco/Non-Nicotine Use OR**
- **EMPLOYEE self-identifies as a smoker or user of tobacco or nicotine delivery products (excluding approved smoking cessation products) OR**
- **EMPLOYEE fails to submit to a piCO Smokerlyzer test OR**
- **EMPLOYEE fails to pass the piCO Smokerlyzer test**

KeepWell@Work is committed to helping you achieve your best health. Rewards for engaging with KeepWell@Work are available to all employees. If you believe you may be unable to meet a standard for a reward, you may qualify to earn the reward by a different means. Contact KeepWell@Work at X8233 and we will work with you (and if you wish, with your physician) to find an appropriate alternate wellness program with the same reward that is right for you in light of your health status.

Questions?

For questions regarding Wellness Engagement or the requirements to avoid the Smoking Surcharge, contact your KeepWell@Work team.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Why Choose the HDHP with HSA?

If you are enrolled in the High Deductible Health Plan (HDHP), then the HSA is a good choice to help you save for your health care needs. It offers many advantages over the Traditional PPO Plan, such as:

- **Lower monthly premiums -** lowest cost per pay of any plan for 2016/2017.
- **Health Savings Account that belongs to you -** you can use it for current or future medical expenses, including medical expenses after you retire. The account is portable if you separate from Calvert, you take the balance with you.
- **Calvert contributions -** Calvert contributes even if you do not.
- **Tax-free savings -** all contributions and earnings are Federal and State tax free.

You may not participate in this plan if you are covered by any other health plan, which includes the Calvert Traditional PPO plan, a spouse's plan, or Medicare.

HSA Contributions

If you enroll in the HSA Plan, your contributions into your account will be through pre-tax payroll deductions. All contributions are tax free and will grow tax free until you use them for qualified health care expenses. If you enroll in the HSA plan, you will receive a welcome packet from our banking partner with information about establishing your account.

2016/2017 HSA Annual Contributions

Coverage Level	Maximum 2016 HSA contribution	You may contribute (pre-tax)**	Calvert will contribute*
Individual	$3,350	Up to $2,850	$500
Employee + 1 or Family	$6,750	Up to $5,750	$1,000

* Calvert's prorated HSA contributions are deposited per pay period. Future Calvert contributions, if any, will be determined each plan year.

** You may make an additional catch-up contribution of up to $1,000 (annually) if you will be age 55 or older in 2016.

Medical Plan Differences

Traditional PPO Plan	• Highest premiums per pay period • Co-pay and coinsurance structure • Lower out-of-pocket maximum than HDHP plan • Better option if you have long-term medical concerns
High Deductible Health Plan with HSA	• Lowest premiums per pay period • Highest deductible • Coinsurance structure • Better option if you are healthy and want to set aside pre-tax money for medical expenses in the future. Unused money rolls over from year to year

Flexible Spending Accounts (FSA)

Calvert allows you to set-aside a portion of your pay through payroll deduction into Flexible Spending Accounts. The money that you contribute into a FSA is deducted on a pre-tax basis, meaning it is deducted from your pay before Federal and Social Security (FICA) taxes are calculated. Because you do not pay taxes on the money that goes into your FSA, you decrease your taxable income.

You will need to enroll online **EACH PLAN YEAR** to participate in the FSA plans. **Note:** You are not eligible to contribute to an FSA if you have an HSA with a High Deductible Health Plan.

Medical Flexible Spending Account: You may deposit up to **$2,550** per plan year into your Medical Flexible Spending Account to cover out-of-pocket medical expenses incurred by you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments, co-insurance payments, uninsured dental expenses, vision care expenses and hearing expenses. **The FSA funds are "use it or lose it" amounts so plan accordingly when electing! Remember, you are not eligible to participate in the FSA if you are enrolled in a High Deductible Health Plan with a Health Savings Account.**

Dependent Care Flexible Spending Account: You may deposit up to **$5,000** per plan year into your Dependent Care Flexible Spending Account. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

Please Note: CBIZ will be the new FSA administrator, beginning July 1, 2016. Anyone enrolling in an FSA will receive a new card for the 2016/2017 plan year. For more information please call (800)815-3023, option 4 or visit https://myplans.cbiz.com

FSA FAQs

What expenses are eligible through medical flexible spending accounts?

- Medical and dental deductibles, co-payments and co-insurance amounts
- Physical examinations, chiropractic expenses, orthodontics
- Vision expenses not fully paid by any vision plan
- Prescription drugs not paid by the medical plan

What are some expenses that are not covered?

- Groceries or personal care products
- Cosmetic surgery, other than that needed to improve a congenital abnormality, personal injury or disfiguring disease

What happens if I do not use all of the money that I set aside each year? If you have a balance remaining on June 30, 2017, you have 90 days to submit expenses for reimbursement using your 2016/2017 contributions. Otherwise, your funds are forfeited. You should always be conservative when estimating your FSA expenses.

Once I make an election, can I change that amount during the plan year? Not unless you have a change of status during the year and the change in status must be consistent with the change in election you wish to make. Examples of status changes include marriage, divorce, change in the number of dependents, change in employment, etc.

If I don't use my debit card, do I have to submit receipts with my reimbursement request? Yes, you must submit a statement from the provider describing the medical expenses and a receipt or insurance company explanation of benefits (EOB). Cancelled checks or credit card/debit card receipts are not acceptable as proof of service.

Currently, when using the debit card, I only have to submit receipts when requested by the FSA Administrator, will this change? This practice will not change. Participants will be required to submit a receipt for eligible FSA expenses that are not automatically substantiated when using your FSA debit card. CBIZ FSA will notify you in the event that a receipt is needed.

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Which Medical Plan is Best For You?

When choosing a medical plan:

- Review you and your family's health care needs.
- If married, discuss the medical plans with your spouse and consider any other available medical options (in example, your spouse's employer plan).
- When estimating your total cost, consider both your out-of-pocket costs and the premiums for each plan.
- See if you can find your personal situation in the chart below.

If this sounds like you…	You might consider…	Because…
"I have some money saved for medical expenses and emergencies." ***and*** **"I want the smallest payroll deduction possible."** ***and*** **"I'm willing to take a risk and pay out-of-pocket if I have medical expenses."**	**High Deductible Health Plan with HSA**	• It has the lowest premium each pay period • Calvert will put money into a Health Savings Account (HSA) to help you pay your deductible, and you can also contribute tax free. • What you save in premiums you can put into your HSA or set aside for unexpected medical expenses. • Unused money in your HSA carries over from year to year, and when you leave Calvert, you take it with you. • You are willing to take a risk and pay for medical expenses as they arise.
"I would rather have more money taken out of each of my paychecks rather than paying more at the time of a healthcare visit."	**Traditional PPO Plan**	• It is the most expensive plan per paycheck but gives you the lowest out-of-pocket costs at the time of a service/visit • This plan has a lower deductible and allows co-pays to be paid at the time of a service/visit
"My family and I have many health issues, so we have many doctor visits and prescriptions."	**Traditional PPO Plan**	• These options have the lowest out-of-pocket costs when you need medical care, but you will pay higher premiums to be in this plan.
"I mostly use my medical coverage for regular checkups, a few other doctor visits and an occasional prescription."	**High Deductible Health Plan with HSA**	• Calvert's HSA contribution can help cover your doctor visits and prescriptions. • This could leave you with very low out-of-pocket costs.

Dental Benefits

The dental plan has a traditional plan design. The Plan uses a maximum allowable charge (MAC) schedule to determine payment. You may seek care from any licensed provider, but we have secured pricing guarantees from dental providers in the Neighborhood Dental network. Using these providers will result in no "balance bill" in excess of MAC schedule and lower out-of -pocket costs for you. Non-network providers may balance bill any charges in excess of the MAC schedule. Coverage is available to age 26 for

Scheduled Work Hours (per week)	Coverage Level	Employee Cost Per Pay
≥ 30 Hours	Employee Only	$6.34
	Employee + 1	$15.84
	Family	$25.50
20 - 29 Hours	Employee Only	$11.94
	Employee + 1	$17.18
	Family	$25.50

Good to know...

You can receive a free dental cleaning, exam, and x-rays using in-network providers!

Description	In-Network (Neighborhood Dental Network)
Type A - Preventive **Type B - Basic Restorative** **Type C - Major Restorative** **Type D - Orthodontia**	100% 80% 60% 60%
Plan Year Deductible - Individual Family	 $50 $150
Plan Year Maximum Benefits Per Individual	$1,500
Orthodontia Lifetime Maximum Per Individual	$800

Vision Benefits

SUPERIOR VISION

Eligible employees may elect vision coverage which allows covered participants to receive an eye examination, lenses and frames, or contact lenses *(in lieu of frames & lenses),* every 12 months.

Participants have the option of receiving care from an In-Network or Out-of-Network provider; however, if using a non-network provider, higher out-of-pocket expenses will be incurred. Coverage is available to age 25 for qualifying dependents.

Coverage Level	Employee Cost Per Pay
Employee Only	$2.90
Employee + 1	$5.60
Family	$8.25

Description	In-Network	Out-of-Network
Exam	$10 co-pay	Reimbursed up to $60
Frames	$20 co-pay and up to $100 allowance	Reimbursed up to $64
Standard Lenses Single Vision Lenses Bifocal Vision Lenses Trifocal Vision Lenses Progressive Lenses*	 $20 co-pay $20 co-pay $20 co-pay See Description	 Reimbursed up to $45 Reimbursed up to $65 Reimbursed up to $86 Reimbursed up to $86
Contact Lenses Medically Necessary Elective	 Covered in Full $10 co-pay and up to $120 allowance	 Reimbursed up to $100 Not Covered

* Progressive Lenses are covered to provider's in-office standard retail amount; member pays the difference between progressive and retail trifocal co-pay

Basic Life and AD&D Insurance

As an employee of Calvert, you are eligible for a variety of company-sponsored benefits. Calvert pays 100% of the cost for your Basic Life and Accidental Death & Dismemberment Insurance (AD&D). This amount is equal to 1x your base salary rate up to $200,000. **Please designate and update your beneficiaries annually in order to make sure your information is current and accurate, in the event of an accident.**

Employee Supplemental Life and AD&D Insurance

Calvert offers a Voluntary Life and AD&D Insurance benefit that can be purchased at your expense for additional life coverage on yourself. You will pay group rates and the premium is conveniently deducted from your paycheck. Employees may elect up to 5x their basic annual earnings up to a maximum of $500,000 in increments of $10,000. Evidence of Insurability is required for amounts requested in excess of $140,000. You will be enrolled for Supplemental AD&D coverage at the equivalent amount of the elected Supplemental Life coverage. Reminder: If you do not enroll in Supplementary Life Benefits at your initial eligibility, you will need to submit Evidence of Insurability (EOI) and will be subject to underwriting.

Spouse and Dependent Life Insurance

Insurance is available for your spouse in increments of $5,000 up to $150,000 or 100% of the Employee Supplemental Life election, whichever is less. Evidence of Insurability is required for amounts requested in excess of $30,000 for your spouse, any amount elected after your initial enrollment period or any amount if denied in the past.

Coverage for a child is available in the amount of $10,000 for children aged 6 months to 26 years. Child life premium rate applies to one or more covered child(ren) and is not per covered child. Evidence of insurability is not required for children. Dependent children are eligible for life benefits and covered up to the age of 26.

Disability

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. Short Term Disability (STD) premiums are employee paid during the first two years of service. After two years of service, Calvert automatically enrolls eligible employees into the STD plan and pays the premium required for coverage. Employees who declined coverage when it was initially offered, upon hire, are not eligible to enroll in the STD plan until their second year anniversary date. Calvert pays the cost of long term disability benefits from the date you are benefit eligible.

Short-Term Disability (STD): Your STD benefit equals 60% of your weekly earnings up to $750 per week. This benefit takes effect on the 13th day of absence due to an accident, illness or injury. The benefit maximum duration is 11 weeks. Pre-existing limitations may apply.

Long-Term Disability (LTD): Your LTD benefit equals 60% of your monthly earnings up to a maximum benefit of $5,000 per month. This benefit begins on the 91st day of approved disability.

LifeBalance Employee Assistance Program (EAP)

When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on LifeBalance for help. The LifeBalance employee assistance program (EAP), provided by Ceridian, offers unlimited access to master's level counselors by telephone, as well as online resources and tools, and up to six face-to-face visits with a health professional. All employee contact with LifeBalance is 100% confidential. Calvert does not receive any individual information on participants that use this service.

Assistance with personal challenges:

- Locate childcare and eldercare services and obtain matches to the appropriate provider based on your or your family's preferences and criteria.
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement.
- Help with relocation and enrolling in schools.
- Work through complex, sensitive issues such as personal or work relationships, depression or grief, or issues surrounding substance abuse.
- Get a referral to local attorneys for last will and testament preparation or other legal consultation.

Guidance for work-related conflicts:

- Have a confidential sounding board and objective view to assist with resolving identified problems in the workplace
- Work on personal communication and problem-solving skills

Goals of an EAP:

- Identify and evaluate the nature and severity of a concern or problem
- Provide immediate assistance for emergent issues
- Help members resolve problems through short-term counseling, when possible
- Screen for conditions that might require long-term treatment or a more intensive level of care
- Develop a referral plan, if needed
- Offer relapse prevention and follow-up to ensure satisfactory problem resolution

Group Critical Illness Insurance

Plan Description

Critical illness affects many people in the United States. Strokes are the leading cause of serious, long term disability in the U.S; men have a 1 in 2 lifetime risk of developing cancer, for women the risk is a little more than 1 in 3; and 13,200,000 victims of angina, heart attack, and other forms of coronary heart disease are still living.

The good news is Critical Illness Insurance pays a lump sum benefit to each covered person upon diagnosis.

Plan Features

- Employees can elect a lump sum benefit amount of $5,000 to $50,000. Benefits pay upon diagnosis of a covered critical illness and the money is yours to use as you see fit.
- Benefits can pay upon the diagnosis of Cancer, Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure, Coronary Artery By-pass Surgery, Paralysis, Alzheimer's Disease and other illnesses defined in the policy.
- Spouse and/or children may be covered.
- Rates on this policy do not change based on age.
- New policies include a 12-month pre-existing condition clause.
- Conversion feature upon separation or retirement is available.

Group Accident Insurance

Plan Description

Accidents happen – a fatal injury occurs every 4 minutes and a disabling injury every 1 second. Each year, 1 in 16 people experience an unintentional injury. While most employees can count on health insurance to cover medical expenses, the health insurance plan does not cover indirect costs that arise from a serious or not so serious injury.

Group Accident coverage provides cash benefits, regardless of any other coverage you have, for out-of-pocket expenses associated with an accidental injury that occurs on or off the job.

Plan Features

- 24 hour accident expense coverage, on or off the job.
- Benefit categories include, but are not limited to: Initial Hospitalization, Daily Hospital Confinement, Emergency Room, Out-patient Physicians Treatment, Fractures and Dislocations, etc.
- Spouse and/or children may be covered.
- Rates on this policy are not based on age and do not change based on age.
- Conversion feature upon separation or retirement is available.

Group Whole Life Insurance

Plan Description

Losing a loved one can be devastating. Those left behind must deal with final expenses, bills, mortgage and expenses associated with day to day life. Group Whole Life insurance provides a lump-sum cash benefit upon death. Life-event riders have been included to help create a Life Events Plan. As premiums continue to be paid, your certificate can accumulate a fund value, less expenses and the cost of insurance. Net fund value has a guaranteed interest rate of 4.50%.

Plan Features:

- Up to $200,000 of coverage.
- Life-event riders automatically built in: Accelerated Death Benefit for Long Term Care rider and Total Disability Premium Waiver rider.
- Spouse and/or children may be enrolled in a policy if the employee elects coverage.
- Policy is portable at the current group rate if you leave the organization or retire.

**Interest rate is subject to change

Contact

For information on the Unum Benefit Voluntary plans, please contact: Unum at 866-679-3054 or visit www.unum.com

Retirement

Calvert offers a defined contribution retirement plan to employees through Lincoln Financial Group (LFG). You are eligible to participate immediately and become fully vested after three years of credited service. There is an automatic enrollment for a 2% payroll deduction based on gross earnings, unless you complete an opt-out election form.

You can contribute $18,000 if under age 50; $24,000 at age 50 and above. Calvert matches 50% of the first 4% of your contribution to the plan up to a maximum of 2%. The match is remitted to your LFG account each pay period.

Additionally, Calvert makes an annual contribution, subject to IRS limits, of 2.5% of gross earnings into your individual LFG account if 1,000 hours or more have been worked during the previous calendar year.

For employees hired prior to January 1, 2008, a defined benefit plan allocation, based on the plan document, is made to the employee's pension account in lieu of the 2.5% annual contribution to the 403(b)/401(k).

Vacation, Sick and Personal Leave

Calvert is aware that employees need time away from work to establish and maintain a healthy work/life balance so vacation, sick, and personal leave is offered for employees in a statused position and who are scheduled to work 20 or more hours per week.

Vacation leave is accrued each pay period based on the number of hours worked. The accrual rate is determined by total credited service hours. For a full-time 40 hour per week employee, approximately 11 days of vacation are accrued each year during the first five years of service.

Sick leave is accrued in the same manner, but at the rate of 0.025 hours for each hour worked. For a full-time 40 hour per week employee, approximately 6 days of sick leave are accrued each year.

All active employees scheduled to work more than 20 hours per week in a qualifying class are eligible for personal holiday leave. Personal holiday leave is granted at the beginning of each calendar year for current employees, or upon qualifying status change. Personal leave granted must be used by the end of the calendar year. There is no carryover for personal leave.

Other Benefits

In addition to the benefits described in this guide, Calvert offers a variety of other benefits, some of which include:

- **Holiday Pay and Other Special Leaves of Absence**
- **Educational Assistance**
- **Certification Pay**
- **Direct Deposit**

Carrier Contact Information

Unum			
Basic Life/AD&D, Supplemental & Dependent Life Short- and Long-Term Disability		800-421-0344	www.unum.com
Critical Illness Insurance Accident Insurance Supplemental Whole Life Insurance		866-679-3054	www.unum.com
Flexible Spending Accounts/COBRA			
CBIZ		800-815-3023	https://myplans.cbiz.com
Retirement			
Lincoln Financial Group		800-234-3500	www.LFG.com
Health Plans			
Employee Health Advocacy	Health Advocate	866-695-8622	http://healthadvocate.com/members
Medical	NCAS	877-889-2479	www.ncas.com
Prescription	Rx Benefits/ Express Scripts	800-334-8134	www.rxbenefits.com www.express-scripts.com
Health Savings Account (HSA)	Connect Your Care	410-891-1000	www.connectyourcare.com
Dental	Neighborhood Dental/ Conifer	877-371-9900/ 800-459-2110	www.ndplan.com/ www.coniferhealth.com
Vision	Superior Vision	800-507-3800	www.superiorvision.com
Additional Contacts			
KeepWell@Work Team	Lisa Carlson Donna Culbreth	410-414-4775 410-414-4574	lcarlson@cmhlink.org dculbreth@cmhlink.org
Calvert Human Resources	HR Team	410-535-8122	hrbenefits@cmhlink.org
LifeBalance (Enhanced EAP)	LifeBalance	877-259-3785	www.lifebalance.net

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in the materials and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

Non-Medical

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

Note: Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage, divorce, or legal separation;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or SCHIP.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Health Advocate at 866-695-8622.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours, or 96 hours as applicable. In any case, plans and insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

Premium Assistance under Medicaid and Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility.

PENNSYLVANIA – Medicaid	**VIRGINIA** – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WEST VIRGINIA – Medicaid	
Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability	

To see if any more states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2017)

Important Notice from Calvert About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Calvert and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Calvert has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Calvert coverage will be affected. Eligible individuals are able to enroll in a Part D plan as a supplement to the company sponsored coverage, and the two coverages will coordinate. Medicare individuals will still be eligible to receive all of their current medical coverage if they choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your Calvert prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with Calvert and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Calvert changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender:	Calvert Memorial Hospital
Office:	Human Resources – Benefits Department
Address:	100 Hospital Rd. Prince Frederick, MD 20678
Phone Number:	410-535-4000