



CRAWFORD COUNTY
MEMORIAL HOSPITAL

Benefits Summary

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Executive Director of Human Resources

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BENEFITS PHILOSOPHY



As an employee at Crawford County Memorial Hospital enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important to your well-being and ultimately, achieving the goals of our organization.

For the 2020 plan year, Crawford County Memorial Hospital has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Crawford County Memorial Hospital is offering an overall benefits package with many possible choices - one that can be shaped and molded by you, to fit your needs.

At Crawford County Memorial Hospital, we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work/life balance.

Erin Muck – CEO

STAY HEALTHY

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- [Dental](#)
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FEELING SECURE

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WORK/LIFE BALANCE

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CONTACT INFORMATION

CCMH Benefits Team

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This enrollment booklet is a summary description of your Crawford County Memorial Hospital benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.

BENEFITS OVERVIEW

Eligibility

Employees which are regularly scheduled to work more than 30 hours per week are eligible for the benefits contained in this guide. Other employees, such as part-time, temporary, part-time causal, management or other specially classified employees should consult with the Benefits Team for benefit edibility.

Each benefit has its own guidelines, coverage amounts, premiums and eligibility periods. Please read this guide carefully for each benefit.

Enrollment

Upon hire, each employee is asked to make initial selections of benefits. After initial selections have been made, you are able to make changes to many of your benefits only during Open Enrollment or if you experience a Qualifying Life Event.

Life and Accidental Death & Dismemberment Insurance can only be elected at hire and cannot be change from the initial elections. Additionally, you cannot change or modify your enrollment in or contribution amounts to IPERS. Participation is mandated by law and is not optional.

Open Enrollment

Open enrollment is a period of time which gives current employees an opportunity to re-evaluate and make changes to benefits. For the 2021 benefit year, Open Enrollment will begin on October 26, 2020 and close on November 6, 2020.

Benefit changes or elections will take effect on January 1, 2021. During Open Enrollment you can make changes to:

Medical Insurance

Dental Insurance

Vision Insurance

Flexible Spending Account (FSA)

Accident, Cancer, Critical Illness and Hospital Confinement Indemnity Insurance

Qualifying Life Event

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

Other Elections

Some benefits, like Employer sponsored Life Insurance, EAP or Identify Theft protection are provided to you as a part of your employment and so no election or modifications are required on your part. You are responsible for enrolling or designating beneficiaries as required by the benefit. Voluntary Life Insurance can only be elected at hire and cannot be change from the initial elections. Additionally, you cannot change or modify your enrollment in or contribution amounts to IPERS. Participation is mandated by law and is not optional.

Crawford County Memorial Hospital employees are eligible for participation in the 457 retirement plan offered through the Iowa Retirement Investors Club (RIC), and the 403B retirement plan which are administered by Horace Mann. These are voluntary benefits which can be enrolled or terminated at any time. You can change or cease contributions to the plans once a month by completing the necessary form and returning it to Payroll. Additionally, you can make modifications to your investment choices at any time through Horace Mann.

HEALTH INSURANCE

The Medical Plan is administered by Wellmark Blue Cross Blue Shield.

This chart gives a side-by-side look at the amounts you pay when you use in-network and out-of-network providers. **You will receive the best benefit and lower out of pocket costs when you have services performed at Crawford County Memorial Hospital.** For a more detailed explanation please refer to the contract.

Plan Feature	Domestic Tier (CCMH)	In-Network	Out-of-Network
Deductible	\$ 750 single \$ 1,500 family	\$ 2,500 single \$ 4,000 family	\$ 2,500 single \$ 4,000 family
Coinsurance	100%	90%	60%
Out-of-Pocket	\$ 1,500 single \$ 3,000 family	\$ 6,250 single \$12,500 family	\$ 6,250 single \$12,500 family
Office Visit	\$20	\$40	60% coinsurance after deductible
Emergency Services	\$300 Copay and 90% coinsurance after deductible	\$300 Copay and 90% coinsurance after deductible	\$300 Copay and 90% coinsurance after deductible
Preventative Care Services	No member cost share	No member cost share	60% coinsurance after deductible
Home Health Care	100% coinsurance after deductible	90% coinsurance after deductible	60% coinsurance after deductible
Outpatient Therapies	100% coinsurance after deductible	90% coinsurance after deductible	60% coinsurance after deductible
X-Ray and Laboratory Services	100% coinsurance after deductible	90% coinsurance after deductible	60% coinsurance after deductible
Prescription Drug Coverage	Tier 1: \$10 Tier 2: \$20 or 20% - whichever is greater Tier 3: \$40 copay or 30% - whichever is greater Specialty: 50% Coinsurance		

Election	
Employee only	\$71.61 per paycheck
Employee & spouse	\$146.65 per paycheck
Employee & child(ren)	\$135.55 per paycheck
Family	\$219.76 per paycheck

KEY TERMS TO REMEMBER:

ANNUAL DEDUCTIBLE:

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

OUT OF POCKET MAXIMUM:

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.

*Except for Grandfathered medical plans

COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. **Copays** are a fixed dollar amount and are usually due at the time you receive care. **Coinsurance** is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider.

PLAN TYPES

- PPO – a network of doctors, hospitals and other health care providers
- HMO – a network that requires you to select a primary care physician (PCP) who coordinates your health care
- POS – combines aspects of a PPO and HMO
- HDHP – a plan that has higher annual deductibles in exchange for lower premiums.

PREVENTIVE CARE SERVICES

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Crawford County Memorial Hospital, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

DENTAL INSURANCE

BENEFITS YOU RECEIVE:

Dental Insurance coverage is administered by Dental of Iowa. You will pay the lowest cost when receiving services from a Delta Dental PPO Provider. For a current list of PPO Providers in your area please visit www.deltadentalia.com and choose Find a Provider. You can carry over any unused benefit into the following year.

Type of Service	Amount You Pay
Deductible	If you use a PPO Provider, you will pay a \$25 deductible for a single plan and \$75 deductible for a Family Plan. This increases to \$50/\$150 when using a Premier or Non-participating provider
Preventive Services	Diagnostic and preventative services are paid 100% by the plan and do not require any copayments by you.
Basic Services	You will pay the deductible and 10% of the allowed charges. The plan pays 90% up to \$1000 per year per person when using a PPO Provider. If you use a Premier or Non-Participating Provider the plan will pay 80% of covered charges
Major Services	You will pay the deductible and 50% of the allowed charges. The plan pays the other 50% up to \$1,000 per year per person
Orthodontia	The plan will pay up to \$1,000 per year. You are responsible for the remaining charge.

EMPLOYEE PAYS:

Election	
Employee only	\$15.90 per paycheck
Employee & spouse	\$31.58 per paycheck
Employee & child(ren)	\$38.79 per paycheck
Family	\$65.18 per paycheck

VISION INSURANCE

BENEFITS YOU RECEIVE:

The Vision Insurance Plan coverage is administered by VSP. The current plan is a 12/12/12 which means you can receive an eye exam every 12 months, receive new lenses every 12 months and receive new frames or contacts every 12 months.

Type of Service	Amount You Pay
Exam	\$20 copay every calendar year
Prescription Glasses	\$20 copay every calendar year
Lenses	Included
Anti-Reflecting Coating	Included
Progressive Lenses	Included
Scratch Resistant Coating	Included
Frame	You are eligible to purchase frames every calendar year (\$150 allowance); 20% off the amount over allowance
Contacts (instead of glasses)	\$150 allowance every calendar year

EMPLOYEE PAYS:

Election	
Employee	\$8.51 per paycheck
Employee/Spouse	\$13.61 per paycheck
Employee/Child(ren)	\$13.75 per paycheck
Family	\$22.40 per paycheck

FLEXIBLE SPENDING ACCOUNT

BENEFITS YOU RECEIVE:

The Flex Spending Account and Dependent Care Account services are administered by Kabel.

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

HEALTH CARE REIMBURSEMENT FSA

This program lets Crawford County Memorial Hospital's employees pay for certain IRS- approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The current limit on salary reduction contributions to a health FSA offered under a cafeteria plan is \$2,750.00 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services and Acupuncture
- Prescription contraceptives

DEPENDENT CARE FSA

The Dependent Care FSA lets Crawford County Memorial Hospital's employees use pre- tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000.00 (or \$2,500.00 if married and filing separately) per calendar year.

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

WHO IS ELIGIBLE AND WHEN:

Crawford County Memorial Hospital employees who work in a full-time, part-time or a casual status are eligible to receive IPERS. If applicable IPERS will be initiated for upon hire.

Additionally, you cannot change or modify your enrollment in or contribution amounts to IPERS. Participation is mandated by law and is not optional.

Regular Employees:		
	Employee Share:	Employer Share:
7/1/20-6/30/21	Contribution 6.29%	Contribution 9.44%
Protected Occupation Employees:		
7/1/20-6/30/21	Contribution 6.41%	Contribution 9.61%

457 Deferred Contribution Plan

The Retirement Investors' Club (RIC), administered by the Iowa Department of Administrative Services, is an employer-sponsored voluntary retirement savings program. RIC is designed to supplement your pension (IPERS), other defined contribution plans (e.g. 401k, 457 or 403b) and social security benefits at retirement. Contributions may be made pretax or after tax through payroll deductions and investment earnings grow tax- deferred.

WHO IS ELIGIBLE AND WHEN:

All CCMH Employees are eligible to participate. Employees may participate with a minimum contribution of \$25 per month up to the IRS annual contribution limit).

Visit <https://das.iowa.gov/RIC/PSE/CCMH> for more information, enrollment forms and for current contribution limits. General information may be found by visiting <https://www.irs.gov/retirement-plans/irc-457b-deferred-compensation-plans>

403B Deferred Compensation Plan

Crawford County Memorial Hospital offers a 403B employer-sponsored voluntary retirement savings program for employees. The 403B Deferred Compensation Plan is designed to supplement your pension (IPERS), other defined contribution plans (e.g. 401k, 457 or 403b) and social security benefits at retirement. Contributions may be made pretax or after tax through payroll deductions and investment earnings grow tax- deferred.

WHO IS ELIGIBLE AND WHEN:

All CCMH Employees are eligible to participate. Employees may participate with a minimum contribution of \$25 per month up to the IRS annual contribution limit). Please visit Human Resources for more information and enrollment forms.

DISABILITY INSURANCE

WHO IS ELIGIBLE AND WHEN:

If you are a full-time employee (regularly scheduled to work 30 hours or more per week) you are eligible to enroll in the benefits described in this guide.

You are eligible for coverage the first of the month following 6 months of continuous, full time active employment.

BENEFITS YOU RECEIVE:

Crawford County Memorial Hospital provides full-time employees with short- and long- term disability income benefits and pays for the full cost of this coverage. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits, though. This coverage is provided by Dearborn National.

	Short-term Disability	Long-term Disability
Benefits Begin	1 st of the month following 6 months of continuous full time employment.	1 st of the month following 6 months of continuous full time employment.
Benefits Payable	On the 8 th day following injury or sickness for up to 26 weeks	After 180 days
Percentage of Income Replaced	66.67% of weekly earnings	60% of monthly earnings
Maximum Benefit	Up to \$1,500 weekly	Up to \$6,000 per month.

EMPLOYEE PAYS:

This benefit is paid by Crawford County Memorial Hospital and there is no employee contribution.

EMPLOYER PAYS:

Crawford County Memorial Hospital pays 100% of this benefit

TERM LIFE INSURANCE

WHO IS ELIGIBLE AND WHEN:

If you are a full-time employee (regularly scheduled to work 30 hours or more per week) you are eligible to enroll in the benefits described in this guide.

You are eligible for coverage the first of the month following 6 months of continuous, full time active employment.

BENEFITS YOU RECEIVE:

BASIC LIFE AND AD&D INSURANCE

Crawford County Memorial Hospital provides full-time employees with a minimum of \$50,000 of group life and accidental death and dismemberment (AD&D) insurance or 1x your salary up to \$500,000 and pays the full cost of this benefit. Contact HR to update your beneficiary information.

VOLUNTARY TERM LIFE INSURANCE

Crawford County Memorial Hospital Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions. You can purchase coverage on yourself and your spouse in \$10,000 increments. Minimum coverage is \$20,000 and maximum coverage is \$300,000.

EMPLOYEE PAYS:

This additional coverage is optional, and the employee pays 100% of any additional cost.

Monthly Cost for Each \$1,000 of Employee & Spouse Life Insurance Coverage											
Age	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
EE-No Tobacco	0.056	0.056	0.065	0.740	0.111	0.157	0.259	0.407	0.914	1.690	2.456
Spouse	0.079	0.086	0.115	0.165	0.248	0.387	0.574	0.848	1.175	1.673	3.166
Dependent Children	Guaranteed Issue Coverage of \$10,000 for \$2.98 per month.										

WHOLE LIFE INSURANCE

WHO IS ELIGIBLE AND WHEN:

If you are a full-time employee (regularly scheduled to work 30 hours or more per week), are between 16 – 70 years old, then you are eligible to enroll in the benefits described in this guide

You are eligible for coverage at the next open enrollment following 6 months of continuous, full time active employment.

BENEFITS YOU RECEIVE:

VOLUNTARY WHOLE LIFE INSURANCE

This Employee Whole Life program allows you to obtain additional permanent life insurance which you will own and have the opportunity to keep in the event of retirement, change of employment or disability and inability to work.

- Guarantee issue on first opportunity for enrollment
- Life-long coverage that does not expire so long as you make your premium payments
- \$5,000 - \$100,000 of coverage
- Portable coverage, policy is owned by employee and continues even after employee leaves employment with Crawford County Memorial Hospital for any reason

EMPLOYEE PAYS:

This additional coverage is optional, and the employee pays 100% of any cost.

IDENTITY PROTECTION

WHO IS ELIGIBLE AND WHEN:

If you are enrolled in the Wellmark Blue Cross Blue Shield Health Plan provided by Crawford County Memorial Hospital you and your dependents have access to identity protections services called MyIDCare.

BENEFITS YOU RECEIVE:

MyIDCare

- Monitor your Credit Report
- Keep Track of your online activity 24/7
- Have access to complete identity recovery if fraudulent activity is found.

In order to active this benefit you need to be enrolled in the Health plan and then enroll at www.wellmark.com in the Identity Protection Section of MyWellmark. Enter the MyIDCare Member Enrollment Code: 4170999624

Fill out the Group ID and Wellmark ID numbers both found on your Wellmark ID Card and click "continue" and follow the directions to complete your enrollment. Enter your personal information and create a username or password. To activate credit monitoring, enter your birth date and social security number.

If you would rather enroll over the phone, call 866-486-4812 and you have Wellmark ID number and member enrollment code handy.

EMPLOYEE PAYS:

There is no cost to you for this benefit.

ACCIDENT INSURANCE

- Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury
- Benefits can be used to cover deductibles and co-pays
- Daily benefit for hospital confinement *due to Sickness* can be added
- \$2500 or \$5000 Critical Illness coverage available – NO Health questions
- Short-Term Disability Rider available for spouses

CANCER INSURANCE

- Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most plans don't cover
- Provides benefits for treatments and services such as:
 - Certain cancer screening tests
 - Hospital confinement and surgical benefits
 - Radiation/chemotherapy
 - Transportation and lodging

CRITICAL ILLNESS INSURANCE

- Supplements your major medical coverage by providing a lump-sum benefit that you can use to help pay the direct and indirect costs related to a covered critical illness - Missed wages, bills and recovery expenses
- Benefits can be used to pay for Lifestyle changes that may lead to better health, such as gym memberships and smoking cessation programs
- The benefit is paid to you unless you specify otherwise
- Includes a wellness benefit for specified health screening tests
- This plan pays a lump sum benefit of up to \$75,000 depending on the amount you choose. You're free to use the benefits however you choose. This plan pays for re-occurrence of a same or separate event (if separated by 180 days).
- Covered Critical Events: Heart Attack, Stroke, End Stage Renal (Kidney) Failure and Major Organ Transplant, Coma, Paralysis, Blindness and Occupational Hepatitis or HIV. Coronary Artery Bypass Graft Surgery pays at 25% of benefit elected.

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

- Provides a lump-sum benefit for a covered hospital confinement, a covered outpatient surgery or diagnostic procedure to help cover co-payments and deductibles that are not covered by most major medical plans
- Helps you to pay medical and non-medical expenses associated with a hospital stay, such as:
 - Deductibles or co-payments
 - Transportation to and from the hospital
 - Dr. office visit benefits, ER, Ambulance plus more
 - Daily benefits for in-patient or ICU optional

These plans provide an Annual Health Screening Benefit!

No bill or paper needed for tests performed in the last 36 months.

Call 800-325-4368 or go here:

<https://apps2.coloniallife.com/MemberServices/PolicyholderRegistration> to register for your personal web portal to file your Health Screening claims.

For questions, claims, or other service items please contact:

Jerri Gregory: (515) 779-3593 jerri.gregory@coloniallife.com

EMPLOYEE ASSISTANCE PROGRAM

WHO IS ELIGIBLE AND WHEN:

If you are a full-time employee (regularly scheduled to work 30 hours or more per week) you are eligible to enroll in the benefits described in this guide.

You are eligible for coverage the first of the month following 6 months of continuous, full time active employment.

BENEFITS YOU RECEIVE:

The Employee Assistance Program is offered to all employees and immediate family members of Crawford County Memorial Hospital through ComPsych Corporation. It is a **completely confidential** counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements and other personal stressors.

You receive unlimited telephonic counseling and up to three face-to-face sessions.

You can contact them toll free at 866-899-1363 24 hours a day, 7 days a week or you can visit their website at <http://www.guidanceresources.com>. Enter your company ID: DNDRS

EMPLOYEE PAYS:

There is no cost to you for this benefit.

PAID TIME OFF (PTO)

WHO IS ELIGIBLE AND WHEN:

All regular full-time and regular part-time employees are eligible to accrue PTO. PTO is available to be used 90 days after employment. PTO may be used for vacation, holidays, or for absences due to illness.

Years	Days Accrued Per Year	Hours Accrued Per Year	Max Accrual Hours
0-5	21	168	252
5-10	26	208	312
10-13	28	224	336
13-20	31	248	372
20+	32	256	384

BEREAVEMENT PAY

WHO IS ELIGIBLE AND WHEN:

All Crawford County Memorial Hospital full-time and part-time employees are eligible for bereavement pay immediately upon hire.

Within a 12-month period full-time employees have **24 hours** of bereavement pay. Within a 12-month period part-time employees have **12 hours** of bereavement pay. Within a 12-month period exempt employees have **3 days** of bereavement pay.

WELLNESS SCREENING

WHO IS ELIGIBLE AND WHEN:

All Crawford County Memorial Hospital Employees are eligible for a voluntary employee wellness screening available each Spring.

VERIZON WIRELESS

WHO IS ELIGIBLE AND WHEN:

All Crawford County Memorial Hospital employees are eligible to receive up to a 22% discount on access charges through Verizon Wireless upon hire.

Go to www.verizonwireless.com/discount-program/ to sign up for this benefit.

THE BODY SHOP

WHO IS ELIGIBLE AND WHEN:

All Crawford County Memorial Hospital Employees are eligible to elect a payroll deduction of \$5 per person/paycheck to cover their membership to The Body Shop. All employees are eligible to elect this benefit upon hire.

DENISON AQUATIC FUN CENTER

WHO IS ELIGIBLE AND WHEN:

All Crawford County Memorial Hospital Employees are eligible to receive discounts to the Denison Aquatic Fun Center via payroll deduction.

BENEFIT VENDORS

Health Insurance - Wellmark Blue Cross Blue Shield

Local Agent: Jamie Bramman - ph. 712-343-6332 or jbramman@thamsagency.com 1-800-524-9242
www.wellmark.com

Dental Insurance - Delta Dental

Local Agent: Jamie Bramman - ph. 712-343-6332 or jbramman@thamsagency.com 1-877-983-3582
www.deltadentalia.com

Vision Insurance - VSP

Local Agent: Jamie Bramman - ph. 712-343-6332 or jbramman@thamsagency.com 1-800-877-7195
www.vsp.com

Flexible Spending Account (FSA) - Infinisource

Local Agent: Jamie Bramman - ph. 712-343-6332 or jbramman@thamsagency.com 1-800-300-9691
<https://www.isolvedbenefitservices.com/login>

Short-term/Long-term Disability Insurance - Dearborn National

Local Agent: Jamie Bramman - ph. 712-343-6332 or jbramman@thamsagency.com
Customer Service: 800-348-4512 or contactus@dearbornnational.com
STD or LTD Claims: 877-348-0487
www.dearbornational.com

Life and Accidental Death & Dismemberment Insurance - Dearborn National

Local Agent: Jamie Bramman - ph. 712-343-6332 or jbramman@thamsagency.com
Customer Service: 800-348-4512 or contactus@dearbornnational.com
STD or LTD Claims: 877-348-0487
www.dearbornational.com

Whole Life Insurance - New York Life

Local Agent: Micah Coston - ph. (660) 224-2946 or mjcoston@ft.newyorklife.com

Employee Assistance Program (EAP) - ComPsych

866-899-1363
www.guidanceresources.com

Accident, Cancer, Critical Illness and Hospital Confinement Indemnity - Colonial Life

800-325-4368
Local Agent: Jerri Gregory ph. (515) 779-3593 jerri.gregory@coloniallife.com
<http://www.coloniallife.com/>

Identify Theft Protection - MyIDCare

866-899-1363

www.wellmark.com

Pension Plan - Iowa Public Employees' Retirement System (IPERS)

515-281-0020 or 1-800-622-3849 Monday–Friday, 7:30 a.m.–5 p.m. CT

info@ipers.org

<https://www.ipers.org/>

475 Retirement Plan – Iowa Retirement Investors Club – Horace Mann

1-800-999-1030

www.horacemann.com

403(b) Retirement Plan – Horace Mann

1-800-999-1030

www.horacemann.com

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