

ArdentSM



Our Mission

Arden Health Services is a premier provider of health care services delivered with ***compassion*** for patients and their families, with ***respect*** for employees, physicians and other health professionals, with ***accountability*** for our fiscal and ethical performance, and with ***responsibility*** to the communities we serve.



2018 Annual Benefits Enrollment

Ardent Health Services



Benefits

Don't miss out!

Everyone must re-enroll to have coverage in 2018!

If you are an Ardent employee, you must actively enroll in benefits during Annual Enrollment or you and your family will not have medical, dental or vision coverage in 2018.

Annual Enrollment is November 7–22, 2017.

Three steps for an easier enrollment:

- 1 **REVIEW**—your benefits options, including what's new for 2018, in the Annual Enrollment Guide mailed to your home or at www.getardentbenefits.com.
- 2 **PREPARE**—have your dependents' Social Security numbers and dates of birth ready if you are adding new dependents for 2018. You don't have to re-verify currently covered dependents.
- 3 **ENROLL**—online at www.getardentbenefits.com/enroll, or call 844-411-4780.

Know more.
Choose better.
Live well.



A Benefits - Eligibility

- Full-time employees
 - Scheduled to work a minimum of **30 hours** per week
- Part-time employees
 - Scheduled to work at minimum of **20 hours** per week
- Dependents
 - Legal Spouse or Domestic Partner
 - Dependent Children (**up to the age of 26**)
 - Dependent Children you support due to mental or physical disability



Dependent Verification & Working Spouse/DP Exclusion

- Employees must complete the Dependent Verification form and supporting documents by December 1, 2017
- If your spouse or domestic partner is employed and has access to medical coverage through their employer, they are not eligible for Ardent medical coverage as primary
- During enrollment, all newly enrolled spouses or domestic partners will be asked to complete a Spousal/Domestic Partner Employment Verification form



Benefits

Company Paid Benefits

- Basic Life and AD&D
- Basic Long-Term Disability
- Employee Assistance Program (EAP)
- Personal Time Off (PTO)
- Extended Illness Leave (EIL)

Optional Benefits

- Medical and Rx
- Dental
- Vision
- HSA & Flexible Spending Accounts
- Optional Life and AD&D
- Optional Long-Term Disability
- 401(k) Savings Plan



Benefit	Vendor	Your Options
Medical including Rx	UMR	<ul style="list-style-type: none">• HDHP (High Deductible Health Plan)• PPO Basic• PPO Premier
Health Savings Account (HSA)	WageWorks	<ul style="list-style-type: none">• For enrollees in the HDHP – a savings account with employer match of up to \$500 for employee only and \$1,000 for other tiers
Dental	Delta Dental	<ul style="list-style-type: none">• Gold Plan – has higher % coverage and orthodontia• Silver Plan
Vision	VSP	<ul style="list-style-type: none">• Vision Plan
Flexible Spending Account	WageWorks	<ul style="list-style-type: none">• Health Care FSA (max \$2,600)• Dependent Care FSA (max \$5,000)
Employer Paid Benefits	CIGNA	<ul style="list-style-type: none">• Basic Life (1x your base salary up to \$500,000)• Accidental Death & Dismemberment (AD&D) (1x your base salary up to \$500,000)• Long Term Disability (40% of your base salary)
	Health Advocate	<ul style="list-style-type: none">• Employee Assistance Program
Supplemental Life Insurance	CIGNA	<ul style="list-style-type: none">• Employee Supplemental Life insurance (1x to 4x your salary up to \$500,000)• Employee Supplemental AD&D (1x to 4x your salary up to \$500,000)• Spouse Life Insurance / AD&D (up to \$50,000)• Child Life insurance / AD&D (\$5000 or \$10,000)
401k	Transamerica	<ul style="list-style-type: none">• 401k Savings Plan for full time employees or employees who work 1,000 in one year• Employer match of 100% of the first 3% and 50% of the next 2%

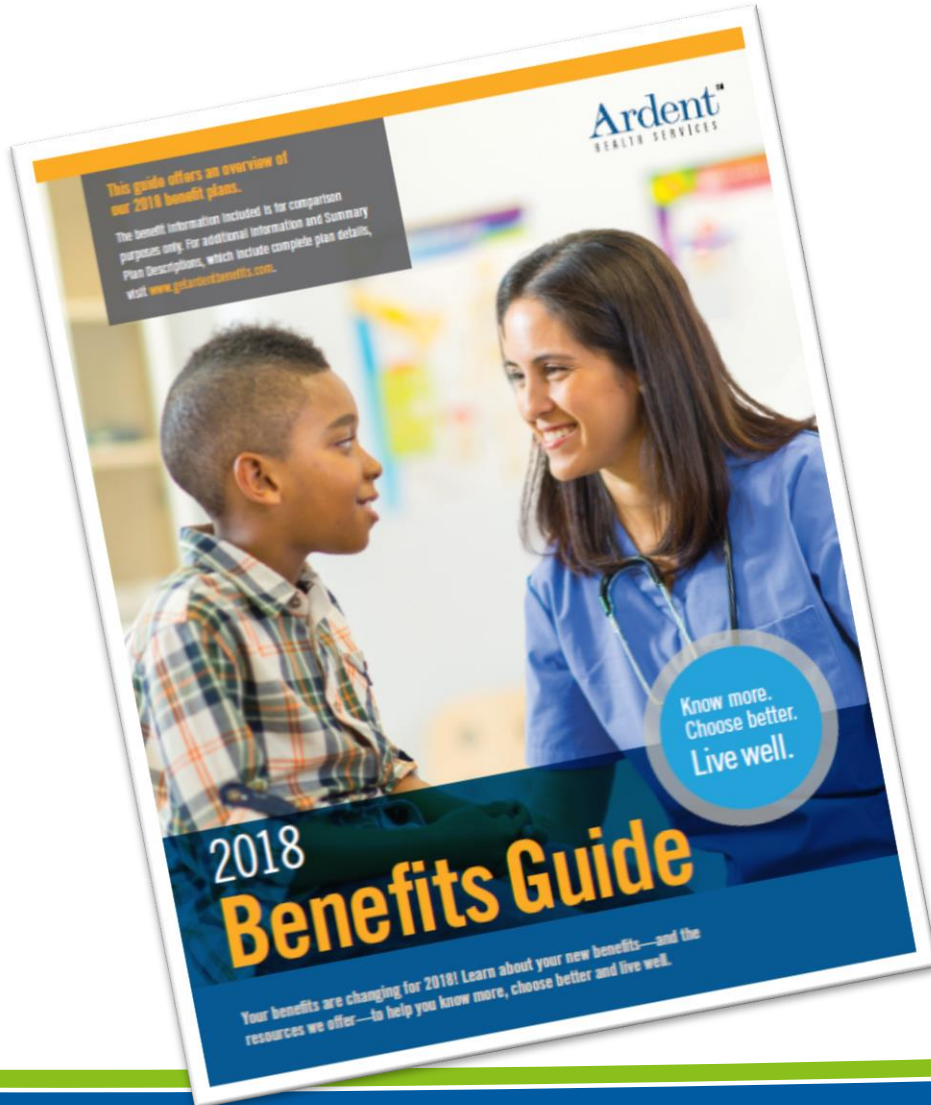


Benefits – Active Enrollment

- All employees must enroll in benefits to have medical, dental, vision and spending account coverage for 2018.
- We are offering new medical and dental plans for 2018.
- Every year you must re-elect amounts for Flexible Savings Plans and Health Savings Accounts
- You do not need to re-elect current coverage for Life and Disability unless this is your first time to enroll in Ardent benefits.



Benefits Guide



Details on benefits can be found in the Ardent 2018 Benefits Guide located on getardentbenefits.com!



Benefits – Medical

Administered by UMR



Medical

Choose from 3 plans using the Ardent domestic network and UHC Choice Plus* Network:

- HDHP (High Deductible Health Plan)
- Two Preferred Provider Plan options
 - PPO Basic
 - PPO Premier

**No coverage will be offered at Northwest Texas Healthcare System, except emergencies and mental and alcohol/drug services, or at the Presbyterian Health Services except for an emergency.*



Medical Network Tiers

3 Levels of benefits depending on the network you select:

- Tier 1 = Ardent “owned” facilities and providers network
- Tier 2 = UHC Choice Plus network
- Tier 3 = Out-of-Network

In Tier 2, UHC Choice Plus offers a vast network and low deductible and Out of Pocket maximums – **Want even more competitive coverage, go to an Ardent “owned” facility or provider in Tier 1!**



Medical Chart

	HDHP ¹			PPO Basic			PPO Premier		
	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network
Calendar Year Deductible									
Individual	\$1,500	\$3,000	\$6,000	\$500	\$2,500	\$5,000	\$200	\$1,500	\$3,000
Family	\$3,000	\$6,000	\$12,000	\$1,000	\$5,000	\$10,000	\$400	\$3,000	\$6,000
Out-of-Pocket Maximum³									
Individual	\$3,000	\$6,000	\$10,000	\$2,000	\$5,000	Unlimited	\$1,000	\$4,000	Unlimited
Family	\$6,000	\$12,000	\$20,000	\$4,000	\$10,000	Unlimited	\$2,000	\$8,000	Unlimited
Coinsurance	20%	40%	50%	10%	30%	50%	10%	20%	50%
Preventive Services	\$0	\$0	Not Covered	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Office Visit									
Primary Care Physician	20% after deductible	20% after deductible	50% after deductible	\$20 copay	\$40 copay	50% after deductible	\$10 copay	\$20 copay	50% after deductible
Specialist	20% after deductible	20% after deductible	50% after deductible	\$30 copay	\$60 copay	50% after deductible	\$20 copay	\$40 copay	50% after deductible
Urgent Care	20% after deductible	40% after deductible	50% after deductible	\$25 copay	\$60 copay	50% after deductible	\$15 copay	\$40 copay	50% after deductible
Hospital Care									
Inpatient	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$250 per admission	20% after deductible	50% after deductible
Outpatient	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$125 per admission	20% after deductible	50% after deductible
Emergency Room⁴	20% after deductible	40% after deductible	40% after deductible	\$150 copay	\$250 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Outpatient Lab & X-Ray	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible	50% after deductible	\$125 copay	\$250 copay	50% after deductible



Rx Chart

	HDHP ¹			PPO Basic			PPO Premier		
	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network	Ardent Network	UHC Choice Plus Network ²	Out-of-Network
Prescription Drugs⁵									
Retail (30-day supply)									
Generic	20% after calendar year deductible				\$15 copay			\$10 copay	
Preferred Brand	20% after calendar year deductible				20% copay - Max Cost \$70			20% copay - Max Cost \$50	
Non-Preferred Brand	20% after calendar year deductible				30% copay - Max Cost \$225			30% copay - Max Cost \$150	
Specialty Drugs	20% after calendar year deductible				30% copay - Max Cost \$250			30% copay - Max Cost \$200	
Mail-Order (90-day supply)									
Generic	20% after calendar year deductible				\$30 copay			\$20 copay	
Preferred Brand	20% after calendar year deductible				20% copay - Max Cost \$140			20% copay - Max Cost \$100	
Non-Preferred Brand	20% after calendar year deductible				30% copay - Max Cost \$450			30% copay - Max Cost \$300	



Medical

HDHP

Pay less now and more when you need care

HDHP plans cost less per paycheck, but the deductibles are higher. Make sure you know how the deductible works, and if the deductible amount is something you could afford in the event you need a lot of health care

OR

PPO

Pay more now and less when you need care

PPO Plans cost more per paycheck but the deductibles are lower. If you don't have a lot of health care needs, you could be spending money for benefits you don't use



UMR Plan Advisors

New for 2018 – UMR’s Plan Advisors offer concierge service to understand and use your medical benefits



Ardent’s dedicated phone line – weekdays from 7a.m. to 7p.m. CST

866-675-1610

- Understanding your plan – what’s covered and what it costs
- Learn about network tiers – deductibles, coinsurance, copays
- Provider search – Ardent and UMR Network facilities and providers
- Appointment scheduling



Benefits – Health Savings Account

Administered by WageWorks



Health Savings Account (HSA)

- **Must enroll in HDHP**
- You and Ardent can contribute in total
 - Up to \$3,450 for employee coverage
 - Up to \$6,900 for family coverage
- Ardent will match your contribution
 - Up to **\$500** for employee coverage
 - Up to **\$1,000** for all other coverage
- Deposits, earnings and withdrawals from the HSA are tax-free
- You may take any unused balances in your HSA account with you if you ever leave Ardent





Benefits – Rx

Administered by CVS/Caremark



Rx

- Use any in-network pharmacy
- Use same card as medical card
- Coverage for generic, preferred brand, non-preferred brand & specialty drugs
- Mail order service available
- Rx is included at no additional cost when you elect medical coverage
- Mandatory generic provision – If a generic drug is available and you or your doctor choose a brand-name drug, you will be responsible for the generic coinsurance or copay amount, PLUS the difference in cost between the brand dispensed and the generic



Wellness

Administered by Bravo

A Wellness

- Biometric screenings offer important information about your health status
- **You and your eligible spouse/domestic partner can earn discounts off your medical premium by completing a health assessment **and** participating in an annual wellness screening – offered onsite or with your provider**
- Plus earn additional discounts based on your results in the following areas:
 - Body Mass Index (BMI)
 - Negative Nicotine/Tobacco Use
- Bravo Wellness will send you a confidential, personalized Wellness Screening Results Report
- Participation is voluntary and confidential



Benefits – Dental

Administered by Delta Dental



Dental

- Two plan options through **Delta Dental**
 - Gold Plan
 - Silver Plan
- Both plans covers preventive, basic and major services
- Gold Plan offers orthodontia services for children and adults up to \$1,500 lifetime maximum
- Out-of-network benefits available at reduced coverage but competitive rates



Delta Dental PPO or Premier Network	Silver Plan	Gold Plan
Annual Deductible*		
Employee	\$50	\$50
Family	\$150	\$150
Annual Maximum Payment**		
Per Person, Per Calendar Year	\$1,000	\$1,500
Covered Services		
	Enrollee Pays:	
Diagnostic & Preventive Services Exams, Cleanings, Flouride, Sealants, X-rays	0%	0%
Basic Services Emergency Palliative Treatment, Minor Restorative Services, Periodontic, Endodontic	20%	10%
Major Services Crowns, Bridges, Implants, Dentures	50%	40%
Orthodontics (no age limit)	Not Covered	50%
Orthodontic Lifetime Benefit	Not Covered	\$1,500

*\$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic & preventive services.

**Per person total per calendar year on diagnostic & preventive, basic services, and major services.

Non-Participating Dentists are paid at the 90th Percentile!



Benefits – Vision

Administered by VSP



Vision Chart

Vision	In-Network Enrollee Pays	Open Access Enrollee Pays
Eye Exams		
Once every 12 months	\$20 copay	Charges over \$50
Frames		
Covered every 24 months	Charges over \$130	Charges over \$70
Lenses		
Covered every 12 months		
Single Lenses	\$0	Charges over \$50
Bifocal Lenses	\$0	Charges over \$75
Trifocal Lenses	\$0	Charges over \$100
Standard Progressive Lenses	\$50	Charges over \$75
Contacts		
Every 12 months: Contact lenses are covered in lieu of lenses or frames.	Charges over \$130	Charges over \$125

- One plan with network available through VSP
- Covers exams, frames lenses and contacts
- Out-of-network benefits available at reduced coverage



Benefits – Life & AD&D

Administered by CIGNA



Life and AD&D

- Company Paid Basic Life and AD&D
 - Pays 1 time your salary up to \$500,000
- Optional Life and AD&D
 - Elect an additional 1, 2, 3 or 4 times your salary (rounded to the next highest \$1,000) up to \$500,000
 - Life insurance coverage over \$250,000 will require Evidence of Insurability - **only applies to new elections**



Life and AD&D – Dependent Coverage

- Coverage available for spouse and children
 - Spouse Life and Accident Coverage amount - \$5,000 increments up to \$50,000
 - Child Life and Accident Coverage amount – \$5,000 or \$10,000



Benefits – Disability

Administered by CIGNA



Disability

- Long-Term Disability
 - Company paid coverage
 - 40% of monthly salary
 - Up to \$4,000 maximum monthly benefit
 - Optional coverage
 - Elect an additional 20% of coverage, for a total of 60% of monthly salary
 - Up to \$5,000 maximum monthly benefit
 - Benefits start after 90 days of disability



Benefits – Flexible Spending Accounts (FSA)

Administered by WageWorks

A Flexible Spending Arrangements (FSA)

3 types of Flexible Spending Accounts:

- Healthcare Spending Account
 - contribute up to \$2,650 for qualified health care expenses with pre-tax dollars
- Limited Purpose Healthcare Spending Account
 - contribute up to \$2,650 for eligible dental and vision expenses. This is a good plan option if you are enrolled in the HDHP and have a Health Savings Account (HSA).
- Dependent Care Spending Account
 - set aside up to \$5,000 (\$2,500 if married filing separately) to pay for child or elder care expenses

Enrollees can incur expenses through March 15, 2019 but must submit for reimbursement by March 31, 2019



Benefits – Retirement

Administered by Transamerica



Ardent Retirement Savings 401k Plan

- Full Time (>30 hours weekly) and Regular Part Time employees (> 20 hours weekly) will be eligible after 3 months from date of hire
- Contribute a % of your eligible pay up to the IRS limit
- Receive an employer match of **100%** of the first **3%** and **50%** **of** the next **2%**
- Fully vest in your employer match immediately which is contributed annually during the first quarter following plan year
- Choose from a variety of investment options

A Benefits – Other



Health Advocate

- Employee Assistance Plan
 - Professional and confidential counseling services designed to address personal concerns and life issues you are facing
 - Available to you and your dependents 24 hours a day, 7 days a week
 - Includes 5 face-to-face visits per issue
- Personal Health Advocate
 - Provides help with complex conditions, find specialists, address eldercare issues, clarify insurance coverage, work on claims denials, help you negotiate medical bills and more
- Personal Concierge
 - Access experts to help with a wide range of personal tasks like restaurant reservations, party / event planning, ticketing for sporting events, concerts, and other events, booking travel



Benefits – Resources

A Benefits – getardentbenefits.com

Benefits page includes:

- Enrollment web site login and instructions
- 2018 Benefits Guide
- Forms/Important Notices
- Contact information





How to Enroll in Benefits – *benefitsolver* system

- Ardent uses the *benefitsolver* system to electronically enroll you in benefits. It is an effective and convenient way to choose your benefits
- Enrollment period will begin on **11/7/2017** and will close on **11/22/2017**
- Visit getardentbenefits.com website and click on “Enroll Now” button, access www.getardentbenefits.com/enroll or call *benefitsolver* at 1-844-411-4780
- You have until **November 22, 2017**, to enroll in benefits. **If you have not selected and confirmed your benefit choices by this time you will not have benefits for 2018!**



Questions regarding benefits?

- **Benefitsolver** **1-844-411-4780**
 - Benefit counselors are available to:
 - Take your benefit elections and assist you with changes during the year due to a Qualified Life Event or status change
 - Help you with urgent eligibility issues
- **Health Advocate** **1-866-799-2728**
 - Personal Health Advocates are available to:
 - Help with complex conditions
 - Find specialists
 - Clarify insurance coverage / negotiate medical bills



Your Take Action Plan

- ✓ Attend an employee benefit meeting or fair
- ✓ Visit the getardentbenefits.com website to access Benefit Guide
- ✓ Starting **November 7, 2017**, enroll in benefits. The deadline to enroll is **November 22, 2017**
- ✓ Print your benefit summary after your final election as confirmation of enrollment



This presentation outlines the highlights of your plan options. For a complete list of covered and non-covered services, see your employee benefit summary or summary plan descriptions. If there are any differences between this presentation and the plan documents, the plan documents take precedence