



# **An Overview of YOUR 2025 BENEFITS**

Benefits for Leaders

# Your Rutland Regional Medical Center Benefits

**Rutland Regional Medical Center** 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 2025 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](mailto:Khoward@rrmc.org), or Brianna Youkova at 802.747.3674; [Bayoukova@rrmc.org](mailto:Bayoukova@rrmc.org).



HIP REPLACEMENT



KNEE REPLACEMENT



**BlueCross  
BlueShield**  
Vermont

**BlueDistinction®**  
Maternity Care

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# 2025 Benefit Highlights

## Changing Coverage During the 2025 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. Voluntary Supplemental Health Insurance is employee-paid.

## Employee Eligibility

Full time employees and part time employees working 20 hours or more per week are eligible for Medical, Dental, Vision, FSA, Disability, Life Insurance, and Voluntary Supplemental Health 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 17.

## Eligible Dependents

In general, dependents eligible for Medical, Dental, Vision, Spouse Life, Child Life, FSA, and Voluntary Supplemental Health 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 Medical Center 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 2025 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 Medical Center 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](http://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 Medical Center provider*), select "RRMC Accountable Care Providers" under network tier.

To locate a provider outside of Vermont, go to [www.bcbsvt.com](http://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 Medical Center	VHP Provider	Blue Card Provider	Non-Participating Provider
<b>Your Medical Deductible</b>	\$250 per Individual \$500 per Family	\$1,500 per Individual \$3,000 per Family	\$2,500 per Individual \$5,000 per Family	
<b>Your Out-of-Pocket Limit</b> (Medical & Rx)	\$2,500 per Individual \$5,000 per Family	\$3,000 per Individual \$6,000 per Family	\$5,000 per Individual \$10,000 per Family	
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
	<b>Tier 1: You Pay</b>	<b>Tier 2: You Pay</b>	<b>Tier 3: You Pay</b>	<b>Tier 4: You Pay</b>
<b>Preventive Office Visits</b> Includes Well Baby, Adult Preventive, Gynecological	No member cost	No member cost	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Primary Care Physician Visits</b>	See Tier 2	\$25 copayment	100% of charges	100% of charges
<b>Specialist Office Visits</b>	\$30 copayment	\$50 copayment	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Chiropractic Visits</b> Approval needed beyond 12 visits	See Tier 2	\$50 copayment	100% of charges	100% of charges
<b>Acupuncture Visits</b> 12 visit maximum	\$10 copayment	\$50 copayment	100% of charges	100% of charges
<b>Outpatient Physical, Occupational and Speech Therapy</b> Up to 30 visits combined per year	\$10 copayment	\$50 copayment	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Diagnostic Laboratory Services</b>	Covered 100%	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Other Diagnostic Services</b> (e.g. x-rays)	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Emergency Room</b>	\$100 copayment (waived if admitted)			
<b>Outpatient Surgery</b>	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Inpatient Care</b>	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 40% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Annual Routine Vision Exam</b> 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 Medical Center/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](http://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
<b>Your Medical Deductible</b>	\$1,250 per Individual/ \$2,500 per Two Person or Family	\$2,500 per Individual/ \$5,000 per Two Person or Family
<b>Your Out-of-Pocket Limit</b> ( <i>Medical &amp; Rx</i> )	\$4,000 per Individual/ \$8,000 per Two Person or Family	\$5,000 per Individual/ \$10,000 per Two Person or Family
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Preventive Office Visits</b> Includes Well Baby, Adult Preventive, Gynecological	No member cost	Deductible then 40% coinsurance
<b>Primary Care Physician Office Visits</b>	\$35 copayment	Deductible then 40% coinsurance and balance bill
<b>Specialist Office Visits</b>	\$50 copayment	Deductible then 40% coinsurance and balance bill
<b>Chiropractic Visits</b> Approval needed beyond 12 visits	\$50 copayment	100% of charges
<b>Acupuncture Visits</b> 12 visit maximum	\$50 copayment	100% of charges
<b>Outpatient Physical, Occupational, and Speech Therapy</b> Up to 30 visits combined per Plan Year	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Emergency Room</b>	\$35 copay for physician services and deductible then 20% coinsurance for facility services	
<b>Diagnostic Services</b> Includes laboratory and x-ray	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Outpatient Surgery</b>	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Inpatient Care</b>	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Annual Routine Vision Exam With a VSP Provider</b>	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 Medical Center will be making an HSA contribution of \$500 per Individual and \$1,000 per Two Person or Family tier for 2025. 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 Medical Center/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 Medical Center 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](http://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
<b>Your Overall Deductible</b> (Medical & Rx)	\$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.
<b>Your Out of Pocket Limit</b> (Medical & Rx)	\$5,000 per Individual /\$10,000 per Two Person and Family (no more than \$7,150 per person in the family)	\$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.
<b>Limited Maximum</b>	Unlimited	Unlimited
<b>Preventive Office Visits</b> Includes Well Baby, Adult Preventive, Gynecological	No member cost	Deductible then 40% coinsurance and balance bill
<b>Primary Care Physician Office Visits</b>	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Specialist Office Visits</b>	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Chiropractic Visits</b> Approval needed beyond 12 visits	Deductible then 20% coinsurance	100% of charges
<b>Acupuncture Visits</b> 12 visit maximum	Deductible then 20% coinsurance	100% of charges
<b>Outpatient Physical, Occupational, and Speech Therapy</b> Up to 30 visits combined per Plan Year	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Emergency Room</b>	Deductible then 20% coinsurance	Deductible then 20% coinsurance and balance bill
<b>Diagnostic Services</b> Includes laboratory and x-ray	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Outpatient Surgery</b>	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Inpatient Care</b>	Deductible then 20% coinsurance	Deductible then 40% coinsurance and balance bill
<b>Annual Routine Vision Exam</b> 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 Medical Center has selected MyMoney HSA via BCBSVT as its HSA administrator.

**For 2025, Rutland Regional Medical Center 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 Medical Center'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](https://learn.hellofurther.com/Individuals/Spending_Your_Account/Eligible_Expenses).

#### 2025 HSA Contribution Limits

**Individual:** \$4,300      **All other tiers:** \$8,550

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

**Note:** these limits include both Rutland Regional Medical Center'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 Medical Center partners with Navitus to administer your prescription drug program.

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

### Reminder

90 day fills will be available at the Rutland Regional Medical Center 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 Medical Center 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 Medical Center Pharmacy	Preferred Retail Pharmacy*	Other Retail Pharmacy	Rutland Regional Medical Center 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 Medical Center Pharmacy	Lumicera Specialty
<b>Specialty</b>	\$45 copay	\$45 copay

### Copay Assistance Program

Rutland Regional Medical Center 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.

## 2025 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	\$105.97	\$92.31	\$63.58
Employee + Spouse	\$249.93	\$217.72	\$149.96
Employee + Child(ren)	\$201.34	\$175.39	\$120.80
Family	\$348.74	\$303.80	\$232.49

PER PAY PERIOD DEDUCTION PART TIME	MEDICAL		
	POS	PPO	High Deductible PPO
Single	\$148.35	\$184.62	\$111.27
Employee + Spouse	\$349.90	\$435.45	\$262.43
Employee + Child(ren)	\$281.87	\$350.79	\$211.41
Family	\$488.23	\$607.60	\$406.86

## Cost of Coverage

### Rutland Regional Medical Center Cost

The medical plan is one of the Rutland Regional Medical Center's single largest expenses. Rutland Regional Medical Center 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 2025, **the hospital will contribute the amounts below per pay period** per enrolled full time employee:

RUTLAND REGIONAL MEDICAL CENTER PER PAY PERIOD COST	MEDICAL		
	POS	PPO	High Deductible PPO
Single	\$485.07	\$422.56	\$379.70
Employee + Spouse	\$1,020.80	\$889.26	\$803.08
Employee + Child(ren)	\$921.63	\$802.87	\$721.44
Family	\$1,424.37	\$1,240.81	\$1,245.09



# Dental Insurance

Rutland Regional Medical Center 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](http://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](http://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
<b>Preventive Services</b>	100%	100%
<b>Basic Restorative Services</b>	80%	Not Covered
<b>Major Restorative Services</b>	50%	Not Covered
<b>Calendar Year Deductible</b> (Applies to Basic and Major Only)	\$50 per person/\$150 per family	Not Covered
<b>Annual Maximum</b> (Applies to Basic & Major Only)	\$2,000	Unlimited
<b>Orthodontic Benefits</b> (For adults and children)	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 Medical Center 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.

## 2025 Per Pay Period Costs (*Bi-Weekly*)

Employees' per pay period costs are outlined below.

PER PAY PERIOD DEDUCTION FULL TIME	DENTAL	
	Comprehensive	Preventive
<b>Single</b>	\$9.75	\$2.33
<b>Two Person</b>	\$18.69	\$4.50
<b>Family</b>	\$34.21	\$9.07

PER PAY PERIOD DEDUCTION PART TIME	DENTAL	
	Comprehensive	Preventive
<b>Single</b>	\$15.61	\$3.20
<b>Two Person</b>	\$29.91	\$6.19
<b>Family</b>	\$54.73	\$12.47

# Vision Insurance

Rutland Regional Medical Center 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](https://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. Visit [vsp.com/offers](https://vsp.com/offers) to find additional opportunities to save on 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 \$250; 20% off remaining balance	Reimbursed up to \$70
Standard Plastic Lenses	\$20 copay	Reimbursed \$30 - \$75 depending on lens type
Contact Lenses	\$200 allowance for contacts Up to \$60 copay for contact lens exam	Reimbursed up to \$105
Lens Enhancements Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses Tints/Light Reactive Lenses	\$0 copay \$95 to \$105 copay \$150 to \$175 copay \$0 copay	Reimbursement may vary
VSP LightCare	\$250 allowance for ready made non-prescription sunglasses or ready made non-prescription blue light filtering glasses, instead of prescription glasses or contacts; \$20 copay	Reimbursement may vary

## 2025 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
<b>Single</b>	\$4.46
<b>Two Person</b>	\$8.93
<b>Family</b>	\$14.36

# Life Insurance

## Group Life Insurance

Rutland Regional Medical Center 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	\$0.060
30-34	\$0.080
35-39	\$0.090
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	\$2.060
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 Medical Center offers you with Short Term Disability Insurance to protect you in the event of an accident or illness that would extend beyond normal sick time, including the maternity disability period. As a Leader, benefits are 100% of your base pay and begin following a 10 business day elimination period. Benefits last up to 26 weeks, including the elimination period. **This benefit does require approval from Prudential.**

## Long Term Disability

Rutland Regional Medical Center 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 Medical Center 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 Medical Center 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 (assumes 30% tax rate)	\$1,500	\$0
Net Benefit Amount on LTD	\$3,500	\$5,000
MONTHLY COST OF TAX ON LTD PREMIUM		
Cost per Month (assumes 30% tax rate)	\$45.00 (premium cost paid by Rutland Regional Medical Center)	\$13.50 (cost of tax on LTD premium)



# Voluntary Supplemental Health Insurance

In addition to health, wellbeing, and financial benefits, Rutland Regional Medical Center offers Voluntary Supplemental Health Insurance through Voya. You can enroll in three types of Voluntary Supplemental Health Insurance:

- ▶ Accident Insurance
- ▶ Hospital Indemnity Insurance
- ▶ Critical Illness Insurance

Note: These benefits are not sponsored by Rutland Regional Medical Center; you will pay the full cost of coverage. However, Rutland Regional Medical Center gives you the opportunity to participate at reasonable rates and you can pay for coverage through convenient payroll deductions.

These plans are not a replacement for your medical insurance coverage.

## Accident Insurance

Accident Insurance pays a lump sum benefit for accidental on- and off-the-job injuries, plus benefits associated with the treatment of the injury. Because accident insurance is supplemental, it pays in addition to other coverage. The coverage can be used on its own or to fill a gap left by other coverage, and the benefits are paid directly to you unless assigned elsewhere. The coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation/fracture, hospitalization confinement, intensive care, ambulance service, medical expenses and more.

## Critical Illness Insurance

Critical Illness insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. You select the benefit coverage amount that you want based on your individual need and your budget. If you have covered family members, coverage also provides cash benefits for them. If diagnosed with a covered critical illness – such as heart attack, cancer or stroke – you will receive a cash benefit based on the percentage payable for the condition.

Please note that not all employees will be eligible for all Voluntary Supplemental Health Insurance benefit plans. For details on Accident, Hospital Indemnity,

and Critical Illness Insurance, visit [presents.voya.com/EBRC/RRMC](https://presents.voya.com/EBRC/RRMC) to learn more or call 877.236.7564.

## Hospital Indemnity Insurance

Hospital Indemnity pays a lump-sum benefit if you or a covered member of your family is hospitalized. Payments are made directly to you, not your healthcare provider, to help you pay for out-of-pocket costs, such as health insurance deductibles and copayments—or for anything that you see fit.

## Hospital Indemnity Notice

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- » The payment you get isn't based on the size of your medical bill.
- » There might be a limit on how much this policy will pay each year.
- » This policy isn't a substitute for comprehensive health insurance.
- » Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- » Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options. There might be a limit on how much this policy will pay each year.
- » To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about this policy?

- » For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- » If you have this policy through your job, or a family member's job, contact the employer.

# 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 \$3,200 annually for the Health Care FSA (*a minimum annual of \$130 is required for participation*). You have until March 15, 2026 to incur claims for the 2025 plan year. After March 15, these funds will be forfeited. You have until April 30, 2026 to submit claims for the 2025 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.ebpabenefits.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
<b>Gross Monthly Pay</b>	\$3,500	\$3,500
<b>Pre-Tax Contributions</b>		
Medical Expenses	-\$200	\$0
Dependent Care Expenses	-\$400	\$0
Total	-\$600	\$0
<b>Taxable Monthly Income</b>	\$2,900	\$3,500
<b>Taxes</b> ( <i>federal, state, FICA</i> )	-\$802	-\$968
<b>Out-of-Pocket Expenses</b>	\$0	-\$600
<b>Monthly Take-Home Pay</b>	\$2,098	\$1,932
<b>Net Increase in Take-Home Pay</b>	<b>\$166/month!</b>	N/A

# Retirement Benefits

## 403(b) Plan

Rutland Regional Medical Center 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 Medical Center matches employee deferrals at a rate of 50% 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 Medical Center 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*). Eligible employees hired after April 4, 2004 receive a level percentage currently at 4% of Compensation. Employees hired before April 4, 2004 and physicians receive the contribution through a tiered system based upon combined age and years of service. Both employee and Rutland Regional Medical Center 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 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 Medical Center 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 Medical Center 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 Medical Center 457(b) Plan is administered through Fidelity Investments. If you are interested in enrolling, please contact Human Resources for more information.**



# Combined Time Off

Rutland Regional Medical Center provides employees with a time off program that combines accrued vacation, sick, and holiday time into one “bank” called Combined Time Off (CTO).

## Eligibility:

- ▶ After successfully completing three months of employment, part and full-time employees will be credited with CTO equal to a three-month accrual. Employees may use accrued CTO for holiday time only during those three months.
- ▶ Salary exempt employees accrue Combined Time Off on a flat rate basis (see *CTO Accrual Rates and Maximums Chart on the Combined Time Off Policy located on the RRMC Portal*).
- ▶ Hourly, non-exempt employees, who hold an FTE, accrue Combined Time Off based on an accrual rate derived from their assigned FTE and tenure, and actual hours worked.
- ▶ Per diem employees do not accrue Combined Time Off.
- ▶ CTO Accrual Rates and Maximums are shown below for 1.0 FTEs with 1, 5 and 10 years of service. The full policy, including the complete accrual rate and maximum chart, can be found on the employee portal.

YEARS OF SERVICE	FTE	PAY PERIOD ACCRUAL	ANNUAL ACCRUAL	CARRYOVER MAXIMUM
1	1.0	9.85	256	256
5	1.0	10.15	264	264
10	1.0	10.46	272	272





# Tuition Reimbursement

Rutland Regional Medical Center provides a Tuition Reimbursement Program designed to support the organization's commitment to the growth and development of its staff through educational experience, while supporting the strategic goals of the organization.

- ▶ Full time employees (.90 FTE or higher) are eligible for reimbursement up to \$3,600 per calendar year.
- ▶ Part-time employees (.50 FTE-.89 FTE) are eligible for reimbursement up to \$2,700 per calendar year.
- ▶ An eligible employee must have successfully completed their initial 90 day orientation period prior to the date the course/program begins.

Please refer to the full policy on the employee portal for detailed program guidelines.



# Other Benefits

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

BENEFIT	CARRIER/VENDOR	CONTACT INFORMATION
Medical	Blue Cross Blue Shield of Vermont	1.800.247.2583 <a href="http://www.bcbsvt.com">www.bcbsvt.com</a>
Pharmacy	Navitus	1.866.333.2757 <a href="http://www.Navitus.com">www.Navitus.com</a>
HSA	MyMoney HSA via BCBSVT	1.866.999.2605 <a href="http://www.bcbsvt.com/mymoney">www.bcbsvt.com/mymoney</a>
Dental	Northeast Delta Dental	1.800.832.5700 <a href="http://www.nedelta.com">www.nedelta.com</a>
Vision	VSP	1.800.877.7195 <a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts	EBPA	1.800.343.0860 <a href="http://www.ebpabenefits.com">http://www.ebpabenefits.com</a>
Life Insurance	Voya	1.800.955.7736
Short Term Disability	Prudential	To check on claim status: 1.800.842.1718 <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Long Term Disability	Prudential	To check on claim status: 1.800.842.1718 <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Supplemental Health Insurance (Critical Illness, Hospital Indemnity, Accident)	Voya	1.877.236.7564 <a href="http://presents.voya.com/EBRC/RRMC">http://presents.voya.com/EBRC/RRMC</a>
Retirement – 403(b)	Fidelity	1.800.343.0860 <a href="https://nb.fidelity.com/public/nb/atwork/home">https://nb.fidelity.com/public/nb/atwork/home</a>
Employee Assistance Plan	KGA	1.800.648.9557 <a href="http://my.kgalifeservices.com">my.kgalifeservices.com</a> (company code: rrmc)
Employee Support at Rutland Regional Medical Center	Behavioral Health Community Resource Coordinator/ Life Navigator	Sheila Sharrow: 1.802.747.1857 Kate Tibbs: 1.802.855.1444

# Important Medical Plan Disclosures for 2025

- 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](http://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](http://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](http://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

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## Notes

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Healthy You. Healthy Together.

November 2024