



An Overview of **YOUR 2024 BENEFITS**

Benefits for Medical Directors

Your Rutland Regional Medical Center Benefits

Rutland Regional understands that you work hard to take care of yourself and your family, and we strive to provide you with a benefits package that helps you do just that. Although the cost of benefits continues to rise, we are committed to providing employees with the most competitive and affordable coverage possible. This guide provides detailed information about **Rutland Regional Medical Center's 2024 benefits** and associated costs. We encourage you to review this guide thoroughly in order to decide which benefits best meet the needs of you and your family.

Your HR team is here to help. If you have any questions or concerns, please contact: Kim Howard at 802.747.3667; Khoward@rrmc.org, or Brianna Youkova at 802.747.3674; Bayoukova@rrmc.org.



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2024 Rutland Regional Benefit Highlights

Changing Coverage During the 2024 Plan Year

You are allowed to make plan changes during the year, such as adding or removing dependents, enrolling, or waiving coverage only if you experience a “qualifying event” as defined by the IRS. Examples of qualifying events include, but are not limited to:

- ▶ Marriage or divorce
- ▶ Loss or gain of other benefits coverage
- ▶ Birth or adoption of a child
- ▶ Death or disability of spouse or dependent

In order to make such a change, you must notify HR within 31 days of the actual event and provide Human Resources with the required documentation confirming the event (*e.g., marriage license, birth or adoption certificate, letter from spouse’s current or former employer, etc.*).



Paying for Your Benefits

Most benefits are paid for with pre-tax contributions taken from your pay before Federal, Social Security, and State taxes are withheld. This lowers your taxable income and your subsequent income tax liability, lowering your actual cost for these benefits. **Note:** Voluntary life insurance premiums and short term disability premiums are taken post-tax.

Employee Eligibility

Full time employees and part time employees working 20 hours or more per week are eligible for Medical, Dental, Vision, FSA, Disability and Life Insurance benefits.

Whether you are a new hire or current employee transferring to a benefits eligible status, your benefits are effective the first of the month following 30 days of eligibility. Employees are also eligible for retirement benefits. You will find a high level overview of these benefits on page 16.

Eligible Dependents

In general, dependents eligible for Medical, Dental, Vision, Spouse Life, Child Life and FSA coverage are spouses (*if legally married*) and children up to age 26. For more information regarding dependent eligibility, supporting documentation and calculating actual costs, please contact HR. New hires and newly eligible employees must show proof of dependent eligibility.

Medical Insurance

Rutland Regional is pleased to offer 3 medical plan options through Blue Cross and Blue Shield of Vermont. We encourage you to review the plan options carefully (*both plan design and payroll contributions*) to determine which plan is the best fit for you and your family. The 2024 medical plan options are:

- ▶ Vermont Health Partnership POS Plan
- ▶ Vermont Freedom PPO Plan
- ▶ High Deductible PPO with HSA

IMPORTANT NOTE: Pharmacy benefits are included with each medical plan offered. They are outlined within the Benefit Highlights for each plan. Pharmacy benefits are provided by Navitus, a separate pharmacy benefits manager. Please see page 9 for additional information on Navitus and your pharmacy benefits.

For a summary of these plans, please refer to the charts on pages 4-7 of this booklet. Summaries of Benefits and Coverage (SBCs) can be found on [RRMC Sharepoint](#) under the Human Resources Medical Benefit Folder.

Vermont Health Partnership POS Plan

How the Plan Works

The POS plan is a tiered network plan meaning your level of coverage depends on which tier your provider and/or facility falls. **Tier 1** is Rutland Regional providers and facilities. You will pay the least out-of-pocket when you seek services in this tier. **Tier 2** is the VHP network (*including all VT hospitals, VT physicians, DHMC hospitals, and DHMC clinics*). This tier includes a higher upfront deductible and coinsurance on most services other than office visits and prescription drugs. **Tier 3** is all national Blue Card providers and **Tier 4** is non-BCBS participating providers. You will incur much greater out-of-pocket expenses when seeking care from a Tier 3 or Tier 4 provider.

It is important to note that emergency care is covered at the same level (*\$100 copay*) regardless of tier. If you are experiencing a medical emergency please seek care at the nearest provider. If you are admitted, the copay is waived and the inpatient benefit for the applicable tier will apply.

If you elect the POS plan, you must choose a Primary Care Physician (PCP) who works with you to coordinate all of your care. Your coverage does not require you to get referrals from your PCP when you use other providers. However, you must receive prior approval for certain services.

Finding a Provider

The best way to search for a provider in your plan's network is by using the member resource center. The find a doctor tool automatically pulls up the proper network for your search.

To locate a provider in the POS network, go to www.bcbsvt.com. From the Home page, select "Find a Doctor", then select "Find a Vermont Doctor" for providers in Vermont and DHMC providers. Under network, select "BCBSVT Network Providers". For the highest level of benefits (*Rutland Regional provider*), select "RRMC Accountable Care Providers" under network tier.

To locate a provider outside of Vermont, go to www.bcbsvt.com, select "Find a Doctor," and click on the "Find a National Doctor" link. For travel within the United States, select the "National Doctor & Hospital Finder" link. From there you will be able to search for providers. You will need to enter the first three letters in front of your member number from your ID card.

As a reminder, POS members need prior approval to go out-of-network outside of Vermont (other than DHMC clinics and hospitals) for anything other than emergency or urgent care.

POS Plan Summary

BENEFIT HIGHLIGHTS	Tier 1 Level of Coverage:	Tier 2 Level of Coverage:	Tier 3 Level of Coverage:	Tier 4 Level of Coverage:
	Rutland Regional	VHP Provider	Blue Card Provider	Non-Participating Provider
Your Medical Deductible	\$250 per Individual \$500 per Family	\$1,500 per Individual \$3,000 per Family	\$2,500 per Individual \$5,000 per Family	
Your Out-of-Pocket Limit <i>(Medical & Rx)</i>	\$2,500 per Individual \$5,000 per Family	\$3,000 per Individual \$6,000 per Family	\$5,000 per Individual \$10,000 per Family	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
	Tier 1: You Pay	Tier 2: You Pay	Tier 3: You Pay	Tier 4: You Pay
Preventive Office Visits Includes Well Baby, Adult Preventive, Gynecological	No member cost	No member cost	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
Primary Care Physician Visits	\$30 copayment	\$25 copayment	100% of charges	100% of charges
Specialist Office Visits	\$30 copayment	\$50 copayment	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
Chiropractic Visits Approval needed beyond 12 visits	See Tier 2	\$50 copayment	100% of charges	100% of charges
Acupuncture Visits 12 visit maximum	\$10 copayment	\$50 copayment	100% of charges	100% of charges
Outpatient Physical, Occupational and Speech Therapy Up to 30 visits combined per year	\$10 copayment	\$50 copayment	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
Diagnostic Laboratory Services	Covered 100%	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
Other Diagnostic Services <i>(e.g. x-rays)</i>	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
Emergency Room	\$100 copayment <i>(waived if admitted)</i>			
Outpatient Surgery	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
Inpatient Care	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
Annual Routine Vision Exam With a VSP Provider	Coverage based on VSP network. In-network VSP: \$20 copay; Out-of-Network: \$20 copayment and difference between provider charge and allowed price			

Pharmacy benefits are outlined on page 9.

Vermont Freedom PPO Plan

How the Plan Works

The Vermont Freedom PPO Plan has two levels of benefits – In-Network (*Preferred Provider*) or Out-of-Network (*Non-Participating Provider*). You will need to satisfy a deductible for both in and out-of-network services, however, your out-of-pocket costs will be less when you seek care at an in-network provider.

In-Network is any provider nationally that is part of the Blue Cross and Blue Shield Association. This plan can be a good option for an employee who receives care outside of Rutland Regional/VHP or who has covered dependents residing outside of BCBS of VT network.

The PPO plan does not require you to name a PCP, however you must receive prior approval for certain services.

Finding a Provider

To locate a provider go to www.bcbsvt.com and select “Find a Doctor.” Select “Find a Vermont Doctor” for providers in Vermont and DHMC providers.

To locate a provider outside of Vermont, please refer to the instructions on page 3 (*POS Plan – Finding a Provider*).

BENEFIT HIGHLIGHTS	In Network: Preferred Provider	Out-of-Network: Non-Participating Provider
	YOU PAY	YOU PAY
Your Medical Deductible	\$1,250 per Individual/ \$2,500 per Two Person or Family	\$2,500 per Individual/ \$5,000 per Two Person or Family
Your Out-of-Pocket Limit (<i>Medical & Rx</i>)	\$4,000 per Individual/ \$8,000 per Two Person or Family	\$5,000 per Individual/ \$10,000 per Two Person or Family
Lifetime Maximum	Unlimited	Unlimited
Preventive Office Visits Includes Well Baby, Adult Preventive, Gynecological	No member cost	Deductible then 40% coinsurance
Primary Care Physician Office Visits	\$35 copayment	Deductible then 40% coinsurance and balance bill
Specialist Office Visits	\$50 copayment	Deductible then 40% coinsurance and balance bill
Chiropractic Visits Approval needed beyond 12 visits	\$50 copayment	100% of charges
Acupuncture Visits 12 visit maximum	\$50 copayment	100% of charges
Outpatient Physical, Occupational, and Speech Therapy Up to 30 visits combined per Plan Year	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Emergency Room	\$35 copay for physician services and deductible then 20% coinsurance for facility services	
Diagnostic Services Includes laboratory and x-ray	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Outpatient Surgery	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Inpatient Care	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Annual Routine Vision Exam With a VSP Provider	Coverage based on VSP network. In-network VSP: \$20 copay; Out-of-Network: \$20 copayment and difference between provider charge and allowed price	

Pharmacy benefits are outlined on page 9.

High Deductible PPO Health Plan with HSA

Enrollment in this plan combines a high deductible health plan with a Health Savings Account (HSA). An HSA is a tax-free savings account owned by you that can be used for qualified medical expenses. Rutland Regional will be making an HSA contribution of \$500 per Individual and \$1,000 per Two Person or Family tier for 2024. More information on the HSA can be found on page 8.


How the Plan Works

This is a PPO plan meaning it has two levels of benefits – In-Network (*Preferred Provider*) and Out-of-Network (*Non-Preferred Provider*). In-Network is any provider nationally that is part of the Blue Cross and Blue Shield Association. This plan is another option for an employee who receives care outside of Rutland Regional/VHP or who has covered dependents residing outside of BCBS of VT network.

The PPO plan does not require you to name a PCP, however you must receive prior approval for certain services.

A high level summary of the plan design is included on page 7. Some of the key differences between this plan and the other plans offered by Rutland Regional are:

- ▶ The overall deductible must be satisfied in full before the plan begins to pay. The only medical services to which the deductible does not apply are preventive office visits and related labs/tests obtained at a network provider.
- ▶ With a few exceptions for preventive medications, prescription drugs are also subject to the deductible of this plan.
- ▶ Unlike the other plans, each covered member is not capped at their own Individual deductible amount. The full family deductible must be met (*either by one person or a combination of family members*) before the plan begins to pay.
- ▶ While you are able to cover your dependents to age 26 on the High Deductible PPO Plan, you may only use your HSA funds to reimburse for expenses incurred by an IRS tax dependents (*typically adult children who are in college*).



Finding a Provider

To locate a provider go to www.bcbsvt.com and select "Find a Doctor." Select "Find a Vermont Doctor" for providers in Vermont and DHMC providers.

To locate a provider outside of Vermont, please refer to the instructions on page 3 (*POS Plan – Finding a Provider*).

High Deductible PPO Plan Summary

BENEFIT HIGHLIGHTS	In Network: Preferred Provider	Out-of-Network: Non-Participating Provider
	YOU PAY	YOU PAY
Your Overall Deductible <i>(Medical & Rx)</i>	\$2,500 per Individual / \$5,000 per Two Person and Family Individual deductible only applies when the employee is the only person covered under the plan.	\$5,000 per Individual / \$10,000 per Two Person and Family Individual deductible only applies when the employee is the only person covered under the plan.
Your Out of Pocket Limit <i>(Medical & Rx)</i>	\$5,000 per Individual /\$10,000 per Two Person and Family (<i>no more than \$7,150 per person in the family</i>)	\$7,000 per Individual/\$14,000 per Two Person and Family Individual OOP maximum only applies when the employee is the only person covered under the plan.
Limited Maximum	Unlimited	Unlimited
Preventive Office Visits Includes Well Baby, Adult Preventive, Gynecological	No member cost	Deductible then 40% coinsurance and balance bill
Primary Care Physician Office Visits	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Specialist Office Visits	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Chiropractic Visits Approval needed beyond 12 visits	Deductible then 20% coinsurance	100% of charges
Acupuncture Visits 12 visit maximum	Deductible then 20% coinsurance	100% of charges
Outpatient Physical, Occupational, and Speech Therapy Up to 30 visits combined per Plan Year	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Emergency Room	Deductible then 20% coinsurance	Deductible then 20% coinsurance and balance bill
Diagnostic Services Includes laboratory and x-ray	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Outpatient Surgery	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Inpatient Care	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
Annual Routine Vision Exam With a VSP Provider	Coverage based on VSP network. In-network VSP: \$20 copay; Out-of-Network: \$20 copayment and difference between provider charge and allowed price	

Pharmacy benefits are outlined on page 9.

This is a benefit summary, in the event of any discrepancies please refer to your contract documents.

Health Savings Account (HSA)

An HSA is a tax-free savings account that can be used to pay for qualified medical expenses or to save for medical expenses in retirement. If you enroll in the High Deductible PPO plan, and meet the eligibility requirements outlined below, an HSA will be opened in your name. Rutland Regional has selected MyMoney HSA via BCBSVT as its HSA administrator.

For 2024, Rutland Regional will be making an annual contribution of \$500 per Individual and \$1,000 for all other coverage tiers into your Health Savings Account. This amount will be contributed to the HSA account in the first check of the month that the benefit becomes effective. Additionally, you can elect to make pre-tax payroll contributions to your HSA up to the annual limits established by the IRS.

Are You Eligible?

To qualify for an HSA, you must be enrolled in an HSA-qualified health plan, such as Rutland Regional's High Deductible PPO, and meet the following requirements:

- ▶ Have no other health coverage, such as a **flexible spending account**, military or VA benefits.
- ▶ Cannot be enrolled in any part of Medicare.
- ▶ Cannot be claimed as a dependent on someone else's tax return.

What Are the Benefits of an HSA?

HSA funds can be used for qualified medical, dental and vision expenses as outlined in IRS Publication 502. It does not have to be used only for expenses incurred under the High Deductible PPO. For a list of qualified expenses please, visit: https://learn.hellofurther.com/Individuals/Spending_Your_Account/Eligible_Expenses.

2024 HSA Contribution Limits

Individual: \$4,150 **All other tiers:** \$8,300

Catch-up contribution for participants age 55+: \$1,000

Note: these limits include both Rutland Regional's contributions and any employee contributions (through payroll or direct to MyMoney HSA via BCBSVT).

HSAs are similar to retirement accounts in that the funds rollover year-to-year and are portable if you change jobs or retire. Additionally, once you reach a balance of \$1,000 or more in your HSA, you are eligible to invest your balance in mutual funds. HSAs come with a **triple tax benefit**:

- 1. Reduces federal income taxes:** When you contribute to an HSA directly from your paycheck, you reduce your federal income tax by the amount you deposit in your HSA. You are also able to contribute post-tax (*directly with MyMoney HSA via BCBSVT, not through payroll*) and claim that contribution when filing your taxes.
- 2. Tax-free interest:** Your money earns interest while it is in the account and you do not pay taxes on the interest earned. Any gains on dollars invested in mutual funds are also tax-free.
- 3. Tax-free withdrawals:** You never pay taxes on HSA withdrawals when used to pay for qualified medical expenses, including medical, dental, vision, and pharmacy expenses.

How Do I Enroll?

- 1.** First you must enroll in the High Deductible PPO and confirm your HSA eligibility.
- 2.** Next, elect an amount to have deducted from your paycheck pre-tax. Note: Unlike most benefits, you can change this election at any time during the year.
- 3.** Employees who enroll will receive a welcome kit in the mail directly from MyMoney HSA via BCBSVT. Arriving in a separate mailing will be your HSA debit card, which you will need to call to activate. Employees can order additional debit cards for spouses and dependents online for no additional cost.

HSA Transfers

If you have a HSA from a prior employer, you are able to roll these funds into the MyMoney HSA via BCBSVT account. Please contact HR for additional information.

Pharmacy Benefits

Rutland Regional partners with Navitus to administer your prescription drug program.

Additionally, Rutland Regional has an on-site pharmacy for employees and their family members. The Rutland Regional Pharmacy can be reached at 802.747.1777. In addition to convenience, you will save money by using the Rutland Regional Pharmacy.

Reminder

90 day fills will be available at the Rutland Regional Pharmacy. If you prefer to have a 90 day mailed directly to your home, this will still be an option through Costco, Navitus's mail order vendor.

Additionally, specialty prescriptions can only be filled at the Rutland Regional Pharmacy or Lumicera (*Navitus*) Specialty (*unless a Limited Distribution Drug*).

How Much Will I Pay for My Prescriptions?

You will pay the applicable copay as shown below. For the POS and PPO plan, the Tier 2 and Tier 3 copays below will apply after your \$100 per Individual/ \$200 per Family RX deductible. For High Deductible PPO with HSA, these copays apply after the overall deductible is met.

Non-Specialty	30 day supply			90 day supply	
RX Deductible	POS/PPO plans: \$100 per Individual / \$200 per Family **Deductible does NOT apply to Tier 1** HDHP PPO with HSA: overall plan deductible applies before copays				
	Rutland Regional Pharmacy	Preferred Retail Pharmacy*	Other Retail Pharmacy	Rutland Regional Pharmacy	Costco Mail Order
Tier 1: Preferred generics & lower cost brands	\$5 copay	\$10 copay	\$20 copay	\$15 copay	\$30 copay
Tier 2: Preferred brand and non-preferred, high cost generics	\$25 copay	\$35 copay	\$45 copay	\$75 copay	\$90 copay
Tier 3: Non-preferred drugs	\$45 copay	\$55 copay	\$65 copay	\$135 copay	\$150 copay

*A listing of Preferred Retail Pharmacies can be found on the [RRMC Sharepoint](#).

Specialty		
	Rutland Regional Pharmacy	Lumicera Specialty
Specialty	\$45 copay	\$45 copay

Copay Assistance Program

Rutland Regional partners with PillarRx Consulting to help eligible members use copay assistance available from drug manufacturers for certain specialty medications. The copay assistance is used to reduce the out-of-pocket expenses that you incur for eligible drugs. Consequently, using the Copay Assistance Program may result in a savings for you and your family. If you take a specialty medication for which copay assistance is available, you will receive information from PillarRx about the program.

2024 Per Pay Period Costs (Bi-Weekly)

Employee Cost

Employees' per pay period costs are outlined below.

PER PAY PERIOD DEDUCTION FULL TIME	MEDICAL		
	POS	PPO	High Deductible PPO
Single	\$100.25	\$87.33	\$60.15
Employee + Spouse	\$236.45	\$205.98	\$141.87
Employee + Child(ren)	\$190.48	\$165.93	\$114.29
Family	\$329.93	\$287.42	\$219.95

PER PAY PERIOD DEDUCTION PART TIME	MEDICAL		
	POS	PPO	High Deductible PPO
Single	\$140.35	\$174.67	\$105.27
Employee + Spouse	\$331.03	\$411.96	\$248.28
Employee + Child(ren)	\$266.67	\$331.87	\$200.01
Family	\$461.91	\$574.83	\$384.92

Cost of Coverage

Rutland Regional Cost

The medical plan is one of the Rutland Regional Medical Center's single largest expenses. Rutland Regional contributes approximately 80%-82% to the cost of the POS and PPO and 84%-86% of the High Deductible PPO for full time employees. In 2024, **the hospital will contribute the amounts below per pay period** per enrolled full time employee:

RUTLAND REGIONAL PER PAY PERIOD COST	MEDICAL		
	POS	PPO	High Deductible PPO
Single	\$458.91	\$399.77	\$359.22
Employee + Spouse	\$965.75	\$841.30	\$759.78
Employee + Child(ren)	\$871.93	\$759.57	\$682.53
Family	\$1,347.56	\$1,173.90	\$1,177.94

Dental Insurance

Rutland Regional is pleased to offer dental insurance through Northeast Delta Dental. Employees have the option to enroll in the Comprehensive Plan or the Preventive Plan. Please see the below summary of benefits and visit www.nedelta.com to see if your provider is in the network or to find out more about Delta Dental's services. Within the *Provider Search* tool on www.nedelta.com, please select either the PPO or Premier network to look up your provider. Both of these provider designations are considered in-network. You will save more money by using PPO providers.

SERVICE	COMPREHENSIVE PLAN	PREVENTIVE PLAN
Preventive Services	100%	100%
Basic Restorative Services	80%	Not Covered
Major Restorative Services	50%	Not Covered
Calendar Year Deductible <i>(Applies to Basic and Major Only)</i>	\$50 per person/\$150 per family	Not Covered
Annual Maximum <i>(Applies to Basic & Major Only)</i>	\$2,000	Unlimited
Orthodontic Benefits <i>(For adults and children)</i>	50% to \$1,000 lifetime maximum	Not Covered

Just like with medical, getting your preventive dental services is an important part of staying healthy. Rutland Regional encourages all employees and family members to get their routine preventive services which are covered 100% (*no deductible*) in-network. Additionally, preventive and diagnostic services do not count towards your annual maximum.

2024 Per Pay Period Costs (*Bi-Weekly*)

Employees' per pay period costs are outlined below.

PER PAY PERIOD DEDUCTION FULL TIME	DENTAL	
	Comprehensive	Preventive
Single	\$9.40	\$2.24
Two Person	\$18.01	\$4.34
Family	\$32.95	\$8.74

PER PAY PERIOD DEDUCTION PART TIME	DENTAL	
	Comprehensive	Preventive
Single	\$15.04	\$3.08
Two Person	\$28.82	\$5.96
Family	\$52.72	\$12.01

Vision Insurance

Rutland Regional offers voluntary vision insurance through Vision Service Plan (VSP). While our medical plans cover routine eye exams, the VSP plan provides comprehensive benefits for lenses, frames and contact lenses.

To find a VSP doctor or an affiliate provider, visit vsp.com or call 800.877.7195. No ID card is necessary. At your appointment, tell them you have VSP, provide your VSP provider with your Social Security number and VSP will handle the rest. There are no claim forms to complete when you see a VSP provider.

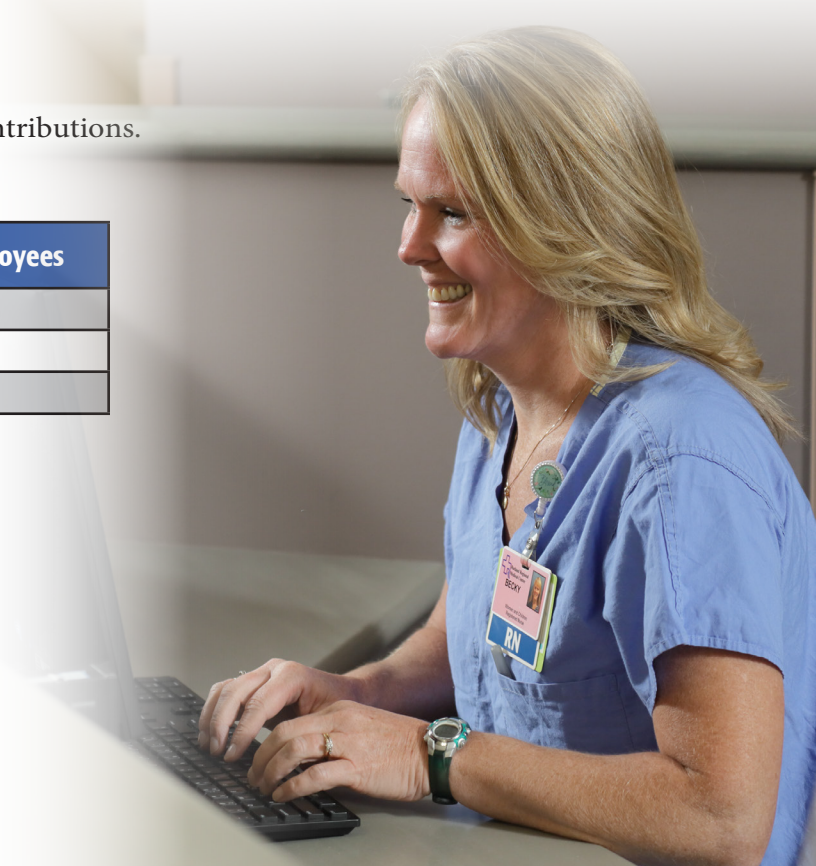
Below is a brief summary of your vision benefits.

VSP CHOICE PLAN		
	In-Network	Out-of-Network
Frequency		
Exam	Once per calendar year	
Lenses or Contact Lenses	Once per calendar year	
Frames	Once per calendar year	
Benefit		
Exam	\$20 copay	Reimbursed up to \$45
Frames	Covered up to \$140; 20% off remaining balance	Reimbursed up to \$70
Standard Plastic Lenses	\$20 copay Up to \$60 allowance for contact lens exam	Reimbursed \$30 - \$75 depending on lens type
Contact Lenses	\$120 allowance for contacts	Reimbursed up to \$105

2024 Per Pay Period Costs (*Bi-Weekly*)

Employees pay the full premium via pre-tax payroll contributions. Per pay period costs are outlined below.

PER PAY PERIOD DEDUCTION	Full & Part Time Employees
Single	\$2.97
Two Person	\$5.94
Family	\$9.56



Life Insurance

Group Life Insurance

Rutland Regional provides employees with a basic life and AD&D benefit at no cost to employees. You also have the option to purchase additional life insurance for you, your spouse and/or dependents. These benefits are offered through Voya, a top-tier life insurance carrier.

Life and AD&D Insurance

In the event of your death, your beneficiary will receive a benefit equal to 2 times your annual salary up to a maximum of \$1,000,000. If your death is a result of an accident, your beneficiary may be entitled to a separate benefit of 2 times your annual salary to a maximum of \$1,000,000, for a total of 4 times salary up to \$2,000,000. Evidence of Insurability is required for amounts over \$800,000.

Voluntary Life Insurance (Employee, Spouse & Child)

Employees: Employees may elect an additional 1-4 times salary to a maximum of \$1,000,000. Evidence of Insurability is required if you elect more than \$500,000 or 3 times Annual Earnings (*whichever is less*). If you do not enroll when initially eligible, you will have to submit Evidence of Insurability for any amount. If you are enrolled in the plan, you will have an opportunity to increase your election by one level at open enrollment with no Evidence of Insurability until you reach the guarantee issue amount. Employees may also elect supplemental AD&D insurance.

Spousal life: Increments of \$10,000 to a maximum of \$250,000 (*not to exceed 100% of the employee's basic and supplemental life insurance amount*). Rates are based on employee's age. **Please note that the plan does not allow enrollment for spouses employed at Rutland Regional Medical Center.**

Child life: Flat \$10,000 for children from birth to age 26.

Supplemental Life Monthly Rates – Employee & Spouse

Age	Rate/\$1,000 of Coverage
<25	\$0.055
25-29	\$0.055
30-34	\$0.068
35-39	\$0.089
40-44	\$0.128
45-49	\$0.213
50-54	\$0.404
55-59	\$0.642
60-64	\$0.893
65-69	\$1.313
70-74	\$1.968
75-79	\$3.039
80-84	\$5.950
85+	\$8.713

Supplemental Life Monthly Rate – Dependent Child(ren)

Rate (flat \$10,000 benefit)
\$2.00

Supplemental AD&D Monthly Rate – Employee Only

Rate/\$1,000
\$0.015

Disability Coverage

Short Term Disability

Rutland Regional provides you with employer-paid Executive Compensation to protect you in the event of an accident or illness that would extend beyond normal sick time, including maternity leave. Benefits are 100% of your weekly salary for up to 180 days.

Long Term Disability

Rutland Regional provides you with Voluntary Long Term Disability Insurance to protect you in the event of an extended disability that lasts beyond the 180 days of short term disability. Employees earning less than \$80,000 annually have two plan options to choose from:

- ▶ **Core Plan:** 60% of monthly earnings up to a maximum of \$3,500 per month.
- ▶ **Buy Up:** 70% of monthly earnings up to a maximum of \$4,500 per month.

Employees earning more than \$80,000 annually receive 60% of their monthly salary to a maximum of \$10,000. The premium for this benefit is paid entirely by Rutland Regional Medical Center. Should you go out on Long Term Disability, the benefit you receive from Prudential is currently subject to taxes. You are given the opportunity to pay the taxes on the value of the LTD premiums to ensure that you will receive any future disability benefit payments tax-free. If you elect to pay for the taxes on the value of the premium, Rutland Regional will add imputed income to your salary in the amount of the LTD premium. If you do not elect to pay the taxes on the value of the premium, Rutland Regional will pay the entire premium if you are disabled, your monthly disability benefit amount will be subject to taxes, thus lowering your overall benefit. You should strongly consider paying taxes on these premiums to ensure that you and your family will be protected should you become disabled.

CONTRIBUTORY LTD PLAN VALUE EXAMPLE		
	Employer Paid	Employee Pays Tax
Monthly Gross Earnings	\$8,333	\$8,333
Monthly Gross Benefit	\$5,000	\$5,000
% of Benefit that is Taxable	100%	0%
Tax Deducted from Benefit <i>(assumes 30% tax rate)</i>	\$1,500	\$0
Net Benefit Amount on LTD	\$3,500	\$5,000
MONTHLY COST OF TAX ON LTD PREMIUM		
Cost per Month <i>(assumes 30% tax rate)</i>	\$45.00 <i>(premium cost paid by Rutland Regional)</i>	\$13.50 <i>(cost of tax on LTD premium)</i>

Flexible Spending Accounts (FSAs)

Health Care Flexible Spending Account

The Health Care Account will reimburse you with pre-tax dollars for out-of-pocket health care expenses. Examples of eligible medical, dental or vision expenses include copayments, deductibles, coinsurance, and some over-the-counter drugs (*with a prescription*). Employees can elect up to \$3,050 annually for the Health Care FSA (*a minimum annual of \$130 is required for participation*). You have until March 15, 2025 to incur claims for the 2024 plan year. After March 15, these funds will be forfeited. You have until April 30, 2025 to submit claims for the 2024 plan year.

If you are enrolling in the High Deductible PPO with HSA you cannot enroll in the Health Care Flexible Spending Account.

Dependent Care Account

The Dependent Care Account will reimburse you with pre-tax dollars for dependent care expenses (*child and elder care*) so that you and your spouse can work. Eligible expenses include: daycare tuition, summer day camp fees and salary paid to qualified care providers such as babysitters and nannies (*provided they file taxes*). The maximum annual deferral is \$5,000 per household; therefore if your spouse also contributes to their Dependent Care account at work, the maximum you can each defer is \$2,500 per year. See <https://www.ebpaenefits.com/members/faqs-how-tos> for more information regarding additional qualified dependents.

Reimbursements and the Debit Card

As you incur eligible expenses, simply submit a request for reimbursement to EBPA. As an additional convenience, you will be issued an EBPA Debit Card to directly access your FSA funds when paying for eligible health care and dependent care expenses at the point of purchase, which eliminates the need for requesting a reimbursement. (*Dependent Care note: you can only access the amount you have contributed to date via payroll deduction.*) If you cannot use your card at the point of service, you can pay out-of-pocket, fill out a claim form (*with the proper receipts*) and file for reimbursement. Please retain all itemized receipts and documentation in case EBPA or the IRS requests substantiation.

Here is an example of how an FSA saves you money:

	WITH AN FSA	WITHOUT AN FSA
Gross Monthly Pay	\$3,500	\$3,500
Pre-Tax Contributions		
Medical Expenses	-\$200	\$0
Dependent Care Expenses	-\$400	\$0
Total	-\$600	\$0
Taxable Monthly Income	\$2,900	\$3,500
Taxes (federal, state, FICA)	-\$802	-\$968
Out-of-Pocket Expenses	\$0	-\$600
Monthly Take-Home Pay	\$2,098	\$1,932
Net Increase in Take-Home Pay	\$166/month!	N/A

Retirement Benefits

403(b) Plan

Rutland Regional is pleased to offer employees the opportunity to build a retirement savings through a 403(b) plan.

This plan allows eligible employees to defer from 1% to 80% of their salary on a pre-tax basis into the plan. Employees may also choose a Roth option. Rutland Regional matches employee deferrals at a rate of 25% up to a maximum of 2% of the deferral amount. The matching contributions begin as soon as the employee begins their deferral. New employees are automatically enrolled into the plan after 30 days of employment.

In addition, Rutland Regional may contribute discretionary Non-Elective contributions to eligible employee accounts after they have completed at least one Year of Service. (*Per Diem employees, while eligible for the match, are ineligible for the Non-Elective contribution*). The contribution percentage is based upon your age and completed Years of Service as follows:

COMBINED AGE AND YEARS OF SERVICE	PERCENTAGE OF COMPENSATION
<40	4%
40-59	6%
60-79	8%
80+	10%

Both employee and Rutland Regional contributions to the plan are fully vested once they are made. (*See the plan document on the Human Resources page on the Rutland Regional Medical Center portal for further details.*)

The plan is administered through Fidelity Investments and employees have a wide variety of investment choices to choose from. Employees may contact Fidelity at 1-800-343-0860 and online at <https://nb.fidelity.com/public/nb/atwork/home>.

Additional Retirement Benefits - 457(b) Plan

Another Retirement Plan option for leaders, advanced practice providers and physicians, this additional elective deferred compensation plan can help you address the dual dilemma of high taxes and high savings needs.

Here are some of the key features of the Rutland Regional 457(b) Plan:

- ▶ You can save up to the IRS deferral limit.
- ▶ Contributions to the plan are deducted from your paycheck and taxes are deferred until distribution.
- ▶ Your contributions are separated into an account specifically for your benefit and are immediately 100% vested.
- ▶ You have a range of mutual fund investment options from which to select.
- ▶ If you change employers or retire, you may roll these assets to another eligible 457(b) retirement plan or make a distribution election.
- ▶ There is no 10% early withdrawal penalty if you withdraw before age 59½, and required minimum distributions must begin at 70½.
- ▶ The Rutland Regional 457(b) Plan is a non-qualified, employer-sponsored retirement plan that falls outside of Employee Retirement Income Security Act (ERISA) guidelines.
- ▶ Any non-qualified plan account is a bookkeeping entry on the plan sponsor's financial statements. In the event of a bankruptcy, you will be treated as a general creditor of the plan sponsor. For more information on the plan, please refer to applicable plan document.

The Rutland Regional 457(b) Plan is administered through Fidelity Investments. If you are interested in enrolling, please contact Human Resources for more information.

Other Benefits

Rutland Regional offers a variety of other benefits to employees including but not limited to an Employee Assistance Program (EAP), Combined Time Off (CTO), continuing education, tuition reimbursement, and 529 college savings plans. Visit the Human Resources page on the Rutland Regional Medical Center portal as well as Rutland Regional policies for further information.

BENEFIT	CARRIER/VENDOR	CONTACT INFORMATION
Medical	Blue Cross Blue Shield of Vermont	1.800.247.2583 www.bcbsvt.com
Pharmacy	Navitus	1.866.333.2757 www.Navitus.com
HSA	MyMoney HSA via BCBSVT	1.866.999.2605 www.bcbsvt.com/mymoney
Dental	Northeast Delta Dental	1.800.832.5700 www.nedelta.com
Vision	VSP	1.800.877.7195 www.vsp.com
Flexible Spending Accounts	EBPA	1.800.343.0860 http://www.ebpabenefits.com
Life Insurance	Voya	1.800.955.7736
Short Term Disability	Rutland Regional Executive Compensation	Sherri Sammis 1.802.747.3673 scsamis@rrmc.org
Long Term Disability	Prudential	To check on claim status: 1.800-842-1718 www.prudential.com/mybenefits
Retirement – 403(b)	Fidelity	1.800.343.0860 https://nb.fidelity.com/public/nb/atwork/home
Employee Assistance Plan	KGA	1.800.648.9557 my.kgalifeservices.com (company code: rrmc)
Employee Support at Rutland Regional	Behavioral Health Community Resource Coordinator/ Life Navigator	Sheila Sharrow: 1.802.747.1857 Kate Tibbs: 1.802.855.1444

Important Medical Plan Disclosures for 2024

- A. Rutland Regional Medical Center's POS health plan requires 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. Until you make this designation, Rutland Regional Medical Center's group health plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact BCBS at www.bcbsvt.com.
- B. For children you may designate a pediatrician as the primary care provider.
- C. You do not need prior authorization from Rutland Regional Medical Center's group health plan or from any other person (*including a primary care provider*) in order to obtain access to obstetrical or gynecological care from a health care professional in our network. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact BCBSVT at www.bcbsvt.com.
- D. Women's Health and Cancer Rights Act: The Rutland Regional Medical Center's health plans, as required by the Women's Health and Cancer Rights Act of 1998, provide benefits for mastectomy- related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. This coverage may be subject to annual deductibles and coinsurance provisions applicable to other such medical and surgical benefits provided under the plan. Please refer to your Summary Plan Description (*SPD*) for deductibles and coinsurance information applicable to the plan in which you choose to enroll. For more information, contact BCBSVT at www.bcbsvt.com.

Please note this guide provides a high level summary of plan provisions. Complete details on each plan are subject to the provisions of the Summary Plan Description and plan documents.



Notes

Notes



Healthy You. Healthy Together.

November 2023