Focus on the Benefits at UMC

umchealthsystem.com
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**OUR MISSION**

“The mission of UMC Health System consists of three equal and distinct, but interrelated elements. These elements are the provision of high quality health care services, the clinical and financial support of graduate medical education, and the maintenance of a strong financial base for the Medical Center through prudent and conservative business practices.”

**OUR VISION**

“To serve our patients in the best teaching hospital in the country”

This benefit handbook is not a contract of employment. Nothing contained in this benefit handbook or in any other statement of company policy should be taken as constituting an express or implied promise of continuing employment, or a modification of ones employment-at-will status.

In order to retain necessary flexibility in the administration of policies and procedures, the company reserves the right to change, revise or delete the plans, policies, and benefits described in this benefit handbook at any time the company determines such a change is necessary. Changes are at the sole discretion of administration.
**EMPLOYEE BENEFITS**

It is UMC’s desire to provide a quality benefit package for it’s eligible employees.

It is also our intent that each eligible employee be aware of, and take full advantage of, the benefits available. This section of your handbook contains some information about each employee benefit. Most of the benefits require some type of employee action in order to set them in place. So review this section periodically and watch for modifications to the benefits and take the necessary steps to make sure you are receiving the maximum of your employee benefits.

### EMPLOYEE BENEFITS SUMMARY

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHO PAYS</th>
<th>WHAT YOU RECEIVE</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>EMPLOYEE</td>
<td>UMC</td>
</tr>
<tr>
<td>Paid Time Off</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Extended Illness</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Funeral Leave</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Jury Leave</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Flexible Benefit Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Health Care Spending Account</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dependent Care Spending Account</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Tax Sheltered Retirement Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Employee Health Services</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Credit Union</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Supplemental Benefit options</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
PAID TIME OFF (Refer to SPP #HR-30)

To establish a positive and equitable plan in which to allocate paid time off for personal reasons including vacation, holidays, brief personal illness, etc.

ELIGIBILITY
All regular full-time and part-time employees, who work more than twenty hours a week, are eligible for this benefit.

POLICY
1. PTO earned during the current pay period will not be available until the following pay period.

2. PTO earned during the initial employment period (first ninety days) will be available for utilization beginning on the ninety-first day of employment. Employee can use PTO during the first 90 days of employment, if their department is closed for a holiday.

3. PTO must be scheduled and approved in advance with the responsible department director according to applicable policy. Failure to notify the director adequately in advance to allow staffing adjustments may result in forfeiture of PTO and/or disciplinary action.

4. PTO and EI will continue to be earned while an employee is absent from employment and receiving a payroll check.

5. All earned PTO is paid upon termination at the employees base rate provided the employee has completed at least one year of continuous service in a benefit eligible status and provides the appropriate working notice. EI will not be paid upon termination.

6. If an employee changes status from benefitted to non-benefitted, PTO will only be paid if the employee has completed one year of continuous service in the benefitted status. EI will not be paid.

7. Depending on the years of service listed below, the following hours will be charged to the employee’s PTO account for an illness provided that the employee notifies his/her supervisor in advance of the work shift according to the hospital policy. This chart is based upon full-time status. A part time benefitted employee would use half the amount of hours listed below.

<table>
<thead>
<tr>
<th>YEARS OF SERVICE</th>
<th>HOURS CHARGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–2</td>
<td>24 hours of PTO, then EI</td>
</tr>
<tr>
<td>3–14</td>
<td>16 hours of PTO, then EI</td>
</tr>
<tr>
<td>15 +</td>
<td>8 hours of PTO, then EI</td>
</tr>
</tbody>
</table>

After the hours of PTO listed above have been utilized, the next consecutive day of personal illness time will be charged to the employee’s EXTENDED ILLNESS BANK. If an employee is admitted to the hospital, EI time can be used immediately.

In lieu of an absence being charged to PTO, the employee will be able to elect a non-paid day. This request must be provided to the employee’s supervisor in writing within the specific pay period. Supervisor must approve request.

7. Employees who work in departments or areas which are closed on official hospital holidays will take those days as PTO days, if accruals permit or as unpaid leave. Official hospital holidays are: New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day. Skeletal staffing may be scheduled at the discretion of the department director on the holidays of Memorial Day, July 4th, and Labor Day. Staffing on these holidays is scheduled as deemed necessary for the convenience of the hospital and/or department. Holiday bonus pay will not be paid to employees in departments that are not routinely open seven days a week.

8. Full-time employees accrue PTO as listed below.

* Maximum account hours may be 240 hours if employee’s hire date is on or before 2/14/87.
9. Part-time benefited employees accrue PTO as listed below:

<table>
<thead>
<tr>
<th>TENURE</th>
<th>ACCRUAL PER PAY PERIOD HOURS/DAYS</th>
<th>MAX ACCRUAL HOURS/DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 YEARS</td>
<td>3.23 HRS = 10.5 DAYS = 84 HRS</td>
<td>100 HRS = 12.5 DAYS</td>
</tr>
<tr>
<td>5-9 YEARS</td>
<td>4.16 HRS = 13.5 DAYS = 108 HRS</td>
<td>128 HRS = 16 DAYS</td>
</tr>
<tr>
<td>10-14 YEARS</td>
<td>4.46 HRS = 14.5 DAYS = 116 HRS</td>
<td>148 HRS = 18.5 DAYS</td>
</tr>
<tr>
<td>15-19 YEARS</td>
<td>4.62 HRS = 15 DAYS = 120 HRS</td>
<td>168 HRS = 21 DAYS</td>
</tr>
<tr>
<td>20+ YEARS</td>
<td>4.77 HRS = 15.5 DAYS = 124 HRS</td>
<td>188 HRS = 23.5 DAYS</td>
</tr>
</tbody>
</table>

* Maximum account hours may be 120 hours if employee's hire date is on or before 2/14/87

10. Employees must take off work a MINIMUM OF 80 HOURS (10 DAYS) of PTO each anniversary year specific to each employee. To provide a greater flexibility, an eligible employee may SELL BACK at their current rate of pay those PTO hours that have accumulated and are in EXCESS of 80 hours.

This SELL BACK provision will only be done two times each year, the first pay period in June and the first pay period in December.

11. PTO must be scheduled and approved in advance. A three-month notice from the employee will be required for three (3) weeks or more of PTO at any one occurrence. The three-month notice will be waived for emergency situations.

12. PTO is exclusive of Jury Leave and Funeral Leave.

13. Upon the depletion of the EI BANK, the employee may request PTO as outlined in item number 3.

14. PTO will be paid as a benefit in direct proportion to the full-time equivalent of the employee at the time the employee becomes eligible for PTO.

15. Managerial (MPTO) Program Guidelines: The following Managerial (MPTO) Program guidelines apply to employees who are classified as a Department Director, Nurse Manager, or Administrative Staff.

Each year, all eligible employees who have chosen to participate in the MPTO Program will be credited the total annual allowable paid time off hours, by the end of the second payroll period in January. The total annual allowable hours are based on the employee’s years of service and in accordance with the Managerial Paid Time Off Accrual Chart (see chart).
**EXTENDED ILLNESS** (Refer to SPP #HR-30)

**PURPOSE**
To provide income protection for employees who experience extended PERSONAL ILLNESS.

**ELIGIBILITY**
All regular full-time and part-time employees, who are in a budgeted .5 or above position, are eligible for this benefit.

**POLICY**
1. When an employee has missed FOUR (4) CONSECUTIVE DAYS of work, a physician’s statement must be provided to the employee’s supervisor immediately upon their return to work.

   If a close-ended physician’s statement is not available initially, periodic updated statements will be required thereafter bi-weekly.

   After six weeks of EI time, a physician’s statement will be required for the employees continued leave.

2. EXTENDED ILLNESS time benefits are paid only for times when the employee is normally scheduled to work.

3. If an employee is on EXTENDED ILLNESS time and a holiday falls within that EI, the employee will not be paid for the holiday from EI. The holiday may be paid from PTO at the discretion of the employee.

4. EXTENDED ILLNESS will be paid as a benefit in direct proportion to the full-time equivalent of the employee at the time the employee becomes eligible for EI.

5. When an employee has reached the maximum accrual in the EI BANK, no additional time will accrue.

6. Upon termination, whether voluntary or involuntary, EXTENDED ILLNESS will not be paid to the employee.

7. Maternity Leave is treated as any other illness.

8. Employees may use up to 7 days of their EI hours to allow them time off to take care of their children (up to 18 years of age) when their children are admitted to the hospital.

9. PATERNITY LEAVE - Up to 7 days extended illness (max of 56 EI hours) can be used for paternity leave to care for a newborn or newly adopted child. PTO may be requested upon supervisor approval after 7 days of Extended illness is utilized.

### 10. Full-Time Employees accrue EI as listed below

<table>
<thead>
<tr>
<th>TENURE</th>
<th>ACCRUAL PER PAY PERIOD</th>
<th>MAX ACCOUNT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1–12 Months</td>
<td>1.23 = 4 days = 32 hours</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13–60 Months</td>
<td>1.84 = 6 days = 48 hours</td>
<td>192/240*</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>61–120 Months</td>
<td>2.46 = 8 days = 64 hours</td>
<td>352</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>121–180 Months</td>
<td>3.06 = 10 days = 80 hours</td>
<td>480</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>181–240 Months</td>
<td>4.00 = 13 days = 104 hours</td>
<td>720</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>241 + Months</td>
<td>4.61 = 15 days = 120 hours</td>
<td>1016</td>
<td>127</td>
<td></td>
</tr>
</tbody>
</table>

* Maximum account hours may be 240 hours if employee’s hire date is on or before 2/14/87

### 11. Part-Time Employees accrue EI as listed below

<table>
<thead>
<tr>
<th>TENURE</th>
<th>ACCRUAL PER PAY PERIOD</th>
<th>MAX ACCOUNT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1–12 Months</td>
<td>0.61 = 2 days = 16.0 hours</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13–60 Months</td>
<td>0.92 = 3 days = 24 hours</td>
<td>96/120*</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>61–120 Months</td>
<td>1.23 = 4 days = 32 hours</td>
<td>176</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>121–180 Months</td>
<td>1.53 = 5 days = 40 hours</td>
<td>240</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>181–240 Months</td>
<td>2.00 = 6.5 days = 52 hours</td>
<td>360</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>241 + Months</td>
<td>2.30 = 7.5 days = 60 hours</td>
<td>508</td>
<td>63.5</td>
<td></td>
</tr>
</tbody>
</table>

* Maximum account hours may be 240 hours if employee’s hire date is on or before 2/14/87
PTO AND EI

1. If an employee experiences five (5) or more separate illnesses during any 12 month consecutive period, they will be asked to obtain a physical examination at the employee's own expense. In more severe absence cases, the employee may be placed on probation with possible termination.

2. Hospital reserves the right to interpret provisions of plans and to change, terminate, or revoke plans at any time without prior notice.

ADMINISTRATIVE LEAVE

Leaves to attend seminars, workshops, or other official business may be granted upon approval of the supervisor and authorized by hospital administration. When administrative leave is approved, the time will not be deducted from the employee's personal leave time. The employee's time record should reflect the number of hours of administrative leave taken.

FUNERAL LEAVE (Refer to SPP #HR-13)

When a death occurs in the immediate family of a full-time or regular part-time employee (20 hours per week), the employee shall be granted time off with pay for a reasonable amount of time, not to exceed (3) three consecutive calendar days. An employee’s “immediate family” is interpreted as spouse, parent, step-parent, parent-in-law, son, daughter, step-child, sister, brother, grandparent or grandchild or in cases where the employee is the only living relative of the deceased. UMC will compensate the employee at their regular base rate of pay. Part-time employees will be compensated only for those hours for which they were scheduled.

JURY DUTY (Refer to SPP #HR-19)

Full-time and regular part-time employees (20 hours per week) will be paid for scheduled workdays absent due to jury duty. Employees must notify their supervisor of a jury summons. A copy of the summons must be attached to the time record for appropriate compensation for jury service time.

LEAVE OF ABSENCE (Refer to SPP #HR-21)

The hospital complies with the FAMILY AND MEDICAL LEAVE ACT. To be eligible for the family medical leave, an employee must:
- Have worked for UMC for at least 12 months
- Have worked at least 1,250 hours over the prior 12 months

The hospital will provide eligible employees with 12 weeks of job-protected leave upon request because of:
- The birth of a child
- The adoption of a child or placement of a child for foster care
- Caring for a seriously ill spouse, child, or parent
- A serious condition that disables the employee

The employee is required to substitute paid leave for all or part of the family medical leave. Employees must make regular premium payments if not receiving a paycheck. Contact UMC Human Resources for assistance.

In addition, all regular full-time employees who have completed one year of continuous service, but do not qualify for FAMILY MEDICAL LEAVE, may be, at the sole discretion of UMC, granted a voluntary unpaid leave of absence for justifiable reasons. During this time, the employee is carried on the hospital employee roster without pay.

Normally, a leave of absence is limited to thirty days in length. However, under certain circumstances, an extension may be granted to the employee. The maximum length of time for any one extension is thirty days. If an employee is still unable to return to work, he or she must request another extension.

In order to protect rights to reinstatement or re-employment, an employee must report to the Department Director on the date specified for return to work. Failure to do so is considered to be voluntary separation without notice as of the last day worked.

Family Leave Due to a Call to Active Duty (Refer to SPP #HR-25)

This benefit provides 12 weeks of FMLA leave due to a spouse, son, daughter or parent being on active duty or having been notified or an impending call or order to active duty in the Armed Forces. Leave may be used for any “qualifying exigency” arising out of the service member’s current tour of active duty or contingency operation.

Caregiver Leave for an Injured Service Member

This benefit provides 26 weeks of FMLA leave during a single 12-month period for a spouse, son, daughter, parent, or nearest blood relative caring for a recovering service member. A recovering service member is defined as member of the Armed Forces who suffered an injury or illness while on active-duty that may render the person unable to perform the duties of the member’s office, grade, rank or rating.
RESERVE OR NATIONAL GUARD TRAINING (Refer to SPP #HR-25)

Employees who are employed by UMC Health System shall be entitled to a leave of absence without pay when required to report to the Armed Forces for temporary active duty such as Reserve Training or National Guard Encampment. Earned PTO may be used for the absence if requested.

MILITARY ENLISTMENT (Refer to SPP #HR-25)

A full-time employee who enlists in the military service is entitled to an extended leave of absence and re-employment as outlined in the UNIFORMED SERVICES EMPLOYMENT and REEMPLOYMENT RIGHTS ACT (USERRA) and UMC Policy SPP # HR-25. The employee requesting reinstatement will be reemployed in the position he/she would have held if they had never entered the military services and will receive the same rate of pay, seniority date and benefits that he would have if they had never entered the military. If, due to military based disability, the employee can no longer perform duties of his/her former position, UMC will try to reinstate the employee to another position of similar seniority status and compensation that meets the employee’s qualifications, skills, and physical capabilities.

HEALTH INSURANCE

UMC maintains its own self-funded health benefit program. The plan is designed to meet your family’s health care needs by providing access to a comprehensive network of Hospitals, Primary Care Physicians and Specialty Care Physicians while keeping your cost for the coverage affordable.

Enrollment is open to all regular full-time and regular part-time employees and their dependents as defined in the plan description. Strict attention must be paid to enrollment deadlines as the eligibility status of the employee and/or their dependent changes throughout ones employment.

CONSIDER THE FOLLOWING:

Any enrollment decision must be communicated to the UMC Human Resources office within 31 days of the event that creates an enrollment opportunity or requires an enrollment decision (a qualifying event). Otherwise, enrollment decisions can only be made during the annual re-enrollment period.

Enrollment decisions must be made within 31 days following any of these qualifying events:

- Initial employment as a regular full-time or regular part-time employee
- A change in employee classification from non-benefited to benefited status
- A change in marital status
- A family addition by birth, adoption, or other legal means which establishes a dependent situation
- Loss or gain of coverage
- The death of a dependent
- When a dependent ceases to be a dependent in accordance with the UMC Health Plan or the I.R.S.

If the employee delays for more than 31 days in notifying the Human Resources office, they will not be permitted to modify their coverage until the next annual re-enrollment period.

An employee has 60 days to update their benefits only if the following occurs: Termination /Enrollment of Medicaid or CHIP coverage.

PRIMARY CARE PHYSICIAN

The Primary Care Physicians (PCPs) are listed in the TEAMCHOICE directory. Primary Care Physicians are Family Practitioners, Internists, or Pediatricians. The PCP you choose will manage and coordinate all your health care needs, including laboratory, x-ray services, and hospitalization. Your PCP can supply most of your health care needs. If specialty care is required, your Primary Care Physician can assist you by referring you to a Specialty Care Physician. However, you may make appointments with Specialty Care Physicians directly, and it is not necessary to have a referral from your Primary Care Physician. You or a family member should call your PCP before receiving treatment or within 24 hours of emergency care, or as soon as possible.

IDENTIFICATION CARD(S)

UMC Health Plan Operations will mail ID cards to the employee’s home. Please carry your ID card with you at all times and present it each time you receive care.

MEMBER HANDBOOK

A health plan document is available in the UMC Human Resources office. Your health plan document has important information about how your plan works.

A TEAMCHOICE provider directory is also available in the UMC Human Resources office.

If you have any questions regarding your UMC Health Plan coverage, please call UMC Health Plan Operations customer service at (806) 775-8793. They will be happy to assist you.
APPEALS PROCESS FOR UMC HEALTH PLAN

A covered person, or the covered person’s designated representative, may address inquiries to a customer service representative at UMC Health Plan by telephone, mail, or in person. A customer service representative can be reached at (806) 775-8793. The Claims Administrator’s mailing address for the following claims/formulary appeals is:

UMC Health Plan Operations
4601 W. Loop 289
Lubbock, TX 79414

If your appeal relates to a continuity of care issue with an out of network provider, it is imperative that the covered person send any letters of justification/explanation by themselves and/or their physician(s) to UMC Health Plan to allow the Medical Review Committee to better evaluate the situation. Please send this documentation to:

UMC Health Plan Operations
4601 W. Loop 289
Lubbock, TX 79414

If your appeal is because of a disagreement with the way the initial claim was handled, it is suggested that the covered person submit a written letter of appeal along with any applicable letter from their physician(s) to help justify the appeal.

If your appeal is to evaluate a particular medical situation and to request a response from the Medical Review Committee, you will need to submit a written letter along with any physician letters justifying the appeal.

The plan administrator shall complete the appeals process no later than the 30th calendar day after the date of the receipt of the request for appeal and shall send a response to the covered person.

If you have any questions, please contact the UMC Human Resources office at (806) 775-9222.
**FLEXIBLE BENEFIT PLAN**

The Flexible Benefit Plan allows you to choose to pay some of the insurance premiums with pre-tax dollars. The following is a comparison of the tax savings by utilizing the Flexible Benefit Plan:

Based on the following factors:
- Employee hourly rate: $9.00
- Insurance premium: $65 per pay period
- Full-time
- Withholding: Married/1 exemption

<table>
<thead>
<tr>
<th>PER PAY PERIOD</th>
<th>WITH PREMIUM CONVERSION</th>
<th>W/O PREMIUM CONVERSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Pay</td>
<td>$720</td>
<td>$720</td>
</tr>
<tr>
<td>Insurance Premium</td>
<td>65</td>
<td>0</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$655</td>
<td>$720</td>
</tr>
<tr>
<td>Federal Tax</td>
<td>49</td>
<td>60</td>
</tr>
<tr>
<td>FICA</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>After Tax Income</td>
<td>$556</td>
<td>$605</td>
</tr>
<tr>
<td>Insurance Premium</td>
<td>0</td>
<td>65</td>
</tr>
<tr>
<td>Take Home Pay</td>
<td>$556</td>
<td>$540</td>
</tr>
<tr>
<td>Tax Savings</td>
<td>$16 per pay period</td>
<td>$416 per year</td>
</tr>
</tbody>
</table>

As you can see from this example, this employee would save $16 per pay period ($416 per year) just by using the Flexible Benefit Plan to pay premiums.

Once you choose to enroll in the Flexible Benefit Plan, your election will remain in effect during the Plan Year and you may not change your election or discontinue the payment of premiums until the open enrollment period unless you have a qualifying event as stated on page 8.

The application for the Flexible Benefit Plan and further information may be obtained in the Human Resources office.

**HEALTH CARE SPENDING ACCOUNT (HCSA)**

A health care spending account (HCSA) allows you to set aside tax-free money to cover eligible health care expenses you incur for you and your eligible dependents during the plan year. To be considered a “dependent”, the person must meet the definition of dependent as used by the Internal Revenue Service.

With the HCSA, you can set aside money to cover eligible health care expenses on a tax-free basis. This way, you save money because you never have to pay taxes on the money you set aside in the account.

Eligible health care (medical) expenses are expenses that are “medically necessary”. This means the expenses must be for the diagnosis, treatment or prevention of disease and for treatment affecting any part or function of the body. The expense must be to alleviate or prevent a physical defect or illness. In addition, to qualify as a reimbursable health care expense the medical, dental, vision or hearing expenses must:

- Be incurred (received) during your eligible period of coverage
- Not be reimbursable from your health insurance

*Employees MUST re-enroll each year for the HCSA benefit during Open Enrollment.*

**DEPENDENT (DAY) CARE SPENDING ACCOUNT**

The Dependent (Day) Care Spending Account is designed to provide a tax saving way to pay for these expenses. This account works like the health care spending account. The expenses must be necessary for you to continue working. If married, you and your spouse must both work, or your spouse must be a full-time student or disabled.

To be considered a “dependent”, the person receiving care must be eligible to be claimed as your dependent on your federal income tax return and be either:

- Under age 13
- Your spouse or other dependent who is physically or mentally incapable of self-support
- Spending at least 8 hour per day in your home
With a DCSA you can set aside money to cover these expenses on a tax-free basis. This way you save money because you never have to pay taxes on the money you set aside in the account.

**Employees MUST re-enroll each year for the DCSA benefit during open enrollment.**

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**DENTAL INSURANCE**

Dental insurance is included with the UMC Health Plan. The UMC Dental Plan allows employees to go to the dentist and have the first $150 paid by the UMC Health Plan. Some dentists will be able to bill UMC for this amount and you do not have to pay out of your pocket. Please check with your dentist office to make sure they can bill. If not, UMC Health Plan will reimburse you the first $150.00 at 100%, according to the allowable charges and allowable benefits. It may take you more than one visit before you receive the first $150.00 and receive the full amount. After the first $150.00, review the benefit plan for the reimbursement structure, or refer to the chart below.

Reimbursement guidelines will be followed by these brackets.

<table>
<thead>
<tr>
<th>Expense Amount</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the 1st $150.00</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>The next $151-$500</td>
<td>80% reimbursement</td>
</tr>
<tr>
<td>The next $501-$1,500</td>
<td>50% reimbursement</td>
</tr>
</tbody>
</table>

MAXIMUM of $1,500 reimbursement per individual covered.

**COVERED/NON-COVERED EXPENSES**

All procedures (except the seven procedures listed below) performed by or under the direction of a dentist licensed by the state in which the provider practices are covered.

1. Dental prescriptions for medication
2. Orthodontia
3. Treatment of temporomandibular joint dysfunction (TMJ)
4. Cosmetic dentistry
5. Expenses incurred before insurance begins or after it ends
6. Occupational injury
7. To replace a bridge or denture which is lost or stolen

**HOW DO I FILE A CLAIM?**

A dental expense reimbursement form must be completed for each claim and signed by the dentist. Forms may be obtained in the UMC Human Resources Department.

Claims must be filed within 90 days of the date of payment.

Please send Dental reimbursement forms and receipts to:

**UMC Health Plan Operations**
4601 W. Loop 289
Lubbock, TX 79414
Or fax to (806) 761-0897

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**VISION COVERAGE**

Superior Vision Care Program is offered to all regular full-time and regular part-time employees and their dependents. Employees may sign up for this program during their initial thirty-one days of employment or a qualifying event, and during Open Enrollment. The program provides access to their provider network of private practice optometrists and ophthalmologists, as well as retail optical providers. Through their provider network, you will receive a complete examination, as well as spectacle lenses and frames, or contact lenses. Please contact the Human Resources office for a detailed description of the program, premiums, and co-pays.

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**COBRA (Continuation of Health and Dental Coverage)**

Employees and their spouses or dependent children covered by the UMC Health Plan shall have the right to elect to continue coverage under the plan should coverage cease for any of the following qualifying events:

1. Death of covered employee
2. Voluntary or involuntary separation of covered employee EXCEPT for gross misconduct, or a reduction in the number of employees hours of employment
3. Covered employee’s divorce or legal separation
4. Eligibility of the covered employee for Medicare
5. A covered dependent child ceases to be an eligible dependent under the UMC Health Plan
6. Covered employee becomes disabled

COBRA information is available by calling UMC Health Plan Operations at (806) 775-8793.

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**SOCIAL SECURITY**

All UMC Health System employees are eligible for benefits to be derived from Social Security. The employee’s portion of this tax is deducted from the employees pay as required by law. UMC pays the additional required tax amount.
**LIFE INSURANCE**

**BASIC LIFE AND AD&D INSURANCE**
If you are a full-time or part-time employee working at least 20 hours per week, UMC provides you with Basic Life and Accidental Death insurance coverage when your TEAMCHOICE insurance becomes effective. The coverage consists of one times (1x) your annual base salary.

Maximum coverage is $50,000 and minimum coverage is $10,000. All coverage is guaranteed issue (no medical questions).

**BASIC EMPLOYEE LIFE PLAN SUPPLEMENTAL LIFE BENEFIT**
(You pay full cost)

**ELIGIBILITY**
If you are a full-time or part-time employee working at least 20 hours per week, having worked at least 90 consecutive days, you are eligible to purchase Supplemental Life Insurance. The Basic Employee Life Plan — Supplemental Insurance Benefit is voluntary and contributions are paid by the employee.

**BENEFIT**
Under the Basic Employee Life Plan, Supplemental Life Insurance coverage is available for purchase in the amount of: $10,000 up to a maximum of $1,000,000 (not to exceed five times (5x) salary) in increments of $10,000.

*Basic Employee Life Plan — Supplemental Life Insurance is subject to medical underwriting approval if purchased outside a guaranteed issue period.*

**LIVING BENEFIT OPTION**
The living benefit feature lets you receive some portion of your life insurance if you are terminally ill. You may receive up to 50% of your basic and supplemental insurance, not to exceed $750,000.

**WAIVER OF PREMIUM**
If you become totally disabled while you are insured and you continue to be disabled through the waiting period, the carrier will waive the premiums for the policy from the start of the total disability. More detailed information is available in the summary plan description.

**WHAT IS CONVERSION?**
Conversion is a benefit that provides the opportunity for employees to obtain individual life insurance without evidence of insurability if their total life coverage or any portion of it ends for any reason. The Conversion policy is an individual whole life insurance policy with cash value and is offered at individual insurance rates.

**SUPPLEMENTAL LIFE INSURANCE PROVIDERS:**
- **Insurance Point**
  1-800-583-1571
- **Texas Life Insurance**
  Ms. Irasema Velasquez
  806.792.9574
  1-800-283-9233
LONG TERM DISABILITY INSURANCE

UMC Health System offers an enhanced long-term income replacement program.

The employer paid plan is available to all regular full-time and regular part-time employees with at least 2 years of continuous service in a benefit eligible status. Enrollment is automatic.

The employer paid plan is based on 60% of the eligible employee’s base monthly income.

For further details, please contact the UMC Human Resources office at (806) 775-9222.

AFLAC

UMC benefited employees can enroll in AFLAC benefits by contacting the local agent, Shirlee Heard at (806) 748-3880.

Pre-tax AFLAC benefits can only be purchased during an employee’s first 31 days of employment or during open enrollment in November. After-tax AFLAC benefits can be purchased year round. Please call Shirlee Heard for details.

THE UMC WELLNESS PROGRAM

The UMC Wellness Program offering participants benefits for their active participation in healthy activities. The people at UMC represent UMC’s greatest strength and asset. Therefore, UMC is highly committed to the health of each member of the team. The focus of the UMC Wellness Program is to provide opportunities to improve the health and life of each member of the team while proactively detecting and reducing disease risk factors.

For their active participation full and part-time benefited employees earn rewards to recognize, reward and encourage effort and active participation. The program also includes annual health screens, education and access to the UMC Wellness Program’s website.

ELIGIBILITY AND COST

To participate in the UMC Wellness Program, participants must enroll during one of the quarterly enrollment sessions. Participants must be in a full or part-time benefits status and must have successfully completed their 90 day probationary period. There is no cost to participate in the program.

See the website for more information www.healthumc.com

TAX SHELTERED ANNUITY RETIREMENT PROGRAM FOR UNIVERSITY MEDICAL CENTER HEALTH SYSTEM EMPLOYEES (Refer to SPP #HR 40.1)

If you are interested in saving money and planning for retirement...

The Tax Sheltered Annuity retirement program (TSA) should be of interest to you. TSA is a unique investment savings plan available to UMC employees.

UMC offers two TSA programs — a 403b plan and a 457 plan.

They both meet internal revenue codes.
WHAT DO I LOOK FOR WHEN CHOOSING AN INVESTMENT PRODUCT?
In choosing an investment product, look for several items:
1. Past performance - track record of the firm
2. Sales charges or loads - front end or deferred
3. Redemption fees or penalties and how they are computed
4. Flexibility to move your money within the program
5. Service from your agent representative

WHY SHOULD I PARTICIPATE?
The amount of money you will have at retirement depends on your ability to save while you are working. Your retirement fund is created by three things:
1. The contributions you make
2. The contribution UMC makes for you
3. The rate of return you receive on your investments

The sooner you begin your participation, the sooner your retirement fund will accumulate.

For more information, contact the Human Resources office at (806) 775-9222.

<table>
<thead>
<tr>
<th>LENGTH OF SERVICE</th>
<th>% OF BASE SALARY MATCHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 days - 5 years</td>
<td>2%</td>
</tr>
<tr>
<td>5 years - 8 years</td>
<td>3%</td>
</tr>
<tr>
<td>8 years - 11 years</td>
<td>4%</td>
</tr>
<tr>
<td>11 years - 15 years</td>
<td>5%</td>
</tr>
<tr>
<td>15 years - 20 years</td>
<td>6%</td>
</tr>
<tr>
<td>20 years - 25 years</td>
<td>7%</td>
</tr>
<tr>
<td>25 years and above</td>
<td>8%</td>
</tr>
</tbody>
</table>

An employee must contribute the match amount in order to receive the match. However, UMC will match either the 403b or 457 plans, but not both. Payroll deductions for the TSA are taken 26 times per year.

For example: Let us assume your base income is $12,000 per year, or $1,000 per month. If you elect to defer 2 percent of your salary, or $20 per month, the hospital will also put $20 per month into your account.

WHO IS ELIGIBLE?
All full-time and regular part-time employees who and have completed the 90 day initial employment period are eligible.

WHERE DOES THE MONEY GO?
The UMC Human Resources department has a list of agents that employees can contact to enroll in a 403b.

Once you choose the agent who will manage your account, UMC will transfer the funds to him/her along with the hospital's contribution per pay period.
**BENEFITS CONTACT INFORMATION**

**UMC HUMAN RESOURCES OFFICE**
Employee benefits, enrollment forms, changes in eligibility, address change, health appeal forms and dental claim forms.

Phone: (806) 775-9222  
Fax: (806) 775-9220

Located in the basement of University Medical Center.

**UMC HEALTH AND DENTAL PLAN**
For questions relating to medical or dental claims, eligibility of coverage, plan appeals, and member services

Mailing Address:
UMC Health Plan Operations  
4601 W. Loop 289  
Lubbock, TX 79414  
(806) 775-8793

**ONLINE PROVIDER DIRECTORY**
www.team-choice.com  
or Contact TEAMCHOICE at (806) 795-5959  
Pre-Certification — Spectrum Review Services  
For all in-patient services, surgical procedures over $1,000 and sleep studies please call 1-800-258-5055.

**PRESCRIPTION QUESTIONS**
**UMC DRUG FORMULARY**
http://umcintranet/  
(806) 775-8696

**UMC OUTPATIENT PHARMACY**
Monday through Friday 7:00 a.m. to 6:00 p.m.  
Saturday from 10:00 a.m. to 2:00 p.m.  
(806) 775-8696

**COBRA PREMIUMS**
Premiums must be paid on or before the 1st day of each month by check, money order, or bank draft to:

UMC Health Plan Operations  
4601 W. Loop 289  
Lubbock, TX 79416

**EMPLOYEE ASSISTANCE PROGRAM**
24-hour Helpline — TTUHSC Department of Neuropsychiatry  
Phone: (806) 743.1EAP (1327) or (800) 32728

**HEALTH CARE SPENDING ACCOUNTS AND DEPENDENT CARE SPENDING ACCOUNTS**
If you have specific questions about your account please call Pension Concepts at (806) 745-9781

**BASIC EMPLOYEE LIFE INSURANCE**
Insurance Point  
1-800-583-1571

**SUPPLEMENTAL LIFE INSURANCE PROVIDERS**

**Texas Life Insurance**
Ms. Irasema Valasquez  
(806) 792-9574  
1-800-283-9233

**AFLAC**
Shirlee Heard, District and Sales Coordinator  
(806) 748-3880

**SUPERIOR VISION INSURANCE**
Customer Service  
1-800-507-3800

**UMC HEALTH PLAN TEAMCHOICE MEMBERS RESIDENCY OUT-OF-AREA**
**Multiplan**
www.multiplan.com  
1-800-678-7427