



## 2023 Summary of Benefits for Physicians

**Part Time:** 20-35 hours/week | **Full Time:** 36 plus hours/week

Plan	Description	Who Pays
<b>Medical Insurance</b>	Through Quantum Health. Employees choose which of our two plans best suits their needs.	<b>Shared cost AH/EE</b>
<b>Comprehensive Dental Plans</b>	Through Delta Dental. Employees choose which of our two plans best suits their needs.	<b>Shared cost AH/EE</b>
<b>Vision Coverage</b>	Through EyeMed Vision Care. 1 exam/year. Up to \$130 allowances for frames, contact lenses, add-ons Discounts and additional eyewear/services.	<b>Employee</b>
<b>Flexible Spending Accounts</b>	Flex accounts Administered by WEX. Pre-Tax contributions that may be used for Medical or Dependent Care expenses according to IRS guidelines.	<b>Employee</b>
<b>Health Savings Accounts</b>	HSA available with the election of the HDHP medical plan. Administered by WEX.	<b>EE/AH</b>
<b>Retirement Savings Plan 401</b>	Through Prudential. AH funds 2% of your annual earnings to this plan each year that you work more than 1000 hours. AH matches 50% of first 6% of Employee 403b Contributions. 3 year vesting applies. (IRS limits/maximums/apply)	<b>Augusta Health</b>
<b>403B</b>	Through Prudential. You may contribute 0-75% of income (up to IRS limitations).	<b>Employee</b>
<b>Short Term Disability</b>	7 day elimination period. Benefit Percentage=60%; Max weekly benefit=\$5,000	<b>Augusta Health</b>
<b>Long Term Disability</b>	90 Day Elimination Period Benefit Percentage = 60%; Max Monthly Benefit = \$10,000	<b>Augusta Health</b>
<b>Time Off</b>	Please refer to your contract	
<b>Canopy- Employee Assistance Program</b>	Confidential counseling service for employees and their families. Work conflicts, relationship issues, stress, grief, substance abuse, financial and legal concerns, parenting issues, etc. 8 free visits/year for each issue. Call toll free 1-800-433-2320	<b>Augusta Health</b>
<b>Basic Life Insurance</b>	Through Reliance Standard. 1 x Annual Salary, Maximum of \$1,000,000	<b>Augusta Health</b>
<b>Basic AD&amp;D Insurance</b>	Through Reliance Standard. 2 x Annual Salary, Maximum of \$1,000,000	<b>Augusta Health</b>
<b>Supplemental Group Term Life &amp; Group AD&amp;D Insurance</b>	Up to \$500,000 for Employee and Spouse. Up to \$10,000 for dependents. May be subject to Personal Health Application. Life rates increase at each 5-year age milestone. AD&D flat rates per \$1,000 of coverage.	<b>Employee</b>

### Also Available Onsite:

Fitness Center (MFA Certified)  
Childcare Center

Special Employee Rates  
Infant-Pre-K, Afterschool, and Summer Camp

Continued Medical Education Allowance (CME): Full Time \$4,200 Annually | Part-Time \$2,100 Annually

*\*Pro-rated dependent upon hire date*

All benefits become effective on the first day of the month on or following the employee's hire date.

*\*\*Additional voluntary benefits available*

**Questions?** Contact Human Resources at 540-332-4700 or [humanresources@augustahealth.com](mailto:humanresources@augustahealth.com)



## INSURANCE PREMIUMS FOR 2023

Benefit rates are deducted from 24 paychecks in the year. Any month that has a third paycheck, premiums are not withheld.

### Full-Time Employees (36 plus hours per week)

Plan	Employee Only	Employee and One Child	Employee and Children	Employee and Spouse	Family	Family (2 FT Employees)	Family (1 FT-1PT Employee)
<b>Medical Options:</b>							
HDHP with HSA	\$51.00	116.00	\$171.00	\$169.00	\$234.00	\$164.00	\$211.00
PPO Plan	\$74.00	\$158.00	\$253.00	\$209.00	\$302.00	\$211.00	\$272.00
<b>Delta Basic</b>							
Delta Basic	\$8.98	\$18.35	\$31.03	\$18.35	\$31.03	\$18.62	\$26.38
<b>Delta Enhanced</b>							
Delta Enhanced	\$14.31	\$28.24	\$47.74	\$28.24	\$47.74	\$35.33	\$43.09
<b>Eye Options:</b>							
EyeMed Vision Plus	\$3.12	\$5.92	\$9.16	\$6.23	\$9.16	\$9.16	\$9.16

### Part-Time Employees (20-35 hours per week)

Plan	Employee Only	Employee and One Child	Employee and Children	Employee and Spouse	Family	Family (2 PT Employees)
<b>Medical Options:</b>						
HDHP with HSA	\$112.00	\$209.00	\$308.00	\$304.00	\$421.00	\$351.00
PPO Plan	\$163.00	\$284.00	\$455.00	\$376.00	\$544.00	\$453.00
<b>Delta Basic</b>						
Delta Basic	\$12.57	\$22.03	\$37.24	\$22.03	\$37.24	\$34.13
<b>Delta Enhanced</b>						
Delta Enhanced	\$17.90	\$31.91	\$53.95	\$31.91	\$53.95	\$50.85
<b>Eye Options:</b>						
EyeMed Vision Plus	\$3.12	\$5.92	\$9.16	\$6.23	\$9.16	\$9.16

Detailed information is available on **Pulse**. Go to Pulse, under *Information*, Human Resources, under *HR Links* click **Benefit Information**. All benefit related flyer's and required notices are located here.



## PPO PLAN

(Higher Premium, Lower Deductible)

### Deductibles/Maximums (per plan year)

Deductibles/Payments	Augusta Network	Aetna Network
<b>Deductible</b>		
Single	\$400	\$800
Family	\$800	\$1600
<b>Out-of-Pocket Maximum</b>		
Single	\$3,000	\$4,500
Family	\$6,000	\$9,000
<b>Coinsurance (Copay)</b> (percent you pay after deductible is met)	25%	35%

### Coverage/Copays

	Augusta Network	Aetna Network
<b>Preventative Care</b>		
Routine adult, child, OB/GYN, & Mammograms, Women's Health, Routine Digital Rectal Exam/Prostate-specific Antigen Test (PSA), Colorectal Cancer Screening	\$0 Copay, deductible waived*	\$0 Copay, deductible waived*
Preventative Screenings	*Preventative screenings are subject to age limits; preventative can turn diagnostic, please see your provider for more details	
<b>Office Visit, Walk-in Clinic</b>	\$30 Copay, deductible waived	\$45 Copay, deductible waived
<b>Specialist Visit</b>	\$50 Copay, deductible waived	\$65 Copay, deductible waived

Pharmacy	Generic	Brand	Non-preferred	Specialty
Prescription Drugs	\$7 Copay	\$30 Copay	The Greater of \$40 Copay or 40%	35% to a \$350 per Script Max

#### Flexible Spending Account (FSA)

You may elect to have a Flexible Spending Account (FSA) with this benefit, Max contribution: \$2,850 (Anticipated to Change with IRS Regulations)

**Premiums:** Amount you pay to have insurance. Deducted from your check each pay period.

**Deductibles:** Amount that has to be met before the plan begins to pay.

**Co-Insurance:** Amount that you pay after the deductible is met.

**Out of Pocket Maximum:** The maximum amount you will pay in plan year.

**CoPays:** Amount you will pay at office visit

**Prescription Drug Copays:** Amount you will pay for prescriptions

**FSA:** Flexible Spending Account that you fund on a pretax basis to help pay for deductible, copays, etc. You must use the amount you contribute by year end, or you will lose it.

**HDHP with HSA PLAN**  
(Lower Premium, Higher Deductible)

**Deductibles/Maximums (per plan year)**

Deductibles/Payments	Augusta Network	Aetna Network
<b>Deductible</b>		
Single	\$1,500	\$2,000
Family	\$3,000	\$4,000
<b>Out-of-Pocket Maximum</b>		
Single	\$4,000	\$7,000
Family	\$8,000	\$14,000
<b>Coinsurance (Copay)</b> (percent you pay after deductible is met)	25%	35%

**Coverage/Copays**

	Augusta Network	Aetna Network
<b>Preventative Care</b>		
Routine adult, child, OB/GYN, & Mammograms, Women's Health, Routine Digital Rectal Exam/ Prostate-specific Antigen Test (PSA), Colorectal Cancer Screening	\$0 Copay, deductible waived*	\$0 Copay, deductible waived*
Preventative Screenings	*Preventative screenings are subject to age limits; preventative can turn diagnostic, please see your provider for more details	
<b>Must meet deductible before co-insurance will start</b>	25% after deductible	35% after deductible
<b>Pharmacy</b>	<b>Generic</b>	<b>Brand</b>
Prescription Drugs	25% after deductible	35% after deductible
<b>Health Savings Account Contribution 2022</b>	<b>Employee Only</b>	<b>Family Employee+Spouse Employee+Child</b>
AH will contribute toward the deductible up to: -Prorated from January 1 -Contribution put on a MasterCard	\$750	\$1,500
You can also contribute, on a pretax basis:	Max. contribution \$3,650 (includes the \$750 AH contribution)	Max. contribution \$7,300 (includes the \$1,500 AH contribution)

\*If you are 55 and older you can contribute an additional \$1,000 to your HSA. This is a "catch-up" contribution. You can do this each year that you are eligible for an HSA.

**Premiums:** Amount you pay to have insurance. Deducted from your check each pay period.

**Deductibles:** Amount that has to be met before the plan begins to pay.

**Co-Insurance:** Amount that you pay after the deductible is met.

**Out of Pocket Maximum:** The maximum amount you will pay in plan year.

**CoPays:** CoPays not available on the HDHP

**Prescriptions:** After deductible is met, you will pay 20% at tier one; 30% at tier two; If your prescription is on Safe Harbor list (can be found on Pulse: HR-Shared Documents-2017 Benefit Information-Drugs not subject to deductible), deductible is waived.

**H.S.A.:** Health Savings Account that Augusta Health helps you fund to help pay for deductible, co-insurance, etc.

EE only coverage, AH deposits \$750 into H.S.A. and all others, AH deposits \$1,500 into H.S.A.

This amount is pro-rated if start of insurance is after 1/1.

EE can also contribute on a pre-tax basis, not to exceed max amounts listed above when combined with AH contribution.

Amounts contributed are yours (AH contribution and your contributions), any amount remaining at the end of the year, rolls to following year. If you leave AH and have a balance, the amount goes with you.



## DENTAL PLAN

Delta Basic Dental Plan		
Deductibles/Maximums		
Annual Deductible	\$50 per person \$150 family	Limit of 3 per family per calendar year
Annual benefit maximum	\$1,000	Per enrollee, per calendar year

* NEW* Delta ENHANCED Dental Plan		
Deductibles/Maximums		
Annual Deductible	\$50 per person \$150 family	Limit of 3 per family per calendar year
Orthodontic lifetime deductible	\$50	Per enrollee, for subscriber and covered dependents
Annual benefit maximum	\$2,000	Per enrollee, per calendar year
Orthodontic lifetime maximum	\$2,000	Per enrollee, for subscriber and covered dependents



## VISION PLAN

Coverage Summary	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exams</b>		
<b>Eye exam</b> (Complete refractive with dilatation as necessary) Includes glasses, daily or extended wear hard or soft contact lenses, specialty lenses and follow-up contact lens visits to ensure compliance with maintenance and wearing.	\$10 Copay	Up to \$30
<b>Contact Lens fit and follow-up</b> (available after eye exam) Standard Contact Lens Premium Contact Lens	Up to \$40 10% off retail	N/A N/A

### Voluntary Products available

**Accident Insurance:** Can pay a specific benefit amount for expenses resulting from injury or accident. Supplements Health Insurance coverage. Lump sum, tax free benefit.

**Critical Illness Insurance:** Supplements medical coverage costs for critical illnesses or events. Benefits are paid in a lump sum, tax free. (Added benefits of payment for an annual health screening included).

**Hospital Indemnity:** Benefits are payable when a hospital admission occurs