



# NCBH EMPLOYEE BENEFITS 2009

## WHAT'S INSIDE

GETTING STARTED	2
BENEFITS AT A GLANCE	3-4
COVERAGE AND ELIGIBILITY	5
ENROLLMENT	5
HEALTH PLANS	6-7
WELLNESS & DENTAL	8
VISION	9
FSA—FLEXIBLE SPENDING	9-11
LIFE	12
DISABILITY	13
RETIREMENT	14
VOLUNTARY BENEFITS	15
ADDITIONAL BENEFITS	16
RATES	17-18

## WELCOME

Whether this is your first job or you are a seasoned professional, you are now part of one of the nation's leading teaching hospitals. One of the many rewards of working for North Carolina Baptist Hospital (NCBH) is a comprehensive benefits package that allows you to choose the benefits that best meet your needs.

### About this Guide

This Enrollment Guide gives you the information you need to choose the benefits that are right for you.

NCBH offers a wide variety of benefits options. Benefits discussed in this guide fall under two categories: Employer Provided Benefits and Elective Benefits.

### Employer Provided Benefits

Benefit programs provided to the employees and paid for by NCBH.

### Elective Benefits

Benefits that you can choose based on your personal needs. Elective benefits usually require an employee per pay period deduction amount.

### Get the most from your benefits!

Use this guide to explore each option. Then be ready to enroll during New Employee Orientation, making the choices that best fit your needs and budget.



This document is designed to be used as a guideline only. If you have specific questions regarding information outlined in this guide, review the summary plan description on the *Infinet* and/or contact Human Resources (336-716-3334).

## LOOK FOR THESE POINTS



### Web Alert:

identifies items that can be found in more detail on the web.



### Important Information Alert:

Identifies areas of information that you want to keep in mind as you read the guide.

## NCBH'S KEY VALUES AND STANDARDS OF BEHAVIOR

### Excellence

1. I will do the right thing for the right reason even when no one is watching.
2. I will view everyone I come into contact with as my customer.
3. I will listen attentively to my customer as they will define excellence.
4. I will provide quality services to my customers.
5. I will act in support of patient and customer safety.

### Compassion

1. I will treat others the way I would like to be treated.
2. I will be sincere and kind.
3. I will make sure that a spiritual and healing environment is always available to my customers.
4. I will create an environment of safety, security and trust for my customers.
5. I will respect the privacy and confidentiality of others.

**KEY VALUES & STANDARDS OF BEHAVIOR**

(Continued from page 1)

**Innovation**

1. I will accept change and be open to new ideas.
2. I will explore new ways to do things and will learn from my mistakes.
3. I will do whatever is necessary to improve quality outcomes.
4. I will create and/or adopt new technology that will improve my performance.

**Integrity**

1. I will be honest and reliable in everything I do.

2. I will set a good example.
3. I will be sensitive to cultural and language differences.
4. I will speak positively about the Medical Center and my co-workers.

**Collegiality**

1. I will smile and greet co-workers.
2. I will not give or receive verbal abuse.
3. I will give and ask for help.
4. I will say "Thank You" when helped by others.
5. I will promote team work and celebrate the accomplishments of my co-workers.



**HOW TO GET STARTED**

Before you start thinking about what benefits you want, you'll need to define some facts about yourself and your employment status. Once you identify those key items, benefit selection for you and your dependents will be easier.

First, you need to define what **job status** you have:

Job Status	Description	Abbreviation
Full Time	Work 30 or more hours per week	FT
Part Time	Work 20 – 29 hours per week	PT
Job Sharing	Share 1 Full Time position with another employee and work 20 – 29 hours per week.	JS
Limited	Work Less then 20 hours per week	L

**Second**, determine how many members of your family might be eligible for benefits. In order to cover or keep dependents over the age of 19 on Medical, Dental, and Vision coverage, you must submit proof of student status.

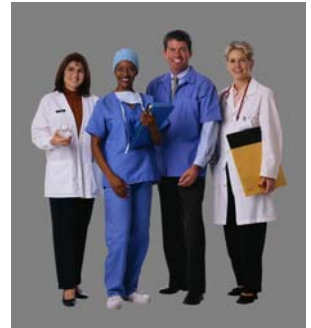
*"Around here, however, we don't look backwards for very long. We keep moving forward, opening new doors and doing new things...and curiosity keeps leading us down new paths."*

–Walt Disney

**Third**, How much do you spend on medical care per year? How many times do you go to the doctor for routine visits? Do you have routine prescriptions? Do you rarely go to the doctor, but take over-the-counter drugs? No matter how you seek treatment, knowing these facts will help determine the coverage you'll need.

**BENEFITS AT A GLANCE**

Benefit Plan	Eligible Job Status	Who Pays Premium?	When is my coverage effective?
<b>Healthcare/ Prescription Drug Plan</b> <ul style="list-style-type: none"> <li>• Optimum</li> <li>• Prime</li> <li>• Select</li> </ul>	Full Time (FT) Job Share (JS)	FT and JS Employee/Hospital	Enroll at New Hire Orientation; coverage begins 31 days after Date of Hire
	Part Time (PT)	PT Employee	
<b>Vision</b> <ul style="list-style-type: none"> <li>• Plus</li> <li>• Standard</li> </ul>	Full Time (FT) Job Share (JS)	FT and JS Employee/Hospital	Enroll at New Hire Orientation; coverage begins 31 days after Date of Hire
	Part Time (PT)	PT Employee	
<b>Basic Life Insurance</b>	Full Time Job Share	Hospital	Coverage begins 91 days after Date of Hire
<b>Basic Accidental Death and Dismemberment</b>	Full Time Job Share	Hospital	Coverage begins 91 days after Date of Hire
<b>Supplemental Life Insurance</b>	Full Time Job Share	Employee	Enroll at New Hire Orientation; coverage begins 91 days after Date of Hire
<b>Supplemental Accidental Death and Dismemberment</b>	Full Time Job Share	Employee	Enroll at New Hire Orientation; coverage begins 91 days after Date of Hire
<b>Medical and Dependent Day Care Flexible Spending Accounts</b>	Full Time Job Share	Employee	Enroll at New Hire Orientation; no waiting period required



*“The greatest wealth is health.”*  
— Virgil

Benefit Plan	Eligible Job Status	Who Pays Premium?	When is my coverage effective?
Dental	Full Time (FT) Job Share (JS) Part Time (PT)	FT, JS, S Employee/Hospital ----- PT Employee	<ul style="list-style-type: none"> <li>Enroll at New Hire Orientation; coverage begins 91 days after Date of Hire</li> </ul>
Long Term Disability	Full Time	Employee – First year of active employment Hospital – After 1 year of active employment	<ul style="list-style-type: none"> <li>Enroll at New Hire Orientation; coverage begins 91 days after Date of Hire</li> <li>Automatic Hospital enrollment begins after 1 year of active employment</li> </ul>
Short Term Disability 2 Plans <ul style="list-style-type: none"> <li>30-Days</li> <li>60-Days</li> </ul>	Full Time	Employee	<ul style="list-style-type: none"> <li>Enroll at new hire orientation; coverage begins 91 days after date of hire</li> <li>During Annual Enrollment, Evidence of Insurability is required</li> </ul>
Pension (Defined Benefit plan)	Full Time Job Share Part Time Limited	Hospital	<ul style="list-style-type: none"> <li>Automatic enrollment on first plan entry date after 1 year of active employment (at least 1000 hours)</li> <li>Automatic vesting after 5 years of active employment (at least 1000 hours/year)</li> </ul>
403(b) Retirement Savings Plan	Full Time (FT) Part Time (PT) Job Share (JS) Limited (L)	FT, PT, JS Employee/Hospital ----- L Employee	<ul style="list-style-type: none"> <li>Enrollment can occur at any time after New Hire date (no waiting period required)</li> <li>FT, PT JS Match program is automatic after 91 days of active employment</li> <li>L – Match is not available</li> </ul>
Voluntary Benefits	Full Time Part Time Job Share	Employee	<ul style="list-style-type: none"> <li>Enroll at new hire orientation or during voluntary benefit enrollment</li> </ul>



On the web, go to the NCBH Benefits section on the *Infinet* to determine eligible Family Status Changes. You can also view all plan descriptions in detail.

**OTHER BENEFITS**

- Cafeteria Discount
- On-campus Child Care
- Bank and Credit Union Partnerships
- Direct Deposit
- Employee Health Services
- Jury Duty Pay
- Paid Time Off
- Pharmacy Discount
- Educational Reimbursement
- Merchant Discounts
- Wellness Programs
- Carpooling Resources
- Work/Family Services
- Fitness Center



4th Street Winston-Salem

**HEALTH PLANS (FULL TIME, PART TIME, JOB SHARE)**

**Three PPO plan alternatives** are available to all employees– the Optimum Plan, the Prime Plan, and the Select Plan. All plans are self-insured, meaning that the Hospital actually pays your claims for both health care and prescription drugs, and are administered by **MedCost. (336-774-4400 or 800-795-1023, or [www.mbstpa.com](http://www.mbstpa.com))**

**What is a PPO?**

A PPO (Preferred Provider Organization) consists of a network of health care providers who have agreed to provide services for a discounted fee. When you receive care from a “preferred provider” or network provider, you receive the benefit of the discounted fee arrangement. You can choose to receive care from non-network providers, but your out-of-pocket costs will be significantly higher. While you are free to select any physician, selecting Wake Forest University Baptist Medical Center (WFUBMC) physicians and facilities will lower your out-of-pocket costs. Generally, WFUBMC includes WFUBMC Community Physicians, Davie County Hospital, Hoots and Stokes-Reynolds Hospitals, Lexington Memorial Hospital and Wilkes County Regional.

Though a primary care physician (PCP) is not required with PPO plans, we encourage you to develop a relationship with a primary care physician for yourself and your family.

**How the Health Plan Works**

An annual routine physical is covered at no charge

to you. The costs of all other services are shared between you and the plan, which is called “co-insurance.” The first portion of this shared cost is paid by you and is called a “deductible.” Once you have satisfied your annual deductible, the plan contributes the majority of the cost. This arrangement continues until your portion of the payments have reach a specified limit, which is called the “out-of-pocket maximum.” After your payments have reached the out-of-pocket maximum, the plan pays 100% of the eligible expenses for the rest of the calendar year.

**The key differences between the three plans are:**

- Bi-weekly Premium cost (the cost that will be deducted from each paycheck to pay for your portion of the medical plan.)
- Co-pay (the flat fee you pay for physician visits)
- Co-insurance (the percentage you pay for medical care)
- Out-of-pocket maximums (the total amount you will be asked to pay before the plan pays for 100% of all additional eligible costs)

**Regardless of which medical plan you choose, all plans have the same:**

- Routine physicals, which are covered at 100%
- Prescription drug coverage
- Prenatal SmartStarts Program
- Network of physicians

(continued, next page)

**Planning a Family?**

If you or your spouse is pregnant, we encourage you to enroll in “Smart Starts”, which is our Prenatal Program that is administered by MedCost.

Registered nurses teach expectant parents healthy habits and offer practical tips. The incentive for enrolling is lower co-pays.

For more information, call 1-800-722-2157.

Please see pages 9 and 10 for more information on the Flexible Spending Account.

**The following chart lists the basic Plan specifics and the portion of the cost which will be your responsibility. (Please note that you will always pay the least out-of pocket costs when you use WFUBMC physicians and facilities).**

	Optimum		Prime		Select	
	WFUBMC	MedCost	WFUBMC	MedCost	WFUBMC	MedCost
Individual Deductible	\$300	\$300	\$300	\$600	\$300	\$600
Family Deductible	\$750	\$750	\$600	\$1,200	\$600	\$1,200
Individual OOP	\$1,000	\$1,000	\$2,500	\$4,000	\$4,500	\$6,000
Family OOP	\$2,500	\$2,500	\$4,500	\$7,500	\$6,500	\$9,500
Routine Physical	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay
Well Child Care/Immunization (up to age 7)	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay	\$ 0 Co-pay
Pediatrician	\$15 Co-pay	\$15 Co-pay	\$10 Co-pay	\$10 Co-pay	\$10 Co-pay	\$10 Co-pay
Primary Care Physician	\$15 Co-pay	\$30 Co-pay	\$10 Co-pay	\$25 Co-pay	\$10 Co-pay	\$30 Co-pay
Specialist – No referral required	\$30 Co-pay	\$60 Co-pay	\$30 Co-pay	\$60 Co-pay	\$30 Co-pay	\$60 Co-pay
Inpatient Hospital Care	10%	30%	20%	40%	20%	40%
Outpatient Hospital Care	10%	30%	20%	40%	30%	50%
Surgeon/Physician	10%	30%	20%	40%	30%	50%

## COVERAGE, ELIGIBILITY, DEPENDENTS AND ENROLLMENT

### Coverage Levels

Health, Dental and Vision coverage requires you to designate which dependents, if any, will be covered by each plan.

### Who is eligible for coverage?

- Your legal husband or wife
- An unmarried dependent child\* from birth to age 19 (or up to age 26 if full time student)
- An unmarried child of any age who is incapable of self-sustaining employment because of a physical or mental disability which was incurred while otherwise eligible by age and who is primarily dependent upon the employee for support and maintenance.

\*The term child includes natural children, adopted children or children placed with a covered employee in anticipation of adoption or foster care. Included are stepchildren who live in the employee's household as long as the natural parent remains married to the covered employee and also lives in the same household.



During Annual Enrollment you may enroll through the *Infinet* 24 hours a day to make benefit changes. In the event of a FSC, you can also obtain enrollment forms on the *Infinet* under the NCBH Benefits section.

### Enrollment

#### New Hires/Newly Eligible Employees

As a New Hire or Newly Eligible employee, if you choose not to enroll in any benefit plans, you will still receive Employer Provided Benefits, which are provided by NCBH at no cost to you. Your Employer Provided Benefits include:

- Basic Life Insurance equal to your annual salary (rounded to the next \$1000).
- Accidental Death & Dismemberment Insurance equal to your basic life Insurance.
- Pension Plan that provides monthly retirement benefit (Defined Benefit Plan). You are vested after you complete 5 years of service in which you were paid for 1000 hours per year of work.
- Long-Term Disability after one year of full-time benefit-eligible service.

#### Active Employees

If you are an Active Employee and did not enroll during the New Hire process or do not re-enroll during the scheduled annual enrollment period, you can only enroll outside of the scheduled annual enrollment window if you have a Family Status Change "FSC". You have **31 days** after the event occurred to make changes to your benefit coverage.

If you enrolled in Benefits during the New Hire process but did not update your enrollment during the scheduled annual enrollment period, your current benefit elections, except for flexible spending accounts, will be automatically carried over to the next year.



If you are a New Hire or become a benefit eligible employee and don't enroll in benefits you **will not** receive Medical, Vision or Dental benefits.

### Family Status Changes:

- Marriage
- Divorce
- Birth/Adoption
- Death
- Loss of a Dependant
- Child's eligibility
- Change in spouse's employment status
- Significant change in spouse's employer's benefit coverage
- Court Orders or Decrees

## BENEFITS THAT CAN BE ACTIVATED ON DATE OF HIRE

- **403(b) Retirement Savings Plan (if eligible, match begins after 91 days of employment)**
- **Flexible Spending Accounts**
- **Critical Illness (Elective Benefit)**
- **Wellness Program**
- **Whole Life Insurance (Elective Benefit)**

If you can't find your answers online, call **Human Resources at 336-716-3334**. We can help you find what you're looking for, or answer any questions you have about enrolling for benefits, qualifying Family Status Change events, or concerns about your current benefits.

**HEALTH PLANS (FULL TIME, PART TIME, JOB SHARE)**

(continued from previous page)

After you have enrolled in the health plan, you may log in to the MedCost Web site, [www.mbstpa.com](http://www.mbstpa.com) (MedCost Benefit Services Third Party Administrator) for information on the Health Plans

1. Click on Members and click on First Time User
2. Create an account
3. Look up your eligibility and your claims data



**KEEP IN MIND**

Things to Consider When Selecting Your Health

- How often do you and your family go to the doctor?
- Are your doctors in the WFUBMC or MedCost network?
- What kind of health plan does your spouse’s employer offer? (if applicable)
- Are you expecting a birth, major surgery or other significant medical expense this year?
- Health Care Flexible Spending Account can cover any IRS-approved health care expenses not paid by any other health care plans, such as deductibles, co-pays, many over-the-counter drugs, eye glasses and hearing aids.

Please see pages 9 and 10 for more information on the Flexible Spending Account.

**RX BENEFITS**

Enrollment in a NCBH Health Plan automatically provides you with the same prescription drug coverage. As with the Health Plan, you will always pay the least out-of-pocket costs when you utilize WFUBMC pharmacies.

**How the Prescription Drug Plan Works**

Whenever a pharmacist fills your prescription, you share in the cost and make a co-pay. The co-pay varies depending on whether you fill your prescription at a NCBH pharmacy, whether you purchase a generic, preferred, or brand-name drug, and whether you buy a 30-day retail supply or a 90-day NCBH supply.

Your Prescription Drug Coverage protects you from the higher costs of brand-name drugs through a mandatory generic program, which automatically substitutes generic drugs for brand-name drugs unless your physician has prescribed a drug to be “dispensed as written.” (DAW)

**Generics:** Every drug has two names—the trademark or brand-name and the chemical or generic name.

By law, both brand-name and generic drugs must meet the same standards for safety, purity, strength and quality. Therefore, generic drugs must be equivalent in every respect to their brand-name counterparts.

Ask your doctor if a generic drug is right for you.

RX Benefits		
Cost of 30-day supply	NCBH	Retail Pharmacy
Generic	\$10 co-pay	\$20 co-pay
Preferred Brand	\$25 co-pay	\$35 co-pay plus 35% co-insurance, up to an \$80 maximum for each drug
Non-Preferred Brand	\$50 co-pay	\$60 co-pay, plus 40% co-insurance, up to a maximum of \$120 for each drug

Check out the Catalyst Rx web site for more information on the prescription drug plan.

1. Log on to [www.catalystrx.com](http://www.catalystrx.com)
2. You will be prompted to sign on as a “Member”



**KEEP IN MIND**

Lower your cost and the Hospital’s cost for your medications by:

- Using generic drugs
- Filling your Prescriptions at a NCBH pharmacy

**Note:** Catalyst, located in Rockville, MD, is the company that manages the prescription drug plan through MedCost.

Contact Information and Hours of Operation for the NCBH Pharmacies		
Outpatient Pharmacy—Gift Shop (North Tower lobby)	716-3363	7 a.m.-7 p.m. Mon-Fri
Comprehensive Cancer Center (First Floor, Cancer Center)	713-6808	9 a.m.-6 p.m. Mon-Fri
Downtown Health Plaza (Martin Luther King Jr. Drive)	713-9800	8 a.m.-5 p.m. M,T,W,F; 8:30 a.m.-5 p.m. Th
Piedmont Plaza I (Ground Floor)	716-5800	8:30 a.m.-5 p.m. M,T,Th,F; 9 a.m.-5 p.m. Wed

## WELLNESS PROGRAM

There are lots of ways to stay healthy or to get healthy. NCBH offers programs to improve and maintain your physical and mental wellness that we all strive for.

### ActionHealth

Whether you want to increase your physical activity, reduce stress, or change your eating habits, ActionHealth can help you reach your wellness goals. To learn more call 713-8001.

### Health Incentive Program "HIP"

The HIP program allows you to earn rewards for improving your health. For more information call 713-8001.

### Fitness Center at Comp Rehab

This is a state of the art fitness center located at 131 Miller Street. For more information call 716-8300.

### Fitness Center at WFUSM-Hanes Building

The fitness center is located at the Medical Center on the E floor of the Hanes building. For more information, contact 716-6953

### Employee Health Services "EHS"

A free health clinic located on the Ground Floor, Meads Hall that is open from 7 a.m. to 4:30 p.m. on Monday, Tuesday, Wednesday and Friday, and from 7 a.m. to 3:30 p.m. on Thursday. Call 716-4801 to schedule an appointment.

### Employee Assistance Program "EAP"

Don't try to handle your problems alone. Call the Employee Assistance Program for confidential information and advice.

Licensed clinicians provide face-to-face counseling for:

- Alcohol/Drug Dependency
- Grief and Loss
- Marital and Family Conflicts
- Coping with Illness
- Work Adjustment
- Coping with Stress

There is no cost for you or your family to use the EAP. If your EAP counselor refers you to a mental health provider, your health care plan may cover a portion of the cost. Call 716-5493 to schedule an appointment.



*"When you feel good, you can accomplish almost anything!"*



For more details on these and other programs NCBH offers employees, go to the NCBH Benefits section on the *Infinet*.

## DENTAL

Routine preventive dental care is important, not only for your teeth, but for your body as well. The hospital offers a competitive dental plan that should handle most of your dental needs.

### How the Dental Plan Works

Covered services fall under 4 main categories:

- Preventive Care
- Basic Care
- Major services
- Orthodontia Services

To avoid costly surprises, ask your dentist for a pre-treatment estimate and submit it to MetLife.

DENTAL PLAN FEATURES		
Coverage	In-Network	Out-of-Network
Preventive	100%	100% of R&C*
Basic Restoration	100% after \$50 deductible	80% of R&C after \$50 deductible*
Major Restorative	\$50 deductible plus 50% of service Fee	\$50 deductible plus 50% of R&C Fee*
Orthodontia	50% of Service Fee	50% of R&C Fee*
Annual Maximum per person is \$1,250 per year. Orthodontia has a \$1,250 life-time maximum per person. * R&C- is the Reasonable and Customary Fee that is charged by dentists.		



For more details and a list of dental providers, go to [www.metlife.com/dental](http://www.metlife.com/dental) or call 1-800-942-0854.

**VISION BENEFIT**

Employees and dependents **enrolled** in the Health Care Plan are *automatically enrolled* in the annual eye exam portion of the Vision Plan.

Those who want coverage for glasses and contacts must enroll in one of the Vision Plans.

Employees **not enrolled** in the health care plan may enroll in both the eye Exam and Eyewear benefit portions of the Vision Plans.

Check out Superior Vision’s web site for a list of providers [www.superiorvision.com](http://www.superiorvision.com)

Plan Features	Plus		Standard	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Eye Exam—eligible every 12 months	100% after a \$15 co-pay	Plan pays up to \$44 for an Ophthalmologist and up to \$39 for an Optometrist	100% after a \$15 co-pay	Plan pays up to \$44 for an Ophthalmologist and up to \$39 for an Optometrist
Contact Lenses—No co-pay required	Elective/Cosmetic—Plan pays up to \$150	Up to \$100	Elective/Cosmetic—Plan pays up to \$120	Up to \$100
	Medically Necessary— Plan pays in full	Up to \$210	Medically Necessary— Plan pays in full	Up to \$210
Lenses Only –eligible every 12 months	100% after a \$25 co-pay for single, bifocal, trifocal and lenticular lenses	\$25 co-pay is deducted from the non-network reimbursements listed below: <ul style="list-style-type: none"> <li>• Single Vision—\$34</li> <li>• Bifocal—\$48</li> <li>• Trifocal—\$64</li> <li>• Lenticular—\$88</li> </ul>	100% after a \$25 co-pay for single, bifocal, trifocal and lenticular lenses	\$25 co-pay is deducted from the non-network reimbursements listed below: <ul style="list-style-type: none"> <li>• Single Vision—\$34</li> <li>• Bifocal—\$48</li> <li>• Trifocal—\$64</li> <li>• Lenticular—\$88</li> </ul>
Standard Frames	\$150 for standard frames after \$25 co-pay	Up to \$77	\$100 for standard frames after \$25 co-pay	Up to \$50

**FLEXIBLE SPENDING ACCOUNTS**

Do you take over-the-counter medications as a treatment option before going to the doctor?

**Yes or No**

Do you want a way to pay for deductibles and coinsurance payments with a tax break?

**Yes or No**

Do you have children in day care or after school care?

**Yes or No**

If you can answer yes to any of these questions, you should consider opening a flexible spending account.

**Here’s how it works:**

**\$100 for standard frames after \$25 co-pay**

Each Pay Period an amount “you’ve chosen” (up to \$5000 per family per year) is deducted from your paycheck **before taxes**. That before-tax deduction reduces your “Taxable” income. Then as you spend money on your health care or day care, you pay yourself back with the money you have set aside. That’s right, it’s that simple. The dollars you spend on **Health Care** expenses or **Dependent Day Care** expenses are reimbursed under the corresponding spending account.



**When are Dependent Day Care expenses reimbursed?**

Dependent day care expenses are payable after your account balance can cover the actual expense. Eligible claims that are received by Thursday will be processed and reimbursement direct deposited into your checking account by the following Thursday.

**FLEXIBLE SPENDING ACCOUNTS (CONTINUED)**

**How are Health Care Flexible Spending Account (FSA) expenses reimbursed?**

The MedCost Benefits Services Flex Benefits Card makes using FSA dollars simple and easy. Your flex benefits card allows you to pay for eligible health care expenses virtually anywhere a debit MasterCard® is accepted. The card deducts each payment directly from your FSA account. So it's as convenient as using an ordinary debit card.

**Who is eligible to participate in the "Health Care" Spending Account?**

Active Full Time and Job Share employees who have eligible medical expenses.



Example of Tax Benefit and how it relates to "Take Home" pay.		
	Without the Flexible Spending Account Election	With the Flexible Spending Account Election

Annual Pay	\$25,000	\$25,000
FSA Annual Election	\$0	\$2,000
Taxable income	\$25,000	\$23,000
Tax liability	\$6,250	\$5,750
Eligible Healthcare or Dependant Care expenses	\$2,000	\$2,000
Remaining Take Home pay	\$16,750	\$17,250

In this example, the spending account deduction resulted in a tax savings and increased Take Home Pay of \$500.00.

Below are examples of expenses that are eligible for payment from your Health Care FSA account balance as well as examples of expenses that are not eligible.

**Budget Carefully**

Only have deducted before taxes what you will use for that year. IRS regulations state "If you don't use it, you will lose it."

Eligible	Not Eligible
<ul style="list-style-type: none"> <li>• Vision Expenses including Contact Lens Solution, Contact Cases, and Rx Sunglasses.</li> <li>• Pain Relievers</li> <li>• Cold Medications</li> <li>• Allergy Medication</li> <li>• Personal Health Test Kits</li> <li>• Asthma Medications</li> <li>• Co-pays</li> <li>• Coinsurance</li> <li>• Deductibles</li> <li>• Adhesive or elastic bandages *</li> <li>• Cold and Hot Compresses *</li> </ul>	<ul style="list-style-type: none"> <li>• Cosmetic procedures</li> <li>• Teeth bleaching/whiting</li> <li>• Supplements and Vitamins*</li> <li>• Deodorants</li> <li>• Facial care</li> <li>• Feminine Care</li> <li>• Oral Care (mouthwash, toothpaste)</li> <li>• Shampoo &amp; Conditioner</li> <li>• Skin Care (lotions, hand cream)</li> <li>• Adhesive or elastic bandages *</li> <li>• Cold and Hot Compresses *</li> </ul> <p>* Only eligible if submitted with letter of medical necessity.</p>



For a complete list of eligible FSA expenses, go to the NCBH Benefits section on the *Infinet*.

**FLEXIBLE SPENDING ACCOUNTS  
(CONTINUED)**

**Dependent “Day Care” Spending Accounts.**

For the **Dependent “Day Care” Spending Account**, you can submit expenses related to the care of your dependent child or children (up to age 13) toward those before-tax dollars. An eligible provider of Day Care expenses is one that can provide you with a Tax-ID number or a Social Security number for claim filing purposes.

- child not enrolled in the *Medical Center’s Child Day Care Facility\**; or
- child, parent or spouse who is physically or mentally incapable of caring for him/herself and requires day care services so you can maintain gainful employment.

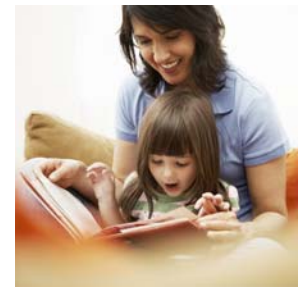
If you are married and file separate tax returns, you are limited to \$2,500 each year.

**Who is eligible to participate in the Dependent “Day Care” Spending Account?**

Active Full Time or Job Share employees who have a dependent:

- child or children under the age of 13 who attend(s) a child care facility so you and your spouse can maintain gainful employment; or
- child under the age of 13 for whom, due to a court order, you are responsible for child care services; or

**\*Note about the Medical Center Child Care facility:** If your child(ren) attend(s) the Medical Center’s child care facility, you are *not eligible* for this dependent care account since the per pay deductions are taken out of your paycheck on a before-tax basis already.



Eligible	Not Eligible
<ul style="list-style-type: none"> <li>• Summer Day Camp</li> <li>• Child Care Facility charges</li> <li>• After School Care</li> <li>• In-House Nanny services, if services are rendered during the time you are working</li> </ul>	<ul style="list-style-type: none"> <li>• Summer Camp that requires overnight accommodation</li> <li>• Tuition for a Private School</li> <li>• Meals or Snacks</li> <li>• Field Trips</li> </ul>

*“Human beings are the only creatures that allow their children to come back home.”*  
—Bill Cosby



## LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

NCBH provides a number of insurance programs to employees should they injure themselves, or in the event of a death.

### Basic Life Insurance

After 90 days of full-time status, NCBH provides you with term life insurance in the amount equal to your annual salary, rounded to the next even thousand dollars. For example, if your annual salary is \$24,450, upon your death your beneficiary will be eligible for a \$25,000 death benefit. This policy provides an accelerated life benefit if you are terminally ill.

### Accidental Death and Dismemberment (AD&D)

After 90 days of full-time status, NCBH also provides you with AD&D insurance in the amount equal to your Basic Life insurance. In the event of an accidental death, NCBH provides the amount given in Basic Life insurance plus your AD&D coverage. For example, if your basic life insurance is \$25,000, upon your accidental death your beneficiary will be eligible for \$50,000.

- \$25,000 from your basic life insurance
- \$25,000 from Accidental Death and Dismemberment

### Supplemental Life Insurance

During Initial Enrollment, eligible employees may purchase as an after tax benefit additional term life insurance equal to one (1x), two (2x), three (3x) or four times (4x) their annual salary. The premium for this coverage is based on age, salary, and the coverage level selected. For example, if you earn \$25,000 a year and you elect (2x) two times supplemental life, then your beneficiary will receive \$75,000 upon your death.

- \$25,000, your annual salary covered by basic life
- \$50,000, 2x your annual salary covered by the supplemental life plan

### Supplemental Accidental Death and Dismemberment (Supp AD&D)

If you choose Supplemental Life Insurance, you are automatically enrolled in Supplemental Accidental Death and Dismemberment equal to the amount you chose. Just like regular AD&D, in the event of an accidental death, Supplemental AD&D provides the amount equal to the supplemental coverage you have selected. For example. If your annual salary is \$25,000, and you have chosen 2x for supplemental insurance, upon your accidental death your beneficiary will be eligible for \$150,000.

- \$25,000 from your Basic life insurance
- \$25,000 for Basic AD&D
- \$50,000, 2x Supplemental Life
- \$50,000 2x from AD&D

Dollar amounts in above statements are used for example purposes only.

### Supplemental Dependent Life

It's something you never want to think about, but sometimes in life tragedy happens. During Initial Enrollment, eligible employees may purchase coverage for their dependents that will offer some financial resources in the event of a death of one of your dependent children (up to age 26 with student verification) and/or your spouse. You may elect to take out Supplemental Dependent Life Insurance that will help cover some of the burdens an unexpected death can bring. The coverage levels are:

- \$2,500 Spouse
- \$5,000 Spouse
- \$15,000 Spouse
- \$25,000 Spouse
- \$2,500 for each Child
- \$5,000 for each Child
- \$10,000 for each Child



If you do not choose supplemental Life when you are newly eligible, but select it at a later time, you may be required to submit a statement of "Evidence of Insurability" (EOI).

## SHORT TERM DISABILITY (STD)

If you are out of work due to illness or injury, you may use your accumulated Paid Time Off to provide income until you return to work or until you meet the 120-day waiting period before Long Term Disability begins. If your Paid Time Off balance is low, you may want to consider purchasing Short-term disability to cover any gaps.

If you do not enroll as a newly eligible employee, you may enroll for coverage at Annual Enrollment, however, you will be required to complete an Evidence of Insurability form.

You have two options to choose from:

- **30-day option:** You receive 60% of your weekly base salary after 30 days off work due to non-work related injury or illness until your Long Term Disability begins after 120 days.
- **60-day option:** You'll receive 60% of your weekly base salary after 60 days off work due to non-work related injury or illness until your Long Term Disability begins after 120 days.

Premiums are deducted on an after tax basis so any benefit you receive is non-taxable.



## LONG TERM DISABILITY (LTD)

Long-term disability insurance (LTD) provides you with income if you are a full-time employee and unable to work due to a major non-work related injury or illness. This plan is administered by Liberty Mutual.

After one year of full-time status, NCBH pays the full cost of this benefit for you. This plan provides you with 60% of your base salary if illness or injury leaves you unable to work for more than 120 days.

As a newly eligible employee, you have the option to purchase LTD insurance to cover yourself during your first year of employment. You may also enroll at Annual Enrollment to provide coverage until you reach your one year of service in the next calendar year, however, you will be required to complete an Evidence of Insurability form.

*"In nothing do we more nearly approach the gods than in giving health to men."*

-Cicero

## OTHER TYPES OF DISABILITY

### Disability Case Management

Disability Case Management is a new program that offers support to employees with non-work related injuries or illnesses. Registered nurses with expertise in occupational health assist you in early return to work efforts if approved by your physician. If you have been out of work for an extended period, your physician may determine that you are ready to return to work on a limited basis. The Disability Case Managers will help you and your supervisor devise a transitional work schedule to meet both your needs. Call (336) 713-0160 for more information.



For a complete list of all STD & LTD and Disability benefits go online to the NCBH Benefits section on the *Infinet*.

## RETIREMENT

### Retirement Savings Plan (403-b)

The Retirement Savings Plan is a pre-tax savings account designed to help you save for retirement. Employees who are less than 50 years of age can contribute up to \$16,500 annually. Employees over 50 years of age can contribute up to \$22,000.

NCBH matches your contribution at a rate of 25 cents for every dollar you contribute up to 6% of your pay. After 10 years of benefit-eligible service, the match increases to 40 cents. After 20 years of benefit-eligible service, the match increases to 50 cents.

To qualify for the matching amount from NCBH, you must be 21 years of age, work 20 hours a week or more, and be in a benefits eligible position. The match begins after 90 days of employment.

You are immediately “vested” for the Retirement Savings Plan. This means that at any time you leave the hospital you may withdraw or rollover all of the money in your account.

The Retirement Savings Plan is administered by AIG Retirement Services. AIG Retirement representatives can be reached by calling **(336) 716-2000** and will be pleased to answer any questions and assist you with enrollment.

### Pension Plan

The Pension Plan is designed to provide retirement income in conjunction with your Social Security benefit and your Retirement Savings Plan.

Your Pension benefit will be based on your years of service and your average salary in the years before your retirement. Any calendar year in which you were paid for 1,000 hours counts as one year of service. Participation and enrollment are automatic and there is **no cost to you**.

While the normal retirement age of the Pension Plan is 65, you may retire as early as 55 with 10 years of service. You may also draw your reduced monthly pension at age 62 and continue working after you have completed 10 years of service. By choosing early retirement, you will receive payments over a longer period of time than you would if you commenced payments at age 65. If you choose to retire earlier than age 65, your benefits will be reduced to reflect your early commencement of benefits. Once you attain age 65, you may commence your monthly pension benefits and continue working at NCBH.

The Pension Plan does not have a mandatory retirement age, but you must commence payments on the April 1st of the calendar year following the date you attain age 70½.

In the event of your death, if you were vested, your spouse will be eligible for a monthly benefit payable when you would have attained age your earliest retirement age, if applicable.

You will be entitled to receive your pension when you retire if, during your course of employment, you were employed for 5 years in which you were paid for 1,000 hours. For further information on your Pension Benefit, please call the **Retirement office at (336) 716-3334**.



*You never get a day off from retirement, so please be prepared!*



*“He who has health has hope, he who has hope has everything”*

## VOLUNTARY BENEFITS

NCBH offers several voluntary benefit choices to meet the varied needs of newly hired or newly eligible employees. Listed below are the voluntary benefits available.

### Supplemental Interest-Sensitive Whole Life Insurance:

An affordable life insurance plan that builds cash value. Eligible employees (16 hours per week) may purchase coverage on themselves, their spouse, children or grandchildren. Employee and spouse policies issued for at least \$10,000 also include a Long Term Care Insurance Rider.

### Specified Critical Illness Insurance:

Eligible employees (16 hours per week) may choose the lump sum benefit up to \$50,000, for a covered Critical Illness such as heart attack, stroke, major organ transplant, permanent paralysis, end-stage renal failure, and coronary artery bypass surgery. Lump sum payment is paid to you directly. Also available are Optional Cancer Rider, Spouse and Child Riders.

### Supplemental Accident Insurance:

Eligible employees (20 hours per week) may purchase coverage on themselves, spouse and dependent children. The plan covers a wide range of injuries and accident-related expenses such as hospitalization, physical therapy, hospital intensive care, transportation and lodging, plus coverage for accidental death. These benefits are designed to help pay for out-of-pocket costs that may not be covered by traditional health insurance. Benefits are paid directly to you.

### Legal Assistance Plan:

ARAG Legal Insurance "Peace of Mind". One monthly fee covers the entire family (children

up to age 19, if full time college student up to age 26). The plan includes telephone legal advice, standard will preparation, follow-up calls or letters, document review, document preparation, online legal services, online law guide, and a toll free number.

#### To enroll:

Contact Americas Insurance Advisors at 1-888-859-7555 or visit them online at [www.wfubmvoluntarybenefits.com](http://www.wfubmvoluntarybenefits.com)

### VPI Pet Insurance:

Veterinary Pet Insurance policies cover medical problems and conditions related to accidents and illnesses (including cancer). There are several plan options available to meet your needs and those of your pet.

#### To enroll:

Contact VPI at 1-800-USA-PETS (1-800-872-7387) or visit them on line at [www.petinsurance.com/eb](http://www.petinsurance.com/eb)

### Identity Theft Protection

Identity Guard provides, through a partnership between Wachovia Insurance Services and Intersections Inc., a plan that provides ID theft prevention and a service in the event your identity is stolen. They can also provide assistance with restoration and resolution through educational materials, advice, and management of the process of restoring credit and regaining identity.

#### To enroll:

Contact Americas Insurance Advisors at 1-888-859-7555 or visit them online at [www.wfubmvoluntarybenefits.com](http://www.wfubmvoluntarybenefits.com)

The description above are brief summaries of plans available. Refer to actual policies or Contracts for complete descriptions of plan benefits, eligibility coverage limits, provisions and exclusions.



*"The price of anything is the amount of life you exchange it for."*  
—Henry David Thoreau

## ADDITIONAL BENEFITS

### Paid Time Off (PTO)

For peak performance, employees need time off for recreation, rest and personal responsibilities. That's where PTO comes in. Your PTO account, which shows the amount of PTO you accumulate each year, is used for all paid vacations, holidays, sick and authorized personal time away from work.

Paid Time Off is earned based on years of service and hours worked. Here is a breakdown of how many hours an employee working 40 hours a week earns per bi-weekly pay period.

- 0-4 years of continuous benefit-eligible service = 7.69/80hr
- 5-9 year of continuous benefit-eligible service = 9.23/80hr
- 10+ years of continuous benefit eligible service = 10.77/80hr

### Work/Family Services

Need help in finding reliable childcare? NCBH offers a child day care at the Medical Center's child care facility. If no openings exist, the medical center child care facility will assist in finding you an open facility.

**Child Care** 1-336-716-0300

Faced with moving a parent to a nursing home? The Hospital offers **Elder Care Choices** to help you find answers to these difficult questions. **Elder Care Choices** helps find care for aged parents or grandparents.

**Elder Care Choices** 336-748-2171 or 800-648-2171

### Education Assistance Program

NCBH encourages you to continue your educational development by reimbursing qualified educational expenses. All regular Full Time, Regular Part Time or Job Sharing employees who have completed at least 6 months of continuous employment as of the course start date are eligible for reimbursement under the terms of the program. On the web, go to the NCBH Benefits section on the *Infinet* to determine Education Assistance eligibility.

### ActionHealth

The Medical Center cares for its employees and wants them to reach their fullest potential in their wellbeing. We provide the motivation, support, and resources to help you reach your wellness goals. Whether you want to increase your physical activity, reduce your stress level, or change your nutritional habits, we want to help you on your wellness journey. To see what other programs are offered by ActionHealth, go to the ActionHealth section of the *Infinet*.

### Credit Unions

Employees may join either Allegacy Credit Union or Summit Credit Union and make deposits through payroll deduction. Call these numbers to join.

- Allegacy Credit Union (336) 774-3400/1-800-782-4670. <http://www.allegacyfcu.org>
- Summit Credit Union (336) 722-1095/1-800-632-0210 <http://www.summitcu.org>



*"Pleasure in a job puts perfection in the work"*

—Aristotle



### DISCOUNTS

Employees enjoy a wide variety of discounts for internal vendors (Cafeteria) and over 50 outside merchants around the area. For a full list of area discounts and vendors, check out the web <http://Infinet.wfubmc.edu/>.

**EMPLOYEE COSTS – EMPLOYEE RATES**

<b>Health Insurance Biweekly cost — Optimum</b>			
<b>Level of Coverage</b>	<b>Full time</b>	<b>Part time</b>	<b>Job Share</b>
Employee Only	\$38.93	\$199.08	\$83.61
Employee plus Child	\$135.68	\$398.16	\$171.21
Employee plus Spouse	\$146.29	\$418.07	\$183.95
Family	\$204.10	\$547.46	\$246.36

<b>Health Insurance Biweekly cost — Prime</b>			
<b>Level of Coverage</b>	<b>Full time</b>	<b>Part time</b>	<b>Job Share</b>
Employee Only	\$34.50	\$176.42	\$74.10
Employee plus Child	\$120.23	\$352.84	\$151.72
Employee plus Spouse	\$129.64	\$370.48	\$163.01
Family	\$180.87	\$485.15	\$218.32

<b>Health Insurance Biweekly cost — Select</b>			
<b>Level of Coverage</b>	<b>Full time</b>	<b>Part time</b>	<b>Job Share</b>
Employee Only	\$17.79	\$149.90	\$62.96
Employee plus Child	\$64.88	\$299.81	\$128.92
Employee plus Spouse	\$70.12	\$314.80	\$138.51
Family	\$100.47	\$412.23	\$185.50



Wake Forest University Baptist  
**MEDICAL CENTER**®

Benefits Administration  
 NCBH Human Resources  
 Medical Center Blvd.  
 Winston Salem NC 27157  
 Benefits Line: (336) 716-3334

Rates for Long Term Disability, Short Term Disability, and Supplemental Life and Dependent Life are dependent on age and salary and are listed on your enrollment form.

**EMPLOYEE COSTS – EMPLOYEE RATES (CONTINUED)**



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Vision Coverage Biweekly cost — Plus		
Level of Coverage	With Medical	Without Medical
Employee Only	\$3.84	\$4.82
Employee plus child	\$6.23	\$7.20
Employee plus Spouse	\$8.25	\$9.23
Family	\$11.33	\$12.31

Vision Coverage Biweekly cost — Standard		
Level of Coverage	With Medical	Without Medical
Employee Only	\$2.95	\$3.48
Employee plus child	\$4.79	\$5.64
Employee plus Spouse	\$6.35	\$7.48
Family	\$8.71	\$10.26

Dental Coverage Biweekly cost			
Level of Coverage	Full time	Part time	Job Share
Employee Only	\$2.15	\$7.68	\$3.15
Employee + 1	\$6.91	\$15.36	\$7.99
Employee + 2	\$11.52	\$23.04	\$12.67
Employee + 3	\$16.28	\$30.72	\$17.51
Employee + 4	\$21.12	\$38.40	\$22.27

Rates for Long Term Disability, Short Term Disability, and Supplemental Life and Dependent Life are dependent on age and salary and are listed on your enrollment form.