

# 2018

## Northwestern Medical Center Benefit Summary



Northwestern Medical Center is constantly striving to improve in every area, including the many ways that we recognize and reward our incredibly talented employees. We appreciate the time, effort and care they put forth to ensure the well-being of every patient. And we show it with a combination of compensation and benefits as outstanding as each of our employees. To improve your quality of life – and the progression of your career – we offer a robust array of traditional benefits such as healthcare, dental care, tuition assistance and retirement plans. We also offer a wide range of benefits to keep you healthy and energized. The Healthy Ü program demonstrates our commitment to assisting employees and their families to live healthy lives by promoting healthy eating, physical activity, smoke cessation and stress management.

Please take some time to review the many choices in this year's Benefit Summary, designed to support a healthier you!



# Employee Benefits Center (EBC)

The EBC is your online employee benefits manual. The EBC is a one-stop resource which provides you with up to date benefit information, benefit summary plan documents, forms and contact information for each carrier. A link to the EBC is located on the NMC Gateway.



Welcome to the [Northwestern Medical Center EBC](#), your online employee benefits manual. This site has been created to provide you with an efficient way to obtain information and answers to your questions regarding your employee benefit plans on a 24/7 basis.

We understand that our people (you) are our most valuable resource. Therefore, we are committed to providing you with the richest and most cost-effective benefits programs possible.

To Access the [EBC](#) go to the NMC Gateway

To log into the [EBC](#) directly go to:

<http://ebc.ubabenefits.com/nmc?uid=F80E8574-DA57-42F5-8CBF-56869560CCDA>

**Username = nmc**  
**Password = benefits**

<b>Home</b>
<b>My Benefit Plans 2018</b>
<b>Wellness Works</b>
<b>Financial Toolkit</b>
<b>Resources</b>
<b>Retirement</b>
<b>Benefit Enrollment/Changes</b>

Should you have any questions regarding your benefits or any other component of your employment with us, we invite you to contact our Human Resource Department.

If you need more specific information on any of the plans, please see the appropriate certificate or plan description documents located on the EBC .

# Employee Self Service (bswift) Enrollment System

You can access NMC's online enrollment site through the Employee Benefit Center. Once you are on the EBC, click on the "Open Enrollment" tab.

Please follow the steps below to begin your initial enrollment:

- Log in for the first time using the following information:
  - **Username:** First Initial Last Name (no spaces)
  - **Password:** The default password is the last four digits of your Social Security Number. You will be required to change your password the first time you login.



Please note the following important information regarding bswift:

- Employees will be using this online enrollment system to choose their benefits
- Employees will choose all their benefits, except retirement, by logging onto bswift.
- Retirement Plans are not housed on bswift & will be processed as they are today
- Bswift will allow employees to make changes throughout the year to their benefits when a qualifying event occurs & may change their beneficiaries on their benefits at any time
- Human Resources will process all changes through the system once the employee has entered their changes
- No more paper change forms will be accepted for benefits with the exception of Evidence of Insurability. An employee may be required to complete this form based upon the amount of life insurance chosen. Employees will be notified in bswift if their election requires this document. If indicated on bswift to complete this document, please print, complete & return to Human Resources
- The state requires that we have you complete a Declaration of Health Care Coverage form. This form can be printed directly from bswift & needs to be returned to Human Resources
- Critical Illness & Accident Coverage through Reliance Standard will also be enrolled through bswift. During open enrollment only

- To access your open enrollment, click on the "Enroll Now" button on your home page
- Verify your personal information
- Verify your family information
- Answer Healthy Û questions
- Begin to make benefit elections - on the "Enroll" tab click on the "Get Started" button. Here you will be able to add any dependents you would like to be covered. Once you have completed your benefit elections, the box will be checked & turn green, & you will be taken into the next active & incomplete enrollment
- Supplemental Life, HSA, & FSA Plans - these enrollments will differ from the Medical & Dental plans. When choosing these benefits, you will not need to select dependents to be covered, but you will need to choose whether you would like to enroll in the plan & enter a coverage amount. Please note the coverage rules & guaranteed issue amounts when making your election
- Add any beneficiaries
- Confirm - Once you have completed your review, check the I agree & I'm finished with my enrollment box at the bottom of the page & click the "Save my Enrollment!" button at the bottom of this page
- Complete - Your enrollment is complete when you are brought to your confirmation statement. Here you can print or email a copy to yourself



For assistance in choosing the right health plan for you, there is an Ask Emma tool to recommend a plan that may best fit you & your family's needs based on information that you will provide. Human Resources will also be available to help you understand how the plans work & to provide information that will assist you in your decision.

# Contact Information



Blue Cross Blue Shield of Vermont - Medical  
800-247-2583  
[www.bcbsvt.com](http://www.bcbsvt.com)



Northeast Delta Dental - Dental Insurance  
800-832-5700  
[www.nedelta.com](http://www.nedelta.com)



VSP - Vision Insurance  
800-877-7195  
[www.vsp.com](http://www.vsp.com)



Express Scripts - Prescription Coverage  
877-859-9997  
[www.express-scripts.com](http://www.express-scripts.com)



Reliance Standard- Life, Disability, Critical Illness, & Accident Insurance  
800-351-7500  
[www.reliancestandard.com](http://www.reliancestandard.com)



MassMutual - Retirement Plans 401(a), 401(k), & 403(b)  
1-800-743-5274  
[www.RetireSmart.com](http://www.RetireSmart.com)



Nationwide – Voluntary Pet Insurance Coverage  
877-738-7874  
[www.petsvpi.com](http://www.petsvpi.com)



Health Equity – HSA & FSA/DCA  
866-346-5800  
[www.healthequity.com](http://www.healthequity.com)



Workplace Solutions, Inc. – Employee Assistance Program  
800-639-1596 or locally at 802-658-1788  
[www.workplacesolutionsvt.com](http://www.workplacesolutionsvt.com)



Lifestyle Medicine Department  
802-524-1217

# General Eligibility Guidelines

## Benefit Eligibility

Our benefit package is designed specifically with our employment classifications in mind. Please refer to each coverage section to determine your eligibility based upon your employment classification.

## Your Employment Classification:

Full Time (FT) = at least 80 hours per pay period

Flexible Full Time (FFT) = at least 72 hours per pay period

Regular Part Time (RPT) = at least 64 hours per pay period

Part Time (PT) = at least 40 hours per pay period

Regular Per Diem (RPD) = at least 8 hours per pay period

Per Diem (PD) = as needed

## Benefit Status

For 2018 benefits please log onto bswift located on the NMC gateway. There you will be able to review the benefits you have selected. Please log onto Kronos to view your tax withholding information, your retirement plan employee contribution & earned time balances.

## Benefit Costs

This benefit booklet contains benefit rates which are updated each calendar year & located on the following pages within this booklet. All benefits in this booklet are a summary of NMC's total benefit package. For more specific information on each benefit please refer to the Employee Benefit Center on the Gateway.

## Eligibility Waiting Period

**New employees** who start work with NMC are eligible for coverage on the first of the month following date of hire.

**Current employees** who transfer from a non-benefit-eligible position to a benefit-eligible position follow the New Employee guidelines above.

## Benefit Changes

Employees will make benefit changes through bswift; NMC's benefit online enrollment system. Benefit changes can be made when an employee experiences a Qualified Life Event such as marriage, birth of a child, change of insurance coverage (due to the loss/gain of other benefits), etc. All changes are pended & need to be approved by HR before they become final.

# Medical Plans • Benefit Summary

Full Time, Flexible Full Time, Regular Part Time & Part Time employees may enroll in health coverage during their initial eligibility period and during open enrollment

NMC will offer three health plan options in 2018, Gold, Silver and Bronze, with different levels of coverage to meet you and your family's needs

The Bronze Plan is a federally qualified high deductible health plan (HDHP) and allows employees to also elect a Health Savings Account (HSA); see the Bronze Plan design for more information on the HSA rules

Employees may also elect a Flexible Spending Account (FSA) if they have a Health Savings Account (HSA), but it would be considered a "Limited Purpose" FSA where only dental & vision expenses can be claimed. The HSA would be the account for which an employee would use to claim anything medical.

Employees who utilize NMC providers and services may have lower out of pocket costs

NMC has adopted a Defined Contribution method for paying the employer's portion of the plan's premiums

Defined Contribution, similar to how retirement plans work, allows for NMC to set a fixed amount of premium that they will pay towards any of the three plans. The amounts only fluctuate based upon the tier of coverage you choose (single, employee & spouse, etc.). NMC will give each employee the same amount of funding towards each plan & the employee will pay the difference in the cost.

*For rates, please refer to the end of this booklet, or log onto bswift*

The Ask Emma tool estimates the amount of health care you are likely to experience in a given year & the out-of-pocket costs you are likely to incur for each plan. Ask Emma also helps you decide which plan is best for you and your family.



# 2018 Gold Plan



Service	NMC Providers	BCBS Providers
<b>Deductible - Calendar year</b>	\$400 Per Individual \$800 Family Maximum	\$800 Per Individual \$1,600 Family Maximum
<b>Out-of-Pocket Maximum</b> (includes deductible)	\$2,000 Per Individual \$4,000 Family Maximum **Out Of Pocket Maximum include RX and Medical co-payments	
<b>Coinsurance</b>	Plan Pays 90%	Plan Pays 80%
<b>Preventative Care - Routine Adult Physical (1 per year), Well Child Care (including immunizations), Routine Gynecological Visit</b>	Covered at 100%	
<b>Mammogram, Colonoscopy &amp; Prostate Preventive Screenings</b>	Covered at 100%	
<b>Physician Office Visits, Allergy Testing &amp; Injections</b>	\$10 Primary Care Visit \$20 Specialist Visit	\$20 Primary Care Visit \$40 Specialist Visit
<b>Maternity Care - Initial visit, Pre-Natal, Birth, Newborn Care &amp; Post Natal</b>	\$10 copay for 1 <sup>st</sup> visit Deductible, then plan pays 90%	Deductible, then plan pays 80%
<b>Chiropractic Care (24 visits per year max)</b>	<i>Not available at NMC</i>	\$40 Copay
<b>Physical, Speech &amp; Occupational Therapy (no visit limit), Cardiac Therapy (36 visit limit)</b>	\$20 Copay	\$40 Copay
<b>Outpatient Hospital Surgery</b>	\$50 Copay	Deductible, then plan pays 80%
<b>Inpatient Hospital Services &amp; Rehabilitation</b>	Plan pays 100%	Deductible, then plan pays 80%
<b>Skilled Nursing Facility Services (60 day annual max)</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Hospital Outpatient Lab &amp; Diagnostic Services, Pre-admission Testing, Outpatient Therapeutic Services, Independent Lab &amp; Diagnostic Services</b>	Deductible, then plan pays 90% if services are available at NMC	Deductible, then plan pays 80%
<b>Urgent Care Center</b>	\$50 Copay	\$75 Copay
<b>Emergency Room (waived if admitted)</b>	\$200 Copay	\$200 Copay
<b>Ambulance (medically necessary)</b>	<i>Not available at NMC</i>	100% of allowable charges
<b>Inpatient Hospital Physician Care</b>	Deductible, then plan pays 90%	Deductible, then plan pays 80%
<b>Diabetic Equipment</b>	Deductible, then plan pays 90%	Deductible, then plan pays 80%
<b>Non-hospital Outpatient Chemotherapy &amp; Radiation</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Transplant Services</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Durable Medical Equipment &amp; Disposable Supplies</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Hearing Testing &amp; Evaluations (Hearing Aids not covered)</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Mental Health &amp; Substance Abuse Inpatient Hospital Services</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Mental Health &amp; Substance Abuse Outpatient Office Visits</b>	<i>Not available at NMC</i>	\$20 Copay
<b>Infertility: Basic Services Only (See SPD for more information)</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%

Medical • Dental • Vision • Short Term Disability • Long Term Disability • Life/AD&D • Earned Time • Flexible Spending Health Savings Account • Continuing Education • Voluntary Benefits • Retirement Plan • Healthy Ū • Employee Assistance Program

# 2018 Gold Plan



Prescription Benefit	NMC Pharmacy	Retail Pharmacies
<b>Prescription Deductible</b>		\$50 deductible per person
<b>Prescription:</b> Generic/Brand/Non-formulary Brand	\$10/\$30 NMC & affiliated pharmacies after deductible	\$10/\$40/\$50
<b>Express Scripts Mail Order</b> (90 day supply)	3 Copays	
<b>Specialty Medications</b>	30% Coinsurance after deductible	

## NMC Pharmacy Benefit

NMC believes it is important to offer access to the hospital pharmacy, and its discounted pricing, to NMC employees as part of a comprehensive program of benefits. Employees and dependent members of their households on the Gold Plan may have prescriptions filled and may purchase over-the-counter medications from the pharmacy. Items at the hospital pharmacy may be paid for through payroll deduction.

The NMC Pharmacy carries a selection of prescription drugs. This selection may not be as comprehensive as what is available at retail and mail order pharmacies. Please refer to the formulary list on the NMC gateway.

### Affiliated Pharmacies

- Rite Aid – St. Albans
- Rite Aid – Milton
- Rite Aid – Enosburg
- Walmart – St. Albans
- Kinney Drugs – St. Albans
- Kinney Drugs - Milton





# 2018 Silver Plan



Service	NMC Providers	BCBS Providers
<b>Deductible - Calendar year</b>	\$500 Per Individual \$1,000 Family Maximum	\$1,000 Per Individual \$2,000 Family Maximum
<b>Out-of-Pocket Maximum</b> <i>(includes deductible)</i>	\$3,000 Per Individual \$6,000 Family Maximum **Out Of Pocket Maximum includes RX & Medical co-payments	
<b>Coinsurance</b>	Plan Pays 90%	Plan Pays 80%
<b>Preventative Care</b> - Routine Adult Physical (1 per year), Well Child Care (including immunizations), Routine Gynecological Visit	Covered at 100%	
<b>Mammogram, Colonoscopy &amp; Prostate Preventive Screenings</b>	Covered at 100%	
<b>Physician Office Visits, Allergy Testing &amp; Injections</b>	\$15 Primary Care Visit \$30 Specialist Visit	\$30 Primary Care Visit \$50 Specialist Visit
<b>Maternity Care</b> - Initial visit, Pre-Natal, Birth, Newborn Care & Post Natal	\$10 copay for 1 <sup>st</sup> visit Deductible, then plan pays 90%	Deductible, then plan pays 80%
<b>Chiropractic Care</b> (24 visits per year max)	<i>Not available at NMC</i>	\$50 Copay
<b>Physical, Speech &amp; Occupational Therapy</b> (no visit limit), <b>Cardiac Therapy</b> (36 visit limit)	\$30 Copay	\$50 Copay
<b>Outpatient Hospital Surgery</b>	\$75 Copay	Deductible, then plan pays 80%
<b>Inpatient Hospital Services &amp; Rehabilitation</b>	Plan Pays 100%	Deductible, then plan pays 80%
<b>Skilled Nursing Facility Services</b> (60 day annual max)	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Hospital Outpatient Lab &amp; Diagnostic Services, Pre-admission Testing, Outpatient Therapeutic Services</b> (Chemotherapy, Radiation), <b>Independent Lab &amp; Diagnostic Services</b>	Deductible, then plan pays 90%	Deductible, then plan pays 80%
<b>Urgent Care Center</b>	\$50 Copay	\$75 Copay
<b>Emergency Room</b> (waived if admitted)	\$200 Copay	\$200 Copay
<b>Ambulance</b> (medically necessary)	<i>Not available at NMC</i>	100% of allowable charges
<b>Inpatient Hospital Physician Care</b>	Deductible, then plan pays 90%	Deductible, then plan pays 80%
<b>Diabetic Equipment</b>	Deductible, then plan pays 90%	Deductible, then plan pays 80%
<b>Non-hospital Outpatient Chemotherapy &amp; Radiation</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Transplant Services</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Durable Medical Equipment &amp; Disposable Supplies</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Hearing Testing &amp; Evaluations</b> (Hearing Aids not covered)	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Mental Health &amp; Substance Abuse Inpatient Hospital Services</b>	<i>Not available at NMC</i>	Deductible, then plan pays 80%
<b>Mental Health &amp; Substance Abuse Outpatient Office Visits</b>	<i>Not available at NMC</i>	\$30 Copay
<b>Infertility: Basic Services Only</b> (See SPD for more information)	<i>Not available at NMC</i>	Deductible, then plan pays 80%

Medical • Dental • Vision • Short Term Disability • Long Term Disability • Life/AD&D • Earned Time • Flexible Spending  
Health Savings Account • Continuing Education • Voluntary Benefits • Retirement Plan • Healthy Ū • Employee Assistance Program

# 2018 Silver Plan



Prescription Benefit	NMC Pharmacy	Retail Pharmacies
<b>Prescription Deductible</b>		\$50 deductible per person
<b>Prescription:</b> Generic/Brand/Non-formulary Brand	\$10/\$30 NMC & affiliated pharmacies after deductible	\$10/\$40/\$50
<b>Express Scripts Mail Order</b> (90 day supply)	3 Copays	
<b>Specialty Medications</b>	30% Coinsurance after deductible	

## NMC Pharmacy Benefit

NMC believes it is important to offer access to the hospital pharmacy, and its discounted pricing, to NMC employees as part of a comprehensive program of benefits. Employees and dependent members of their households on the Silver Plan may have prescriptions filled and may purchase over-the-counter medications from the pharmacy. Items at the hospital pharmacy may be paid for through payroll deduction.

The NMC Pharmacy carries a selection of prescription drugs. This selection may not be as comprehensive as what is available at retail and mail order pharmacies. Please refer to the formulary list on the NMC gateway.

### Affiliated Pharmacies

- Rite Aid – St. Albans
- Rite Aid – Milton
- Rite Aid – Enosburg
- Walmart – St. Albans
- Kinney Drugs – St. Albans
- Kinney Drugs - Milton



# 2018 Bronze Plan



Service	NMC Providers	BCBS Providers
<b>Deductible - Calendar year</b>	\$2,000 Single \$4,000 Family*	\$4,000 Single \$8,000 Family*
<b>Out-of-Pocket Maximum</b> (includes deductible & Prescription Copayments)	\$5,000 Single \$10,000 Family*	
<b>Coinsurance</b>	Plan Pays 100%	Plan Pays 90%
<b>Preventative Care - Routine Adult Physical (1 per year), Well Child Care (including immunizations), Routine Gynecological Visit</b>	Covered at 100%	
<b>Mammogram, Colonoscopy &amp; Prostate Preventive Screenings</b>	Covered at 100%	
<b>Physician Office Visits, Allergy Testing &amp; Injections</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Maternity Care - Initial visit, Pre-Natal, Birth, Newborn Care &amp; Post Natal</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Chiropractic Care (24 visits per year max)</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Physical, Speech &amp; Occupational Therapy (no visit limit), Cardiac Therapy (36 visit limit)</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Outpatient Hospital Surgery</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Inpatient Hospital Services &amp; Rehabilitation, Skilled Nursing Facility Services (60 day annual max)</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Hospital Outpatient Lab &amp; Diagnostic Services, Pre-admission Testing, Outpatient Therapeutic Services (Chemotherapy, Radiation), Independent Lab &amp; Diagnostic Services</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Urgent Care Center</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Emergency Room</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Ambulance (medically necessary)</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Inpatient Hospital Physician Care</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Diabetic Equipment</b>	Deductible, then plan pays 100%	Deductible, then plan pays 90%
<b>Non-hospital Outpatient Chemotherapy &amp; Radiation</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Transplant Services</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Durable Medical Equipment &amp; Disposable Supplies</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Hearing Testing &amp; Evaluations (Hearing Aids not covered)</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Mental Health &amp; Substance Abuse Inpatient Hospital Services</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Mental Health &amp; Substance Abuse Outpatient Office Visits</b>	<i>Not available at NMC</i>	Deductible, then plan pays 90%
<b>Infertility: Basic Services Only</b> (See SPD for more information)	Not available at NMC	Deductible, then plan pays 90%

Medical • Dental • Vision • Short Term Disability • Long Term Disability • Life/AD&D • Earned Time • Flexible Spending  
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# 2018 Bronze Plan



Prescription Benefit	NMC Pharmacy	Retail Pharmacies
<b>Prescription Deductible</b> Members will pay 100% of the cost of non-preventative prescriptions during the deductible period. Once the deductible is met, prescriptions will be paid at copay levels.	Combined Medical & Prescription Deductible	
<b>Prescriptions:</b> Generic/Brand/Non-formulary Brand	\$10/\$30 NMC & affiliated pharmacies after deductible	Preventative during deductible, All Rx after deductible \$10/\$40/\$50
<b>Express Scripts Mail Order</b>	3 Copays after deductible	
<b>Specialty Medications</b>	30% coinsurance after deductible	

## Health Savings Account (HSA)

- The Bronze Plan is a Qualified High Deductible Health Plan (HDHP) & allows employees to enroll in a Health Savings Account if they choose the Bronze Plan
- Please refer to the Employee Benefits Center (EBC) for more information on the HSA vendor, and for more information on how to enroll
- Please read the chart below on the differences between a FSA and an HSA

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
2018 Funding Maximum <i>Total includes employer funding</i>	\$3,450 Single; \$6,900 Family	\$2,600
2018 Catch Up Provision	\$1,000 for Employees Age 55+	None
Expenses	All eligible Medical, Dental & Vision	All eligible Medical, Dental & Vision*
“Use it or Lose it” Provision	Not applicable Funds rollover	Yes, funds can only be used Jan 2018 – March 15, 2018
Pre-tax dollars	Yes	Yes
Eligibility to Fund	Must be enrolled in a HDHP & cannot have other medical coverage, including Medicare	Any employee working 20+ hours per week. No medical plan enrollment necessary
Employer Funding	\$10 Single / \$ 20 Family per pay period	NA

\*Employees may also elect an FSA if they have an HSA, but it would be considered a “Limited Purpose” FSA where only dental and vision expenses could be claimed. The HSA would be the account for which an employee would use to claim anything medical.

# Maintaining Your Oral Health



## Dental Coverage

Full Time, Flexible Full Time, Regular Part Time & Part Time employees may enroll in the dental coverage during the initial eligibility waiting period & during Open Enrollment.



Outline of Covered Services		Basic	Standard	Enhanced
Calendar Year Maximum per person for services under A, B & C (Combined)		\$750	\$1,000	\$1,500
Calendar Year Deductible per person/Family (Coverage B & C only)		\$0	\$50/\$150	\$25/\$75
Coverage A Preventative/Diagnostic	<i>Evaluations</i> – 2 in a 12-month period <i>X-rays</i> - complete series or panoramic film once in a 5-year period, Bitewing X-rays once in a 12 month period, X-rays of ind. teeth as needed. <i>Oral cancer screening</i> once in a 12-month period <i>Preventative Cleanings</i> – 2 in a 12-month period under the Basic and Standard options; 4 in a 12-month period under the Enhanced option <i>Fluoride treatment</i> twice in a 12-month period to age 19 <i>Space maintainers</i> to age 16 <i>Sealant application</i> to permanent molars, once in a 3-year period, for children to age 19	100%	100%	100%
Coverage B Basic	<i>Restorative:</i> Amalgam (silver) filling, & composite (white) fillings <i>Oral Surgery:</i> Surgical & routine extractions <i>Endodontics:</i> Root canal therapy <i>Periodontics:</i> Periodontal Cleanings: two in a 12-mo period Basic & Standard Plans; four in a 12-mo period under Enhanced Plan <i>Note:</i> Cleanings may be any combination of preventative (Coverage A) or periodontal (Coverage B) but are limited to the total number of allowed cleanings. Periodontal cleanings are more involved than preventative cleanings. See SPD for more information. <i>Clinical Crown Lengthening:</i> Once per lifetime per site <i>Denture Repair:</i> Repair of a removable denture to its original condition <i>Emergency Palliative Treatment</i>	50%	80%	80%
Coverage C Major	<i>Prostodontics:</i> Removable & fixed partial dentures (bridge & complete dentures) Rebase & reline (dentures) Crowns, Onlays & Implants	N/A	50%	50%
Orthodontic Lifetime Max (Standard – Child Only; Enhanced – Adult & Child Covered)		N/A	\$1,000	\$2,000
The Enhanced Plan also includes a rollover benefit which allows members to rollover \$250 if they have had an oral exam or a cleaning in the previous year & their total dental payout from Delta was no more than \$500.				
Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental's allowance for nonparticipating dentists.				

# Maintaining Your Eye Health



NMC offers vision coverage through VSP to Full Time, Flexible Full Time, Regular Part Time & Part Time employees may enroll in the vision coverage during their initial eligibility period & during open enrollment.



Coverage	Cost to Member at In-Network Provider
<b>Well Vision Exam</b>	\$10 Copay, once per calendar year
<b>Prescription Glasses</b>	\$25 Copay Lenses: Once per calendar year <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, &amp; lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul> Frames: Once every other calendar year <ul style="list-style-type: none"> <li>• \$120 allowance for frames of your choice, then 20% off the amount over your allowance</li> </ul>
<b>Contact Lens Care</b>	No Copay \$120 allowance for the contacts & the contacts lens exam (fitting & evaluation), once per calendar year If you choose contact lenses you will be eligible for a frame one calendar year from the date the contact lenses were obtained
<b>Extra Discounts</b>	<p><b>Glasses &amp; Sunglasses:</b> Average 35 – 40% savings on all non-covered lens options &amp; 30% off additional glasses &amp; sunglasses, including lens options, from the same VSP doctor on the same day as your Well Vision Exam; OR get 20% off from any VSP doctor within 12 months of your last Well Vision Exam</p> <p><b>Contacts:</b> 15% off cost of contact lens exam (fitting &amp; evaluation)</p> <p><b>Laser Vision Correction:</b> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities; &amp; after surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</p>

The vision coverage listed above is a simplified summary we have provided for you. Please contact VSP for specific contract details on each coverage item.



# Financial Programs for Health and Dependent Care Expenses



## Flexible Spending Accounts

### Administered by Health Equity

**Contribution & Eligibility:** 100% employee funded. Full Time, Flexible Full Time, Regular Part Time & Part Time employees are eligible to participate upon hire & must enroll within 31 days of hire & annually during open enrollment.

**Premium Deductions:** All employee's premium contributions can be deducted pre-tax if they so choose

**Medical Account:** Allows employees to elect up to \$2,600 annually to pay unreimbursed medical, dental, vision, & many more health related expenses to be paid pre-tax. The plan includes a Grace Period which allows employees who elect the FSA to utilize their funds for dates of service January 1, 2018 through March 15, 2019.

**Dependent Care Account:** Allows employees to elect up to \$5,000 (for employees who are married & filing jointly) annually of dependent care expenses to be paid pre-tax. The amount for employees who are single (or married & filing separately) is a maximum of \$2,500 annually.

- Health Equity provides each enrolled employee, with a debit card. This card can be used at the time of purchase for eligible health care expenses. A list of IRS-eligible medical expenses can be found at [www.healthequity.com](http://www.healthequity.com). Employees may log on at any time to the website to obtain their balance. Cards may be requested for adult-aged children if eligible to participate in the plan.

\*If an employee enrolls in the Bronze Plan & elects to contribute to a Health Savings Account, the employee may still participate in a medical FSA, but may only use funds from the FSA for dental & vision expenses. This is considered a Limited Purpose FSA.

## Health Savings Account (HSA)

### Administered by Health Equity

**Eligibility:** Full Time, Flexible Full Time, Regular Part Time & Part Time employees are eligible to participate ***if enrolled in the Bronze Qualified High Deductible Health Plan.***

**Contributions:** All employee's contributions can be deducted pre-tax & may be changed throughout the year as long as total does not exceed the Federal maximums.

#### **HSA Features:**

- In 2018 NMC will make a contribution to your H.S.A. in the amount of \$10 Individual /\$20 Family per pay period
- Only dollars deposited into an HSA plan can be used to pay for eligible expenses (different than FSA)
- Employees will receive a Debit Card for their HSA & may use this card to pay for bills from providers, for prescription costs at retail & mail order pharmacies & for other qualified expenses
- Employees can use Health Equity's online feature & pay providers directly online. This feature allows employees to auto-substantiate by using this online feature & pay the provider before the bill arrives
- Employees may also invest the funds in their HSA once their account has a balance of \$2,000. Instructions & more information are available on Health Equity's website
- Funds in an HSA rollover from one year to the next & can be taken with you when employment ends
- Employees may use funds from an HSA for any medical, dental or vision qualified expense (same as the FSA), even if they are no longer enrolled in a Qualified High Deductible Plan in the future
- Employees may contribute, in 2018, up to \$3,450 if they are enrolled as a Single on the Bronze Plan or up to \$6,900 if they are enrolled with more than one person on their plan. There is a catch-up provision for employees who are over 55 of \$1,000 regardless of the level at which they are enrolled

# Preparing for Your Financial Security

RELIANCE STANDARD

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

Life insurance coverage covers Full Time, Flexible Full Time & Regular Part Time Employees. Supplemental coverage can be elected in conjunction with the Basic Life. If an employee elects life insurance after they are initially eligible, Evidence of Insurability will be required & the coverage will have to be approved.

### **Basic Life & AD&D Insurance (100% NMC Funded)**

- 1 times annual salary up to a maximum of \$500,000
- AD&D doubles the benefit value if death results from an accident
- Benefits reduce by 35% upon reaching age 70; 50% upon reaching age 75

### **Voluntary Supplemental Life (100% employee funded; age rated premiums)**

- Full Time, Flexible Full Time, Regular Part Time employees may enroll during the initial eligibility waiting period.
- Choice of coverage from 1x to 3x annual base salary to a maximum of \$500,000. AD&D coverage may be chosen in the same amounts & are subject to the same \$500,000 maximum.
- Benefits reduce by 35% upon reaching age 70; 50% upon reaching age 75
- Employee required to give satisfactory evidence of insurability for supplemental life amounts over \$250,000
- Dependent Life Insurance – 100% employee funded – Please see rate sheet for coverage details & cost

### **Voluntary AD&D Insurance (100% employee funded)**

- Employee may choose Voluntary AD&D separately, for themselves only, when they are initially eligible or annually at open enrollment. Accident coverage does not require evidence of insurability. Rate is not age banded.

## Long-Term Disability Insurance

### **Long-Term Disability Insurance (100% NMC funded)**

- Covers Full Time, Flexible Full Time, Regular Part Time & Part Time Employees
- Benefit is 60% of monthly pay, including differentials, up to \$6,000 maximum.
- Payment of benefits begin after 90 days from the start of a qualified disability
- Benefits are payable to age 65 if disability begins prior to age 60; schedule of benefits when disabled after age 60



# Preparing for Your Financial Security

**RELIANCE STANDARD**

## Short Disability Insurance

**(100% Employee funded)**

### Voluntary Short-Term Disability Insurance

Available to Full Time, Flexible Full Time, Regular Part Time & Part Time Employees

- Employees may enroll within their initial eligibility period & during open enrollment.
- Benefit begins on the 8th day after the occurrence of a qualified disability
- Benefit is 60% of current base rate of pay, including differentials, to a maximum of:
  - \$600 per week for Full Time Employees
  - \$540 per week for Flexible Full Time Employees
  - \$480 per week for Regular Part Time & Part Time Employees
- The maximum benefit period is 12 weeks per eligible disability
- Partial benefits are available based on the percent of lost basic wages & other circumstances when returning to work after a qualified disability of at least 8 days.

## Voluntary Accident & Critical Illness Coverage

**(100% Employee Funded)**

Available to Full Time, Flexible Full Time, Regular Part Time & Part Time Employees

### Accident Coverage

- Pays benefits to members who enroll in coverage for on & off the job accidents
- Coverage can be chosen for an employee, spouse & dependent children
- Benefits are paid for receiving care related to an accident. See the Reliance Standard benefit summaries on the NMC Employee Benefit Center for a complete list of coverage.
- Benefits are paid on a tax-free basis since premiums are paid post-tax through payroll deductions

### Critical Illness Coverage

- Pays benefits to members who enroll in coverage should a member develop a Critical Illness
- Some of the Critical Illnesses include: Cancer, Heart Attack, Major Organ Failure, Blindness. For a complete list of covered illnesses, please see the plan description in the Employee Benefit Center.
- Benefit amounts may be chosen for purchase from \$5,000 - \$50,000 in \$1,000 increments for an employee.
- Benefit amounts may be chosen for purchase from \$5,000 - \$30,000 in \$1,000 increments for a spouse
- Amounts over \$20,000 are subject to medical underwriting
- Eligible dependent children are automatically covered for 25% of the employee's elected amount when the employee enrolls in this coverage to a max of \$12,500.

# Protecting Your Pet's Health and Wellness



## Voluntary Pet Insurance-**New Plans**



### What do the new plans cover?

My Pet Protection and My Pet Protection with Wellness reimburse a straightforward 90% of your vet bill\* instead of using a benefit schedule. A \$250 annual deductible and \$7,500 maximum annual benefit apply to both plans.

### What's new and exciting about the new My Pet Protection plans?

- The most comprehensive pet insurance coverage available as a voluntary benefit
- Simple 90% reimbursement
- Simple pricing
- No age restrictions
- No lifetime limits



- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness exams
- Vaccinations
- Flea prevention
- Spay or neuter
- Teeth cleaning
- And more



- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements

We ♥ pets.

Our pets are family—just like yours.  
NMC proudly offers Voluntary Pet Insurance  
so that your pet can get the best care possible.

For More information please visit

<http://www.petinsurance.com/northwesternmedicalcenter>

# Work/Life Balance



## Employee Assistance Program (EAP)

Workplace Solutions, Inc.



NMC's Employee Assistance Program is a free, confidential and voluntary program for all employees designed to assist you and/or your dependent family members with personal, family, work, stress or substance abuse issues that may disrupt personal lives or job performance. The EAP is offered through Workplace Solutions, Inc. and is available for immediate assessment and short term counseling of up to three sessions free of charge per issue.

Workplace Solutions can be contacted at: 1-800-639-1596 or locally at 802-658-1788. More information on the program and services can be found at [www.workplacesolutionsvt.com](http://www.workplacesolutionsvt.com).

## Earned Time

**Paid time off is to be used for illness, vacations & holidays.**

**All Full Time, Flexible Full Time, Regular Part Time & Part Time employees are eligible.**

Exempt (salaried Full Time)	31 days/year
Full Time Employees	26 days/year
Flexible Full Time Employees*	23 days/year
Regular Part Time Employees*	20 days/year
Part Time Employees*	8 days/year

\*Amounts of earned time may vary. All earned time is calculated based upon hours worked.



# Continuing Education and Professional Development

## In-House Programs

We offer a number of in-house programs that span across departments or roles, including leadership development, health and safety, wellness, computer skills, and even certification courses including BLS, ACLS, and PALS. Staff can review the current list of in-house courses and even register for a session by logging in to Performance Manager and clicking on NetLearning.



## Certifications

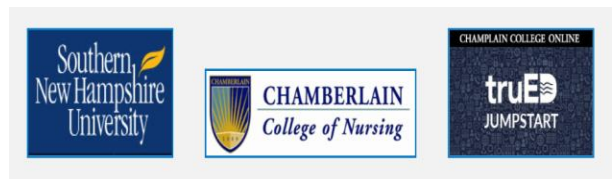


**NMC** employees are encouraged to pursue certifications in their field. **NMC** employees have access to professional development reimbursement towards the cost of preparatory courses and the cost of the exam once an employee passes the exam and receives their certification. Please contact Organizational Development for more information on eligibility.

## Tuition Reimbursement

**NMC** is committed to supporting employees continuing their formal education. Tuition reimbursement is available to all non-temporary employees who have completed their orientation period. This benefit will cover the costs associated with your coursework, including tuition costs, books, and certain fees.

**NMC** employees are eligible for up to \$3,796 per year for educational assistance. Additional assistance may be available for those pursuing graduate level degrees.



**NMC** is proud to partner with Champlain College TruEd, Chamberlain College of Nursing and SNHU on-line. Each offers a percentage off tuition discount to our employees. SNHU's discount applies to spouses and children.

**For specific information, please visit the Organizational Development page on the NMC Gateway.**

# Discount Programs

# Employee Discounts



NMC as a member of the Franklin County Regional Chamber of Commerce is happy to announce the offering of a discount program with local businesses through the Chamber. All you have to do is select the link below which will take you to the Chamber's web site. This link will also be available on the Gateway. Once you are on the site select member and it will take you to the Chambers discount program. If you are interested in taking advantage of this discount program please stop by Human Resources to pick up a Discount Program Card. All you need to do is show this card at the local participating business to obtain the discount. If you have questions regarding the discount please contact the chamber directly at 802-524-2444.

<https://www.fcrcvt.com/membertomember/>



The New and exciting way to get your select Safety Footwear at reduced prices.

- FREE Shipping
- FREE & easy returns
- For expert Customer Service call 1-800-444-4086



## More Discounts!

- Verizon
- AT&T
- Sprint
- Danform
- Lenny's Shoe & Apparel



For more information please see Human Resources

# Preparing for your *Financial Security*



**NMC cares about the financial future of employees of NOH. This program is offered to be comprehensive & provide opportunities for the employees to plan for a secure financial future.**



## **Northwestern Occupational Health 401(k) Plan** **NOH Employees**

NOH employees' retirement plan consists of a 401(k) Plan which employee are eligible to participate upon hire.

- All new hires will be automatically enrolled at 2% per pay unless opt out is elected or a different % per pay is chosen
- Employees who are automatically enrolled and make no active changes will be automatically increased to 3% per pay in Year 2 and 4% per pay in Year 3 for a maximum matching contribution.
- NOH matches 50% of an employee's contributions up to 4%. These contributions are 100% vested. NOH matching contributions will occur on a bi-weekly basis.
- NOH will contribute 3% automatically to all employees who work at least 1,000 hours in a calendar year & only this amount will be subject to a step vesting schedule as outlined in the plan document
- All NOH contributions are subject to annual review & subject to IRS maximums.

# Preparing for your Financial Security



NMC cares about the financial future of employees of NMC. Each program has been carefully chosen to be comprehensive & provide opportunities for the employees to plan for a secure financial future.



## Northwestern Medical Center 403(b) Plan & Northwestern Medical Center 401(a) Plan

### NMC Employees

NMC employees have a retirement program which combines both a 403(b) & a Money Purchase Pension Plan 401(a). Employees are eligible to participate in the 403(b) upon hire.

#### **Tax Sheltered Annuity 403(b)**

- All new hires will be automatically enrolled at 2% per pay unless opt out is elected or a different % per pay is chosen
- Employees who are automatically enrolled and make no active changes will be automatically increased to 3% per pay in Year 2 and 4% per pay in Year 3 for a maximum matching contribution.
- NMC matches 50% of an employee's contributions up to 4%. These contributions are 100% vested. NMC matching contributions will occur on a bi-weekly basis.
- This plan is 100% vested from the date of enrollment
- NMC contributions are subject to annual review & can change

#### **Money Purchase Pension Plan 401(a)**

- NMC contributes 3% of gross annual pay for all employees who work at least 1,000 hours during a calendar year automatically
- This plan is a defined contribution plan
- Please refer to the vesting schedule as outlined in the plan document
- Contributions are subject to annual review & subject to IRS maximums

# healthy Ü

## NMC's Employee Wellness Program



### NMC also provides additional services and resources through the Healthy Ü program delivered by Northwestern Lifestyle Medicine

- Therapeutic Massage
- Annual Wellness Reimbursement
- One-on-one Wellness Coaching
- Nutrition, tobacco, & diabetes counseling
- The Lifestyle Medicine Clinic
- Onsite Exercise and Wellness classes
- An "Ounce of Healthy Ü Prevention" located in NMC's monthly newsletter, the *Headliner*
- Wellness Challenges
- Free Fruit Fridays (available in Courtyard Café)
- Local food initiatives offered by the Healthy Roots Collaborative
- The Online Healthy Ü interactive Wellness Portal
  - Wellness Workshops
  - Food Logs and Meal Plans
  - Exercise Logs and Exercise Plans
  - Health Logs
  - Event Registration
  - Healthy Library and more...

#### Departments can contact us for special requests

The Healthy Ü program aspires to make the healthy choice the easy choice and empower employees to build healthier lives.

For more information about programs or offerings, email [healthyu@nmcinc.org](mailto:healthyu@nmcinc.org)

Visit the Healthy Ü portal at <https://healthyu.northwestern.org>



*The secret of change is to focus all of your energy, not on fighting the old, but on building the new.*

-Socrates



# Earn \$500 reduction on health insurance premiums and receive additional incentives through Healthy Ü

Employees and spouses enrolled in NMC's health insurance will have reduced premiums for *calendar year 2018* if they have completed the following Healthy Ü initiatives during 2017 or were hired after June 1, 2017.

- Completion of online health assessment (**Employee and Spouse**)
- Completion of one wellness screening with a Wellness Coach  
**Employee by August 31, 2017**  
**Spouse by December 1, 2017**
- Completion of an annual physical with your primary care provider (**Employee and Spouse**)
- Tobacco free attestation (survey in November 2017) or completion of a tobacco cessation program (**Employee only**)
- **Self-Care Participation:** Earn 20 self-care points by participating in a variety of wellness activities on the Healthy U portal (**Employee only**)
- **If you are high risk for one or more of the following at your wellness screening you must complete a Qualified Risk Reduction Program :** blood pressure, cholesterol, glucose or have a BMI  $\geq 30$ ,. (Unless exempt by provider with documentation) (**Employee only**)



In 2018, employees & spouses enrolled in NMC's health insurance, or hired before June 1, 2018 will need to complete the following activities to receive the reduced premium on their 2019 NMC health insurance. Additional cash incentive of \$50 may be earned for each component in **bold underlined**, below. Cash incentive is available for benefit eligible employees and employees may earn an additional \$50 for each component completed by an enrolled spouse.

- **Collection of fasting bloodwork (\$50)** to include lipid profile (total cholesterol, HDL, LDL, triglycerides), blood glucose and hemoglobin A1c (employee and spouse) Deadline March 31, 2018 or before initial wellness coaching visit.
- **Completion of online health assessment (\$50)** March 31, 2018 or before initial wellness coaching visit.
- **One wellness coaching visit (\$50)** and two additional visits throughout the year. Initial visit to include waist circumference, blood pressure, height and weight. Initial visit deadline June 30, 2018.
- Complete online attestation of 2018 annual physical exam with your primary care provider (**Employee and Spouse**)

**Note:** Spousal participation is not required for benefit eligible employees not electing NMC medical insurance.

## Benefit Eligible but don't elect NMC Benefits?

You can still earn incentives by completing the Healthy Ü initiatives. All employees are encouraged to participate in the Healthy Ü program. Benefit eligible employees not electing benefits may earn \$50 for each component bold underlined, above.

## New Employee in 2018?

Employees hired *before* May 30, 2018 will be grandfathered into the Healthy Ü rate for the remainder of 2018, but will need to complete the components as outlined above to receive reduced insurance premium for 2019 (deadline accommodations will be made as necessary). Employees hired *after* June 1, 2018 are grandfathered into the Healthy Ü rate for remainder of 2018, and through 2019.

For additional information regarding employee status changes, benefit changes or life event, please email [healthyu@nmcinc.org](mailto:healthyu@nmcinc.org)

Please email [healthyu@nmcinc.org](mailto:healthyu@nmcinc.org) for more information on how to achieve your reduced rates and/or cash incentives.

# 2018 Employee Contributions & Rates



BlueCross BlueShield  
of Vermont  
An Independent Licensee of the Blue Cross and Blue Shield Association.

## Medical Plan Options

Healthy Ü Bi-weekly Costs	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	FT, FFT, RPT	PT	FT, FFT, RPT	PT	FT, FFT, RPT	PT	FT, FFT, RPT	PT
Bronze	\$22.22	\$59.55	\$47.17	\$126.26	\$45.54	\$122.09	\$63.23	\$169.56
Silver	\$43.68	\$82.34	\$92.78	\$174.55	\$91.64	\$168.79	\$121.33	\$228.65
Gold	\$57.78	\$98.94	\$122.74	\$209.78	\$118.39	\$202.71	\$162.57	\$278.37
Regular Bi-weekly Costs	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	FT, FFT, RPT	PT	FT, FFT, RPT	PT	FT, FFT, RPT	PT	FT, FFT, RPT	PT
Bronze	\$35.94	\$76.89	\$61.21	\$144.32	\$59.26	\$140.13	\$76.95	\$186.99
Silver	\$63.35	\$108.20	\$112.45	\$201.11	\$109.23	\$195.36	\$141.00	\$255.15
Gold	\$80.38	\$128.03	\$145.34	\$239.50	\$140.99	\$232.43	\$185.18	\$307.91



## Dental Plan Options

Regular Bi- weekly Costs	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	FT, FFT, RPT	PT	FT, FFT, RPT	PT	FT, FFT, RPT	PT	FT, FFT, RPT	PT
Basic	\$2.59	\$5.23	\$6.20	\$11.46	\$5.16	\$10.04	\$10.34	\$18.97
Standard	\$5.16	\$7.91	\$9.83	\$15.01	\$9.31	\$14.21	\$16.54	\$25.30
Enhanced	\$9.31	\$11.89	\$19.13	\$24.41	\$17.57	\$22.43	\$31.01	\$39.60

Medical • Dental • Vision • Short Term Disability • Long Term Disability • Life/AD&D • Earned Time • Flexible Spending  
Health Savings Account • Continuing Education • Voluntary Benefits • Retirement Plan • Healthy Ü • Employee Assistance Program



## Vision Plan

Bi-weekly Paycheck Cost	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
FT, FFT & RPT	\$3.25	\$5.20	\$5.31	\$8.56
PT	\$3.66	\$5.85	\$5.97	\$9.63

### RELIANCE STANDARD

## Spouse & Dependent Life Insurance

		Spouse Life - Bi-weekly Cost				
Child(ren) Life Bi-weekly Cost		\$0	\$10,000	\$20,000	\$30,000	\$40,000
	\$0		\$0.86	\$2.04	\$2.85	\$3.59
	\$5,000	\$0.29	\$1.02	\$2.33	\$3.14	\$3.88
	\$10,000	\$0.47	\$1.33	\$2.43	\$3.32	\$4.06

### RELIANCE STANDARD

## Voluntary Short Term Disability

**2018 Rate: \$0.89/\$10 of benefit**

Calculation example: (Full time employee)

If you make \$15/hour and work 40 hours per week your weekly income is: \$600

You are eligible to receive up to 60% (up to policy limits) of your pre-disability income should you experience a disability. 60% of \$600 = \$360

Your premium in 2016 will be: \$14.79 bi-weekly

Please see the NMC's Gateway (intranet) for the STD calculator to find out the premium for your specific income. Please see the Benefit Booklet for limits based upon the employee class you fall into.

### RELIANCE STANDARD

## Voluntary Accident Coverage

	Bi-weekly paycheck Rates
Employee	\$6.68
Employee + Spouse	\$10.48
Employee + Child(ren)	\$12.18
Family	\$15.98

### RELIANCE STANDARD

## Voluntary Critical Illness Coverage

- Bi-weekly premiums are age-banded and based on the age at last birthday & the amount of coverage chosen.
- Employees interested in coverage can view rates each year during Open Enrollment

