

WHO IS ELIGIBLE



If you are a full-time employee (30+ hours per week) you are able to enroll in the benefits described in this guide. Retirees are also eligible for coverage.

Applicable premiums will be withheld at pre-tax level unless you advise HR otherwise.

HOW TO ENROLL



All enrollments need to be entered on the Ease platform (<https://hendrickshosp.ease.com>). You will receive information on how to log in from Human Resources. Make sure your enrollment elections are complete before your enrollment deadline.

WHEN TO ENROLL



New Hire Waiting Period	1 st of the month following date of hire
Open Enrollment Period	Takes place November 28 – December 9. The benefits you elect during open enrollment will be effective January 1, 2023

HOW TO MAKE CHANGES



Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partners benefits or employment status, reduction in hours, or marketplace open enrollment. See HIPAA Special Enrollment Rights later in this packet for notification requirements. **All Qualifying event notices MUST be communicated to HR no later than 30 days from the date of the Qualifying Event.**

ON THE GO ACCESS



The Ease mobile app is available to download in the App or Play Store. The app provides a quick summary of your benefits with plan information and access policy numbers from any location. You can take a picture of your ID cards for on the go use.

Team Name: hendrickshosp.ease.com

MEDICAL INSURANCE

Administered by Avera Health Plans

IN NETWORK BENEFIT DETAILS	\$2,600 HDHP HSA QUALIFIED*	\$4,500 HDHP HSA QUALIFIED*
Deductible	\$2,600 – Single \$5,200 – Family	\$4,500 – Single \$9,000 – Family
Coinsurance (% you pay after deductible is met)	25%	25%
Out of Pocket Maximum	\$5,500 – Single \$11,000 – Family	\$6,450 – Single \$12,900 – Family
Preventive Care	FREE!!	FREE!!
Avera Health Plans Virtual Care	\$69	\$69
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic Care	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health Office Visit	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Labs & X-Rays	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Medications	Deductible & Coinsurance	Deductible & Coinsurance
TIER 1 - EMPLOYEE PREMIUMS PER PAYCHECK (24) Available for employees working/paid 38 hours per week whose spouse is not eligible for insurance through their employer. Simple attestation is required.		
Employee	\$84.83	\$33.51
Employee + 1	\$327.18	\$201.42
Family	\$368.61	\$226.90
TIER 2 - EMPLOYEE PREMIUMS PER PAYCHECK (24) Available for employees regularly working/paid 30 hours per week who do not qualify for Tier 1		
Employee	\$84.83	\$33.51
Employee + 1	\$479.92	\$354.86
Family	\$540.70	\$399.78

*HCHA matches your HSA contribution \$1 for \$1 to a maximum of \$40 per pay period up to \$960 per year.

This is a brief summary of benefits. Please refer to the Summary of Benefits and Coverage (SBC) in this Benefit Guide for additional coverage details. If you have benefit questions, refer to the Contact Pages.



Feel Better Now with Avera Health Plans Virtual Visits

Our virtual visit program connects you to a provider 24/7 for simple illnesses such as:

- Colds
- Sinus infections
- Urinary tract infections
(Must be female and 16-65 years old.)
- Seasonal allergies
- Flu
- Rashes
- Fever
- Pink eye
- Vomiting
- Headache
- Diarrhea
- Acid reflux
- Cold sores

**Visit the Member page on AveraHealthPlans.com for more information on use of virtual visits and its potential affect on your benefits.

Download the virtual visit mobile app at AveraVisits.com



*For most members. Some limitations apply. NOTE: IRS guidelines indicate that members with HSA-eligible plans may be subject to tax penalties if they use the free virtual visits. If you have an HSA-eligible plan, you may use your HSA or Flex spending dollars for this service.



Navigating Care Away From Home

If you are traveling outside our service area and need urgent medical care, please present your Avera Health Plans member ID card to the provider or hospital caring for you and identify yourself as an Avera Health Plans member. Instructions for billing and notifying us are on the back of your card.

When it is medically appropriate, arrangements may be made for you to be transferred to the care of an Avera Health Plans participating provider in order for you to receive benefits at the lowest cost using in-network services.

NOTE: You may be required to pay for medical services at the time they are provided.

Covered Preventive Services



Please bring this list to your provider to see what services you qualify for. The following preventive services are provided at no cost to you when delivered by an in-network provider. These guidelines are based on the U.S. Preventive Services Task Force A and B recommendations. They may not apply for grandfathered plans or Medicare Supplement policies.

ALL ADULTS 18 YEARS AND OLDER

- Aspirin for adults 50 to 59 years of age with a 10% or higher 10-year cardiac risk
- Blood pressure screening for all adults
- Cholesterol preventive medication (low to moderate dose statins) to prevent heart events in adults 40 to 75 years of age with one or more risk factors and a 10% or higher 10-year cardiac risk
- Cholesterol screening in adults 40 to 75 years of age (covered annually with screening diagnosis)
- Colorectal cancer screening (including bowel prep) beginning at age 45 and continuing until age 75
 - Cologuard (once every 3 years with covered preventive diagnosis)
 - Colonoscopy (once every 10 years)
 - CT colonography (once every 5 years)
 - Fecal occult blood test (annually)
 - Flexible sigmoidoscopy (once every 5 years)
- Depression screening for adults
- Diabetes and prediabetes screening in adults (covered annually with a screening diagnosis)
- Diet and exercise counseling in adults who are overweight or obese and have heart disease risks
- Fall prevention in adults 65 years of age and older who are at increased risk of falls (with exercise intervention)
- Hepatitis B screening in adults at high risk of infection
- Hepatitis C screening (one time) in all adults
- Human immunodeficiency screening in adults up to 65 years of age and those at high risk of infection (covered annually)
- Human immunodeficiency virus pre-exposure prophylaxis in adults not currently infected with HIV who are at high risk of acquiring HIV infection
- Immunizations recommended by the Centers for Disease Control and Prevention, including:
 - COVID-19
 - HPV (3 doses per lifetime, 9-45 years of age)
 - Influenza (annually)
 - Meningococcal
 - Pneumococcal
 - Tdap or Td
 - Zoster (2 doses, 50 years of age and older)
- Lung cancer screening in adults 50 to 80 years of age with a 20 pack-year smoking history who currently smoke or have quit within the past 15 years
- Obesity screening and counseling in adults
- Sexually transmitted infection counseling in adults who are at risk
- Skin cancer counseling in adults up to 24 years of age who have fair skin to reduce their risk of skin cancer
- Syphilis screening for adults at high risk of infection (covered annually)
- Tobacco use counseling and interventions in all adults
- Tuberculosis screening in those at high risk of infection
- Unhealthy alcohol and drug use screening and counseling in adults at risk
- Well care visits (covered annually with a screening diagnosis)

ADULT MALES

- Abdominal aortic aneurysm screening (one time) for men 65 to 75 years of age who have ever smoked
- Prostate cancer screening (covered annually for men 45-49 years of age for high risk diagnosis, covered annually for those 50 years of age and older with screening diagnosis)

CHILDREN AND ADOLESCENTS

- Anemia screening in children 0 to 12 months of age
- Autism screening in children 18 and 24 months of age
- Behavioral assessments, periodically, in children 0 to 17 years of age
- Bilirubin screening for all newborns
- Blood pressure screening, periodically
- Cholesterol screening in children at higher cardiac risk
- Congenital heart defect screening (by pulse oximetry) in all newborns
- Depression screening in children 12 to 17 years of age
- Developmental screening in children 0 to 30 months of age
- Fluoride supplements for children 6 months to 5 years of age whose water supply lacks fluoride
- Fluoride varnish to the primary teeth in primary care or dental practices
- Gonorrhea prevention by application of eye topical medication for all newborns
- Hearing screening for all newborns and adolescents (limitations apply)
- Hepatitis B screening in children at high risk of infection
- Human immunodeficiency screening in children 15 years of age and older and those at high risk of infection (covered annually)
- Immunizations recommended by the Centers for Disease Control and Prevention, including:
 - COVID-19
 - DTaP, Tdap, or Td
 - Haemophilus influenza B (HIB)
 - Hepatitis A
 - Hepatitis B
 - HPV (3 doses per lifetime, 9-45 years of age)
 - Influenza (annually)
 - Meningococcal
 - MMR
 - Pneumococcal
 - Polio (IPV)
 - Rotavirus (3 doses, prior to age 1)
 - Varicella (2 doses per lifetime)
- Lead screening for children at risk of exposure
- Newborn blood screening (including hypothyroidism, PKU, sickle cell disease and spinal muscular atrophy) in all newborns
- Obesity screening and counseling for children 6 years of age and older
- Sexually transmitted infection screening and counseling in adolescents who are at risk
- Skin cancer counseling in children and adolescents who have fair skin to reduce their risk of skin cancer
- Tobacco use counseling and interventions, including education, in all school-aged children and adolescents

- Tuberculosis screening for children at high risk of infection
- Unhealthy alcohol and drug use screening and counseling in adolescents who are at risk
- Vision screening (one time) for all children between 3 to 5 years of age
- Well child visits (covered at 3-5 days old, 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months and then annually at 3 years of age and older with screening diagnosis)

ADULT FEMALES INCLUDING PREGNANT WOMEN

- Aspirin for women who are 12 weeks gestation or more who are at risk of preeclampsia
- Bacteriuria screening for pregnant women 12 to 16 weeks gestation or at first prenatal visit
- Blood pressure checks throughout pregnancy to screen for preeclampsia
- BRCA risk assessment in women with a personal or family history of breast, ovarian, tubal or peritoneal cancer or ancestry associated with BRCA1/2 gene mutations
- Breast cancer preventive medications for those who are at increased risk of breast cancer
- Breast cancer screening mammography (covered once between 35-39 years of age for baseline, covered annually for women 40 years of age and older)
- Breastfeeding counseling and intervention during pregnancy and after birth
- Cervical cancer screening every 3 years in women 21 to 65 years of age, including human papillomavirus testing starting at age 30
- Chlamydia infection screening in women 24 years of age and younger and older women at increased risk (covered annually)
- Contraceptive methods approved by the Food and Drug Administration for females, including education and counseling
- Depression risk assessment in pregnant and postpartum women
- Folic acid supplementation (0.4 to 0.8 mg) in women who plan on or are capable of becoming pregnant
- Gestational diabetes screening in pregnant women after 24 weeks of gestation
- Gonorrhea screening in all sexually active women 24 years of age or younger and older women who are at risk (covered annually)
- Healthy weight gain counseling and interventions in pregnant women
- Hepatitis B screening in pregnant women at their first prenatal visit
- Human immunodeficiency screening in all pregnant women
- Intimate partner violence screening in women of childbearing age
- Osteoporosis screening in women (once, 50 years and older)
- Rh incompatibility screening for pregnant women during their first pregnancy-related visit and at 24 to 28 weeks in women who are Rh negative
- Syphilis screening for all pregnant women
- Tobacco use counseling and interventions in pregnant women
- Well women exam (covered annually, including pap smear, with screening diagnosis)

HEALTH SAVINGS ACCOUNT (HSA)

Further

HCHA matches your HSA contribution \$1 for \$1 to a maximum of \$40 per pay period up to \$960 per year

2023 Maximum Contribution Limits – \$3,850 (Single) / \$7,750 (Family) / \$1,000 (Over age 55 Catch-up)

- You can use your HSA dollars to pay for medical expenses for yourself, your spouse or your tax dependent children, even if your dependents are not covered by your HDHP (HSA).
- Advantages of HSAs
 - Flexibility – You can use your HSA to pay for current medical expenses or save your funds for future needs
 - Savings – You can save the money for future medical expenses and grow your account through investments
 - Control – You make the decisions regarding:
 - How much money you will put in the account
 - Whether to save the account for future expenses or pay current medical expenses
 - Which medical expenses to pay from the account
 - Whether to invest any of the money in the account / Which investments to make
 - Portability – Accounts are completely portable, meaning you can keep your HSA even if you:
 - Change jobs / Become unemployed
 - Move to another state
 - Change your marital status
 - Ownership – Funds remain in the account from year to year, just like an IRA. No “use it or lose it” rules.
 - Tax Savings – A HSA provides you triple tax savings:
 - Tax deductions when you contribute to your account
 - Tax-free earnings through investment
 - Tax-free withdrawals for qualified medical expenses
- Generally, you cannot use your HSA to pay for medical insurance premiums, except:
 - Any health plan coverage while receiving federal or state unemployment benefits
 - COBRA continuation coverage
 - Qualified long-term care insurance
- Medicare premiums and out-of-pocket expenses, including deductibles, copays and coinsurance for:
 - Part A, Part B, Part, and Part D.
- Any amounts used for purposes other than to pay for qualified medical expenses are taxable as income and subject to an additional 20% penalty. For examples, visit www.irs.gov.
- After you turn 65, the 20% additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional penalty.

DEPENDENT CARE SPENDING ACCOUNT

Further

- You can contribute up to \$5,000 each year to the Dependent Day Care FSA to pay for dependent care expenses. The amount you elect to set aside will be deducted from your paycheck in equal installments during the coming year.
- Eligible expenses are only those incurred for the care of a child under 13 years of age (or a disabled child older than age 13) who qualifies as your dependent for tax purposes; or, anyone you can claim as a dependent, such as an elderly parent or disabled spouse.