



Lake Charles
Memorial
Health System



YOUR 2024 BENEFITS

January 1, 2024 - December 31, 2024



Welcome

Your benefits are an important part of your overall total rewards package. Experience Memorial is more than a slogan, it's the care we provide our patients and the commitment to our community which all begins and ends with engaged employees. In an effort to continuously ensure our employees have a great experience, we review our benefits annually to ensure the offerings are reflective of what's needed for you to take care of your family. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you are considered Full-Time or Part-Time. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. If hired on the first day of the month, you are eligible that day.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period or experience a qualifying life event.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective the first day of the following plan year.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child - Please log into PlanSource to add your new bundle of joy even if you don't have the SSN yet.
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must log into PlanSource within 30 days of the qualifying life event.

Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to <https://benefits.plansource.com>. There, you will find detailed information about the plans available to you and instructions for enrolling.

How to Enroll

PlanSource is our on-line enrollment tool. PlanSource allows you to elect your benefits on-line, view summary plan descriptions, view contact information for providers, make changes if you have a qualifying event during the plan year and access your benefit information when you need it.

Open Enrollment

Log In Instructions

To access your PlanSource account go to <https://benefits.plansource.com/>. Enter your Username and Password. Your username for PlanSource will be LCMH + the first five digits of your employee number (Example: LCMH12345). Your passwords will be reset for open enrollment. The password will be your birthdate in the format YYYYMMDD (Example: date of birth is December 20th, 1980 you would use 19801220 as your password.) Once logged in you can reset your password again to whatever you would like it to be.

- ▶ Once logged in select “Get Started”
- ▶ Once you have completed the enrollment, it is your responsibility to review your benefits for confirmation
- ▶ Print or email a copy of your enrollment for your records
- ▶ Complete your enrollment prior to the end of the “Open Enrollment” period
- ▶ Review the “Documents” tab for any documentation necessary to complete your enrollment

First-Time Users (New Hires & Status Changes)

To access your PlanSource account go to <https://benefits.plansource.com/>. Your username for PlanSource will be LCMH + the first five digits of your employee number (Example: LCMH1235). Your password will be your birthdate in the format YYYYMMDD (Example: date of birth is December 20th, 1980 you would use 19801220 as your password). You will then be prompted to change your password.

- ▶ You must make your election or waive within 30 days of your hire date. If you do not make elections within 30 days, you will be considered to have waived coverage
- ▶ Once logged in select “Get Started”
- ▶ Once you have completed the enrollment, it is your responsibility to review your benefits for confirmation
- ▶ Print or email a copy of your enrollment for your records
- ▶ Review the “Documents” tab for any documentation necessary to complete your enrollment

*Please note, any and all correspondence from PlanSource will be sent to the email address provided to HR during your new hire orientation. If you need to update this information, please contact HR.



Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Meritain PPO

This plan gives you the freedom to seek care from a network provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network (If you are interested in using an out of network provider, please see page 5 for details for the approval process).

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Meritain HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO (If you are interested in using an out of network provider, please see page 5 for details regarding the approval process.):

- ▶ This plan gives you the freedom to see care from a network provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network. (If you are interested in using an out of network provider, please see page 5 for details on the approval process)
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.



Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Your contributions may not exceed the IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical (Continued)

Utilizing Providers Outside of the LCMH Networks

Services rendered outside the Lake Charles Memorial Premium or LCMH PPO Network will require prior approval from the Medical Committee of Lake Charles Memorial Health System. Coverage is contingent upon the provider(s) participating in the Aetna network. If the service is available within the Premium or LCMH PPO network, approval **WILL NOT** be granted to go outside of the networks.

The Approval Process

If you need treatment that cannot be provided inside of the LCMH Premium or LCMH PPO network, you must first get a referral letter from your doctor to submit to the Lake Charles Memorial Health System Medical Committee. The letter needs to provide background information on your condition, what treatment is needed and to which provider(s) and facilities you are being referred. Referral letters should be sent to Human Resources via Fax # 337-494-6424 or email benefits@lcmh.com. Before submitting your referral to the Medical Committee, you are responsible for making sure the provider you choose is in the Aetna PPO network. Claims will be considered out of network if your provider is not an Aetna provider. Please visit the Aetna provider website referenced at the bottom right corner of this page to locate Aetna providers. You can also contact Meritain Health if you need help finding a provider.

*Please Note: You will no longer require prior approval to see an Aetna mental health provider for office visits. Claims will be covered at the Aetna tier level of benefits.

Out of LCMH Premium and LCMH PPO Network Service Area Employees and Dependents

If you or your dependent live primarily outside of the Lake Charles Memorial service area, which is a 100 mile radius from the hospital located at 1701 Oak Park Blvd., Lake Charles, LA 70601, we understand that your residence may not be within reach of the LCMH networks. However, there are Aetna providers available to you. If you register yourself or your dependent on PlanSource as out of area, your claims for services rendered by an Aetna provider will be covered at the LCMH Premium level of benefits. You must provide proof of residency to Human Resources. Services rendered by a provider that is not in the Aetna network will be covered as out of network, 10% coverage after the out of network deductible is met. Please visit the Aetna provider website referenced at the bottom right corner of this page to locate Aetna providers.

Locating an Aetna Provider

If there is not a Lake Charles Memorial Premium or LCMH PPO provider that provides the services you are seeking, you can locate an Aetna provider in your area by visiting <https://www.goperspecta.com/PDN/lakecharles/public/ProviderSearch/Main>.

1. Key in the provider name, speciality or location the search field. Click the Search button.
2. The search results will be displayed. You will see a Network Affiliation box that will show which tier of benefits the provider or facility is part of. You can click the blue arrow to have this information sent to your mobile device. The provider or facility will be part of one of the following three tiers:
 - ▶ Tier 1: LCMH Premier
 - ▶ Tier 2: LCMH PPO
 - ▶ Tier 3: Aetna Open Choice® PPO

Please remember, if the service is available within the Lake Charles Memorial Premium or LCMH PPO network, the services will be considered out of network elsewhere.

Pre-Certification

Pre-Certification is required for all in-patient medical, surgical and mental health services, skilled nursing facilities, home health care, private duty nursing, out-patient surgical procedures (excluding surgery rendered in a physician's office), MRI, PET scans, CT scans, chemo, radiation, physical and occupational therapy, initial visit dialysis, transplants, transplant second opinions, and prescribed injectables and infusions with a cost over \$2,000.

Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Meritain Medical Plan Option 1 PPO			
	LCMH Premium Network	LCMH PPO Providers	Committee Approved Aetna PPO	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,000 / \$3,000	\$1,000 / \$3,000	\$2,500 / \$7,500	\$10,000 / \$30,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	Unlimited / Unlimited
Covered Services				
Office Visits (physician/specialist)	\$30 / \$45 copay	\$75 / \$90 copay	\$75 / \$90 copay	90%*
Routine Preventive Care	No charge	No charge	80%*	90%*
Outpatient Diagnostic (lab/X-ray)	No charge LCMH lab; 20%* other approved labs	No charge LCMH lab; 20%* other approved labs	20%* other approved labs	90%*
Complex Imaging (Outpatient Diagnostic Advanced Imaging) includes MRI, MRA, CR, and PET Scans, Bone Density tests, etc.	\$100 copay	20%*	20%*	90%*
Chiropractic Services	20%* (25 visit limit)	20%* (25 visit limit)	20%* (25 visit limit)	90%*
Durable Medical Equipment	20%*	20%*	20%*	90%*
Emergency Room	\$250 copay (\$100 penalty for non-emergency)	\$250 copay (\$100 penalty for non-emergency)	\$250 copay (\$100 penalty for non-emergency)	\$250 copay (\$100 penalty for non-emergency)
Urgent Care Facility	\$75 copay	\$75 copay	\$75 copay	N/A
Inpatient Hospital Stay	\$500 copay per day, \$1,500 max per admit	N/A	20%*	90%*
Outpatient Surgery	\$1,000 copay	N/A	20%*	90%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Hospital Expense deductible, coinsurance and co-pay charges are eligible under the LCMH Employee Discount Program. (Physician charges are not eligible for Discount Program.)
3. Complex Imaging (Outpatient Diagnostic Advanced Imaging) includes MRI, MRA, CR, and PET Scans, Bone Density tests, etc.

Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Meritain Medical Plan Option 1 PPO	
	Medical Plaza & Moss Memorial Pharmacy (No Prescription Drug Deductible)	All other Express Scripts Pharmacies (\$400 Individual / \$800 Family Prescription Drug Deductibles apply)
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)		
Retail 30 Day Supply Generic	\$15 copay	\$37.50 copay
Retail 30 Day Supply Preferred	\$60 copay	\$150 copay
Retail 30 Day Supply Non-Preferred	\$100 copay	\$250 copay
90 Day Supply Generic	\$37.50 copay	N/A
90 Day Supply Preferred	\$150 copay	N/A
90 Day Supply Non-Preferred	\$250 copay	N/A
Retail 30 Day Specialty Medication	Available at Medical Plaza and Moss Memorial Pharmacies ONLY	
Retail 30 Day Specialty Medication Generic	Greater of \$200 copay or 20% of drug cost up to a max. of \$500 per script	N/A
Retail 30 Day Specialty Medication Brand	Greater of \$300 copay or 20% of drug cost up to a max. of \$600 per script	N/A

Important Information for Drugs Requiring Prior Authorization

Certain prescriptions require a Prior Authorization or a review before they can be filled and covered by your prescription plan. Ask your doctor to call Rx Benefits Member Services at 1-800-334-8134 to arrange for a review when you are prescribed new medications. If your doctor doesn't call and get approval, you'll be responsible for the full cost.



Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Meritain Medical Plan Option 2 HDHP HSA			
	LCMH Premium Network	LCMH PPO Providers	Committee Approved Aetna PPO	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,600 / \$3,200	\$1,600 / \$3,200	\$2,500 / \$5,000	\$10,000 / \$30,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$7,050 / \$14,100	\$7,050 / \$14,100	\$7,050 / \$14,100	Unlimited / Unlimited
Covered Services				
Office Visits (physician/specialist)	20%*	20%*	20%*	90%*
Routine Preventive Care	No charge	No charge	20%*	90%*
Outpatient Diagnostic (lab/X-ray)	No charge LCMH lab; 20%* other approved labs	No charge LCMH lab; 20%* other approved labs	20%* other approved labs	90%*
Complex Imaging (Outpatient Diagnostic Advanced Imaging) includes MRI, MRA, CR, and PET Scans, Bone Density tests, etc.	20%*	20%*	20%*	90%*
Chiropractic Services	20%* (25 visit limit)	20%* (25 visit limit)	20%* (25 visit limit)	90%*
Durable Medical Equipment	20%*	20%*	20%*	90%*
Emergency Room	20%* (\$100 penalty for non-emergency)	20%* (\$100 penalty for non-emergency)	20%* (\$100 penalty for non-emergency)	20%* (\$100 penalty for non-emergency)
Urgent Care Facility	20%*	20%*	20%*	N/A
Inpatient Hospital Stay	20%* ²	N/A	20%*	90%*
Outpatient Surgery	20%*	20%*	20%*	90%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Hospital Expense deductible, coinsurance and co-pay charges are eligible under the LCMH Employee Discount Program. (Physician charges are not eligible for Discount Program.)
3. Complex Imaging (Outpatient Diagnostic Advanced Imaging) includes MRI, MRA, CR, and PET Scans, Bone Density tests, etc.

Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Meritain Medical Plan Option 2 HDHP HSA	
	Medical Plaza & Moss Memorial Pharmacy (Annual HDHP Deductible applies to all Medical & Prescription Drug expenses)	All other Express Scripts Pharmacies (Annual HDHP Deductible applies to all Medical & Prescription Drug expenses)
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)		
Retail 30 Day Supply Generic	10%*	30%*
Retail 30 Day Supply Preferred	20%*	40%*
Retail 30 Day Supply Non-Preferred	30%*	50%*
90 Day Supply Generic	10%*	N/A
90 Day Supply Preferred	20%*	N/A
90 Day Supply Non-Preferred	30%*	N/A
Retail 30 Day Specialty Medication	Available at Medical Plaza and Moss Memorial Pharmacies ONLY	
Retail 30 Day Specialty Medication Generic	20%*	N/A
Retail 30 Day Specialty Medication Brand	20%*	N/A

Important Information for Drugs Requiring Prior Authorization

Certain prescriptions require a Prior Authorization or a review before they can be filled and covered by your prescription plan. Ask your doctor to call Rx Benefits Member Services at 1-800-334-8134 to arrange for a review when you are prescribed new medications. If your doctor doesn't call and get approval, you'll be responsible for the full cost.



Dental

Cigna DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Cigna network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No Charge, deductible waived	No Charge, deductible waived
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontia (Child & Adult)	50%	50%

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Find out more about your dental plan:

Find a network dentist by visiting cigna.com and clicking on the Find a Doctor link. Choose Employer or School coverage then input your location and choose the type of dentist you are looking for. Even if you don't have an account you can continue as a guest and search in the Cigna DPPO network.

You can also print dental ID card online at mycigna.com

Vision

United Healthcare

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the United Healthcare network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	United Healthcare	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45 reimbursement
Materials Copay	\$25	Reimbursed as described below
Lenses (once every 12 months)	No charge after materials copay	Up to \$40
Single Vision		Up to \$60
Bifocal		Up to \$80
Trifocal		
Frames (once every 12 months)	Covered up to \$150, 30% discount off the coverage	Up to \$76 retail reimbursement
Contact Lenses (once every 12 months; in lieu of glasses)	Elective: Covered up to \$150 on lenses, \$30 allowance on exam; Medically necessary: covered in full	Elective: Up to \$125 reimbursement; Medically necessary: up to \$210 reimbursement



Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by Meritain. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2024, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental Treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 2025, and must file claims by April 15, 2025.

The IRS and your employer establish the maximum amount you may contribute each year. See the plan documents for details.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through MetLife.

Benefit Amount	
Employee	1.5 times annual salary; \$500,000 maximum

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through MetLife for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; minimum of \$10,000, up to a \$500,000 maximum	\$500,000
Spouse	\$5,000 increments; minimum of \$5,000, up to a \$100,000 maximum (cannot exceed 50% of employee amount)	\$50,000
Child(ren)	\$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through New York Life

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,250
When Benefits Begin	After:: Plan A: 30th day of disability; Plan B: 14th day of disability
Maximum Benefit Duration	Plan A: 9 weeks; Plan B: 11 weeks

Long-Term Disability

Provided at **NO COST** to you through New York Life

Benefit Percentage	50% (Employee-Paid buy-up: 60%)
Monthly Benefit Maximum	\$6,000 (Employee-Paid buy-up: \$7,500)
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age

Employee Assistance Program

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Life Assistance Program (New York Life).

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Contact the Life Assistance Program at 1-800-344-9752

Valuable Extras

We also offer the following additional benefits:

- ▶ Norton LifeLock
- ▶ Nationwide Pet Insurance
- ▶ LCMH Employee Health Clinic
- ▶ Reduced Urgent Care Co-Pay
- ▶ Upgraded benefit offerings for Critical Illness, Accident and Hospital Indemnity plans
- ▶ Co-pay on advanced imaging
- ▶ Experience Memorial Perks: Lake Area Adventures Membership Packages, Encore Properties, Increased Childcare Benefit, Volunteer Time Off, Discount Marketplace: For more information, visit <https://lakecharlesmemorial.sharepoint.com/SitePages/Memorial-Benefits.aspx> (access from LCMH device)



Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Unum are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates. Please remember to verify and update your beneficiary designations each year.

Whole Life Insurance

You have the option of purchasing whole life insurance to help your family prepare for the unexpected. In the event of your death, this benefit can help replace your family's loss of income, help with mortgage costs or educational needs—or leave a legacy for the next generation. Whole life offers level premiums and insurance protection for as long as you live. Whole life policies also build cash value over time that grows tax-deferred and can be used as savings. Or, it can be borrowed against if you need the money while you are alive.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000⁴. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.



1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.
4. Cancer Facts & Figures, 2021. American Cancer Society.

Retirement Planning

403(b) Tax-Deferred Contribution Account

All employees, including PRNs and in-house contractors, are eligible to participate in the LCMH 403(b) Tax-Deferred Contribution Account upon date of hire. Lake Charles Memorial Health System has made a conscientious decision to assist employees in saving for their future by enforcing an automatic enrollment in the 403(b) retirement plan at a 3% contribution level. What this means is that if a new employee does not personally enroll or decline participation, he or she will be automatically enrolled in the plan and automatically have 3% of his or her compensation for hours paid deferred into their individual account. Employees are immediately 100% vested in these contributions. **Newly eligible employees will have 90 days to opt out of participation in the plan and request reimbursement of their contributions.**

Since inception, our enrollment in the retirement plan has increased significantly which is our goal. We feel that as an employer, we have a responsibility to ensure that our employees take advantage of the benefits provided. If you were automatically enrolled and did not touch your plan by allocating funds or increasing/decreasing your contribution level, you will see an automatic increase of 1% to your contribution annually.

401(a) Account

Employees who participate in the LCMH 403(b) Tax-Deferred Contribution Account may participate in the LCMH 401(a) Retirement Planning Account quarterly, coinciding with or immediately following the date on which all eligibility requirements are met:

1. Completion of one (1) year of eligibility service, to include 1,000 working hours by the anniversary of your hire date.
2. Attain age 21.
3. Employed in a job classification covered by the Plan as an “eligible class.” You are in an “eligible class” if you are employed by LCMH in any capacity, and you are not a leased employee.

As a Defined Contribution Plan, LCMH will make a matching contribution to your 401(a) Account equal to 100% of the first 4% of your contribution to the 403(b) Tax-Deferred Contribution Plan, based on your hours worked and subject to the Federal Matching Contribution limits. The graded vesting schedule, as illustrated below, applies to the 401(a) Account:

Years of Vested Service	Vested Interest
Less than 2	0%
2, Less than 3	20%
3, Less than 4	40%
4, Less than 5	60%
5, Less than 6	80%
6 or more	100%

Please contact Human Resources or refer to the LCMH Retirement Summary Plan Description for further details. This can be located on PlanSource, the intranet ([MemorialHQ - Home](#)) as well as the retirement website. You can also contact Lincoln Financial at:

Client Care Center

www.LincolnFinancial.com/retirement

1-877-562-4738

Financial Wellness

When we think about saving for retirement or addressing our financial situations, it's easy to say "I'll get to it later." But did you know improving your financial wellness can have a real effect on your well-being? Not only can it help you manage your money better, but you feel better— physically and mentally. Research shows more than half (53%) of employees report they are stressed when dealing with their financial situation.*

LCMH is committed to helping you improve your financial well-being. We want you to feel confident making a plan and sticking to it throughout your financial journey, stress free and feeling confident about your finances begins with education.

That's why we've partnered with Lincoln Financial Retirement Services to provide you opportunities to increase your financial knowledge and well-being.

Need Advice?

For help with retirement planning needs, such as funds allocation, projecting your retirement income requirements, and more, you can contact:

Parallel Advisors
Email matt.mcguire@paralleladvisors.com
Phone: 405.510.0593

Ryan Jones, CRPC, CRPS
Lincoln Retirement Consultant
Email: Ryan.Jones@lfg.com
Phone: 225-305-8539

Jayme Schwartzburg, CRPC, CRPS
Lincoln Retirement Consultant
Email: Jayme.Schwartzburg@lfg.com
Phone: 225-363-8767

*PWC May, 2018 Employee Financial Wellness Survey.



WellSteps Wellness Program

Lake Charles Memorial Health System offers a voluntary comprehensive wellness program for all employees enrolled in the medical insurance. We are dedicated to supporting you and your family members throughout your journey to improved health and wellness. By choosing to participate, you can earn a discount on your medical insurance by completing wellness activities. If you choose not to participate in the program, you will pay the regular (Bronze Level) insurance rate for your medical insurance.

All activities and points earned are due the last Friday of October.

How it works:

Each year, starting in January, a list of wellness activities will be posted on your WellSteps account. Simply log on to your account at wellsteps.com/lcmh. There are two discount levels, Silver (lower) discount and a Gold (higher) discount. All of the activities to earn a Silver discount are required. To go above & beyond, earning a Gold Discount, you can choose from a menu of items listed on your WellSteps account. New activities will appear each month throughout the year. It is important to log on once a month and not wait until the last minute.

All wellness rewards activities are due the **last Friday of October**, no exceptions.

If you are a new hire or have never participated in the wellness program you need to REGISTER YOUR WELLSTEPS account NOW:

1. Go to wellsteps.com/lcmh and click "REGISTER"
2. Enter your email address
3. Complete the registration instructions
4. Complete the Personal Health Assessment (PHA)
5. Your username: LCMH + employee ID number (ex: LCMH12345)

NEW HIRES: If you complete the PHA within 30 days of the effective date of your medical insurance, you will receive the Silver discount for the remainder of the current year.

Questions? Call the wellness department at 337-494-2882 or 377-494-2771 or view wellness jumpstart video at www.wellsteps.com/lcmh for more information.

Paid Time Off (PTO) and Extended Leave Bank (ELB)

It is the policy of Lake Charles Memorial Health System to provide compensated leave time to all eligible employees based on employment status and length of service. All full-time and part-time employees excluding those classified as temporary, contract or PRN are eligible for paid leave benefits. Hours begin accruing effective with the date of hire or the effective date of a status change, but are not eligible to use until the pay period following satisfactory completion of the ninety (90) day introductory period. This time can be used in increments of one (1) hour or more for planned and unplanned time off in accordance with departmental policy. The accrual schedule for full-time employee PTO is as follows:

Years Of Service	Hours Accrued Per Pay Period	PTO Hours Per Year
1 to 5	6.46	168 Hours
5 to 15	8.00	208 Hours
15+ years	9.54	248 Hours

*PTO hours will carry over to the next year. The maximum accrual for each level is the equivalent of two years of an annual accrual.

Option to Redeem PTO Hours for Cash

Lake Charles Memorial will now allow employees that meet the established criteria to “Sell” up to 80 hours of PTO once a year. You must leave a minimum of 80 hours in your bank for future needs. Example: If you have 145 hours of PTO, you can redeem 65 hours for cash which will leave 80 hours in your bank. **The hours you elect to be paid for will be compensated at 75% of their value.** Please reference the LCMH PTO Policy for details.

The **Extended Leave Bank** is available to full-time and part-time employees. ELB hours cannot be utilized until 24 hours of PTO have been used, unless you are hospitalized or have a procedure requiring moderate (conscious) sedation.

Full-time employees accrue 9 days/72 hours per year or 2.77 hours per pay period with a maximum accrual of 320 hours. Part-time employees accrue PTO and ELB based on hours paid in the pay period.

*ELB hours will carry over to the next year. The maximum accrual for ELB is the equivalent of two years of annual accrual. Unlike PTO, ELB is NOT paid out upon termination of employment.

Cost of Benefits

January 1, 2024 - December 31, 2024

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	MEDICAL PLAN OPTION 1 FULL-TIME EMPLOYEE RATES Bi-Weekly Employee Contribution					
	Bronze	Non-Nicotine Bronze	Silver	Non-Nicotine Silver	Gold	Non-Nicotine Gold
Employee Only	\$128.98	\$73.87	\$86.47	\$31.36	\$76.34	\$21.24
Employee + Spouse	\$451.68	\$396.57	\$303.21	\$248.11	\$265.94	\$210.83
Employee + Child(ren)	\$421.07	\$365.97	\$282.72	\$227.62	\$247.84	\$192.73
Family	\$611.75	\$556.64	\$412.34	\$357.23	\$363.19	\$308.08

Coverage Tier	MEDICAL PLAN OPTION 1 PART-TIME EMPLOYEE RATES Bi-Weekly Employee Contribution					
	Bronze	Non- Nicotine Bronze	Silver	Non-Nicotine Silver	Gold	Non-Nicotine Gold
Employee Only	\$200.71	\$145.60	\$135.92	\$80.81	\$120.41	\$65.30
Employee + Spouse	\$521.46	\$466.35	\$350.79	\$295.68	\$308.33	\$253.23
Employee + Child(ren)	\$489.61	\$434.51	\$329.45	\$274.34	\$289.46	\$234.36
Family	\$716.67	\$661.57	\$483.86	\$428.76	\$426.91	\$371.81

Coverage Tier	MEDICAL PLAN OPTION 2 (HDHP) FULL-TIME EMPLOYEE RATES Bi-Weekly Employee Contribution					
	Bronze	Non- Nicotine Bronze	Silver	Non-Nicotine Silver	Gold	Non-Nicotine Gold
Employee Only	\$92.04	\$36.94	\$70.78	\$15.68	\$65.72	\$10.62
Employee + Spouse/	\$253.39	\$198.29	\$179.16	\$124.05	\$160.52	\$105.41
Employee + Child(ren)	\$238.08	\$182.98	\$168.91	\$113.80	\$151.47	\$96.37
Family	\$333.42	\$278.32	\$233.73	\$178.62	\$209.14	\$154.04

Coverage Tier	MEDICAL PLAN OPTION 2 (HDHP) PART-TIME EMPLOYEE RATES Bi-Weekly Employee Contribution					
	Bronze	Non- Nicotine Bronze	Silver	Non-Nicotine Silver	Gold	Non-Nicotine Gold
Employee Only	\$127.91	\$72.80	\$95.51	\$40.41	\$87.76	\$32.65
Employee + Spouse	\$288.28	\$233.17	\$202.94	\$147.84	\$181.71	\$126.61
Employee + Child(ren)	\$272.36	\$217.26	\$192.28	\$137.18	\$172.28	\$117.17
Family	\$385.89	\$330.78	\$269.49	\$214.38	\$241.01	\$185.90

Cost of Benefits

January 1, 2024 - December 31, 2024

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Dental

Coverage Tier	Bi-Weekly Employee Contribution
	FULL-TIME & PART-TIME EMPLOYEES
	Dental Plan A
Employee Only	\$8.64
Employee + Spouse	\$16.50
Employee + Child(ren)	\$18.87
Family	\$27.54

Vision

Coverage Tier	Bi-Weekly Employee Contribution
	FULL-TIME & PART-TIME EMPLOYEES
	Vision Plan
Employee Only	\$3.85
Employee + Spouse	\$7.73
Employee + Child(ren)	\$8.29
Family	\$13.22

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Meritain Health (Group #: 14938)	866-760-9569	www.meritain.com
Prescription Drug Coverage	RxBenefits	800-334-8134	www.rxbenefits.com
Voluntary Benefits	Unum	800-635-5597	www.unum.com
Dental	Cigna	800-564-7642	www.mycigna.com
Vision	United Healthcare	800-638-3120	www.myuhcvision.com
Flexible Spending Accounts (FSAs)	Meritain Health	800-566-9305	www.meritain.com
Life/AD&D	MetLife	800-MET-6420	-
Disability	New York Life	800-842-4462	www.mynylgbs.com
Employee Assistance Program (EAP)	Life Assistance Program (New York Life)	800-344-9752	www.guidance@resources.com
FMLA	New York Life	888-842-4462	www.mynylgbs.com
Cobra	Plan Source	888-266-1732	cobra@plansource.com
Diabetic Program	Living Connected	800-966-2046	www.ccsmed.com
In-Network Pharmacy	-	Medical Plaza Pharmacy 337-494-2990	Moss Memorial Pharmacy 337-480-8273
Health Savings Account (HSA)	PayFlex	888-678-8242	www.payflex.com
Retirement Center	Lincoln Financial	877-562-4738	www.lincolnfinancial.com/retirement
Investment Guidance	Parallel Advisors	405-510-0593	matt.mcguire@paralleladvisors.com
Online Benefits Management	PlanSource	-	https://benefits.plansource.com
Wellness Program	WellSteps	337-494-2882 337-494-2771	www.wellsteps.com/lcmh
Payroll Advance	PayActive	877-937-6966	www.payactive.com/enrollme
Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/lcmh
Credit 4 Works	Credit 4 Works	800-409-3765	www.credit4work.com
Identity Theft Protection	LifeLock	800-607-9174	www.lifelock.com

Benefits Website

Our benefits website <https://benefits.plansource.com> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Human Resources Department at
337-494-3255

benefits@lcmh.com; Intranet:
Memorial HQ - Sharepoint

**Click here to Access our
Payroll Calendar**
(access from LCMH device)



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



Annual Notices

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 www.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 www.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 www.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 January 31, 2023. 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)
CALIFORNIA - Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
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+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: http://flmedicaidtprecovery.com/hipp Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131 Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) -564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspreassistance@accenture.com
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: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) (https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access (https://dvha.vermont.gov/members/medicaid/hipp-program) Phone: 1-800-250-8427
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

Annual Notices

To see if any other states have added a premium assistance program since January 31, 2023, 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.

Annual Notices

Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 337-494-3258 for more information.

Summary of Benefits and Coverage (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. To help you make an informed choice, the company makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about our health coverage in a standard format, to help you compare across options.

The SBC also includes a Glossary of Health Coverage and Medical Terms to help you better understand health care terms used in the SBC. You can obtain a copy of the SBC at no cost to you by contacting your local HR representative.

Please note: This guide is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Summary Plan Descriptions (SPDs). In the event of any differences between this guide and the SPDs, the SPDs will govern.

Mental Health Parity Act

Per the Mental Health Parity Act, benefits for mental health and substance-use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance-use disorder treatments. As always, treatments must be medically necessary to qualify for coverage. Plan participants should review their plan's certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental health care and substance-use disorder treatments.

Wellness Program Disclosure

HIPAA Wellness Notice

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all participants. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Shana Scales, Vice President of Human Resources, at 2000 Oak Park Blvd., Lake Charles, LA 70601, 337-494-3258, sscales@lcmh.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status, if you are eligible for an alternate standard

EEOC Wellness Notice

WellSteps Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA.

If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for Annual wellness visit with your physician.. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of Earn points that count toward Silver or Gold status.for Labs, wellness vists. Although you are not required to participate, only employees who do so will receive the incentive.

Additional incentives of up to Earn points that count toward Silver or Gold status. may be available for employees who participate in certain health-related activities Complete a WellSteps campaign and/or participate in biometric screenings. or achieve certain health outcomes Blood pressure, glucose reading, and LDL cholesterol in a healthy range or attend a healthy living class.. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard.You may request a reasonable accommodation or an alternative standard by contacting Emily Clyde at 2000 Oak Park Blvd Lake Charles, LA 70601, 337-494-2771, eclyde@lcmh.com..

Your results will be used to provide you with information to help you understand

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your current health and potential risks, and may also be used to offer you services through the wellness program, such as Healthy Living classes, health assessments, WellSteps campaigns, biometric screenings.. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital may use aggregate information it collects to design a program based on identified health risks in the workplace, WellSteps Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the WellSteps program. in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Shana Scales, Vice President of Human Resources at 2000 Oak Park Blvd., Lake Charles, LA 70601, 337-494-3258, sscales@lcmh.com.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no later than 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have 60 days after the date of the event to request enrollment in your employer's plan:

- ▶ Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- ▶ Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event and provide the employer plan with timely notice of the event and your enrollment request. .

To request special enrollment or obtain more information, contact Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital, Human Resource Dept. at 337-494-3257.

Notice of Availability of HIPAA Notice of Privacy Practices

Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital

1701 Oak Park Blvd, Lake Charles, LA 70601

11/1/2023

To: Participants in the Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital Employee Benefit Plan

From: Shana Scales, Vice President of Human Resources

Re: Availability of Notice of Privacy Practices

The Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital Employee Benefit Plan (each a "Plan") maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Bernita Loyd, Administrator Womens Campus at 1900 W. Gauthier Rd Lake Charles, LA 70605, 337-494-3000, bloyd@lcmh.com.

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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 November 1, 2023 for coverage starting January 1, 2024.

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% (as adjusted annually) 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.

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 Shana Scales, Vice President of Human Resources at 2000 Oak Park Blvd., Lake Charles, LA 70601, 337-494-3258, sscales@lcmh.com.

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.

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.

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

3. Employer name Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital	4. Employer Identification Number (EIN) 72-0551963
5. Employer address, 7. City, 8. State, 9. Zip Code 1701 Oak Park Blvd, Lake Charles, LA 70601	6. Employer phone number 337-494-3255
10. Who can we contact about employee health coverage at this job? Shana Scales, Vice President of Human Resources	
11. Phone number (if different from above) 337-494-3258	12. Email address sscales@lcmh.com

As your employer, we offer a health plan to:

Some employees. Eligible employees are: Full-time or Part-time employees

With respect to dependents:

We do offer coverage. Eligible dependents are: Your legally married spouse. Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health 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.

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Medicare Part D Creditable Coverage Notice

Important Notice from Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital (the "Plan Sponsor") and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Plan Sponsor changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: 01/01/2023

Name of Entity/Sender: Southwest Louisiana Hospital Association d/b/a/ Lake Charles Memorial Hospital

Contact-Position/Office: Vice President of Human Resources

Address: 1701 Oak Park Blvd, Lake Charles, LA 70601

Phone Number: 337-494-3255