



*St. John Providence
Health System (SJPHS)
Resident Benefits*



A Passion for Healing



Benefits Overview

FlexSmart Benefit Plan

- Cafeteria Style Plan: You pick the benefits that best meet the needs for you and your eligible family members

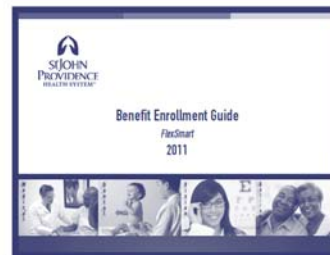
Benefits Start July 1, 2011 and are for calendar year 2011

If you do not web enroll in benefits you will have no benefit coverage for 2011

Benefits Overview

- Medical Plan
- Dental Plan
- Vision Plan
- Basic and Supplemental Life Insurance
- Basic and Supplemental Accidental Death & Dismemberment (AD&D) Insurance
- Dependent Life Insurance
- Salary Continuation (Short Term Disability)
- Flexible Spending Accounts
- Group Legal Plan
- Retirement Well Being Programs

Refer to your Benefit Enrollment Guide (click on image below) for detailed information on the above benefits



Medical Plan - SmartHealth

SJPHS offers ONE medical plan which includes access to three provider networks (Tiers):

- Ascension Health Michigan Network (Tier 1)
- Blue Cross Blue Shield Network (Tier 2)
- Out-Of-Network (Tier 3)

Visit www.mysmarthealth.org to see a list of participating providers, Summary Plan Description, Schedule of Benefits

Tier 1: Ascension Health Michigan Network

Ascension Health Michigan Network:

- **St. John Providence Health System (Metro Detroit)**
 - **Genesys Health System (Flint)**
 - **Borgess Health (Kalamazoo)**
 - **St. Mary's of Michigan (Saginaw)**
 - **St. Mary's of Michigan (Standish)**
 - **St. Joseph Health System (Tawas)**
-
- **\$0 Preventative Services co-pay (i.e., annual physical, well baby, annual OB/GYN)**
 - **\$15 Office Visit co-pay (Primary Care)**
 - **\$25 Office Visit co-pay (Specialist)**
 - **\$30 Urgent Care co-pay**
 - **\$100 Emergency co-pay**
 - **\$100 Hospital Admission co-pay**
 - **No deductible**
 - **No coinsurance**

Tier 2: Blue Cross Blue Shield

- **\$0 Preventative Services co-pay (i.e., annual physical, well baby, annual OB/GYN)**
- **\$25 Office Visit co-pay (Primary Care)**
- **\$35 Office Visit co-pay (Specialist)**
- **\$50 Urgent Care co-pay**
- **\$100 Emergency co-pay**
- **\$150 Hospital Admission co-pay**
- **Deductible**
 - **Individual \$400**
 - **Family \$800**
- **Cost-Share**
 - **Plan pays 80% after deductible**
 - **You pay 20% after deductible**

Tier 3: Out-Of-Network

- **Office Visit cost-share 50% after deductible (Primary Care & Specialist)**
- **Urgent Care co-pay 20% (no deductible)**
- **Emergency co-pay \$100**
- **Hospital Admission co-pay 50% after deductible**
- **Deductible**
 - **Individual \$3,000**
 - **Family \$6,000**
- **Cost-Share**
 - **Plan pays 50% after deductible**
 - **You pay 50% after deductible**

The Difference a Network Makes

Example: Outpatient procedure/individual

	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>
<i>Cost of Claim</i>	\$10,000	\$10,000	\$10,000
<i>You Pay</i>			
• <i>Deductible</i>	\$0	\$400	\$3,000
• <i>Cost Share</i>	\$0	20% or \$1,920 (\$9,600 x .20 = \$1,920)	50% or \$3,500 (\$7,000 x .50 = \$3,500)
<i>Total Out-of-Pocket Cost</i>	\$0	\$2,320	\$6,500
<i>Plan Pays</i>	\$10,000	\$7,680	\$3,500

Spousal Medical Surcharge

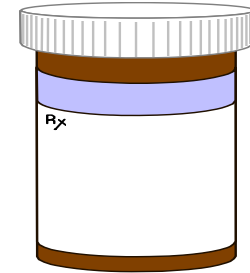
- **\$45 surcharge per pay if you want to cover your spouse under medical coverage if he or she voluntarily waives medical coverage available through his or her employer.**
- **The surcharge does not apply if:**
 - **Your spouse is enrolled in coverage under his/her employer's plan**
 - **Your spouse's employer does not offer medical coverage**
 - **Your spouse works for St. John Providence Health**
 - **Your spouse has Medicare or a retirement medical plan**

Wellness

- **SmartHealth offers you an incentive to take steps toward improving your personal wellness.**
- **There are two actions you can take during your on-line enrollment that will reduce your SmartHealth bi-weekly payroll deduction:**
 - ✓ **Complete a short online course called “Managing My Health” and receive a discount on your benefit contributions. (\$5.00 each paycheck)**
 - ✓ **You can receive an additional discount on your benefit contributions (\$5 each paycheck), if you are a non-tobacco (nicotine) user, or you are a tobacco (nicotine) user and certify that you will see your primary care doctor to discuss tobacco (nicotine) cessation.**

Prescription Drugs

MedImpact – Prescription Carrier



Prescription Drug Co-Payment	SJPHS & MI Ascension Pharmacies	Other Pharmacies (MedImpact Network) (CVS, Rite Aid, Walgreens, Meijer, etc.)
Generic	\$7	10% Co-Insurance: \$25 Minimum & \$150 Maximum
Preferred Brand	\$15	15% Co-Insurance: \$30 Minimum & \$150 Maximum
Brand	\$30	20% Co-Insurance: \$50 Minimum & \$150 Maximum

Dental Coverage

- **Delta Dental of Missouri**
(www.deltadentalmo.com/ascension)



- **Two Options:**
 - **Base Plan**
 - **High with Ortho Coverage Plan**
- **Deductible: \$25 (\$75 max for 3 or more individuals)**

Dental Coverage (continued)

Access to Delta PPO Network*, Delta Premier Network, or Out-of-Network

<u>Service</u>	<u>Base</u>	<u>High w/Ortho</u>
Preventative	*80%	100%
Basic	50%	*80%
Major	50%	50%
Ortho	N/A	50%
Calendar Year Max	\$1000 per individual	\$1000 per individual
Lifetime Ortho Max	N/A	\$1000 per child

**100% coverage if a Delta PPO provider is used*

Vision Coverage

Vision Service Plan (VSP) (www.vsp.com)

Plan Guidelines:

<u>Service</u>	<u>VSP Provider</u>	<u>Non-VSP Provider</u>
Examination*	100%	Up to \$35
Lenses* (Single)	100% *After \$25 copay	Up to \$25
Frames*	100% *After \$25 copay	Up to \$35
Contacts* (no copayment)	Up to \$105	Up to \$105

* You are eligible for exams, frames and lenses once every 12 months. There is only one \$25 combined materials copayment when lenses and frames are received at the same time.

Basic and Supplemental Life Insurance

Prudential

- **Term Life Policy**
- **Basic Life**
 - Receive 2x base salary at no cost to you
- **Supplemental Life**
 - Can purchase 1x – 7x base salary
 - Evidence of Insurability required if electing coverage greater than 2x your salary
 - Cost based on associate's age and smoker/non-smoker status

Basic and Supplemental AD&D

Prudential

- **Provides additional coverage in the event of an accidental death or dismemberment**
- **Basic AD&D**
 - **Receive 2x base salary at no cost to you**
- **Supplemental AD&D**
 - **Can purchase 1x – 10x base salary**
 - **Coverage available for self or for self & family**
 - **Family members insured at a percentage of your coverage**

Dependent Life Insurance

Prudential

- **Provides coverage in the unfortunate event of losing your spouse or child(ren)**
- **Children are covered to the end of the month in which they turn age 26**
- **Spouse Coverage**
 - **\$10,000.00 - \$250,000.00**
- **Child(ren) Coverage**
 - **\$5,000**
 - **\$10,000**

Salary Continuation (Short Term Disability)

- **Compensation for non work-related injury or illness**
- **Up to 26 weeks (180 days) of wage replacement**
- **Need to complete a Leave of Absence packet which is available on the SJPHS Intranet or from your Manager**

Flexible Spending Accounts

Allows you to use before-tax dollars to pay for eligible health and dependent care out of pocket expenses

Health Care Spending Account allows you to reimbursement yourself for eligible medical, prescription, dental and vision expenses for you, your spouse and eligible dependents.

Dependent Care Spending Account allows you to reimburse yourself for expenses relating to the care of eligible dependents so you can work (i.e. day care, latch key).

- **You can Contribute \$104 to \$5,000 annually to each account**
 - **As of 2011, over-the-counter drugs will no longer be considered eligible expenses under the Health Care Spending Account, unless the medicine is prescribed by a physician.**

Flexible Spending Accounts Continued

- **Reimbursement for eligible expenses can either be made by utilizing the SJPHS MasterCard at the point of service or by submitting a Request for Reimbursement form with receipts to Benefits.**
- **Access your account information, balance, and/or transaction history on the website www.BenefitsPaymentSystem.com**
 - **The balance is also located on your paycheck stub**
- **Per the IRS this is a Use It or Lose It Account**
 - **The money in your account can be used to pay for expenses you incur through March 15, 2012. Any money remaining in your account after you have applied for reimbursement will be forfeited and you will lose it. You will have until March 31, 2012 to request reimbursement for expenses incurred from the start of your 2011 benefit period through March 15, 2012.**

Group Legal Plan

Hyatt Legal Plan

- Access to legal representation through the Hyatt Legal Plans network

- **Examples of services covered:**
 - Wills and estate planning, including living wills, powers of attorney, living trusts and codicils (updates to wills)
 - Real estate matters including buying or selling your home, eviction
 - Family law matters including name change, uncontested adoption and guardianship
 - Debt defense
 - Traffic ticket defense

- **Examples of services not covered:**
 - Employment Contracts
 - Divorce
 - Lawsuits against St. John Providence Health System

Retirement Well-Being Program

Defined Contribution Plan

- **Annual Employer Automatic Contribution (EAC) that is given to the associate by SJPHS to invest with Diversified Investment Advisors**
 - **Initially eligible the first calendar year in which you work at least 1,000 hours. Thereafter, you must work at least 500 hours in a calendar and be employed on December 31st.**
- **The EAC is a percentage of earning and years of service**

Less than 5 yrs	2.50%
5 yrs but less than 10 yrs	3.50%
10 years but less than 15 yrs	4.00%
15 yrs but less than 20 yrs	4.50%
20 yrs or more	5.00%
- **Vested “ownership of the account” once you have 5 calendar years in which you have worked at least 1,000 service hours.**

Retirement Well-Being Program

403(b) Retirement Savings Plan

- **Associate contributions are made on a before tax basis and earnings grow on a tax-free basis**
- **Can participate immediately (no waiting period)**
- **Vested “ownership of the account” immediately**

403(b) Employer Matching Contribution

- **For every \$1.00 you contribute to the 403(b) plan, SJPHS will make a matching contribution of \$.50 up to the first 3% of your bi-weekly compensation**
- **Vested “ownership of the account” immediately.**

Diversified Investment Advisors is the administrator of the Retirement Well-Being Program 877-346-7284 x2 or www.divinvest.com

Enrollment Materials

Benefit Enrollment Guide

- Detailed benefit information



Benefit Enrollment Information (mailed to homes in June)

- Welcome Letter / Instruction Sheet
- Dependent Enrollment Form

Once you have reviewed your Benefit Enrollment information enroll in benefits at www.stjohnbenefits.com



Sample Welcome Letter

28000 Dequindre
Warren MI 48092

First Name Last Name
1111 Street
City, State Zip

Dear Associate:

Greetings! Welcome to St. John Health! You have joined one of the 101 Best and Brightest Companies to work for in Metro Detroit and we are happy to have you here.

As a benefit eligible associate you are eligible to enroll in benefits. The St. John Health benefit program allows you to decide which benefits you want and the coverage level that best meets the needs for you and your family. To receive benefits, you must enroll online by visiting www.stjohnbenefits.com. **If you fail to enroll, you will not have health coverage.** The next time you will be able to enroll in benefits will be during the Annual Open Enrollment Period or if you experience a qualified life event, as defined by the IRS.

Before enrolling for your benefits, we recommend that you view the online Benefit Enrollment Guide. You can view the benefit enrollment guide by logging onto www.stjohnbenefits.com, please view the Benefit Enrollment Guide applicable to you.

- Continuum Care, Corporate and Hospital based associates - view [FlexSmart Benefit Guide](#)
- Medical Resource Group associates - view [Medical Resource Group Benefit Guide](#)
- St. John Senior Services associates - view [Senior Services Benefit Guide](#)
- Fee Split Therapists and Flex Choice - view [FlexPlan Benefit Guide](#)

Important Note: Make sure you have the following documents on hand when enrolling.

- Dependent's Social Security Number - Required by U.S. Federal Regulations.
- Continuation of Benefits (COB) information. If enrolling dependents that have other medical coverage make sure you have that information on hand.

To enroll:

1. Log onto the benefits website: www.stjohnbenefits.com.
2. Enter your Social Security Number and your Personal ID Number (found on the reverse side of this letter).
3. Click on Enroll in Benefits and the New Hire or Rehire Event will automatically display on the screen.
4. Select the event and make your elections.
5. Print your confirmation statement for your records. You may also elect to have your confirmation statement emailed or mailed via U.S. mail to your home. **Always keep a copy of your online enrollment as supporting documentation for your records.**
6. Mail or fax your Dependent Documentation such as marriage license, birth certificates and tax documentation along with the Dependent Enrollment Form within two weeks of enrolling.

Sincerely,

St. John Providence Health System
Worklife Services - Benefits

866.753.1299 toll free number
586.753.1201 fax number

16-011-Inst-Sht-03.12.0



Reverse Side of Sample Welcome Letter



You Must Enroll by: January 15, 2011

← Deadline Date to Enroll in Benefits

Personal ID Number: 1111

← Number Required in order to Enroll On-line

Benefits Effective Date: February 1, 2011

Associate Name: Sam Sample
 Associate ID Number: 11111
 Company: St John Health (001)
 Standard Weekly Hours: 40
 Benefit Plan: 01

Current Benefit Elections

Before Tax	Coverage	
Medical	No coverage	\$0.00
Dental	No coverage	\$0.00
Vision	No coverage	\$0.00
Basic Life and AD&D Insurance	\$31,200 coverage	\$0.00
Supplemental Life Insurance	No coverage	\$0.00
Supplemental AD&D Insurance	No coverage	\$0.00
Short-term Disability	\$720 bi-weekly coverage	\$0.00
Long-term Disability	No coverage	\$0.00
Health Care FSA	No contribution	\$0.00
Dependent Care FSA	No contribution	\$0.00

After Tax		
Spouse Life Insurance	No coverage	\$0.00
Child(ren) Life Insurance	No coverage	\$0.00
Group Legal Plan	No coverage	\$0.00

Dependents

The list below indicates the dependent(s) you elected to cover under each benefit plan.

Dependent Name	Social Security Number	Date of Birth	Relationship	Sex	Covered For				
					Med	Den	Vis	Life	ADD

For Questions please call the Benefits Department: (866) 753-1299



Enrolling in Benefits

Log onto: www.stjohnbenefits.com

- Must enroll by the Deadline Date printed on your Welcome Letter
- No web enrollment = no benefits


The screenshot shows a Microsoft Internet Explorer browser window displaying the St. John Health Benefits Enrollment Site. The address bar shows the URL <https://secure.aliquant.net/stjohn/>. The page features a blue header with the St. John Health logo and the text "BENEFITS ENROLLMENT SITE". Below the header, there is a yellow box with a "Log In" button and the text "Welcome!". The main content area contains the following text: "Welcome to the St John Health Benefits Enrollment website. Here you can view and update your benefits information, including your current elections and covered dependents. Enter your social security number and PIN (personal identification number) below, then click Log In. Your PIN is printed on your Instruction Sheet." Below this text are two input fields: "Social Security Number:" with three separate boxes for digits, and "Personal ID Number:" with a single box. A "Log In" button is located below the input fields. The Windows taskbar at the bottom shows the Start button, several open applications, and the system clock displaying 10:31 AM.

Log In - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media

Address <https://secure.aliquant.net/stjohn/> Go Links

 **BENEFITS ENROLLMENT SITE**

Log In **Welcome!**

Welcome to the St John Health Benefits Enrollment website. Here you can view and update your benefits information, including your current elections and covered dependents.

Enter your social security number and PIN (personal identification number) below, then click Log In. Your PIN is printed on your Instruction Sheet.

Social Security Number: - -

Personal ID Number:

Log In

Start Inbo... By P... H:\M... Sessi... Micro... Meta... frmM... Work... Log I... Docu... Internet 10:31 AM

Required Dependent Documentation

- **Information required to enroll dependents and designate beneficiaries online:**
 - **Social Security Number(s)**
- **If you are enrolling dependents in medical, dental, vision, dependent life insurance and/or supplemental AD&D you must furnish proof of dependent eligibility:**
 - **Dependent Enrollment Form**
 - **Marriage License**
 - **Birth Certificate for Child(ren)**
 - **Federal Tax Return (Form 1040/1040A/1040EZ)**
 - **Full time student schedule for dependents 19-25 (dental & vision coverage)**

Note: If we do not receive the Dependent Enrollment Form and the required proof, coverage for dependents will be cancelled retroactive to start date.

HealthCare Reform

- Under the “Patient Protection and Affordable Care Act” and the “Health Care and Education Reconciliation Act” adult children can be covered under medical insurance up to age 26 with no conditions on dependency.
- St. John Providence Health System can not limit coverage due to:
 - residency
 - student status
 - marital status
 - financial dependence
 - employment
 - eligibility for other coverage

Note: Associates enrolling dependents age 19 – 25 in dental or vision coverage for 2011 are required to provide proof of full time student status.

Confirm your Elections



Confirmation Statement

- Email
- Mail to your home

Review your Confirmation Statement

Changing Benefit Elections

You can only change your benefit elections during:

- Open Enrollment**
- Family Status Change (i.e. birth, adoption, death, divorce, marriage)***
- Employment Status Change – you or your spouse experience a change in employment that affects your benefits (i.e. loss of other coverage; change in hours;)**

***Benefits must be notified within 30 days of change**

Benefits Department Contact Information

Benefits Department Phone Numbers

- 866-753-1299 Toll Free Number**
- 586-753-1299**
- Or 31299 Internal**

Benefits Department Fax Numbers 586-753-1204 or 31204