



BRF Hospital Holdings

2013 - 2014 Benefit Summary



Paid Time Off (PTO)

BRF Hospital Holdings is designing a time off program that will include between 15 and 25 days of PTO based on length of service, up to 10 days of Extended Sick Leave, and 9 paid holidays (New Year's Day, Memorial Day, Good Friday or Easter Sunday, 4th of July, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, 1 Floating Holiday).

Retirement/Savings

The hospital will contribute 3% of compensation into a 401k retirement plan for all eligible employees. An eligible employee is one who works at least 40 hours per bi-weekly pay period. In addition, employees can receive a matched benefit of 50% if they choose to contribute pre tax dollars from their check. Employees can contribute up to \$17,500 annually (\$23,000 if over age 50). The maximum amount the hospital will match will not exceed 3% of employees compensation.

Eligibility for All Benefits:

- Employees working at least 60 hours per bi-weekly pay period
- New Employees: Effective the first of the month following the first full calendar month of employment
- Current LSUHSC Employees: Effective October 1, 2013



Health Plans:

- Carrier: BlueCross BlueShield
- You have a choice between two Medical Plans a PPO Plan and a High Deductible Health Plan

Plan 1 - PPO:

- Deductible - BRFHH Provider: \$0, In-network: \$500/single & \$1,500/family, Out-of-network: \$2,500/single & \$7,500/family
- Coinsurance - BRFHH Provider: 100% after Copay, In-network: 85% after Copay, Out-of-network: 40% after deductible
- Out-of-Pocket Max - BRFHH Provider: \$1,000/single & \$3,000/family; In-network: \$4,000/single & \$12,000/family; Out-of-network: Unlimited
- Preventive Services - BRFHH Provider & In-network 100%
- Office Visit Copays - BRFHH: PCP \$10, Specialist \$20; In-network: PCP \$20, Specialist \$40, Urgent Care \$75
- Pharmacy - Generic: \$10; Brand: \$150 Deductible then, Preferred \$30, Non-preferred \$60, Specialty \$120

Plan 2 - HDHP:

- Deductible - In-network: \$5,500/single, \$16,500/family; Out-of-network: \$11,000/single, \$33,000/family
- Coinsurance - In-network: 80% after deductible; Out-of-network: 40% after deductible
- Out-of-Pocket Max - In-network: \$6,250/single & \$18,750/family (including deductible); Out-of-network: Unlimited
- Preventive Services - In-network: 100%; Out: 40% after deductible
- All Other Services - Subject to deductible and coinsurance

***IMPORTANT* Documentation is required to add any dependents to your Health Plan. Such as:**

- **Spouse: Marriage license or Federal Tax Return**
- **Child: Birth certificate**

Employee Health/Wellness:

Offered through Employee Wellness

- Annual TB Skin Tests - Free; required annually
- Hepatitis Vaccination - Free if eligibility requirements are met
- Flu Shots - Offered at no cost during flu season

Education:

Seminars & outside education for employees are available.

Flexible Spending Account (FSA):

- Carrier: Boon-Chapman
- Employee pre-tax deduction
- Debit card provided
- Health Care Account - pays for qualified medical, dental, & prescription expenses with pre-tax dollars; Maximum per year - \$2,500
- Dependent Care Account - pays for the care of qualified dependent child(ren), age 12 and under or elderly dependents; Household Maximum per year - \$5,000

Employee Assistance Plan (EAP):

- Carrier: Mutual of Omaha
- This benefit is Employer Paid
- Confidential consultation & resource service
- 3 Face to Face Visits
- Unlimited Telephonic Access
- 800-316-2796





Dental Plan:

- Carrier: AlwaysCare
- 2 options: Basic and Enhanced
- Basic - Deductible: A onetime \$100 Lifetime that applies only to basic and major services. Annual Max: \$1,500. Preventive services: 100% of usual and customary. Basic & Major Services: 100% of the fixed fee schedule amount. Orthodontics: N/A.
- Enhanced - Deductible: None. Annual Max: \$2,000. Preventive services: 100%. Basic: 80%. Major Services: 50%. In-network provider services covered up to negotiated fee (no balance billing) and Out-of-network provider services reimbursed up to usual and customary amount. Orthodontics: 50% up to \$1,500 lifetime maximum (to age 19).

Vision:

- Carrier: AlwaysCare
- Exam Copay - In-network: \$10, Out-of-network: up to \$35
- Materials - In-network: No Copay, Out-of-network: Allowances
- Frames - In-network: \$130 allowance (\$94 at Sam's Club, Wal-Mart); Out-of-network: Up to \$50 allowance
- Contact lenses - In-network: no Copay, up to \$130 allowance; Out-of-network: up to \$100 allowance (\$200 for medically necessary)

Life & AD&D:

- Carrier: Mutual of Omaha
- Basic Life & AD&D - Employer paid. \$25,000 of employee only coverage.
- Voluntary Life & AD&D - Employee paid; increments of \$10,000; 7x annual salary up to \$300,000
- Dependent Life & AD&D -
 - Spouse: Increments of \$10,000; 100% of employee benefit up to \$100,000; rate based on Employee's age
 - Child(ren): \$10,000 coverage per child

Short Term Disability:

- Carrier: Mutual of Omaha
- 2 options: 40 & 60% of weekly salary - Benefit is paid weekly
- Maximum of \$1,500 per week
- 7 day elimination period
- 12 weeks max duration
- This benefit is Portable, allowing you to continue coverage up to age 70 should your employment end

Long Term Disability:

- Carrier: Mutual of Omaha
- 2 options: 40 & 60% of monthly salary - Benefit is paid monthly
- Maximum of \$12,000 per month
- 90 day elimination period
- Up to Normal Social Security Age
- This benefit is Portable, allowing you to continue coverage up to age 70 should your employment end

Critical Illness:

- Carrier: HM Life Insurance Company
- Pays a lump sum of \$2,500 to \$100,000 for 11 critical illnesses such as: Myocardial Infarction, Coronary Artery Bypass, Stroke, Invasive Cancer, Carcinoma In Situ and Skin Cancer
- Health Screening Benefit - \$50
- Benefit Amount - Employee Only: \$2,500 up to \$100,000; Spouse: 100% of employee amount up to \$100,000; Children automatically get 25% of employee amount up to \$20,000 at no additional cost
- Guarantee Issue - Employee Only: \$25,000; Spouse: 50% of employee benefit amount

Online Enrollment:

Using any computer with Internet access, go to www.enrollme.biz

- User Name: Your Social Security Number (no dashes)
- Password: Last 4 digits of your Social Security Number
- Click 'Enroll in Benefits' to proceed to your benefits
- Dependent Info - SSN, DOB and Address are required for each dependent
- Beneficiary Info - Since BRF Hospital Holdings provides an employer paid Basic Life & AD&D policy for each employee, beneficiary information is required to confirm benefits
- Click on each of the benefits you are interested in and to elect that benefit check the 'I elect coverage for this benefit' box
- When electing benefits, be sure to select the dependents you wish to cover under each benefit
- Confirm Benefits

If you have any questions regarding the online enrollment or if you do not have access to a computer and are unable to enroll online, please contact HUB International at 318-629-8769 or 877-309-2224



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