



YOUR

2016

# Benefits

GUIDE





## WELCOME TO THE SAINT FRANCIS HEALTH SYSTEM 2016 BENEFITS PROGRAM

**Saint Francis Health System (SFHS)** recognizes that each employee makes a vital contribution to the overall success of the organization.

Your skills and dedication are what allow SFHS to achieve its commitment to providing superior service to the people in our communities, thereby gaining outstanding customer satisfaction. SFHS wants to extend that same commitment to you through your benefits program.

SFHS is pleased to offer you many of the most up-to-date benefits in the industry through the SFHS benefits program. What's more, this comprehensive SFHS benefits program puts you in control of all your benefit choices by allowing you to enroll for only the coverage(s) you want.

This guide includes information on the SFHS benefits program and will provide the information necessary for you to choose the benefits that will best meet the needs of you and your family.

*Now, it's up to you to enroll!*

### How to Use This Benefits Program Guide

Use this guide to make informed benefit decisions. Simply read about each benefit and decide which coverage is right for you.

This guide:

- Describes the opportunities offered by the SFHS benefits program; and
- Presents a summary of your health care and related benefit options.

## BENEFITS-AT-A-GLANCE

Benefits	Who is Eligible	Cost Shared	System Provided	Employee Contributed	Page
<b>Enrollment &amp; Eligibility</b>					<b>2</b>
<b>Medical Plans</b> CommunityCare Managed Care Organization Saint Francis — <b>CC MCO Saint Francis</b> CommunityCare Managed Care Organization Standard — <b>CC MCO Standard</b> CommunityCare Preferred Provider Organization Saint Francis — <b>CC PPO Saint Francis</b> CommunityCare High Deductible Health Plan Preferred Provider Organization Saint Francis — <b>CC HDHP PPO Saint Francis</b>	Full-time and part-time employees and their eligible dependents	X			<b>5</b>
<b>Prescription Drug Plans</b> Included in the medical benefit	Full-time and part-time employees and their eligible dependents	X			<b>8</b>
<b>Dental Plans</b> Basic plan Buy-up plan	Full-time employees and their eligible dependents	X			<b>9</b>
<b>Vision Plan</b> Traditional vision plan	Full-time employees and their eligible dependents			X	<b>10</b>
<b>Flexible Spending Accounts (FSAs)</b> Medical FSA Dependent Care FSA	Full-time and part-time employees			X	<b>11</b>
<b>Health Savings Account (HSA) Contributions Only</b>	Full-time and part-time employees who enroll in an HDHP			X	<b>12</b>
<b>Long-Term Disability (LTD)</b> <i>Must meet eligibility requirements to be enrolled</i>	Full-time employees (excludes McAlester)		X		<b>13</b>
<b>Basic Life and AD&amp;D Insurance Plans</b>	Full-time employees		X		<b>13</b>
<b>Optional Life Insurance Plan</b>	Full-time employees			X	<b>14</b>
<b>Dependent Life Insurance Plan</b> Spouse Children	Eligible dependents of full-time employees			X	<b>14</b>
<b>Voluntary AD&amp;D Insurance Plan</b>	Full-time employees and their eligible dependents			X	<b>15</b>
<b>Critical Illness Insurance</b>	Full-time employees and their eligible dependents			X	<b>16</b>
<b>Retirement Savings Plans</b> Employer match/basic contributions begin when employee has met eligibility requirements 401(k) 403(b)	Full-time, part-time and ECB employees who have met the eligibility requirements	X			<b>17</b>

**Please refer to the back of this guide for a Glossary and Contact Information.**

**Annual Employee  
Open Enrollment  
for the  
2016 Plan Year is  
November 2 – 13, 2015!**

NOVEMBER 2015						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**NOTE: Open Enrollment ends at 6 p.m. on Friday, November 13, 2015.**

Remember: No matter what happens in your life, your benefits are there for you. Reviewing your benefits each year means you can always have the best coverage to meet your needs.

## ENROLLMENT

As a Saint Francis Health System employee, each fall you have the opportunity to choose your benefits for the following year.

The benefit plan year is effective **January 1** through **December 31**.

### Annual Employee Open Enrollment

For the 2016 benefit plan year, annual employee open enrollment begins **November 2, 2015**, and ends on **November 13, 2015**, at **6 p.m.**

Benefits become effective **January 1, 2016**.

### If You Do Not Enroll or Make Changes

Review your benefits during the annual employee open enrollment period.

If you do not enroll or make changes, you will continue with your 2015 elections but with 2016 premiums. You must enroll annually for flexible spending accounts (FSAs) and health savings account (HSA) elections. You will not be able to make changes to your elections until the next annual employee open enrollment (unless you have a qualified status change).

### New Hire Enrollment

To elect benefits as a newly hired SFHS full-time/part-time employee, you must enroll within 31 days from your date of hire. Refer to the enclosed letter (insert) for more details.

## ELIGIBILITY

As an employee of the Saint Francis Health System, your eligibility to participate in the benefit programs is determined by your current employment status group. The Benefits-At-A-Glance chart on page 1 of this guide indicates who is eligible to participate in each benefit plan.

### Dependent Eligibility

You can also enroll your eligible dependents in certain coverages. Your eligible dependents for the SFHS benefit plans include:

- Your spouse, an individual to whom you are lawfully married (marriage license or common law documentation will be required);
- Your children up to age 26 (birth certificate required);
  - > Your biological or adopted child(ren);
  - > Your stepchild(ren);
  - > Your foster child(ren) (court document required);
  - > Child(ren) for whom you are legal guardian (court document required);
  - > Child(ren) recognized by a Qualified Medical Child Support Order (QMCSO). Documented proof of eligibility as a dependent will be required, including court documents, if applicable (health/dental/vision).
- Child(ren) age 25 or over, who became disabled prior to age 26, who are unable to earn a living due to a mental or physical disability. You will be asked to provide proof that the child is incapacitated (health/dental/vision).

### Qualified Status Change

You may change your coverage each year during the annual employee open enrollment period. Coverage becomes effective **January of the following calendar year**, and remains in effect for the entire calendar year, unless you experience a qualified status change or have special enrollment rights per HIPAA.

### Annual Employee Open Enrollment

**Each fall, you have the opportunity during annual employee open enrollment to enroll in or make changes to your benefits.**

If you do not enroll or make changes during the annual employee open enrollment period, you will not be able to make changes until the next annual employee open enrollment period, unless you have a qualified status change. Please refer to the letter (insert) included in this enrollment kit for your enrollment instructions.

A summary plan description is available through HealthNet and/or the SFHS human resources benefits department.

\* These system-provided benefits are provided at no cost to you as an employee. No other action is required for these benefits during annual employee open enrollment.

## DETAILS ON SYSTEM-PROVIDED BENEFITS\*

If you meet all eligibility requirements for coverage, you are automatically enrolled in system-provided benefits for which SFHS pays the entire cost.

**Full-time Employees\***— Full-time SFHS employees are covered automatically, at no cost to the employee, in the following benefits:

- Long-term disability insurance — exempt, full-time employees: effective immediately; hourly employees: effective after one year of continuous active full-time employment without a leave of absence (excludes McAlester);
- Basic life insurance plan (1x salary);
- Accidental death & dismemberment insurance; and
- Basic retirement plan.

**Part-time/ECB Employees\***— Part-time/ECB SFHS employees are covered automatically, at no cost to the employee, in the basic retirement plan, when eligibility is met.

## DETAILS ON OPTIONAL BENEFITS

If you meet all eligibility requirements, you have the option of enrolling in additional benefits provided by SFHS, either at full cost to you or a shared cost with SFHS. All full or shared costs are made through payroll deductions.

**Full-time Employees** — Full-time SFHS employees may choose to enroll in the following benefits:

- Medical plan (including eligible dependents);
- Basic or buy-up dental plan (including eligible dependents);
- Vision plan (including eligible dependents);
- Optional life insurance: (up to six times base annual earnings, maximum \$1,500,000);
- Dependent life insurance (spouse/child): \$10,000/\$5,000, \$20,000/\$10,000 or \$30,000/\$15,000;
- Voluntary accidental death & dismemberment (VADD): (up to 10 times base annual earnings, maximum \$500,000);
- Flexible spending accounts (FSAs);
- Retirement savings plans — 401(k) SFHS matches contributions; and
- Critical illness insurance (including eligible dependents): \$10,000, \$20,000 or \$30,000.

**Part-time Employees** — Part-time SFHS employees may choose to enroll in the following benefits:

- Medical plan (including eligible dependents);
- Flexible spending accounts (FSAs); and
- Retirement savings plans — 401(k) SFHS matches contributions (part-time/ECB).

## MEDICAL PLAN OPTIONS

SFHS is pleased to offer four medical plan options:

- CommunityCare Managed Care Organization Saint Francis — **CC MCO Saint Francis;**
- CommunityCare Managed Care Organization Standard — **CC MCO Standard;**
- CommunityCare Preferred Provider Organization Saint Francis — **CC PPO Saint Francis;** and
- CommunityCare High Deductible Health Plan Preferred Provider Organization Saint Francis — **CC HDHP PPO Saint Francis.**

All four plans offer comprehensive coverage but have different deductibles, copays, and out-of-pocket maximums. Please refer to the medical plan summary on the following pages for deductibles, copays and coinsurance amounts.

### MCO Facts

- If you enroll in an MCO (formerly HMO), you must choose a primary care physician (PCP). A PCP is a doctor who participates in the network and specializes in family or general practice, internal medicine, or pediatrics. You may choose a different PCP/network for each covered family member. Regardless of which PCP you or your family member chooses, all health care will be arranged within the network.
- If you are enrolled in either of the MCO plans, you may change your PCP within your current network during the year. (Contact CommunityCare member services at **918-594-5201** or **1-888-589-5214** statewide.)
- If you are enrolled in the CC MCO Standard plan, you may only make network changes during annual employee open enrollment. (Contact CommunityCare member services at **918-594-5201** or **1-888-589-5214** statewide.)
- If you are a new enrollee in either of the MCO plans and do not elect a PCP, CommunityCare will assign a PCP for you.

### You may choose to:

- **Enroll in CC MCO Saint Francis, CC MCO Standard, CC PPO Saint Francis, CC HDHP PPO Saint Francis; or**
- **Decline participation in any of the offered medical plans.**

If you enroll in a medical plan, you can elect one of the following categories of coverage:

- Employee only;
- Employee plus one dependent; or
- Family coverage.

### A WORD ABOUT NETWORKS

A managed care network is a group of doctors, hospitals, and other health care service providers that contract with the network to provide quality health care services at favorable rates. The plans cover a full range of medical services and supplies. Choose a medical plan that best fits the needs of you and your family. Be sure to see if your primary care physician is in your network by visiting <http://saintfrancis.ccok.com>.

## SAINT FRANCIS HEALTH SYSTEM MEDICAL PLANS-AT-A-GLANCE

	CC MCO Saint Francis	CC MCO Standard	CC PPO Saint Francis	CC HDHP PPO Saint Francis
<b>Plan Network</b>	SFHS	CommunityCare	SFHS	SFHS
<b>In-Network Services</b>	Covered		Covered	
<b>Out-of-Network Services</b>	Not covered		Covered; however, you will pay more for these services out-of-network than you would if you received the same services from a network provider.	
<b>Preventive Care</b>	Covered at 100%; no copayment if provided by your designated PCP.		Covered at 100%; no copayment. Must be provided in-network.	Covered at 100%; deductible is waived. Must be provided in-network.
<b>Primary Care Physician (PCP) Care Coordination Required</b>	Yes		No PCP required; you have the choice of using any doctor or hospital in- or out-of-network.	

## Limitations and Exclusions

Please refer to the summary plan descriptions for exclusions on all plans.

**PLEASE NOTE:** This summary is intended only as a source of general information and is not all-inclusive. Please refer to the specific benefit plan materials, handbooks and certificates for additional information.

	CC MCO Saint Francis	CC MCO Standard
BENEFIT	IN-NETWORK ONLY	
Office Visits — PCP	\$35 copay	\$35 copay
Office Visits — Specialist	\$45 copay	\$45 copay
Preventive Care	No copay	No copay
Emergency Room	\$150 copay* (waived if admitted)	\$150 copay* (waived if admitted)
Urgent Care	\$50 copay	\$50 copay
Inpatient Hospital Care	\$250 copay per day* (maximum of \$1,000 copay per admission)	
Mental Health <i>(includes alcohol and drug)</i>	All admissions and services must be approved by a CommunityCare behavioral health case manager. Please call <b>1-800-774-2677</b> .	
Outpatient	\$35 copay	\$35 copay
Inpatient	\$250 copay per day* (maximum of \$1,000 copay per admission)	\$250 copay per day* (maximum of \$1,000 copay per admission)
Outpatient Surgical Facility	\$200 copay*	\$200 copay*
Outpatient Diagnostic		
Laboratory	No copay	No copay
Radiology	No copay	No copay
Advanced Imaging	MRI/CT/PET (authorization required) \$150 copay*	MRI/CT/PET (authorization required) \$200 copay*
Medical Calendar Year Deductible	\$1,000 per individual \$2,000 per family	\$2,000 per individual \$4,000 per family
Out-of-Pocket Maximum**	\$3,000 per individual \$6,000 per family	\$3,000 per individual \$6,000 per family
Retail Prescription Drug Benefit	\$100 deductible per member, then \$0/\$15/\$45/\$95/\$300	
Mail Order Prescription Drug Benefit	2 copays for a 3-month supply (after Rx deductible)	
Pre-existing Condition Exclusion	None	None

\* Subject to calendar year deductible first before copay/coinsurance applies.

\*\* All copays, pharmacy and deductibles included.



## MEDICAL PLAN SUMMARY

CC PPO Saint Francis		CC HDHP PPO Saint Francis	
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
\$35 copay	Member pays 50%*	\$30 copay*	Member pays 50%*
\$45 copay	Member pays 50%*	\$40 copay*	Member pays 50%*
No copay	Not covered	No copay	Not covered
Member pays 20%*	Member pays 20%*	Member pays 20%*	Member pays 20%*
\$50 copay	Member pays 50%*	\$50 copay*	Member pays 50%*
Member pays 20%*	Member pays 50%*	Member pays 20%*	Member pays 50%*
All admissions and services must be approved by a CommunityCare behavioral health case manager. Please call <b>1-800-774-2677</b> .		All admissions and services must be approved by a CommunityCare behavioral health case manager. Please call <b>1-800-774-2677</b> .	
\$35 copay	Member pays 50%*	\$25 copay*	Member pays 50%*
Member pays 20%*	Member pays 50%*	Member pays 20%*	Member pays 50%*
Member pays 20%*	Member pays 50%*	Member pays 20%*	Member pays 50%*
No copay	Member pays 50%*	No copay*	Member pays 50%*
No copay	Member pays 50%*	No copay*	Member pays 50%*
MRI/CT/PET (precertification required) Member pays 20%*	MRI/CT/PET (precertification required) Member pays 50%*	Member pays 20%* (precertification required)	Member pays 50%* (precertification required)
\$1,000 per individual \$2,000 per family	\$2,000 per individual \$4,000 per family	\$2,500 per individual \$5,000 per family	\$5,000 per individual \$10,000 per family
\$4,500 per individual \$9,000 per family	Unlimited	\$5,000 per individual \$10,000 per family	Unlimited
\$100 deductible per member, then \$0/\$15/\$45/\$95/\$300	\$100 deductible per member, then \$0/\$15/\$45/\$95/\$300	Member pays 20%*	Member pays 20%*
2 copays for a 3-month supply (after Rx deductible)	2 copays for a 3-month supply (after Rx deductible)	Member pays 20%*	Member pays 20%*
None	None	None	None

## CC MCO Saint Francis, CC MCO Standard and CC PPO Saint Francis plans include coverage for prescription drugs.

The CC HDHP PPO Saint Francis plan has a separate prescription drug program. This plan does not have a separate deductible for prescription drugs.

## CC HDHP PPO SAINT FRANCIS

Prescription coverage under this plan is considered “creditable” coverage per Medicare definition.

## FOR ALL MEDICAL PLANS

You will use your medical plan ID card at the pharmacy and will not have a separate pharmacy card.

## CC MCO SAINT FRANCIS, CC MCO STANDARD AND CC PPO SAINT FRANCIS

To receive maximum coverage, prescriptions should be filled at one of the pharmacies in the CommunityCare network. A complete listing of network pharmacies is available online at <http://saintfrancis.ccok.com>.

A mail order prescription service is also available, which allows you to purchase up to a 90-day supply of formulary maintenance prescription drugs for a two-month copay. To determine whether your medication is considered a formulary maintenance drug, contact the CommunityCare pharmacy help desk at **1-877-293-8628**. Mail order drug forms are available through the SFHS human resources benefits department.

The amount you pay at the pharmacy or through the mail order program varies, depending on the tier to which the medication is assigned. All prescription drug products on the CommunityCare prescription drug list are assigned to Tier 1, Tier 2, Tier 3, or Tier 4. You and your doctor should decide which medications are most appropriate to treat your condition. This four-tier copayment plan ensures that you receive greater value for your prescription dollar. For more details, please see the specific pharmacy information sheets and formulary for the medical plan you elect.

## Prior Authorization

Under your prescription drug program, drugs that require prior authorization must be approved (“authorized”) before prescriptions for those drugs will be covered. If approved, your drug will be covered at the highest member copay tier. If not approved, you will be responsible for paying the entire cost of the prescription. To determine if your prescription drugs require prior approval, please refer to your formulary reference guide or contact the CommunityCare pharmacy help desk at **1-877-293-8628**.

## CC HDHP PPO SAINT FRANCIS

The CC HDHP PPO Saint Francis plan has a separate prescription drug program. This plan does not have a separate deductible for prescription drugs. Coverage for outpatient drugs is subject to the same annual calendar year deductible as other medical services. If you obtain your prescription from a participating pharmacy in the CommunityCare network, you will be eligible for negotiated discount prices on your prescription drug costs. You will be responsible for paying the full discounted cost of the prescription at the time of purchase. Once you have satisfied your calendar year deductible, you will pay 20% of your prescription purchases at in-network pharmacies.

## DENTAL PLAN OPTIONS

SFHS offers the choice of two Delta Dental PPO Plus plans, the basic plan or the buy-up plan, through Delta Dental of Oklahoma. Under the Delta Dental program, you may go to any properly licensed dentist. However, it is to your advantage to go to a Delta Dental in-network dentist because typically your out-of-pocket expenses will be lower. Your Delta Dental program allows you to:

- Change dentists at any time without pre-approval;
- Go to a specialist of your choice without pre-approval;
- Select a different dentist for each member of the family; and
- Receive dental care at the dentist of your choice.

## Networks Available

Delta Dental offers two networks: The Delta Premier and the Delta Preferred Provider Option (PPO). You may use either network. The fee schedule discounts are greater if you use a preferred network provider. To find a participating dentist, refer to Delta Dental's national dentist directory at [www.deltadentalok.org/client/saintfrancis/](http://www.deltadentalok.org/client/saintfrancis/) or call Delta Dental customer service at 1-405-607-2100 or toll-free at 1-800-522-0188.

## Benefits

A \$50 deductible applies to all services except diagnostics, preventive care and orthodontics. There is a \$1,200 calendar year maximum on the basic plan and a \$2,000 calendar year maximum on the buy-up plan. Coinsurance varies per type of treatment. Please see the dental plan summary plan description (SPD) for details.

DENTAL PLANS		
<i>The amounts indicated in the chart represent what the plan pays.</i>	Basic Plan (In-Network)	Buy-Up Plan (In-Network)
<b>Calendar Year Maximum (Class II &amp; III Only)</b>	\$1,200	\$2,000
<b>Calendar Year Deductible (Class II &amp; III Only)</b>	You pay \$50 Individual/ \$150 Family	You pay \$50 Individual/ \$150 Family
<b>Class I* (Diagnostic and Preventive)</b>	100%	100%
<b>Class II (Basic Restorative)</b>	80%	80%
<b>Class III (Major Restorative)</b>	50%	50%
<b>Class IV ** (Orthodontia)</b>	50% (only children under age 19)	50% (employee, spouse & children to age 26)
<b>Orthodontia Lifetime Maximum</b>	\$1,500	\$2,000

\* Late enrollees are only eligible for Class I services during the first twelve months of coverage.

\*\* There is a 12-month waiting period at time of enrollment that cannot be waived even with proof of prior coverage. If you are enrolling in the buy-up plan and have been enrolled in the SFHS basic plan for 12 months, there will not be a waiting period for orthodontia services.

### You can choose to:

- Enroll in the SFHS basic plan or the buy-up plan; or
- Decline participation.

If you enroll in a dental plan, you can elect one of the following categories of coverage:

- Employee only; or
- Family coverage.

### LATE ENROLLEES, NOT INCLUDING NEWLY HIRED EMPLOYEES

**Any current SFHS employee and/or dependent electing coverage in the dental plan for the first time during annual employee open enrollment will be considered a "late enrollee" to the plan.** Late enrollees are only eligible for Class I services during the first twelve months of coverage. See the specific details in the SFHS dental plan summary plan description.

If you are electing coverage and have been covered by another group dental plan for the past 12 months, you may be allowed to waive the late enrollee restrictions. You must provide proof of dental coverage to the SFHS human resources benefits department no later than **December 4, 2015**.

### ORTHODONTIA WAITING PERIOD

The orthodontia coverage requires a 12-month waiting period from the time of enrollment in a SFHS dental plan. **Important note: You cannot waive this waiting period unless you have been in the SFHS basic plan and are enrolling in the buy-up plan.**

## You can choose to:

- Enroll in the SFHS vision plan; or
- Decline participation in the vision plan.

If you enroll in the vision plan, you can elect one of the following categories of coverage:

- Employee only;
- Employee plus spouse;
- Employee plus child(ren); or
- Employee plus family coverage

## EXTRA SAVINGS

Save an extra \$20 on featured frame brands. For details, go to [www.vsp.com/special.offers](http://www.vsp.com/special.offers).

Save 20% on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision exam.

## VISION PLAN

SFHS offers a vision plan through VSP. To find an eye care provider in the VSP Choice network, or for more information or questions about your plan benefits, visit [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195 to get the most out of your vision insurance. If you visit a provider that is not in the VSP Choice network, you will be required to pay for the services up front and receive only a partial reimbursement for services rendered. Full-time employees can elect to purchase vision insurance through VSP for yourself and eligible family members.

This vision insurance plan will help keep your eyes healthy and provide great benefits on your eyewear. Enroll today to take advantage of this benefit in 2016.

VISION PLAN		
Benefit	In-Network*	Out-of-Network
<b>WellVision exam</b> <i>(every calendar year)</i>	\$10 copay	Plan pays up to \$45
<b>Prescription glasses</b>	\$25 copay	n/a
<b>Frames</b> <i>(every other calendar year)**</i>	Plan pays up to \$150 allowance for frames or \$170 allowance for featured frames; plus Plan pays 20% on the amount over your allowance	Plan pays up to \$70
<b>Lenses</b> <i>(every calendar year)</i>		
Single vision lenses	Included in prescription glasses	Plan pays up to \$30
Lined bifocal lenses		Plan pays up to \$50
Lined trifocal lenses		Plan pays up to \$65
Polycarbonate lenses for dependent children		n/a
<b>Lens enhancements</b> <i>(every calendar year)**</i> <i>Average savings of 20 – 25% on other lens enhancements not mentioned below</i>		
Standard progressive lenses	\$55 copay	Plan pays up to \$50
Premium progressive lenses	\$95 – \$105 copay	
Custom progressive lenses	\$150 – \$175 copay	
<b>Contacts</b> <i>(every calendar year)</i> Instead of glasses	Plan pays up to \$150 allowance for contacts; copay does not apply	Plan pays up to \$105
Contact lens exam	Up to \$60 copay	n/a
<b>Diabetic Eyecare Plus Program</b> <i>(as needed)</i>  Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply.	\$20 copay	n/a
<b>Laser vision correction</b>	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	n/a

\* In-network includes your coverage with VSP doctors and affiliate providers. Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit [www.vsp.com](http://www.vsp.com) for details.

\*\* Copays in addition to the prescription glasses copay.

## FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible spending accounts (FSAs) let you pay for certain out-of-pocket medical care and dependent care expenses with pre-tax dollars because all contributions to the FSA plan are deducted from your pay before federal, state, and social security taxes are calculated. This lowers your current taxable income, so you pay less in taxes. Actual savings will depend on your income tax bracket.

The 2016 SFHS FSA plan offers a medical FSA and a dependent care FSA administered by ResourceOne Administrators. Each year during annual employee open enrollment, you can elect how much you want to contribute to either or both of these accounts, up to the maximum allowed.

**Please note: Participants have until 90 days after the end of the calendar year to file any claims incurred during the previous benefit plan year, or 90 days after eligibility ends.**

### Medical FSA

If you anticipate having unreimbursed medical expenses\* during the calendar year (i.e., deductibles, copays, etc.), you can elect to contribute part of your pay into a medical FSA. Reimbursement with ResourceOne Administrators is as easy as 1-2-3!

1. Register online at <https://roatpa.lh1ondemand.com> to submit a claim form, or submit your claim via fax or mail.
2. Be sure to include a copy of your medical or dental Explanation of Benefits (EOB) worksheet and your itemized receipts for eligible expenses\* including vision, hearing or prescription.
3. Your reimbursement will be mailed to your home or deposited into your account if you have signed up for direct deposit.

Claim forms and direct deposit forms are available under the "Forms" tab at <https://roatpa.lh1ondemand.com> and also on [MyHR@Home](mailto:MyHR@Home).

**OR** you can elect to have your copays, deductibles and coinsurance reimbursed without filing a manual claim if you have insurance at SFHS. If you elect to participate in autorollover, your claims information (including pharmacy) will automatically be sent to ResourceOne from CommunityCare for processing. To participate in autorollover, send an email to [customerservice@roatpa.lh1ondemand.com](mailto:customerservice@roatpa.lh1ondemand.com) stating "I elect autorollover" in the body of your text; include your name and last four digits of your social security number.

### Dependent Care FSA

You can contribute part of your pay to a dependent care FSA each pay period to cover your dependent care costs for a dependent child up to age 13 or for an incapacitated child or spouse who lives with you. Eligible expenses include the cost of dependent care that permits you (and your spouse) to work, or for your spouse to attend school on a full-time basis.

When you have eligible dependent care expenses\*, submit a claim to ResourceOne Administrators for reimbursement from your dependent care FSA, up to the amount in your account. If there is not enough money in your account, ResourceOne Administrators will keep your claim on file until additional money is allocated from future pay.

**Each year you must enroll or re-enroll in the FSAs to participate!**

If you currently participate in an FSA and do NOT enroll during the annual employee open enrollment period, you will NOT be enrolled for the next calendar year. If you are a new hire, have a status change or experience a qualifying event, you must elect to participate within the 31-day period from the hire date or event.

### USE IT OR LOSE IT

**Plan your expenses carefully. Money left in your FSAs at the end of the year will be forfeited in accordance with IRS regulations.**

### IMPORTANT REMINDER

Over-the-counter medications, except insulin, will not be reimbursed from flexible spending accounts without a prescription.

### ALLOWABLE ANNUAL FSA CONTRIBUTIONS

<b>Medical FSA</b>	\$260 – \$2,550
<b>Dependent Care FSA</b>	\$260 – \$5,000

\* A detailed list of eligible expenses can be found on [MyHR@Home](mailto:MyHR@Home) or obtained from the SFHS human resources benefits department.

# HEALTH SAVINGS ACCOUNT (HSA)

**In order to participate in the HSA, each year you must make an HSA contribution election, in addition to being covered by a qualified HDHP.**

This applies to current employees who participated the previous year, those current employees electing for the first time, and newly hired employees.

The money you deposit into an HSA, up to the maximum annual contribution limit, is 100% tax deductible for federal income tax, FICA tax, and in most states, state income tax.

For 2016, the maximum amounts you can contribute are:

- Individual Coverage — \$3,350
- Family Coverage — \$6,750

If you are age 55 or older and not enrolled in Medicare, you can make catch-up contributions of up to \$1,000 in 2016.

**Note: The IRS does not allow contributions to both an HSA and a medical FSA.**

## REMAINING HSA FUNDS

Funds remaining in your HSA at the end of the year are yours to roll over and accumulate for your future health care expenses.

## HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is a special tax-advantaged savings account similar to a traditional individual retirement account (IRA). An HSA allows you to pay for current covered health care expenses and save for future qualified medical and retiree health care expenses on a tax-favored basis. HSAs provide triple-tax advantages: contributions, investment earnings, and qualified distributions are all exempt from federal income tax, FICA (social security and Medicare) tax, and state income taxes (for most states).

- To be eligible to contribute to an HSA, you must be covered by a qualified High Deductible Health Plan (HDHP) and have no other first-dollar coverage. The CC HDHP PPO Saint Francis is a qualified plan. If you are enrolled in a qualified plan outside of SFHS, you must provide proof of enrollment.
- You can set up an HSA with any financial institution that has been approved by the IRS to offer HSAs.
- You may use an HSA to help pay qualified health care expenses, including the deductible under the CC HDHP PPO Saint Francis.
- HSA funds that are unused remain in the account and can be invested in your choice of investment options, providing the opportunity for funds to grow.

HSAs work in conjunction with an HDHP.

All the money you deposit into an HSA, up to the maximum annual contribution limit, is 100% tax deductible for federal income tax, FICA tax, and in most states, state income tax. The insurance company pays covered medical expenses above your deductible, and you pay costs below the deductible with tax-free money from your HSA.

You can even use these tax-free dollars to pay for expenses not covered by the HDHP, such as dental, vision and alternative medicines. If you are under age 65, funds in the account used for non-qualified expenses are subject to ordinary tax, plus a 20% penalty. The 20% penalty does not apply if the distribution occurs after you reach age 65 or become disabled or die; however, ordinary income tax may still apply.

SFHS does not offer an HSA plan, but you can make contributions to an outside HSA plan by pre-tax payroll deductions. You will not have to wait until you file your annual income taxes to take the deduction. HSA payroll deduction forms are available through the SFHS human resources benefits department as well as on **MyHR@Home** under "Key Points/HSAs." You will also find a list of outside sources that you may contact if you are interested in opening an HSA.

**If you currently have or elect to open an HSA, you cannot be enrolled in the SFHS medical FSA. The IRS does not allow contributions to both plans.**

## LONG-TERM DISABILITY INSURANCE (LTD)

SFHS long-term disability insurance coverage includes:

- 60% of base monthly earnings (not to exceed \$10,000) payable to age 65 if employee continues to meet disabled definition according to the plan

**Elimination period** (period of disability before benefits start):

- Exempt — 90 days
- Hourly — 180 days

For more information, please contact the SFHS human resources benefits department.

SFHS provides LTD insurance for exempt full-time employees (upon date of hire), and hourly employees (upon first of the month following one year of continuous full-time employment without a leave of absence). McAlester employees are excluded from this plan.

# BASIC LIFE AND AD&D INSURANCE PLANS

## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

SFHS automatically provides full-time employees with these coverages:

- **Basic life insurance** — Basic life insurance plan coverage equal to one times your base annual earnings. At your death, your designated beneficiary(ies) will receive the benefit.
- **Accidental death & dismemberment (AD&D)** — AD&D provides your beneficiary with an amount equal to one times your base annual earnings if you should die as a result of an accident, either at or away from work.

You must complete a beneficiary designation for life insurance coverage form and return it to the SFHS human resources benefits department. You should also keep a copy for your records. Your designated beneficiary(ies) will remain on record for your life insurance coverage until you request a change through the SFHS human resources benefits department.

### Additional Standard AD&D Benefits

Additional benefits are included in your system-provided AD&D coverage that may increase the amounts payable to you and/or your beneficiary(ies) as a result of accidental injury or loss of life. These additional benefits are:

- Air bag benefit;
- Seat belt benefit;
- Common carrier benefit;
- Hospitalization benefit;
- Spouse education benefit;
- Rehabilitative physical therapy;
- Therapeutic counseling; and
- Child care center and child education benefits.

SFHS provides full-time employees with important life insurance and AD&D protection and offers you the opportunity to purchase additional coverage.

Life insurance and AD&D are provided through MetLife Insurance Company.

## Optional Life/Dependent Life Insurance

### For Annual Employee Open Enrollment

If you are making changes or enrolling for the first time during annual employee open enrollment, your election for life insurance coverage must be made by **November 13, 2015**.

The MetLife enrollment form and statement of health form must be returned to the SFHS human resources benefits department no later than **December 4, 2015**, to complete the enrollment process.

### For Newly Hired Employees

If you are enrolling in optional/dependent life insurance, it will begin on the date that the SFHS enrollment form/MetLife enrollment form is received within 31 days from the date of hire (must have worked 24 hours or 7 days, whichever comes first) unless it has to go to medical underwriting via statement of health. If underwriting is required, coverage would begin on date of approval.

Please refer to the Glossary in the back of this booklet for clarification of "Hospitalization" regarding life insurance and AD&D benefits.

## OPTIONAL EMPLOYEE AND DEPENDENT LIFE INSURANCE

Full-time SFHS employees can elect to purchase optional employee life insurance coverage for yourself and/or dependent life insurance coverage for your spouse and each of your eligible dependent children. If your dependent dies, you will be the beneficiary of this coverage.

Optional employee and dependent life insurance coverage is available as follows:

- **Employee:** at a level of 1, 2, 3, 4, 5 or 6 times your base annual earnings.
- **Spouse/Child(ren):** in the amount of \$10,000/\$5,000, \$20,000/\$10,000 or \$30,000/\$15,000.
  - > For each eligible dependent child who is less than six months old in the amount of \$200.

### Applying for Optional Employee Life and/or Dependent Life Insurance Coverage

During annual employee open enrollment, your election (new or increasing) for optional employee and/or dependent life insurance coverage must be made by **November 13, 2015**. All open enrollment enrollees must be approved by medical underwriting.

The MetLife enrollment form and MetLife statement of health form must be returned to the SFHS human resources benefits department no later than **December 4, 2015**, for optional life and dependent life insurance. *Your optional employee life and/or dependent life will become effective as of the date the insurance carrier approves your and/or your dependents' evidence of insurability on or after **January 1, 2016**.*

If you are a new hire and electing optional employee and/or dependent life insurance coverage, you must complete a MetLife enrollment form. If you are applying for more than 3x or over \$350,000 of optional life coverage, you must apply for this coverage by completing a MetLife enrollment form and a MetLife statement of health form for yourself. *Your optional life and dependent life will become effective as of the date the SFHS human resources benefits department receives your completed enrollment paperwork. If evidence of insurability is required, coverage will begin on the date the insurance carrier approves your evidence of insurability.*

If your optional employee life insurance is approved, you will have access to MetLife's Will Preparation Service, a free service offered by participating plan attorneys.



## VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VADD) INSURANCE

Voluntary AD&D insurance pays benefits for covered losses that are the result of an accidental injury or accidental loss of life. The full amount of AD&D coverage you select is called the “Full Amount” and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all covered losses sustained in any one accident is capped at 100% of the Full Amount.

This valuable coverage is available to you even if you already have accident insurance. It provides benefits beyond your disability or life insurance for severe accidents or loss of life on or off the job.

If you are a full-time employee, you can elect to participate in voluntary AD&D. Employees can purchase up to 10 times base annual earnings to a maximum of \$500,000.

### Coverage Levels

- **Employee only:** Only the employee is insured.
- **Family plus plan:** Spouse and dependent child(ren) are insured, with the following coverage amounts:
  - > **Spouse and eligible child(ren):** Spouse — 40% of employee amount; Each child — 10% of employee amount
  - > **Spouse and no eligible child(ren):** Spouse — 50% of employee amount
  - > **No spouse but eligible child(ren):** Each child — 15% of employee amount

#### Example:

- Employee’s salary is \$45,000
- **Employee** elects 4x his salary for Family plus plan. Coverage amount would be \$180,000
  - If employee is married with child(ren):
    - > **Spouse** would have 40% of VADD coverage — \$72,000
    - > **Each eligible child** would have 10% of VADD coverage — \$18,000
  - If employee is married with no child(ren):
    - > **Spouse** would have 50% of VADD coverage — \$90,000
  - If employee is not married with child(ren):
    - > **Each eligible child** would have 15% of VADD coverage — \$27,000

### Voluntary AD&D

#### For Annual Employee Open Enrollment

If you are making changes or enrolling for the first time during annual employee open enrollment, your election for voluntary AD&D insurance coverage must be made by **November 13, 2015**. The MetLife enrollment form must be returned to the SFHS human resources benefits department no later than **December 4, 2015**.

#### For Newly Hired Employees

If you are enrolling in voluntary AD&D insurance, you must do so within 31 days from the date of hire. The MetLife enrollment form must be returned to the SFHS human resources benefits department within 31 days from the date of hire.

## You may choose to:

- Enroll in critical illness insurance if you are enrolled in a medical plan (does not have to be with SFHS); or
- Decline participation in critical illness insurance.

If you enroll in critical illness insurance, you also can elect the same level of coverage for:

- Spouse; and/or
- Dependent child(ren).

Your spouse and/or dependent child(ren) must also be enrolled in a medical plan. You must provide proof of medical coverage to the SFHS human resources benefits department no later than **December 4, 2015**.

## COVERED MEDICAL CONDITIONS\*

- Full benefit cancer;
- Partial benefit cancer;
- Alzheimer's Disease;
- Bone marrow transplant;
- Heart attack;
- Stroke;
- Coronary artery bypass graft;
- Heart transplant;
- Major organ transplant (including bone marrow and heart);
- Kidney failure; and
- Partial benefit for 22 other medical conditions.

\* Please review the Outline of Coverage for specific plan information. There is a 180-day waiting period between payments of medical conditions.

## METLIFE CRITICAL ILLNESS INSURANCE

Full-time SFHS employees enrolled in a medical plan can elect to purchase critical illness insurance (CII) through MetLife. CII provides you with a lump-sum benefit of \$10,000, \$20,000 or \$30,000 in the event you or a covered family member is diagnosed with certain covered medical conditions, providing you meet all group policy and certificate requirements. There is also a partial benefit for cancer and 22 other medical conditions. CII is not a replacement for traditional medical or disability income insurance but is a voluntary benefit providing you with an added level of security.

### How Does CII Work?

If you are enrolled and experience one of the covered medical conditions and meet the group certificate requirements, you will receive a lump-sum benefit payment. This lump-sum benefit payment may be used as you see fit to help keep your family finances on track.

### CII Enrollment

SFHS full-time employees may elect CII during the annual employee open enrollment period, **November 2 – November 13, 2015**. Coverage becomes effective **January 1, 2016**. To enroll, you must be actively at work and be active at work when the coverage becomes effective. For new hires, there is a 30-day waiting period and coverage becomes effective the first of the month after the waiting period.

MetLife will not pay benefits for a covered condition that is caused by or results from a pre-existing condition (sickness or injury in the 3 months before a covered person becomes insured) if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.

## 401(k) SAVINGS PLAN AND 403(b) SAVINGS PLAN

The SFHS 401(k)/403(b) savings plans help you provide for your retirement security by making it simple and convenient for you to contribute to your retirement savings via payroll. Once eligible, SFHS also makes contributions to your account to provide you with additional savings.

### Procedure for Changing Your Election

To make a change to your deferral contribution election for the 401(k)/403(b) plans, contact Fidelity Investments at **1-800-343-0860** or **[www.fidelity.com/atwork](http://www.fidelity.com/atwork)**.

### Contributions to the Plans

You may make pre-tax employee deferral contributions from 0% to 100% of your pay to the plan annually. Pre-tax contributions are subject to an annual IRS-imposed limit. However, if you are age 50 or over, a special catch-up provision allows you to contribute an additional amount. As of this printing, the IRS had not yet set limits for 2016. Please contact the SFHS human resources benefits department, or go online to **[www.irs.gov](http://www.irs.gov)** for more information.

Once you have satisfied 12 months of "eligibility service," are 21 years of age and have worked and been paid for 1,000 hours, you will be enrolled in the basic retirement plan and 401(k)/403(b) matching contributions the following **January 1st or July 1st**. SFHS will make a non-elective (basic retirement) contribution for each eligible employee equal to 6% of pay. You do not have to contribute to the plan to receive this contribution. For every dollar you contribute to the 401(k) plan, up to 8% of your pay, SFHS adds a matching contribution equal to 50% of your contribution.

**Newly hired or rehired employees are ENROLLED AUTOMATICALLY into a 401(k)/403(b) savings plan (as applicable) with a 3% pre-tax employee deferral contribution.**

This means that you will have 3% automatically deducted from your paycheck and forwarded to your pre-tax 401(k)/403(b) account at Fidelity.

For current SFHS employees, if you are currently contributing to a 401(k)/403(b) savings plan and wish to continue (**even if your contribution is less than the automatic 3%**), NO action is required of you during the annual employee open enrollment period, and your contribution percentage will not change.

You may opt out of or change this automatic deduction at any time by contacting Fidelity Investments, Inc.

### IMPORTANT BENEFICIARY INFORMATION

Keeping your beneficiary information up-to-date and complete ensures that your benefits will be paid in accordance with your wishes in the event of your death.

**Please note that if you are married, your spouse is considered the primary beneficiary to your retirement savings plan unless a waiver is signed by the spouse.**

It is very important that you designate a beneficiary by going online at **[www.fidelity.com/atwork](http://www.fidelity.com/atwork)**, even if you think you have already chosen a beneficiary for your other benefits. In the future, all beneficiary elections will be made online. Therefore, if you have made an election via paper, that election will not appear online. The election you make now will replace any previous elections.

If you have questions you may call a customer service associate during any business day at:

Fidelity Investments, Inc.  
**1-800-343-0860**  
7:30 a.m. – 11 p.m. (Central Time)

### TAX INFORMATION

The dollars that you save on a pre-tax basis and the dollars that SFHS contributes on your behalf are not currently included as part of your federal taxable income. Taxes are also deferred on investment earnings on all contributions held in your account. Therefore, in most cases, you pay no federal income taxes on your plan savings until they are distributed to you.

## **Allowed Amount**

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

## **Appeal**

A request for your health insurer or plan to review a decision or a grievance again.

## **Balance Billing**

When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

## **Coinsurance**

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

## **Complications of Pregnancy**

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section are not considered complications of pregnancy.

## **Copay or Copayment**

A fixed amount (for example, \$35) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## **Deductible**

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won’t pay anything until you’ve met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

## **Durable Medical Equipment (DME)**

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

## **Emergency Medical Condition**

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

## **Emergency Medical Transportation**

Ambulance services for an emergency medical condition.

## **Emergency Room Care**

Emergency services you get in an emergency room.

## **Emergency Services**

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

## **Excluded Services**

Health care services that your health insurance or plan doesn’t pay for or cover.

## **Grievance**

A complaint that you communicate to your health insurer or plan.

## **Habilitation Services**

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## **Health Insurance**

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

## **Home Health Care**

Health care services a person receives at home.

## **Hospice Services**

Services to provide comfort and support for persons in the last stages of a terminal illness, and their families.

### **Hospitalization**

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

### **Hospital Outpatient Care**

Care in a hospital that usually doesn't require an overnight stay.

### **In-network Coinsurance**

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

### **In-network Copay or Copayment**

A fixed amount (for example, \$35) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

### **Medically Necessary**

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

### **Network**

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

### **Non-preferred Provider**

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider.

### **Out-of-network Coinsurance**

The percent (for example, 50%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

### **Out-of-pocket Maximum**

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover.

### **Physician Services**

Health care services a licensed medical physician (M.D. — Medical Doctor; or D.O. — Doctor of Osteopathic Medicine) provides or coordinates.

### **Plan**

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

### **Preauthorization**

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

### **Preferred Provider**

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

### **Premium**

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

### **Prescription Drug Coverage**

Health insurance or plan that helps pay for prescription drugs and medications.

### **Prescription Drugs**

Drugs and medications that by law require a prescription.

### **Primary Care Physician**

A physician (M.D. — Medical Doctor; or D.O. — Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

### **Primary Care Provider**

A physician (M.D. — Medical Doctor; or D.O. — Doctor of Osteopathic Medicine); nurse practitioner; clinical nurse specialist; or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

### **Provider**

A physician (M.D. — Medical Doctor; or D.O. — Doctor of Osteopathic Medicine); health care professional; or health care facility licensed, certified or accredited as required by state law.

## **Reconstructive Surgery**

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

## **Rehabilitation Services**

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## **Skilled Nursing Care**

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

## **Specialist**

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

## **UCR (Usual, Customary and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

## **Urgent Care**

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

CONTACT INFORMATION		
For Information Regarding	Call	Visit
<b>Medical Plans</b> CommunityCare MCO Standard CommunityCare MCO Saint Francis CommunityCare PPO Saint Francis CommunityCare HDHP PPO Saint Francis	CommunityCare Employer's Choice 918-594-5201 1-888-589-5214	<a href="http://saintfrancis.ccok.com">http://saintfrancis.ccok.com</a>
<b>Prescription Drug Plans</b>	CommunityCare Pharmacy 1-877-293-8628	<a href="http://saintfrancis.ccok.com">http://saintfrancis.ccok.com</a>
<b>CommunityCare Behavioral Health Case Manager</b>	1-800-774-2677	<a href="http://saintfrancis.ccok.com">http://saintfrancis.ccok.com</a>
<b>Dental Plans</b>	Delta Dental 1-800-522-0188	<a href="http://www.deltadentalok.org/client/saintfrancis/">www.deltadentalok.org/client/saintfrancis/</a>
<b>Vision Plan</b>	VSP 1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts (FSAs)</b> Medical FSA Dependent care FSA	ResourceOne Administrators 1-877-233-0970 (Phone) 229-391-9606 (Fax)	<a href="https://roatpa.lh1ondemand.com">https://roatpa.lh1ondemand.com</a>
<b>Life &amp; LTD Insurance</b>	SFHS Human Resources Benefits Department 918-502-8300, option 2	HealthNet
<b>Critical Illness Insurance</b>	MetLife 1-800-438-6388	N/A
<b>SFHS Savings Plan</b> 401(k) 403(b)	Fidelity Investments, Inc. 1-800-343-0860 Tulsa Fidelity Investment Center 918-712-7628	<a href="http://www.fidelity.com/atwork">www.fidelity.com/atwork</a>
<b>General Benefit Information</b>	SFHS Human Resources Benefits Department 918-502-8300, option 2	HealthNet
<b>Summary of Benefits Coverage</b>	SFHS Human Resources Benefits Department 918-502-8300, option 2	<a href="http://saintfrancis.ccok.com">http://saintfrancis.ccok.com</a>

**Saint Francis Health System**

Human Resources Benefits Department  
 6600 S. Yale Avenue  
 Suite 1100  
 Tulsa, Oklahoma 74136

2016

This booklet describes the benefit plans and policies available to you as an employee of a Saint Francis Health System entity. Details of these plans and policies, including insurance contracts, are contained in the official plan and policy documents. This booklet is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in your summary plan descriptions (SPDs) or in the official plan and policy documents. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this booklet and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. Please note that the benefits described in this booklet may be changed at any time and do not represent a contractual obligation on the part of any Saint Francis Health System entity or a guarantee of continued employment. The provisions of this booklet that describe changes to the benefit plans and policies constitute a summary of material modifications (SMM), which supplements the SPDs for each of the affected plans, effective as of January 1, 2016. You should read this booklet very carefully and keep it with your copy of the SPDs for future reference.

