

BENEFIT	EMPLOYEE COST	WHO RECEIVES	ELIGIBILITY	DESCRIPTION
Tobacco Medical Surcharge	Bi-monthly Surcharge Employee: \$25.00 Spouse: \$25.00		Tobacco use within 90 days prior to enrollment.	Applies to Employees and Spouses who are tobacco users and enrolled in one of the HH Health System Medical Plan options. HealthWorks 2.0 offers employees three approved cessation opportunities.
Spousal Carve-Out for Medical	N/A			If your spouse is employed and eligible for health coverage through their employer, your spouse must enroll in coverage offered by their own employer to be eligible for coverage under the HH Health System's health plan as secondary coverage.
Medical (PPO) <small>Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.</small> <i>You will be charged the Non HealthWorks premiums until completion of required steps for HealthWorks. Upon completion, the \$25.00 bi-monthly charges will be reimbursed if completion is within 60 days of hire.</i> <i>Employees enrolled in health insurance receive a free membership to any of the HH Health System Wellness Centers.</i>	Bi-monthly Premium (HealthWorks(see description on back)/ Non-HealthWorks) For Salaries: > \$16 /hour Single: \$86.50/\$111.50 EE + CH: \$153.50/\$178.50 Full Family: \$236.00/\$261.00 For Salaries: ≤ \$16/hour Single: \$76.00/\$101.00 EE + CH: \$128.50/\$153.50 Full Family: \$195.00/\$220.00 For PLUS: > \$16/hour Single: \$123.00/\$148.00 EE + CH: \$205.00/\$230.00 Full Family: \$300.00/\$325.00 For PLUS: ≤ \$16/hour Single: \$102.00/\$127.00 EE + CH: \$173.00/\$198.00 Full Family: \$279.00/\$304.00	EE – Eligible Employee CH - Child Employees authorized to work at least 24 hours (0.6 FTE) per week Employees categorized as PLUS Premium	First day of following month after enrollment	PCP-- \$40/visit Specialist - \$50/visit Calendar Year Deductible: \$500 – applies to inpatient/outpatient surgery, maternity, procedures, & anesthesia charges. \$100 copay on CT, MRI & Pet scans, and Diagnostic Mammograms. Annual Out of Pocket Max: Medical - \$5,400 individual; \$8,100 Family Pharmacy - \$2,500 individual ; \$5,000 Family Prescription Drugs: Mail Order Pharmacy Maintenance Medication must be filled through our HH Mail Order Pharmacy. Mail Order prescriptions are 2X the retail copay amounts below. For all specialty medications, members must use the HH Mail Order Pharmacy. Huntsville Hospital Pharmacy Tier 1: \$10 (minimum \$4 copay will apply) Tier 2: \$40 Tier 3: \$55 Tier 4 (Specialty): 10% coinsurance Retail Pharmacy: You can fill non maintenance medications at other retail pharmacies. * Target, Rite-Aid and CVS Pharmacies are excluded from the pharmacy network. Tier 1: \$15 Tier 2: \$55 Tier 3: \$70
Medical High Deductible Health Plan (HDHP) <small>Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.</small> <i>You will be charged the Non HealthWorks premiums until completion of required steps for HealthWorks. Upon completion, the \$25.00 bi-monthly charges will be reimbursed if completion is within 60 days of hire.</i> <i>Employees enrolled in health insurance receive a free membership to any of the HH Health System Wellness Centers.</i>	Bi-monthly Premium (HealthWorks(see description on back)/ Non-HealthWorks) For Salaries: > \$16 /hour Single: \$38.00/\$63.00 EE + CH: \$65.00/\$90.00 Full Family: \$103.00/\$128.00 For Salaries: ≤ \$16/hour Single: \$32.50/\$57.50 EE + CH: \$53.00/\$78.00 Full Family: \$86.00/\$111.00 For PLUS/Choice 10: >\$16/hour Single: \$62.31/\$87.31 EE + CH: \$110.50/\$135.50 Full Family: \$178.50/\$203.50 For PLUS/Choice 10: ≤\$16/hour Single: \$55.00/\$80.00 EE + CH: \$89.00/\$114.00 Full Family: \$151.50/\$176.50	EE – Eligible Employee CH - Child Employees authorized to work at least 24 hours (0.6 FTE) per week Employees categorized as PLUS Premium or Choice 10	First day of following month after enrollment	Preventive Care – 100% coverage Calendar Year Deductible: \$1,600 individual, \$3,200 family Annual Out of Pocket Max: \$5,250 individual, \$10,250 family Prescription Drugs: Preventative Medications FREE! A list of medications considered preventative is available at alabamablue.com/DrugList and on Employee Self-Service. Non Preventative Medications Subject to the calendar year deductible. Once the deductible is met, the following co-pays will apply. HH Pharmacy: Tier 1: \$10 (minimum \$4 copay will apply) Tier 2: \$40 Tier 3: \$55 Tier 4 (Specialty): 10% coinsurance Retail Pharmacy: You can fill non maintenance medications at other retail pharmacies. * Target, Rite-Aid and CVS Pharmacies are excluded from the pharmacy network. Tier 1: \$15 Tier 2: \$55 Tier 3: \$70 For all specialty medications, members must use the HH Mail Order Pharmacy.

2024 Employee Benefits Summary



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Health Savings Account (HSA) 	2024 Contribution Limits: (Less the Employer Contribution) Single: \$4,150 Family: \$8,300 2024 Catch-Up Contribution (if age 55+): \$1,000	Eligible employees enrolled in the HDHP Plan	First day of following month after enrollment	You elect the amount you want to contribute to your HSA up to the maximum (offset by any employer contributions). Funds are accessible as they are deposited into your account. HSAs can pay or reimburse eligible out-of-pocket expenses, or save for future expenses – there is no time limit to use funds. You can also earn tax-free interest and investment returns with your HSA funds.
Flexible Spending Account (FSA) 	2024 Maximum Contribution: \$3,050	Employees authorized to work at least 24 hours per week (.6 FTE)	First day of following month after enrollment	With health care FSAs, the entire elected amount is available to you on the first day of eligibility. You do not have to wait for your payroll contributions to accumulate before paying expenses with your FSA. The minimum annual contribution is \$50. Leftover contributions in the amount of \$610 or less will carry over to the following plan year unless you wish to participate in the HSA.
Dependent Care Reimbursement Account (DCRA) 	2024 Maximum Contribution: \$5,000 (if married filing jointly) \$2,500 (if married filing separately)	Employees authorized to work at least 24 hours per week (.6 FTE)	First day of following month after enrollment	<u>This spending account is only for employees with qualified childcare expenses.</u> Funds are not available upfront but are accessible as they are deposited with each payroll deduction. You can submit expenses for reimbursement either through the Fidelity member portal, or by using the DCRA Reimbursement form. Recurring DCRA claims can be scheduled for the duration of the plan year. The minimum annual contribution is \$50.
	Free to all employees following completion of Biometric Screening and HRA. Health Coaching is highly recommended.	All Employees	Within 60 days of employment	HealthWorks 2.0 program assists employees in identifying potential health problems, while developing strategies and techniques to better manage those risks. With a strong emphasis on health education and behavior changes, the HealthWorks 2.0 team can help detect and sometimes prevent the onset of disease and chronic health issues among our team members. Healthworks 2.0 participants also receive a free membership to any of the HH Health System Wellness Centers. *Failure to complete the HealthWorks 2.0 criteria within 60 days results in a \$25.00 bi-monthly surcharge on health insurance premium.
Vision Bi-monthly Premium Deductions	Single: \$5.16 Family: \$14.26	Employees authorized to work at least 24 hours per week (.6 FTE)	First day of following month after enrollment	Annual Eye Exam - \$20 copay Frames - \$220 annual allowance Contacts (instead of glasses) - Up to \$60 copay; \$170 allowance annually. Premium or Custom Progressive Lens - \$50 copay (\$0 for standard lens) Anti-reflective coating - \$25 copay
Dental Bi-monthly Premium Deductions	Single: \$14.97 Family: \$36.39	Employees authorized to work at least 24 hours per week (.6 FTE)	First day of following month after enrollment	Maximum Allowance - \$1,250 per covered member every calendar year. Calendar Year Deductible - \$50 Individual/ \$150 Family Preventive Services - 100% covered; no deductible. Basic Services - 80% covered after deductible. Major Services - 50% covered after deductible. Orthodontia (Adults & Children) - 50% covered; \$1,250 lifetime maximum per covered member. *Other plan features include annual carryover, annual hearing exam, and hearing aid/maintenance benefits.
Short Term Disability (Mutual of Omaha) Optional Bi-monthly Premium Deductions	Basic: funded by hospital Buy-Up: funded by employee Weekly benefit based on age banded rates	Employees authorized to work at least 24 hours per week (.6 FTE)	Basic: After 14 days of disability Buy-Up: After 30 days of disability	Basic Plan: \$200 weekly Optional Buy-Up Plan: 60% of weekly salary to a maximum \$1,000 Pre-existing condition exclusion: Benefits are not provided during the year after the coverage effective date for any disability caused by or resulting from a pre-existing condition which occurs in the 3 months prior to the date the employee is enrolled in the plan.

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Long Term Disability (Mutual of Omaha) <i>Optional Bi-monthly Premium Deductions</i>	Basic: funded by hospital Buy-Up: funded by employee \$.25 per \$100	Employees authorized to work at least 24 hours per week (.6 FTE)	After 90 days of disability for basic and buy-up	Basic Plan: 50% of monthly salary Optional Buy-Up Plan: =10% of monthly salary Total (Basic + Buy-Up) = 60% of monthly salary
Basic Life/AD&D Insurance (Mutual of Omaha)	Funded by HH Health System. No cost to employee.	Employees authorized to work at least 32 hours per week (.8 FTE)	First day of following month after enrollment	Basic Benefit: 1X your annual salary (rounded to the next \$1,000) or a minimum of \$20,000. The guarantee issue amount is \$750,000.
Voluntary Life/AD&D Insurance (Mutual of Omaha) <i>Optional Bi-monthly Premium Deductions</i>	Funded by Employee. Premiums are based age banded rates. Please contact HR for calculation sheet.	Employees authorized to work at least 32 hours per week (.8 FTE)	First day of following month after enrollment	For You: 1-3X your annual salary, up to max of \$2M. Guaranteed Issue is \$300,000. Your Spouse: \$10,000, \$25,000, or \$50,000; Employee must enroll in optional life in order to purchase spouse coverage and spouse's policy value cannot exceed employee's policy value. Your Dependent Children: \$10,000
401(k) Retirement Plan 	Funded by HH/employee	All Employees	<u>Vesting Schedule</u> 4 years – 40% 5+ years-100%	<u>For Employees Hired on or After 07/01/2013</u> Matching – 50% of the first 5% of the employee's voluntary contribution Voluntary – 100 % funded by the employee up to IRS limitation in effect. **FT/PT employees eligible for a portion of the Match after 1 year of service and worked 1000 paid hours. (see vesting schedule)
457(B) Deferred Compensation Plan 	Funded by employee	All Employees	Immediately	Supplemental retirement plan through Fidelity Investments; no employer contributions.
Tuition/Certification Reimbursement	Funded by HH/employee	Employees authorized to work at least 24 hours per week (.6 FTE)	After 90 days of employment (effective January 1, 2022)	HH Health System pays 100% up to \$2,500 annually for tuition and some course related fees and 100% up to \$1,000 for job related certifications. Employee must submit application for approval to HR during the application window <u>prior</u> to the beginning of the school term or certification program. Please review the Education Reimbursement Policy located on PULSE for complete details.
Merit Raises	Funded by HH	All Employees	Annually	Merit Raises are based upon the financial performance of HH Health System.
Earned Time Off (ETO)	Funded by employee	FT & PT Employees	After 60 days of employment	Please see table below. Employees will accrue ETO based on hours worked up to a maximum of 80 hours per pay period.
MONTHS OF SERVICE	EMPLOYEES AUTHORIZED TO WORK 36 HOURS PER WEEK OR MORE		EMPLOYEES AUTHORIZED TO WORK 35 HOURS PER WEEK OR LESS	
2 – 35	.089 X hours worked		.063 X hours worked	
36 – 59	.116 X hours worked		.081 X hours worked	
60 – 71	.120 X hours worked		.085 X hours worked	
72 – 83	.123 X hours worked		.089 X hours worked	
84 – 95	.127 X hours worked		.093 X hours worked	
96 – 107	.131 X hours worked		.097 X hours worked	
108 – 179	.135 X hours worked		.100 X hours worked	
180 – 239	.139 X hours worked		.110 X hours worked	
240 – up	.144 X hours worked		.120 X hours worked	

Example: Employee with 3 – 35 months of service; authorized to work 40 hours a week:

Employees in this category that work the full 40 hours per week will accrue 3.56 ETO hours for that week (.089 x 40 hours worked in a week). If that same employee that is authorized to work 40 hours a week, instead works 32 hours, that employee will accrue 2.84 ETO hours for the week (.089 X 32 hours worked in a week).