

# Bartlett Regional Hospital

3260 Hospital Drive • Juneau, Alaska 99801 • Telephone 907-796-8438

## Benefit Summary

<b>SUMMARY</b>			
<b>Medical</b>	<b>Economy Plan</b>	<b>Standard Plan</b>	<b>Premium Plan</b>
<b>Maximum Lifetime Benefit:</b>	\$1,500,00	\$1,500,00	\$1,500,00
<b>Annual Deductible</b> <small>(Any expenses applied to the deductible during the last 3 months of a calendar year will be carried over to meet the deductible requirement for the next year.)</small>	\$500/Individual \$1,000/Family	\$250/Individual \$500/Family	\$150/Individual \$300/Family
<b>Reimbursement Percentages:</b>	80% of the allowable amount  100% after Coinsurance Limit is reached  Constant 80% for Mental Health Care  Constant 80% for Hearing Aid Benefit	80% of the allowable amount  100% after Coinsurance Limit is reached  Constant 80% for Mental Health Care  Constant 80% for Hearing Aid Benefit	80% of the allowable amount  100% after Coinsurance Limit is reached  Constant 80% for Mental Health Care  Constant 80% for Hearing Aid Benefit
<b>Out-of-Pocket Maximum:</b> <small>(Out-of-pocket maximum equals Deductible plus coinsurance (i.e. \$500+\$2,000=\$2,500)</small>	\$2,000 per enrollee per calendar year	\$1,500 per enrollee per calendar year	\$1,000 per enrollee per calendar year
<b>Prescription Benefit</b>	<b>Economy Plan</b>	<b>Standard Plan</b>	<b>Premium Plan</b>
<b>Annual Deductible and out-of-pocket:</b>	\$50.00/\$1,500 out-of-pocket per enrollee	\$50.00/\$1,000 out-of-pocket per enrollee	\$50.00/\$500 out-of-pocket per enrollee
<b>Legal Drugs (up to 30 day supply):</b>	\$10 co-payment per prescription or refill for generic. 40% co-payment for brand name.	\$10 co-payment per prescription or refill for generic. 30% co-payment for brand name.	\$10 co-payment per prescription or refill for generic. 20% co-payment for brand name.
<b>Medco Mail Order (up to 90 day supply):</b>	\$10 co-payment per prescription or refill for generic. \$35 co-payment prescription or refill for brand names.	\$10 co-payment per prescription or refill for generic. \$30 co-payment prescription or refill for brand names	\$10 co-payment per prescription or refill for generic. \$25 co-payment prescription or refill for brand names
<b>Dental Benefit</b>	<b>Economy Plan</b>	<b>Standard Plan</b>	<b>Premium Plan</b>
<b>Maximum Calendar Year Benefit:</b>	\$2,000	\$2,000	\$2,000
<b>Annual Deductible:</b>	\$50/per enrollee per calendar year  \$150/ Maximum per family per calendar year	\$50/per enrollee per calendar year  \$150/ Maximum per family per calendar year	\$50/per enrollee per calendar year  \$150/ Maximum per family per calendar year

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<b>Diagnostic and Preventive</b>	100% of the allowable amount. Not subject to deductible.	100% of the allowable amount. Not subject to deductible.	100% of the allowable amount. Not subject to deductible.
<b>Basic</b>	80% of the allowable amount. Subject to deductible.	80% of the allowable amount. Subject to deductible.	80% of the allowable amount. Subject to deductible.
<b>Major</b>	50% of the allowable amount. Subject to deductible.	50% of the allowable amount. Subject to deductible.	50% of the allowable amount. Subject to deductible.
<b>Vision Benefit</b>	<b>Economy Plan</b>	<b>Standard Plan</b>	<b>Premium Plan</b>
<b>Examinations:</b>	None	100% of allowable amount. Limited to 1 exam per calendar year.	100% of allowable amount. Limited to 1 exam per calendar year.
<b>Lenses:</b>	None	100% of allowable amount. Limited to 2 lenses per calendar year.	100% of allowable amount. Limited to 2 lenses per calendar year.
<b>Hardware (Frames and Contact Lenses):</b>	None	Up to \$200 per calendar year.	Up to \$225 per calendar year.
<b>Employee Cost</b>	<b>Economy Plan</b>	<b>Standard Plan</b>	<b>Premium Plan</b>
<b>Employee Only/Bi-Weekly</b>	\$0	\$32.22	\$52.98
<b>Employee &amp; Family/Bi-Weekly</b>	\$48.37	\$108.37	\$136.06
<b>Life Insurance (Term)</b>	Premium paid 100% by BRH Basic Life: \$5,000 employee, \$1,000 spouse; up to \$500 each eligible dependent Optional Voluntary Life: Employee may purchase more for self up to 5x annual salary or \$300K-whichever is less		
<b>AFLAC</b>	Premium paid by employee through pre-taxed payroll deductions <ul style="list-style-type: none"> <li>✓ Personal Accident Indemnity Plan (Accident-Only Insurance)</li> <li>✓ Specified Health Event Protection (Specified Health Event Insurance)</li> <li>✓ Personal Disability Income Protector (Short-Term Disability Insurance Policy)</li> <li>✓ Hospital Protection (Hospital Confinement Indemnity Insurance)</li> <li>✓ Care Assist (Hospital Confinement Care Indemnity Insurance)</li> <li>✓ Personal Sickness Indemnity Plan (Hospital Confinement Sickness Indemnity Limited Benefit Policy)</li> <li>✓ Cancer Indemnity Insurance</li> </ul>		
<b>Retirement</b>	<b>Tier IV Defined Contribution Plan</b> <b>State of Alaska Public Employees Retirement System (PERS)</b> <b>(Employees hired after July 1, 2006)</b>		
<b>Employee Contribution</b>	Pre-tax contribution: 8% Employees may make additional contributions.		
<b>Employer Contribution</b>	DC account: 5% Health Plan: 1.75%-determined by annual actuarial valuation after FY07. HRA-flat dollar amount per employee based on 3% of the employer's average annual employee compensation. 0.4% disability – P/F, 0.3% all others.		
<b>Vesting</b>	100% vested in employee contributions from inception. Vested in employer contributions based on the following schedule: 25% after 2 years of service, 50% after 3 years, 75% after 4 years, and 100% after five years.		

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<p><b>Retirement Medical Coverage</b></p>	<p>Access to medical coverage at Medicare-eligible age with 10 years of service or at any age with 25 years of police/fire services or with 30 years of service for all others. Must retire directly from system. If not eligible for Medicare, must pay full premium. May use health reimbursement arrangement (HRA) account to pay premiums. Once HRA is exhausted, member self-pays premiums. When eligible for Medicare, the percentage of premium paid by retiree or surviving spouse is: 10-14 years of service-30%; 15-19 years-25%; 20-24 years-20%; 25-29 years-15%; 30 years or more-10%.</p>
<p><b>Retirement Disability Benefits</b></p>	<p>Must be a total and presumably permanent disability whose cause is directly related to performance of duties of the job or an on the job injury. Benefits is 40% of salary, earns service while on occupational disability. Employer continues to make all required contributions as if member were working, plus member's required contributions to the DC account, without deductions from member's disability payment. Disability benefits cease when member becomes eligible for normal retirement at Medicare-eligible age and 10 years of service or at any age with 25 years of police/fire service or with 30 years of service for all others. No medical insurance until eligible for normal retirement.</p>
<p><b>Personal Leave</b></p>	<p>PL (sick, vacation, and holiday)            1<sup>st</sup> year – (0 – 2079.99) 0.1000 = 208 hours or 26 days (based on 40 hrs work week)            2<sup>nd</sup> year – (2080 – 4159.99) 0.1385 = 288.08 or 31 days (based on 40 hrs work week)            3<sup>rd</sup> year – (4160 – 10,399.99) 0.15 = 312 or 39 days (based on 40 hrs work week)            5<sup>th</sup> year – (10400 – 20799.99) 0.1615 = 335.92 or 42 days (based on 40 hrs work week)            10<sup>th</sup> year – (20800 – up) 0.1846 = 384 or 48 days (based on 40 hrs work week)</p>
<p><b>Employee Assistance Program (EAP)</b></p>	<p>ComPsych Guidance Resources Program provided at no cost to help you and your dependents with personal issues (counseling), legal information and resources (will and estate planning), and financial information and resources (debt management and retirement planning).</p>