

Wentworth-Douglass Hospital



BENEFITS ENROLLMENT GUIDE



WENTWORTH-DOUGLASS
HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL SUBSIDIARY



2018 Annual Enrollment Information

ANNUAL ENROLLMENT PROCESS

- You only need to participate in open enrollment in medical, dental, supplemental life insurance, child life, spouse life, and short term disability if:
 - You want to make changes to your insurance benefits.
 - You want to add or drop dependents from your medical or dental plan.
 - If you do not make a change, your 2017 enrollment will continue in 2018 for the benefits listed above.
- Flexible Spending Accounts (FSA) medical or dependent care require re-enrollment annually per IRS regulations.
- Voluntary Benefits: Enrollment in voluntary benefits is required annually. The voluntary benefits are: Employee Activities Association, Employee Pharmacy, Materials Management Shop on the Spot Program, Cafeteria and Gift Shop Purchases, WDH & Health Foundation and Early Learning Center.
- 403(b) Plan does not require re-enrollment. Your 2017 elections will continue into 2018.
- For those who would like to make changes, annual enrollment will take place from October 26th through November 10th.
- For individuals who complete an online enrollment session, confirmation statements will be mailed to your home.

YOUR ANNUAL ENROLLMENT CHECKLIST

Actions you need to take in order to enroll for 2018 benefits:

Be Informed

- Review all the information in the 2018 Annual Enrollment Guide.
- Go to UltiPro Web to compare your options and decide which benefits make the most sense for you and your family. If you would like to make changes to your current benefits, add or drop a dependent from your medical or dental, have a flexible spending account, or enroll in voluntary benefits in 2018, you will need to complete the enrollment process. If none of these changes apply to you, you do not need to take any further action.
- Determine which benefit choices would work best for you and your dependents during 2018, taking into consideration other coverage you may be eligible for.

Be Organized

- Gather Social Security Numbers and dates of birth for all family members you would like to add to the medical or dental plan.

Be Enrolled

- If you meet any of the requirements above, complete the applicable annual enrollment sessions by November 10, 2017.

IMPORTANT DEPENDENT REMINDER

- Covered family members (including spouses) who will have medical and/or dental coverage must be designated as dependents. You must have names, dates of birth, and Social Security Numbers for any additional individuals you will be adding to the plan in 2018. For those dependents who were covered in 2017, this information should already be in Ultipro. This information is required not only by Ultipro and our insurance carriers, but by the regulations of the United States government Affordable Care Act. If you do not list family members you would like covered during your annual enrollment, they will not have medical and/or dental coverage in 2018.

A WORD ABOUT WENTWORTH-DOUGLASS HOSPITAL'S BENEFITS

The benefits provided to you by Wentworth-Douglass Hospital are designed to offer you and your family access to high-quality, comprehensive care that is also affordable. We recognize that benefits including medical and dental are a significant part of your overall compensation. Benefit costs have been increasing each year. Because both you and the Hospital share in the increase, Wentworth-Douglass Hospital will continue to look for ways to keep costs down and manage affordability.

Wentworth-Douglass is self-insured and pays all claims out of general assets. Managing the increase in healthcare costs is directly impacted by the smart healthcare choices that you make and by maintaining a healthy lifestyle throughout the year. If we work together, we can make sure that Wentworth-Douglass Hospital continues to offer the best plan options at the lowest cost.

What's Inside



BE INFORMED

Medical	7
Prescription Drug Coverage	12
Dental	13
Life and Disability Benefits	15



SPEND WISELY

Flexible Spending Accounts	17
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GET STARTED

How to Enroll	23
Important Contacts	24



REQUIRED NOTICES

Privacy Notice	25
Other Notices	26

Be Informed

More Choices for You

The Wentworth-Douglass benefits program means you can have your benefits your way:

You have choices in:

- Medical;
- Dental;
- Flexible spending accounts;
- Life insurance; and
- Disability income protection.

You have opportunities to tailor your coverage to your own individual needs (employees scheduled 16+ hours per week).

The benefits program has been designed to help meet the benefits needs of all employees. Your personal situation is unique, so your benefits requirements may be different from other employees. With the Wentworth-Douglass benefits plan you have choices and the flexibility to select benefits and levels of coverage that fit your individual requirements.

Plan Year Coverage

The benefits you are electing will cover you until December 31st. Every fall, you'll have the chance to review your choices and make changes for the following year. You may be able to revise your coverage during the upcoming period if certain changes occur in your personal or family status, known as "life events." For example, if you get married or have/adopt a baby, you may add your new spouse or child to your medical coverage. If you don't change your elections, medical, dental, basic life insurance, supplemental life insurance, short term disability and long term disability will continue as you had in 2017. You must make FSA and voluntary benefit elections annually.

Separate Elections for Medical and Dental

You can elect medical and dental benefits independently of each other—for example, you can elect single coverage for medical, and family coverage for dental.

Make Your Elections Now, But What if Something Changes?

Generally speaking, the elections you make now will stay in effect until December 31st. But there are some changes in your work or family status that the IRS recognizes that will allow you to change certain elections during the plan year.



Did You Know?

Most of Wentworth-Douglass Hospital's benefits are "self-insured," which means that when you go to the doctor or receive medical care, you pay your portion and Wentworth-Douglass Hospital – not an insurance company – pays the rest. This is how our benefits have worked for years, and it's the main reason why we must work together to help manage our healthcare costs.

Annual Enrollment for 2018 is a passive enrollment. If you do not want to make changes, you do not need to reenroll in medical, dental, life insurance, or disability. You do need to enroll in flexible spending accounts and voluntary benefits if you would like them in 2018.

Life Events

Changes in status events include:

- Marriage;
- Legal separation or divorce;
- Birth or adoption;
- Gaining or losing a dependent;
- Change in benefit employment status;
- Change in your spouse's employment status (becoming employed, unemployed, or changing employers);
- Dependent up to age 26 loss of coverage;
- Annual enrollment at spouse's employer.
- Purchase of health insurance from a public exchange or marketplace.

You should also be aware that while the benefits program conforms to current tax laws, the plan is always subject to IRS approval. All information contained here about taxing your pay and not taxing your benefits is based on the law as it is today. Changes are possible in the future. You'll be notified of any changes that affect your decisions in the plan.

Eligibility

If you are an employee scheduled at least 16 hours per week, you are eligible for the Wentworth-Douglass Hospital benefits program on the first of the month after employment, or the first of the month after your hours have increased to at least 16 hours per week. **If you do not apply within 31 days of your qualifying event, you must wait until annual open enrollment.** Benefits would then be effective on January 1st.

Your eligible dependents include your:

- Legal Spouse;
- Dependent Children up to age 26;
- Incapacitated Dependent Child of any age.

Electing Coverage for Your Dependents

You may cover your eligible dependents under your medical and/or dental coverage. In addition, Wentworth-Douglass Hospital employees scheduled to work 24+ hours per week may purchase life insurance coverage for your legal spouse and eligible dependents.

Our coverage options for medical and dental are:

- Single;
- Two-Person; or
- Family.

How to Choose Your Benefits

How should you make the right benefit choice for you? Consider these factors when deciding which benefits are best for you:

Your Personal Situation

Items you might consider include the following:

- Evaluate the plan options based on the kinds of services you will need.
- Do you have dependent children? Health care expenses for young children can add up quickly.
- Consider the effect of a disability or your death on those who depend on you for support. Evaluate the short-term disability plan and the employee supplemental life insurance options based on how much income you or your survivors will need to meet financial obligations.
- If you were to become disabled and not work, do you have enough savings to cover additional medical expenses, and to tide you over until long-term disability benefits take effect after a 180-day waiting period?
- Life insurance for spouse and children is generally designed to cover funeral/burial expenses.

Your Cost

Items you might consider include the following:

- Compare medical and dental options based on the cost for coverage and any out-of-pocket expenses you may incur.
- Consider contributing to a flexible spending account (FSA) to set aside money from your paycheck tax-free to pay for eligible expenses you are likely to incur throughout this plan year.
- You can use your health care FSA to pay for unreimbursed health care expenses that you and any dependent that you claim on your tax return, incur throughout the year. And, if you have a child or adult dependent in day care, you can also contribute to the dependent care FSA to pay for eligible day care expenses with tax-free dollars.
- Do you have coverage available through your spouse? Carefully evaluate the benefits and levels of coverage offered through your spouse's plan and compare coverage and cost to your Wentworth-Douglass benefits program.
- Your Health Equity card will also allow you to use your HRA funds for all expenses you would be able to use your FSA for. In addition to the current HRA eligible medical and expenses, you can use these funds for vision and dental.

Cost Considerations

Consider using Tier 1 providers to obtain the most cost effective comprehensive coverage.

Enrollment Deadline

Review your options and complete your online enrollment. If you miss the deadline, your medical, dental, basic life insurance, supplemental life insurance, spouse life insurance, dependent life insurance, short term disability and long term disability will be the same as you had in 2017. If you are enrolled in medical or dependent care flexible spending accounts or voluntary benefits, these benefits will no longer be active after December 31, 2017.

Changes Due to U.S. Healthcare Reform – and What They Mean to You

- Under the ACA, the individual mandate states that nearly everyone must have medical coverage or pay a penalty. If you are enrolled in the Wentworth-Douglass medical plan, there is nothing you need to do. Our medical plan complies with ACA requirements so you will not be subject to any penalties.
- **Health Insurance Exchanges:** You may also purchase medical coverage on the Health Insurance Marketplace. Visit healthcare.gov for more information.

THE WDH MEDICAL PLAN: CHOOSING CARE THAT MAKES SENSE FOR YOU AND YOUR FAMILY

Wentworth-Douglass Hospital's medical plan, administered by Tufts Health Freedom Plan, ensures that you and your family have the right healthcare coverage when you need it.

You take greater control of the money you and your family spend on healthcare costs during the year by choosing where you receive your care. Care received at Wentworth-Douglass Hospital, WDH privileged providers, as well as Granite Health (GH) providers, Mass General, Mass Eye & Ear, and Brigham & Women's, will be covered at the highest rate of reimbursement. Granite Health providers include Wentworth-Douglass Hospital, Catholic Medical Center, Concord Hospital, Lakes Region General Hospital and Southern New Hampshire Hospital, as well as providers within each of their networks. Please check the Tufts Health Freedom website at www.thfp.com/wdh for provider tiering. You also have the option to have services provided by other Tufts providers; however, you will be responsible for a greater portion of the cost. Please see the detailed outline on page 10 for more information.

The WDH medical plan offers a "3-tier" plan design to provide the highest level benefits and allow members greater control over their health choices. The first tier includes the WDH, GH Providers, Mass General, Mass Eye & Ear and Brigham & Women's; the second tier includes participating Tufts network providers; and the third tier includes all non-participating providers. You may choose to receive your services through any of these "tiers", with the highest level of benefits being paid when utilizing tier 1.

More coverage for you when you when you select coverage from – the best!

The Tier 1 network provides benefits, not only at Wentworth-Douglass Hospital and WDH privileged providers, but also all Granite Health Providers, Mass General, Mass Eye & Ear and Brigham & Women's and their primary privileged providers.

All deductibles co-accumulate. If you pay deductible charges for a service in any tier, it satisfies a portion of the deductible in all three tiers.

Once your individual or family deductible is met, services will be covered at different rates, depending on the tier. For the first tier, most medical services covered under the plan for that tier will be paid at 85%. Effective in 2018, office visits under Tier 1 will no longer be subject to deductible. Once the second tier deductible is met, most medical services covered under the plan will be paid at 70%. Once the deductible for the third tier is met, services rendered by a non-participating provider will be covered at 50% of usual and customary charges.

For pharmacy services, WDH in-house prescription copayments of \$4 generic; \$25 formulary brand name, \$40 non-formulary brand name, \$150 limited distribution drugs, and \$250 non-formulary limited distribution drugs for a 30 day supply will apply. If you choose to go to any other retail pharmacy, copayments of \$15 generic, \$50 formulary brand name, and \$80 non-formulary brand name for a 30-day supply will apply.

You also have the option to waive the medical coverage.

Your Vision Benefits

(Not subject to the deductible)

- One routine eye exam per year at participating EyeMed optometrists subject to a \$20 copay.
– AND –
- \$100 vision hardware reimbursement benefit (glasses and contacts, including measurement, fitting and adjustment) per plan year, per plan member.
– AND –
- Additional discounts through EyeMed providers for glasses and/or contacts.

To find participating EyeMed providers, log on to www.thfp.com/wdh. Click on Search Network Providers, choose the Vision Care tab (left hand side of page). Under the Select a service tab choose EyeMed. Or you can call EyeMed at 1-866-504-5908.

The Make Your Move to Improve Well-Being Program

Wentworth-Douglass is pleased to support your well-being efforts by providing you with the opportunity to earn wellness dollars to put toward your WDH out of pocket expenses through participation in the Make Your Move to Improve program. When you complete certain Make Your Move to Improve activities, the funds will be added to your WDH HRA and you can use these funds to offset out of pocket medical and dental expenses. This initiative encourages healthy choices to positively impact your health by offering financial wellness incentives each quarter.

Your Health Reimbursement Account

Your Health Reimbursement Account (HRA) is used to cover all qualified medical, prescription, vision and dental expenses. The account, funded by your participation in Make Your Move to Improve Well-Being program, will offset some of your out-of-pocket costs.

When you participate in the medical plan, you will be issued a pre-paid benefits card from Health Equity, our HRA/FSA provider.

When you receive your bill from your provider's office, you can log on to Health Equity at www.myhealthequity.com to direct them to pay these expenses from your account to the provider. If you have already paid the expenses out of your pocket, you can request that Health Equity reimburse you directly. You may also provide your Health Equity card information to the provider when you receive the bill. Please note that it is your responsibility to keep your receipts and documentation of HRA or FSA reimbursements or payments. The IRS may require these documents if they choose to audit you.

New in 2018! WDH has lowered the tier 1 deductible significantly. Therefore, the only way to earn HRA dollars is through your participation in the Make Your Move to Improve Program. Spouses who are enrolled in the medical plan and participate in Make Your Move to Improve activities can earn up to an additional \$300 in your account.

More Primary Care Choices!

Did you know that services received at Wentworth Prompt Care are subject to a primary care office copay once your Tier 1 deductible has been met? That's right! And not only do you have a low copay but you have more accessibility with evening and weekend hours.

Employee Potential Wellness Dollars

	Employee		Spouse	
Benefit Eligible Employees		\$250 for Health Screening and On-line self-assessment <i>(Within 30 days of commencement of insurance or during annual health assessment period)</i>		\$150 for Health assessment
2nd Quarter	+	\$100	+	\$75
3rd Quarter	+	\$100	+	\$50
4th Quarter	+	\$50	+	\$25
Total Annual Potential	=	\$500	=	\$300

FREQUENTLY ASKED QUESTIONS REGARDING YOUR MEDICAL PLAN OPTIONS

Am I required to obtain a referral for a specialist?

No, referrals are not required by the plan.

Are preventive care visits/charges applied to my deductible?

No, preventive care visits are covered 100% at no cost to you, and charges do not go toward the deductible.

Are office visits and prescription drugs applied to my Tier 1 deductible?

No, office visits & prescription drugs do not require you to meet your deductible before being subjected to a copay.

How do my tiered deductibles and out-of-pocket maximums accumulate?

All deductibles co-accumulate – if you pay deductible charges for a service in any tier, it satisfies that portion of the deductible in all three tiers.

How will I be billed for services?

Your doctor should send the claim directly to Tufts Health Freedom Plan (THFP), which will process the claim and determine payment for eligible services. You will then receive an Explanation of Benefits (EOB) showing how much you owe for services, and your provider may bill you directly for any amount you owe.

Who is an eligible dependent?

Legal Spouse, Dependent Children up to age 26, and incapacitated dependent children of any age.

More Affordability!

The WDH Medical plan has an embedded out of pocket. If one member of your family meets the single out of pocket maximum, all covered services for that individual will be paid at 100% for the remainder of the year.

If I have family coverage, do all family members contribute toward the family deductible and out-of-pocket maximum?

Yes, all family members contribute to the family deductible and family out of pocket maximum.

Once the family deductible has been met, an individual is only required to pay coinsurance up to the individual maximum out of pocket amount limit.

Where do I find in-network Tufts Health Plan providers?

Go to www.thfp.com/wdh and select Search Network Providers.

WENTWORTH-DOUGLASS HOSPITAL URGENT CARE FACILITIES COULD HELP YOUR WALLET

Did you know there are facilities available to you that provide care (comparable to care you'd receive in an emergency room) for unexpected, non-life-threatening healthcare situations at a lower cost and in less time? Our Lee Express Care and Dover Express Care facilities provide quality care while helping you save time and money. These express care centers are equipped to treat a range of conditions, including:

- Respiratory infections: common cold, flu, sinus infection, bronchitis, pneumonia;
- Sprains and strains;
- Cuts and lacerations;
- Burns;
- Minor eye injuries;
- Sports injuries;
- And more!

To learn more about these facilities and the services they provide – visit <http://wdhospital.com> and choose the Services & Specialties link. Then click on Emergency Services.

Medical Summary

PLAN PAYS

	Tier 1: (WDH & GH Providers)	Tier 2: (Tufts Health Freedom Plan & PHCS Providers)	Tier 3: (Non-Participating Providers)
Deductible and Out-of-Pocket			
Calendar Year Deductible			
Individual Plan	\$500	\$2,600	\$5,000
2-Person	\$1,000	\$5,200	\$10,000
Family Plan	\$1,500	\$5,200	\$10,000
Calendar Year Out-of-Pocket			
Individual Plan	\$3,000		\$7,500
2-Person/Family Plan (Includes Deductibles, Copays, and Coinsurance)	\$6,000		\$15,000
Deductible, coinsurance, and out-of-pocket maximums are combined between in- and out-of-network. R&C is Reasonable and Customary			
Preventive Care Services			
Routine Physical Exams	100%, deductible waived	100%, deductible waived	100% R&C, deductible waived
Routine Hearing Exam (1 Per Calendar Year)	100%, deductible waived	100%, deductible waived	100% R&C, deductible waived
Routine Labs, Immunizations & Clinical Tests	100%, deductible waived	100%, deductible waived	100% R&C, deductible waived
Routine/Diagnostic Mammograms	100%, deductible waived	100%, deductible waived	100% R&C, deductible waived
Routine/Diagnostic Colonoscopies	100%, deductible waived	100%, deductible waived	100% R&C, deductible waived
Hospital Services			
Inpatient Hospital Charges**	85% after deductible	70% after deductible	50% R&C after deductible
Outpatient Hospital Charges	85% after deductible	70% after deductible	50% R&C after deductible
Urgent Care Services	Once Tier 1 deductible is met, \$50 copay, then 100%		
Emergency Room Visits and All Related Charges	Once Tier 1 deductible is met, \$150 copay, then 100%		
Note: If covered services cannot be performed at a Tier 1 provider, charges from another THFP hospital will be covered at the Tier 1 level of benefits			
Physician Services			
Physician Inpatient Visits/Surgery	85% after deductible	70% after deductible	50% R&C after deductible
Office Visits – Primary Care	\$25 copay	\$35 copay after deductible	50% R&C after deductible
Office Visits – Specialty Care	\$40 copay	\$50 copay after deductible	50% R&C after deductible
Chiropractic Care (Limited to \$2,000 Per Person Per Calendar Year)	75% after deductible	75% after Tier 1 deductible	75% after deductible
Newborn Care – Hospital/Physician (Waived first five days from birth, then must add as dependent)	85% after deductible	70% after deductible	50% after deductible
Nutritional Counseling	100%, deductible waived	100%, deductible waived	100%, deductible waived
Diagnostic Lab Tests and X-rays	85% after deductible	70% after deductible	50% after deductible

Medical Summary

PLAN PAYS

	Tier 1 (WDH & GH Providers)	Tier 2 (Tufts Health Freedom Plan & PHCS Providers)	Tier 3 (Non-Participating Providers)
Mental Disorders/Substance Abuse Combined			
Inpatient	85% after Tier 1 deductible		50% R&C after deductible
Outpatient	\$25 copay		50% after deductible
Other Services			
Ambulance	85% after deductible	85% after Tier 1 deductible	85% after Tier 1 deductible
Skilled Nursing Facility	85% after deductible	85% after Tier 1 deductible	50% R&C after deductible
Home Health Care & Hospice Care	85% after deductible	70% after deductible	50% R&C after deductible
Prosthesis/Durable Medical Equipment	85% after deductible	85% after Tier 1 deductible	50% after deductible
Physical Therapy, Occupational Therapy, and Speech Therapy** (pre-certification is required for some speech therapy services)	85% after deductible	70% after deductible	50% after deductible
Medical Supplies (including ostomy supplies)	85% after deductible	85% after Tier 1 deductible	50% after deductible
Vision Care Benefit - Must utilize EyeMed providers for benefit			
One exam every 12 months	\$20 copay for exam \$100 reimbursement for eyewear Additional discounts available on eyewear at EyeMed providers		
Prescription Drug Benefit			
WDH Pharmacy* (Per 30-day supply)	Generic \$4 copay, Formulary Brand \$25 copay, Non-Formulary Brand \$40 copay, Specialty \$60 copay Limited Distribution Drugs \$150, Non-Formulary Limited Distribution Drugs \$250		
Other Retail Pharmacies* (Per 30-day supply)	Generic \$15 copay, Formulary Brand \$50 copay, Non-Formulary Brand \$80 copay		
WDH Pharmacy* (Per 90-day supply)	Generic \$10 copay, Formulary Brand \$50 copay, Non-Formulary Brand \$80 copay		

*All maintenance medications must be filled at the WDH pharmacy after two fills. Limited Distribution Drugs can only be filled at the WDH pharmacy or through Envision Specialty Pharmacy.

** **UTILIZATION REVIEW/HOSPITAL PRE-CERTIFICATION/COMPLEX CASE MANAGEMENT** is provided by Tufts Health Freedom Plan. If you fail to follow the pre-admission certification requirements, you will be responsible for the first \$500 of otherwise covered charges of a hospital or other facility for each admission. See "Hospital Pre-Certification" in the health plans SPD.

a) Cost-containment penalties and charges above reasonable and customary do not apply to the out-of-pocket maximum. b) Maximums are combined for all providers. c) This Summary provides you with an overview of your Plan benefits and is not a complete statement of all Plan provisions, limitations, and exclusions. Please refer to your Plan Document and amendments for complete details. In the event of any inconsistency between this Summary and your Plan Document, the Plan Document and any applicable amendments will govern.

PRESCRIPTION DRUG COVERAGE

If you elect coverage under the Wentworth-Douglass medical plan, we encourage you to take advantage of the WDH in-house Employee Pharmacy for your prescription drug needs. Go ahead and use us, we want you to.

You may also purchase generic and brand name prescriptions at any retail pharmacy for a higher copay. Simply present your Tufts member identification card when filling your prescription.

You will only pay the copay for your prescription drugs as outlined in the Medical Summary.

The Wentworth-Douglass prescription plan will require Mandatory Maintenance, a requirement that any maintenance prescription drugs be filled at our Outpatient/Employee pharmacy. After two fills at a retail pharmacy you will be required to purchase future refills of this prescription at our Outpatient/Employee pharmacy. In addition, all specialty drugs must be filled at the WDH Employee Pharmacy. A limited number of specialty drugs must be filled at the Envision Specialty Pharmacy to be covered. If you are an individual who must fill your prescriptions by the Envision Specialty Pharmacy, you will be contacted directly by Envision.

The WDH in-house pharmacy is open from 7:00 a.m. to 5:30 p.m. Monday through Friday. In addition to your prescription medications, all employees can purchase over-the-counter medications, even if you are not covered by the WDH health insurance.

Beginning in 2018, prescription drugs are no longer subject to the deductible.



Save Time and Money!

Filling your prescription at the Wentworth-Douglass Hospital Employee Pharmacy will save you time, and it can also save you money when compared with filling the same prescription at a retail pharmacy. Your prescription copays are \$4 Generic, \$25 Formulary Brand, \$40 Non-Formulary Brand, \$150 Limited Distribution, and \$250 Non-Formulary Limited Distribution at WDH Employee Pharmacy compared to \$15 Generic, \$50 Formulary Brand, and \$80 Non-Formulary at retail pharmacies. Consider using the Wentworth-Douglass Hospital Employee Pharmacy for all your prescription drug needs!

DENTAL PLANS

Taking care of your teeth is an important part of maintaining good overall health. Routine checkups can often identify minor problems before they become major ones. That's why our dental plans actively encourage preventive care.

Wentworth-Douglass Hospital offers two dental plans. The first, the Core Dental Plan, has no deductible with a \$1,000 per person plan year maximum, and the second, Caps/Crown Plan, has a \$25 deductible with a \$2,000 per person plan year maximum. You also have the option to waive the dental coverage.

Dental plans may have up to three levels of coverage:

- Coverage A consists of diagnostic procedures such as examinations and x-rays, and preventative procedures for cleanings, fluoride treatment, space maintainers and sealants.
- Coverage B consists of restorative procedures such as fillings, oral surgery for surgical and routine extractions only, endodontics for root canal therapy, periodontics for treatment of gum disease, denture repair and emergency treatment.
- Coverage C consists of prosthodontics, such as bridges, partial and complete dentures, crowns, onlay, and dental implants.
- Coverage D consists of orthodontics up to a lifetime maximum of \$1,500 per person (orthodontic lifetime maximum does not apply to annual plan year maximum).

The Core Dental Plan has both A and B Coverage; the Caps/Crown Plan has all four coverages—A, B, C and D.

Choosing Whom You Want to Cover

Like medical, you may choose the level of coverage and whom you want to cover. The dependent status choices are:

- Yourself (single).
- You and one dependent (two person).
- You and two or more dependents (family).

In general, your eligible dependents include your spouse and your children up to age 26 or an incapacitated dependent child of any age.

Changing Your Dental Coverage

The same reasons for a change in dependent status apply to your dental coverage as was described in the medical section.

When such a change occurs, you can change your dental dependent status at that time, but no later than 31 days after the change occurs. Or you can wait until the next annual enrollment.

Dental Summary

Comparing Your Dental Options

	Core Dental Plan	Caps/Crowns Plan
Deductible	There is no deductible.	\$25 per person (\$75 per family) per plan year. Not applicable to Coverage A
Plan Year Maximum	\$1,000 per person beginning in January	\$2,000 per person beginning in January
Orthodontics Lifetime Maximum	N/A	\$1,500 per person
Service (Coverage A, B, C)	All plan coinsurance is paid up to the reasonable and customary charges for services.	
Diagnostic (A)	<ul style="list-style-type: none"> • Exams twice per year • X-Rays - bitewings once per year • X-Rays - full mouth/panoramic once per five calendar years • X-Rays of individual teeth as necessary PAYS 100%	<ul style="list-style-type: none"> • Exams twice per year • X-Rays - bitewings once per year • X-Rays - full mouth/panoramic once per five calendar years • X-Rays of individual teeth as necessary PAYS 100%
Preventative(A)	<ul style="list-style-type: none"> • Cleanings twice per year • Fluoride once per year to age 19 • Space maintainers, initial appliance only and all adjustments within 6 months of installation • Sealants on permanent molars, once in a 3-year period per tooth, for children to age 19 PAYS 100%	<ul style="list-style-type: none"> • Cleanings twice per year • Fluoride once per year to age 19 • Space maintainers, initial appliance only and all adjustments within 6 months of installation • Sealants on permanent molars, once in a 3-year period per tooth, for children to age 19 PAYS 100%
Restorative (B)	Fillings PAYS 50%	Fillings PAYS 80%
Oral Surgery (B)	Surgical and routine extractions only PAYS 50%	Surgical and routine extractions only PAYS 80%
Endodontics (B)	Root canal therapy PAYS 50%	Root canal therapy PAYS 80%
Periodontics (B)	<ul style="list-style-type: none"> • Treatment of gum disease • *Periodontal prophylaxis (cleaning) PAYS 50%	<ul style="list-style-type: none"> • Treatment of gum disease • *Periodontal prophylaxis (cleaning) PAYS 80%
Denture Repair (B)	Repair of removable denture to its original condition PAYS 50%	Repair of removable denture to its original condition PAYS 80%
Emergency Treatment (B)	PAYS 50%	PAYS 80%
Prosthodontics (C)	No coverage	<ul style="list-style-type: none"> • **Bridges • **Partial and complete dentures • Rebase and relines • Crowns • Onlay • Dental implants PAYS 50%
Orthodontics (D)	No coverage	Correction of malposed (crooked) teeth for adults and dependent children PAYS 50%

* Periodontal cleanings are included as one of two allowable cleanings.

** If Coverage C is included, the plan will replace teeth missing before the effective date of the plan. Full contract benefits are provided

LIFE AND DISABILITY BENEFITS

The Wentworth-Douglass Hospital benefits program offers choices in life insurance for you, your legal spouse, and your children (employees scheduled to work 24+ hours per week).

Basic Life Insurance Coverage

To protect your family financially in the event of death, Wentworth-Douglass Hospital provides Basic Life Insurance Plan at no cost to you.

- \$10,000 - employees scheduled to work 16-23 hours per week;
- \$50,000 - employees scheduled to work 24+ hours per week and The Works full time benefit eligible employees.

There are two parts to your "life" and "accident" coverage. If you die for any reason, your beneficiary receives a payment equal to your coverage amount when you die. And if your death is accidental, the program pays double your coverage amount.

The "accident" portion of your coverage also pays a partial benefit when you suffer a severe physical loss- loss of hand or leg, for example.

The value of your Basic Life insurance coverage is reduced by 50% at age 70.

Supplemental Life Insurance

(Employees scheduled to work 24+ hours per week are eligible for supplemental life insurance coverage)

This optional insurance provides another layer of financial protection, beyond your basic life and AD&D. This coverage will be provided on a post-tax basis.

Voluntary employee life insurance coverage is equal to 1x, 2x, or 3x your salary up to \$500,000. Your base annual rate of pay is computed by multiplying your hourly wage by the number of hours you are scheduled to work. Your coverage amount is always rounded up to the next \$1,000. You may elect life only, or life with AD&D.

As a new hire, you are not required to provide evidence of insurability for coverage amounts up to \$350,000. If you elect supplemental life insurance, you will be able to maintain the same level of coverage from year to year without having to provide new evidence of insurability.

If you elect Supplemental Life Insurance after your initial eligibility, increase your level of coverage, or elect more than \$350,000 of coverage, you will be required to complete an evidence of insurability form.

Dependent Life Insurance

(Employees scheduled to work 24+ hours per week)

The WDH benefits program also provides an opportunity for you to elect life insurance coverage for your legal spouse, and/or children, but coverage for your dependents is optional. These coverages are provided on a post-tax basis.

The options for your legal spouse's coverage are:

- **Option 1:** \$15,000;
- **Option 2:** No coverage.

* The value of your Spouse Life insurance coverage is reduced by 50% once your spouse reaches age 70.

If you elect spouse coverage after your initial eligibility date, your spouse will be required to complete an evidence of insurability form.

The options for your children's coverage are:

- **Option 1:** \$2,500 per eligible child;
- **Option 2:** No coverage.

If you elect option 1 coverage for your children, all of your unmarried dependent children age 14 days to 19 years (age 24 if a full-time student) are covered at one cost.

A Word About Beneficiaries

You name a beneficiary or beneficiaries to receive your life and AD&D benefit if you should die. You will be able to change your beneficiary whenever you choose. Your primary beneficiary information is available on Ultipro Web. Please take the time to review your beneficiary information. For dependent coverage, you will automatically be the beneficiary for any payments that are made.

Your Short-Term Disability Benefits

(Employees scheduled to work 24+ hours per week)

Disability benefits allow you to concentrate on getting well when you are unable to work due to illness or accident. Short-term disability benefits (STD) replace a portion of your pay for up to 26 weeks if you are not able to perform your own occupation.

Under the Wentworth-Douglass Hospital benefits program you have the opportunity for continued disability income protection.

In case of an illness or injury that keeps you out of work for an extended period of time there are short-term disability insurance options to consider.

Short-term disability (STD) coverage is available if you want it. Short-term disability coverage is designed to provide continued income if you have an extended illness or other disability that keeps you out of work for a prolonged period of time. **Your short-term disability benefit is figured as a percentage of your basic annual pay effective January 1.** You're assured continued income of up to 70% of this amount.

Benefits can continue for up to 26 weeks from the date of your disability if you are unable to return to work.

There are three STD options:

- **Option 1:** Disability income equal to 70% of your basic weekly earnings effective January 1st, up to a biweekly maximum benefit of \$6,000 beginning on the 1st day for accidents and on the 16th day for sickness.
- **Option 2:** Disability income equal to 70% of your basic weekly earnings effective January 1st, up to a biweekly maximum benefit of \$6,000 beginning on the 1st day for accidents and on the 46th day for sickness.
- **Option 3:** No coverage.

You may not collect short-term disability while you are collecting workers' compensation .

If you are out of work due to an accident, either policy will start to reimburse you from the first day you are out of work. You do not have to wait for the elimination period to be met.

Your Long-Term Disability Benefits

(Employees scheduled to work 24+ hours per week)

Long-term disability (LTD) coverage is designed for more lengthy disabilities. LTD coverage replaces a portion of your income if an approved and substantiated illness or injury requires your absence from work beyond 180 days. If you become disabled, you will receive 60% of your base annual salary effective January 1st tax free. The maximum monthly benefit is \$12,000.

Some sources of disability income are taken into consideration to figure your Long Term Disability benefits from the program.

If you're receiving disability payments of some other kind, your benefit from this plan may be adjusted so that your total disability benefit will be 60% of your base monthly salary effective January 1st. However, if your other disability income is as great as the LTD benefit you select, you will receive a minimum monthly benefit of \$100.

Wentworth-Douglass Hospital provides LTD coverage to you; however, in order to receive this benefit as nontaxable income, you will be taxed each pay check on the value of the premium.

In Summary

You have the opportunity for income protection throughout a period of disability. Your earned time protection for sick time is automatic; with short-term disability coverage you decide if you need the coverage; with long-term disability coverage, Wentworth-Douglass Hospital will provide you with a 60% base salary effective January 1st.

Spend Wisely

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) are great tax-savings tools that can help you pay for out-of-pocket expenses with before-tax dollars. The table below provides a quick look at how these accounts work, including contribution amounts and eligible expenses.

	Healthcare FSA	Dependent Care FSA
Annual employee contribution amount	\$2,550	\$5,000 (maximum amount allowable under IRS regulations)
Deducted on a before-tax basis from...	Each paycheck	Each paycheck
You may use this account for...*	<ul style="list-style-type: none"> ■ Deductibles, coinsurance, and copayment amounts for medical, dental, and vision care ■ Eyeglasses or contact lenses and the associated supplies, as well as sunglasses when prescribed for a medical condition ■ Prescription drugs ■ LASIK surgery ■ Orthodontia 	<ul style="list-style-type: none"> ■ Licensed nursery school and child-care centers ■ Private day-care providers and nannies for dependents who will be under the age of 13 during the 2018 calendar year ■ Licensed care for disabled dependents ■ Care for an elderly parent whom you claim as a dependent on your federal income tax return ■ Education expenses for a child not yet in the first grade, such as day-care center expenses ■ Fees for special camps if the camp also serves as day care for your eligible dependent <p>Note: Your dependent care provider must have a federal tax identification or Social Security</p>
You may not use this account for...*	Over-the-counter drugs and supplies without a prescription, including acid controllers, allergy and sinus medicine, cold and flu medicine, pain relievers, and sleep aids	<ul style="list-style-type: none"> ■ Transportation to and from the child-care provider ■ Late-payment fees ■ Expenses for education or tuition ■ Sports lessons, field trips, or clothing
Deadlines for reimbursement	<ul style="list-style-type: none"> ■ Eligible expenses must be incurred by December 31st ■ Claims must be submitted by March 31st ■ You will forfeit any balance remaining after March 31st 	<ul style="list-style-type: none"> ■ Eligible expenses must be incurred by December 31st ■ Claims must be submitted by March 31st ■ You will forfeit any balance remaining after March 31st

* You can find additional details about eligibility and covered expenses at www.irs.gov. Publication 502 (medical accounts) Publication 503 (dependent care accounts)

IMPORTANT FACTS REGARDING FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts

Flexible spending accounts offer a tax-free way for you to pay certain health care and dependent care expenses for you and your IRS qualifying dependents. By contributing pre-tax dollars from your pay to these accounts, you pay no federal income tax or Social Security tax on these dollars. And as a result, you have these pre-tax dollars available to pay these eligible expenses when they come along.

The minimum contribution to a flexible spending account is \$2.00 per paycheck and the maximum an employee may contribute is \$2,550 a year for medical spending accounts. The Dependent Care FSA limit will continue to be \$5,000.

Health Equity administers our flexible spending accounts. All employees enrolled in a flexible spending account will utilize their Health Equity card. Employees enrolled in the medical plan will also use their Health Equity card for Health Reimbursement Account (HRA) claims.

The Health Equity card is just one of the ways to pay for healthcare related expenses. Employees are eligible to receive upfront reimbursement for healthcare related expenses. The Health Equity card is valid at any vendor that accepts Visa® and is a healthcare or daycare provider.

A Little Work Means a Lot More Cash

Think the spending accounts aren't worth the work involved? Check out this chart:

If you Contribute	Your Tax Savings Could Be*
\$200	\$45
\$400	\$90
\$600	\$136
\$800	\$181
\$1,000	\$226
\$1,500	\$340
\$2,000	\$453
\$2,500	\$556

*These tax savings are based on the minimum income tax rate of 15% and the Social Security/ Medicare tax rate of 7.65%

You may contribute pre-tax dollars to these accounts.

For every dollar you earn, taxes cost you more than: 35 cents if you are in the 28% tax bracket ($28\% + 7.65\%$ Social Security/Medicare tax = 35.65%).

If your income tax rate is even higher, and/or you also pay state and local taxes, you will save even more tax dollars using the FSAs.

Each tax-free dollar you put into an FSA actually buys a dollar's worth (instead of about 65 cents' worth) of services (unless you pay state or local taxes on your contributions).

An Important Consideration

The IRS allows WDH to offer this tax advantage through the flexible spending accounts, but it has also imposed a restriction. Each year, you must use the money set aside in your health care FSA only to pay eligible health care expenses; likewise, the money in your dependent care FSA can be used only for eligible dependent care expenses.

You cannot transfer money between accounts, and at the end of the year, if you've set aside more money than you can use during the year, you forfeit the money that is left over.

Because of this restriction, it's very important to plan carefully when you decide how much money (if any) you want to set aside during the year in each account. Generally, the accounts should be used for known expenses. For example, working parents with children in day care can usually count on a certain level of dependent care expenses that can be paid through the dependent care FSA. If you know you will need a new pair of eyeglasses or braces for your child in the coming year, the health care FSA would be a tax-effective way to pay for those expenses.

Once you choose to deposit a certain amount in your account(s) during the year, you cannot change the amount unless you have a change in life style (marriage, divorce, birth, death or changes in your spouse's employment). So here again, it's important to plan carefully on the amount you'll need in your account(s).

REMEMBER - USE IT OR LOSE IT!

More About Your Health Care Account

During the year, you can deposit up to \$2,550 in pre-tax dollars from your pay to your health care FSA. Then, you can use this money tax-free to pay health care expenses not covered or not paid for by your medical and dental plan. Qualifying expense from the health care FSA may be for yourself and/or your IRS qualified dependents.

For a list of eligible Health Care Expenses, refer to Publication 502 on the IRS website at www.irs.gov.

More About Your Dependent Care Account

You may set aside up to \$5,000 (or \$2,500 if you're married and filing separately) for your dependent care FSA. In general, you can use your dependent care FSA to pay for eligible dependent care expenses while you and your spouse (if applicable) work. "Saturday night" babysitting expenses, for example, do not qualify.

For purposes of the dependent care FSA, a dependent includes anyone you claim as a dependent on your income tax return. That person must also be **under the age of 13** during the calendar year, or incapable of self-care (a disabled spouse or an elderly parent that is living with you, for example).

Dependent Care FSA vs. Tax Credit

The IRS also gives you two ways to save on taxes for dependent care expenses. You can either:

- Reimburse yourself throughout the year with a dependent care FSA; or
- Take a once-a-year tax credit when you file your income tax return.

To determine your tax credit, you may take into consideration up to \$3,000 for childcare expenses for one dependent or \$6,000 for two or more dependents. A percentage is applied to your dependent care expenses (up to the maximum) to calculate your tax credit. The appropriate percentage depends on your adjusted gross income. You will need to evaluate the best option (i.e., the tax credit or dependent care FSA) for your individual situation.

For more detailed information refer to IRS Publication 503 or visit <https://www.irs.gov/pub/irs-pdf/p503.pdf>.

Some Considerations

There are some considerations to keep in mind when you make your flexible spending accounts decision. If you have concerns about the tax implications, you should consult a tax specialist.

- If you itemize deductions on your federal income tax return (Form 1040), the government allows you to deduct health care expenses that exceed 7.5% of your adjusted gross earnings. The average employee does not have out-of-pocket expenses high enough to take advantage of this deduction.
- On your federal income tax return, you cannot deduct health care expenses that the benefits program pays for or that you have paid with your health care FSA. And generally, the tax advantages are greater from using your healthcare FSA versus itemizing health care expenses on your tax return.
- Don't forget your HRA funds that WDH contributes for your participation in the Make Your Move To Improve well-being program.
- If you have eligible dependent care expenses, the government allows you a tax credit equal to a percentage of your expenses (subject to certain limitations). The amount of the credit varies based on the amount of your expenses and your total taxable income.
- Once again, any dependent care expenses that you pay with your account cannot be used to figure the amount of your federal tax credit. Depending on your total taxable income and the amount you are spending for dependent care, it is possible that the federal tax credit could provide a greater advantage than using your dependent care FSA for dependent care expenses. You may want to check with a tax specialist to help you with your choice.

Receiving a Payment from Either of Your FSAs

Employees may choose to use their Health Equity card to pay for claims at the point of service or submit claims to Health Equity.

Paying for Claims

HRA & FSA Claims in 2018 and Beyond

Employees can choose one of several ways to pay for HRA expenses. All medical claims submitted to Tufts with a patient responsibility will automatically be sent to Health Equity and posted on the Health Equity web site.

Once you receive a bill for the service from the provider, you can choose to pay the provider online by directing Health Equity to send a virtual payment to the provider. You can pay the expense yourself and then choose to reimburse yourself directly through the Health Equity website or submit a paper claim to Health Equity for Reimbursement. Paper claims can be processed by electronically depositing the funds into your bank account within 2-3 business days. Or, if you would prefer, you may receive a paper check.

If you do choose the paper check option, you will be assessed a \$2 processing fee. Also, if you would like, you may send the provider your Health Equity debit card number for processing. Please note that if you avail yourself to this option you may need to provide proof to Health Equity for the charges.

As with the HRA, the FSA also allows you a variety of ways of reimbursement for expenses. You can pay any medical claims online through the Health Equity website, pay for expenses with your Health Equity card, or submit paper claims. Once again, you may be asked for documentation of the expense so be sure to keep your itemized bills.

Submitting 2017 HRA and FSA Claims

HRA/FSA claims can be submitted through the Health Equity employer portal or submitted by mail to:

Health Equity
Attn: Member Services
15 W. Scenic Pointe Dr., Ste. 100
Draper, UT 84020
Fax: 801-727-1005

ALL REQUESTS FOR REIMBURSEMENTS OF 2017 HRA AND FSA CLAIMS MUST BE SUBMITTED NO LATER THAN MARCH 31, 2018.

OTHER BENEFITS

Below is an overview of valuable benefits that do not require an active decision on your part.

Employee Assistance Program (EAP)

Wentworth-Douglass Hospital's Employee Assistance Program (EAP) has been set up to assist you with managing issues in your personal life. EAP counselors typically provide assessment, support, and referrals to additional resources such as counselors and coaches. You do not pay for this confidential service. Nothing you discuss with an EAP counselor will ever be shared with anyone at Wentworth-Douglass Hospital. Contact Affiliated Healthcare at (800) 769-9819 24 hours a day, 7 days a week.

The Works Family Health and Fitness Center

As an employee, you are eligible for discounted membership fees at The Works Family Health & Fitness Center in Somersworth, N.H. Services include group exercise, weight and cardio training room, lap pool, walking and running track, personal trainers, adult sports, and youth programs. Please bring your ID badge to The Works Family Health & Fitness Center to receive pricing options.

Earned Time

"Earned Time" is a program that combines all the traditional paid time off benefits of vacation, sick time and holidays into a single category. Earned time is a benefit available to all benefit eligible employees. Employees will begin to accrue earned time immediately.

Employee Referral Program

Our employees are our greatest asset. To encourage employees to refer qualified candidates for employment at Wentworth-Douglass Hospital we offer a bonus for all eligible referrals. Employees must be identified on the candidate's application or complete and sign the referral form (found in the Employee Referral Policy HR-B38) within 30 days of hire. Please refer to the Employee Referral Bonus Policy for complete details.

Tuition Assistance

Wentworth-Douglass Hospital recognizes and supports employees who are continuing their education for formal hospital or job related programs. To assist employees, Wentworth-Douglass Hospital provides \$3,000 each calendar year to regular full time or regular part time employees (scheduled to work 16 hours or more per week). The cost of tuition is eligible for reimbursement. Employees are required to have completed one year of service prior to the start of the course. Education has to be provided by an accredited institution and employees must receive a "C" or better or "Pass" in "pass/fail" courses. For further information regarding this program, refer to Policy HR-B33 or contact Education/Organization Development Department.

Employee Activity Association (EAA)

As a Wentworth-Douglass Hospital employee, you are eligible to receive discounts on products and services from local merchants, as well as discount tickets to local attractions by joining the Employee Activity Association. Employees may elect to join the EAA at any time during their employment at Wentworth-Douglass Hospital. EAA applications and a listing of member discounts are available on The Beacon under the Employee Resources tab.

Identity Fraud

WDH recognizes that identity theft is on the rise. Wentworth-Douglass Hospital offers a free insurance policy to employees intended to offer financial assistance to those dealing with expenses associated with identity fraud. All WDH employees and their spouses, children under the age of 18 who reside in the same house of the employee and parents of employees who reside in the same house of the employee are covered under this plan. The policy covers expenses such as costs for notarized documents requested by various institutions, costs for certified mail to various agencies, costs for long distance phone calls to report or discuss the actual identity fraud, lost wages, up to a maximum payment of \$1,000 per week for a maximum of five weeks as a result of absence from work, reasonable attorney fees incurred, costs for day care as a direct result of identity fraud. This policy applies to identity fraud occurring anywhere in the world. If you are a victim of identity fraud, first notify the police, then begin the identity fraud resolution process by calling Travelers Insurance Company at 1-800-842-8496. Claims must be filed no later than four months after discovery of the loss.

Adoption Assistance

Wentworth-Douglass Hospital assists employees with expenses related to adoption of children. Employees may submit a claim for reimbursement of \$2,000 per child for adoption of a child under the age of 18 who is not a relative or step child. Regular full time and part time employees must have been employed by the Hospital for a period of at least 3 months at the time of adoption finalization. Eligible expenses include licensed adoption agency fees; state required "pre-placement home studies"; related transportation expenses for you and your spouse to bring your adopted child home and related legal fees. Additional details are outlined in the Policy HR-B34.

Community Volunteerism

Wentworth-Douglass Hospital will match up to four hours of non-productive matching pay when an employee volunteers four hours of their own time to other not-for-profit agencies. This plan is available to employees who have budgeted scheduled hours. Employees must coordinate with their manager to record this time. Refer to Policy HR-B36 for the complete policy, as well as the Request for Community Volunteerism form.

Get Started

HOW TO ENROLL

Now that you have had some time to review your benefit options, you are ready to begin the enrollment process. Here are some important facts to keep in mind as you get started:

- If you are electing supplemental life after your initial eligibility date, increasing your level of supplemental life insurance, or electing more than \$350,000 in supplemental life insurance, you are required to complete a Cigna Evidence of Insurability form during annual enrollment. This form can be found on Ultipro Web. Choose the My Company option, then Electronic Forms.
- If you are electing spouse life for the first time after your initial eligibility date, your spouse must also complete a Cigna Evidence of Insurability form during annual enrollment.

What Happens If You Don't Enroll?

If you don't take action, your medical, dental, life insurance, and disability coverage will remain the same as it was in 2017. Federal regulations require that you must elect your Flexible Spending Account on a yearly basis. If you do not make an election, you will not have a flexible spending account in 2018.

Your 403(b) will automatically be continued at your 2017 election level until you make a change.

You must reenroll in voluntary benefits in order for them to be active in 2018. Voluntary benefits include authorization for payroll deductions for the WDH Cafeteria, Waterfall Café, Exit 9 Café, Gift Shop, Employee Activity Association (EAA), Employee Pharmacy, Materials Management, The Foundation, and the Early Learning Center.

Online Enrollment

You must enroll online through Ultipro Web, if you want to make any changes to your benefit plans, add or drop dependents, and/or have a flexible spending account for 2018.

The Enrollment session of Ultipro Web is another source for information on the benefit plans and options available to you, including the costs of your contributions as well as Wentworth-Douglass Hospital's contributions, where applicable.



MAKING QUALIFIED STATUS CHANGES DURING THE YEAR

The choices you make now will remain in effect until the end of the plan year (December 31st). However, you may change certain benefit elections during the plan year if you have a “qualified work/family status change,” as long as you do so within 31 days of the qualifying event. Qualifying events include loss of coverage, marriage, divorce, and the birth of a child.

For more information about IRS qualified status changes, please contact Human Resources at (603) 740-2380.



IMPORTANT CONTACTS

For questions regarding...	You may contact...	By calling...	Or visiting...
Medical	Tufts Health Freedom Plan (THFP)	(888) 501-6048	www.thfp.com/wdh
Prescription Drugs	Envision	(800) 361-4542	www.rxoptions.net
Vision	EyeMed	(866) 504-5908	www.eyemedvisioncare.com
Dental	Northeast Delta Dental	(800) 832-5700	www.NortheastDeltaDental.com
Flexible Spending Accounts/HRA	Health Equity	(877) 596-5123	www.myhealthequity.com
Life and AD&D Insurance	Cigna	(888) 842-4462	www.cigna.com
Disability Benefits	Cigna	(888) 842-4462	www.cigna.com
EAP	Affiliated Healthcare	(800) 769-9819	www.affiliatedeap.com
403(b) Retirement Plan	MetLife	(800) 543-2520	www.mlr.metlife.com
Enrollment Process	Human Resources	(603) 740-2380	www.wdhospital.com
Benefits	Carrie Burke Debbie Hodges Jean Manni	(603) 740-3369 (603) 740-2195 (603) 609-6715	Carrie.Burke@wdhospital.com Debbie.Hodges@wdhospital.com Jean.Manni@wdhospital.com

Required Notices

PRIVACY NOTICE

We are providing you with this notice as part of our effort to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It describes how medical information about you may be used and disclosed and how you can gain access to such information. Please review this notice carefully. This notice applies to the following coverage: medical insurance, dental insurance, vision insurance, and healthcare FSA.

1. Wentworth-Douglass Hospital's Responsibilities

Wentworth-Douglass Hospital recognizes the need for employee record privacy standards. We are committed to maintaining the privacy and security of your personal health information and complying with all state and federal laws. This Privacy Policy describes how we collect, use, share, and protect your personal health information. It also explains your rights of access and control. We are required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of our legal responsibilities and privacy practices;
- Abide by the terms of this notice of privacy practices;
- Accommodate any reasonable requests that communications involving your protected health information be provided to you at an alternative location or by an alternative means of communication;
- Obtain your written authorization to use or disclose your health information for reasons other than those identified under permissible uses, disclosure of protected information, and the law.

Wentworth-Douglass Hospital reserves the right to change this notice at any time and to adopt new provisions and practices effective for all protected health information we maintain. We will provide you with a revised notice if we make any such changes.

2. Permissible Uses and Disclosures of Protected Health Information

You have the right to know how Wentworth-Douglass Hospital may use your personal health information. This notice informs you of those permitted uses and disclosures. However, there are certain uses and disclosures, under federal law, when we are permitted or required to disclose health information without your authorization. These circumstances may include but are not limited to:

- Healthcare providers who need to provide you with treatment;
- A personal representative designated by you to receive your protected health information, such as a friend or relative or a representative by law;
- The secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine Wentworth-Douglass Hospital's compliance with the HIPAA Privacy Rules;
- A business associate, as part of a contracted agreement, who performs services for Wentworth-Douglass Hospital's group health plan; each business associate must agree in writing to maintain the privacy and security of your information;
- Research is conducted; this is in limited circumstances;
- Workers' compensation or other similar programs established by law;
- Responding to inquiries or investigations of the plan, requests to audit the plan, or to obtain licenses.

Such disclosures required by law include those made to:

- Law enforcement officials for limited law enforcement purposes;
- A coroner, medical examiner, or funeral director;
- An organ procurement organization in limited circumstances;
- Federal officials for national security purposes;
- Appropriate military authorities, if you are a member of the armed forces.

Other than under the circumstances described above, Wentworth-Douglass Hospital will not use or disclose your protected health information without your written permission to do so. If you provide such permission, you will be free to revoke it at any time.

3. Your Rights

You have the right to:

- Request that Wentworth-Douglass Hospital restrict how we use or disclose your protected health information. We will make every effort to comply with your requests, but are not obligated to agree to impose all restrictions.
- Access, review, and copy all protected health information pertaining to you. Also, you may request to change, amend, or add health information. Requests to access your information should be sent to the contact person identified in the Notice.
- Receive an accounting of how your protected health information was used or disclosed for purposes other than activities related to your treatment, payment options, or other healthcare operations.
- Receive this Notice upon request. This right applies even if you have agreed to receive it electronically. Requests for a paper copy of this Notice should be directed to the Human Resources department.

4. Filing a Complaint About the Misuse of Health Information

If you believe that your protected health information was misused, we encourage you to file a complaint in writing with Wentworth-Douglass Hospital's Privacy Officer, whose contact information is listed below. You may also file your complaint with the secretary of Health and Human Services. Your concerns are opportunities for Wentworth-Douglass Hospital to make changes for the future. You will not be retaliated against in any way for filing a complaint.

5. Confidentiality and Security of Your Information

Your personal health information will remain confidential and secure whether you are a current or former associate of Wentworth-Douglass Hospital. Access to this information is granted on a "need to know" basis for associates to perform their jobs. Wentworth-Douglass Hospital maintains procedural and physical safeguards that comply with state and federal standards.

6. Whom to Contact

If you have suggestions or comments, feel that your privacy rights have been violated, or need more information, please contact Human Resources at (603) 740-2380.

For Massachusetts Residents

You are required under state law to be enrolled for medical coverage. If you are eligible for and decline the medical coverage offered to you by Wentworth-Douglass Hospital, you will be required to complete an Employee Health Insurance Responsibility Disclosure (HIRD) Form, indicating that you have other medical coverage.

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

Medicaid and the Children's Health Insurance Program (CHIP) offer free or low-cost health coverage to children and families. If you are eligible for health coverage at Wentworth-Douglass Hospital but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in any state except Connecticut, Delaware, Hawaii, Illinois, Maryland, Michigan, Mississippi, Ohio, South Dakota, or Tennessee, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. For state contact information and/or to find out if you qualify for Medicaid or CHIP, contact the Wentworth-Douglass Hospital Human Resources Department at (603) 740-2380.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, all employers' health plans are required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible but not already enrolled in the employer's plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. The state will assist you in paying the full semimonthly healthcare premiums for Wentworth-Douglass Hospital. Call the Wentworth-Douglass Hospital Human Resources Department at (603) 740-2380 for enrollment information.

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

Wentworth-Douglass Hospital Qualified Medical Child Support Orders (QMCSOs)

Wentworth-Douglass Hospital will honor a qualified medical child support order relating to provisions for child support, alimony payments, or marital property rights that may require you to provide medical coverage to an eligible child. If Wentworth-Douglass Hospital receives such an order, you will be notified of how it will be handled with respect to your benefits.

Patient Protection

The Wentworth-Douglass Hospital Health Insurance Plan generally allows, but does not require, the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider and for a list of participating primary care providers, contact HPI Customer Service.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the Wentworth-Douglass Hospital Health Insurance Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or adhering to procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact HPI Customer Service.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires that we provide the following information every year. If a participant or beneficiary is receiving benefits under a group health plan in connection with a mastectomy and elects breast reconstruction, coverage under the plan will be provided in a manner determined in consultation with the attending physician and patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to provide a symmetrical appearance;
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

In accordance with the Act, coverage of the breast reconstruction benefits will be subject only to deductibles and coinsurance limits consistent with those established for other benefits under the plan.

Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

Maternity Stays

Group health plans and health insurance issuers generally may not, under the Newborns' and Mothers' Health Protection Act (NMHPA), restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Nondiscrimination

Wentworth-Douglass Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Wentworth-Douglass Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Wentworth-Douglass Hospital

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters;
 - Written information in other formats (large print, audio, accessible electronic formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters;
 - Information written in other languages.

If you need these services, contact the Patient Experience Department.

If you believe that Wentworth-Douglass Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient Experience Department
789 Central Avenue
Dover, NH 03820
Telephone Number: (603) 740-2823
Fax: (603) 740-2373

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Experience Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
Toll Free: 1-800-868-1019,
800-537-7697 (TDD).

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

This guide constitutes a summary of material modifications and is intended to provide highlights of the Wentworth-Douglass Hospital benefits program, effective January 1, 2018. Additional detailed information can be found at <http://wdhospital.com> or by contacting the Wentworth-Douglass Hospital Human Resources Department directly. The benefits and provisions of each plan are governed by the actual plan documents. If there is a discrepancy between the information presented here and the legal documents, the legal documents will govern.