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NOTE: Employees of United Memorial Medical Center will receive separate enrollment materials describing their benefit offerings for 2019.
About this Guide

Rochester Regional Health is committed to providing its employees with comprehensive, affordable and competitive benefits. This Benefits Decision Guide provides a summary of the benefits available to you in 2019. Our plans and choices provide flexibility and value, making it easy to customize a benefits package that best meets the needs of you and your family. Please review this guide carefully, and share with others in your family who are responsible for making benefit decisions. Additional benefits information is available at myROChealth.com/benefits.

2019 Benefit Updates

As you review the guide before making your elections, please note the following updates that will take effect on January 1, 2019:

- The CDHP now includes a prescription drug rider that makes it easier to comply with your doctor’s instructions for preventive healthcare, with less out-of-pocket costs. For most preventive drug prescriptions, you’ll pay the copay level instead of having to meet the plan deductible first! See page 14 for more details.

- This year, the Health Savings Account (HSA) contribution maximum under the Consumer-Driven Health Plan (CDHP) will increase to $3,500 for single coverage and $7,000 for family coverage, according to IRS rules. These are combined annual contribution limits from all sources (contributions made by you, Rochester Regional Health and any other source). The HSA Catch Up Contribution amount will remain at $1,000 for employees who will be at least 55 years old by December 31.

- The eyewear allowance under The EyeMed Vision Plan will increase to $200. Additionally, the plan has added Diabetic Care Services benefits (see chart on page 16).

For more benefit information, visit myROChealth.com/benefits.
Review or Choose Your Beneficiaries

Beneficiary elections are needed for each benefit you are enrolled in. You can designate any number of primary and contingent beneficiaries for Core and Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance.

Primary beneficiaries receive the life insurance or AD&D benefit in the event of your death. You designate the percentage of the total benefit each beneficiary would receive – these percentages must add up to 100%.

Contingent beneficiaries receive the benefit if no primary beneficiary is living at the time of your death. These designations must also total 100%. You can change your beneficiaries at any time in Workday.

Your beneficiary(ies) for the Health Savings Account (HSA) and 401(k)/403(b)/457(b) are not kept in Workday.

- To review and make changes to your HSA beneficiary(ies), log in to your account at myaccounts.HSABank.com and click on the “Profile” tab.
- To review and make changes to your 401(k)/403(b)/457(b) beneficiary(ies), log in to your account at fidelity.com/atwork and click on the “Profile” tab.

If you are enrolled in multiple plans with Fidelity, you can make separate beneficiary elections for each plan or apply the same among all plans.

REMEMBER

The choices you make remain in effect until the end of 2019, unless you have a qualifying life event. Therefore, be sure to evaluate and choose your benefits carefully.

If you have a qualifying event during the year, you have 30 days from the event date to make benefit changes. For more details about qualifying events, see page 5.
How to Enroll

REVIEW YOUR ENROLLMENT MATERIALS
Review this Benefits Decision Guide and your personalized options and benefit costs available in Workday to help you understand the benefit options available in 2019. It is also very important to take this time to check through Workday to ensure you are enrolled in all intended benefits.

COMPARE YOUR OPTIONS AND COSTS WITH ALEX®
Making benefit decisions is easy with ALEX, your personal, virtual benefits counselor. A link to ALEX is available at myROChealth.com/benefits. See page 5 for more details.

COMPLETE YOUR BENEFIT ELECTIONS IN WORKDAY
Once you’ve decided which benefits and coverage levels are best for you and your family, make your selections online in Workday. A Workday link and Knowledge Builder on how to enroll is available at myROChealth.com/benefits, or see the detailed instructions below. It is a good idea to print or save a copy of your confirmation statement showing the benefits that you will be enrolled in for 2019.

DEADLINE TO ENROLL:
You must submit your benefits elections within 30 days of your hire date or the date you become eligible for benefits. Once enrolled, you can review your 2019 benefits coverage any time during the year in Workday.

For Enrollment Assistance

Contact the Benefits Department at HRBenefits@RochesterRegional.org or (585) 922-1100.

WORKDAY ENROLLMENT INSTRUCTIONS
To enroll in benefits, log in to Workday from myROCHealth.com/benefits or by typing https://wd5.myworkday.com/rrhs/login.html into your browser.

• Use your IT user name and password to log in to Workday.
• If you don’t know your user name and/or password, or if you have any difficulties accessing Workday, please contact the Helpdesk at (585) 922-HELP (922-4357).

Your Workday inbox is located on the left side of the home page:
• Click on the task, and you will be prompted to make your elections.
• Once you’ve completed your elections, you’ll be directed to the submission page.
• Click “Submit” and print a copy of the confirmation page for your records.

Find Your Benefits Partner in Workday
If you have questions about your benefits throughout the year, follow these steps in Workday to find your Benefits Partner’s contact information:

• Log into Workday with your username and password:
  https://wd5.myworkday.com/rrhs/login.html
• Click on the Benefits Icon
• Look under “My Benefits Partner” in the upper left box
Eligibility

<table>
<thead>
<tr>
<th>BENEFIT PLAN</th>
<th>ELIGIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plan</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Dental Plan</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Vision &amp; Hearing Plan</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Flexible Spending Account – Healthcare</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Flexible Spending Account – Child Care</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Core and Optional Life Insurance</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Core and Optional AD&amp;D Insurance</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Legal Services Plan</td>
<td>20+ hours per week</td>
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<tr>
<td>Short-Term Disability</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Long-Term Disability for Physicians and Senior Executives</td>
<td>20+ hours per week</td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td>30+ hours per week</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>All employees</td>
</tr>
<tr>
<td>403(b) or 401(k) Program</td>
<td>All employees</td>
</tr>
<tr>
<td>Pension Plan</td>
<td>All employees</td>
</tr>
</tbody>
</table>

WHO IS ELIGIBLE FOR BENEFITS:

- You
- Your legal spouse
- Your domestic partner (affidavit of domestic partnership required each year)
- Your child, up to age 26 – includes your natural-born child, legally adopted child, stepchild, legal guardian child or domestic partner’s child
- A disabled adult child age 26 and older (proof of eligibility required)

Domestic Partner Coverage

Rochester Regional Health offers coverage for domestic partners and their eligible dependents. A domestic partnership is defined as two people of the same or opposite sex in a relationship that satisfies criteria outlined on the Domestic Partnership Affidavit.

Each year you must complete a Domestic Partnership Affidavit. The 2019 Domestic Partnership Affidavit is available at myROChealth.com/benefits. You can upload your completed affidavit with your enrollment task or email it to the Benefits Department at HRBenefits@RochesterRegional.org.

IMPORTANT TAX INFORMATION

If a domestic partner does not qualify as your tax dependent, the IRS requires you to pay the incremental cost of covering your domestic partner and his/her children on an after-tax basis. Also, the value of your domestic partner’s and his/her children’s benefits, provided by Rochester Regional Health, will be treated as taxable income (or imputed income) for federal and state tax purposes. Rochester Regional Health will report these taxes on your form W-2 at the end of each year.
Making Benefit Changes
You may only make changes to your benefit elections during the year if you experience an employment status change or a Qualifying Life Event.

EMPLOYMENT STATUS CHANGE
If you move from part-time to full-time status, or from full-time to part-time, the amount you pay for some of your benefits will change. You may also be able to make changes to some of your benefit elections. To make a change, you must submit a benefits change request in Workday within 30 days of your status change effective date; otherwise, your benefits will remain the same until the next Open Enrollment period or if you experience a Qualifying Life Event.

QUALIFYING LIFE EVENTS
Certain life events allow you to change some of your benefit elections when the event occurs. Any changes you make to your benefits must be due to, and consistent with, your qualifying event. To make a change, you must submit a benefits change request and supporting documentation in Workday no later than 30 days following the qualifying event date. Typical qualifying life events include:

- Marriage
- Divorce, legal separation or annulment
- Birth or adoption of a child
- Change in legal custody of a child
- Child reaches maximum age for coverage
- Death of a spouse/domestic partner or dependent
- Change in spouse’s/domestic partner’s employment
- Loss or gain of coverage by you or a family member
- An Open Enrollment period for the employer of your spouse or domestic partner

For instructions on how to submit a benefit change request for a qualifying life event, refer to the Knowledge Builder in Workday (Benefits > How To...).

ALEX is a smart, friendly, virtual benefits expert who can walk you through your medical, dental, vision, life insurance and disability benefits. ALEX can also explain tax savings from flexible spending accounts and health savings accounts using simple language. ALEX will ask you some basic questions about you and your family, as well as your personal situation (all confidential, of course¹). Based on your answers, ALEX helps you evaluate your options by showing helpful cost and coverage comparisons. The chat is surprisingly simple and takes only a few minutes.

¹ALEX does not create, receive, maintain, transmit, collect or store any identifiable end-user information.
Rochester Regional Health provides comprehensive medical insurance plan options through Excellus BlueCross BlueShield (Excellus BCBS).

**YOUR OPTIONS:**
- No Coverage
- Copay Plan
- Consumer-Driven Health Plan (CDHP)

The Copay Plan and CDHP offer different ways to manage your healthcare budget. With the Copay Plan, you spend more for your insurance premiums and less for services and prescriptions when you need them. With the CDHP, it’s the opposite – **you spend more when you need care, and save more when you don’t.**

**2019 BI-WEEKLY PRE-TAX PREMIUM COSTS**
(26 PAYROLL DEDUCTIONS)
Calculated based on your regularly scheduled hours per week.
- Available in Workday

**STAY IN ROCHESTER REGIONAL HEALTH NETWORK TO SAVE**
Rely on our Rochester Regional Health Network for the **highest quality care at the lowest cost.**

To find a provider or facility in the network, reference the Domestic Network Provider Listing at [myROHealth.com/benefits](http://myROHealth.com/benefits) or contact GRIPA at (585) 922-1520.

**MYCARE PATIENT PORTAL**
Enroll in MyCare for convenient access to portions of your medical record. MyCare is a free service enabling you to securely manage and receive information about your health. For assistance enrolling, simply call (585) 922-1234 or visit [mycare.rochesterregional.org/mychart](http://mycare.rochesterregional.org/mychart) to sign up! Available on your desktop as well as your mobile device.

Download our MyChart app to access your Rochester Regional Health medical chart on the go! Available on Android and iOS.
**MEDICAL PLAN COMPARISON OF YOUR COSTS**

<table>
<thead>
<tr>
<th>PLAN FEATURE</th>
<th>COPAY PLAN</th>
<th>CDHP</th>
</tr>
</thead>
</table>
| **Annual HSA Contribution from Rochester Regional Health** | None | Single: $375  
Two-Person: $750  
Employee+Children: $750  
Family: $750 |

<table>
<thead>
<tr>
<th>NETWORK</th>
<th>ROCHESTER REGIONAL HEALTH</th>
<th>EXCELLUS BCBS</th>
<th>OUT-OF-NETWORK&lt;sup&gt;1&lt;/sup&gt;</th>
<th>ROCHESTER REGIONAL HEALTH&lt;sup&gt;1&lt;/sup&gt;</th>
<th>EXCELLUS BCBS&lt;sup&gt;1&lt;/sup&gt;</th>
<th>OUT-OF-NETWORK&lt;sup&gt;1&lt;/sup&gt;</th>
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<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Single:</td>
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<td>$1,800</td>
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<td>Two-Person:</td>
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<td>$3,600</td>
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<td>Employee+Children:</td>
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<td>$5,400</td>
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<tr>
<td>Family:</td>
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<td><strong>Out-of-Pocket Maximum</strong></td>
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<td>Employee+Children:</td>
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<td>$10,000</td>
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<td>$18,000</td>
<td>$10,000</td>
<td>$13,500</td>
<td>$36,000</td>
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</table>

| Preventive Care | $0 | You pay 40% | $0 | You pay 50% |

**AFTER DEDUCTIBLE IS MET:**

| **Primary Care Visit** | $30 copay | $90 copay adults  
$30 copay peds | You pay 40% | You pay 10% | You pay 20% | You pay 50% |
| **Specialist Visit** | $50 copay | $150 copay adults  
$50 copay peds | You pay 40% | You pay 10% | You pay 20% | You pay 50% |
| **Urgent Care** | $50 copay | $150 copay adults  
$50 copay peds | You pay 40% | You pay 10% | You pay 20% | You pay 50% |
| **Inpatient Hospital** | $750 copay | $2,000 copay adults  
$750 copay peds | You pay 40% | You pay 10% | You pay 20% | You pay 50% |
| **Outpatient Facility** | $250 copay | $2,000 copay adults  
$250 copay peds | You pay 40% | You pay 10% | You pay 20% | You pay 50% |
| **Emergency Room** | $250 copay | $500 copay adults  
$250 copay peds | $500 copay | You pay 40% | You pay 20% | You pay 20% |
| **Ambulance** | $150 copay | $150 copay | $150 copay | You pay 20% | You pay 20% | You pay 20% |
| **Vision Care** | An eye exam at no cost and a $60 eyewear allowance: every two years for adults and annually for children up to age 19 | You pay 40% | An eye exam at no cost (after deductible is met) and a $60 eyewear allowance (not subject to deductible): every two years for adults and annually for children up to age 19 | You pay 50% |

<table>
<thead>
<tr>
<th>Non-Maintenance Medications</th>
<th>Tier 1 – Generics</th>
<th>Tier 2 – Brand Preferred</th>
<th>Tier 3 – Brand Non-Preferred</th>
<th>Subject to the deductible&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Subject to the deductible&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Subject to the deductible&lt;sup&gt;3&lt;/sup&gt;</th>
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<tr>
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<td>$30</td>
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<td>$90</td>
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</table>

<table>
<thead>
<tr>
<th>Maintenance Medications</th>
<th>Tier 1 – Generics</th>
<th>Tier 2 – Brand Preferred</th>
<th>Tier 3 – Brand Non-Preferred</th>
<th>Subject to the deductible&lt;sup&gt;3&lt;/sup&gt;</th>
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<tr>
<td></td>
<td>$10</td>
<td>Not covered&lt;sup&gt;2&lt;/sup&gt;</td>
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<td>$30</td>
<td>$50</td>
<td>$30</td>
<td>$50</td>
<td>$90</td>
</tr>
</tbody>
</table>

<sup>1</sup>Copay percentages noted for CDHP and out-of-network services for the Copay Plan are what you pay <em>after</em> your annual deductible is met.

Prescription drug copays noted for CDHP are what you pay <em>after</em> your deductible is met, unless it is listed on the preventive drug list. For more information about prescription drug coverage see page 14.

<sup>2</sup>You pay the full cost for prescriptions when filled out-of-network, and these costs do not apply toward your annual deductible. For more information about prescription drug coverage see page 14.

<sup>3</sup>Many preventive drug prescriptions may be eligible for a copay without having to first meet the deductible. See page 14.
More About Our Medical Plans

ABOUT THE COPAY PLAN

- You pay set copays for healthcare services and prescription drugs received in the Rochester Regional Health Network or the Excellus BCBS Network until you reach the plan’s annual out-of-pocket maximum.
- The cost you pay is determined by:
  - Type of service
  - Where service is received:
    » Lowest discounted copays for Rochester Regional Health Network providers
    » Standard copays for Excellus BCBS Network providers
    » Limited coverage for out-of-network providers – you pay the highest cost for care
  - Who receives the service:
    » Copays for children up to age 19 are lower than adult copays in the Excellus BCBS Network.
    Pediatric copays in the Excellus BCBS Network are the same as copays in the Rochester Regional Health Network. This gives families the flexibility to choose the provider best suited to their child’s needs – without the additional cost.

NOTE: Medications listed as preventive by Excellus BCBS are not subject to the deductible – you only pay the copay. For a complete listing of preventive medications, visit myROChealth.com/benefits.

COMPARE YOUR PLANS

A detailed plan comparison chart can be found on myROChealth.com/benefits.

ABOUT THE CONSUMER-DRIVEN HEALTH PLAN (CDHP)

- Your healthcare and prescription drug costs are paid as follows:
  - You pay the full cost1 for healthcare services and prescriptions until you reach the annual deductible:
    » Single: $2,500 Rochester Regional Health Network
    $3,000 Excellus BCBS Network
    » Two-Person/Employee+Children/Family:
    $5,000 Rochester Regional Health Network
    $6,000 Excellus BCBS Network
  - Once your annual deductible is met, you pay a percentage of the cost for your care (called coinsurance) and set copays for non-maintenance prescriptions until you meet your annual out-of-pocket maximum.2
  - Both medical and eligible prescription drug2 costs for all covered family members are applied to your deductible and out-of-pocket maximum.
    » Once your out-of-pocket maximum is met, the plan pays the total cost for covered services for all family members in the plan for the rest of the year.
    » Employees who enroll in the CDHP may be eligible to set up a tax-advantaged Health Savings Account (HSA), administered by HSA Bank, to pay for qualified medical, dental, vision care, hearing and prescription drug expenses. See page 10 for information about IRS limitations regarding Health Savings Accounts.

Save on Urgent Care

Pay less for urgent care services when you visit one of these Rochester Regional Health Immediate Care facilities.
Learn more at: RochesterImmediateCare.com

Rochester Area Urgent Care Locations

- Brighton
  1881 Monroe Avenue
  Rochester, NY 14618
- Greece
  2745 W. Ridge Road
  Greece, NY 14626
- Henrietta
  2685 E. Henrietta Road
  Henrietta, NY 14467
- Irondequoit
  2701 Culver Road
  Rochester, NY 14622
- North Greece
  470 Long Pond Road
  North Greece, NY 14612
- Penfield
  2226 Penfield Road
  Penfield, NY 14526
- Webster
  1065 Ridge Road
  Webster, NY 14580
- Wilson
  800 Carter Street
  Rochester, NY 14612

1The “full cost” you pay will reflect a discounted contract rate if you use in-network providers.
2Coverage for maintenance medications outlined on page 14.
Important to Remember

CDHP premiums (payroll deductions) are lower than Copay Plan premiums, resulting in annual savings that can be combined with Rochester Regional Health’s HSA contribution. These combined amounts can be used toward your healthcare expenses during the year, which may significantly lower your out-of-pocket costs.

ESTIMATING OUT-OF-POCKET COSTS

To get an estimate of your out-of-pocket costs for an anticipated medical service or procedure within the Rochester Regional Health Network, call (585) 922-COST.

For services performed at other facilities, work with your provider directly, or contact Excellus BCBS (see Benefits Resources on page 36).
**How an HSA Works**

1. **MAKE CONTRIBUTIONS**
   Using free money from Rochester Regional Health + your tax-free contributions.

2. **ACCUMULATE TAX-FREE SAVINGS**
   You won’t lose what you don’t use – the money remains in your HSA and can grow through interest and investment opportunities.

3. **TAKE OUT TAX-FREE MONEY**
   Use your HSA funds to pay for qualified medical, prescription, dental and vision expenses.

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**Tax advantages of the HSA:**
- Account contributions are pre-tax.
- Account interest and any investment earnings are not federal or state taxable in New York.
- Withdrawals for qualified healthcare expenses for you and your spouse/IRS eligible dependents are not federal or state taxable in New York.

**ANNUAL CONTRIBUTION LIMITS**

In 2019, maximum IRS contribution limits are:
- **$3,500** – Single coverage
- **$7,000** – Two-Person/Employee+Children/Family coverage

These are combined annual contribution limits from all sources (contributions made by you, Rochester Regional Health and any other source). These are not total account balance limits – any rollover balances from previous years are not subject to the maximum annual contribution limits.

If age 55 or older (or will be in 2019), you can make an additional **$1,000 “catch up contribution”** to your HSA.

If you wish to front load all or a part of your HSA contribution, you can either send a check, money order or online transfer to HSA Bank. You cannot front load the contribution through Payroll.

**You can make changes to your HSA contributions at any time during the year; you do not need a Qualifying Event to make changes.**

**HSA EMPLOYER CONTRIBUTION**

If you enroll in the CDHP and open an HSA, Rochester Regional Health will contribute the following amounts to your account in 2019:
- **$375** – Single coverage
- **$750** – Two-Person/Employee+Children/Family coverage

One fourth of the Rochester Regional Health contribution will be deposited into your account at the beginning of each quarter. If you enroll in the plan following a quarterly contribution, you will receive a make-up contribution with the next quarterly deposit for each full month you are enrolled in the plan. See the contribution schedule on the top of the following page.

Even if you do not wish to contribute to the HSA yourself, you will still receive the free contribution from Rochester Regional Health, if you elect CDHP coverage. The contribution from Rochester Regional Health will be automatically deposited in your account as described previously. Once in your account, the money may be used immediately to pay for qualified expenses incurred on or after the date your account was opened.
Rochester Regional Health will pay the administrative fees associated with the HSA for 2019 for employees actively enrolled in the CDHP. The employer contribution and covered account fee expenses are subject to change in future years.

### Employer Contribution Schedule

<table>
<thead>
<tr>
<th>QUARTERLY CONTRIBUTION PERIOD</th>
<th>CONTRIBUTION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1 – March 31</td>
<td>January 4, 2019</td>
</tr>
<tr>
<td>April 1 – June 30</td>
<td>April 5, 2019</td>
</tr>
<tr>
<td>July 1 – September 30</td>
<td>July 5, 2019</td>
</tr>
<tr>
<td>October 1 – December 31</td>
<td>October 4, 2019</td>
</tr>
</tbody>
</table>

### ELIGIBLE HSA EXPENSES

You can use your HSA to pay for a wide range of qualified healthcare expenses (as defined by the IRS) for yourself, your spouse or your IRS-eligible tax dependents. Some examples include: acupuncture, ambulance services, chiropractic care, dental treatments, doctors’ fees, hearing aids, laboratory fees, prescription drugs, behavioral health services, surgery, vaccines, vision care, wheelchairs and x-rays. For a complete list of qualified healthcare expenses, visit [myROChealth.com/benefits](http://myROChealth.com/benefits).

You are responsible for using your HSA funds to pay for only qualified expenses. If used for other reasons, the ineligible amount will be subject to income tax and may be subject to an additional 20% tax penalty.

Qualified healthcare expenses must be incurred after the HSA has been opened and funded (on or after January 1, 2019 for new enrollees).

At age 65 or older, your account balance can be withdrawn and used for any reason without penalty, subject to income tax.

### HSA ELIGIBILITY RESTRICTIONS

According to IRS rules, you are not eligible to participate in an HSA if:

- You are covered by another health plan that does not meet the IRS definition of a high-deductible health plan, including a spouse’s non-high-deductible plan.
- You are enrolled in certain types of coverage such as Medicare, Medicaid or TRICARE. Consult a tax advisor for more information.
- You are covered by a general purpose Healthcare Flexible Spending Account (including coverage during a grace period), or a similar account such as a Health Reimbursement Arrangement (HRA), even if the account belongs to your spouse or a parent (for example, if your parent’s FSA covers you until age 26).
- You can be claimed as a dependent on another person’s tax return.

You are responsible for determining if you are eligible to open and contribute to an HSA. For complete eligibility rules, see [Publication 969](http://irs.gov) on the IRS website at [irs.gov](http://irs.gov).
**HSA STATUS, IF NOT ENROLLING IN CDHP IN 2019**

Your account with HSA Bank® will remain open as long as you have a balance. You can use your HSA funds to pay for qualified healthcare expenses for yourself and your qualified dependents.

You can only make contributions to your HSA account if you are covered by a high-deductible health plan (such as through a spouse or parent). Contributions can be made through personal transactions such as an electronic transfer from a personal checking account or by sending a check or money order to HSA Bank.

You will be responsible for paying any administrative fees associated with keeping your account open. Please contact HSA Bank for information regarding fees and balance limits.

**OTHER THINGS TO KNOW**

- The HSA is administered by HSA Bank and is Federal Deposit Insurance Corporation (FDIC) insured.
- If you currently have an HSA Bank debit card, you will not receive a new card until close to the expiration date listed on the card.
- For Rochester Regional Health to open an HSA on your behalf and make contributions to your account, you must confirm in Workday that you are eligible to participate in an HSA and will remain eligible in 2019. To do so, you must either Elect or Waive HSA participation in the “Additional Benefits Plan” section in Workday under “HSA Enrollment – HSA Bank.”
- Please refer to Publication 969 on the IRS website at [irs.gov](http://irs.gov) to confirm your eligibility prior to making your election in Workday.
- Funds must be in the account in order to use them. Expenses incurred before you open your account are not eligible for HSA reimbursement. Funds in your account can be used to pay for qualified healthcare expenses, even if you are no longer eligible to add new funds to the account.
- Be sure to understand account and investment fees before opening an HSA. Investment options are not reviewed by Rochester Regional Health.
- Consult a tax advisor if you have any questions about your eligibility to open an HSA, or any tax consequences that result from opening or contributing to an HSA. You will receive annual reports from HSA Bank to use when completing your personal income taxes.

**SAVE YOUR RECEIPTS**

You are responsible for ensuring that all purchases paid out of your HSA are qualified expenses as defined by the IRS. Be sure to save your receipts in the event you are asked to substantiate an expense.
Comparing an HSA with a Healthcare Flexible Spending Account (FSA)

An HSA and a Healthcare FSA both offer ways to save money by paying for healthcare expenses using pre-tax dollars. An HSA offers several advantages in comparison to an FSA. Here’s how the two types of accounts compare:

<table>
<thead>
<tr>
<th>ACCOUNT FEATURES</th>
<th>HSA</th>
<th>HEALTHCARE FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible for account if enrolled in the CDHP</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Eligible for account if enrolled in the Copay Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute pre-tax money</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Free account contribution from Rochester Regional Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate access to total annual contribution amount</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Can use account to pay for qualified healthcare expenses</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Debit card for easy payment of expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money earns tax-free interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax-free investment opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance rolls over year-to-year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can change contribution amount at any time for any reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance can be withdrawn and used at age 65 or older for any reason without penalty, subject to income tax</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Maximum Annual Family Contribution</td>
<td>$7,000</td>
<td>$2,650</td>
</tr>
<tr>
<td>Catch-Up Contribution for those 55 and older</td>
<td>$1,000</td>
<td>$0</td>
</tr>
</tbody>
</table>

Learn more about the Healthcare Flexible Spending Account starting on page 17.

HSA Bank® Makes It Easy to Start, Grow and Manage Your HSA

HSA Bank gives you everything you need to make the most of your account:

**WELCOME KIT**
New participants will receive a valuable “starter package” containing your 8-digit account number, important disclosures and a privacy statement.

**DEBIT CARD**
New participants will receive the debit card separately from the Welcome Kit, delivered in a plain, blank envelope for security reasons. Activation instructions are included. Current participants will continue to use their existing debit card until the expiration date, when a new card will be provided.

**ACCOUNT SERVICES**
You can view transactions, your balance, generate payments and much more.

**INTERNET BANKING AND HSA BANK MOBILE APP**
Provides secure 24/7 account information, including activity and balance information, electronic statements, tax documents, email notifications and electronic funds transfers – conveniently available from any computer or smartphone.

**AUTHORIZED SIGNER FORM**
Lets you authorize someone else to access your HSA funds and information.

**BENEFICIARY DESIGNATION FORM**
Lets you designate a beneficiary for your HSA.
Learn more at hsabank.com
Prescription Drug

Benefits Decision Guide 2019

14

Prescription drug benefits are different for the CDHP and the Copay Plan. Therefore, when making a decision about which medical plan to choose, it’s important to understand how each plan covers prescription drugs, and what your estimated out-of-pocket cost might be under each plan.

With the CDHP, medications are subject to the deductible unless they are preventive drugs (for the complete list of applicable preventive drugs visit myROChealth.com/benefits). So, if you take a medication on the preventive drug list, you pay at the copay level immediately, instead of having to meet the plan deductible first. Applicable costs will apply to your out-of-pocket maximum, but will not apply toward your deductible. This allows you comply with your doctor’s preventive healthcare recommendations with less out-of-pocket costs.

Maintenance Medication Requirement

To get coverage for a prescription on the Maintenance Medication List, you must fill the prescription at a Rochester Regional Health Apothecary or through Mail Order/Home Delivery (see list above). If not, you will pay the full cost for the medication and the cost will not be applied to your deductible or out-of-pocket maximum.

Medications not on the Maintenance Medication List may be filled at any retail pharmacy; however, you will pay a lower copay if filled at an in-network pharmacy, as outlined in the chart on page 7. Refer to the Maintenance Medication List available at myROChealth.com/benefits for the most up-to-date list of maintenance medications.

NOTE: If you enroll in the CDHP and fill a maintenance medication prescription somewhere OTHER than a Rochester Regional Health Apothecary, through Express Scripts® or Wegmans Home Delivery, the cost you pay WILL NOT be applied to your deductible or your out-of-pocket maximum.

Non-Maintenance Medications

Medications not on the Maintenance Medication List and one-time fill prescriptions may be filled at any retail pharmacy; however, your out-of-pocket cost will be higher at pharmacies outside of the Rochester Regional Health Network.

AVOID UNNECESSARY COSTS: USE GENERIC PRESCRIPTIONS

If you get a brand-name prescription when a generic is available, you’ll pay the cost for the brand prescription, plus the cost difference between the brand and generic medication.

If you have questions about whether a lower cost medication is available, contact GRIPA at (585) 922-1520 and a Care Manager can help you.

1Wayne-Clifton Pharmacy eligible for Clifton Springs employees only.
Dental

Rochester Regional Health provides affordable dental insurance options through Excellus BlueCross BlueShield (Excellus BCBS). Proper dental care can help prevent more serious health issues such as heart disease, low birth weight and osteoporosis.

YOUR OPTIONS:
- No Coverage
- Basic Dental Plan
- Enhanced Dental Plan

2019 BI-WEEKLY PRE-TAX PREMIUM COSTS
[26 PAYROLL DEDUCTIONS]
- Available in Workday

STAY IN-NETWORK
Use providers in the Excellus BCBS Dental Network to pay the lowest cost for services. Visit excellusbcbs.com to find or confirm in-network providers.

DENTAL PLAN COMPARISON OF YOUR COVERAGE & COSTS

<table>
<thead>
<tr>
<th>IN-NETWORK PLAN FEATURE</th>
<th>BASIC PLAN</th>
<th>ENHANCED PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SINGLE</td>
<td>TWO-PERSON/ FAMILY</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Oral exams, cleaning, polishing, x-rays, fluoride treatments, sealants, emergency pain treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Restorative Services</td>
<td>50% of cost after deductible is met</td>
<td>80% of cost after deductible is met</td>
</tr>
<tr>
<td>Fillings, extractions, root canals, oral surgery, endodontics, periodontics, scaling, anesthesia1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Restorative Services</td>
<td>50% of cost after deductible is met</td>
<td>50% of cost after deductible is met</td>
</tr>
<tr>
<td>Implants2, inlays, crowns, space maintainers, prosthodontics, dentures and repairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia (For dependents up to age 19)</td>
<td>No coverage – you pay the full cost</td>
<td>50% of cost after deductible is met</td>
</tr>
<tr>
<td>Teeth straightening with braces or other methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Coverage Maximum</td>
<td>Plan covers up to $1,000 in eligible costs per covered individual</td>
<td>Plan covers up to $1,500 in eligible costs per covered individual</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum</td>
<td>Not applicable</td>
<td>Plan covers up to $1,500 per individual</td>
</tr>
</tbody>
</table>

NOTE: Before you receive dental services, ask your dental provider to submit a Predetermination of Benefits to Excellus BCBS. This will ensure you know what your actual out-of-pocket cost will be before treatment begins.

1IV sedation is a covered expense for wisdom teeth removal. For additional information regarding coverage for IV sedation or anesthesia for a planned dental procedure, ask your provider to submit a Predetermination of Benefits to Excellus BCBS.

2Implants are covered under Enhanced Plan only.
Vision & Hearing

Rochester Regional Health offers optional vision coverage through EyeMed to help you and your family maintain vision health and detect potential problems early. Employees enrolled in the EyeMed Vision Plan have access to hearing care discounts through Amplifon, the world’s largest distributor of hearing aids and services.

The plan offers the greatest coverage for providers in EyeMed’s Insight Network, with limited coverage for out-of-network providers, as outlined in the chart below.

YOUR OPTIONS:
- No Coverage
- Optional Vision & Hearing Plan

2019 BI-WEEKLY PRE-TAX PREMIUM COSTS
[26 PAYROLL DEDUCTIONS]
- Available in Workday

<table>
<thead>
<tr>
<th>VISION COVERAGE &amp; COSTS</th>
<th>EYEMED INSIGHT NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Eye Exam</strong></td>
<td>You pay $10 copay</td>
<td>You receive $35 reimbursement</td>
</tr>
<tr>
<td><strong>Frames</strong> (once every 12 mos.)</td>
<td>Plan pays up to $200, plus 20% of balance over $200</td>
<td>You receive $100 reimbursement</td>
</tr>
<tr>
<td><strong>Single Vision Lenses</strong> (once every 12 mos.)</td>
<td>You pay $25 copay</td>
<td>You receive $25 reimbursement</td>
</tr>
<tr>
<td><strong>Contacts</strong> (once every 12 mos.)</td>
<td>Plan pays up to $200, plus 15% of balance over $200</td>
<td>You receive $160 reimbursement</td>
</tr>
</tbody>
</table>

DIABETIC VISION CARE SERVICES
TYPE 1 AND TYPE 2 DIABETES

<table>
<thead>
<tr>
<th>PLAN FEATURE</th>
<th>MEMBER COST</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Service Visit</td>
<td>Covered 100%</td>
<td>$77</td>
</tr>
<tr>
<td>(Medical) Follow-up Exam</td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Covered 100%</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Extended Ophthalmoscopy</td>
<td>Covered 100%</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Gonioscopy</td>
<td>Covered 100%</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td></td>
</tr>
<tr>
<td>Scanning Laser</td>
<td>Covered 100%</td>
<td>$33</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td></td>
</tr>
</tbody>
</table>

Hearing Discounts
Your hearing discount through Amplifon includes:
- 40% off hearing exams at specified locations
- Discounted pricing on thousands of hearing aids
- Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase
- 3 year warranty plus loss and damage coverage

Call (844) 526-5432 to find a hearing care provider near you and to schedule a hearing exam.

ABOUT THE INSIGHT NETWORK
The Insight Network includes several retail chains such as LensCrafters and Pearle Vision, in addition to local private practitioners. To search for a participating provider, visit EyeMed.com and choose the Insight Network under “Find a Provider.”

Talk with ALEX to see if the optional Vision & Hearing Plan is right for you and your family. Available at myROchealth.com/benefits.

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1Refer to the Optional Vision Plan Highlights at myROchealth.com/benefits for a detailed listing of covered services and costs.
2Not covered if Retinal Imaging is provided within 6 months.
3Not covered if Extended Opthalmoscopy is provided within 6 months.
4Refer to the hearing discount highlights at myROchealth.com/benefits.
Flexible Spending Accounts (FSAs)

Rochester Regional Health offers Flexible Spending Accounts (FSAs) which give you the ability to pay your out-of-pocket expenses for healthcare and child care on a pre-tax basis. If you regularly pay out-of-pocket medical and/or child care expenses, a little planning can mean a lot of savings when you enroll in an FSA.

YOUR OPTIONS:
- No Participation
- Healthcare Flexible Spending Account¹
  - Contribute up to $2,650
- Child Care Flexible Spending Account
  - Contribute up to $5,000
  - Contribute up to $2,500, if you are married and filing taxes separately

Here’s How it Works:
Let’s say your annual income is $40,000 and you are in a 22% tax bracket. If you contribute $2,000 to the Healthcare FSA and $5,000 to the Child Care FSA, a total of $7,000 will be deducted from your annual income on a pre-tax basis (taken from your pay in 26 bi-weekly deductions throughout the year). This will lower your taxable income from $40,000 to $33,000. So instead of paying $8,800 in annual taxes ($40,000 x 22% taxes), you’ll only pay $7,260 ($33,000 x 22% taxes) – saving you $1,540 ($8,800 – $7,260).

<table>
<thead>
<tr>
<th></th>
<th>FSA PARTICIPATION</th>
<th>NO FSA PARTICIPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income (before taxes)</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>Pre-Tax Healthcare FSA Contribution</td>
<td>($2,000)</td>
<td>$0</td>
</tr>
<tr>
<td>Pre-Tax Child Care FSA Contribution</td>
<td>($5,000)</td>
<td>$0</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$33,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>Estimated Taxes (22%)</td>
<td>($7,260)</td>
<td>($8,800)</td>
</tr>
<tr>
<td>Annual Tax Savings</td>
<td>$1,540</td>
<td></td>
</tr>
</tbody>
</table>

The Healthcare FSA and Child Care FSA are separate benefit plans administered by Lifetime Benefit Solutions. **You may not use funds in your Healthcare FSA to pay for child care expenses and you may not use funds in your Child Care FSA to pay for healthcare expenses.**

¹Not available to those who enroll in the CDHP medical plan. See page 7 for details.

BIG SAVINGS WITH FSAs

Your contributions to an FSA are deducted from your paycheck before taxes are taken out. This means your taxable income is lowered by the amount you contribute to your FSA, and you do not have to pay federal, state, Social Security or Medicare (FICA) taxes on this money. By putting these dollars in an FSA, you save anywhere from 23 – 46% off your total FSA contributions (depending on your tax bracket).

**NOTE:** Lifetime Benefit Solutions (LBS) will not reimburse claims from your FSA plan for your spouse or dependent, unless the spouse or dependent is added to your profile on the LBS system. Please log in to your account at lifetimebenefitsolutions.com, click on “Profile” and add your dependents.
About the Healthcare FSA

The Healthcare FSA helps you save money on everyday out-of-pocket medical, prescription drug, dental, vision and some hearing expenses. Qualifying dependents for FSA purposes include spouses and children through the end of the year in which they turn age 26.

WHO CAN ENROLL?

- The Healthcare FSA is available to those who enroll in the Copay Plan for medical coverage, or those who elect no medical coverage (must be scheduled to work 20+ hours per week).
- Per IRS rules, if you are enrolled in an FSA, you cannot make contributions to an HSA. So, if you enroll in the Consumer-Driven Health Plan (CDHP) with the Health Savings Account (HSA) for 2019, you cannot also participate in the Healthcare FSA in 2019.

This restriction also applies to your spouse. If your spouse is covered on your CDHP, and you’ve enrolled in an HSA, your spouse cannot participate in his/her employer’s Healthcare FSA or Health Reimbursement Account (HRA).

NOTE: The Healthcare FSA does not have a rollover or grace period feature. You must incur eligible expenses by December 31 to receive reimbursement from the FSA. Eligible expenses must be submitted no later than April 30 to receive reimbursement.

TYPICAL ELIGIBLE EXPENSES:

- Out-of-pocket expenses for medical, dental and vision care not paid by insurance coverage (such as copays, deductibles, coinsurance)
- Medical devices such as glasses, contacts, hearing aids, orthopedic equipment, orthodontia equipment, dentures
- Alternative medical care, such as acupuncture and holistic treatment
- Smoking cessation programs
- Weight loss programs for those diagnosed as obese
- Prescription drug expenses
- Some over-the-counter items, such as bandages, contact lens solutions and first aid kits

For a full list of eligible Healthcare FSA expenses, visit myROCealth.com/benefits.

SAVE YOUR RECEIPTS

The IRS requires that all purchases made with an FSA debit card be validated. Fortunately, debit card technology automatically substantiates the vast majority of your transactions. For those that cannot be automatically substantiated, you will be sent a Request for Information Letter requesting a copy of your receipt or other necessary documentation.

Talk with ALEX to see if and how flexible spending accounts can save you money. Available at myROCealth.com/benefits.
About the Child Care FSA

The Child Care FSA is used for day care expenses you incur for your tax dependents while you – or, if married, you and your spouse – work outside the home or attend school full-time. It CANNOT be used for reimbursement of healthcare expenses for eligible dependents.

WHO CAN ENROLL?
The Child Care FSA is available to any eligible employee who works 20+ hours per week and would like to enroll. If you are enrolled in the CDHP medical coverage, you can also participate in the Child Care FSA (but not the Healthcare FSA).

TYPICAL ELIGIBLE EXPENSES:

- Care at a licensed nursery school, day camp or day care center
- Before- and after-school care or qualified summer day camps for children under age 13
- Your portion of FICA or other taxes you pay for a care provider
- In-home services related to the care of an elderly or disabled adult dependent
- Services from individuals who provide child care in or outside your home, excluding care provided by your spouse, your own children under age 19 or any other tax dependents
- Agency or association fees required to obtain the services of a dependent care provider

For a full list of eligible Child Care FSA expenses, visit myROChealth.com/benefits.

CHILD CARE FSA VS. FEDERAL DEPENDENT CARE TAX CREDIT

Under current tax law, qualified child care expenses you pay on an after-tax basis may qualify as a credit against your federal income tax return. Depending on your circumstances, the tax savings may be greater if you pay for child care on an after-tax basis and claim the expenses on your federal income taxes rather than use a Child Care FSA. For others, the tax savings will be greater under a Child Care FSA. You cannot use both tax-saving methods for the same expense; use of the Child Care FSA will reduce or eliminate your tax credit. To help determine which method is best for you, consult with a financial advisor or tax professional.

NOTE FOR HIGHLY COMPENSATED EMPLOYEES:
Due to IRS rules, the amount highly compensated employees can contribute to a Child Care FSA may be limited. You will be notified by Human Resources if your annual Child Care FSA election needs to be reduced as a result of IRS non-discrimination testing.
## Life Insurance

### Core Life Insurance

Employees regularly scheduled to work 20+ hours per week are automatically enrolled in Core Life Insurance in the amount of 1x annual salary (minimum of $25,000; maximum of $1,500,000) – at no cost and with no Evidence of Insurability (EOI) required. Benefits are paid out in the event of your death while employed by Rochester Regional Health. This insurance does not provide any cash value during your lifetime.

If your Core Life Insurance exceeds $50,000, the IRS premium cost of coverage above $50,000 must be reported as income, and therefore subject to Social Security and Medicare taxes. The line item on your paycheck labeled GTL (Group Term Life) shows the IRS defined taxable value.

### Optional Employee Life and Dependent Life Insurance

You can also purchase additional life insurance for yourself, your spouse/domestic partner and your children. You must be enrolled in Optional Employee Life in order to elect Dependent Life Insurance. Your rates for the coverage levels outlined below are provided in Workday.

### COVERAGE LEVELS AND INSURABILITY REQUIREMENTS

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>GUARANTEED ISSUE</th>
<th>YOU DIDN'T ENROLL WHEN FIRST ELIGIBLE</th>
<th>YOU ARE ENROLLED, BUT YOUR COVERAGE IS UNDER THE GUARANTEED ISSUE AMOUNT</th>
<th>YOU ARE ENROLLED AND YOUR COVERAGE IS AT OR OVER THE GUARANTEED ISSUE AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Employee Life</td>
<td>2x annual salary, not to exceed $1,500,000.</td>
<td>Can increase one level without EOI. For example, you can increase from no coverage to 1x annual salary of coverage.</td>
<td>Can increase one level without EOI as long as the new amount is not over the Guaranteed Issue amount.</td>
<td>Any increase requires EOI.</td>
</tr>
<tr>
<td>Optional Spouse/ Domestic Partner Life</td>
<td>$50,000</td>
<td>Can increase one level without EOI. For example, you can increase from no coverage to $25,000 of coverage.</td>
<td>Can increase one level without EOI as long as the new amount is not over the Guaranteed Issue amount.</td>
<td>Any increase requires EOI.</td>
</tr>
<tr>
<td>Optional Child Life</td>
<td>No EOI is required.</td>
<td>You may elect any amount. No EOI is required.</td>
<td>You may elect any amount. No EOI is required.</td>
<td>You may elect any amount. No EOI is required.</td>
</tr>
</tbody>
</table>

**NOTE:** Premiums will change if base salary changes during the year.

1Guaranteed Issue indicates the benefit is provided to you without Evidence of Insurability (EOI).

2Evidence of Insurability (EOI) refers to the underwriting process our insurance carrier, Lincoln Financial Group, uses to determine if you can be insured for the coverage you have requested, based on your current health status. If EOI is required, Lincoln Financial Group will contact you to complete a health questionnaire.

3You must be enrolled in Optional Employee Life in order to elect Dependent Life Insurance.

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**NOTE:** If you and your spouse/domestic partner are both enrolled in Rochester Regional Health benefit plans as employees, you may not purchase Dependent Life coverage on your spouse/domestic partner. Also, only one of you may elect Dependent Life coverage for your eligible children.
Accidental Death & Dismemberment (AD&D) Insurance

Core AD&D Insurance

Employees regularly scheduled to work 20+ hours per week are automatically enrolled in Core AD&D coverage in the amount of 1x annual salary (minimum of $25,000; maximum of $1,500,000) – at no cost. AD&D provides coverage for both work and non-work related accidents that result in death or dismemberment.

If you have an accident that results in death, the coverage amount is payable to your beneficiaries. If the accident results in your dismemberment, a pro-rated portion of the coverage amount is payable to you (refer to the Certificate of Coverage available on myROhealth.com/benefits for details).

Optional AD&D Insurance

You can also purchase additional AD&D insurance for yourself, your spouse/domestic partner and your children. Your rates for the coverage levels outlined below are provided in Workday.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Employee AD&amp;D</td>
<td>1x to 5x annual salary, up to $1,500,000</td>
</tr>
<tr>
<td></td>
<td>Total of Core and Optional AD&amp;D Insurance cannot exceed $3,000,000.</td>
</tr>
<tr>
<td>Optional Spouse/Domestic Partner AD&amp;D</td>
<td>$5,000 increments, up to 50% of Employee Optional AD&amp;D amount, not to exceed $125,000</td>
</tr>
<tr>
<td>Optional Child AD&amp;D</td>
<td>$2,000 increments, up to 50% of Employee Optional AD&amp;D amount, not to exceed $40,000</td>
</tr>
</tbody>
</table>

NOTE: If you and your spouse/domestic partner are both enrolled in Rochester Regional Health benefit plans as employees, you may not purchase Dependent AD&D coverage on your spouse/domestic partner. Also, only one of you may elect Dependent AD&D coverage for your eligible children.
Disability

Short-Term Disability
Short-Term Disability (STD) provides partial income protection if you are unable to work due to your own medical condition.

Employees regularly scheduled to work 20+ hours per week are automatically enrolled in STD benefits. The benefit provided is 60% of your base salary. You are eligible to receive STD benefits after six months of continuous employment.

HERE’S HOW STD BENEFITS WORK:
- If you qualify for STD, the first seven consecutive calendar days of your absence are unpaid. You may use accrued PTO or vacation time, if available, to be paid during this absence.
- The next 25 weeks of your approved STD leave are paid at 60% of your base salary. A qualified short-term disability is covered for up to 26 weeks.

If you do not meet the eligibility requirements for short-term disability coverage, you may be eligible for New York State mandated Statutory Disability benefits.

Long-Term Disability
Long-Term Disability (LTD) coverage enables you to continue to receive income when an extended disability prevents you from working. Rochester Regional Health offers Core and Optional LTD benefits for eligible employees as outlined below.

LTD ELIGIBILITY & COVERAGE

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>TYPE</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice Presidents and below regularly scheduled to work 30+ hours per week</td>
<td>Core LTD</td>
<td>40% of earnings up to $1,500 per month</td>
</tr>
<tr>
<td></td>
<td>Optional LTD</td>
<td>60% of earnings up to $10,000 per month</td>
</tr>
<tr>
<td>Physicians and Senior Executives regularly scheduled to work 20+ hours per week</td>
<td>Core LTD</td>
<td>50% of earnings up to $12,500 per month</td>
</tr>
<tr>
<td></td>
<td>Optional LTD</td>
<td>66.7% of earnings up to $20,000 per month</td>
</tr>
</tbody>
</table>

NOTE: Premiums will change if base salary changes during the year.

LTD benefits begin when STD benefits exhaust at 26 weeks. LTD benefits continue for as long as you are totally disabled, up to age 65. Benefits may be extended beyond age 65 for a disability that begins at or after age 60.

TAXATION FOR CORE LTD BENEFIT
The premiums that Rochester Regional Health pays for your core LTD benefit will be included as part of your income, and therefore subject to taxation. This means if you become disabled and collect the core LTD benefit in the future, you will not have to pay taxes on the core LTD benefits you receive.

EVIDENCE OF INSURABILITY (EOI)
If you do not elect Optional LTD when you are first eligible for this coverage, but choose to in the future, you will need to provide Evidence of Insurability (EOI).
Legal Services

Rochester Regional Health offers optional legal services benefits, called MetLaw®, administered by Hyatt Legal Plans. You may cover yourself, your spouse or domestic partner and your children up to age 26. MetLaw provides affordable legal representation for you, your spouse/domestic partner and dependents. MetLaw gives you unlimited access to a nationwide network of over 11,000 experienced attorneys, including several throughout Monroe and the surrounding counties.

With MetLaw, you receive unlimited legal advice, fully covered legal services and representation for a wide range of personal legal matters, such as those noted to the right.

NOTE: Pre-existing matters for which you’ve already hired an attorney before enrolling in MetLaw are not covered in order to protect attorney-client relationships. However, if you haven’t hired an attorney, pre-existing matters are covered and you can use the plan as much as necessary to support your needs.

2019 ENROLLMENT RATES
2019 enrollment rates for MetLaw® are available in Workday. For more information, visit myROhealth.com/benefits.

COURT APPEARANCES
Traffic ticket defense, personal property protection, administrative hearings, consumer protection matters

DOCUMENT REVIEW & PREP
Mortgages, elder law, review of personal legal documents, deeds

FAMILY LAW
Prenuptial agreements, adoption, guardianship

REAL ESTATE MATTERS
Home sale, purchase or refinance, zoning applications, boundary disputes, property tax assessments

DEBT COLLECTION DEFENSE
Identity theft defense, tax audits, creditor negotiation

WILLS
Preparation of living wills, powers of attorney, trusts
Care Management

As a Rochester Regional Health employee, you and your family members are eligible for comprehensive care management services, education and support available at no cost through the Greater Rochester Independent Practice Association (GRIPA). GRIPA is a group of more than 1,200 physicians within the Rochester Regional Health Network who are supported by a team of registered nurses, clinical pharmacists, certified diabetes educators and social workers.

The GRIPA team works closely together with patients such as you and your family members and their doctors to help lower costs, enhance quality of care and improve overall health by providing:

- Hands-on care coordination, consultations and education to help you manage chronic health conditions such as diabetes, asthma and high blood pressure
- Assistance with navigating the healthcare system, including finding in-network providers and estimating out-of-pocket costs for services and procedures
- Helpful hints and personal support to save money on prescriptions

Employees and their dependents who enroll in a Rochester Regional Health medical plan are automatically enrolled in the GRIPA Care Management program. Those not covered by a Rochester Regional Health medical plan can also participate by contacting GRIPA directly.

Personal health information is securely maintained by GRIPA and all communication between you, your provider and GRIPA are strictly confidential. Under no circumstances will any Rochester Regional Health employee ever have access to your personal health information.

As a participant in the program, you and your dependents may be contacted by a GRIPA Care Manager to discuss a health condition. You may also contact GRIPA directly for immediate health management support as outlined above.

GRIPA Care Management

(585) 922-1520
gripa.medical@rochesterregional.org
Rochester Regional Health is proud to offer a comprehensive Employee Assistance Program (EAP), called NexGen (previously called BalanceWorks®), at no charge to all employees. The NexGen EAP is available through Employee Network, Inc. (eni) and provides confidential assistance with everyday work and family issues, as well as more challenging personal concerns, 24-hours a day, 7-days a week. NexGen offers the same benefits as BalanceWorks, but is enhanced with health advocacy and wellness components. The program offers you and eligible family members:

- Confidential counseling services and referrals (includes 6 free counseling sessions per household member per year)
- Financial and legal consultation
- Child/elder care resources
- Wellness coaching
- Personal assistants to conduct research, coordinate events or plan tasks and projects
- Online access to work/life tools, articles, videos and interactive courses

NexGen EAP Web Portal

Your personalized web portal offers online access to all the NexGen EAP services such as professional interactive training courses, self-help tools, wellness requests, entertainment discounts and more!

Log on to nexgeneap.com today to check out these features:

- Expand your knowledge base by accessing a wide variety of virtual and interactive e-Learning resources.
- Explore hundreds of tools to use for personal and professional development including e-Learning courses (available in English and Spanish).
- Access Wellness resources and get assistance with anything from billing and claims issues to locating a primary care provider through the Health Advocacy portal.

All this available to you and your eligible family members!

Log in with your existing nexgeneap.com username and password, or click “Register” to create a username and password using Rochester Regional Health’s member #43842073 and Group #8982.

You are automatically enrolled in the NextGen EAP. No action required.

To learn more, visit nextgeneap.com using Member #43842073 and Group #8982.
Please call (800) 327-2255 for further assistance

BalanceBenefits Mobile App

BalanceBenefits is an easy to use app that seamlessly integrates eni’s personal assistant and counseling services, so you can have access anywhere you go! Visit the app store and search “BalanceBenefits” to download the app.

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1If you previously logged into the old site, mybalanceworks.com, your same user name and password will work on the new NexGen portal.
Wellness Center

The Riedman Campus Wellness Center is a state-of-the-art facility free to all Rochester Regional Health employees and volunteers. The Wellness Center is located at 100 Kings Highway South in Irondequoit. Membership includes use of cardio equipment, resistance training, group exercise classes, nutritional coaching, health coaching, personal training and more!

**HOURS OF OPERATION (SUBJECT TO CHANGE):**

**Winter Hours (Labor Day-Memorial Day):**
- Monday-Thursday – 5:30am-8:00pm
- Friday – 5:30am-6:00pm
- Saturday – 8:00am-1:00pm

**Summer Hours (Memorial Day-Labor Day):**
- Monday-Thursday – 5:30am-7:00pm
- Friday – 5:30am-6:00pm
- Saturday – 8:00am-1:00pm

**CONTACT:**
WellnessCenter@RochesterRegional.org
585-922-2348

Extra Benefits

In addition to the full range of health and well-being benefits provided, Rochester Regional Health is pleased to offer a comprehensive suite of discounts such as cellular phone discounts, discounted movie and Broadway Theatre tickets and much more! Navigate to myROHealth.com/employee-discounts for the full listing of the available perks and discounts.
## Compliance Notices

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<th>Page</th>
</tr>
</thead>
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<td>33</td>
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</tbody>
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### Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because you have other health insurance coverage, you may be able to enroll yourself or your dependents in this Plan in the future, provided that you request enrollment within 30 days after your other coverage ends. 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 in this Plan, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you request a change due to a special enrollment event within the applicable time frame, coverage will be effective as of the date of the event. To request special enrollment or obtain more information, contact the Benefits Department at HRBenefits@RochesterRegional.org or (585) 922-1100.

In addition, you may be able to enroll yourself and your dependents in medical coverage: (1) if your or your dependent’s coverage under a Medicaid plan or a State Children’s Health Insurance Program (“CHIP”) plan terminates due to loss of eligibility for such coverage; or (2) if you or your dependents become eligible for premium assistance with respect to the Company’s medical coverage under a Medicaid plan or a CHIP plan. However, you must request enrollment within 60 days after the date of termination of such coverage or the date you or your dependent is determined to be eligible for such assistance, whichever is applicable.
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 who received mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all of the following:

- All stages of reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits under the plan in which you enroll. For deductibles and coinsurance information, please refer to the plan descriptions. If you would like more information on WHCRA benefits, contact the Benefits Department at HRBenefits@RochesterRegional.org or (585) 922-1100.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the Plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Termination of Group Health Coverage

In the event that your employment with Rochester Regional Health ceases, your group health coverage will end at 11:59 p.m. on the last day of your employment. Your coverage may also be terminated immediately in the event that you fail to make timely required premium payments. Under some circumstances, however, your coverage may be extended under the provision of COBRA. See the “Continuing Healthcare Coverage – COBRA” section for details on COBRA.

Your coverage may also be rescinded retroactively in the event that you commit fraud against the Plan or make an intentional misrepresentation of material fact. You will be provided with 30 days’ advance notice prior to any rescission.

Continuing Healthcare Coverage – COBRA

COBRA (The Consolidated Omnibus Budget Reconciliation Act of 1985) provides the opportunity for employees to continue their group health coverage for themselves, their spouses and dependents upon the occurrence of certain qualifying life events. Dependents include any children born or adopted by you during your COBRA continuation period, provided you notify the Company of the birth or adoption. These qualifying life events include:

- Termination of employment of a covered employee for any reason other than for gross misconduct,
- Reduction in the number of hours a covered employee is employed,
- Medicare entitlement for a covered employee, and
- Commencement of a bankruptcy proceeding concerning an employer from whose employment the covered employee retired.

In addition, a qualifying life event occurs with respect to the covered employee’s spouse and dependents when coverage is lost because:

- The covered employee dies,
- A retiree or former employee whose group health plan coverage resulted wholly or partially from covered employment dies,
- A spouse obtains a divorce or separation from the covered employee, or
- A child of the covered employee ceases to fit the group health plan’s definition of an eligible dependent child.
If you or your qualified beneficiary experience one of these qualifying life events and it leads to a loss in group health coverage, you are entitled to continue that health coverage through the Company for a period ranging from 18 to 36 months. If you elect to continue coverage, you will be responsible for paying the full cost of the coverage plus an additional administrative fee of 2% of the monthly premium cost. If you are eligible for the 18-month COBRA coverage period and then become disabled (for Social Security Disability purposes) during the first 60 days of your COBRA coverage, you are entitled to extend your coverage for another 11 months, for a total of 29 months of COBRA coverage, if you provide the Company with a copy of your notice of determination of disability from the Social Security Administration within 60 days of the date on which you receive the notice and before the end of the 18 month continuation period.

A qualified beneficiary who has elected but not paid for continuation coverage can choose either to (1) pay the premium for continuation coverage or (2) pay the reasonable and customary charge for health plan services (but only if the qualified beneficiary will be reimbursed for that charge if he/she elects continuation coverage). Please note that the use of Group Health Plan services will be deemed an election of COBRA benefits. You or your qualified beneficiary will be given 60 days to decide if you would like to elect COBRA coverage. The 60-day time period begins on the date you or your qualified beneficiary would lose coverage due to a qualifying life event or the date you receive notification of the right to elect COBRA coverage, whichever is later. Failure to enroll within the 60-day period will result in denial of coverage.

According to the Health Insurance Portability and Accountability Act (HIPAA), effective July 1, 1997, if you or any of your dependents lose medical coverage through one of the Company’s plans, you will receive a certificate of lost coverage and become qualified for COBRA, when COBRA coverage ends, or any time upon request within 24 months after coverage ends. This certificate will state the plan you were enrolled in, your coverage starting date, ending date and level of coverage (e.g., employee only or family). You will then be able to use this certificate to reduce the length of time that you will be subject to any pre-existing condition exclusions when you enroll in a new medical plan elsewhere.

If you would like further information regarding procedures for obtaining COBRA coverage, please refer to the “Very Important Notice” you received at the time you became eligible for health coverage. If you need another copy of this notice, please contact Lifetime Benefit Solutions at 800-828-0078.

Reminder About HIPAA Privacy Notice

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) governs how Rochester Regional Health may use and disclose protected health information and the rights of individuals that are covered under health plans provided by Rochester Regional Health. This is a reminder about the availability of this Notice and how you can obtain a copy of the Notice. You can find a copy of Rochester Regional Health’s HIPAA Notice of Privacy Practices on the Rochester Regional Health Portal site. The Notice describes how the health plans may use and disclose protected health information and it also discusses important federal rights that you have with respect to medical, dental, vision and healthcare flexible spending account plans offered by Rochester Regional Health.

Change in Medicaid/CHIP Eligibility

**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.
If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility.

**ALABAMA – Medicaid**  
Website: http://myalhipp.com/  
Phone: 1-855-692-5447

**ALASKA – Medicaid**  
The AK Health Insurance Premium Payment Program  
Website: http://myakhipp.com/  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

**ARKANSAS – Medicaid**  
Website: http://myarhipp.com/  
Phone: 1-855-MyARHIPP [855-692-7447]

**COLORADO – Health First Colorado [Colorado’s Medicaid Program] & Child Health Plan Plus [CHP]+**  
Health First Colorado Website: https://www.healthfirstcolorado.com/  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  

**FLORIDA – Medicaid**  
Website: http://flmedicaidtplrecovery.com/hipp/  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**  
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment [HIPPP]  
Phone: 404-656-4507

**INDIANA – Medicaid**  
Healthy Indiana Plan for low-income adults 19-64  
Website: http://www.in.gov/fssa/hip/  
Phone: 1-877-438-6479  
All other Medicaid  
Website: http://www.indianamedicaid.com  
Phone: 1-800-403-0864

**IOWA – Medicaid**  
Website: http://dhs.iowa.gov/hawk-i  
Phone: 1-800-257-8563

**KANSAS – Medicaid**  
Website: http://www.kdheks.gov/hcf/  
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**  
Website: http://chfs.ky.gov/  
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**  
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331  
Phone: 1-888-695-2447

**MAINE – Medicaid**  
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html  
Phone: 1-800-442-6003  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**  
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/  
Phone: 1-800-862-4840

**MINNESOTA – Medicaid**  
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp  
Phone: 1-800-657-3739

**MISSOURI – Medicaid**  
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm  
Phone: 573-751-2005

**MONTANA – Medicaid**  
Website: http://dphhs.mt.gov/  
MontanaHealthcarePrograms/HIPP  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**  
Website: www.ACCESSNebraska.ne.gov  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178
To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
  Employee Benefits Security Administration
  www.dol.gov/agencies/ebsa
  1-866-444-EBSA (3272)

- U.S. Department of Health and Human Services
  Centers for Medicare & Medicaid Services
  www.cms.hhs.gov
  1-877-267-2323, Menu Option 4, Ext. 61565
Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) [PRA], no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.
PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What Is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer–sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rochester Regional Health</td>
<td>47-1234999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Kings Highway South</td>
<td>(585) 922-1100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rochester</td>
<td>New York</td>
<td>14617</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:HRBenefits@RochesterRegional.org">HRBenefits@RochesterRegional.org</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:

  - ☐ Some employees. Eligible employees are:

    Employees who are scheduled to work 20+ hours per week

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Spouse, Domestic Partner, Child(ren), Legal Guardian Child(ren), Domestic Partner's Child(ren), Disabled Adult Child(ren)

  - ☐ We do not offer coverage.

  ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

  ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here’s the employer information you’ll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.
13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- **Yes** (Continue)
  - 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy) (Continue)
- **No** (STOP and return this form to employee)

14. **Does the employer offer a health plan that meets the minimum value standard***?

- Yes (Go to question 15)
- No (STOP and return form to employee)

15. **For the lowest-cost plan that meets the minimum value standard*** offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

| a. How much would the employee have to pay in premiums for this plan? $ |
| b. How often? | Weekly | Every 2 weeks | Twice a month | Monthly | Quarterly | Yearly |

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. **What change will the employer make for the new plan year?**

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

| a. How much would the employee have to pay in premiums for this plan? $ |
| b. How often? | Weekly | Every 2 weeks | Twice a month | Monthly | Quarterly | Yearly |

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*An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)*
# Benefits Resources

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>RESOURCE</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rochester Regional Health Benefits Information</td>
<td>Human Resources Department/ Benefits Team</td>
<td>(585) 922-1100 <a href="mailto:HRBenefits@RochesterRegional.org">HRBenefits@RochesterRegional.org</a></td>
</tr>
<tr>
<td>401(k), 403(b), 457(b)</td>
<td>Fidelity Investments</td>
<td>(800) 343-0860 fidelity.com/atwork</td>
</tr>
<tr>
<td>Benefits Decision-Making Support</td>
<td>ALEX – Virtual Benefits Counselor</td>
<td>myROchealth.com/benefits</td>
</tr>
<tr>
<td>Care Management Support</td>
<td>GRIPA</td>
<td>(585) 922-1520 gripa.org</td>
</tr>
<tr>
<td>Dental Plans</td>
<td>Excellus BlueCross BlueShield</td>
<td>(800) 724-1675 excellusbcbs.com</td>
</tr>
<tr>
<td>Disability Benefits</td>
<td>Lincoln Financial Group</td>
<td>(888) 778-9217 mylincolnportal.com</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>eni</td>
<td>(800) EAP-CALL nextgeneap.com</td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSA)</td>
<td>Lifetime Benefit Solutions</td>
<td>(800) 327-7130 lifetimebenefitsolutions.com</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>HSA Bank</td>
<td>(800) 357-6246 hsabank.com</td>
</tr>
<tr>
<td>Legal Services Plan</td>
<td>Hyatt Legal Plan/ MetLaw</td>
<td>(800) 821-6400 info.legalplans.com</td>
</tr>
<tr>
<td>Medical Plans</td>
<td>Excellus BlueCross BlueShield</td>
<td>(877) 408-4960 excellusbcbs.com</td>
</tr>
<tr>
<td>MyCare</td>
<td>Manage your health with MyCare</td>
<td>(585) 922-1234 <a href="mailto:mycare@rochesterregional.org">mycare@rochesterregional.org</a></td>
</tr>
<tr>
<td>Optional Vision &amp; Hearing Plan</td>
<td>EyeMed (vision benefit)</td>
<td>(866) 800-5457 eyemed.com</td>
</tr>
<tr>
<td>Optional Vision &amp; Hearing Plan</td>
<td>Amplifon (hearing benefit)</td>
<td>(844) 526-5432 amplifonusa.com</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(hours are subject to change)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The General Apothecary</td>
<td>Monday – Friday, 8 am – 8 pm Saturday, 10 am – 4 pm Sunday, 10 am – 2 pm</td>
<td>(585) 922-3970 Rochester General Hospital Campus Medical Office Building 1415 Portland Ave, Suite 125, Rochester</td>
</tr>
<tr>
<td>Park Ridge Apothecary</td>
<td>Monday – Friday, 7 am – 7 pm Saturday, 7 am – 12 pm Sunday Closed</td>
<td>(585) 723-7340 Rochester Regional Health Unity Campus Professional Office Building 1561 Long Pond Road, Greece</td>
</tr>
<tr>
<td>Unity St. Mary’s Apothecary</td>
<td>Monday – Friday, 9 am – 5:30 pm Saturday and Sunday Closed</td>
<td>(585) 368-3928 Rochester Regional Health St. Mary’s Campus 89 Genesee Street, Rochester</td>
</tr>
<tr>
<td>RRH Perinton Pharmacy</td>
<td>Monday – Friday, 9 am – 5:30 pm Saturday and Sunday Closed</td>
<td>(585) 246-8340 77 Sully’s Trail, Pittsford</td>
</tr>
<tr>
<td>RRH Wilson Pharmacy</td>
<td>Monday – Friday, 9 am – 5:30 pm Saturday and Sunday Closed</td>
<td>(585) 338-4973 800 Carter Street, Rochester</td>
</tr>
<tr>
<td>Wayne-Clifton Pharmacy</td>
<td>Monday – Friday, 9 am – 5:30 pm</td>
<td>(315) 462-6181 Clifton Springs Hospital &amp; Clinic 8 Coulter Road, Clifton Springs</td>
</tr>
<tr>
<td>Express Scripts® Mail Order</td>
<td></td>
<td>(855) 315-5220 Express-Scripts.com</td>
</tr>
<tr>
<td>Wegmans Home Delivery</td>
<td></td>
<td>(800) 586-6910 wegmans.com/pharmacy</td>
</tr>
<tr>
<td>Rochester Regional Health Cost Estimate</td>
<td>Help to estimate the cost of a procedure</td>
<td>(585) 922-COST</td>
</tr>
<tr>
<td>Rochester Regional Health Link Line</td>
<td>Help to find a Rochester Regional Health Provider</td>
<td>(585) 922-LINK</td>
</tr>
</tbody>
</table>

1Wayne-Clifton Pharmacy eligible for Clifton Springs employees only.

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36 Benefits Decision Guide 2019
For Online Access to Benefits Resources

Type https://www.myR0Chealth.com into your web browser (Chrome, Firefox, Internet Explorer, etc.), scroll down and click on “Employee Benefits”, then access “Benefits Resources” tiles.
This enrollment guide describes certain benefit plans as they apply to eligible Rochester Regional Health employees. Complete details about the plans are in the legal plan documents. You may receive a copy of the plan documents by contacting the Benefits Department or the Plan Administrator. The Plan Administrator may request payment of a reasonable charge for the copy. If there is any discrepancy between the information contained in this guide and the provisions of the legal plan documents, the plan documents govern. Rochester Regional Health reserves the right to terminate, suspend, withdraw, amend or modify any of the plans at any time for any reason.