

2017

MASTER

BENEFITS

BOOKLET

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Welcome!

Regional West is proud to provide a competitive healthcare and benefits package. We believe that our employees are truly our most valuable asset and important to our continued success. That's why we proudly offer a comprehensive and valuable benefits package designed to fit your needs and the needs of your family.

We want to engage all employees to become partners in managing our benefit expenses by giving you the financial incentive and knowledge needed to be wise benefit consumers. We have structured our programs to give you choice flexibility and we are committed to doing our very best to continue to provide competitive benefits for our employees.

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The contents of this booklet are intended to provide only an overview of Regional West benefit programs and are not to be interpreted as all-inclusive. Please refer to the official plan documents for detailed information regarding benefits and your eligibility for those benefits. Your receipt of this booklet or any of the pages herein does not imply a contract of employment with Regional West.

The Regional West Medical Plan provides coverage for medical services for Full Time and Part Time 1 employees who elect to enroll. The Regional West Medical Plan is self-funded and administered by Regional Care Inc. (RCI). Under this plan you have the freedom to select your health care provider, however, when you choose a Regional West provider you will receive the maximum level of benefit available through the plan as indicated in Tier 1 below.

PLAN FEATURES	IN-NETWORK <i>(shared deductible)</i>		OUT-OF-NETWORK <i>(separate deductible)</i>
	Tier 1	Tier 2	Tier 3
Individual/Family Deductibles	\$2,600/person \$5,200/family		\$5,000/person \$10,000/family
Co-Insurance Ratio <i>% paid by plan after deductible has been met</i>	100%	85%	50%
Co-Insurance Out of Pocket Maximum	Not Applicable	\$2,000/person \$4,000/family	\$5,000/person \$10,000/family
Prescription Drug Coverage <i>% paid by plan after deductible has been met</i>	100%	85%	50%
Annual Out of Pocket Maximum	\$2,600/person \$5,200/family	\$4,600/person \$9,200/family	\$10,000/person \$20,000/family

NOTABLE PLAN FEATURES:

- Chiropractic care is covered under Tier 2.
- Dependents are eligible to remain on the medical plan until age 26, regardless of status.
- You are eligible to enroll in a Health Savings Account (HSA) when you enroll in this plan.
- Annual wellness exams and other preventative services* for you and your dependents are covered at no cost to you; your deductible does not have to be met to utilize this benefit.
- The cost of office visits, emergency services, prescription drugs, and other plan services all contribute toward your deductible amount.
- Prescription strength Omeprazole and Over-The-Counter (OTC) non-sedating antihistamines (e.g. Claritin, Zyrtec and Allegra) are covered at \$0 with a valid prescription. Your deductible does not have to be met to utilize this benefit
- Domestic partners are not eligible for coverage.



*Preventive services do not include services intended to treat an existing illness or injury but are used to prevent future health issues and intervene at an earlier time. Payment of benefits will depend on how the provider submits claims. If claims are not submitted with the appropriate code for preventive services, claims will not be paid at 100%. If you are visiting the physician for multiple reasons, your visit may not be covered at 100%.

MONTHLY PREMIUMS

	Coverage Level	Your Plan Cost	Employer Pays
<input type="radio"/>	 EMPLOYEE	\$128.00	\$806.60
<input type="radio"/>	 EMPLOYEE + SPOUSE	\$206.00	\$1,770.30
<input type="radio"/>	 EMPLOYEE + CHILDREN	\$206.00	\$1,770.30
<input type="radio"/>	 EMPLOYEE + FAMILY	\$246.00	\$1,887.22

Premiums are pre-paid (month prior to coverage start) and are deducted pre-tax. To determine the cost per pay check, divide the monthly premium in half.

PROVIDERS

The Regional West provider network is constantly growing and changing, bringing more health care options to our employees. If you're uncertain of a providers network status, be sure to confirm with RCI before scheduling an appointment.

MEDICAL PLAN SUMMARY

Eligibility for coverage

All full-time and part-time 1 employees are eligible for coverage the 1st day of the month following date of hire.

How to enroll

Enroll online through ADP self service (workforcenow.adp.com) within 30 days of date of hire or coverage is automatically waived.

Late enrollment and changes

Newly hired employees must enroll within 30 days of date of hire or coverage is automatically waived. Subsequent changes may be made in the event of a life/status change or during the annual open enrollment period. Life/status event changes must be submitted within 30 days of the event and will be effective the 1st of the month following the completion of enrollment through ADP self service.

Upon Termination of Employment

Benefits end on the last day of the month in which employment ends. Health benefits may be continued under COBRA continuation guidelines. A COBRA continuation notice is mailed to terminating employees from Regional Care, Inc.

The Regional West Wellness Program is a partnership between Regional West and employees enrolled in the health plan. The program rewards employees who are maintaining good health as well as those who aren't there yet, but are taking steps toward good health. Participation in the program has three main components:



1. Health Evaluation Blood Draw: The health evaluation and blood draw are provided at no cost to the employee. These are required activities to qualify for health premium discounts. Spouses covered by the health plan must also participate in this component.

2. Healthy Activities: Online challenges, workshops, and other events are available to employees through www.myinteractivehealth.com. Participation in these activities will help you develop healthy habits that enable success in component three.

3. Meet or Maintain Your Health Score: The health screen blood draw will provide you with a health score and goal for the next calendar year. Meeting or maintaining your score will qualify you for additional health plan discounts! Spouses covered by the health plan must also meet their goals for the additional discounts to apply.

QUALIFYING FOR HEALTH PREMIUM DISCOUNTS

TOTAL DISCOUNT PER MONTH

	Year 1*	Year 2	Ongoing
Enroll in the Wellness Program & participate in the blood draw	\$50	\$50	\$50
Meet your health score goal	n/a	\$25	\$25
Total Monthly Discount	\$50	\$75	\$75

*Employees are ineligible for the Wellness discount during the first calendar year of employment. Eligibility will begin January 1 of the year following the employees first annual Open Enrollment election.

Regional West has engaged the Interactive Health organization to deliver an enhanced wellness program designed to make healthy living both fun and rewarding.

To sign up for health challenges and review your health score, log on to www.myinteractivehealth.com and register with the sponsor code **P8JBG**.



CONCERNED ABOUT MEETING YOUR HEALTH GOALS?

If you are unable to participate in the health evaluation, which is required for you to earn an incentive under this wellness program, you may qualify for an opportunity to earn the same incentive through an alternative course of action. Please contact Interactive Health at least prior to the annual blood draw at (800) 840-6100 or at rasrequest@interactivehealthinc.com to ask our health management team about a reasonable alternative standard to qualify for the incentive.

Regular dental care is an important part of your overall health. The Regional West Dental Plan helps you maintain healthy teeth through preventative dental care, and share the cost to fix problems when they occur. The Regional West Dental Plan is administered by Regional Care, Inc.

PLAN FEATURES	COVERAGE	
<p>Preventative Services</p> <ul style="list-style-type: none"> • Routine oral exams. This includes the cleaning and scaling of teeth. Limit of two (2) exams per covered person each calendar year. • One bitewing X-ray series every calendar year. • One full mouth X-ray every five (5) Calendar Years. • One fluoride treatment for covered dependent children under age 19 each calendar year. • Space maintainers for covered dependent children under age 19 to replace primary teeth. • Emergency palliative treatment for pain. • Sealants on the occlusal surface of a permanent posterior tooth for Dependent children under age 14, once per tooth in any 36 consecutive month period. 	<p>100% covered by the plan</p>	
<p>Basic Services</p> <ul style="list-style-type: none"> • Dental X-rays not included in Class A. • Oral surgery. Oral surgery is limited to removal of teeth, preparation of the mouth for dentures, and removal of tooth-generated cysts of less than 1/4 inch. • Periodontics (gum treatments). • Endodontics (root canals). • Extractions. This service includes local anesthesia and routine post-operative care. • Re-cementing bridges, crowns, or inlays. • Fillings, other than gold. • General anesthetics, upon demonstration of medical necessity. • Antibiotic drugs. 	<p>Deductible:</p>	<p>\$25</p>
<p>Major Services <i>(12 month waiting period for each covered member)</i></p> <ul style="list-style-type: none"> • Gold restorations, inlays, onlays, and foil fillings. The cost of gold restorations in excess of the cost for other materials will be included only when the teeth must be restored with gold. Installation of crowns. • Installing precision attachments for removable dentures. • Installing partial, full, or removable dentures to replace one or more natural teeth. This includes all adjustments made during six (6) months following the installation. • Addition of clasp or rest to existing partial removable dentures. • Initial installation of fixed bridgework to replace one or more natural teeth. Repair of crowns, bridgework, and removable dentures. • Rebasement or relining of removable dentures. • Dental implants. • Replacing an existing removable denture or bridgework, adding teeth to an existing denture, or adding teeth to existing bridgework to replace newly-extracted teeth. 	<p>Deductible:</p>	<p>\$25</p>
<p>Orthodontia <i>(12 month waiting period for each covered member)</i> (children under 19 years of age) \$5,000 lifetime maximum per child</p>	<p>Co-Insurance Ratio: <i>% paid by plan after deductible has been met</i></p>	<p>50%</p>

\$2,500 annual maximum (per each covered member) for preventative, basic, and major services.



NOTABLE PLAN FEATURES:

- Dependents are eligible to remain on the medical plan until age 26, regardless of status.
- Preventative services* for you and your dependents are covered at no cost to you; your deductible does not have to be met to utilize this benefit.
- There are no "In-Network" or "Out-of-Network" providers with this plan. Rather, local providers have agreed to Usual, Customary, and Reasonable (UCR) rates for plan services.
- Choosing a provider who has not agreed to a UCR may leave you owing a balance to that provider beyond the scope of this plan. Please review the listing of providers on the Benefits page of the Regional West intranet site to confirm your providers participation.
- Domestic partners are not eligible for coverage.

MONTHLY PREMIUMS

Coverage Level	Your Plan Cost	Employer Pays
 EMPLOYEE	\$20.00	\$22.48
 EMPLOYEE + SPOUSE	\$40.00	\$52.46
 EMPLOYEE + CHILDREN	\$42.00	\$50.46
 EMPLOYEE + FAMILY	\$64.00	\$45.88

Premiums are pre-paid (month prior to coverage start) and are deducted pre-tax. To determine the cost per pay check, divide the monthly premium in half.

DENTAL PLAN SUMMARY

Eligibility for coverage

All full-time and part-time 1 employees are eligible for coverage the 1st day of the month following date of hire.

How to enroll

Enroll online through ADP self service (workforcenow.adp.com) within 30 days of date of hire or coverage is automatically waived.

Late enrollment and changes

Newly hired employees must enroll within 30 days of date of hire or coverage is automatically waived. Subsequent changes may be made in the event of a life/status change or during the annual open enrollment period. Life/status event changes must be submitted within 30 days of the event and will be effective the 1st of the month following the completion of enrollment through ADP self service.

Upon Termination of Employment

Benefits end on the last day of the month in which employment ends. Dental benefits may be continued under COBRA continuation guidelines. A COBRA continuation notice is mailed to terminating employees from Regional Care, Inc.

A Health Savings Account (HSA) is a tax-advantaged savings account that can be funded by individuals whose only health care coverage is provided through the Regional West Health Plan. Establishing an HSA to fund your out-of-pocket expenses will help you cover your health care expenses on a tax-free basis. If you choose to enroll in the Regional West Health Plan, you may be eligible to open an HSA. Regional West HSA accounts are managed by Western States Bank.

Eligibility for an HSA

To open an HSA, you must be:

- Covered under the Regional West health plan
- **Not** covered under any other health plan
- **Not** be enrolled in Medicare, Tricare, or any other plan that is not considered a high deductible health plan
- **Not** contributing to a medical Flexible Spending Account (FSA) and,
- **Not** claimed as a dependent on another person's tax return.

*ANNUAL CONTRIBUTION LIMITS

Employee Only Coverage:	\$3,400
Employee & Dependent Coverage:	\$6,750
HSA Catch-up (Age 55+):	\$1,000

**RWHS match contributions contribute to this limit*

HSA Advantages

- Regional West offers convenient pre-tax payroll deductions to your HSA.
- It's *your* money. Whether you change jobs or medical plans, the money in your account goes with you.
- Money in your account carries over year to year. There is no use-it-or-lose-it rule. You may use it to pay for current expenses or save and invest for medical expenses in the future.
- You can change your contribution amount at any time throughout the year through ADP self service.
- Once the balance reaches \$10,000, you may invest a portion of the balance into a select group of mutual funds.
- Funds can be used to covered qualifying medical expenses for you and your family. If you uncertain whether a member of your family qualifies, please contact Human Resources.
- If you and your spouse are both employed by Regional West and are both eligible to open an HSA, you both may open an account. Annual household contribution limits still apply.

AGAIN IN 2017 - REGIONAL WEST FUNDING!

Regional West will match HSA payroll contributions dollar-for-dollar up to \$30 per pay period; a potential total of \$780 a year!

How to Open an Account

- Complete the online election through ADP self service (workforcenow.adp.com)
- Complete the paper Western States Bank account application available through ADP self service
- Return the paper application and a copy of your drivers license to Human Resources

Required paperwork MUST be returned or you account will not be opened

FLEXIBLE SPENDING ACCOUNTS

Regional West Flexible Accounts (FSA) allow you to pay for certain health and dependent care expenses on a pre-tax basis. Regional West offers three types of FSA accounts, listed below, all administered by Regional Care, Inc.

Health FSA

These funds can be used to cover qualified out-of-pocket medical, dental and vision expenses not covered by insurance. You may use your these dollars to pay for yourself and any family members' expenses regardless of your health plan coverage. **However, you may NOT participate in this benefit if you participate in a Health Savings Account (HSA).** To use your funds:

- Your entire account balance is available immediately to reimburse your expenses.
- You may use the "Benny" debit card to pay for expenses directly - the debit card draws money straight from your account.
- You can submit a claim form to RCI for reimbursement.

Limited Purpose FSA

These funds can be used to cover qualified out-of-pocket expenses for **dental and vision ONLY**. Unlike the Health FSA, these funds **can be used in conjunction with an HSA account**. To use your funds:

- Your entire account balance is available immediately to reimburse your expenses.
- You may use the "Benny" debit card to pay for expenses directly - the debit card draws money straight from your account.
- You can submit a claim form to RCI for reimbursement.

Dependent Care FSA

You can set aside pre-tax dollars to help cover the cost of day care for dependent children under the age of 13. The expenses must be incurred to enable you to be gainfully (earning income) employed. Unlike the other FSA options, **these funds are only available as you contribute them through payroll.**

To use your funds:

- You may use the "Benny" debit card to pay for expenses directly - the debit card draws money straight from your account.
- You can submit a claim form to RCI for reimbursement.

ANNUAL CONTRIBUTION LIMITS	
Health FSA	\$2,600
Limited Purpose FSA	\$2,600
Dependent Care FSA (married)	\$5,000



Other FSA Features

- When you enroll, you must elect the amount you wish to defer for the calendar year; the amount you elect will be evenly divided by the remaining payrolls in the calendar year.
- Each FSA is a separate account; you cannot transfer money between different account types.
- You will receive separate "Benny" prepaid debit cards for each account you elect.
You will be required to submit copies of receipts for all expenses; be sure to keep copies.
- Regional West offers a 2 1/2 month grace period to spend your account funds at the end of the calendar year. Expenses incurred through March 15, 2018 can be reimbursed for the 2017 plan year. Funds not used by that date will be forfeited.
- Funds cannot be used for 2016 expenses.

FLEXIBLE SPENDING ACCOUNT SUMMARY

Eligibility for coverage

All full-time and part-time 1 employees are eligible for coverage the 1st day of the month following date of hire.

How to enroll

Enroll online through ADP self service (workforcenow.adp.com) within 30 days of date of hire or coverage is automatically waived.

Late enrollment and changes

Newly hired employees must enroll within 30 days of date of hire or coverage is automatically waived. Subsequent changes may be made in the event of a life/status change or during the annual open enrollment period. Life/status event changes must be submitted within 30 days of the event and will be effective the 1st of the month following the completion of enrollment through ADP self service.

Upon Termination of Employment

Benefits end on the last day of the month in which employment ends. FSA benefits may be continued under COBRA continuation guidelines. A COBRA continuation notice is mailed to terminating employees from Regional Care, Inc.

HSA OR FSA - WHICH WORKS BETTER FOR YOU?

	HSA	FSA
Pre-Tax	X	X
Regional West Match \$	X	
Full elected balance is available right away		X
Funds can be rolled over year-to-year	X	
Funds can be used for expenses from any year	X	
Funds go with you if you if you change jobs or medical plans	X	
Pay period election amount can be changed throughout the year	X	
Funds may be used for long term investment based on account balance	X	

The Regional West vision plan administered by VSP is a vision care program designed to offer the very best level of eye care to you and your family. This comprehensive plan provides primary vision care benefits that include eye exams, prescriptions lenses, eye frames, and contact lenses.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$145 allowance for a wide selection of frames \$165 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$50 \$50 \$50	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$145 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses		
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening		
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.



MONTHLY PREMIUMS

	Coverage Level	Your Plan Cost	Employer Pays
<input type="radio"/>	 EMPLOYEE	\$9.68	\$0.00
<input type="radio"/>	 EMPLOYEE + SPOUSE	\$19.36	\$0.00
<input type="radio"/>	 EMPLOYEE + CHILDREN	\$20.70	\$0.00
<input type="radio"/>	 EMPLOYEE + FAMILY	\$33.10	\$0.00

Premiums are pre-paid (month prior to coverage start) and are deducted pre-tax. To determine the cost per pay check, divide the monthly premium in half.

FIND A PROVIDER

To find a VSP provider, visit vsp.com or call **800-877-7195**



VISION PLAN SUMMARY

Eligibility for coverage

All full-time and part-time 1 employees are eligible for coverage the 1st day of the month following date of hire.

How to enroll

Enroll online through ADP self service (workforcenow.adp.com) within 30 days of date of hire or coverage is automatically waived.

Late enrollment and changes

Newly hired employees must enroll within 30 days of date of hire or coverage is automatically waived. Subsequent changes may be made in the event of a life/status change or during the annual open enrollment period. Life/status event changes must be submitted within 30 days of the event and will be effective the 1st of the month following the completion of enrollment through ADP self service.

Upon Termination of Employment

Benefits end on the last day of the month in which employment ends. Vision benefits may be continued under COBRA continuation guidelines. A COBRA continuation notice is mailed to terminating employees from Regional Care, Inc.

Life and accident insurance can protect against financial consequences if the unthinkable happens. Regional West provides basic life and accidental death and dismemberment (ADD) insurance for Full Time and Part Time 1 employees, as well as offers an option for those employees to purchase additional supplemental insurance through Reliance Standard.

EMPLOYER PAID BASIC LIFE & ADD

Full Time Employees:

Regional West Life Insurance pays a benefit of one times annual earnings, rounded to the next higher \$1,000, subject to a maximum of \$500,000 for Full Time employees*.

Part Time 1 Employees:

Regional West Life Insurance pays a benefits of \$10,000 for Part Time 1 employees*.

**Life benefit reduced at age 65 by 35%, at age 70 by 60%, and at age 75 by 80%*

In addition to the Basic Life benefit your beneficiary will also receive an Accidental Death benefit **equal** to your Basic Life amount in the event of death due to accidental means. Accidental Dismemberment pays for major loss of limb or sight due to accidental bodily injury. Additional benefits are also payable in the event of a covered loss while properly wearing a seat belt or occupying a seat equipped with an air bag. For a comprehensive list of covered items and exclusions please reference the plan Certificate of Insurance.

BASIC LIFE SUMMARY

Eligibility for coverage

All full-time and part-time 1 employees are eligible for coverage after three months of employment.

How to enroll

Eligible employees are automatically enrolled in coverage, however employees are strongly encouraged to indicate plan beneficiaries in ADP Self Service (workforcenow.adp.com)

Upon Termination of Employment

Benefits end on the last day worked. Conversion privilege enables you to convert your coverage to a private policy within 31 days of your termination date. A written application and first full premium payment to the carrier is required within that time frame.

EMPLOYEE PAID SUPPLEMENTAL LIFE

For additional financial protection, Full Time and Part Time 1 employees are also eligible to purchase supplemental life insurance for themselves, their spouse, and their child dependents through Reliance Standard. Employees pay the full cost of this coverage at group rates with after-tax contributions.

NOTABLE PLAN FEATURES:

- First time eligible enrollees may elect up to the Guaranteed Issue amount for themselves and/or a spouse in any \$10,000 increment. **(Rates available on page 14)**
- Coverage over the Guaranteed Issue limit, or any amount after the initial eligibility period, requires Evidence of Insurability and approval by Reliance Standard.
- You may elect up to 100% of your coverage amount for your spouse.
- \$10,000 of coverage is available for all of your child dependents for **\$.75 per pay period**. Child dependents are defined as unmarried, financially dependent children age 14 days to 20 years (26 if full time student).

**Life benefit reduced at age 65 by 35%, at age 70 by 60%, and at age 75 by 80%*

BENEFIT ELECTION	EMPLOYEE	**SPOUSE	**CHILD
Minimum Coverage	\$10,000	\$10,000	\$10,000
Maximum Coverage	\$500,000	\$500,000	\$10,000
Guaranteed Issue	\$200,000	\$30,000	\$10,000
Purchase Increments	\$10,000	\$10,000	n/a

***You must elect coverage for yourself to be eligible to elect coverage for your spouse or dependents*

SUPPLEMENTAL LIFE SUMMARY

Eligibility for coverage

All full-time and part-time 1 employees are eligible upon date of hire for coverage up to the guaranteed issue amount. Any coverage elected after the initial enrollment is effective upon carrier approval.

How to enroll

Enroll online through ADP self service (workforcenow.adp.com) within 30 days of date of hire to take advantage of guaranteed issue coverage levels. A paper application must also be completed, and is available to be printed from the ADP enrollment screen. This application must be returned to HR within 30 days of date of hire.

Late enrollment and changes

Newly hired employees must enroll within 30 days of date of hire to qualify for guaranteed issue coverage levels. Subsequent changes may be made at any time but no longer qualify for guaranteed issue coverage.

Upon Termination of Employment

Benefits end on the last day worked. Conversion privilege enables you to convert your coverage to a private policy within 31 days of your termination date. A written application and first full premium payment to the carrier is required within that time frame.

EMPLOYEE PAID SUPPLEMENTAL LIFE RATES (per month)

Rates for both employee and spouse are based on employees age January 1 of the plan year.

Coverage Level	Age								
	<34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 10,000.00	\$ 0.48	\$ 0.76	\$ 1.14	\$ 1.52	\$ 2.47	\$ 4.18	\$ 6.27	\$ 11.70	\$ 19.60
\$ 20,000.00	\$ 0.96	\$ 1.52	\$ 2.28	\$ 3.04	\$ 4.94	\$ 8.36	\$ 12.54	\$ 23.40	\$ 39.20
\$ 30,000.00	\$ 1.44	\$ 2.28	\$ 3.42	\$ 4.56	\$ 7.41	\$ 12.54	\$ 18.81	\$ 35.10	\$ 58.80
\$ 40,000.00	\$ 1.92	\$ 3.04	\$ 4.56	\$ 6.08	\$ 9.88	\$ 16.72	\$ 25.08	\$ 46.80	\$ 78.40
\$ 50,000.00	\$ 2.40	\$ 3.80	\$ 5.70	\$ 7.60	\$ 12.35	\$ 20.90	\$ 31.35	\$ 58.50	\$ 98.00
\$ 60,000.00	\$ 2.88	\$ 4.56	\$ 6.84	\$ 9.12	\$ 14.82	\$ 25.08	\$ 37.62	\$ 70.20	\$ 117.60
\$ 70,000.00	\$ 3.36	\$ 5.32	\$ 7.98	\$ 10.64	\$ 17.29	\$ 29.26	\$ 43.89	\$ 81.90	\$ 137.20
\$ 80,000.00	\$ 3.84	\$ 6.08	\$ 9.12	\$ 12.16	\$ 19.76	\$ 33.44	\$ 50.16	\$ 93.60	\$ 156.80
\$ 90,000.00	\$ 4.32	\$ 6.84	\$ 10.26	\$ 13.68	\$ 22.23	\$ 37.62	\$ 56.43	\$ 105.30	\$ 176.40
\$ 100,000.00	\$ 4.80	\$ 7.60	\$ 11.40	\$ 15.20	\$ 24.70	\$ 41.80	\$ 62.70	\$ 117.00	\$ 196.00
\$ 110,000.00	\$ 5.28	\$ 8.36	\$ 12.54	\$ 16.72	\$ 27.17	\$ 45.98	\$ 68.97	\$ 128.70	\$ 215.60
\$ 120,000.00	\$ 5.76	\$ 9.12	\$ 13.68	\$ 18.24	\$ 29.64	\$ 50.16	\$ 75.24	\$ 140.40	\$ 235.20
\$ 130,000.00	\$ 6.24	\$ 9.88	\$ 14.82	\$ 19.76	\$ 32.11	\$ 54.34	\$ 81.51	\$ 152.10	\$ 254.80
\$ 140,000.00	\$ 6.72	\$ 10.64	\$ 15.96	\$ 21.28	\$ 34.58	\$ 58.52	\$ 87.78	\$ 163.80	\$ 274.40
\$ 150,000.00	\$ 7.20	\$ 11.40	\$ 17.10	\$ 22.80	\$ 37.05	\$ 62.70	\$ 94.05	\$ 175.50	\$ 294.00
\$ 160,000.00	\$ 7.68	\$ 12.16	\$ 18.24	\$ 24.32	\$ 39.52	\$ 66.88	\$ 100.32	\$ 187.20	\$ 313.60
\$ 170,000.00	\$ 8.16	\$ 12.92	\$ 19.38	\$ 25.84	\$ 41.99	\$ 71.06	\$ 106.59	\$ 198.90	\$ 333.20
\$ 180,000.00	\$ 8.64	\$ 13.68	\$ 20.52	\$ 27.36	\$ 44.46	\$ 75.24	\$ 112.86	\$ 210.60	\$ 352.80
\$ 190,000.00	\$ 9.12	\$ 14.44	\$ 21.66	\$ 28.88	\$ 46.93	\$ 79.42	\$ 119.13	\$ 222.30	\$ 372.40
\$ 200,000.00	\$ 9.60	\$ 15.20	\$ 22.80	\$ 30.40	\$ 49.40	\$ 83.60	\$ 125.40	\$ 234.00	\$ 392.00
\$ 210,000.00	\$ 10.08	\$ 15.96	\$ 23.94	\$ 31.92	\$ 51.87	\$ 87.78	\$ 131.67	\$ 245.70	\$ 411.60
\$ 220,000.00	\$ 10.56	\$ 16.72	\$ 25.08	\$ 33.44	\$ 54.34	\$ 91.96	\$ 137.94	\$ 257.40	\$ 431.20
\$ 230,000.00	\$ 11.04	\$ 17.48	\$ 26.22	\$ 34.96	\$ 56.81	\$ 96.14	\$ 144.21	\$ 269.10	\$ 450.80
\$ 240,000.00	\$ 11.52	\$ 18.24	\$ 27.36	\$ 36.48	\$ 59.28	\$ 100.32	\$ 150.48	\$ 280.80	\$ 470.40
\$ 250,000.00	\$ 12.00	\$ 19.00	\$ 28.50	\$ 38.00	\$ 61.75	\$ 104.50	\$ 156.75	\$ 292.50	\$ 490.00
\$ 260,000.00	\$ 12.48	\$ 19.76	\$ 29.64	\$ 39.52	\$ 64.22	\$ 108.68	\$ 163.02	\$ 304.20	\$ 509.60
\$ 270,000.00	\$ 12.96	\$ 20.52	\$ 30.78	\$ 41.04	\$ 66.69	\$ 112.86	\$ 169.29	\$ 315.90	\$ 529.20
\$ 280,000.00	\$ 13.44	\$ 21.28	\$ 31.92	\$ 42.56	\$ 69.16	\$ 117.04	\$ 175.56	\$ 327.60	\$ 548.80
\$ 290,000.00	\$ 13.92	\$ 22.04	\$ 33.06	\$ 44.08	\$ 71.63	\$ 121.22	\$ 181.83	\$ 339.30	\$ 568.40
\$ 300,000.00	\$ 14.40	\$ 22.80	\$ 34.20	\$ 45.60	\$ 74.10	\$ 125.40	\$ 188.10	\$ 351.00	\$ 588.00
\$ 310,000.00	\$ 14.88	\$ 23.56	\$ 35.34	\$ 47.12	\$ 76.57	\$ 129.58	\$ 194.37	\$ 362.70	\$ 607.60
\$ 320,000.00	\$ 15.36	\$ 24.32	\$ 36.48	\$ 48.64	\$ 79.04	\$ 133.76	\$ 200.64	\$ 374.40	\$ 627.20
\$ 330,000.00	\$ 15.84	\$ 25.08	\$ 37.62	\$ 50.16	\$ 81.51	\$ 137.94	\$ 206.91	\$ 386.10	\$ 646.80
\$ 340,000.00	\$ 16.32	\$ 25.84	\$ 38.76	\$ 51.68	\$ 83.98	\$ 142.12	\$ 213.18	\$ 397.80	\$ 666.40
\$ 350,000.00	\$ 16.80	\$ 26.60	\$ 39.90	\$ 53.20	\$ 86.45	\$ 146.30	\$ 219.45	\$ 409.50	\$ 686.00
\$ 360,000.00	\$ 17.28	\$ 27.36	\$ 41.04	\$ 54.72	\$ 88.92	\$ 150.48	\$ 225.72	\$ 421.20	\$ 705.60
\$ 370,000.00	\$ 17.76	\$ 28.12	\$ 42.18	\$ 56.24	\$ 91.39	\$ 154.66	\$ 231.99	\$ 432.90	\$ 725.20
\$ 380,000.00	\$ 18.24	\$ 28.88	\$ 43.32	\$ 57.76	\$ 93.86	\$ 158.84	\$ 238.26	\$ 444.60	\$ 744.80
\$ 390,000.00	\$ 18.72	\$ 29.64	\$ 44.46	\$ 59.28	\$ 96.33	\$ 163.02	\$ 244.53	\$ 456.30	\$ 764.40
\$ 400,000.00	\$ 19.20	\$ 30.40	\$ 45.60	\$ 60.80	\$ 98.80	\$ 167.20	\$ 250.80	\$ 468.00	\$ 784.00
\$ 410,000.00	\$ 19.68	\$ 31.16	\$ 46.74	\$ 62.32	\$ 101.27	\$ 171.38	\$ 257.07	\$ 479.70	\$ 803.60
\$ 420,000.00	\$ 20.16	\$ 31.92	\$ 47.88	\$ 63.84	\$ 103.74	\$ 175.56	\$ 263.34	\$ 491.40	\$ 823.20
\$ 430,000.00	\$ 20.64	\$ 32.68	\$ 49.02	\$ 65.36	\$ 106.21	\$ 179.74	\$ 269.61	\$ 503.10	\$ 842.80
\$ 440,000.00	\$ 21.12	\$ 33.44	\$ 50.16	\$ 66.88	\$ 108.68	\$ 183.92	\$ 275.88	\$ 514.80	\$ 862.40
\$ 450,000.00	\$ 21.60	\$ 34.20	\$ 51.30	\$ 68.40	\$ 111.15	\$ 188.10	\$ 282.15	\$ 526.50	\$ 882.00
\$ 460,000.00	\$ 22.08	\$ 34.96	\$ 52.44	\$ 69.92	\$ 113.62	\$ 192.28	\$ 288.42	\$ 538.20	\$ 901.60
\$ 470,000.00	\$ 22.56	\$ 35.72	\$ 53.58	\$ 71.44	\$ 116.09	\$ 196.46	\$ 294.69	\$ 549.90	\$ 921.20
\$ 480,000.00	\$ 23.04	\$ 36.48	\$ 54.72	\$ 72.96	\$ 118.56	\$ 200.64	\$ 300.96	\$ 561.60	\$ 940.80
\$ 490,000.00	\$ 23.52	\$ 37.24	\$ 55.86	\$ 74.48	\$ 121.03	\$ 204.82	\$ 307.23	\$ 573.30	\$ 960.40
\$ 500,000.00	\$ 24.00	\$ 38.00	\$ 57.00	\$ 76.00	\$ 123.50	\$ 209.00	\$ 313.50	\$ 585.00	\$ 980.00

Note: Life benefit reduced at age 65 by 35%, at age 70 by 60%, and at age 75 by 80%

ACCIDENTAL DEATH & DISMEMBERMENT

For additional financial protection, Full Time and Part Time 1 employees are also eligible to purchase supplemental Accidental Death and Dismemberment (ADD) insurance for themselves and their spouse through Reliance Standard. Employees pay the full cost of this coverage at group rates with after-tax contributions.

ADD insurance is a financial safeguard in the event of a an accident that results in loss of life or limb. Additional benefits are also payable in the event of a covered loss while properly wearing a seat belt or occupying a seat equipped with an air bag. For a comprehensive list of covered items and exclusions please reference the plan Certificate of Insurance.

You may elect up to 100% of your coverage amount for your spouse. **(Rates are available on page 16)**

FOR ACCIDENTAL LOSS OF:	AMOUNT PAYABLE:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

SUPPLEMENTAL ADD SUMMARY

Eligibility for coverage

All full-time and part-time 1 employees are eligible upon date of hire.

How to enroll

Enroll online through ADP self service (workforcenow.adp.com) within 30 days of date of hire. A paper application must also be completed, and is available to be printed from the ADP enrollment screen. This application must be returned to HR within 30 days of date of hire.

Late enrollment and changes

Newly hired employees must enroll within 30 days of date of hire. Subsequent changes may be made at any time but will require approval by the carrier.

Upon Termination of Employment

Benefits end on the last day worked. Conversion privilege enables you to convert your coverage to a private policy within 31 days of your termination date. A written application and first full premium payment to the carrier is required within that time frame.

EMPLOYEE PAID SUPPLEMENTAL ADD RATES (per month)

Rates for both employee and spouse are based on employees age January 1 of the plan year.

Coverage Level	Age								
	<34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$ 10,000.00	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20
\$ 20,000.00	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40
\$ 30,000.00	\$ 0.60	\$ 0.60	\$ 0.60	\$ 0.60	\$ 0.60	\$ 0.60	\$ 0.60	\$ 0.60	\$ 0.60
\$ 40,000.00	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80
\$ 50,000.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00
\$ 60,000.00	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.20
\$ 70,000.00	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.40
\$ 80,000.00	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.60
\$ 90,000.00	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80	\$ 1.80
\$ 100,000.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
\$ 110,000.00	\$ 2.20	\$ 2.20	\$ 2.20	\$ 2.20	\$ 2.20	\$ 2.20	\$ 2.20	\$ 2.20	\$ 2.20
\$ 120,000.00	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40
\$ 130,000.00	\$ 2.60	\$ 2.60	\$ 2.60	\$ 2.60	\$ 2.60	\$ 2.60	\$ 2.60	\$ 2.60	\$ 2.60
\$ 140,000.00	\$ 2.80	\$ 2.80	\$ 2.80	\$ 2.80	\$ 2.80	\$ 2.80	\$ 2.80	\$ 2.80	\$ 2.80
\$ 150,000.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
\$ 160,000.00	\$ 3.20	\$ 3.20	\$ 3.20	\$ 3.20	\$ 3.20	\$ 3.20	\$ 3.20	\$ 3.20	\$ 3.20
\$ 170,000.00	\$ 3.40	\$ 3.40	\$ 3.40	\$ 3.40	\$ 3.40	\$ 3.40	\$ 3.40	\$ 3.40	\$ 3.40
\$ 180,000.00	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60	\$ 3.60
\$ 190,000.00	\$ 3.80	\$ 3.80	\$ 3.80	\$ 3.80	\$ 3.80	\$ 3.80	\$ 3.80	\$ 3.80	\$ 3.80
\$ 200,000.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00
\$ 210,000.00	\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.20
\$ 220,000.00	\$ 4.40	\$ 4.40	\$ 4.40	\$ 4.40	\$ 4.40	\$ 4.40	\$ 4.40	\$ 4.40	\$ 4.40
\$ 230,000.00	\$ 4.60	\$ 4.60	\$ 4.60	\$ 4.60	\$ 4.60	\$ 4.60	\$ 4.60	\$ 4.60	\$ 4.60
\$ 240,000.00	\$ 4.80	\$ 4.80	\$ 4.80	\$ 4.80	\$ 4.80	\$ 4.80	\$ 4.80	\$ 4.80	\$ 4.80
\$ 250,000.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
\$ 260,000.00	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20	\$ 5.20
\$ 270,000.00	\$ 5.40	\$ 5.40	\$ 5.40	\$ 5.40	\$ 5.40	\$ 5.40	\$ 5.40	\$ 5.40	\$ 5.40
\$ 280,000.00	\$ 5.60	\$ 5.60	\$ 5.60	\$ 5.60	\$ 5.60	\$ 5.60	\$ 5.60	\$ 5.60	\$ 5.60
\$ 290,000.00	\$ 5.80	\$ 5.80	\$ 5.80	\$ 5.80	\$ 5.80	\$ 5.80	\$ 5.80	\$ 5.80	\$ 5.80
\$ 300,000.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
\$ 310,000.00	\$ 6.20	\$ 6.20	\$ 6.20	\$ 6.20	\$ 6.20	\$ 6.20	\$ 6.20	\$ 6.20	\$ 6.20
\$ 320,000.00	\$ 6.40	\$ 6.40	\$ 6.40	\$ 6.40	\$ 6.40	\$ 6.40	\$ 6.40	\$ 6.40	\$ 6.40
\$ 330,000.00	\$ 6.60	\$ 6.60	\$ 6.60	\$ 6.60	\$ 6.60	\$ 6.60	\$ 6.60	\$ 6.60	\$ 6.60
\$ 340,000.00	\$ 6.80	\$ 6.80	\$ 6.80	\$ 6.80	\$ 6.80	\$ 6.80	\$ 6.80	\$ 6.80	\$ 6.80
\$ 350,000.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
\$ 360,000.00	\$ 7.20	\$ 7.20	\$ 7.20	\$ 7.20	\$ 7.20	\$ 7.20	\$ 7.20	\$ 7.20	\$ 7.20
\$ 370,000.00	\$ 7.40	\$ 7.40	\$ 7.40	\$ 7.40	\$ 7.40	\$ 7.40	\$ 7.40	\$ 7.40	\$ 7.40
\$ 380,000.00	\$ 7.60	\$ 7.60	\$ 7.60	\$ 7.60	\$ 7.60	\$ 7.60	\$ 7.60	\$ 7.60	\$ 7.60
\$ 390,000.00	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80
\$ 400,000.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
\$ 410,000.00	\$ 8.20	\$ 8.20	\$ 8.20	\$ 8.20	\$ 8.20	\$ 8.20	\$ 8.20	\$ 8.20	\$ 8.20
\$ 420,000.00	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40
\$ 430,000.00	\$ 8.60	\$ 8.60	\$ 8.60	\$ 8.60	\$ 8.60	\$ 8.60	\$ 8.60	\$ 8.60	\$ 8.60
\$ 440,000.00	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80	\$ 8.80
\$ 450,000.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
\$ 460,000.00	\$ 9.20	\$ 9.20	\$ 9.20	\$ 9.20	\$ 9.20	\$ 9.20	\$ 9.20	\$ 9.20	\$ 9.20
\$ 470,000.00	\$ 9.40	\$ 9.40	\$ 9.40	\$ 9.40	\$ 9.40	\$ 9.40	\$ 9.40	\$ 9.40	\$ 9.40
\$ 480,000.00	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60	\$ 9.60
\$ 490,000.00	\$ 9.80	\$ 9.80	\$ 9.80	\$ 9.80	\$ 9.80	\$ 9.80	\$ 9.80	\$ 9.80	\$ 9.80
\$ 500,000.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00

Note: Benefit reduced at age 65 by 35%, at age 70 by 60%, and at age 75 by 80%

LONG TERM DISABILITY INSURANCE

The costs of daily living continue whether or not you are working. Disability income benefits are available to Regional West Full Time Employees to assist when you are unable to work due to a medical disability. This benefit is fully funded by Regional West at no cost to the employee and administrated by Reliance Standard.

NOTABLE PLAN FEATURES:

- The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$10,000 per month.
- Employees are eligible for benefit amount after 90 consecutive days of disability.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security normal retirement age, or duration of benefits below:

AGE AT DISABLEMENT	61 or less	62	63	64	65	66	67	68	69 or more
DURATION OF BENEFIT	to age 65	3.5 years	3 years	2.5 years	2 years	1.75 years	1.5 years	1.25 years	1 year

LONG TERM DISABILITY SUMMARY

Eligibility for coverage

All full-time employees are eligible for coverage after three months of employment.

How to enroll

Eligible employees are automatically enrolled in coverage.

Late enrollment and changes

Newly hired employees must enroll within 30 days of date of hire or coverage is automatically waived. Subsequent changes may be made in the event of a life/status change or during the annual open enrollment period. Life/status event changes must be submitted withing 30 days of the event and will be effective the 1st of the month following the completion of enrollment through ADP self service.

Upon Termination of Employment

Benefits end on the last day worked. Disability benefits cannot be extended.

EXCLUSIONS

Benefits will not be payable for any disability caused by:

- an intentionally self-inflicted injury
- an act of war (declared or undeclared)
- commission of a felony
- injury or sickness occurring while confined in any penal or correctional institution.
- For a complete list of exclusions and limitations please refer to the Certificate of Insurance.

Regional West offers two retirement savings options that allow all employees to save toward financial security at retirement. The traditional 401(k) Retirement Plan allows participants to defer pre-tax dollars up to the IRS annual limit. Roth plan contributions are made post-tax and are also regulated by the annual IRS limit. Both plans feature a matching contribution by Regional West and are administered by Transamerica..

EMPLOYER CONTRIBUTION MATCH

EMPLOYEE CONTRIBUTION	1%	2%	3%	4%	5%
REGIONAL WEST MATCH	1%	2%	3%	3.5%	4%

100% vested!

Note: You are always vested in Regional West Safe Harbor contributions

401(k) Plan Auto Enrollment

All employees are auto enrolled in the 401(k) Plan at a 5% contribution rate once the following conditions have been met:

- Employee reaches age 21
- Has been employed for six months
- Has worked 500 hours in a six month timeframe

Employees who worked for Regional West previously will be auto enrolled the first of the month following 30 days of employment if the above conditions were met during prior employment.

Employees wishing to opt out of this auto enrollment MUST contact Transamerica directly.

Enrollment in the Roth plan must be initiated by contacting Transamerica.

RETIREMENT SAVINGS PLAN SUMMARY

Eligibility for coverage

All employees are eligible to contribute to either the Roth or 401(k) plan once they've reached the age of 21, have been employed for six months, and have worked 500 hours in a six month period.

How to enroll

Upon reaching eligibility, employees are auto enrolled in the 401k program. Employees must contact Transamerica to enroll in the Roth plan.

Late enrollment and changes

You may make changes to your contribution amount or investment selections at any time.

Upon Termination of Employment

Contributions will end upon termination. Based upon your account balance, you will have options to access your funds (tax penalties may apply), roll over your balance to another qualified plan, or continue your existing account.

DIABETES CARE PROGRAM

The Diabetes Care Program is designed to help you manage your diabetes and improve your overall health, while greatly reducing the cost of managing the disease. Pharmacists from the Community Pharmacy at Regional West work with you by providing education, guidance, encouragement, and resources to help you live a healthier, longer life.

Eligibility: Employee, spouse or child 19 or older who is enrolled in the Regional West Health Plan.

GOALS	BENEFITS
<ul style="list-style-type: none"> • Reduce HbA1c levels (three month glucose average \leq 6.5-7) • Improve blood pressure to an appropriate goal for a diabetic patient (130/80) • Promote preventative care measures (eye, dental, and foot health) • Improve patient-specific nutrition goals • Increase exercise, if necessary • Decrease weight, if necessary 	<ul style="list-style-type: none"> • Free generic diabetes medications • Brand name diabetes medications at 15% of drug cost • Free diabetes supplies (blood glucose test strips, lancets, pump supplies) • Free HbA1c test every three months (at most) • Free nutrition counseling • Free pharmacist consultations

Contact Erin Dudden at 308-630-1900 to sign up.

This program is only available through the Community Pharmacy in Scottsbluff.

TUITION REIMBURSEMENT PROGRAM

- \$2,625 for non-degree or undergraduate degree programs per calendar year
- \$5,250 for graduate and doctoral degree programs per calendar year
- There is a six month waiting period prior to becoming eligible for tuition reimbursement and a minimum six month commitment after the course/degree is completed.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee assistance program services are provided at no cost to you and include:

- In-person counseling assessment/solution planning with a local credentialed professional (up to 3 free sessions)
- Legal consultation with an attorney, credentialed in the state of employee residence
- Consultation regarding personal finances by professional consumer credit counselors

Additional services may be available. Contact Human Resources for more information.

Regional West time off benefits are designed to allow you time for rest and relaxation or to address personal and family needs. For complete information regarding the Regional West Time Off policy, please refer to policy 204.0.02 available via Employee Resources on the campus home page.

PAID TIME OFF (PTO)

All Full Time and Part Time 1 employees are eligible to accrue Paid Time Off (PTO) hours to be used for any purpose the employee chooses, including vacation, holidays, and illness. These hours begin accruing the first day of work and can be taken as they accrue. Employees can accrue up to a maximum of 360 hours of PTO before accruals cease.

EXTENDED ILLNESS BANK (EIB)

All Full Time and Part Time 1 employees are eligible to accrue Extended Illness Bank (EIB) hours for use during prolonged illness. EIB can be used following 24 missed hours of consecutive scheduled work hours. EIB hours can only be used for employee illness incidents.

	YEARS OF SERVICE	RATE PER HRS WORKED	POTENTIAL YEARLY ACCRUAL
PTO BENEFIT RATES	1 to 5	0.08	168 hours
	6 to 10	0.1	208 hours
	11 or more	0.12	248 hours
*PHYSICIAN CLINIC EMPLOYEE PTO BENEFIT RATES	1 to 5	0.069	144 hours
	6 to 10	0.092	192 hours
	11 or more	0.111	232 hours
EIB BENEFIT RATES	n/a	0.046	96 hours
*PHYSICIAN CLINIC EMPLOYEE EIB BENEFIT RATE	n/a	0.0307	64 hours

*Physician Clinic employees are also eligible for 8 paid hours (prorated for part time) for time off Regional West's six observed holidays.

BEREAVEMENT

All Full Time, Part Time 1, and Part Time 2 employees are eligible for bereavement leave in the event of the loss of a family member. Please refer to policy 204.0.04 for more information.

HOLIDAYS

Regional West observes six holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. Compensation for these holidays varies based on your employee status, department, and schedule. Please refer to policy 204.0.02 for more information.

PTO SELLBACK

Regional West Medical Center employees may sell back up to 80 hours of PTO each calendar year. The PTO Sell Back election is made during open benefit enrollment each year for the next year and will be processed the following May and November. Full-time employees who wish to sell back must have a remaining balance of at least 80 hours after the sell back. Part-time 1 employee must have at least a balance of 40 hours after the sell back.

Your benefits elections remain in effect through December 31, unless you experience a qualified life event.

QUALIFYING LIFE EVENTS EFFECT THE FOLLOWING PLANS:

- Medical
- Dental
- Flexible Spending Accounts
- Health Savings Account
- Supplemental Life Insurance Enrollments
- Vision

QUALIFYING LIFE EVENTS INCLUDE:

- Change in marital status
- Change in number of dependents (i.e. birth, death, adoption, etc.)
- Change in employment status for you, your spouse, or dependent impacting coverage
- Change in dependent eligibility (i.e. attaining age 26)
- Medicare or Medicaid entitlement for you, your spouse or dependent causing gain or loss of coverage
- Gain or loss of other coverage through your spouse or for your dependent
- Qualified Medical Child Support Order
- Job status changes (i.e. from Part Time 2 or Casual to Part Time 1 or Full Time status)



CHANGES MUST BE MADE TIMELY:

All changes must be made within 30 days of the event. Qualifying Life Event changes are made by logging in to ADP Self Service and initiating the appropriate changes through your personal record. You may also contact Human Resources for additional information on making changes in ADP Self Service. You must complete all change requirements within 30 days of the event which includes submitting any required documentation (e.g. marriage license, divorce decree, proof of loss/gain of coverage, etc.).

Changes in coverage must be consistent with the Qualifying Life Event.

WHEN CHANGES BECOME EFFECTIVE:

The effective date of your new coverage will be impacted by the time frame in which you return the required notices and supporting documentation. Generally, coverage is effective the first of the month following the date all requirements are complete, but exceptions may exist depending on your circumstances. For example, for the birth of a child, the coverage effective date is equivalent to the child's date of birth. Please contact HR to verify the effective date for your situation.

NOTE: Medical, Dental, and Vision premiums are pre-paid. Changes in coverage may require catch-up premiums, or require previously pre-paid premiums to be refunded.

DISCOUNTS

Regional West is happy to offer employees special discounts and offers, including:

- 20% discount at the park bench cafe
- Cell phone discounts with Viaero & Verizon
- Discounted event tickets
- Payroll deduct: Community Pharmacy, Regional West Gift Shop, and Regional West medical bills, YMCA membership, Scottsbluff Country Club Dues, United Way donations

SPECIAL OFFERS

Regional West has partnered with AirMed Care to provide all Regional West employees the opportunity to purchase membership to aid in the cost of emergency medical flight transportation. Employees may elect this benefit during the open enrollment period for the following year. Regional West will provide payroll deduction for these premiums as a service to you.

For additional information about this coverage, please contact Michelle Beeny: 308-641-7833

YOUR HUMAN RESOURCES BENEFITS TEAM:

STACIE KALLSEN BENEFITS MANAGER

Phone: 308-630-1507
Email: stacie.kallsen@rwhs.org

ANNA HINMAN BENEFITS SPECIALIST

Phone: 308-630-1921
Email: anna.hinman@rwhs.org





 *Regional West*

