



SMHCS Benefit Highlights

Sarasota Memorial Health Care System is proud to offer a variety of benefits to our employees.

Medical/Prescription/Dental/Vision Benefits are available on the 61st day of employment. Employees pay a share of the premium through payroll deduction. Employees have their choice of level of coverage.

Medical, Dental, and Vision are each separate benefits. Below is a brief description of each level of coverage; the bi-weekly payroll deduction amounts are on the reverse side.

Basic Medical: The Basic Plan has the lowest premiums and is meant to provide protection for catastrophic medical needs. This plan only covers services provided through SMHCS facilities and the Gulf Coast Select Provider network (www.gulfcoastprovider.net; be sure to click on Gulf Coast Provider Network Select). All care is coordinated by your Primary Care Physician who will provide referrals and authorizations to SMHCS. The Basic Plan covers 80% of the cost of the majority of services after a deductible. Physician office visits require a \$25 co-payment for each primary care physician visit and a \$50 co-payment for specialist visits.

Comprehensive Medical: The Comprehensive Plan has the lowest out-of-pocket cost and no deductible. This plan only covers services provided through SMHCS facilities and the Gulf Coast Select Provider Network (www.gulfcoastprovider.net; be sure to click on Gulf Coast Provider Network Select). The Comprehensive Plan covers 85% of the cost of services rendered by an SMHCS provider. Physician office visits require a \$25 co-payment for each primary care physician visit and a \$50 co-payment for specialist visits.

Extended Medical: The Extended Plan has the highest premiums and out-of-pocket costs. You may visit any provider, however you receive a better benefit if you utilize providers in the Gulf Coast Provider Network (www.gulfcoastprovider.net; be sure to click on Gulf Coast Provider Network), which includes a large number of local providers. When using SMHCS facilities, there is no deductible, and the plan covers 85% of the cost of services. The plan covers 60% of the cost of an in-network provider after the deductible has been met, and covers 40% of out-of-network services after the deductible has been met. In-network physician office visits require a \$25 co-payment for each primary care physician visit and a \$50 co-payment for specialists.

Out-of-network physician office visits require meeting the annual deductible then a \$25 co-payment for your Primary Care Physician and a \$50 co-pay for specialist visits.

Prescription Drug Coverage: You may choose one of the three available plans (RxE, RxC, and RxB), each with a different level of benefits.

Dental: Three plans are available: Aetna Premium, Aetna Standard, and Humana (a dental HMO).

Vision: VisionCare is the carrier for services provided through the Humana VisionCare provider network.

Flexible Spending Accounts for Health Care and Dependent Care: You may elect to contribute up to \$2,550 per year for your Healthcare spending account, and up to \$5,000 per year for your Dependent Care spending account.

Life Insurance: \$10,000 life insurance policy at no cost to full time employees. Additional life insurance for the employee, spouse, and children are available at group rates and payable through payroll deduction. Proof of insurability may be required.

Disability Insurance: Long term disability in the amount of 50% of earnings after six months of disability is provided to full time employees at no cost. Short term disability insurance and additional long term disability insurance are available to full time employees at group rates payable through payroll deduction. Proof of insurability may be required.

SMHCS Retirement Savings Plan: Employees may contribute to the SMHCS Retirement Savings Plan, a 403b plan that allows you to contribute a percentage of your bi-weekly pay up to the IRS limits. This plan provides a 4% employer contribution (up to the IRS limit) each year to employees hired on or after 10/1/09 who work at least 1000 hours during the fiscal year (October 1 through September 30) and are employed as of September 30 of that year.

Paid Time Off (PTO): PTO Bank A is provided to regular employees for time off for vacation, holidays, personal days and occasional illness. Bank A hours accrue each pay period based upon your hours worked. Your PTO Bank A may accumulate up to a maximum of 320 hours. PTO Bank B is provided to regular employees for extended illnesses. The purpose of Bank B is to protect your income in the case of a short-term disability. Bank B hours accrue each pay period based upon your hours worked. Your PTO Bank B may accumulate up to a maximum of 800 hours.

The accrual schedule for PTO Bank A and Bank B is below. All accruals shown are based on a 1.0 FTE and 80 hours per pay period.

	<u>Bank A</u>	<u>Bank B</u>
<u>Length of Service</u>	<u>Per Pay Period</u>	<u>Per Pay Period</u>
0 but less than 2 years	7.38 hours	2.46 hours
2 years but less than 5 years	8.0 hours	2.46 hours
5 years but less than 10 years	9.23 hours	2.46 hours
10 or more years	10.15 hours	2.46 hours

**Medical/Prescription Drug, Dental, and Vision Premium Bi-Weekly Payroll Deductions:
Bi-Weekly Rates Effective October 1, 2016***

<u>MEDICAL-Full-Time</u>	<u>Single</u>	<u>Emp + Spouse</u>	<u>Emp + Child(ren)</u>	<u>Family</u>
Comprehensive Medical/Extended Rx	\$57.51	\$140.11	\$127.25	\$214.83
Comprehensive Medical/Comp Rx	\$46.36	\$113.49	\$104.08	\$174.28
Comprehensive Medical/BasicRx	\$42.37	\$104.99	\$96.18	\$162.47
Basic Medical/Extended Rx	\$43.97	\$114.03	\$102.77	\$180.09
Basic Medical/Comprehensive Rx	\$32.84	\$87.41	\$79.60	\$139.54
Basic Medical/Basic Rx	\$28.83	\$78.90	\$71.71	\$127.74
Extended Medical/Extended Rx	\$109.98	\$265.75	\$237.72	\$403.06
Extended Medical/Comprehensive Rx	\$98.84	\$239.12	\$214.54	\$362.50
Extended Medical/Basic Rx	\$94.83	\$230.63	\$206.65	\$350.70

<u>MEDICAL-Part-Time</u>	<u>Single</u>	<u>Emp + Spouse</u>	<u>Emp + Child(ren)</u>	<u>Family</u>
Comprehensive Medical/Extended Rx	\$85.99	\$207.51	\$189.14	\$319.59
Comprehensive Medical/Comp Rx	\$82.54	\$194.38	\$181.07	\$295.01
Comprehensive Medical/BasicRx	\$79.64	\$187.43	\$174.59	\$284.61
Basic Medical/Extended Rx	\$73.38	\$197.54	\$183.95	\$299.38
Basic Medical/Comprehensive Rx	\$54.56	\$136.41	\$124.70	\$214.62
Basic Medical/Basic Rx	\$28.83	\$123.67	\$112.88	\$196.91
Extended Medical/Extended Rx	\$163.24	\$405.35	\$379.26	\$605.95
Extended Medical/Comprehensive Rx	\$146.53	\$393.10	\$367.82	\$587.57
Extended Medical/Basic Rx	\$140.52	\$382.82	\$358.25	\$572.17

<u>MEDICAL-Per Diem averaging 30+ hrs wkly</u>	<u>Single</u>	<u>Emp + Child(ren)</u>
Basic Medical/Basic Rx	\$28.83	\$112.88

<u>DENTAL</u>	<u>Full-Time</u>	<u>Part-Time</u>
	<u>Single</u>	<u>Single</u>
Premium	\$19.62	\$29.59
Standard	\$8.70	\$13.22
Comp/Benefits	\$4.59	\$6.54
	<u>Family</u>	<u>Family</u>
	\$39.61	\$54.75
	\$22.49	\$31.16
	\$15.55	\$17.47

<u>VISION</u>	<u>Single</u>	<u>Family</u>
	\$2.10	\$5.98

*Amounts shown are non-tobacco user rates. Add \$10 per pay period for tobacco users.

Full-Time Rates = 70 hours or more per pay period

Part-Time Rates = 40 – 69 hours per pay period

10/1/2016

This information is provided as a summary only and is subject to change. All plans are governed by applicable plan documents. In case of discrepancy between this summary and the plan documents, the provisions of the plan document rule. Plan provisions and eligibility for coverage do not constitute a contract of employment with any individual