

# YOUR TOTAL REWARDS



# Benefits Guide

July 1, 2020 - June 30, 2021

*The benefits described in this guide are effective July 1, 2020. The information in this guide is a summary of ChristianaCare Health System's benefits and every attempt has been made to ensure its accuracy. The actual provision of each benefit program will govern if there is any inconsistency between the information in this guide and ChristianaCare's formal plans, programs, policies or contracts. For additional information, please contact the Caregiver Service Center at 302-327-5555.*

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# Eligibility

## CAREGIVERS:

Full-time, full-time flex, part-time (at least 20 hours per week), and Weekend Incentive Program (WIP) caregivers in benefit-eligible positions are entitled to enroll in the ChristianaCare benefits program.

## NEW HIRES & NEWLY BENEFIT-ELIGIBLE:

Benefit-eligible new hires, and those who become newly benefit-eligible have 31 days from their date of hire or date of employment change to waive or elect benefits. Caregivers who do not make elections or waive coverage will be assigned Default Coverage and bi-weekly costs will be retroactively deducted from their pay based on their date of hire or date of employment change.

## DEFAULT COVERAGE:

- Medical - Core Plan (Employee Only)
- Dental - Delta Dental (Employee Only)
- Basic Life Insurance
- Basic LTD (if eligible)

## DEPENDENTS:

Your eligible dependents include:

- Your legal spouse
- Your children born to, under legal guardianship of, or legally adopted by you and/or your spouse:
- Age 26 or younger, regardless of full-time student status;
- Any age if they are dependent upon you for support because of a physical or mental disability which occurred before age 19.

*NOTE: Dependent verification is required.*

## NEWBORN ELIGIBILITY:

The newborn child of a covered caregiver will be covered from birth for the first 31 days if (1) the caregiver was covered under the Plan on the child's date of birth, and (2) the newborn meets the definition of an eligible dependent.

ChristianaCare does not add the newborn to the caregiver's coverage. In order for the newborn to have coverage beyond the first 31 days, the caregiver must submit a qualified life event in Workday within 31 days of the child's birth.

## OVERAGED DEPENDENTS:

Eligible dependents enrolled in a ChristianaCare medical, dental, or vision plan can remain on coverage until the end of the month following their 26th birthday.

## DISABLED DEPENDENTS OVER THE AGE OF 26:

Under certain plans, continuation of coverage is available for disabled dependents over the age of 26. To determine if your dependent qualifies for coverage over the age of 26, you and the dependent's physician must complete and sign Aetna's Request for Continuation of Coverage for Disabled Child form. Once complete the form must be sent to Aetna. ChristianaCare does not process these requests.



# Eligibility Requirements

## DEPENDENT ELIGIBILITY

ChristianaCare requires proof of dependent eligibility for new dependents enrolled in medical, dental or vision plans. The dependent eligibility verification is administered by HMS. The request from HMS will include a unique reference number and detailed information on documentation needed to verify your dependent's eligibility.

You should be ready to provide the following to HMS:

- **Spouse:** Marriage certificate, redacted tax return or joint ownership documentation (current utility bill, mortgage statement, etc).
- **Dependent child under 26:** Birth certificate, adoption paperwork or proof of legal guardianship.
- **Dependent child over 26:** Statement of total and permanent disability, birth certificate, adoption paperwork or proof of legal guardianship.
- **Stepchild:** Spousal documentation, birth certificate, adoption paperwork or proof of legal guardianship.

**If the requested documentation is insufficient, incomplete or not received within 45 days of the request, unverified dependent(s) will be removed from coverage.** Dependents removed due to non-compliance cannot be re-enrolled until the next Open Enrollment or unless there is a qualified life event.

## EMPLOYED SPOUSE MEDICAL CONTRIBUTION VERIFICATION

All caregivers covering a spouse under medical coverage are required to complete the Affidavit of Spousal Health Care Coverage when newly enrolling a spouse **and** annually during Open Enrollment. HMS will send instructions by mail and email on how to complete the process. It is important to respond to the request from HMS within 45 days, as a partial or non-response may result in being charged with the \$80 bi-weekly Employed Spouse Medical Contribution (ESMC) surcharge.

The ESMC surcharge may be waived if:

- Medical coverage through your spouse's employer exceeds \$200 per month
- Your spouse is unemployed, self-employed or retired
- Your spouse is currently employed by ChristianaCare

Dependents removed due to non-compliance cannot be re-enrolled until the next Open Enrollment or unless there is a qualified life event.



## HMS CUSTOMER SERVICE:

Phone: 877-949-2720

Website:  
[www.AuditOs.com](http://www.AuditOs.com)

Fax: 877-223-8478

*\* Please note, a fax submission receipt does not guarantee your document was received by HMS. To ensure your document was received, please check AuditOS.com for the status of your file or contact HMS 2-3 business days following transmittal.*

# Enrollment

### BENEFIT ELIGIBILITY DATES:

- Benefits become effective on the caregiver’s date of hire, or date of change.
- Benefits end on the date of the caregiver’s termination of employment, or date of change.

### BENEFIT DEDUCTIONS:

Benefit deductions are NOT prorated. Most benefit deductions are based on coverage end date, and capture coverage held during the previous pay period. Whereas, deductions for Flexible Spending Accounts are based on check date.

### BENEFITS DURING LEAVES OF ABSENCE

- Your elected benefits will continue during your leave of absence.
- If your leave is paid, bi-weekly contributions will be deducted.
- **If your leave is NOT paid, your bi-weekly contributions will accrue, and you will owe the balance upon return. Your bi-weekly contributions will be doubled for each benefit until the accrual balance is zero.**

### BENEFITS ELIGIBILITY

WHO	YOU	SPOUSE	DEPENDENT CHILD(REN)
Medical	✓	✓	✓
Dental	✓	✓	✓
Vision	✓	✓	✓
Short-Term Disability	✓		
Long-Term Disability	✓		
Life	✓		
Supplemental Life	✓		
AD&D	✓	✓*	✓
Legal	✓	✓	✓
Identity Theft	✓	✓	✓

\* Covers dependent children 26 years of age and younger

When completing your event remember to:

- Enroll eligible dependents
- Review beneficiaries for Life and AD&D
- Review your confirmation statement
- Update your emergency contacts, personal contact numbers, home mailing address, and add any missing social security numbers for your dependents.

# Managing Your Benefits

IRS regulations limit when you can make changes to your benefit during the year. Once you've submitted your benefit elections during Open Enrollment, you cannot make changes unless you experience an IRS-defined qualified life event. Qualifying life events are directly associated with a change in your situation – like getting married, having a baby or losing health coverage.

When a qualifying life event occurs, caregivers are responsible for submitting a Benefit Event in Workday within 31 days of the event date and must contact the Caregiver Resource Center to confirm if the submitted event will require supporting documentation. Once the qualified life event has been approved, caregivers must make their elections within 31 days of the event date.

## BENEFIT EVENT DATE

The benefit event date will be the date of the event – date of birth, date of marriage, date of divorce, etc. Important: If the benefit event and related supporting documentation needed to validate the event are not submitted within 31 days of the event, the benefit event will be denied.

## QUALIFIED LIFE EVENTS

Supporting documentation should be uploaded online in Workday, through the Caregiver Resource Center, or faxed to the Caregiver Service Center at 302-327-5065.

BENEFIT EVENT TYPE	DESCRIPTION	ADDITIONAL INFORMATION
<b>Beneficiary Change</b>	Select this event when you need to add or change a beneficiary.	<ul style="list-style-type: none"> <li>A beneficiary change can be made at anytime.</li> <li>No supporting documentation is needed.</li> </ul>
<b>Birth/Adoption/ Court Order</b>	Select this event when you need to add a dependent child due to birth, adoption or court order.	<ul style="list-style-type: none"> <li>No supporting documentation is needed at the time of entry.</li> <li>HMS will request a copy of the birth certificate, adoption order or court order via mail and email.</li> </ul>
<b>Death of Dependent</b>	Select this event when you need to remove a deceased dependent.	<ul style="list-style-type: none"> <li>Submit a copy of the dependent's death certificate.</li> </ul>
<b>Dependent/Employee gains coverage</b>	Select this event if you or a dependent has gained coverage outside of CCHS and need to be removed from coverage.	<ul style="list-style-type: none"> <li>Submit proof of coverage with the effective date listed.</li> </ul>
<b>Dependent/Employee loses coverage</b>	Select this event if you or a dependent has lost coverage outside of CCHS and need to be added to coverage.	<ul style="list-style-type: none"> <li>Submit a letter of prior coverage with the termination date listed.</li> </ul>
<b>Divorce</b>	Select this event when you need to remove your spouse due to a legal divorce.	<ul style="list-style-type: none"> <li>Submit a copy of the divorce decree.</li> </ul>
<b>Marriage</b>	Select this event when you need to add a spouse after marriage.	<ul style="list-style-type: none"> <li>Submit a copy of the marriage certificate.</li> </ul>
<b>Significant Increase/ Decrease in Spouse's Benefit Cost</b>	Select this event when you need to add or remove a spouse due to a significant increase or decrease in their cost for health insurance.	<ul style="list-style-type: none"> <li>Submit documentation of the increase or decrease.</li> </ul>
<b>Employment Status Change</b>	This is a significant change in your benefit eligibility and/or scheduled hours.	<ul style="list-style-type: none"> <li>Your manager will submit this event for approval.</li> <li>Once approved you can make changes to your elections.</li> </ul>

# Medical Benefits

## ADMINISTERED BY AETNA

Medical benefits help to pay for your health care and covers services ranging from routine annual exams to major medical costs from a serious illness or injury. With one of the largest and highest quality provider networks in the country, Aetna's broad network offers access to a wide choice of providers and facilities, including all ChristianaCare providers and facilities.

## YOUR AETNA® MEMBER WEBSITE

The Aetna member website is your personalized one-stop-shop for all of your medical plan and benefit needs. Visit [www.aetna.com](http://www.aetna.com) to:

- Find an in-network provider or facility
- Manage your claims and view your explanation of benefits (EOB)
- View and print ID cards



## IMPORTANCE OF USING AN IN-NETWORK PROVIDER

**Using an in-network provider saves money while ensuring quality care!**

By taking advantage of the significant discounts Aetna has negotiated, using an in-network provider can help lower your out-of-pocket costs for medically necessary care. This can help you get the care you need at a lower price.

To locate an in-network, doctor, specialist, hospital, surgical center, behavioral health provider or substance use disorder facility anywhere in the United States, visit [www.aetna.com](http://www.aetna.com) or contact

Aetna Member Services at 855-339-9729.

## NEW CASTLE COUNTY RESIDENTS

In an effort to encourage the use of our resources wisely and effectively, there is a \$750 copay, in addition to the deductible, for caregivers and dependents with a primary mailing address in New Castle County who choose to utilize a non-ChristianaCare provider/facility for major services.

## IDENTIFICATION CARDS

Aetna provides one identification card per family which is mailed to the primary mailing address listed in Workday. To request additional copies or replace your card, contact Aetna, or use your digital ID card by logging into [www.aetna.com](http://www.aetna.com) or the Aetna Health app.

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[www.aetna.com](http://www.aetna.com)

# Medical Benefits continued

ADMINISTERED BY AETNA

## RESOURCES FOR LIVING

Aetna's Employee Assistance Program (EAP), Resources for Living, is designed for anyone who can use help managing issues and life events, big and small.

- This service is confidential, and free for all caregivers and members of their household.
- Covers dependent children up to age 26, whether or not they live at home.
- Services are available 24 hours a day, seven days a week.

Contact Resources for Living at **1-800-701-0779 / TTY: 711** or access web-based tools and information at **[www.resourcesforliving.com](http://www.resourcesforliving.com)**.  
Username: ChristianaCare  
Password: EAP

<b>Emotional Well-being Support</b>	<ul style="list-style-type: none"><li>• Talk to a counselor about what's on your mind – Stress management, relationship support, grief and loss, substance misuse, and more.</li><li>• Receive 5 free, confidential counseling sessions per issue each year with sessions available face-to-face or via televideo.</li></ul>
<b>Daily Life Assistance</b>	<ul style="list-style-type: none"><li>• Let Aetna find you resources for childcare, parenting and adoption, care for older adults, financial aid research, etc.</li></ul>
<b>Legal</b>	<ul style="list-style-type: none"><li>• Receive a free 30-minute consultant with a participating attorney regarding divorce, elder law, estate planning, family, etc.</li><li>• If you opt for services beyond the initial consultation you can get a 25 percent discount.</li></ul>
<b>Financial</b>	<ul style="list-style-type: none"><li>• Discuss budgeting, college funding, mortgages and financing, and more with a financial expert.</li><li>• You can also get a 25 percent discount on tax preparation services.</li></ul>

## WELLNESS INCENTIVE PROGRAM

Do you want to save money on your ChristianaCare medical plan premiums? Caregivers and spouses enrolled in a ChristianaCare medical plan can participate in the ChristianaCare Wellness Incentive Program and save as much as \$3,380 annually for Employee & Spouse or Family coverage, and up to \$1,690 for Employee Only or Employee & Child(ren) coverage.

You and your spouse can earn \$15 bi-weekly for completing Biometric Testing and the Health Risk Assessment and \$50 for being tobacco free!

## MY WELLNESS WEBSITE

At ChristianaCare we offer a variety of tools and resources to support our caregiver's journey to optimal health. To learn more visit the My Wellness website on the Employee Portal or go to **[www.christianacarewellness.org](http://www.christianacarewellness.org)**!

# Medical Highlights

SERVICE	PREMIUM PPO	
	In-Network	Out-of-Network
<b>DEDUCTIBLE</b>	\$400 (single)/\$1,200 (family)	\$850 (single)/\$2,550 (family)
<b>COINSURANCE</b>	100%	60%
<b>OUT-OF-POCKET MAXIMUM (Includes copays)</b>	\$2,000 (single)/\$6,000 (family)	\$3,750 (single)/\$11,250 (family)
<b>PREVENTIVE MEDICAL SERVICES</b>		
Periodic Physical Exams	100% ded waived	60% after ded
Routine Annual GYN Exams	100% ded waived	60% after ded
Routine Mammogram	100% ded waived	60% after ded
Routine Sigmoidoscopy & Colonoscopy	100% ded waived	60% after ded
Routine Pap Smear	100% ded waived	60% after ded
Routine Well-Child Care	100% ded waived	60% after ded
Immunizations	100% ded waived	60% after ded
Periodic Vision Exams	100% ded waived	60% after ded
Periodic Hearing Exams	100% ded waived	60% after ded
<b>TREATMENT OF ILLNESS OR INJURY</b>		
Tele-health	\$0 per visit	N/A
Doctor's Office Visit for Diagnosis & Treatment (\$20 non-ChristianaCare)	\$5 per visit	60% after ded
Specialist	\$50 per visit	60% after ded
Allergy Testing	80% after ded	60% after ded
Allergy Treatment	\$15 per visit	60% after ded
Laboratory Services	100% after ded	60% after ded
Imaging & Machine Testing Services	100% after ded*	60% after ded
Physical & Occupational Therapy (\$25 non-ChristianaCare)	\$20 per visit	60% after ded
- 30 combined visits per plan year		
Speech Therapy - 30 visits per plan year	\$20 per visit	60% after ded
Radiation Therapy & Chemotherapy	100% after ded	60% after ded
Chiropractic - 15 visits per plan year	\$20 per visit	60% after ded
<b>IN THE HOSPITAL</b>		
Semiprivate Room & Board	100% after ded*	60% after ded
Physician's & Surgeon's Services	100% after ded	60% after ded
<b>SURGERY-FACILITY</b>		
Outpatient	100% after ded*	60% after ded
<b>MATERNITY</b>		
Prenatal & Postnatal Care	100% after ded	60% after ded
Delivery: Hospital	100% after ded*	60% after ded
Delivery: Physician	100% after ded	60% after ded
Birthing Center	100% after ded*	60% after ded
<b>EMERGENCY SERVICES</b>		
Physician Charges	100% ded waived	100% ded waived
Hospital and Outpatient Emergency Facilities	\$200/1st 3 visits & \$300 after (waived if admitted)	\$200/1st 3 visits & \$300 after (waived if admitted)
Medical Aid Unit	\$0 per visit (\$30 for non-ChristianaCare Units)	\$0 per visit (\$30 for non-ChristianaCare Units)
<b>AMBULANCE</b>		
	\$50 copay, then 100% ded waived	\$50 copay, then 100% ded waived
<b>OTHER SERVICES</b>		
Durable Medical Equipment	100% after ded	60% after ded
Skilled Nursing Facility - 120 days per plan year	100% after ded	60% after ded
Home Health Care - 120 visits per plan year	100% after ded	60% after ded
<b>ALCOHOL AND DRUG ABUSE TREATMENT</b>		
	100% after ded	60% after ded
<b>MENTAL HEALTH CARE</b>		
Inpatient and Partial Hospitalization	100% after ded	60% after ded
<b>ALCOHOL AND DRUG ABUSE TREATMENT AND MENTAL HEALTH CARE</b>		
Outpatient	\$15 per visit	60% after ded

# Medical Highlights continued

SERVICE	CORE PPO	
	In-Network	Out-of-Network
<b>DEDUCTIBLE</b>	\$500 (single)/ \$1,500 (family)	\$2,100 (single)/\$6,300 (family)
<b>COINSURANCE</b>	80%	60%
<b>OUT-OF-POCKET MAXIMUM (Includes copays)</b>	\$2,000 (single)/\$6,000 (family)	\$4,000 (single)/\$12,000 (family)
<b>PREVENTIVE MEDICAL SERVICES</b>		
Periodic Physical Exams	100% ded waived	60% after ded
Routine Annual GYN Exams	100% ded waived	60% after ded
Routine Mammogram	100% ded waived	60% after ded
Routine Sigmoidoscopy & Colonoscopy	100% ded waived	60% after ded
Routine Pap Smear	100% ded waived	60% after ded
Routine Well-Child Care	100% ded waived	60% after ded
Immunizations	100% ded waived	60% after ded
Periodic Vision Exams	100% ded waived	60% after ded
Periodic Hearing Exams	100% ded waived	60% after ded
<b>TREATMENT OF ILLNESS OR INJURY</b>		
Tele-health	\$0 per visit	N/A
Doctor's Office Visit for Diagnosis & Treatment (\$20 non-ChristianaCare)	\$5 per visit	60% after ded
Specialist	\$55 per visit	60% after ded
Allergy Testing	80% after ded	60% after ded
Allergy Treatment	\$15 per visit	60% after ded
Laboratory Services	80% after ded	60% after ded
Imaging & Machine Testing Services	80% after ded*	60% after ded
Physical & Occupational Therapy - 30 combined visits per plan year	80% after ded	60% after ded
Speech Therapy - 30 visits per plan year	80% after ded	60% after ded
Radiation Therapy & Chemotherapy	80% after ded	60% after ded
Chiropractic - 15 visits per plan year	\$20 per visit	60% after ded
<b>IN THE HOSPITAL</b>		
Semiprivate Room & Board	80% after ded*	60% after ded
Physician's & Surgeon's Services	80% after ded	60% after ded
<b>SURGERY-FACILITY</b>		
Outpatient	80% after ded*	60% after ded
<b>MATERNITY</b>		
Prenatal & Postnatal Care	80% after ded	60% after ded
Delivery: Hospital	80% after ded*	60% after ded
Delivery: Physician	80% after ded	60% after ded
Birthing Center	80% after ded*	60% after ded
<b>EMERGENCY SERVICES</b>		
Physician Charges	100% ded waived	100% ded waived
Hospital and Outpatient Emergency Facilities	\$200/1st 3 visits & \$300 after (waived if admitted)	\$200/1st 3 visits & \$300 after (waived if admitted)
Medical Aid Unit	\$0 per visit (\$30 for non-ChristianaCare Units)	\$0 per visit (\$30 for non-ChristianaCare Units)
<b>AMBULANCE</b>	\$50 copay, then 100% ded waived	\$50 copay, then 100% ded waived
<b>OTHER SERVICES</b>		
Durable Medical Equipment	80% after ded	60% after ded
Skilled Nursing Facility - 120 days per plan year	80% after ded	60% after ded
Home Health Care - 120 visits per plan year	80% after ded	60% after ded
<b>ALCOHOL AND DRUG ABUSE TREATMENT</b>	80% after ded	60% after ded
<b>MENTAL HEALTH CARE</b>		
Inpatient and Partial Hospitalization	80% after ded	60% after ded
<b>ALCOHOL AND DRUG ABUSE TREATMENT AND MENTAL HEALTH CARE</b>		
Outpatient	\$15 per visit	60% after ded

# Prescription Drug Benefits

## ADMINISTERED BY OPTUMRX

If you are enrolled in one of ChristianaCare’s medical plans, you have access to prescription drug coverage, administered by OptumRx. OptumRx offers a team of pharmacists, care managers and customer service advocates that work to ensure you get the medication you need, conveniently and cost-effectively.

### IN-NETWORK PHARMACIES

OptumRx’s retail pharmacy network has thousands of retail pharmacies, including ChristianaCare Pharmacies and national chains, such as CVS, Target, Walgreens and Rite Aid and most independent pharmacies. For a complete list of participating pharmacies, download the OptumRx app, log-in to [www.optumrx.com](http://www.optumrx.com) or contact OptumRx directly at 855-821-7209.

### CHRISTIANACARE PHARMACIES

The ChristianaCare outpatient pharmacies at Wilmington Hospital and Christiana Hospital are part of the OptumRx network and can be used to fill prescriptions. In fact, caregivers and dependents who use a ChristianaCare pharmacy save money on each prescription filled!

### CHRISTIANACARE MAIL ORDER PHARMACY

**All 90-day maintenance medications or any recurring prescriptions filled more than twice must be filled through ChristianaCare Mail Order Pharmacy and will be mailed directly to your home.** If this is the first time using a maintenance medication, you are allowed two fills of a 30-day supply for each medication at your current in-network pharmacy. After the first two fills, these medications will be covered in 90-day supplies exclusively through the ChristianaCare Mail Order Pharmacy.

**Remember, ChristianaCare’s Prescription Drug plan does not use OptumRx Home Delivery.** To avoid any disruption to your care, all recurring prescriptions must be filled through ChristianaCare Mail Order. For assistance contact the ChristianaCare Mail Order Pharmacy at 302-320-6760 or refer to the Mail Order and Outpatient Pharmacies page on the Caregiver Resource Center.

	CHRISTIANACARE PHARMACIES	NON-CHRISTIANACARE PHARMACIES
<b>Retail (30-day supply)</b>		
Generic	\$12 copay	\$15 copay
Preferred Brand	\$40 copay	\$50 copay
Non-Preferred Brand	\$60 copay	\$70 copay
<b>ChristianaCare Mail Order (90-day supply)</b>		
Generic	\$30 copay	No Coverage
Preferred Brand	\$100 copay	
Non-Preferred Brand	\$150 copay	

# Prescription Drug Benefits continued

ADMINISTERED BY OPTUMRX

## FORMULARY

The premium formulary used by OptumRx is a list of drugs, both brand and generic, which are covered under the ChristianaCare plan.

TIER 1: GENERIC	TIER 2: PREFERRED	TIER 3: NON-PREFERRED
\$	\$\$	\$\$\$
Lower-cost, commonly used generic drugs. Some low-cost brands may be included. Use generic drugs for the lowest out-of-pocket costs.	Many common brand-name drugs, called preferred brands. Use preferred brand drugs instead of non-preferred brand drugs to help reduce your out-of-pocket costs.	Mostly higher-cost brand drugs, also known as non-preferred brands. Many non-preferred brand drugs have lower cost options. Ask your doctor if they could work for you.

## PROGRAMS AND LIMITS

To help achieve better health outcomes through greater access to appropriate medications, OptumRx utilizes certain programs and limits such as the programs and limits referenced in the table below. To confirm if a program or limit applies to your prescription(s), you or your prescribing physician can contact OptumRx for further information.

PRIOR AUTHORIZATION	STEP THERAPY	QUANTITY LIMITS	SPECIALTY MEDICATION
A Prior Authorization requires your doctor to get approval before they're covered to ensure the appropriate use of selected prescription drugs.	Step Therapy is an approach intended to control risks posed by certain prescription drugs. It begins by trying the safest and most cost-effective drug therapy for a medical condition and progresses to other more costly or risky drug therapies only if necessary.	Quantity limits are applied to certain drugs based on the approved dosing limits established during the FDA approval process. Quantity limits may be applied to the number of units dispensed for each prescription.	Specialty medications treat rare or complex conditions and are typically higher cost medications. BriovaRx, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services.

## PRIOR AUTHORIZATION TIPS:

- 1. Be proactive** and work closely with your prescribing physician.
- 2. Provide supporting documentation** such as office notes, lab results, scans and/or peer-reviewed published articles which may support the request and substantiate medical necessity.
- 3. Keep records of when your Prior Authorization is set to expire** and remember to begin the process of getting a new one at least a month in advance of its expiration. This will help you avoid a delay in medication or treatment.

## HAVE YOU TRIED A GENERIC EQUIVALENT?

Odds are there is a money saving, FDA-approved generic equivalent to the brand-name prescription that you or your family members need. Just ask your doctor or pharmacist to see if your prescriptions have an FDA-approved generic equivalent.

# Dental Benefits

**ADMINISTERED BY DELTA DENTAL**

Scientific studies continue to show a connection between oral health and overall health. Not only can a dentist detect non-dental diseases during a routine exam, but oral health has been shown to significantly impact the development and maintenance of diseases such as diabetes and heart disease.

The plan pays for services obtained through any provider but offers advantages (such as lower out-of-pocket costs) for services obtained through participating Delta Dental Premier and PPO dentists and specialists, who provide quality dental care at contracted prices for plan participants.

**PREVENTIVE DENTAL CARE**

Preventive care is an important part of maintaining a healthy smile. To encourage good dental hygiene, the plan covers two routine maintenance visits each plan year at 100% of the allowed amount for caregivers and their dependents.

DENTAL BENEFITS	
<b>Annual Maximum*:</b>	\$1,750
<b>Deductible:</b> (Excludes preventive services)	Single: \$50 Family: \$150
<b>Preventive Services**:</b> Examinations, X-rays, Prophylaxis	100% of allowed amount
<b>Basic Restorative Services:</b> Fillings (including white), Endodontics, Extractions, Periodontics, Anesthesia	75% of allowed amount after deductible
<b>Major Restorative Services:</b> Crown, Inlays, Onlays	75% of allowed amount after deductible
<b>Prosthodontic Services:</b> Bridges, Dentures, Implants	75% of allowed amount after deductible 50% of allowed amount after deductible
<b>Orthodontic Services (For all covered members):</b> Models and X-rays, Appliance and Installation, Retention Treatment	100% of allowed amount \$1,500 lifetime maximum

\* Diagnostic and preventive dental services do not apply to the annual maximum.  
 \*\* Caregivers with periodontal disease can have up to four periodontal maintenance procedures (D4910) in a plan year.

**Delta Dental does not issue identification cards.** Your Delta Dental identification number is the ChristianaCare caregiver’s Social Security Number. Providers can verify eligibility online or by contacting Delta Dental.

# Vision Benefits

## ADMINISTERED BY VSP VISION CARE

VSP Vision Care provides access to affordable vision care through its VSP doctor network. VSP Vision Care offers coverage for any eyecare provider within the VSP Choice network.

VSP members are now eligible for TruHearing’s Hearing Aid Discount Program (Learn more at <https://www.truhearing.com/vsp> or call 1-877-396-7194)

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with VSP Doctors and Affiliate Providers*</b>			
WellVision Exam®	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$20	See Frame and Lenses
Frame	\$200 allowance for a wide selection of frames 20% off amount over your allowance \$90 Costco Frame Allowance	Included in Prescription Glasses	Every 24 months
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Options	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20 – 25% off other lens options	\$55 \$95-\$105 \$150-\$175	Every 12 months
Contacts (instead of glasses)	Contact lens exam (fitting and evaluation) \$180 allowance for contacts.	\$20 NA	Every 12 months
Extra Savings and Discounts	<b>Glasses and Sunglasses:</b> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <b>Laser Vision Correction:</b> Average 15% off the regular price or 5% off the promotional price; discounts available only from contracted facilities.		

### Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Exam up to \$45	Single Vision Lenses up to \$30	Lined Trifocal Lenses up to \$65	Contacts up to \$105
Frame up to \$70	Lined Bifocal Lenses up to \$50	Progressive Lenses up to \$50	

**\* Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details.**  
 Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.

**VSP Vision Care does not issue identification cards.** Your VSP identification number is the ChristianaCare caregiver’s badge ID number. Providers can verify eligibility online or by contacting VSP.

# Flexible Spending Accounts

## ADMINISTERED BY DISCOVERY BENEFITS

By setting aside money directly from your paycheck before taxes are taken out, Flexible Spending Accounts (FSAs) are a great way to save money for eligible expenses and to lower your taxable income. You can use that tax-free money to pay for eligible out-of-pocket health care and dependent care expenses.

Select your FSA accounts carefully to ensure you are selecting the type of account and contribution most applicable to your needs.

### HEALTH CARE FSA

Pay for eligible medical, dental and vision care expenses such as copays, deductibles, medical supplies and equipment, orthodontia and eyeglasses and contact lenses for yourself and your eligible dependents. **You can contribute up to \$2,700 per fiscal year.**

### DEPENDENT CARE FSA

Pay for eligible dependent care (for a child under age 13) or adult care expenses, including day care, care for a disabled spouse or dependent and after-school care. *This account is NOT for a dependent's health expenses.* **You can contribute up to \$5,000 per fiscal year or \$2,500 if married and filing separate tax returns.**

### ESTIMATE CAREFULLY WITH AN FSA

FSAs are use-it-or-lose-it accounts, which means you will forfeit any amount left in the account at the end of the fiscal year. You have until September 15 to use the money in your flexible spending accounts on eligible expenses and until December 14 to submit requests for reimbursement.

### MANAGING YOUR FSA

- Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the fiscal year.
- With the Health Care FSA you can spend up to the full amount of your annual election as soon as your account has been funded.
- With the Dependent Care FSA, you can be reimbursed only up to the amount you have contributed.

### COVERING ELIGIBLE EXPENSES

You will receive an FSA debit card from Discovery Benefits which can be used at participating providers or merchants. While you do not need to file a claim for reimbursement after using your debit card, it is important to save your receipts.

- Use your Discovery Benefits debit card.
- If the provider does not accept the debit card, any eligible expenses can be submitted for reimbursement by Discovery Benefits.



# Flexible Spending Accounts continued

## ADMINISTERED BY DISCOVERY BENEFITS

### SUBSTANTIATION

If Discovery Benefits does not receive enough detail from your provider for an FSA claim you will need to submit supporting documentation. It is your responsibility to send in an itemized receipt to verify the eligibility of your expense.

The IRS requires FSA participants to provide the following:

- Date service was received or purchase made.
- Description of service or item purchased.
- Dollar amount (after insurance, if applicable).
- Name of merchant/provider.

To upload documentation download the Discovery Benefits mobile application or log in to your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).

### TAX SAVINGS

Let's say, Jane earns \$30,000 per year. Without an FSA Jane pays taxes on the entire \$30,000. Her federal income tax is \$4,500 annually before credits and deductions. If Jane calculates that she will have \$1,500 in health care expenses during the year and contributes that much to her FSA, her taxable income is only \$28,500 and she pays \$4,200 in federal income tax for the year before credits and deductions. She saves \$300.

### FSA STORE

Need to spend your FSA dollars? Visit the FSA Store at [www.FSAstore.com](http://www.FSAstore.com) to find thousands of easy ways to use up your FSA funds on FSA-eligible products. Items eligible for purchase without a doctor's prescription include bandages, sunscreen, thermometers, breast pumps & accessories, first aid kits, hot & cold packs and more.



Select your FSA accounts carefully to ensure you are selecting the type of account and contribution most applicable to your needs.

### DISCOVERY BENEFITS

Customer Service:  
866-451-3399

Website:  
[www.discoverybenefits.com](http://www.discoverybenefits.com)

# Leave of Absence

## ADMINISTERED BY FMLASOURCE

A leave of absence is when a caregiver needs time away from work while still maintaining their employee status. When a caregiver takes a leave of absence from work, it can be either paid or unpaid.

ChristianaCare offers various leave policies for caregivers who need to take time away from work for medical, family, military, and/or personal reasons.

Eligibility: Eligibility is determined based on the type of leave being requested.

### LEAVE TYPES:

- **Family Medical Leave (FMLA):** Provides eligible caregivers with up to 12-weeks of job-protection during a 12-month period and is designed to help caregivers by allowing them to take an approved leave for certain family and medically qualified events.
- **Military Leave:** An absence needed by a caregiver who is required to serve on active duty in the United States Armed Forces, National Guard, or a reserve unit.
- **Parental Leave:** Provides eligible caregivers up to 12-weeks of job- and income-protection for the birth, adoption, or placement of a foster child aged 17 years of age or younger.
- **Personal Leave:** Approved time-off from work may be granted up to thirty (30) days. This leave may be approved at the discretion of the department manager based on department and operational needs.

To apply for a leave of absence please contact FMLASource by calling 844-562-2247.

For more information on each of the leave types, please refer to each of the related articles available on the Caregiver Resource Center.



# Short-Term Disability Insurance

## ADMINISTERED BY LINCOLN FINANCIAL GROUP

Short-term disability is a caregiver paid benefit which provides financial support to replace lost income while you take time off to recuperate at home. Whether an incident takes place on the job or after hours, everyone bears some risk of becoming incapacitated, unable to work, and in need of assistance from short-term disability insurance coverage. Maternity is covered the same as an illness or injury.

### ELIGIBILITY

All benefit-eligible caregivers scheduled to work 40 hours bi-weekly and benefit-eligible full-time flex and WIP caregivers working a minimum of 72 hours every 4-week scheduling cycle may elect Short-Term Disability.

### COVERAGE OPTIONS

	CHOICE 1	CHOICE 2
<b>Base Pay</b>	<ul style="list-style-type: none"><li>60% of base pay, up to a \$3,000 maximum weekly benefit</li><li>Please note this benefit is non-taxable. Therefore, a 60% benefit actually provides 80% or more of your take home pay depending on your tax bracket.</li></ul>	<ul style="list-style-type: none"><li>60% of base pay, up to a \$3,000 maximum weekly benefit</li><li>Please note this benefit is non-taxable. Therefore, a 60% benefit actually provides 80% or more of your take home pay depending on your tax bracket.</li></ul>
<b>Waiting Period</b>	<ul style="list-style-type: none"><li>14 days or date you exhaust your Disability Leave Account, whichever is greater</li></ul>	<ul style="list-style-type: none"><li>30 days or date you exhaust your Disability Leave Account, whichever is greater</li></ul>
<b>Maximum Benefit Duration</b>	<ul style="list-style-type: none"><li>11-week maximum benefit duration</li><li>The Maximum duration is the number of weeks a benefit is payable and is based on the disability and medical substantiation. This is the maximum, not the minimum, number of weeks you could receive if you were deemed disabled by a physician.</li></ul>	<ul style="list-style-type: none"><li>9-week maximum benefit duration</li><li>The Maximum duration is the number of weeks a benefit is payable and is based on the disability and medical substantiation. This is the maximum, not the minimum, number of weeks you could receive if you were deemed disabled by a physician.</li></ul>

### IMPORTANT INFORMATION:

- You pay for the coverage on an after-tax basis through convenient payroll deductions. Monthly premiums are related to your annualized base pay and age.
- Other sources of income could impact your benefit amount. These are deducted from your Total Disability benefit to arrive at the net Short-Term Disability benefit.

# Long-Term Disability

## ADMINISTERED BY LINCOLN FINANCIAL GROUP

Long-term disability insurance covers a portion of your income when you become injured or seriously ill to protect caregivers and ensure they can return to work in a reasonable amount of time.

### CORE BENEFIT

- The core benefit is equal to 50% of your base earnings with a waiting period of 90 days. The maximum benefit is \$15,000 per month.
- Benefit-eligible full-time, full-time flex, and WIP caregivers are provided this benefit at no cost.
- Benefit-eligible part-time caregivers working 60 or more hours bi-weekly may also enroll in the benefit for a premium.

### COVERAGE OPTIONS

	CORE PLAN	BUY-UP OPTION 1	BUY-UP OPTION 2
Monthly Benefit Amount	• 50% of your monthly salary, limited to \$15,000 per month.	• 60% of your monthly salary, limited to \$15,000 per month.	• 60% of your monthly salary, limited to \$15,000 per month
Waiting Period	• 90-days	• 90-days	• 180-days

### CLAIM PAYMENT

All claims will be paid based on the coverage level in which you are enrolled on your last day worked in an active status, regardless of whether you made a change during Open Enrollment or any other eligible enrollment period while in a non-active status.

### PRE-EXISTING CONDITION EXCLUSIONS & LIMITATIONS:

- **Pre-existing condition** means during the 3 months prior to the caregiver's effective date of insurance the caregiver received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition.
- **Pre-existing condition for increases** in amounts of insurance means during the 3 months prior to the effective date of any increase in a caregiver's amount of insurance the caregiver received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition.
- **Pre-Existing Condition Exclusion Exception** means the pre-existing condition exclusion will not apply if the caregiver's total or partial disability begins later than 12 months after the caregiver's effective date of insurance or later than 12 months after the effective date of any increase in a caregiver's amount of insurance. However, the pre-existing condition exclusion for increases does not apply to cost of living, contract or periodic salary review increases.

# Life

## ADMINISTERED BY LINCOLN FINANCIAL GROUP

Life insurance is a way to protect your loved ones if you were to die suddenly. Life insurance pays out a specified amount to a named beneficiary upon your death to help pay for medical expenses, funeral costs, and future living expenses.

ChristianaCare understands how important it is to have enough life insurance coverage, which is why benefit-eligible caregivers are provided one times their base annual salary at no cost. You also have the opportunity to add more coverage, helping you to tailor life insurance protection that gives your family complete peace of mind.



## PLAN DETAILS

- The ChristianaCare paid benefit is equal to one times your base annual salary.\* The Life Insurance benefit is limited to an overall maximum of \$1,000,000. Additional, or supplemental, life coverage can be added totaling one to four times your annual salary (in addition to the base plan) for an additional premium.
- To avoid the “Imputed Income Tax”, a flat \$50,000 benefit is also available if your base salary is greater than \$50,000. For taxation question please refer to the IRS or your tax advisor.

*\* Age Reduction Policy: Covered members will have the benefit reduced to 65 percent between the ages of 60 and 69. At the age of 70 the benefit will be reduced to 50 percent.*

## EVIDENCE OF INSURABILITY (EOI)

Newly hired caregivers may purchase coverage on a guaranteed issue basis up to the lesser of four times their base salary or \$750,000, without evidence of insurability (Statement of Health). Current caregivers will also have a one-time option to increase coverage up to the lesser of four times their base salary or \$750,000, without evidence of insurability.

## CLAIM PAYMENT

All claims will be paid based on the coverage level in which you are enrolled on your last day worked in an active status, regardless of whether you made a change during Open Enrollment or any other eligible enrollment period while in a non-active status.

## BENEFICIARY

The beneficiary is the individual or individuals who will receive the benefit in the event of your death. The primary beneficiary is the first person or persons who will receive the benefits of that policy. Contingent beneficiaries only receive the benefits if the primary beneficiary predeceases you, so they are not available to accept the money. Keep in mind, you can name a minor as a beneficiary however Lincoln Financial will not release money to a minor, but only to a guardian or guardian of the minor’s estate, or trust that can receive and manage the proceeds on behalf of your children.

# Accidental Death & Dismemberment

## ADMINISTERED BY LINCOLN FINANCIAL GROUP

Similar to life insurance, Accidental Death & Dismemberment (AD&D) insurance provides financial support in the event you or—depending on your plan—a covered family member suffers a covered accidental injury or death.

### COVERAGE OPTIONS

- \$25,000
- \$50,000
- \$100,000
- \$150,000
- \$200,000
- \$250,000

### DEPENDENT COVERAGE OPTIONS

Coverage is also available for your spouse, and any dependent child(ren) 26 years of age or younger. You must elect coverage for yourself before you can elect dependent coverage. The amount of your dependent coverage is based on your family make-up and the amount of insurance you elect for yourself.

Spouse Only	60% of your coverage amount to a maximum \$150,000
Spouse & Children*	50% of your coverage amount to a maximum of \$150,000 for your spouse 15% of your coverage amount for each dependent child to a maximum of \$50,000
Child(ren) Only	20% of your coverage amount for each dependent child to a maximum of \$50,000

### CLAIM PAYMENT

All claims will be paid based on the coverage level, in which you are enrolled on your last day worked in an active status, regardless of whether you made a change during Open Enrollment or any other eligible enrollment period while in a non-active status.

The benefit is a percentage of the amount of AD&D coverage in force at the time of the incident. The following is a list of percentages payable for the applicable loss:

Life	100%	Sight of one eye	50%
Quadriplegia	100%	One limb	50%
Speech and hearing	100%	Hemiplegia	50%
Paraplegia	75%	Thumb and index finger of same hand	25%
Speech or hearing	50%		

# TravelConnect and LifeKeys

PROVIDED THROUGH LINCOLN FINANCIAL GROUP

If you are enrolled in life and/or AD&D insurance, you and your dependents are provided these services at no cost to you.

## TRAVELCONNECT

*TravelConnect* is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home.

**Coordinate and provide transportation** from an initial medical facility that cannot adequately treat the patient due to their condition.

**Coordinate travel and airfare** for your dependent children. This includes the services, transportation expenses and accommodations of a qualified escort. TravelConnect will also coordinate and pay for a safe evacuation due to natural disaster, or when a political or security threat occurs.

Medical care, and travel services recovery.

Assistant services include, but are not limited to:

- Recovering lost or stolen documents or luggage
- Medical and dental referrals
- Language translation
- Medication and vaccine delivery
- Arrangements for a deceased traveler

For a complete list of TravelConnect services, go to [www.mysearchlightportal.com](http://www.mysearchlightportal.com) and enter group ID: LFGTravel123.

## LIFEKEYS

### Online will preparation

Having a will is important because it allows you to designate who will receive your property and assets when you die. Without one, your state determines how your estate is distributed. EstateGuidance® will preparation is a quick and easy way to create and execute a will.

### Information on important life matters

You have access to GuidanceResources® Online, where you'll find articles, tutorials, videos, and "Ask the Expert" advice on a wide range of topics — including legal, financial, family, and career. It's a way to stay "in the know" on important matters that impact both your personal and professional life.

### Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

### Guidance and support for your beneficiaries

The LifeKeys comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.



# Voluntary Benefits

## ADMINISTERED THROUGH MERCER VOLUNTARY BENEFITS

These voluntary benefits have been made available to caregivers directly through various vendors. ChristianaCare does not contribute to or sponsor these benefits; they are 100% employee-paid. Caregivers are responsible for contacting the administrator to receive personalized quotes, complete details of coverage and any support related to the enrollment or cancellation of benefits.

### INFOARMOR IDENTITY THEFT PROTECTION

InfoArmor leads the identity protection industry with PrivacyArmor®, a proactive monitoring service that alerts you at the first sign of fraud. Get alerts for credit score changes, accounts opened in your name, unsavory content posted to your social media account, compromised credentials, and financial transactions. Enrolling your family extends that protection to anyone in your household. In the event of fraud, you don't have to figure out what to do — or even do it. Our dedicated Privacy Advocates® fully manage and restore your identity, and our \$1 million identity theft insurance policy covers any fees for identity restoration.

Highlights:

- Identity and credit monitoring
- Dark web credential monitoring
- Monthly updated credit score and annual credit report
- Social media reputation monitoring
- Digital wallet storage and monitoring
- Financial threshold monitoring
- Full-service fraud remediation with a dedicated Privacy Advocate
- \$1 million identity theft insurance policy

### HYATT LEGAL PLANS

With the Hyatt Legal Plan you get access to experts who can assist you with a broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents. The Hyatt Legal Plan covers you, your spouse and dependent with telephone and office consultations for an unlimited number of personal legal matters.

The Hyatt Legal Plan covers some of the most frequently needed personal legal matters:

<b>Financial Matters</b> 	<ul style="list-style-type: none"> <li>• Personal Bankruptcy</li> <li>• Tax Audit Representation</li> <li>• Debt Collection Defense</li> </ul>
<b>Real Estate Matters</b> 	<ul style="list-style-type: none"> <li>• Sale, Purchase or Refinancing of your Primary, Second or Vacation Home</li> <li>• Eviction and Tenant Problems</li> <li>• Property Tax Assessment</li> </ul>
<b>Family Law</b> 	<ul style="list-style-type: none"> <li>• Adoption and Guardianship or Conservatorship</li> <li>• Protection from Domestic Violence</li> <li>• Name Change</li> </ul>
<b>Estate Planning Documents</b> 	<ul style="list-style-type: none"> <li>• Simple &amp; Complex Wills</li> <li>• Trusts (Revocable and Irrevocable)</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare)</li> </ul>
<b>Traffic Offenses</b> 	<ul style="list-style-type: none"> <li>• Defense of Traffic Tickets (excludes DUI)</li> <li>• Driving Privileges Restoration</li> </ul>

# Other Voluntary Benefits

## ADMINISTERED THROUGH MERCER VOLUNTARY BENEFITS

These voluntary benefits have been made available to caregivers directly through various vendors. ChristianaCare does not contribute to or sponsor these benefits; they are 100% employee-paid. Caregivers are responsible for contacting the administrator to receive personalized quotes, complete details of coverage and any support related to the enrollment or cancellation of benefits. For any of the benefits referenced below, premiums may be conveniently handled through payroll deduction if your scheduled hours are 40 or more per pay period.

### CHOICE AUTO INSURANCE & CHOICE HOME INSURANCE

The Choice Auto and Home Program may help you save on insurance. With the ChristianaCare Auto and Home Insurance program, you can receive comparative quotes from the nation's leading carriers for policies on auto, homeowners, renters and more. Contact Mercer Voluntary Benefits to get personalized quotes featuring specially negotiated rates and discounts (group discount up to 15%). If your scheduled hours are 40 or more per pay period, premiums may be conveniently handled through payroll deduction. For complete details of coverage and availability and to enroll or cancel coverage please contact Mercer Voluntary Benefits by calling (866) 796-6291 or by visiting [www.cchsvoluntarybenefits.com](http://www.cchsvoluntarybenefits.com).

### NATIONWIDE® PET INSURANCE

My Pet Protection® from Nationwide® helps you provide your pets with the best care possible. Plan reimburses 90% on vet bills including accidents, illnesses and hereditary conditions for pets of all ages. You are free to visit any vet and there is a 24/7 vethelpline® is available to all pet insurance members. Exclusions may apply such as those for pre-existing conditions. See policy documents for a list of exclusions.

### AFLAC GROUP CRITICAL ILLNESS INSURANCE

Group Critical Illness provides a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness. For complete details of coverage and availability and to enroll or cancel coverage please contact Mercer Voluntary Benefits by calling (866) 796-6291 or by visiting [www.cchsvoluntarybenefits.com](http://www.cchsvoluntarybenefits.com).

### AFLAC GROUP ACCIDENT INSURANCE

The Group Accident plan provides benefits for the treatment of both on- and off-the-job accidents. For complete details of coverage and availability and to enroll or cancel coverage please contact Mercer Voluntary Benefits by calling (866) 796-6291 or by visiting [www.cchsvoluntarybenefits.com](http://www.cchsvoluntarybenefits.com).

For complete details of coverage and availability and to enroll or cancel coverage please contact Mercer Voluntary Benefits by calling 866-796-6291 or by visiting [www.cchsvoluntarybenefits.com](http://www.cchsvoluntarybenefits.com)

# Financial Resources

## ON-SITE LINCOLN FINANCIAL RETIREMENT CONSULTANTS

ChristianaCare has two on-site Lincoln Financial retirement consultants. The retirement consultants are available to help you make the most of your plan so you have a greater opportunity to enjoy the retirement you envision.

During a meeting with a retirement consultant, you can:

- Review your account and get answers to your investment questions.
- Evaluate if you're saving enough to retire when and how you'd like.
- Review and make changes to your asset allocation.
- Get assistance with rolling old accounts into your current account.

To schedule a meeting with a Retirement Consultant use the Click2Meet (C2M) appointment application at <https://LFG.com/ChristianaCareSchedule> which is a convenient, real-time scheduling tool that allows you to:

- View available appointments with your Retirement Consultant.
- Book an appointment online or via a mobile device.
- Receive automated confirmation, reminder and cancellation emails.

For additional questions related to your retirement plans, contact:

### Amina Shelton

Email: [Amina.shelton@lfg.com](mailto:Amina.shelton@lfg.com)

Phone: 302-998-5750

### Joseph Filipone

Email: [Joseph.filipone@lfg.com](mailto:Joseph.filipone@lfg.com)

Phone: 494-426-7775

## \$TAND BY ME

Stand By Me is your partner in working toward meeting your financial goals. This confidential service is offered to you at no additional charge and provides many key features, including:

- **Personal Financial Coaching** – budgeting, financial goal setting, savings, debt and personal money management.
- **Mind Our Money Workshops** – Four 1-hour interactive workshops where participants have fun while learning about money.
- **Financial Services** – Work with credit unions and non-profits to develop and increase access to consumer friendly savings, loan and transaction products.
- **Post-Secondary Education Services** – Financial coaching for post-secondary, FAFSA applications, managing student loan debt.
- **Community Referrals** – Debt consolidation, foreclosure assistance, free tax preparation, match savings programs, home ownership counseling.

Make an appointment with our free personal financial coach, **Manoj Philip**.

Schedule an appointment online at [www.standbyme.as.me](http://www.standbyme.as.me) or by phone at 302-327-5515.



# Retirement Benefits

ADMINISTERED THROUGH LINCOLN FINANCIAL GROUP

## DEFINED CONTRIBUTION RETIREMENT PLAN

ChristianaCare offers the Defined Contribution Retirement Plan to all caregivers age 21 or older who have completed one year (at least 1,000 hours) of service. This plan is administered through Lincoln Financial Group. Under this plan, ChristianaCare contributes a percentage of your pay to an account each quarter. Contributions are based on your total pay and vesting service.

Years of vesting service as of December 31 of the prior calendar year:	Your quarterly contribution will be this percent of total quarterly pay:
1 but less than 5	3%
5 but less than 10	3.5%
10 but less than 15	4%
15 or more	5%

You decide how to invest your contributions among a variety of investment fund options. Your benefit grows through quarterly contributions and investment earnings. Your benefit is shown as a dollar value, like a savings account, and the balance of this account is the total value of your plan contributions and investment gains (or losses) credited to your account.

You are fully vested in the benefit after three years of service (1,000 hour of service per plan year). Your benefit is paid when you end your employment with ChristianaCare.

## 403(B) MATCHING CONTRIBUTION PLAN

The 403(b) Matching Contribution Plan is another valuable plan that can help you save money for retirement. You are eligible for employer contributions after you have reached age 21 and have completed one year (at least 1,000 hours) of service. Eligible new hires are auto enrolled at 3% of your pay on a pre-tax basis.

## FEATURES OF THE 403(B):

- You may save up to 75% of your pay on a pre-tax basis each pay period, up to current IRS limits.
- ChristianaCare will make a matching contribution equal to 50% of the first 6% of your base compensation subject to the IRS annual compensation limit.
- You may choose how to invest your contributions among the plan's multiple investment options.
- Roth contributions can be made along with or in lieu of pre-tax contributions. Taxes are paid at the time of your Roth contribution so that when you make a Qualified Distribution, your contributions and any earnings are tax-free. Matching contributions on your Roth contributions are made on a pre-tax basis; therefore, taxable when you make a Qualified Distribution.

## WHY SHOULD I PARTICIPATE?

This plan is designed to help you save for retirement. It offers you numerous advantages over saving elsewhere:

- Convenience – Automatic payroll deductions and a pre-selected group of investment options offering a range of risks and potential returns;
- Reduced tax bills the years you are contributing – Your taxable income for a year is reduced by the contributions you make that year;
- Tax-deferred growth for the money in your account; and
- Matching contributions from your employer.

Along with Social Security, personal savings and any other retirement benefits for which you may be eligible, this plan can be a valuable component of your long-term financial strategy.

# Tuition Assistance Program

The Tuition Assistance Program is designed to assist caregivers in developing themselves for professional growth in their career path with ChristianaCare. The program provides reimbursement for college courses offered by fully accredited colleges and universities, to complete a degree program related to the caregiver's current job assignment or related occupations within ChristianaCare. The program provides reimbursement for the cost of college tuition, registration, and laboratory fees for both on-campus and online courses.

## ALLOTMENT AND TAXATION

Up to \$5,000 in paid tuitions are allotted tax free each year. The total allotment is based on the date (tax year) the reimbursement is paid to the caregiver. Not the date of the classes or reimbursement request. This rule is in accordance of IRS publication 970.

## ELIGIBILITY

- All active Full-Time, Full-Time Flex, Part-Time and WIP caregivers pursuing an Associates, Bachelors, Master's degree or DNP related to their occupation or an occupation within ChristianaCare are eligible to participate.
- Casual Caregivers, Per Diem, Residents, Temporary Caregivers and Caregivers on Leave of Absence are not eligible.
- The major must be related to the caregiver's occupation or an occupation within the ChristianaCare.
- During the first three (3) months of employment, you're eligible for three (3) credit hours of reimbursement for classes started after your date of hire.

## WORK OBLIGATION PROVISION

The Work Obligation Provision requires you to work for a period of one year from the completion date of your last completed course. If you terminate employment with ChristianaCare prior to completing one (1) year of service, you will be obligated to pay back the full amount of tuition reimbursement received for any courses completed during the 12 months prior to the date of termination.

## PROGRAM EXCLUSIONS

The Tuition Assistance Program **does not cover non-degree programs**, such as courses taken to achieve a certificate or licensure in a particular area and does not apply to seminars or conference fees.

## WHERE TO FIND INFORMATION

Additional information such as the tuition assistance reimbursement form, tuition assistance plan document, FAQs and lists of approved colleges and majors can be found on the Caregiver Resource Center by searching Tuition Assistance.



# ChristianaCare Benefits & Resources

## CAREVIO

CareVio is a free care coordination program that partners with you and your doctor to make it easier for you to take care of yourself and stay well. CareVio consists of nurse care coordinators, social workers, pharmacists, respiratory therapists under the direction of a medical director. CareVio's clinical experts are here to help with coordinating care with your doctor and specialist, so you can get back to work and live life to the fullest. Get connected with CareVio by calling 844-227-3565 or 302-320-5600.

## CAREVIO HEALTHY LIFESTYLE COACHING

The CareVio Healthy Lifestyle Coaching program is a free resource for all caregivers and their dependents. Healthy Lifestyle coaches review each participant's health background and create customized action plans that allow participants to achieve optimal physical health and well-being. Through in-person and/or telephonic coaching, weekly goals, exercise tolerance, nutritional education, and time management are reviewed. Let the CareVio Healthy Lifestyle Coaches help you reach your goals! For a Healthy Lifestyle Coach visit [www.cchhealthcoach.as.me](http://www.cchhealthcoach.as.me), call 302-320-5600, or email [healthcoach@christianacare.org](mailto:healthcoach@christianacare.org).

## CONVENIENT CARE AT CHRISTIANACARE

ChristianaCare provides several options for care to treat different types of injuries and illness. These vary by the type of provider, location and cost. Depending on your unique situation, selecting the appropriate level of care is one of the best ways to help you manage costs. For more information on convenient care options at ChristianaCare visit [www.ChristianaCare.org](http://www.ChristianaCare.org) or the ChristianaCare Caregiver Resource Center.

	WHAT IS IT?	WHEN SHOULD I USE IT?	COPAY
<b>ChristianaCare Primary Care</b>	Primary contact for your day-to-day care needs.	<ul style="list-style-type: none"> <li>Preventive Care</li> <li>Diagnose and treatment of illnesses</li> <li>Continuing care of medical conditions</li> </ul>	\$5
<b>ChristianaCare Virtual Primary Care</b>	Primary contact for your day-to-day care needs available 24/7 via tablet, smartphone, and computer.	<ul style="list-style-type: none"> <li>Preventive Care</li> <li>Diagnose and treatment of illnesses</li> <li>Continuing care of medical conditions</li> </ul>	\$0
<b>ChristianaCare Mobile Health</b>	Virtual treatment of injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.	<ul style="list-style-type: none"> <li>Cold, Flu, Sore Throat</li> <li>Sprains &amp; strains</li> <li>Rashes</li> </ul>	\$0
<b>ChristianaCare-GoHealth Urgent Care</b>	In-office treatment of injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.	<ul style="list-style-type: none"> <li>Cold, Flu, Sore Throat</li> <li>Animal &amp; Insect Bites</li> <li>Sprains &amp; minor fractures</li> </ul>	\$0
<b>ChristianaCare Emergency Department</b>	Provides immediate treatment for serious illness or injury.	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Stroke</li> <li>Severe allergic reaction</li> <li>Serious trauma &amp; injury</li> </ul>	\$200/visit x 3; then \$300/visit*

\* Copay waived if admitted.

# Frequently Asked Questions

## 1. Do all benefit-eligible caregivers need to participate in the annual Open Enrollment?

Yes. It is important to review the benefits and plan changes to make sure you are electing the coverages that best meet your needs.

## 2. What if I am benefit-eligible but do not need coverage?

If you do not need coverage, you must waive benefits in Workday. If you are newly benefit-eligible, are full-time, full-time flex or WIP and do not waive or elect benefits, **Default Coverage** will be assigned.

## 3. What if I miss Open Enrollment or the 31-day enrollment period for a qualified life event?

If you miss Open Enrollment or any 31-day enrollment period, you will not be able to make changes until the next annual Open Enrollment period. Unless you experience another IRS-defined qualified life event,

## 4. Is there a deadline for submitting a qualified life event and supporting documentation?

Yes. Qualified life events and support documentation must be submitted within 31 days of an event date.

## 5. Is there a deadline for submitting my benefits elections?

Yes. Benefit elections must be submitted within 31 days of your hire date or qualified life event.

## 6. When will my coverage start?

Once submitted, benefits are effective the same day as your hire date or first day of your qualified life event. *All changes and bi-weekly contributions are effective the date of the event. Any delay in completion may result in retroactive deductions.*

## 7. When will I receive my identification cards?

Whether you submit elections *before or after* your event date, medical and prescription ID cards will be received 7-10 business days *after* your event date. ID cards are not provided for dental or vision coverage.

## 8. What is the difference between the Healthcare Flexible Spending Account (FSA) and Dependent Care FSA?

- **Healthcare FSAs** can be used to pay eligible out-of-pocket **health expenses** for yourself and your eligible dependents.
- **Dependent Care FSAs** can be used to pay for eligible dependent **child care (under age 13) and adult care**. The Dependent Care FSA, does not cover health expenses.

## 9. What is the Caregiver Resource Center?

The Caregiver Resource Center is a great resource for additional information on all benefits, programs, policies and resources. From the Portal click on the Caregiver Resource Center and use the search bar to locate related articles.

## 10. Where can I locate the Tuition Assistance and Fitness & Wellness Reimbursement forms?

All forms are located on the Caregiver Resource Center and are updated regularly.

# Glossary

Here's a quick refresher on commonly used terms:

**Allowable Charge** is the dollar amount typically considered payment in full by an insurance company and an associated network of health care providers.

**Beneficiary** is the person or entity you name in an insurance policy to receive the death benefit.

**Coinsurance** is the amount you pay, as a percentage of the allowed cost of your services, after you reach the deductible and until you reach the plan's out-of-pocket maximum.

**Copayment (Copay)** is a fixed amount you pay for a health care service or prescription drug.

**Deductible** is the amount you pay before your insurance begins covering certain services, such as hospitalization or outpatient surgery.

**Dependent** is a legal spouse or child(ren) born to, under legal guardianship of, or legally adopted by you and/or your spouse.

**Drug Formulary** is a list of prescription drugs covered by the prescription drug plan.

**Evidence of Insurability** is an application process in which you provide information on the condition of your health to get certain type of insurance coverage.

**Guaranteed Issue** is a requirement which must permit you to enroll regardless of health status, age, gender, or other factors.

**In-Network** is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members.

**Out-of-Network** means that the doctor or facility providing your care does not have a contract with your health insurance company.

**Out-of-Pocket Maximum** is the most you pay per plan year for health care expenses, including prescription drugs. Once you reach this limit, the plan pays 100% for the remainder of the plan year.

**Premium** is the amount you pay for insurance, using pre-tax or post-tax dollars via paycheck deductions.

**Self-Insured** is a type of plan where the employer itself collects premiums from enrollees and takes on the responsibility of paying employees' and dependents' medical claims

**Voluntary Benefits** are optional, employee-paid benefits.



# Vendor Contact Information

## AETNA

Member Services: 855-339-9729

Website: [www.aetna.com](http://www.aetna.com)

## BLOOD BANK OF DELMARVA

Phone: 302-737-8405

Toll Free: 800-548-4009

Fax: 302-737-8233

Website: [www.delmarvablood.org](http://www.delmarvablood.org)

## CHRISTIANACARE MOBILE HEALTH

Website:

[www.christianacare.health](http://www.christianacare.health)

Service Key: CCHS

App: ChristianaCare Mobile Health

## CHRISTIANACARE VIRTUAL PRIMARY CARE

Phone: 302-320-9771

Website: [www.christianacare.org/vpc](http://www.christianacare.org/vpc)

## DELTA DENTAL

Customer Service: 800-932-0783

Website: [www.DeltaDental.com](http://www.DeltaDental.com)

## DISCOVERY BENEFITS

Customer Service: 866-451-3399

Fax: 866-451-3245

Website: [www.discoverybenefits.com](http://www.discoverybenefits.com)

## FMLASOURCE

Customer Service: 844-562-2247

Fax: 877-309-0218

Website: [www.fmlasource.com](http://www.fmlasource.com)

## HMS

Customer Service: 877-949-2720

Fax: 877-223-8478

Website: [www.AuditOs.com](http://www.AuditOs.com)

## LIFEKEYS

Website: [www.GuidanceResources.com](http://www.GuidanceResources.com)

Group ID: LifeKeys

Customer Service: 855-891-3684

## LINCOLN FINANCIAL GROUP – DISABILITY

Disability Customer Service: 800-210-0268

Fax: 603-334-0401

EOI Customer Service: 888-287-8494, Opt. 2

## LINCOLN FINANCIAL GROUP - RETIREMENT

Customer Service: 800-234-3500

Website: [www.lfg.com](http://www.lfg.com)

Amina Shelton: 302-998-5750

Joseph Filipone: 494-426-7775

## LOUVIERS FEDERAL CREDIT UNION

Customer Service: 302-733-0426

Fax: 302-731-2460

Website: [www.louviervers.com](http://www.louviervers.com)

## MERCER VOLUNTARY BENEFITS

Toll Free: 866-796-6291

Website: [www.cchsvoluntarybenefits.com](http://www.cchsvoluntarybenefits.com)

## OPTUMRX

Customer Service: 855-821-7209

Website: [www.optumrx.com](http://www.optumrx.com)

## RESOURCES FOR LIVING (EAP)

EAP Consultant: 800-701-0779, TTY:711

Website: [www.resourcesforliving.com](http://www.resourcesforliving.com)

Username: ChristianaCare

Password: EAP

## STAND BY ME

Phone: 302-327-5515

Website: [www.StandByMeDE.org](http://www.StandByMeDE.org)

## TRAVELCONNECT

Website: <https://mysearchlightportal.com>

Group ID: LFGTravel123

Within U.S.: 866-525-1955

Outside U.S.: +1-603-328-1955

Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

## VSP VISION

Member Services: 800-877-7195

Email: [IMEMBER@vsp.com](mailto:IMEMBER@vsp.com)

Website: [www.vsp.com](http://www.vsp.com)

# Where to Find Information

	SOURCE	
	<p>Caregiver Resource Center</p>	<ul style="list-style-type: none"> <li>• Available through the Employee Portal, the Caregiver Resource Center is a self-service tool which gives caregiver's the ability to:               <ul style="list-style-type: none"> <li>• Submit cases electronically to the Caregiver Service Center.</li> <li>• Find additional information on rates, benefits, resources, plans, policies, and more!</li> </ul> </li> </ul>
	<p>Caregiver Service Center</p>	<ul style="list-style-type: none"> <li>• Provides one-on-one assistance related to benefits and wellness.</li> <li>• Available Monday through Friday 8 a.m. – 4:30 p.m. at 302-327-5555 or 866-849-8598.</li> </ul>
	<p><i>My Wellness -</i>  <a href="http://ChristianaCareWellness.org">ChristianaCareWellness.org</a></p>	<ul style="list-style-type: none"> <li>• Find information on all available wellness resources and tools.</li> <li>• Participate in challenges.</li> <li>• Details on the Wellness Incentive Program.</li> </ul>
	<p><a href="http://ChristianaCare.org">ChristianaCare.org</a></p>	<ul style="list-style-type: none"> <li>• Locate additional health and wellbeing resources at ChristianaCare.</li> <li>• Find a primary care, specialist, or facility.</li> </ul>



[www.ChristianaCare.org](http://www.ChristianaCare.org)