



Charleston Area  
Medical Center

 Vandalia Health



# ENROLLMENT GUIDE

 Vandalia Health



20  
25

# Preparing for Enrollment

As a committed partner in your health, Vandalia Health System absorbs a significant amount of your benefit costs. Your contributions for many of our benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of Vandalia, you must elect coverage for yourself in order to elect coverage for dependents.

## Annual Enrollment Action Items



### Update your personal information.

If you've experienced a qualifying event in the last year, you may need to change your elections or update your details.



### Double-check covered medications.

Pharmacy formularies are updated regularly, so please review the most up-to-date formulary to ensure your medications will continue to be covered.



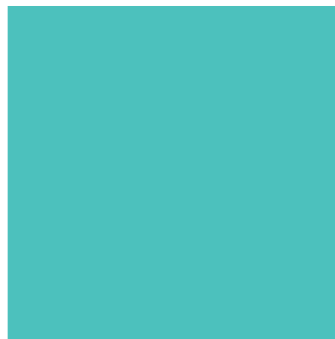
### Review available plans' deductibles.

Take a look at your options – if you foresee a lot of medical needs this year, you might want a lower deductible. If not, you could switch to a higher deductible and enjoy lower premiums.



### Check out the Vandalia Network on the Medical Plan.

Review the plan changes for the Vandalia network. Using Vandalia physicians and facilities will give you the lowest out-of-pocket cost.



# Table of Contents

We all work together to make Vandalia Health System a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make you and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2025 benefits. If you have questions, your benefits department and HR departments are here to help.

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See page 41 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Vandalia Health System. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

# Eligibility



Vandalia Health System offers a variety of benefits to support you and your family's needs. Choose options that cover what's important to your unique lifestyle.

## Eligibility

If you are full time prorata 7, 8 or 9 employee of Vandalia Health System, you are eligible to participate in the Medical, Dental, Vision, Life, Disability, and Spending Account plans. If you are a prorata 5 or 6 employee, you are not eligible for Medical and Spending Account benefits.

## Note

You cannot change your benefit elections during the plan year unless you have a qualifying life event, such as marriage or the birth or adoption of a child.

## Eligible Dependents

Dependents eligible for coverage in the Vandalia Health System benefits plans include:

- » Your legal spouse.
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse). Children are eligible to be covered until the end of the month in which they turn 26 years old.
- » Dependent children ages 26 and older, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose prior to the child turning 26 (periodic certification may be required).

Verification of dependent eligibility is required prior to enrollment.



# Enrollment



## How to Enroll

Enrollment is open Oct. 21 to Nov. 8 at 4:30 p.m.

You will enroll for benefits in Lawson Self Serve. You can access Lawson from a Vandalia network computer or from your mobile device or home PC.

### Access from a Vandalia Computer:

- » From CAMnet, click on Infor / Lawson.
- » In the "Employee Links" box, click on Benefits and then Annual Benefit Enrollment.

### Access from a mobile device or home PC:

- » Go to [www.camc.org](http://www.camc.org) on your mobile device or home PC.
- » Scroll to bottom and click on "Current Employees" under "Professionals."
- » Next, click on Infor / Lawson Global HR.
- » Log in with your work email using [@camc.org](mailto:@camc.org), not Vandalia, then use your current password.
- » In "Employee Links" click on Benefits and then Annual Benefit Enrollment.

### Enroll in Benefits:

- » Review your dependents and activate eligible dependents who are listed as inactive. Add any dependents that are missing.
- » Read the Welcome Screen for important enrollment information, then click "Continue."
- » Carefully review each benefit and make a selection for each one.
- » For dependent benefits, be sure to check the box next to the dependents you want to cover.
- » On the final benefit summary page, select "Continue."
- » On the Lawson Self Service web dialog box, select "Yes" to printing and/or emailing your benefit elections. (Email will be sent to your Vandalia email address).

**If you have any difficulties logging into Lawson Self Serve, contact the Vandalia Help Desk.**

## Adding Dependents During Enrollment

Once you have logged in to Lawson Self Serve and start the election process, you will see a dependent screen. Please review your dependents. If you need to add a dependent, you may do so by clicking add. You may add a lawful spouse or dependent child. After you have completed your benefit enrollment, appropriate documentation must be provided to the Benefits Department. You may provide the documentation by scanning the documents to [Benefits@vandalia.org](mailto:Benefits@vandalia.org).

Remember to include your name and employee ID number on submitted documentation. If you do not provide the appropriate documentation by November 8, 2024, your election will be changed to not cover the added dependent.

Do not add a dependent that is already showing on the screen. If you see a dependent that shows as inactive and is eligible, click on the name of the inactive dependent and mark active. You will be able to attach the dependent once they are active.

### Spouse:

- » Marriage Certificate
- » Most recent tax return (if married prior to current year)
- » Spouse Health Coverage Verification Form (if electing medical coverage on spouse)

### Child(ren):

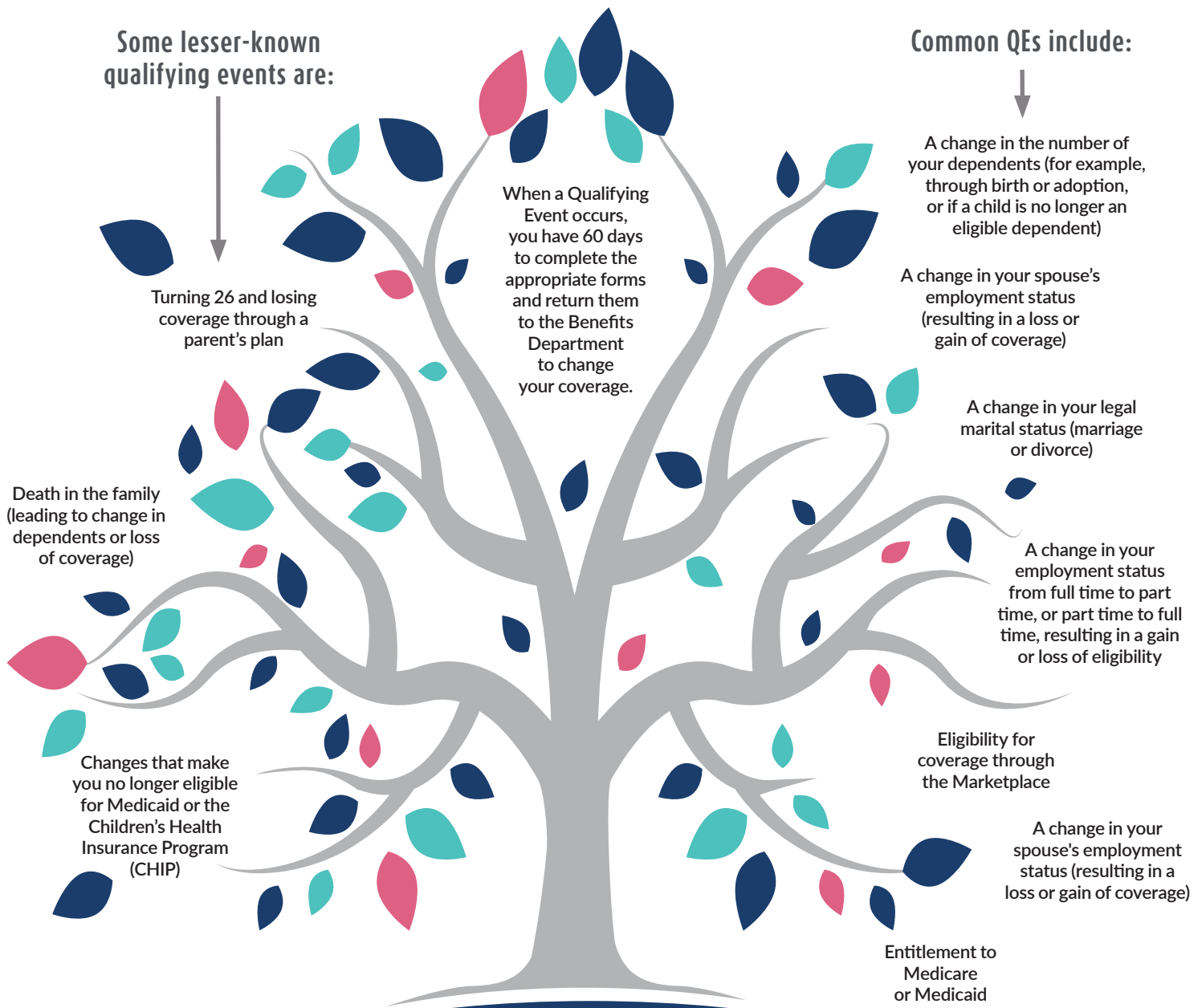
- » Birth Certificate
- » You may purchase certified records of West Virginia marriages and births through the WV Vital Registration Office, Health Statistics Center. Call WV Vital Statistics at 304-558-2931.
- » Vandalia and its medical service providers reserve the right to audit dependent eligibility. If you provide false information when enrolling or verifying your dependents, you may also be subject to disciplinary action up to and including termination.



# Qualifying Events

## What are Qualifying Events?

Most people know you can change your benefits when you start a new job or during Annual Enrollment. Did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Events (QEs) determined by the IRS could allow you to make changes to your elections outside of the annual time.



Keep in mind your change in coverage must be consistent with your change in status. Benefit changes due to qualifying events will become effective the first of the month following completion of change form. Birth/adoption will be effective the date of birth/adoption.

Questions regarding specific qualifying events and your ability to request changes should be directed to the benefits or HR departments. Check out the qualifying events page on CAMNET/My CAMC/Employee benefits/Qualifying events for more details.

# Medical Benefits



Medical benefits are provided through Highmark. Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2025 plan year, unless you have a qualifying event.

## Medical Plan Summary

This chart summarizes the 2025 medical coverage administered by Highmark. All covered services are subject to medical necessity as determined by the plan.

	PPO		HDHP	
	TIER 1 VANDALIA NETWORK	TIER 2 PPO NETWORK	TIER 1 VANDALIA NETWORK	TIER 2 PPO NETWORK
<b>DEDUCTIBLE</b>				
INDIVIDUAL	\$200	\$600	\$1,650	\$3,300
FAMILY	\$600	\$1,800	\$3,300	\$6,600
<b>OUT-OF-POCKET MAXIMUM</b>				
INDIVIDUAL	\$9,200		\$8,050	
FAMILY	\$18,400		\$16,100	
<b>COPAYS/COINSURANCE</b>				
PREVENTIVE CARE	No Charge	No Charge	No Charge	No Charge
PRIMARY CARE	No Charge	25% Coinsurance	No Charge*	25% Coinsurance
SPECIALIST SERVICES	No Charge	25% Coinsurance	No Charge*	25% Coinsurance
INPATIENT	\$200 Copay, 10% Coinsurance	\$250 Copay, 25% Coinsurance	\$200 Copay, 10% Coinsurance*	\$1,200 Copay, 40% Coinsurance*
OUTPATIENT CARE	10% Coinsurance	25% Coinsurance	10% Coinsurance*	40% Coinsurance*
URGENT CARE	No Charge	\$50 Copay OR 25%* Depending on service center *	No Charge*	\$50 Copay OR 25%* Depending on service center *
EMERGENCY ROOM	\$175 Copay, 20% Coinsurance	\$175 Copay, 20% Coinsurance	\$175 Copay, 20% Coinsurance*	\$175 Copay, 20% Coinsurance*
SPECIALIST	\$0	Deductible + 25%	\$0*	25%*

\*After Deductible

## Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your Payroll premium.

	PPO	HDHP
<b>PAYROLL CONTRIBUTION</b>		
EMPLOYEE ONLY	\$85.49	\$43.26
EMPLOYEE + SPOUSE	\$261.00	\$139.57
EMPLOYEE + CHILD(REN)	\$183.34	\$96.82
EMPLOYEE + FAMILY	\$309.00	\$160.68

## The Spouse Eligibility Rule

The mandatory spouse enrollment rule will continue to be in place for the 2025 plan year. Spouses who are offered employer-sponsored health insurance must enroll in their employer's plan as primary coverage in order to be eligible to enroll in a Vandalia medical plan as secondary coverage. Any spouse covered on the medical plan will have eligibility verified prior to Jan. 1, 2025.

After enrollment ends, an email will be sent to your Vandalia email address and a copy will be mailed to your home address with the current spouse health coverage verification form. Please follow the instructions to complete and return the form. If you would like a confirmation that the form was received, please use email as your form of submission.

## Tobacco Surcharge

Employees who are enrolled in a medical plan and use tobacco will pay a \$40 tobacco surcharge per pay period. Employees who choose not to disclose whether they use tobacco or not will pay the \$40 tobacco surcharge as well.

Vandalia does offer free nicotine cessation education programs. Upon successful completion of a program, any surcharges paid will be refunded in full and the surcharge will be removed the first of the month following benefits receipt of the required documents for program completion.

For additional information on the tobacco cessation program, see the myhealth page on CAMNET for details.



## Tier 1 Providers

### Vandalia Health System:

Visit [Vandaliahealth.org](http://Vandaliahealth.org) and click on Find a Provider.  
Look for the check mark indicating Vandalia employed.

## Tier 2 Providers

### Highmark Providers:

Visit Highmark's website [www.highmarkbcbswv.com](http://www.highmarkbcbswv.com)  
or call customer services at 877-770-6991.

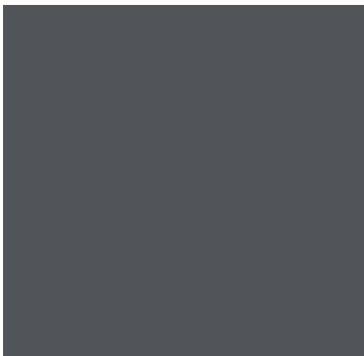
### EXCLUDED FACILITIES REMINDER: RUBY MEMORIAL AND ALL WVU FACILITIES ARE EXCLUDED.

ALL NON-EMERGENCY SERVICES ARE EXCLUDED AT THE FOLLOWING FACILITIES.

THIS LIST MAY CHANGE WITHOUT NOTICE.

Beckley ARH (Appalachian Regional Hospital), Beckley, WV	Pleasant Valley Hospital, Point Pleasant, WV
Boone Memorial Hospital, Madison, WV	Raleigh General Hospital, Beckley, WV
Braxton Memorial Hospital, Gassaway, WV	Roane General Hospital, Spencer, WV
Cabell Huntington Hospital, Huntington, WV	St. Francis Hospital, Charleston, WV
Cabell Huntington Surgery Center, Huntington, WV	St. Joseph's Hospital, Buckhannon, WV
Camden Clark Medical Center, Parkersburg, WV	St. Mary's Medical Center, Huntington, WV
Day Surgery Center, Kanawha City, Charleston, WV	Summersville Memorial Hospital, Summersville, WV
Edwards Comprehensive Cancer Center	Teays Valley Urgent Care, Teays Valley, WV
Holzer, All Facilities and Locations	Thomas Memorial Hospital, So. Charleston, WV
Jackson General Hospital, Ripley, WV	Thomas Oncology, Hurricane, WV
Kings Daughters Hospital, Ashland, KY	Tri-State MRI, Huntington, WV
Logan Regional Medical Center, Logan, WV	Tri-State Surgical & Diagnostic Center
Metro MRI, Charleston, WV	Three Gables Surgery Center, Proctorville, OH
Montgomery General Hospital, Montgomery, WV	United Hospital Center, Clarksburg, WV
Our Lady of Belfonte, Ashland, KY	Women's Care at Teays Valley, Hurricane, WV
Pain Management Clinic, Charleston, WV	WVU Provider and Facilities
**Ruby Memorial Hospital, Morgantown, WV	

An excluded facility means that the medical plan does not cover services performed at one of these facilities. If there is a service that the Vandalia System does not offer, an exception request can be completed and reviewed for approval to pay under the plan. Please note the approval of an exception request allows the service to be paid under the plan in tier 2 (Highmark tier). Service rendered without prior approval is the responsibility of the patient.



# Pharmacy Benefits

## Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Navitus. You will only have one ID card for both medical care and prescriptions. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty Drugs.

	PPO		HDHP	
	TIER 1 VANDALIA NETWORK	TIER 2 PPO NETWORK	TIER 1 VANDALIA NETWORK	TIER 2 PPO NETWORK
PRESCRIPTION/RX DRUGS (30-DAY RETAIL SUPPLY)	VANDALIA RX ONLY	RETAIL RX		
PREFERRED GENERIC	30% maximum \$8	50% maximum \$75	30%, maximum \$8*	50%, maximum \$75*
PREFERRED BRAND	50% maximum \$40	50% maximum \$500	50%, maximum \$40*	50%, maximum \$500*
NON-PREFERRED BRAND	50% maximum \$100	50% maximum \$500	50%, maximum \$100*	50%, maximum \$500*
SPECIALITY	10% maximum \$150	Not Covered	10%, maximum \$150*	Not Covered

Two (2) fill limit on maintenance medications at retail pharmacy and then you must use a Vandalia Health pharmacy to have coverage.

## Vandalia Pharmacy

As a participant in the medical plan you will pay the lowest costs for your medications when you fill your prescriptions at a Vandalia Pharmacy.

**90 day fills** – Prescriptions written as 90 day fills will lower the number of times you go to the pharmacy for refills and save you a few dollars on your copay maximum at Vandalia pharmacies. You can request that your physician write your prescriptions for 90 day fills. You can use any of the following Vandalia pharmacies to fill prescription drugs.



### CAMC Pharmacy #1

CAMC Memorial Hospital, 1st Floor  
3200 MacCorkle Ave. SE  
Charleston, WV 25304  
304-388-9547  
M-F 8:00AM to 6:00PM  
Sa/Su 8:00AM to 4:30PM  
Holidays: 8:00AM to 4:30PM

### CAMC Pharmacy #2

CAMC General Hospital, 1st Floor  
501 Morris St.  
Charleston, WV 25301  
304-388-2520  
M-F 7:30AM to 5:00PM

### CAMC Pharmacy #3

CAMC Cancer Center, 1st Floor  
3415 MacCorkle Ave. SE  
Charleston, WV 25304  
304-388-9700  
M-Th 8:00AM to 4:30PM  
F 8:00AM to 4:00PM

### CAMC Pharmacy #4

CAMC Outpatient Center, 1st Floor  
3948 Teays Valley Rd.  
Hurricane, WV 25526  
M-F 8:00AM to 4:30PM

### CAMC Pharmacy #5

Mail Order Pharmacy  
304-388-0361  
M-F 7:30AM to 4:00PM  
\*Contact the pharmacy for  
delivery options.

Mon Health Pharmacy  
1200 JD Anderson Dr.  
Morgantown, WV 26505  
304-285-2285  
M-F 7:00AM to 7:00PM

Health Center Pharmacy  
812 Gorman Ave.  
Elkins WV 26241  
304-636-6767  
M-F 9:00AM to 6:00PM  
Sa 9:00AM to 1:00PM

Davis Specialty Pharmacy  
812 Gorman Ave.  
Elkins WV 26241  
304-636-6767  
M-F 9:00AM to 5:30PM  
24/7 Clinical Support

Preston Memorial Hospital  
Pharmacy (inpatient)  
150 Memorial Dr.  
Kingwood WV 26537  
304-329-1400  
M-F 8:00AM to 4:30PM

WMH Prescription  
Center, Webster Springs  
125 Diana Dr.  
Webster Springs, WV 26288  
304-847-5324  
M-F 9:00AM to 6:00PM  
Sa 9:00AM to 5:00PM  
Su 12:00PM to 5:00PM

WMH Prescription Center, Cowen  
6815 Webster Road  
Cowen, WV 26206  
304-226-3600  
M-F 9:00AM to 6:00PM

## Delivery Options

Phone prescription refills in to the Memorial Pharmacy at 304-388-9547.

Delivery is available to some CAMC campus locations. Please call to see if delivery is offered at your site.



## Vandalia Employees: Save Money on Your Healthcare!

Do you need a primary care provider? Would you be interested in \$0 copays, \$0 lab work\* and appointments available when you need them?

Many of CAMC's primary care providers are participating in a new program to help make healthcare more affordable and accessible for CAMC employees, spouses and dependents who are covered by CAMC health insurance. When you choose one of these providers, you will enjoy \$0 copays anytime you visit, along with these significant savings:

- » FREE lab work for most common tests\* (listed on back)
- » FREE office visits (sick and wellness visits)
- » SAME-DAY appointments for most needs during regular office hours (after your first appointment)

## Call one of these participating locations to make your first appointment:

### CAMC Primary Care Nitro

4111 First Ave., Suite  
3 Nitro, WV 25143  
(304) 755-4797

### CAMC Primary Care Winfield

12576 Winfield Road  
Winfield, WV 25213  
(304) 586-0111

### CAMC Primary Care Teays Valley

3248 Teays Valley Road  
Hurricane, WV 25526  
(304) 757-1031

### CAMC Primary Care Summersville

702 Professional Park Drive,  
Suite 102  
Summersville, WV 26651  
(304) 872-0089

### CAMC Primary Care Charleston

8 Courtney Drive  
Charleston, WV 25304  
(304) 926-0940

### CAMC Primary Care Princeton

150 Courthouse Road, Suite  
301-B Princeton, WV 24740  
(304) 425-0162

### CAMC Primary Care Poca

2851 Charleston Road,  
Suite 2 Poca, WV 25159  
(304) 351-3015

### CAMC Employee Wellness Center (PPO Insurance Carriers only)

3418 Staunton Ave.  
Charleston, WV 25304  
(304) 388-2130

### CAMC Family Medicine Center

Heart and Vascular Building  
Fifth floor  
3200 MacCorkle Ave. SE  
Charleston, WV 25304  
(304) 388-4600

### CAMC Internal Medicine

3100 MacCorkle Ave. SE, Suite  
700 Charleston, WV 25304  
(304) 351-1500

### CAMC Primary Care Beckley

230 George St., Suite 2  
Beckley, WV 25801  
(304) 255-2878

### CAMC Primary Care Oak Hill

119 Main St. W  
Oak Hill, WV 25901  
(304) 465-0544

### CAMC Primary Care

Fayetteville 207 W Maple Ave.  
Fayetteville, WV 25840  
(304) 574-0120

This program is only available to CAMC employees, spouses and dependents covered by CAMC insurance who choose one of the above locations for their primary care needs.

Exclusions may apply for High Deductible Plan members.

## \*The following lab tests will be free for CAMC employees, spouses and dependents

Covered by Vandalia Health Insurance who have services performed at a Vandalia Provider.

Deductible must be met first for employees with the High Deductible Health Plan

- |                                 |                             |                              |                                 |
|---------------------------------|-----------------------------|------------------------------|---------------------------------|
| » Basic Metabolic Panel         | » FLU B                     | » IDI Hepatitis B s Ag       | » PSA Annual Screen             |
| » C-Reactive Protein            | » Folic Acid                | » IDI Hepatitis C Ab         | » Renal Function Panel          |
| » CBC w/Diff                    | » Free T4                   | » Iron Level LDH             | » Testosterone Total            |
| » CBC without Diff              | » GGT                       | » Lipid Panel                | » Throat Culture                |
| » Comprehensive Metabolic Panel | » HCG Quantative, Serum     | » Magnesium                  | » Thyroid Peroxidase Antibodies |
| » Creatinine                    | » Hemoglobin A1c            | » Microalbumin, Random Urine | » Transferrin                   |
| » Creatine Kinase               | » Hepatic Panel             | » Phosphorus                 | » TSH                           |
| » Creatinine, Random Urine      | » IDI Acute Hepatitis Panel | » Progesterone               | » Uric Acid                     |
| » Estradiol level female        | » IDI Hepatitis A Total Ab  | » Protein, Random Urine      | » Urinalysis Complete           |
| » Ferritin                      | » IDI Hepatitis B s Ab      | » Prothrombin Time with INR  | » Vitamin B12                   |
| » FLU A                         |                             | » PSA                        | » Vitamin D Level               |

## 24/7 Care

A new benefit that's FREE for Vandalia Health System employees and their families - there's no copay, no deductible and no fees to see a doctor, physician's assistant or nurse practitioner!

Whenever you don't feel well, you can receive convenient, quality care from a licensed healthcare professional anytime, anywhere via mobile app or video - at work, in the comfort of your home or even while traveling.

**24/7 Care is only free to Vandalia Health System employees and their immediate family members (spouse and dependent children through age 25).**

**Employees do not have to be covered by Vandalia Health Systems health plan to participate.**

[camc.org/24-7Care](http://camc.org/24-7Care)

### Join now for free!

- 1. Download the 24/7 Care app**  
Simply set up an account and you can request a virtual visit with a provider anytime.
- 2. Request a visit 24 hours a day, 365 days a year, by web, phone or mobile app.**  
We'll pair you with a provider from CAMC or from our national network of U.S. physicians who will connect with you promptly.
- 3. Talk to the provider**  
Take as much time as you need - there's no limit and no charge for your visit!
- 4. If medically necessary, a prescription will be sent to the pharmacy of your choice.**  
Receive the treatment you need in a timely, expedient manner. You can also send your visit results to your primary care physician.

# Health Savings Account



**Need funds to help cover out-of-pocket healthcare expenses? Consider a Health Savings Account (HSA). An HSA is a personal healthcare bank account used to pay for qualified medical expenses and funded by you, and in some cases your employer, too. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in an HDHP to participate.**

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependents, even if they're not covered on your plan. If you're not currently enrolled in an HDHP but have unused HSA funds, you can still use them for qualified expenses. Navia Benefit Solutions provides a debit card for direct access to your balance, allowing you to pay for eligible expenses, such as doctor visits, eye exams, prescriptions and more. You must have a balance in your HSA account to use the card.

## Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in Vandalia's HSA-eligible High Deductible Health Plan.
- » You are not covered by your spouse's non-HDHP Health Plan.
- » Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.
- » You are not eligible to be claimed as a dependent on someone else's tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

## Your Money. Your Account.

Your HSA is a personal account that you control. You decide how much to contribute, when to use the money and when to reimburse yourself. Unused funds roll over each year and can be saved for retirement. HSA funds are portable if you change plans, with no vesting or forfeiture.

## How to Enroll

To enroll in the company-sponsored HSA, select the HDHP with Vandalia, complete the enrollment materials and designate your pre-tax contribution amount. Navia will create your HSA and send your contributions once your bank details are verified. You have 60 days to log in and confirm the banking agreement.



## Plan. Spend. Save.

Contributions to an HSA can be made pre-tax through payroll deductions when you open an account with Navia Benefit Solutions. The funds, including interest and investment earnings, grow tax-free and can be spent tax-free on qualified medical expenses. Per IRS regulations, if HSA funds are used for non-qualified expenses before age 65, you'll owe federal income tax and a 20% penalty.

## HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2025, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,300
FAMILY	\$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Vandalia will provide the following contribution to your account in full at the beginning of the plan year. However, **in order to receive this contribution, you must also elect to make a monetary contribution to your account.**

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$500
FAMILY	\$1,000

### If you've contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- » Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.

## Note

It's up to you how much to contribute to your HSA. Buying a new house or sending a kid to college? You can contribute less this year. Paid off your student loans or got a new job? Stash the annual max in your account.



# Flexible Spending Accounts



**Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.**

## Healthcare Flexible Spending Account

You can contribute up to \$3200 annually for qualified medical expenses (deductibles, copays and coinsurance) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them without waiting for reimbursement.

**Please note: Over the counter (OTC) drugs are now eligible for reimbursement through your FSA.**

## Limited Flexible Spending Account

A Limited Flexible Spending Account (LFSA) works alongside a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. You must decide how much to set aside for this account. You may contribute up to \$3200.

## Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA – whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- » With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.
- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time.

### Examples of eligible dependent care expenses include:

- » In-Home Baby-Sitting Services (not provided by a tax dependent)
- » Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- » Before- and After-School Care
- » Day Camp
- » In-House Dependent Day Care



Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

## Note

Reimbursement of claims for the flexible spending account (medical and dependent care) are available through direct deposit. Log in to your Navia account and sign up for direct deposit today!

## How to Use the Account

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. Contact Navia with reimbursement questions. If you need to submit a receipt, you will be notified by Navia. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.





## General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- » Expenses must be incurred during the 2025 plan year.
- » Dollars cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” – any unused funds will be forfeited.
- » Up to \$640 may be rolled over to the next plan year at the end of 2025 for Healthcare FSAs.

## Deadlines

- » You have until March 31 to submit receipts incurred in the previous calendar year.
- » For 2025 expenses, if you do not provide proper documentation as requested to Navia by March 31, 2026, the amount will be added to your pay as taxable wages on the paycheck in June 2026.
- » If you terminate employment or change to a non-benefit eligible status, participation in the plan will cease on the effective date of your termination or status change. However, claims for expenses incurred up to the termination date may be submitted up to March 31 of the following calendar year.

## Note

Always check with your spouse prior to making an FSA elections. Make sure that your spouse does not have a Health Savings Account or an Health Reimbursement Account. If you have questions about being eligible to carry both accounts, we recommend speaking with your tax advisor. The FSA election is a full year election.

# Dental Benefits



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! Vandalia Health System offers affordable plan options for routine care and beyond. Coverage is available from United Concordia.

## Network Dentists

If you use a dentist who doesn't participate in your plan's PPO network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit United Concordia at [www.unitedconcordia.com](http://www.unitedconcordia.com).

## Dental Premiums

Premium contributions for dental coverage are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

## Dental Plan Summary

This chart summarizes the 2025 dental coverage provided by United Concordia.

### UNITED CONCORDIA DENTAL

PAYROLL CONTRIBUTIONS			
	EMPLOYEE ONLY		\$10.53
	EMPLOYEE + SPOUSE		\$19.99
	EMPLOYEE + CHILD(REN)		\$24.72
	EMPLOYEE + FAMILY		\$36.08
		IN-NETWORK	NON-NETWORK
CALENDAR YEAR DEDUCTIBLE			
	INDIVIDUAL	\$50	\$50
	FAMILY	\$150	\$150
CALENDAR YEAR MAXIMUM (PREVENTIVE SERVICES DO NOT COUNT TOWARD THE CALENDAR YEAR MAXIMUM.)			
	PER PERSON	\$1,500	\$1,500
COVERED SERVICES			
	PREVENTIVE SERVICES Exams, Cleanings, X-rays and Sealants	100%	100%
	BASIC AND ENDODONTIC SERVICES Fillings and Root Canals	80%*	80%*
	MAJOR AND PROSTHODONTICS Crowns, Inlays, Onlays, Cast Restorations, Bridges, Dentures and Implant Abutments	50%*	50%*
	ORTHODONTICS Dependent Child(ren) Only up to age 19	50%	50%
	ORTHODONTIC LIFETIME MAXIMUM	\$1,500	\$1,500

\*After deductible

## Note

Vandalia Health dental coverage uses the Elite Plus Network. Visit [www.unitedconcordia.com](http://www.unitedconcordia.com) to find a dentist in network. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

# Vision Benefits



Don't wear glasses? Even you shouldn't skip an annual eye exam! Vandalia Health System provides you and your family access to quality vision care with a comprehensive vision benefit through VSP (Vision Services Plan).

## Vision Premiums

Premium contributions for vision coverage are deducted from your paycheck. Your tier of coverage determines your premium.

## Vision Plan Summary

This chart summarizes the 2025 vision coverage provided by VSP. To find a provider, visit [www.vsp.com](http://www.vsp.com) and search the VSP Choice network.

### VSP

PAYROLL CONTRIBUTIONS			
	EMPLOYEE ONLY		\$3.58
	EMPLOYEE + SPOUSE		\$7.16
	EMPLOYEE + CHILD(REN)		\$7.52
	EMPLOYEE + FAMILY		\$11.93
		IN-NETWORK	FREQUENCY
COPAY			
	EXAM	\$10	Once Every Calendar Year
	MATERIALS	\$25	
LENSES			
	SINGLE VISION, LINED BIFOCAL, AND TRIFOCAL LENSES	Included in prescription glasses	Once Every Calendar Year (cannot be used the same year as contacts)
	PROGRESSIVE LENSES	Standard: \$25 Copay All Other: \$95 to \$175 Member Cost	
	ANTI-REFLECTIVE COATING	\$0	
	SCRATCH-RESISTANT COATING	\$0	
CONTACTS			
	FITTING AND EVALUATION	Pays up to \$60	Once Every Calendar Year (cannot be used same year as frames)
	ELECTIVE CONTACTS	Pays up to \$150	
FRAMES			
	COPAY	Pay \$0 copay	Once Every Two Calendar Years
	ALLOWANCE	Pays up to \$150 + 20% off remaining balance	

## Note

Did you know you could receive \$170 toward featured frame brands? Visit [VSP.com](http://VSP.com) to find out more!

# Term Life Insurance



It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Life Insurance provides financial protection and security in the event of an absence or unexpected event. Securing Life Insurance now ensures your family will be protected for the future.

## Basic Term Life

Vandalia Health System offers employees Basic Life insurance as part of your basic coverage through New York Life, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Term Life is one times your annual salary, up to \$400,000. If you are a benefit eligible employee, you automatically receive Basic Life even if you elect to waive other coverages.

## What's a beneficiary?

Your beneficiary is the person you designate to receive your Life Insurance benefits in the event of your death. This includes any life insurance benefits payable that are offered by Vandalia Health System. You receive the benefit payment for a dependent's death under the New York Life Insurance.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, last 4 digits of their Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18.

## Note

Have you updated your beneficiary form lately? Go to the Life Insurance page on CAMNET to print a new form. Return completed form to HR.





## Term Life

Life and AD&D benefits are an important part of your family’s financial security. The basic life benefit provided to you by Vandalia Health System may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Life and AD&D insurance.

BASIC EMPLOYEE TERM LIFE	
COVERAGE AMOUNT	One times your annual salary
WHO PAYS	Vandalia Health System
MAXIMUM BENEFIT	\$400,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
OPTIONAL EMPLOYEE TERM LIFE	
COVERAGE AMOUNT	1, 2, 3, 4, or 5 times your annual salary
WHO PAYS	Employee
MAXIMUM BENEFIT	\$750,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Elections above \$450,000 require an evidence of insurability (EOI).
OPTIONAL SPOUSE TERM LIFE	
COVERAGE AMOUNT	\$10,000 increments up to \$50,000
WHO PAYS	Employee
MAXIMUM BENEFIT	May not surpass Optional Employee Term Life coverage or \$50,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A
OPTIONAL CHILD TERM LIFE	
COVERAGE AMOUNT	\$5,000 increments up to \$20,000
WHO PAYS	Employee
MAXIMUM BENEFIT	May not surpass Optional Employee Term Life coverage or \$20,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A
OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT	
COVERAGE AMOUNT	Employee: \$10,000 increments up to the lesser of 1x Annual Salary or \$500,000 Spouse: 60% of Employee's Amount up to \$300,000 Child: 20% of Employee's Amount up to \$100,000
WHO PAYS	Employee
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A

## Evidence of Insurability

If you elect optional employee term life of more than \$450,000, an EOI must be completed through NY Life. Please visit the Life Insurance Page on CAMNET for more information regarding completing an EOI.

## Spouse Employed by Vandalia Health and Benefit Eligible

If your spouse is employed at Vandalia Health and benefit eligible, you cannot elect Optional Spouse Term Life and AD&D coverage.

## Dependent Child Employed by Vandalia Health and Benefit Eligible

If your dependent child is employed at Vandalia Health and benefit eligible, you cannot elect Optional Child Term Life and AD&D coverage. The plan will only pay as a policy holder or as a dependent, but it will not pay out as both.

### Employee Term Life Insurance

You may purchase additional life insurance in the amount of 1, 2, 3, 4, or 5 times your annual salary.

Annual salary X \_\_\_\_\_ = round up \_\_\_\_\_ / 1,000 X \_\_\_\_\_ = \_\_\_\_\_  
 (1, 2, 3, 4, or 5) (next 1,000) (age bracket cost)

OPTIONAL EMPLOYEE TERM LIFE INSURANCE (RATES BASED ON 24 PAYROLL DEDUCTIONS)			
AGE (AS OF JANUARY 1, 2025)	EMPLOYEE	AGE (AS OF JANUARY 1, 2025)	EMPLOYEE
29 - UNDER	\$0.020	50-54	\$0.140
30-34	\$0.025	55-59	\$0.215
35-39	\$0.035	60-64	\$0.265
40-44	\$0.055	65-69	\$0.365
45-49	\$0.085	70+ (1/2 COVERAGE)*	\$0.735

\*Benefits Subject to Age Reduction Schedule

### Spouse Term Life Insurance

(Coverage must be less than or equal to employee's total life coverage)

- » \$1.30 (\$10,000)                      » \$5.20 (\$40,000)
- » \$2.60 (\$20,000)                    » \$6.50 (\$50,000)
- » \$3.90 (\$30,000)

### Child Term Life Insurance

(Coverage must be less than or equal to employee's total life coverage)

- » \$0.50 (\$5,000)                      » \$1.50 (\$15,000)
- » \$1.00 (\$10,000)                    » \$2.00 (\$20,000)

### Optional Accidental Death & Dismemberment

**\$0.13 per \$10,000**

#### Employee Only

Desired coverage ÷ \$10,000 x .13 = \_\_\_\_\_

**\$0.20 per \$10,000**

#### Family

Desired coverage ÷ \$10,000 X .20 = \_\_\_\_\_

Upon reaching age 70, your employee life insurance coverage will decrease by 50% of your elected amount.

# Disability Insurance



Maintaining your quality of life counts on your income. Vandalia Health System offers disability coverage to protect you financially in the event you cannot work as a result of a covered illness or injury. A portion of your income is protected until you can return to work or until you reach retirement age.

## Short-Term Disability (STD) Insurance

Short-Term Disability (STD) benefits are provided through New York Life. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with a 6 month pre-existing condition limitation, may apply. See your plan documents or your benefits team for details. All benefit eligible employees will have the option to elect Short-Term Disability.

WEEKLY MAXIMUM BENEFIT	\$3,462
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	90 days

### To Calculate How Much Your STD Coverage Will Cost (based on 24 payroll deductions):

$$\begin{array}{ccccccc}
 \$ \underline{\hspace{2cm}} & \text{divided by } 52 = & \$ \underline{\hspace{2cm}} & \times 60\% = & \% \underline{\hspace{2cm}} & \times \$0.168 = & \$ \underline{\hspace{2cm}} \\
 \text{Annual Salary} & & \text{Weekly Income} & & \text{Weekly Benefit} & \text{Rate} & \text{Amount} \\
 & & & & & & \text{Payroll Deduction}
 \end{array}$$

## Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) benefits will be provided to all benefit eligible employees at no cost to the employee. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. The monthly maximum benefit is \$10,000 (Core Plan). Employees will also be able to purchase additional LTD coverage of 66.67% up to a monthly maximum of \$15,000 (Buy-Up Plan). Certain exclusions, along with a 12 month pre-existing condition limitation, may apply. See your plan documents or your benefits team for details.

MONTHLY MAXIMUM BENEFIT	Core Plan = \$10,000 Buy-Up Plan = \$15,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

### To Calculate How Much Your Buy-Up LTD Coverage Will Cost (based on 24 payroll deductions):

$$\begin{array}{ccccccc}
 \$ \underline{\hspace{2cm}} & \text{divided by } 12 = & \$ \underline{\hspace{2cm}} & \times \$0.415 = & \$ \underline{\hspace{2cm}} & \text{divided by } \$100 = & \$ \underline{\hspace{2cm}} \\
 \text{Annual Salary} & & \text{Monthly Covered Payroll} & \text{Rate} & \text{Amount} & & \text{Payroll Deduction}
 \end{array}$$



## Supplement STD with PTO or USB

You have the option to use paid time off (PTO) or unused sick bank (USB) to supplement your STD income. The short-term disability income and supplement cannot exceed 100% of your weekly pay. You will only be able to supplement if the entire week is coded as short-term disability. All supplement hours will be added to and processed through regular payroll with tax withholding and regular payroll deductions. PTO Supplement will not be paid retroactively. The chart below shows the number of PTO or USB hours that will be used each week based on your status and short-term disability plan:

### STD PTO OR USB SUPPLEMENT CALCULATION

STATUS	STATUS HOURS PER WEEK	PTO OR USB SUPPLEMENT HOURS PER WEEK 60% STD
Pro Rata .5	20	8
Pro Rata .6	24	9.6
Pro Rata .7	28	11.2
Pro Rata .8	32	12.8
Pro Rata .9	36	14.4
Full Time	40	16

## Filing a Claim:

To file a claim, contact NY Life at 888-842-4462 or by visiting [myNYLGBS.com](http://myNYLGBS.com). The claim intake service center is open between 8 a.m. and 8 p.m. EST Monday through Friday. You will be asked to provide the following information (in addition to other questions about your absence):

- » Employer Name and/or Group Number:  
Vandalia Health
- » Name, Social Security number and date of birth
- » Address and phone number
- » Doctor's name, address, phone number and fax number
- » Your occupation and the last day you worked
- » Your condition and diagnosis

## Note

You must be actively working on the effective date of coverage, otherwise your benefits will be effective when you return to work.



# Retirement – 401(k) Plan



Your workplace savings plan helps make it easy, convenient and affordable to accumulate the money you need for retirement. Your benefit at retirement depends on how much you contribute, your employer's matching contributions and the results from the investments you select.

## Take these easy steps to ensure your future today:

### Enroll

The 401(k) Plan allows you to contribute a percentage of your eligible pay on a pre-tax basis, through payroll deductions, up to the IRS dollar limits. If you are not currently participating in the Vandalia Plan, enroll today at [netbenefits.com](https://netbenefits.com) and click Contribution Amounts under quick links or call 800-343-0860.

### Increase your contribution

Increase your 401(k) contribution any time, not just during Open Enrollment! Most experts recommend a contribution rate of 10% to 15% annually to reach retirement goals. Increase your contribution percentage at any time by logging on to [netbenefits.com](https://netbenefits.com), under quick links drop down, choose Contribution Amount. Having trouble remembering to increase your percentage? Sign up for the Annual Increase Program to automatically increase your contribution each year. Click Annual Increase Program to choose the increase percent and the date of the increase!

### Catch-up contributions

If you have reached age 50 or will reach 50 during the calendar year and are making the maximum IRS pre-tax contribution (\$23,500 for 2025) you will be allowed to continue contributions up to the additional "catch-up" contribution amount of \$7,500 for 2025. If you do not want the additional "catch-up" contribution, notify your benefits department.

## Vesting

Employees will be fully vested after two years of service with Vandalia based on the date the employee was hired into a retirement-eligible position.



## Beneficiaries

Your beneficiary or beneficiaries will inherit your account in the event of your death. Designate your beneficiary when you enroll, and update the information if you experience a life-changing event such as marriage, divorce, death, etc. Fidelity's Online Beneficiaries Service is available through NetBenefits by clicking on "menu," then "profile," then "beneficiaries." You may also download the form from the Benefits webpage on CAMNet under 401(k), complete and send to Fidelity Investments.

## The Mobile App

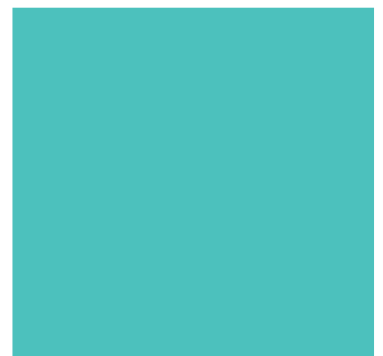
On the go? The NetBenefits® app gives you access to your Fidelity workplace accounts, anytime, anywhere, right on your mobile device. Download your FREE NetBenefits mobile app today.

Visit the App Store<sup>SM</sup> (iPod touch®/ iPhone® and iPad®), Google Play<sup>TM</sup> Store or browse [NetBenefits.com](https://www.netbenefits.com) on the mobile Web.

## Employer Contributions

**Vandalia Health will make an employer matching contribution on your behalf if you have completed one year of service and you are making salary deferral contributions. The matching contribution by the company will be based on your deferral election.**

EMPLOYEE CONTRIBUTES	VANDALIA CONTRIBUTES	TOTAL CONTRIBUTIONS
1%	1%	2%
2%	2%	4%
3%	3%	6%
4%	3.50%	7.50%
5%	4%	9%
6% or more	4%	10% or more



# Supplemental Insurance

Vandalia Health offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

## Hospital Indemnity Coverage

Hospital Indemnity Coverage through Unum pays you cash benefits directly if you are admitted to the hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

### Plan Highlights

- » Guaranteed Issue Coverage (no medical questions)
- » Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.

HOSPITAL INDEMNITY PAYROLL CONTRIBUTIONS	
EMPLOYEE ONLY	\$8.67
EMPLOYEE + SPOUSE	\$15.50
EMPLOYEE + CHILDREN	\$12.50
EMPLOYEE + FAMILY	\$19.33

## Accident Insurance

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact.

Accident coverage through Unum provides benefits for you and your covered family member(s) for expenses related to an accidental injury that occurs outside of work.

Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

ACCIDENT INSURANCE PAYROLL CONTRIBUTIONS	
EMPLOYEE ONLY	\$4.15
EMPLOYEE + SPOUSE	\$6.96
EMPLOYEE + CHILDREN	\$8.35
EMPLOYEE + FAMILY	\$11.16



## Critical Illness Insurance

Critical Illness Coverage through Unum pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

### Plan Highlights

- » Guaranteed Issue Coverage (no medical questions)
  - » Employee: \$10,000, \$20,000, or \$30,000
  - » Spouse: \$5,000, \$10,000, or \$15,000
    - » Cannot exceed 50% of employee benefit amount
  - » Child(ren): 100% of employee amount (at no additional cost)
- » Pre-existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.

### PAYROLL CONTRIBUTIONS

ATTAINED AGE:	EMPLOYEE COVERAGE: \$10,000 SPOUSE COVERAGE: \$5,000		EMPLOYEE COVERAGE: \$20,000 SPOUSE COVERAGE: \$10,000		EMPLOYEE COVERAGE: \$30,000 SPOUSE COVERAGE: \$15,000	
	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	SPOUSE	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	SPOUSE	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	SPOUSE
<25	\$1.55	\$1.18	\$3.10	\$2.35	\$4.65	\$3.53
25-29	\$1.90	\$1.35	\$3.80	\$2.70	\$5.70	\$4.05
30-34	\$2.45	\$1.63	\$4.90	\$3.25	\$7.35	\$4.88
35-39	\$3.35	\$2.08	\$6.70	\$4.15	\$10.05	\$6.23
40-44	\$4.45	\$2.63	\$8.90	\$5.25	\$13.35	\$7.88
45-49	\$6.05	\$3.43	\$12.10	\$6.85	\$18.15	\$10.28
50-54	\$7.80	\$4.30	\$15.60	\$8.60	\$23.40	\$12.90
55-59	\$10.70	\$5.75	\$21.40	\$11.50	\$32.10	\$17.25
60-64	\$15.05	\$7.93	\$30.10	\$15.85	\$45.15	\$23.78
65-69	\$21.90	\$11.35	\$43.80	\$22.70	\$65.70	\$34.05
70-74	\$31.20	\$15.88	\$62.40	\$31.75	\$93.60	\$47.63
75-79	\$38.90	\$19.73	\$77.80	\$39.45	\$116.70	\$59.18
80-84	\$47.15	\$23.80	\$94.30	\$47.60	\$141.45	\$71.40
85+	\$47.15	\$23.80	\$94.30	\$47.60	\$141.45	\$71.40

# Paid Time Off (PTO)

Your Paid Time Off (PTO) plan is designed to recognize the diverse needs of employees in regards to time off from work. PTO is inclusive of hours for sick days, vacation time, holidays, bereavement (beyond bereavement policy), doctor appointments and other personal time off from work.

## PTO ACCRUAL SCHEDULE

FULL TIME		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	21	6.46
5-9	26	8.00
10-14	28	8.62
15-19	29	8.92
20+	30	9.23
PRORATA 50-60-70%		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-10	5	1.54
11+	10	3.08
PRORATA 80%		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	17	5.23
5-9	21	6.46
10-14	22	6.77
15-19	23	7.08
20+	24	7.38
PRORATA 90%		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	19	5.85
5-9	24	7.38
10-14	25	7.69
15-19	26	8.00
20+	27	8.31
MANAGERS (DESIGNATED ADMINISTRATIVE EMPLOYEES - STATUS 21)		
YEARS OF SERVICE	DAYS ACCRUED PER YEAR	HOURS PER PAY (26)
0-4	26	8.00
5-9	30	9.23
10-19	33	10.15
20+	35	10.77

## Maximum PTO Accruals

Employees with a hire date of January 1, 2021 and in a full time, pro rata .9 or .8 status, may carry over a maximum of 240 hours of PTO.

Employees with a hire date prior to January 1, 2021 and in a full time, pro rata .9 or .8 status, may continue to carry over a maximum of 496 hours of PTO.

All employees in a pro rata .7, .6 and .5 status may carry over a maximum of 240 hours of PTO.

## PTO Cash-In

Employees may cash in a portion of their PTO time which will be accrued during the upcoming calendar year. The cash-in amount will be paid at the base pay rate in effect at the time the payout occurs.

### Criteria:

- » A balance of at least 80 PTO hours on October 16, 2024.
- » No attendance disciplines within one year prior to October 16, 2024.
- » Employees may cash in a minimum of 16 hours and a maximum of 40 hours.
- » Employees who are at max may make a conditional election; however, they must accrue the number of hours elected by the payout date the following year.
- » The number of hours elected will be set aside in a separate PTO plan to ensure these hours are available for payout as elected.
- » The 2025 payout is scheduled be paid out on 10/3/2025 as part of the employee's regular paycheck.

**PTO cash-in is an annual benefit that does not roll over, therefore, you must elect this benefit each year**



# Purchased Paid Time Off (PPTO)

Each year during annual enrollment, eligible employees have the option to purchase additional time off through the Purchased Paid Time Off plan. Below are a few key points employees should keep in mind when electing to purchase additional days off:

- » PPTO is a plan in which the employee pays 100% of the premium. This means that every dollar paid in will be paid out either when you use PPTO or when remaining balances are paid out to you at the end of the year.
- » The premium is calculated on the number of hours elected and at 104% of your base rate. The premium is withheld over the first 24 pay periods of the year.
- » If you terminate employment or change to a non-PPTO eligible status prior to the 24th pay period of the year:
  - You will only be reimbursed what you have contributed to the account minus any hours/amount used.
  - If you have used more hours than you have paid into the plan, you will owe the difference between what you have paid into the plan and the total you used for the year.
- » The 2025 PPTO will be available to use from 12/22/2024 through 11/22/2025.
- » The 2025 PPTO payout is scheduled to be paid on December 12, 2025, as part of the employee's regular paycheck.

**PPTO is an annual benefit that does not roll over, therefore, you must elect this benefit each year.**

## ANNUAL PURCHASED DAYS OF PTO AVAILABLE BASED ON AN EIGHT-HOUR WORK DAY

EMPLOYEE STATUS	0-8 YEARS OF SERVICE	9-18 YEARS OF SERVICE	19+ YEARS OF SERVICE
Regular full-time	40 hours per year	80 hours per year	120 hours per year
Pro-rata 9 (72-79 hours)	40 hours per year	72 hours per year	112 hours per year
Pro-rata 8 (64-71 hours)	32 hours per year	64 hours per year	96 hours per year
Pro-rata 7 (56-63 hours)	32 hours per year	56 hours per year	88 hours per year
Pro-rata 6 (48-55 hours)	24 hours per year	48 hours per year	72 hours per year
Pro-rata 5 (40-47 hours) / Part-time	24 hours per year	40 hours per year	64 hours per year





# Other Benefits

**CAMC Federal Credit Union** – Credit Union membership offers employees access to a full range of financial products and services.

**Pride Card Vandalia** has established relationships with external local and national vendors to give our employees discounts on many products and services. A complete list of Pride Card vendors and discounts can be found on CAMnet.

**Employee Health Services** – The company provides all employees access to employee health services which include employment physicals, immunizations, and treatment of illness or injury at no cost to the employee.

## CAMC Family Resource Center

We understand that life can be complicated, that's why we are here to help you with issues that hit close to home. Our staff is trained to help you and your family deal with parenting, relationships, same gender concerns, loss and crisis, depression, anxiety, substance abuse issues, obesity, women's issues, infertility, adjustment to chronic illness or pain, and specialized testing for children- all in the comfort of a safe and confidential environment. Call the FRC at 304-388-2545.

## Important

If you are enrolled in the PPO medical plan, you can visit the FRC with a zero dollar copay.

## Medical Transport Benefit

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.

	EMERGENT PLUS	PLATINUM
<b>COST PER PAY PERIOD (INCLUDES EMPLOYEE AND ELIGIBLE DEPENDENTS)</b>	<b>\$7.00</b>	<b>\$14.50</b>
EMERGENCY GROUND AMBULANCE COVERAGE	● <sup>2</sup>	● <sup>2</sup>
EMERGENCY AIR AMBULANCE COVERAGE	● <sup>2</sup>	● <sup>2</sup>
HOSPITAL TO HOSPITAL AMBULANCE COVERAGE	● <sup>2</sup>	● <sup>2</sup>
REPATRIATION TO HOSPITAL NEAR HOME COVERAGE	● <sup>2</sup>	● <sup>4</sup>
MINOR RETURN TRANSPORTATION COVERAGE		● <sup>3</sup>
PET RETURN TRANSPORTATION COVERAGE		● <sup>3</sup>
PATIENT RETURN TRANSPORTATION COVERAGE		● <sup>4</sup>
COMPANION TRANSPORTATION COVERAGE		● <sup>3</sup>
HOSPITAL VISITOR TRANSPORTATION COVERAGE		● <sup>3</sup>
MORTAL REMAINS TRANSPORTATION COVERAGE		● <sup>4</sup>
VEHICLE & RV RETURN COVERAGE		● <sup>3</sup>
ORGAN RETRIEVAL & ORGAN RECIPIENT TRANSPORTATION COVERAGE		● <sup>1</sup>

<sup>1</sup>United States only.

<sup>2</sup>United States, Canada.

<sup>3</sup>United States, Canada, Mexico, the Caribbean (excl. Cuba), the Bahamas and Bermuda.

<sup>4</sup>Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided 10 day notice.

## CAMC PatientLink - Your Information on Your Time

CAMC PatientLink is a secure patient portal that allows you 24/7 access to information about your care at Vandalia. It's a convenient way to manage your health information on your own time.

You'll be able to see test results and other documents related to your healthcare more quickly, instead of waiting on a call from your doctor's office. Many test results will be available within 36 hours of testing. If you've been an inpatient, your visit summary and discharge information will also be available.

### Available results include:

- » Lab tests
- » Imaging reports
- » Continuity of care/discharge summary documents (inpatient) Patient Plan (select Vandalia Physicians Group practices)

Learn more and sign up at [Vandalia.org/patientlink](https://Vandalia.org/patientlink).

## Pet Insurance

Available through Nationwide Pet Insurance, you will receive preferred pricing on coverage for your household pets including exotic pets. My Pet Protection® from Nationwide® helps you provide your pets with the best care possible. Plans cover accidents, illnesses, hereditary conditions, dental diseases, behavioral treatments and more!

- » **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%
- » **Use any vet, anywhere:** No networks, no pre-approvals
- » Customize your plan to fit your needs
- » 24/7 *vethelpline* and PetRXExpress are available to all pet insurance members
- » For more information, call 877-738-7874 or visit [benefits.petinsurance.com/monhealth](https://benefits.petinsurance.com/monhealth) to enroll today.



CAMC EMPLOYEES

# Be a Lifesaver!

WITH THE



## CAMC Employee Emergency Fund



CAMC  
Foundation

Vandalia Health



**Together, through the CAMC Employee Emergency Fund,  
we have the power to make a difference for fellow  
employees when the unexpected happens.**

This fund provides financial assistance to employees who experience personal emergencies.  
**Since 2001, more than \$1,934,626.18 has been awarded to 2,939 employees.**

Gifts to this fund can be made at any time throughout the year.

Donations may be made through payroll deduction, making a single monetary contribution, or by contributing PTO hours that are converted into a financial donation.

Visit [www.camcfoundation.org/camc-employees/](http://www.camcfoundation.org/camc-employees/) to learn more about the grant program and to fill out the Employee Donation Card to start your contribution today!

To apply for the grant, please contact your Human Resources representative.

(304) 388-9860  
camcfoundation.org



CAMC  
Foundation

Vandalia Health

# MyHealth Employee Wellness Program



Vandalia has made a commitment to build a nationally recognized wellness program designed to help our employees live well. The MyHealth program has five main focus areas: Stress Management, Nutrition, Physical Activity, Chronic Disease Management & Prevention, and Tobacco Cessation. MyHealth is here to help you take charge by giving you access to programs and resources that take a comprehensive approach to health and well-being, and allow you to earn rewards for taking a positive step toward living a healthier life. Taking advantage of this program could be the first step to becoming a healthier, happier you!

For more information or to get started, contact Anna Lucas, Community Outreach and Senior Wellness Coach at 304-388-7593 or [anna.lucas@vandaliahealth.org](mailto:anna.lucas@vandaliahealth.org).

## Physical Well-Being

Adopting healthful habits while avoiding destructive habits; maintaining a healthy quality of life that promotes accomplishing daily activities without undue fatigue or physical stress.



### Gritt's Community Supported Agriculture

Weekly boxes of fresh produce are delivered to CAMC locations during spring and summer. Registration will open early spring. To learn more, scan the QR code.



### National Diabetes Prevention Program

12 month program focusing on weight loss through healthy eating and physical activity. To learn more, scan the QR code.



### Onduo

Diabetes management program for employees with Highmark insurance. Scan the QR code to get started and receive a free smart blood glucose meter and unlimited test strips.



### Tobacco Cessation

"How to be Tobacco Free" is a free program for employees with Highmark insurance. Enroll and engage with a health coach by calling 1-800-650-8442, Monday-Friday, 8:30-7:30p.m. ET or scan the QR code to learn more!



### Genesis 5K

Couch to 5K program for beginning or experienced runners. Enrollment fee reimbursed at 100% upon completion of 5K. To learn more about upcoming classes or to register, scan the QR code.



### Sword

Virtual physical therapy for employees with Highmark insurance, to help overcome back, joint, or muscle pain at your convenience in the comfort of your own home. To get started, scan the QR code.

## Group Fitness Classes

For a complete schedule and list of free classes, please visit CAMnet > MyHealth. Classes include Zumba and Yoga.

## 24/7 Care

FREE, 24/7/365 telehealth visits for non-emergency illnesses for CAMC employees and their immediate family members (spouse & dependent children through age 25). Download the free 24/7 care app or visit [camc.org/services/247-care](http://camc.org/services/247-care) to sign up and start virtual visits.

## FootSmart maps

Marked walking paths at each hospital. PDF's can be found at "CAMnet>MyHealth>Footsmart walking maps"



# Glossary

**Balance Billing** – When you are billed by a provider 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 \$60, you may be billed by the provider for the remaining \$40.

**Coinsurance** – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

**Copay** – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

**Deductible** – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

**Explanation of Benefits (EOB)** – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

**Flexible Spending Accounts (FSAs)** – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Limited FSA** – Designed to complement a Health Savings Account, a Limited FSA allows for reimbursement of eligible dental and vision expenses.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

**High Deductible Health Plan (HDHP)** – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.



**Network** – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- » **Vandalia Network** – Vandalia employed providers that provide healthcare services in the Vandalia network.
- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out-of-pocket.

**Open/Annual Enrollment** – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

**Out-of-Pocket Maximum** – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

**Over-the-Counter (OTC) Medications** – Medications available without a prescription.

**Prescription Medications** – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.



- » **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

**Reasonable and Customary Allowance (R&C)** – Also known as the UCR (Usual, Customary, and Reasonable) amount. 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 R&C amount is sometimes used to determine the allowed amount.

**Summary of Benefits and Coverage (SBC)** – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

**Summary Plan Description (SPD)** - The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.





# Required Notices

## Important Notice from Vandalia Health About Your Prescription Drug Coverage and Medicare under the Traditional PPO and High Deductible Highmark Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Vandalia Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Vandalia Health has determined that the prescription drug coverage offered by the Traditional PPO and High Deductible Highmark plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Vandalia Health coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Vandalia Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Vandalia Health changes. You also may request a copy of this notice at any time.

## For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit [www.medicare.gov](http://www.medicare.gov)
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227).  
TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, *you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

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Date:	January 1, 2025
Name of Entity/Sender:	Vandalia Health
Contact—Position/Office:	Human Resources
Address:	501 Morris Street Charleston, WV 25301
Phone Number:	304-351-1800

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## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 304-351-1800.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 304-351-1800.

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 60 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 304-351-1800.

# Important Contacts

## Medical

Highmark Blue Cross Blue Shield

24-Hour Nurse Line

Wellness

Disease Management

Customer Service:

877-770-6991

24-Hour Nurse Line:

888-258-3428

[myhighmark.com](http://myhighmark.com)

## Navitus

Pharmacy

866-333-2757

[navitus.com](http://navitus.com)

## Vision

VSP (Vision Services Plan)

800-877-7195

[vsp.com](http://vsp.com)

VSP Choice Network

## Dental

United Concordia

800-332-0366

[unitedconcordia.com](http://unitedconcordia.com)

Elite Plus Network

## Term Life Insurance

New York Life

888-842-4462

[myNYLGBS.com](http://myNYLGBS.com)

## Health Savings Account & Flexible Spending Accounts

Navia Benefit Solutions

800-669-3539

[naviabenefits.com](http://naviabenefits.com)

## 401(k)/Retirement

Fidelity

800-343-0860

[netbenefits.com](http://netbenefits.com)

## COBRA

Navia Benefit Solutions

800-865-4485

[mycobraplan.com](http://mycobraplan.com)

## Short-Term Disability and Long-Term Disability

New York Life

888-842-4462

[myNYLGBS.com](http://myNYLGBS.com)

## My Health

Anna Lucas

304-388-7593

## Vandalia Financial Counselor

Exchange and Medicaid

Enrollment

304-388-3913

888-779-7076

## Voluntary Benefits - Accident, Critical Illness, & Hospital Indemnity

Unum

800-635-5597

[unum.com](http://unum.com)

## Voluntary Benefits - Old Whole Life

Boston Mutual

800-669-2668

## Pet Insurance

Nationwide

877-738-7874

[benefits.petinsurance.com/monhealth](http://benefits.petinsurance.com/monhealth)

For all other benefit related questions, please contact Human Resources or the benefits department directly.

Benefits Department:

304-388-7555 or [benefits@vandaliahealth.org](mailto:benefits@vandaliahealth.org)

## Human Resources

- » General Hospital: 304-388-7638
- » Memorial & W&C Hospital: 304-388-5400
- » Greenbrier Valley Hospital: 304-647-6029
- » Plateau Medical Center: 304-469-8607





**Charleston Area  
Medical Center**

 **Vandalia Health**

