

2021-2022 Benefits At-a-Glance

COVERAGE CATEGORY	HOLLAND HOSPITAL HIGH DEDUCTIBLE PLAN	HOLLAND HOSPITAL PPO PLAN																																				
HEALTH	Group #276 benefits.cb-sisco.com (800) 457-4726 x7276	Group #276 benefits.cb-sisco.com (800) 457-4726 x7276																																				
Website	hollandpho.org ■ cofinity.net ■ spectrumhealth.org	hollandpho.org ■ cofinity.net ■ spectrumhealth.org																																				
Employee Pre-Tax Cost (per pay period, based on 26 pay periods per year)	<p style="text-align: center;">RATES</p> <table border="0"> <tr> <td>Full Time</td> <td>Part Time A</td> </tr> <tr> <td>Employee: \$36.00</td> <td>Employee: \$73.00</td> </tr> <tr> <td>Employee+Child(ren): \$67.00</td> <td>Employee+Child(ren): \$166.00</td> </tr> <tr> <td>Employee+Spouse: \$77.00</td> <td>Employee+Spouse: \$175.00</td> </tr> <tr> <td>Family: \$103.00</td> <td>Family: \$207.00</td> </tr> </table>	Full Time	Part Time A	Employee: \$36.00	Employee: \$73.00	Employee+Child(ren): \$67.00	Employee+Child(ren): \$166.00	Employee+Spouse: \$77.00	Employee+Spouse: \$175.00	Family: \$103.00	Family: \$207.00	<p style="text-align: center;">RATES</p> <table border="0"> <tr> <td>Full Time</td> <td>Part Time A</td> </tr> <tr> <td>Employee: \$74.00</td> <td>Employee: \$140.00</td> </tr> <tr> <td>Employee+Child(ren): \$150.00</td> <td>Employee+Child(ren): \$380.00</td> </tr> <tr> <td>Employee+Spouse: \$161.00</td> <td>Employee+Spouse: \$382.00</td> </tr> <tr> <td>Family: \$206.00</td> <td>Family: \$439.00</td> </tr> </table>	Full Time	Part Time A	Employee: \$74.00	Employee: \$140.00	Employee+Child(ren): \$150.00	Employee+Child(ren): \$380.00	Employee+Spouse: \$161.00	Employee+Spouse: \$382.00	Family: \$206.00	Family: \$439.00																
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Utilization Management (Pre-Certification)	Pre-certify services such as inpatient services, scans, and home treatment. Also includes durable medical equipment. See summary plan document for details. Penalty is \$250. Holland PHO plan call HealthCorp: (800) 457-4726 x7276	Pre-certify services such as inpatient services, scans, and home treatment. Also includes durable medical equipment. See summary plan document for details. Penalty is \$250. Holland PHO plan call HealthCorp: (800) 457-4726 x7276																																				
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Routine Preventative Care Services	100% coverage	100% coverage																																				
Prescription Drugs mandatory generics, step program therapy, quantity limits, dose optimization, opioid management and OTC limitations apply to both plans	<p>Generic \$10 Preferred \$40 Non-Preferred \$60 Specialty 30% to max of \$100</p> <p>Optum RX www.optumrx.com</p> <p>Mail order after deductible: \$20 for generic/\$80 preferred/\$120 non preferred</p> <p>Copay applies after deductible up to Out of Pocket Maximum</p> <p>Co-Pay Coupon Program: If using coupons for specialty medication, the coupon value will not apply to deductible or out of pocket maximums.</p>	<p>Generic \$10 Preferred \$40 Non-Preferred \$60 Specialty 30% to max of \$100</p> <p>Optum RX www.optumrx.com</p> <p>Mail order: \$20 for generic/\$80 preferred/\$120 non preferred</p> <p>Copays apply to Out of Pocket Maximum</p> <p>Co-Pay Coupon Program: If using coupons for specialty medication, the coupon value will not apply to deductible or out of pocket maximums.</p>																																				
Therapy (Physical, Speech, Occupational)	After deductible, coinsurance based on Tier	After deductible, coinsurance based on Tier																																				
Hospitalization	After deductible, coinsurance based on Tier	After deductible, coinsurance based on Tier																																				
Outpatient Services	After deductible, coinsurance based on Tier	After deductible, coinsurance based on Tier																																				
Behavioral Health & Chemical Dependency Outpatient	After deductible, coinsurance based on Tier 1	\$20 Copayment																																				
Behavioral Health & Chemical Dependency Inpatient	After deductible, coinsurance based on Tier 1	After deductible, coinsurance based on Tier 1																																				
Other Special Coverages <i>*Alternative Care includes Acupressure, Acupuncture, Biofeedback, Hypnotherapy and Massage Therapy.</i>	<ul style="list-style-type: none"> Alternative Care*— 50% Coverage after Deductible; \$200 maximum benefit per year. Infertility – Coverage limited to diagnostic procedures only. Bariatric Surgery - 15K lifetime maximum, Holland Hospital only Temporomandibular Joint Dysfunction (TMJ) – Coverage for diagnosis and surgical procedures. Durable Medical Equipment - 90% coverage after deductible for all tiers. 	<ul style="list-style-type: none"> Alternative Care*— 50% Coverage; \$200 maximum benefit per year. Infertility – Coverage limited to diagnostic procedures only. Bariatric Surgery - 15K lifetime maximum, Holland Hospital only. Temporomandibular Joint Dysfunction (TMJ) - Coverage for diagnosis and surgical procedures. Durable Medical Equipment - 90% coverage after deductible for all tiers. 																																				
Spouse Coverage	If your spouse is eligible to participate in his/her employer's health plan and working 30 hours or more a week, they must be enrolled under that plan as their Primary coverage. They can also be covered under the Holland Hospital health plan but that coverage will be Secondary.	If your spouse is eligible to participate in his/her employer's health plan and working 30 hours or more a week, they must be enrolled under that plan as their Primary coverage. They can also be covered under the Holland Hospital health plan but that coverage will be Secondary.																																				
Auto Insurance Coordination	Secondary Coverage	Secondary Coverage																																				
HEALTH SAVINGS ACCOUNT (HSA) Optumbank.com 1-(866)-234-8913 option 4	<ul style="list-style-type: none"> Pre-tax health savings account for Holland – High Deductible Plan participants ONLY. Maximum \$3,600/Single or \$7,200/Employee+Spouse, Employee+Child(ren) & Family. 	<ul style="list-style-type: none"> Age 55-64 can add another \$1,000. If you are enrolled in Medicare, you're unable to contribute to an HSA You must re-enroll in these plans each year to participate. 																																				

DENTAL		DELTA DENTAL REGULAR • #2839-0001		DELTA DENTAL HIGH • #2839-0002																						
Delta Dental • (800) 482-8915 www.deltadentalmi.com																										
Employee Pre-Tax Cost		Full Time Employee = \$1.81 Employee+Spouse = \$6.17	Employee+Child(ren) = \$6.84 Family = \$10.95	Full Time Employee = \$9.50 Employee+Spouse = \$23.89	Employee+Child(ren) = \$27.74 Family = \$44.21																					
		Part Time A Employee = \$3.77 Employee+Spouse = \$11.59	Employee+Child(ren) = \$12.82 Family = \$19.17	Part Time A Employee = \$12.05 Employee+Spouse = \$30.66	Employee+Child(ren) = \$35.60 Family = \$50.11																					
Annual Deductible		Single = None Family = None		Single = \$25 Family = \$75																						
Emergency Palliative		100% Coverage		100% Coverage																						
Preventative/Diagnostic		Oral Exam – 100% Coverage Teeth Cleaning – 100% Coverage X-rays – 50% Coverage Sealants (to age 14) – 100% Coverage (Limitations Apply)		Oral Exam – 100% Coverage Teeth Cleaning – 100% Coverage X-rays – 100% Coverage Sealants (to age 14) – 100% Coverage (Limitations Apply)																						
Oral Surgery		50% Coverage		80% Coverage																						
Endodontic Services – Treat teeth with diseased nerves		50% Coverage		80% Coverage																						
Periodontics – Treat diseases of the gums Relines and Repairs – Bridges and Dentures		50% Coverage		80% Coverage																						
Restorative Services – Crowns and Fillings (includes white fillings)		50% Coverage		80% Coverage																						
Prosthodontics – Replace missing natural teeth (includes implants, bridges and dentures)		50% Coverage		50% Coverage																						
Annual Benefit Maximum		\$1,000 PER PERSON		\$1,200 PER PERSON																						
Orthodontics		Not Available		50% Coverage; \$1,500 Lifetime Max (for dependents to age 19)																						
VISION Employee Pre-Tax Cost SISCO – #276 (800) 457-4726 x7276		Employee = \$4.61 Employee+Spouse = \$9.24	Employee+Child(ren) = \$9.24 Family = \$13.85	• \$225 Coverage per person per year. • Covered Expenses include: eye exams, lenses, frames, contacts.																						
FLEXIBLE HEALTH CARE/DEPENDENT CARE SPENDING ACCOUNTS SISCO – #276 (800) 457-4726 x7276		• Participate in one or both plans to pay for health care, and/or dependent care expenses. • Contributions are made tax-free. • Contribute up to \$2,750 a year for health care expenses. • \$550 from previous year is eligible to roll over to the next plan year.		• Contribute up to \$5,000 a year for dependent care expenses. • You must re-enroll in these plans each year to participate. • Any money that you have not used or incurred expenses for by March 31 will be forfeited per IRS regulations.																						
LIFE INSURANCE FOR EMPLOYEE MetLife metlife.com (800) 438-6388 Basic = 1 times annual earnings rounded to the next higher multiple of \$1,000, if not already exact multiple thereof. • Provided to Full Time Employees Only • Company pays full cost of coverage		Employee Voluntary Life • Available for Full Time & Part Time A employees. • New (first time eligible) employees can purchase up to \$200,000 without approval; amounts above \$200,000 approval is required. • Employees can purchase up to 5 times annual salary NOT to exceed \$500,000.		• Options are: \$10K, \$50K, \$100K, \$150K, \$200K, \$250K, \$300K, \$400K, \$500K. • Your rate is based on your insurance age, which is your age on the date your benefit becomes effective. • Please refer to the <i>Pulse</i> for voluntary insurance bi-weekly rates. • Coverage amounts reduce to 65% at age 70 and to 50% of original amounts at age 75.																						
DEPENDENT LIFE INSURANCE MetLife metlife.com (800) 438-6388 In order to purchase coverage for your spouse and/or child, you must purchase coverage for yourself. Spouse coverage may not be higher than the employee.		Spouse Coverage: • Available for Full Time & Part Time A employees, benefits will be paid to employee. • Employees can purchase up to 100% of employee amount NOT to exceed \$300,000. • New (first time eligible) employees can purchase up to \$50,000 without approval; amounts above \$50,000 approval is required. • Options are: \$10K, \$30K, \$40K, \$50K, \$100K, \$150K, \$200K, \$250K, \$300K. • Your rate is based on your insurance age, which is your age on the date your benefit becomes effective. • Please refer to the <i>Pulse</i> for spouse life insurance bi-weekly rates. • Coverage amounts reduce by 65% at age 70 and by 50% at age 75.		Child Coverage: • Available for Full Time & Part Time A employees, benefits will be paid to employee. • Children age live birth to 6 months \$1,000 benefit; Beyond the age of 6 months to 26 years \$10,000 benefit. • Premiums for child coverage are \$.27 bi-weekly regardless of how many children you have.																						
ACCIDENTAL DEATH & DISMEMBERMENT FOR EMPLOYEE AND DEPENDENTS MetLife metlife.com (800) 438-6388 Basic = 1 times annual earnings rounded to the next higher multiple of \$1,000, if not already exact multiple thereof. • Provided to Full Time Employees Only. • Company pays full cost of this coverage. In order to purchase AD&D coverage for your spouse and/or child, you must purchase AD&D coverage for yourself.		Voluntary Employee • You may purchase AD&D coverage for yourself regardless of whether you purchase Voluntary Life coverage. • Options are: \$10K, \$50K, \$100K, \$150K, \$200K, \$250K, \$300K, \$400K, \$500K. Spouse • Up to 100% of employee amount NOT to exceed \$300,000. • Benefits will be paid to the employee. • Options are: \$10K, \$50K, \$100K, \$150K, \$200K, \$250K, \$300K, \$400K, \$500K.		Child • Available for Full Time & Part Time A employees. • Children age live birth to 6 months \$1,000 benefit; Beyond the age of 6 months to 26 years \$10,000 benefit Coverage will be reduced to 65% of original amount after the age of 70 and to 50% of the original amount after the age of 75.																						
DISABILITY PLANS MetLife metlife.com (800) 438-6388		• FULL TIME EMPLOYEE ONLY: Eligible first day of month after 90 days of continuous employment. • Long Term Disability: Pays 60% of monthly base pay.		• Short Term Disability: Pays 70% up to \$1,000 per week for up to 26 weeks (one week waiting period & PTO is used). • Company pays full cost of this coverage.																						
ACCIDENT INSURANCE MetLife metlife.com (800) 438-6388		• Available for Full-Time & Part-Time A Employees • This plan pays benefits for injuries and accident-related expenses, such as fractures, dislocations, hospitalization, physical therapy, emergency room treatment, transportation, lodging and more.																								
CRITICAL ILLNESS INSURANCE MetLife metlife.com (800) 438-6388		• Available for Full-Time & Part-Time A Employees. • Provides financial protection in the event of a covered serious illness.		• The policy pays a lumpsum benefit directly to you if you are diagnosed with a covered condition (Heart Attack, Cancer, Major Organ Failure, Cacinoma, End Stage Renal Failure, Coronary Artery Bypass Surgery).																						
HOSPITAL INDEMNITY INSURANCE MetLife metlife.com (800) 438-6388		• Available for Full-Time & Part-Time A Employees. • Provides financial protection in the event of a Hospital Admission. Employee = \$12.23 Employee + Spouse = \$22.34 Employee + Child(ren) = \$19.66 Family = \$29.70		• The policy pays a lump sum benefit directly to you for Hospital Admissions, including maternity, ICU and non-ICU Hospital Confinement and more.																						
METLIFE LEGAL PLANS (800) 821-6400 www.legalplans.com		• Offers eligible employees and their dependents access to a network of local attorneys for phone and office consultations with a variety of personal, non-employment related legal needs.		• \$11.08 after-tax cost per pay period, based on 26 pay periods per year.																						
EMPLOYEE ASSISTANCE PROGRAM (EAP) LifeWorks (888)319-7819 https://metlifeep.lifeworks.com/		• The program provides confidential and comprehensive assessments, information, and planning referrals for situations ranging from everyday issues to crisis counseling.		• Company pays full cost of this coverage up to 5 video consultations per calendar year with licensed counselors. Available 24/7/365. Username: metlifeep. password: eap. • All employees are eligible to participate upon employment.																						
ADOPTION ASSISTANCE		• Financial assistance for employees building a family through adoption (Reimbursement = \$3,000 Full Time Employees, pro-rated Part Time A). • Available for Full Time and Part Time A the first of the month after one year of employment.																								
RETIREMENT PLANS - 401(K) SAVINGS PLAN T Rowe Price (800) 922-9945 http://rps.troweprice.com		• Pre-tax Program, Roth and Traditional After Tax options available. • All employees are eligible to participate. • Employer Match: 50% of the first 6% of employee contribution. • Maximum Contributions: \$19,500 or (50+) \$26,000/calendar year for pre-tax and roth contributions combined.		• All employees will be automatically enrolled the first of the month after 30 days employment. • First time participants on or after April 1, 2010, employer contributions will be subject to vesting schedule. • Employees hired after October, 2019 will be automatically increased each year unless opt-out.																						
529 COLLEGE SAVINGS Sheri Postema, Edward Jones Financial Advisor 1-(616) 878-3755		• Offers employees a way to save for educational expenses through payroll deduction.																								
EDUCATIONAL ASSISTANCE EDUCATIONAL ASSISTANCE		• Full-Time eligible for tuition reimbursement up to \$2,500 per year for approved classes. • Part-Time A eligible for tuition reimbursement up to \$1,500 per year for approved classes.		• Part-Time B eligible for tuition reimbursement up to \$900 per year for approved classes. • Documents required prior to and upon completion of EACH enrollment period.																						
PAID TIME OFF (PTO) & PAID MEDICAL LEAVE (PMLA)		<table border="1"> <thead> <tr> <th></th> <th>Lifetime Hours</th> <th>PTO Accrual Rate</th> <th>PTO Limit</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Hourly Employees</td> <td>1-10,000</td> <td>0.072</td> <td>144 hours</td> </tr> <tr> <td>10,001-20,000</td> <td>0.092</td> <td>184 hours</td> </tr> <tr> <td>20,001 and over</td> <td>0.112</td> <td>224 hours</td> </tr> <tr> <td rowspan="2">Salaried Employees</td> <td>1-10,000</td> <td>0.092</td> <td>184 hours</td> </tr> <tr> <td>10,001 and over</td> <td>0.112</td> <td>224 hours</td> </tr> </tbody> </table>					Lifetime Hours	PTO Accrual Rate	PTO Limit	Hourly Employees	1-10,000	0.072	144 hours	10,001-20,000	0.092	184 hours	20,001 and over	0.112	224 hours	Salaried Employees	1-10,000	0.092	184 hours	10,001 and over	0.112	224 hours
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Eligible employees earn PTO based on lifetime hours and hourly/salary status. To calculate your PTO, take your total eligible hours worked x your PTO accrual rate = PTO earned. (Example: 80 hours per pay period: 0.072 x 80 = 5.76 PTO hours). As part of your PTO bank, you can use up to 40 hours per fiscal year for paid sick time, under PMLA. See PTO and PMLA policies for full details.		• Full Time Employees are eligible upon employment – New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.																								
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IMPORTANT INFORMATION

- Full Time or Part Time A employees are eligible to enroll in benefit plans if the enrollment form is received within 30 days from date of hire. Most benefit plans would be effective on the first of the month after 30 days of continuous employment.
- Non-benefit eligible (PTB & Variable Staffing Pool) employees are eligible to enroll in benefits within 30 days that their employment changes to PTA or FT.
- The benefit effective date is retroactive to the date of the event along with the employee portion of premium costs which are deducted or refunded accordingly on your paycheck.
- It is your responsibility to notify Human Resources, complete and return a Benefits Election Form to HR within 30 days from the event date.
- Please see the *Pulse* for detailed benefit information and forms.
- If there is a conflict between this material and the summary plan document, the plan document will rule.