Important Information About Your 2015 Health and Benefits Program

**BENEFIT CHANGES AND RATES**

- Access to affordable medical and dental benefits continues to be a key priority for our organization. For this reason, we are pleased to announce that there will be no change to your bi-weekly contribution toward your benefits in 2015 and we will continue to contribute to your Health Reimbursement Account (HRA) at the same level as in 2014.

- Coinsurance rate will change from 90/10% cost sharing in Tier 1 after satisfying the deductible to 85/15% cost sharing. Coinsurance in Tier 2 and Tier 3 has also changed (see enclosed plan detail).

- Under our current plan, prescription copayments do not accumulate toward the out of pocket maximum on the plan. This means that there is no cap currently on your prescription copayment expenses. In 2015 your prescription copayments accumulate toward the in-network (Tier 2) out of pocket plan maximum. This means that if the combination of your medical and prescription copayments reach $6,000 for individual/$12,000 for family out of pocket amounts, your prescriptions will be paid in full.

- Effective January 1st, 2015, Express Care services at both Dover and Lee locations will be subject to a $50 copay once you have met your deductible.

- Pharmacy copay structures are changing to encourage use of generic options and appropriate options in the select formulary of drugs.

- Tobacco user includes all forms of tobacco (including chewing tobacco and E-Cigarettes)

- Child and adult orthodontics will be covered under the Caps/Crowns plan. There is a $1,500 lifetime maximum per individual covered under the plan.

- Dependents may now be covered on the dental plan until age 26 regardless of full time student status.

**ID CARDS**

- Enrolled employees will receive new medical cards which will include information regarding our new Pharmacy Benefits Manager, Envision. There will be no change to how your pharmacy benefits are paid.

- New Benny cards will also be created this year. Please dispose of your current medical and Benny card after December 31st, 2014.

**WDH EMPLOYEE PHARMACY**

- In order to better meet your needs the WDH Employee pharmacy has expanded hours (7:00 a.m. to 5:30 p.m. Monday through Thursday).

- Class II medications are also now dispensed at the WDH pharmacy.

- Please remember your dollar goes further if you fill your prescriptions at the WDH Employee Pharmacy which will provide you a 2 month or 3 month supply of maintenance medications at copays that may be more than 50% less than copays at other retail pharmacies. You can make your dollar go further – and save money for WDH – by filling your prescriptions at the WDH Employee Pharmacy.
2015 Annual Enrollment Information

ANNUAL ENROLLMENT PROCESS

■ You must reenroll for all benefits between October 24th, 2014 and November 12th, 2014 so that your benefits will continue in 2015. If you do not enroll via Ultipro Annual Enrollment sessions you will not have benefits for 2015.

■ Podcasts are available to assist you with the enrollment process. If you have additional questions after viewing the podcast, help sessions will be conducted. A schedule of available sessions is provided in your benefits packet.

■ Dependents (including spouses) covered under the medical and/or dental plan must be entered into the Ultipro system and designated as dependents. You must have names, dates of birth and social security numbers for all individuals prior to starting your enrollment session. Social Security numbers are required by both the Ultipro system and regulations under the United States government Affordable Care Act. If you do not list dependents during your annual enrollment, they will not have coverage for 2015.

■ You will also be able to track and change primary and secondary life insurance beneficiaries in Ultipro. Beneficiaries will also be assigned during the enrollment process.

■ Confirmation statements will be mailed to your home the week of November 26th, 2014.

YOUR 2015 ANNUAL ENROLLMENT CHECKLIST

Actions you need to take in order to enroll for 2015 benefits:

Get Informed

■ Review all the information in this 2015 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 are logging in from home go to http://wdhospital.com then go to the WDH Staff Portal and choose Ultipro. After you have logged into Ultipro, hover over the Myself option on the tool bar and choose the Open Enrollment option.

■ Determine which benefit choices would work best for you and your dependents during 2015, taking into consideration your spouse or domestic partner’s plan.

■ Go to UltiPro Web to compare your options and decide which benefits make the most sense for you and your family. If you are logging in from home go to http://wdhospital.com then go to the WDH Staff Portal and choose Ultipro. After you have logged into Ultipro, hover over the Myself option on the tool bar and choose the Open Enrollment option.

Get Organized

■ Gather social security numbers and dates of birth for any dependents (including spouses) you would like to have covered under your medical or dental plan. You will also need this information for your life insurance beneficiaries.

Get Enrolled

■ Complete your Annual Enrollment online through UltiPro Web or by visiting http://wdhospital.com to make all your benefit elections by November 12th, 2014.
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. Just as we share with you the responsibility of providing excellent care to the patients at Wentworth-Douglass Hospital, we also share the responsibility of managing our own healthcare costs. You can do this by making smart healthcare choices and maintaining a healthy lifestyle throughout the year. If we work together, we can make sure that Wentworth-Douglass Hospital continues to offer competitive benefit plan options.

Wentworth-Douglass Hospital recognizes that benefits are a significant part of your overall compensation. As we make changes to the benefit plans to keep them affordable and competitive, we understand that these changes directly affect you. As healthcare costs rise, we continue to look for ways to keep costs down for Wentworth-Douglass Hospital and for you.

What’s Inside

BE INFORMED

Medical 7
Prescription Drug Coverage 12
Dental 17
Life and Disability Benefits 19

SPEND WISELY

Flexible Spending Accounts 13

GET STARTED

How to Enroll 23
Important Contacts 24

REQUIRED NOTICES

Privacy Notice 25
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.

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.
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 per week. If you do not apply during this time, you must wait until annual open enrollment. Benefits would then be effective on January 1st.

Your eligible dependents include your:
- 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 spouse and dependents. You can only elect coverage for your dependents that you have elected for yourself.

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 this 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.

Convenience

Evaluate your health care options based on how convenient the providers are to work or home.

Enrollment Deadline

Review your options and complete your online enrollment. If you miss the deadline, benefits will be deferred until the next annual enrollment.

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 HEALTHCHOICE PLAN: CHOOSING CARE THAT MAKES SENSE FOR YOU AND YOUR FAMILY

Wentworth-Douglass Hospital’s Healthchoice medical plan ensures that you and your family have the right healthcare coverage when you need it. WDH offers a Consumer Direct Health Plan (CDHP).

When you have a CDHP, 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 and provided by WDH privileged providers will be covered at the highest rate of reimbursement. You also have the option to have services provided by other Harvard Pilgrim providers; however, you will be responsible for a greater portion of the cost. Please see the detailed outline on page 10 for more information.

HealthChoice 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 network providers; the second tier includes Participating Harvard Pilgrim Health Care (HPHC) 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 when utilizing Wentworth-Douglass Hospital (WDH) 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%. 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, once the WDH deductible has been satisfied, WDH in-house prescription copayments of $4 generic, $20 formulary brand name, $35 non-formulary brand name, and $60 specialty for a 30 day supply will apply. If you choose to go to any other retail pharmacy, copayments of $15 generic, $45 formulary brand name, and $60 non-formulary brand name for a 30-day supply will apply after the Wentworth-Douglass Hospital deductible is met.

You also have the option to waive the medical coverage.

Your Vision Benefits
(100% covered. No deductible.)

- One routine exam per year until age 19
- One routine exam every two years for adults
- $100 maximum per year for routine exams or eyewear

For adults, in the year you are not entitled to an eye exam, you still receive $100 in routine vision benefits. You may use this $100 towards eyewear.

Your Health Reimbursement Account

The Health Reimbursement Account (HRA) is used to cover the first portion of qualified medical expenses applied toward your deductible. The account, funded by Wentworth-Douglass and the TakingCare wellness program dollars, will help offset some of your out-of-pocket deductible costs. Please refer to the contribution schedules in the charts for individual and family plans.

When you participate in the HealthChoice plan, you will be issued a pre-paid benefits card, called a “Benny” card, which can be used to pay for co-payments at your provider’s office, at the pharmacy, or toward expenses applied to your deductible.

When you receive your bill from your provider’s office, you can use any remaining HRA funds by using your “Benny” card to pay the invoice. In this way the “Benny” card helps you manage your healthcare expenses by providing you direct access to your HRA funds.

When you use your “Benny” card at the pharmacy, the pharmacist will be able to immediately see if you have satisfied your deductible and will charge you your share of the prescription expenses at the time of prescription pick up.
## The TakingCare WDH Wellness Program

Wentworth-Douglass is pleased to support your wellness efforts by providing you with the opportunity to earn wellness dollars to put toward your WDH deductible through participation in the TakingCare program. When you complete TakingCare activities, the funds will be added to your WDH HRA and you can use these funds to offset deductible expenses. This initiative encourages healthy choices to positively impact your health by offering financial wellness incentives each quarter.

### Tier Deductibles - Individual Plan

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>WDH Providers</td>
<td>Participating Network Providers</td>
<td>Non-Participating Providers</td>
</tr>
</tbody>
</table>

**Individual Plan Deductible:**
- Tier 1: $1,250
- Tier 2: $2,500
- Tier 3: $5,000

**WDH HRA Contribution:**

<table>
<thead>
<tr>
<th>Coverage Effective Date</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1, 2/1 and 3/1</td>
<td>$750</td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>4/1, 5/1 and 6/1</td>
<td>$562.50</td>
<td>$562.50</td>
<td>$562.50</td>
</tr>
<tr>
<td>7/1, 8/1 and 9/1</td>
<td>$375.00</td>
<td>$375.00</td>
<td>$375.00</td>
</tr>
<tr>
<td>10/1, 11/1 and 12/1</td>
<td>$187.50</td>
<td>$187.50</td>
<td>$187.50 (before $250 Health Assessment dollars)</td>
</tr>
</tbody>
</table>

**Your Net Deductible:**

<table>
<thead>
<tr>
<th>Coverage Effective Date</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1, 2/1 and 3/1</td>
<td>$500.00</td>
<td>$1,750.00</td>
<td>$4,250.00</td>
</tr>
<tr>
<td>4/1, 5/1 and 6/1</td>
<td>$1,062.50</td>
<td>$2,312.50</td>
<td>$4,812.50 (before $250 Health Assessment dollars)</td>
</tr>
</tbody>
</table>

### Tier Deductibles - Family Plan

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>WDH Providers</td>
<td>Participating Network Providers</td>
<td>Non-Participating Providers</td>
</tr>
</tbody>
</table>

**Family Plan Deductible:**
- Tier 1: $2,500
- Tier 2: $5,000
- Tier 3: $10,000

**WDH HRA Contribution:**

<table>
<thead>
<tr>
<th>Coverage Effective Date</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1, 2/1 and 3/1</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>4/1, 5/1 and 6/1</td>
<td>$1,125</td>
<td>$1,125</td>
<td>$1,125</td>
</tr>
<tr>
<td>7/1, 8/1 and 9/1</td>
<td>$750</td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>10/1, 11/1 and 12/1</td>
<td>$375</td>
<td>$375</td>
<td>$375 (before $250 Health Assessment dollars)</td>
</tr>
</tbody>
</table>

**Your Net Deductible:**

<table>
<thead>
<tr>
<th>Coverage Effective Date</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1, 2/1 and 3/1</td>
<td>$1,000</td>
<td>$3,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>4/1, 5/1 and 6/1</td>
<td>$2,125</td>
<td>$4,625</td>
<td>$9,625 (before $250 Health Assessment dollars)</td>
</tr>
</tbody>
</table>

### Employee Potential Wellness Dollars

**$250 for Health Screening and On-line self-assessment**
(Within 30 days of commencement of insurance or during annual health assessment period)

<table>
<thead>
<tr>
<th>Benefit Eligible Employees</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
<th>Total Annual Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$100</td>
<td>$100</td>
<td>$50</td>
<td>$500</td>
</tr>
</tbody>
</table>
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.

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 Health Plans (HPF), 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?
Spouse, Dependent Children up to age 26, and incapacitated dependent children of any age.

If I have family coverage, do all family members contribute toward the family deductible and out-of-pocket maximum?
Yes, all family members contribute toward the family deductible and family out-of-pocket maximum. An individual participating in a family plan will not be eligible to have claims covered under plan coinsurance until the total family deductible has been satisfied.

Where do I find WDH providers?
Go to www.wdhospital.com and choose the Find A Physician option at the top of the page or on the Beacon under Medical Staff, choose Physicians accepting new patients or choose the medical staff list.

Where do I find in-network Harvard Pilgrim Health Care providers?
Go to www.harvardpilgrim.org and choose “Members” then “Find A Doctor”, then standard plans under the heading “PPO”.

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 Centers and Services option.
### Medical Summary

#### PLAN PAYS

<table>
<thead>
<tr>
<th></th>
<th>Wentworth-Douglass Hospital</th>
<th>HPHC/PHCS***</th>
<th>Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible and Out-of-Pocket</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$1,250</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Individual Plan</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>2-Person Family Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Calendar Year Out-of-Pocket</strong></td>
<td>$3,000</td>
<td>$6,000</td>
<td>$7,500</td>
</tr>
<tr>
<td>Individual Plan</td>
<td>$6,000</td>
<td>$12,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>2-Person/Family Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deductible, coinsurance, and out-of-pocket maximums are combined between in- and out-of-network. R&C is Reasonable and Customary.

#### Physician Services

**Routine Physical Exams**
- 100%, deductible waived
- 100%, deductible waived
- 100% R&C, deductible waived

**Routine Hearing Exam**
- 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**
- $50 copay after deductible
- 70% after deductible
- 50% R&C after deductible

**Emergency Room Visits and All Related Charges**
- Once WDH deductible is met, $100 copay, then 100%

#### Preventive Care Services

**Physician Inpatient Visits/Surgery**
- 85% after deductible
- 70% after deductible
- 50% R&C after deductible

**Office Visits – Primary Care**
- $20 copay after deductible
- $30 copay after deductible
- 50% R&C after deductible

**Office Visits – Specialty Care**
- $30 copay after deductible
- $40 copay after deductible
- 50% R&C after deductible

**Chiropractic Care**
- N/A
- 75% after WDH deductible
- 75% after deductible

**Newborn Care – Hospital/Physician**
- 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

**MRI/CAT/PET Scans**
- 85% after deductible*
- 70% after deductible
- 50% after deductible

*Only for services performed at Wentworth-Douglass Hospital

Note: If covered services cannot be performed at Wentworth-Douglass Hospital (WDH), charges from another network hospital will be covered at the WDH level of benefits (must notify HR Dept.).
## Medical Summary

### PLAN PAYS

<table>
<thead>
<tr>
<th>Medical Summary</th>
<th>Wentworth-Douglass Hospital</th>
<th>HPHC/PHCS***</th>
<th>Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Disorders/Substance Abuse Combined</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>N/A</td>
<td>85% after WDH deductible</td>
<td>50% R&amp;C after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>N/A</td>
<td>$20 copay after WDH deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>85% after deductible</td>
<td>85% after WDH deductible</td>
<td>85% after WDH deductible</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>N/A</td>
<td>85% after WDH deductible</td>
<td>50% R&amp;C after deductible</td>
</tr>
<tr>
<td>Home Health Care &amp; Hospice Care</td>
<td>85% after deductible</td>
<td>70% after deductible</td>
<td>50% R&amp;C after deductible</td>
</tr>
<tr>
<td>Prosthesis/Durable Medical Equipment</td>
<td>85% after deductible</td>
<td>85% after WDH deductible</td>
<td>85% after WDH deductible</td>
</tr>
<tr>
<td>Physical Therapy*, Occupational Therapy, and Speech Therapy**</td>
<td>85% after deductible</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>(pre-certification is required for some speech therapy services)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Supplies (including ostomy supplies)</td>
<td>85% after deductible</td>
<td>85% after WDH deductible</td>
<td>85% after WDH deductible</td>
</tr>
<tr>
<td><strong>Vision Care Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One exam every 12 months until age 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One exam every 24 months for adults over 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>After WDH deductible is met, member pays:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDH Pharmacy (Per 30-day supply)</td>
<td>Generic $4 copay, Formulary Brand $20 copay, Non-Formulary Brand $35 copay, Specialty $60 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Retail Pharmacies (Per 30-day supply)</td>
<td>Generic $15 copay, Formulary $45 copay, Non-Formulary Brand $60 copay</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Only for services performed at Wentworth-Douglass Hospital

** **Utilization Review/Hospital Pre-Certification/Complex Case Management** is provided by Care Management Services (CMS). The CMS toll-free number is located on your ID card. 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.

***HPHC = Harvard Pilgrim Health Care  PHCS = Private Health Care Systems

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 Hospital HealthChoice medical plan, you may take advantage of the WDH in-house Employee Pharmacy for your prescription drug needs.

You may also purchase prescriptions at any retail pharmacy; simply present your Health Plans member identification card when filling your prescription.

Until the WDH (Tier 1) deductible is met, you will pay the retail cost of prescriptions. When you present your Benny Card to the pharmacist, he or she will use the card to deduct the cost of the prescription from your HRA or FSA if applicable. In many cases, prescriptions are less expensive at the WDH Employee Pharmacy due to vendor discounts.

Once your WDH deductible is met, you will only pay the copay for your prescription drugs as outlined in the Medical Summary. If you choose to have your prescriptions filled at the Employee Pharmacy, copays may be more than 50% less than those at retail pharmacies.

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 at a deep discount, even if you are not covered by the WDH health insurance.

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. Once you meet your Wentworth-Douglass Hospital deductible, your prescription copays are $4 Generic, $20 Formulary Brand, $35 Non-Formulary Brand, and $60 Specialty at WDH Employee Pharmacy compared to $15 Generic, $45 Formulary Brand, and $60 Non-Formulary Brand at retail pharmacies. Consider using the Wentworth-Douglass Hospital Employee Pharmacy for all your prescription drug needs!
**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.

<table>
<thead>
<tr>
<th></th>
<th>Healthcare FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual employee contribution amount</strong></td>
<td>$2,500 (maximum amount allowable as required by U.S. healthcare reform legislation)</td>
<td>$5,000 (maximum amount allowable under IRS regulations)</td>
</tr>
<tr>
<td><strong>Deducted on a before-tax basis from</strong></td>
<td>Each paycheck</td>
<td>Each paycheck</td>
</tr>
</tbody>
</table>
| **You may use this account for...** | ■ 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 | ■ Licensed nursery school and child-care centers  
  ■ Private day-care providers and nannies for dependents who will be under the age of 13 in 2015  
  ■ 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 |
| **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 | ■ 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** | ■ Eligible expenses must be incurred by December 31st  
  ■ Claims must be submitted by March 31st  
  ■ You will forfeit any balance remaining after March 31st | ■ Eligible expenses must be incurred by December 31st  
  ■ Claims must be submitted by March 31st  
  ■ You will forfeit any balance remaining after March 31st |

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 check and the maximum an employee may contribute is $2,500 a year for medical spending accounts. The Dependent Care FSA limit will continue to be $5,000.

Health Plans (HPI) administers our flexible spending accounts. All employees enrolled in a flexible spending account will receive an HPI “Benny” card. Employees also enrolled in the medical plan will use their HPI “Benny” card for Health Reimbursement Account (HRA) claims.

The “Benny” card is a way to pay for services at the time you receive them. Employees will receive upfront reimbursement for healthcare related expenses. The “Benny” 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:

<table>
<thead>
<tr>
<th>If you Contribute</th>
<th>Your Tax Savings Could Be*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>$45</td>
</tr>
<tr>
<td>$400</td>
<td>$90</td>
</tr>
<tr>
<td>$600</td>
<td>$136</td>
</tr>
<tr>
<td>$800</td>
<td>$181</td>
</tr>
<tr>
<td>$1,000</td>
<td>$226</td>
</tr>
<tr>
<td>$1,500</td>
<td>$340</td>
</tr>
<tr>
<td>$2,000</td>
<td>$453</td>
</tr>
<tr>
<td>$2,500</td>
<td>$556</td>
</tr>
</tbody>
</table>

*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 $2,500 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.
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.

- In addition, don’t forget your HRA funds that WDH contributes to your account will pay for deductible expenses.

- 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 Benny card to pay for claims at the point of service or submit paper claims to Health Plans, Inc. (HPI).

Paying for Claims with the Benny Card

If employees choose to pay for a claim with the Benny card, the employee will swipe the card at the time of service. Please note that Dependent Care FSAs will still require available funds in order to be reimbursed. Employees will be required to keep all receipts. If further documentation is required, HPI will notify employees through U.S. mail or email. Failure to provide documentation of expense in a timely manner may result in the Benny Card being deactivated.

Submitting Claims to Health Plans, Inc. (HPI)

FSA claims can be mailed or faxed to HPI at the following address:

Flexible Spending Department
Health Plans, Inc.
PO Box 5199
Westborough, MA 01881
Fax: 508-329-4815

Employees may choose to receive reimbursement through direct deposit to their personal bank account or receive a check. Check requests are processed on a weekly basis.
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

<table>
<thead>
<tr>
<th>Service (Coverage A, B, C)</th>
<th>Core Dental Plan</th>
<th>Caps/Crowns Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>There is no deductible.</td>
<td>$25 per person ($75 per family) per plan year. Not applicable to Coverage A</td>
</tr>
<tr>
<td><strong>Plan Year Maximum</strong></td>
<td>$1,000 per person beginning in January</td>
<td>$2,000 per person beginning in January</td>
</tr>
<tr>
<td><strong>Orthodontics Lifetime Maximum</strong></td>
<td>N/A</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td>Service (Coverage A, B, C)</td>
<td>All plan coinsurance is paid up to the reasonable and customary charges for services.</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic (A)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exams twice per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• X-Rays - bitewings twice per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• X-Rays - full mouth/panoramic once per three calendar years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• X-Rays of individual teeth as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PAYS 100%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventative (A)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cleanings twice per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fluoride twice per year through age 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Space maintainers, initial appliance only and all adjustments within 6 months of installation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sealants, one per tooth, per lifetime</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PAYS 100%</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restorative (B)</strong></td>
<td>Fillings <em>PAYS 50%</em></td>
<td>Fillings <em>PAYS 80%</em></td>
</tr>
<tr>
<td>Oral Surgery (B)</td>
<td>Surgical and routine extractions only <em>PAYS 50%</em></td>
<td>Surgical and routine extractions only <em>PAYS 80%</em></td>
</tr>
<tr>
<td>Endodontics (B)</td>
<td>Root canal therapy <em>PAYS 50%</em></td>
<td>Root canal therapy <em>PAYS 80%</em></td>
</tr>
<tr>
<td>Periodontics (B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Treatment of gum disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• *Periodontal prophylaxis (cleaning) <em>PAYS 50%</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denture Repair (B)</td>
<td>Repair of removable denture to its original condition <em>PAYS 50%</em></td>
<td>Repair of removable denture to its original condition <em>PAYS 80%</em></td>
</tr>
<tr>
<td>Emergency Treatment (B)</td>
<td><em>PAYS 50%</em></td>
<td><em>PAYS 80%</em></td>
</tr>
<tr>
<td>Prosthodontics (C)</td>
<td>No coverage</td>
<td></td>
</tr>
<tr>
<td>• <strong>Bridges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Partial and complete dentures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rebase and reline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Onlay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dental implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics (D)</td>
<td>No coverage</td>
<td>Correction of malposed (crooked) teeth for adults and dependent children <em>PAYS 50%</em></td>
</tr>
</tbody>
</table>

* 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 spouse, and your children (Wentworth-Douglass Hospital and Wentworth Health Partners 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 - WDH & WHP employees scheduled to work 16-23 hours per week
- $50,000 - WDH & WHP employees scheduled to work 24+ hours per week

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

(Wentworth-Douglass Hospital and Wentworth Health Partners employees scheduled to work 24+ hours per week)

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

(Wentworth-Douglass Hospital 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 spouse, and/or children, but coverage for your dependents is optional. These coverages are provided on a post-tax basis.

The options for your 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 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. 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. 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, 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, 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

(Wentworth-Douglass Hospital and Wentworth Health Partners 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 as of 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. 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. You also must elect this coverage during annual enrollment.

### 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 option.
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 and Wentworth Health Partners)
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 Human Resources.
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 WDH intranet 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.

529 College Savings Plan
Our 529 College savings plan allows employees to save for post-secondary education expenses. Employees who participate can have a portion of their pay direct deposited into a post-tax account to cover costs associated with secondary education. Earnings are tax-deferred and the plan provides for federal tax-free withdrawals for qualified education expenses (tuition, room and board).
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 take no action, you will default to “No Coverage”.

Online Enrollment
You must enroll online through Ultipro Web, our self-service web site. If you don’t have direct access to a computer or need assistance accessing the site, please contact Human Resources at (603) 740-2380.

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

<table>
<thead>
<tr>
<th>For questions regarding...</th>
<th>You may contact...</th>
<th>By calling...</th>
<th>Or visiting...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>HPI</td>
<td>(877) 490-3636</td>
<td><a href="http://www.healthplansinc.com">www.healthplansinc.com</a></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Envision</td>
<td>(800) 361-4542</td>
<td><a href="http://www.rxoptions.net">www.rxoptions.net</a></td>
</tr>
<tr>
<td>Dental</td>
<td>EBPA</td>
<td>(800) 258-7298</td>
<td><a href="http://www.ebpabenefits.com">www.ebpabenefits.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>HPI</td>
<td>(877) 490-3636</td>
<td><a href="http://www.healthplansinc.com">www.healthplansinc.com</a></td>
</tr>
<tr>
<td>Life and AD&amp;D Insurance</td>
<td>Cigna</td>
<td>(800) 732-1603</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
</tr>
<tr>
<td>Disability Benefits</td>
<td>Cigna</td>
<td>(800) 238-2125</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
</tr>
<tr>
<td>EAP</td>
<td>Affiliated Healthcare</td>
<td>(800) 769-9819</td>
<td><a href="http://www.affiliatedeap.com">www.affiliatedeap.com</a></td>
</tr>
<tr>
<td>Enrollment Process</td>
<td>Human Resources</td>
<td>(603) 740-2380</td>
<td><a href="http://wdhospital.com">http://wdhospital.com</a></td>
</tr>
<tr>
<td>Benefits</td>
<td>Carrie Burke</td>
<td>(603) 740-3369</td>
<td><a href="mailto:Carrie.Burke@wdhospital.com">Carrie.Burke@wdhospital.com</a></td>
</tr>
<tr>
<td></td>
<td>Kristen Hores</td>
<td>(603) 609-6715</td>
<td><a href="mailto:Kristen.Hores@wdhospital.com">Kristen.Hores@wdhospital.com</a></td>
</tr>
</tbody>
</table>
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).
This guide constitutes a summary of material modifications and is intended to provide highlights of the Wentworth-Douglass Hospital benefits program, effective January 1, 2015. 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.