

YOUR GUIDE TO CCH BENEFITS

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WELCOME

CCH offers comprehensive benefits that protect the health, wealth and well-being of you and your family. Take time now to make informed decisions about your benefits and enroll in the plans that will best meet the needs of you and your family. This benefit guide provides all the information you need to evaluate your options and enroll in your benefits. The CCH benefits available to you in 2016 – 2017 include:

- Medical and Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Life Insurance and Accidental Death & Dismemberment (AD&D)
- Disability
- Employee Assistance Program
- 403(b) Employee Savings Plan

Check Out the Chester County Hospital Team Site!

This site provides important details about your benefits, as well as information on eligibility for coverage, qualified life events and more. Go to www.cchosp.com/team to review your benefit options in more detail before you enroll for coverage.

Spousal Surcharge for Health Care Coverage

If your spouse is eligible for health care coverage through his or her employer and you choose to cover your spouse on your medical plan, a \$100-per-pay-period surcharge will apply. This surcharge applies regardless of the cost of your spouse's coverage. If your spouse does not have health care coverage available, log on to *EnrollOne* and complete the Spousal Surcharge Waiver.

If you complete the Spousal Surcharge Waiver and your spouse becomes eligible for medical coverage during the plan year, you must notify the Human Resources and Organizational Development (HROD) department in writing within 30 days.

A Note About Legal Notices

Legal notices summarize the legal protections, rights and responsibilities related to your participation in the CCH benefit offerings. CCH has made these notices available to you on our website. Visit www.cchosp.com/team and click *CCHoices | Benefits Guide* on the home page and select *Required Notices*.



Preparing to Enroll

As a new hire, you should generally be able to log on to the benefits enrollment site (www.enrollone.com/uphs) within 10 days of your hire date. If you are unable to log on to the benefits enrollment site, contact the Human Resources and Organizational Development (HROD) department at **610-431-5135**.

To get ready to enroll, follow these steps:

1. Read this guide and any other materials provided to you by UPHS.
2. Explore the Chester County Hospital Team site at www.cchosp.com/team to learn more about your benefits.
3. Go to www.enrollone.com/uphs to make your benefits elections.
Make sure you have the following information before you enroll:
 - Names, Social Security numbers and birth dates of your dependents and beneficiaries.
 - Addresses for your beneficiaries.
4. If you are not able to make all of your elections at one time, you may save your elections and return later to finalize them. Just be sure to submit your final elections by the deadline (within 30 days of your date of hire or eligibility date), or else your elections will not be saved.

WHEN DO BENEFITS START?

Your benefits, other than disability, as described below, become effective on the first day of the month following 30 days of continuous employment (except if you are hired on the 1st or 2nd of the month). Examples: If you are hired on June 1 or 2, your benefits become effective on July 1; if you are hired on August 10, your benefits become effective on October 1. You have 30 days from your effective date of coverage to elect your benefits online through *EnrollOne*.

| If you do not enroll within 30 days of your effective date, as described above, you will be automatically enrolled in these core benefits, paid in full by CCH: | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| | Full Time | Part Time |
| Medical | PennCare PPO plan at the individual coverage level | No coverage |
| Dental and Vision | No coverage | |
| Flexible Spending Accounts (FSAs) | No coverage | |
| Life and Accidental Death & Dismemberment (AD&D) Insurance | Core coverage equal to annual base salary | Core coverage equal to \$5,000 if scheduled to work at least 40 hours per pay period |
| Supplemental Life and AD&D Insurance | No coverage | |
| Short-Term Disability | Core coverage equal to 60% of weekly base pay, up to a maximum of \$500 per week, for up to six months. Begins after 60 days of employment. | No coverage |
| Long-Term Disability | Core coverage of up to 60% of monthly base pay after short-term disability ends, up to a monthly maximum of \$3,000. Begins after 90 days of employment. | No coverage |
| Employee Assistance Program | Available to all employees and dependents | |



Who Is Eligible

Full-time employees (FTE .875 – 1.0) and part-time employees regularly scheduled to work at least 40 hours per pay period (FTE .5 – .874) are eligible for benefits. Subsidiary employees and employees in special scheduling programs may have separate eligibility requirements.

Your eligible dependents include:

- Your legal spouse
- Your dependent children until the end of the month of their 26th birthday
- Your disabled dependents

Eligible Dependent Children

- Children are eligible for medical, dental and vision coverage regardless of their student, marital or IRS dependent status. Employees may buy dependent life insurance for children up to age 26; however, the dependent would not be eligible if married.
- Children do not have to live with you or depend on you for financial support to be eligible.
- Children over age 19 do not have to be full-time college students to remain on your coverage.
- The coverage does not extend to your child's spouse/partner or children.
- Eligible expenses incurred by children up to age 26 can be reimbursed from your Health Care Flexible Spending Account.

You will need to provide the required documentation to prove that your dependents are eligible to participate in CCH benefits (this includes birth certificates, marriage certificates, divorce decrees, etc.). Our third-party administrator, ADP, will request this information from you directly via U.S. Mail after you enroll online.

Making Changes During the Year

Once you enroll for coverage under any of the health care plans and the FSAs, you must wait until the next open enrollment period to change your elections, unless you have a qualified life event. A qualified life event includes a change in:

- Marital status (including marriage, divorce, death of spouse, legal separation and annulment)
- Number of dependents (including birth, death, adoption, legal guardianship and placement for adoption)
- Employment status (any event that changes your, your spouse's or your other dependents' employment status and results in gaining or losing eligibility for coverage)
- Dependent status (any event that causes your dependent to become eligible or ineligible for coverage)

You have 30 days from the date of the event to make changes to your benefit elections. You may make these changes on the benefits enrollment site at www.enrollone.com/uphs or by contacting your local human resources office. You must provide the required documentation consistent with the life event.



How to Enroll

To receive medical, dental or vision benefits or to elect an FSA, you **MUST** enroll within 30 days of your effective date of coverage (see page 3 for more information). Take the time to learn about the plans and decide which option is best for you and your family.



To enroll for benefits, visit the *EnrollOne* website at www.enrollone.com/uphs. Log on to our secure site using your network username and password — the same information you use when logging in to your work computer. Once you are logged on to *EnrollOne*, you can:

- ✓ **Enroll for benefits.** Enroll within 30 days of your effective date of coverage. You may enroll for benefits 24 hours a day, seven days per week. Your elections will be in effect through June 30, 2017.
- ✓ **Print your online confirmation statement.** If you want a copy of your elections, you must print your confirmation page after you complete your enrollment.
- ✓ **View your benefits profile page.** Your profile will show your benefit elections for the remainder of the 2016 – 2017 plan year.

Your Beneficiary Information

You must designate your beneficiaries for your life insurance and, if applicable, your voluntary life insurance. A beneficiary is the person(s) who receive(s) your life insurance benefits if you die. You may change your beneficiaries at any time.

IMPORTANT: Even if you do not enroll in any benefits, you must designate a beneficiary for your core life insurance coverage.

FOR THE 403(b) EMPLOYEE SAVINGS PLAN

If you are married, your spouse is automatically your beneficiary. To choose a beneficiary other than your spouse, you must obtain your spouse's consent in writing. Visit www.vanguard.com/retirementplans and log on to your account.

CCH Benefits at a Glance

| | |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical and Prescription Drug | <ul style="list-style-type: none"> • PennCare PPO Plan or Keystone HMO, administered by Independence Blue Cross • Preventive services covered at 100% • Prescription drug coverage, provided through Express Scripts, automatically included with medical plan coverage • Mental health, chemical dependency and autism services, provided through Penn Behavioral Health, automatically included with medical plan coverage |
| Dental | <ul style="list-style-type: none"> • Three plan options: Penn Faculty Practice, Delta Dental Standard and Delta Dental Premium • Diagnostic and preventive services covered at 100% under all three plans |
| Vision | <ul style="list-style-type: none"> • Two plan options: Davis Standard and Davis Premium • Both plans pay benefits for lenses and frames once every year |
| Wellness | <ul style="list-style-type: none"> • Opportunity to participate in health promotional activities • Receive rewards and discounts for completing healthy activities and maintaining or improving health status • Administered by Independence Blue Cross |
| Flexible Spending Accounts (FSAs) | <ul style="list-style-type: none"> • FSAs let you pay for certain health and dependent care expenses using your own tax-free dollars • You may contribute up to \$2,550 per year to the Health Care FSA • You may contribute up to \$5,000 per year to the Dependent Care FSA • Administered by ADP |
| Life Insurance | <ul style="list-style-type: none"> • Core life insurance is provided to you at no cost • You may elect supplemental coverage for yourself, your spouse and dependent children • Core life and supplemental term life insurance, administered by Sun Life • Supplemental whole life and health event protection, administered by Aflac |
| Accidental Death & Dismemberment (AD&D) Insurance | <ul style="list-style-type: none"> • Pays benefits — in addition to life insurance coverage — if you die or are dismembered as a result of an accident • Core AD&D coverage is provided to you at no cost, and you may elect to purchase voluntary coverage for yourself • Administered by Sun Life |
| Short-Term Disability | <ul style="list-style-type: none"> • Replaces a percentage of your pay for disabilities unrelated to your work • Benefits continue for up to six months for approved disabilities • For full-time employees, core benefit paid by CCH for a maximum benefit of \$500 per week, administered by Matrix • For part-time employees, elective benefit paid by employee, administered by Aflac |
| Long-Term Disability | <ul style="list-style-type: none"> • Replaces a percentage of your pay for disabilities unrelated to your work • Benefits begin after 180 days of approved disability or the end of your short-term disability, whichever is greater • For full-time employees, administered by Unum |
| EAP | <ul style="list-style-type: none"> • Available to all employees and dependents 24 hours a day, seven days a week • Offers up to eight free, confidential counseling sessions per year to assist with a variety of problems, including anxiety, depression and stress |
| Retirement | <ul style="list-style-type: none"> • 403(b) retirement savings plan with a discretionary company-provided match available • You may make pre-tax contributions • Administered by Vanguard |
| Additional Benefits | <ul style="list-style-type: none"> • Employee Certification Assistance • Employee Tuition Assistance • Adoption Reimbursement • Work/Life Benefit • Health Advocate • Penn Primary Care Connection – Concierge Service • Shoe and Uniform Program • Personal Financial Management • Discounts and Bargains |

Medical

Full-time and part-time employees have two medical plan options through CCH: PennCare PPO Plan and Keystone HMO.

PennCare PPO Plan

You have the opportunity to enroll in the PennCare PPO Plan, administered by Independence Blue Cross (IBC). The PennCare PPO Plan offers three networks of providers with different levels of coverage. You receive the highest level of benefits when you visit a PennCare Network provider, facility and pharmacy.

Keystone HMO

Coverage is available when your care is provided or referred by a Keystone primary care physician (PCP). Your Keystone PCP may also refer you to other Keystone providers for care, if needed. You may be required to receive a referral or preapproval/precertification before receiving certain care or procedures. Your PCP will refer you to one location where you can receive specialized care. You can view a list of the designated locations at www.ibx.com.

| Network | Your Cost Share | For More Information About... |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PennCare PPO Network Provides access to best-in-class providers in many convenient locations — even outside of the Philadelphia metropolitan area. When you use this network, you save on everything from doctor office visits and prescription drugs to X-rays and hospital care. | \$ | Providers Visit www.cchosp.com/team and click <i>CCHoices Benefits Guide</i> and then click <i>Find a Provider</i> . |
| IBC In-Network If you choose a provider that's not in the PennCare Network, you should consider using an in-network provider. You will have to pay more out of pocket than you would if you used a PennCare Network provider, since you will have to meet a deductible for some services before the plan begins to pay for coverage. | \$\$ | Providers Visit www.ibx.com . Coverage Visit www.ibxpress.com or use the IBX app to access your information wherever you are. |
| Out-of-Network This includes any providers outside the PennCare and IBC networks. You will pay more when you visit an out-of-network provider. | \$\$\$ | |

Centers of Excellence

Certain services require you to receive care from a PennCare provider in the Centers of Excellence. The benefit plan offers best-in-class services provided by the following UPHS departments:

- Oncology
- Cardiology
- Neuroscience
- Orthopaedics

If you do not receive the service from a provider in the Centers of Excellence of UPHS, you will pay a \$1,000 copay in addition to the regular cost share of the service (does not apply to emergency services). If you or a covered dependent lives more than 50 miles from Philadelphia, you will be eligible for consideration of waiver of the \$1,000 copay if you receive the service from a provider outside of the Centers of Excellence of UPHS.

For a complete list of services available through the Centers of Excellence of UPHS, visit www.uphshrandyou.com and click the link for *Centers of Excellence* under *UPHS Resources*. If you have questions about these services or about when to use a Center of Excellence, call Health Advocate at **866-695-8622**.

Penn Primary Care Connection – Concierge Service

Penn Primary Care Connection is a concierge service that can help you or a family member schedule a new patient primary care or ophthalmology appointment. In addition, employees may call to schedule new patient dermatology appointments. Call Penn Primary Care Connection at **267-414-2208** to schedule an appointment with a PennCare Network physician right away.

Autism Benefits

Through Penn Behavioral Health's Preferred Network, the diagnosis, care and support for autism are covered in full for most services. Outpatient office visits require a \$20 copay. Care received through the Penn Behavioral Health Regional Network or outside of the network requires the payment of a deductible and coinsurance. For more information, please call **888-321-5533**.

Medical Benefits at a Glance

Preventive Care Covered at 100%

Get regular preventive care. Annual exams, age-appropriate screenings, well-woman care and immunizations are covered at 100%, within the plan limits. Preventive care can help detect potential health risks early, helping you avoid costly medical bills down the road.

| | PennCare PPO | | | Keystone HMO | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------|
| | PennCare Network | In-Network | Out-of-Network | CCH/PennCare Network | Keystone Network |
| How to Access Care | Go to any PennCare provider | Go to any in-network provider | Go to any out-of-network provider | Go to any PennCare provider | Care is provided or referred by a Keystone PCP |
| Deductible - Individual - Individual + Spouse/Child(ren) - Family | None | \$250 \$500 \$750 | \$750 \$1,500 \$2,250 | None | None |
| Preventive Care (The Plan pays) | 100% | 100% | 60% after deductible | 100% | 100% |
| Coinsurance (The Plan pays) | 100% | 80% | 60% | 100% | 100% |
| Office Visit (You pay) - Primary Care/Specialist | \$20 copay | \$35 copay/ \$50 copay | 40% after deductible | \$10 copay | \$30 copay/ \$35 copay |
| Medical Out-of-Pocket Maximum (Includes deductible, coinsurance and medical copays) - Individual - Individual + Spouse/Child(ren) - Family | \$1,000 \$1,500 \$2,000 | \$3,000 \$5,000 \$7,000 | \$6,350 \$9,500 \$12,700 | \$3,000 \$6,000 \$6,000 | \$3,000 \$6,000 \$6,000 |
| Emergency Room Fee (You pay; waived if admitted) | \$150 copay | \$150 copay | \$150 copay | \$150 copay | \$150 copay |
| Inpatient Hospital* (You pay) | \$0 | \$1,000 copay; no deductible or coinsurance (Physician services: 20% coinsurance after deductible) Maternity: \$750 copay (No deductible or coinsurance) | 40% after deductible | \$0 | \$1,000 copay; no deductible or coinsurance |
| Outpatient Facility* (You pay) | \$0 | \$500 copay; no deductible or coinsurance (Physician services: 20% coinsurance after deductible) | 40% after deductible | \$0 | \$500 copay; no deductible or coinsurance (Physician services: no coinsurance after deductible) |
| Advanced Radiology (You pay) | \$0 | \$250 copay | \$250 copay; then 40% after deductible | Not available | \$0 |
| Penn Behavioral Health | In-Network (PBH Preferred) | In-Network (PBH Regional Network) | Out-of-Network | In-Network (PBH Preferred) | Keystone Network |
| Inpatient Mental Health and Substance Abuse (You pay) | \$0 | \$1,000 copay; no deductible or coinsurance (Physician services: 20% coinsurance after deductible) | 40% after deductible | \$0 | \$1,000 copay |
| Outpatient Mental Health and Substance Abuse (You pay) | \$20 copay | \$35 copay | 40% after deductible | \$10 copay | \$30 copay |

* If you do not receive care from a PennCare provider for certain services in the Centers of Excellence of UPHS for oncology, cardiology, neuroscience or orthopaedics, you may be required to pay an additional \$1,000 copay (copay will be waived for emergency care).



Prescription Drug

When you enroll in medical coverage, you automatically receive prescription drug benefits through Express Scripts. You have the option to fill your prescriptions through the CCH pharmacy or at a retail pharmacy in the Express Scripts network. Some preventive medications are covered at 100%.

| | PennCare PPO | | | Keystone HMO | |
|--------------------------------|-----------------------------------------------------------------------------|------------------------------------|--------------------------|------------------------------------------------------------------------------|-----------------|
| | CCH Pharmacy | Express Scripts | Out-of-Network | CCH Pharmacy | Express Scripts |
| 30-Day Supply (You pay) | | | | | |
| - Generic | \$5 | \$10 | | \$5 | \$10 |
| - Preferred | \$12.50 | \$30 | | \$12.50 | \$30 |
| - Non-Preferred | \$22.50 | \$50 (Or actual cost, if less) | 50% UCR after \$30 copay | \$22.50 | \$50 |
| 90-Day Supply (You pay) | | | | | |
| - Generic | \$10 | \$20 | | \$10 | \$20 |
| - Preferred | \$25 | \$60 | | \$25 | \$60 |
| - Non-Preferred | \$45 | \$100 (Or actual cost, if less) | 50% UCR after \$30 copay | \$45 | \$100 |
| Out-of-Pocket Maximum | \$1,000 per member/ \$2,000 per family (July 1, 2016 – June 30, 2017) | | | \$1,000 per member/ \$2,000 per family (January 1 – December 31, 2016) | |

A Note About Confidentiality

Your medical information is personal. Just as we take steps to ensure the privacy of our patients' information, we do the same for our employees. Your protected health information (PHI) is always private. CCH is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain privacy of PHI.

Dental

CCH helps you maintain good dental health by providing you with three dental plan options: Delta Dental Standard, Delta Dental Premium and Penn Faculty Practice.

Here is a side-by-side comparison of the plans:

| | Delta Dental Standard | | Delta Dental Premium | | Penn Faculty Practice |
|------------------------------------------------------------------------------------------------|-------------------------|----------------------------|-------------------------|----------------------------|-------------------------|
| | PPO Network | Premier and Out-of-Network | PPO Network | Premier and Out-of-Network | |
| Deductible - Individual - Family | \$50 \$150 | | \$25 \$75 | | \$50 \$150 |
| Annual Benefit Maximum | \$1,500 | | \$2,000 | | \$3,000 |
| Diagnostic and Preventive Services Exams, cleanings, X-rays and sealants (Plan pays) | 100% with no deductible | | 100% with no deductible | | 100% with no deductible |
| Basic Services Fillings and posterior composite restorations* (Plan pays) | 80% | 60% | 80% | 70% | 100%* |
| Endodontics Root canals (Plan pays) | 80% | 60% | 80% | 70% | 80% |
| Oral Surgery (Plan pays) | 80% | 60% | 80% | 70% | 100% |
| Major Services Crowns, inlays, onlays and cast restorations (Plan pays) | 50% | | 80% | 70% | 50% |
| Prosthodontics Bridges, dentures and implants (Plan pays) | 50% | | 60% | | 50% |
| Orthodontia Adults and dependent children (Plan pays) | Not covered | | 50% | | 50% |
| Orthodontia Lifetime Maximum | | | \$2,000 | | \$2,000 |
| Out-of-Network Reimbursement (Plan pays) | N/A | Premier level | N/A | Premier level | N/A |

* Tooth color (composite restorations) for posterior fillings has a \$35 to \$55 copay depending on the size of the filling; amalgam (silver) fillings remain covered at 100%.

Save Money by Knowing Your Provider's Network

You can use any dentist you choose. However, the amount you pay for dental services will depend on your plan option and whether your provider participates in the Delta Dental PPO network or the Delta Dental Premier network, or is a nonparticipating provider. The highest benefit level will be paid when you visit a PPO network provider. These providers offer the highest discount, so your cost is lowest when you receive services from them.

| | | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| PENN FACULTY PRACTICE Penn Faculty Practice offers services at three locations: | The Dental Care Center 4003 Locust Street Philadelphia, PA 215-898-4615 | PENN Dental 3401 Market Street Philadelphia, PA 215-573-8400 | PENN Dental Center at Bryn Mawr 711 Lancaster Avenue Bryn Mawr, PA 610-520-4600 |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

Vision

CCH offers two vision plans: Davis Standard and Davis Premium. Here is a side-by-side comparison of the two plans:

| | Davis Standard | | Davis Premium | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| | In-Network | Out-of-Network | Scheie* | In-Network | Out-of-Network |
| Annual Eye Exams | \$10 copay | Plan pays up to \$30 | No cost | \$10 copay | Plan pays up to \$32 |
| | Plan pays benefits for lenses and frames once every year | | | | |
| Lenses | No cost | Allowances: Single: \$20 Bifocal: \$20 Trifocal: \$30 Lenticular: \$50 | No cost | No cost | Allowances: Single: \$30 Bifocal: \$36 Trifocal: \$50 Lenticular: \$72 |
| Frames | Participating provider's frame collection: \$15 retail allowance** | Plan pays up to \$15 | Participating provider's frame collection: \$100 allowance | Participating provider's frame collection: \$65 allowance** | \$30 allowance |
| Contact Lenses and Fittings (In lieu of lenses) | Not covered | | Allowance of up to: standard/specialty – \$110; disposable – \$80 | \$75 allowance | Reimbursement of up to: standard/specialty – \$60; disposable – \$75; fitting – \$20 daily wear, \$30 extended wear, \$75 disposable |

* Scheie Eye is a participating provider with both vision plans; however, if you elect the Davis Premium plan and use Scheie providers, you will receive the enhanced vision care benefits described here at a reduced cost for services.

** You may select frames from a participating provider OR you may receive an allowance for Davis' line of Fashion, Designer and Premier frames. To learn more, visit www.davisvision.com.





403(b) Employee Savings Plan

The 403(b) Employee Savings Plan allows you to save for retirement. You choose how much to contribute to your savings and how to invest your contributions. CCH adds to your retirement savings on a discretionary basis. The company may match up to 50% of the first 6% of your compensation. You are always 100% vested in your contributions, and any company match is 100% vested after three years of service.

To enroll in the plan, visit www.vanguard.com/retirementplans. First-time users will need the plan number, 090713, to create an account. For more information, visit www.cchosp.com/team.

Additional Benefits

Flexible Spending Accounts (FSAs)

FSAs allow you to contribute money on a pre-tax basis to help pay for eligible health care and/or dependent care expenses. For the 2016 – 2017 plan year, you can contribute from \$60 to \$2,550 in pre-tax earnings to the Health Care FSA or from \$260 up to \$5,000* in pre-tax earnings to the Dependent Care FSA. For the Health Care FSA, any unused funds left after September 15, 2017, will be forfeited. You can submit expenses until December 31 after the end of the plan year. For the Dependent Care FSA, any unused funds left after June 30, 2017, will be forfeited. You can submit expenses until September 30 after the end of the plan year.

* Employees making \$115,000 or more will be able to contribute a maximum of only \$1,700 this plan year to a Dependent Care FSA to meet IRS regulations.

Life Insurance and AD&D Insurance

Life and Accidental Death & Dismemberment insurance are core benefits, automatically provided to you and paid for by CCH. You have the opportunity to purchase supplemental term life and AD&D coverage for yourself and your dependents. For more information, visit www.cchosp.com/team.

Disability

Disability benefits replace a portion of your base pay if you are unable to work because of illness or injury. For full-time employees, short-term and long-term disability benefits are a core coverage and fully paid by the company (with certain limits). Part-time employees regularly scheduled to work a minimum of 40 hours bi-weekly, may purchase disability coverage on a voluntary basis. View complete plan details at www.cchosp.com/team.

Transit and Commuter Benefits

The Transportation Reimbursement Incentive Program (TRIP), administered through WageWorks, is a tax incentive program for commuter costs (parking and transit) with contributions deducted from your paycheck on a pre-tax basis. There are three different options under the TRIP program:

1. **The Pay-Me-Back Program** is for the reimbursement of tokens and parking meters.
2. **The Parking Program** is for direct payment of parking expenses.
3. **The Public Transit Program** is for your monthly SEPTA transit pass or TrailPass and/or tickets, which will be mailed directly to your home.

The IRS sets annual limits for transit and commuter benefits. You may elect pre-tax deductions up to \$255 per month for the Parking, Public Transit or Pay-Me-Back programs. For more information about TRIP, visit www.cchosp.com/team.



Health Advocate

CCH wants you to feel supported as you navigate the complex world of health care. Health Advocate is a free, confidential service available to you, your spouse, your dependent children, and your parents and parents-in-law. Health Advocate can help you save money on your out-of-pocket medical expenses by comparing the cost of visiting a PennCare Network provider against another provider.

Use Health Advocate to:

- Understand and untangle medical bills.
- Receive answers to questions about plan benefits.
- Find the right providers and hospitals to fit your needs.
- Locate elder care and additional support services.
- Get reliable second opinions.
- Understand treatment options recommended by your doctor.

Quit Tobacco Use With the Help of Health Advocate

You have the opportunity to participate in the free tobacco cessation program through Health Advocate. This program allows you and your covered dependents:

- 13 weeks of telephonic counseling with a trained coach.
- FREE nicotine replacement therapy (NRT), which includes the patch, gum or lozenges.
- \$0 copay for NRT and prescription smoking cessation medications.

Call Health Advocate at **866-695-8622** or visit www.healthadvocate.com/uphs to get started with any of these services. You can also access Health Advocate by visiting www.cchosp.com/team and clicking the link to *CCHoices | Benefits Guide*.

Employee Assistance Program (EAP)

The EAP is provided by Penn Behavioral Health. All CCH employees are eligible for the EAP, which is 100% paid by UPHS. The EAP, available to you 24 hours a day, seven days a week, offers confidential assistance to all employees and dependents to help with a variety of problems, such as anxiety, depression and stress. Annually, you can receive up to eight free counseling sessions for yourself and your dependents. For more information about the benefits provided through Penn Behavioral Health, call **888-321-4433**.

Other Valuable Benefits

As a CCH employee, you have access to these other valuable benefits:

- Employee Certification Assistance
- Employee Tuition Assistance
- Adoption Reimbursement
- Work/Life Benefit
- Shoe and Uniform Program
- Personal Financial Management
- Discounts and Bargains

For more information about these benefits, visit www.cchosp.com/team.



2016 – 2017 Contributions

Medical Bi-Weekly Premiums for Full-Time Employees

| | PennCare PPO | Keystone HMO |
|-------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| Band I: Full-time employees with base pay less than \$29,999 | | |
| Employee Only | \$42.33 | \$43.83 |
| Parent + Child | \$77.96 | \$73.26 |
| Parent + Children | \$106.21 | \$99.81 |
| Employee + Spouse | \$107.00* | \$106.84* |
| Family | \$121.93* | \$128.91* |
| Band II: Full-time employees with base pay of \$30,000 - \$59,999 | | |
| Employee Only | \$45.27 | \$46.88 |
| Parent + Child | \$83.38 | \$78.35 |
| Parent + Children | \$113.60 | \$106.75 |
| Employee + Spouse | \$114.44* | \$114.26* |
| Family | \$130.41* | \$137.87* |
| Band III: Full-time employees with base pay of \$60,000 - \$89,999 (Includes special RN WIN and .9 programs) | | |
| Employee Only | \$47.09 | \$48.75 |
| Parent + Child | \$86.71 | \$81.49 |
| Parent + Children | \$118.14 | \$111.02 |
| Employee + Spouse | \$119.02* | \$118.84* |
| Family | \$135.63* | \$143.39* |
| BAND IV: Full-time employees with base pay of \$90,000 or above | | |
| Employee Only | \$48.90 | \$50.63 |
| Parent + Child | \$90.05 | \$84.62 |
| Parent + Children | \$122.69 | \$115.29 |
| Employee + Spouse | \$123.60* | \$123.41* |
| Family | \$140.85* | \$148.90* |

* The bi-weekly \$100 Spousal Surcharge may apply.

Medical Bi-Weekly Premiums for Part-Time Employees

| | PennCare PPO | Keystone HMO |
|----------------------------------------------------------------------------------------------|--------------|--------------|
| Part time 60 hours per pay period .75 to .874 FTE | | |
| Employee Only | \$48.90 | \$50.63 |
| Parent + Child | \$165.78 | \$139.68 |
| Parent + Children | \$221.07 | \$180.47 |
| Employee + Spouse | \$225.26* | \$201.97* |
| Family | \$249.80* | \$243.62* |
| Part time 48 - 60 hours per pay period .6 to .74 FTE (Includes In House Registry) | | |
| Employee Only | \$101.09 | \$93.04 |
| Parent + Child | \$189.48 | \$170.29 |
| Parent + Children | \$251.85 | \$210.86 |
| Employee + Spouse | \$255.90* | \$230.89* |
| Family | \$286.96* | \$276.02* |
| Part time 40 - 48 hours per pay period .5 to .59 FTE | | |
| Employee Only | \$111.47 | \$106.59 |
| Parent + Child | \$214.71 | \$186.03 |
| Parent + Children | \$281.02 | \$232.22 |
| Employee + Spouse | \$289.22* | \$252.72* |
| Family | \$320.91* | \$306.79* |

* The bi-weekly \$100 Spousal Surcharge may apply.

Base pay excludes overtime, shift differentials, on-call, etc. Full-time is classified as working 35 hours or more per week. The rates listed above for the PennCare PPO Plan and Keystone HMO include prescription drug coverage.



Dental Bi-Weekly Premiums for Full-Time and Part-Time Employees

| | Delta Dental Standard | Delta Dental Premium | Penn Faculty Practice |
|-----------------------|-----------------------|----------------------|-----------------------|
| Full time | | | |
| Employee Only | \$6.48 | \$7.73 | \$13.27 |
| Employee + Spouse | \$14.64 | \$17.36 | \$26.54 |
| Employee + Child(ren) | \$13.99 | \$18.27 | \$28.20 |
| Family | \$22.49 | \$28.51 | \$38.15 |
| Part time | | | |
| Employee Only | \$9.97 | \$11.89 | \$20.42 |
| Employee + Spouse | \$22.52 | \$26.71 | \$40.83 |
| Employee + Child(ren) | \$21.52 | \$28.10 | \$43.38 |
| Family | \$34.59 | \$43.86 | \$58.69 |

Vision Bi-Weekly Premiums for Full-Time and Part-Time Employees

| | Davis Standard | Davis Premium |
|-----------------------|----------------|---------------|
| Full time | | |
| Employee Only | \$0.66 | \$2.03 |
| Employee + Spouse | \$1.51 | \$4.68 |
| Employee + Child(ren) | \$1.14 | \$3.50 |
| Family | \$1.93 | \$5.96 |
| Part time | | |
| Employee Only | \$0.66 | \$2.03 |
| Employee + Spouse | \$1.51 | \$4.68 |
| Employee + Child(ren) | \$1.14 | \$3.50 |
| Family | \$1.93 | \$5.96 |

Provider Contacts

| Provider | Contact Information |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Medical and Prescription Drug | |
| PennCare PPO | www.cchosp.com/team |
| Keystone HMO | www.ibx.com 800-227-3114 |
| Independence Blue Cross | Providers: www.ibx.com Coverage: www.ibxpress.com |
| Centers of Excellence of UPHS | www.cchosp.com/team 866-695-8622 |
| Penn Primary Care Connection | www.cchosp.com/team 267-414-2208 |
| Penn Behavioral Health | www.pennbehavioralhealth.org 888-321-4433 |
| Health Advocate | www.healthadvocate.com/uphs 866-695-8622 |
| Express Scripts | www.express-scripts.com 800-711-0917 |
| Wellness | www.cchosp.com/team 610-738-2300 |
| Dental | |
| Penn Faculty Practice Dental Plan: • The Dental Care Center • Penn Dental • Penn Dental Center at Bryn Mawr | www.dental.upenn.edu 215-898-4615 215-573-8400 610-520-4600 |
| Delta Dental | www.deltadentalins.com 800-932-0783 |
| Vision | |
| Davis Vision | www.davisvision.com 800-999-5431 |
| Other Health Services | |
| Flexible Spending Accounts | www.cchosp.com/team 800-678-6684 |
| Employee Assistance Program | www.pennbehavioralhealth.org 888-321-4433 |
| Work/Life Benefit | www.pennbehavioralhealth.org 888-321-4433 |
| Other Insurance Benefits | |
| Life Insurance and Accidental Death & Dismemberment | www.enrollone.com/uphs 800-678-6684 |
| Personal Financial Management | www.citadelbanking.com 800-666-0191 |
| Disability: • Full-time employees • Part-time employees | 610-431-5167 www.aflac.com 484-443-8511 |
| Retirement | |
| Vanguard | www.vanguard.com/retirementplans 800-523-1188 |