



# Providers & Directors Summary of Benefits

*Applies to Physicians (all urgent care and appointment-based practitioners; as well as Specialists), Family Nurse Practitioners, Physician Assistants and non-provider Directors.*

## 2019

### Benefit Eligibility

Benefit eligibility for full time, part time and casual employees varies according to the different benefit plans.

Unless otherwise noted in this document or in the actual plan documents/contracts:

Employees who qualify become eligible for other benefits on the first of the month following 60 days of continuous employment with Primary Health Medical Group.

Casual employees who change their status to part time or full time are eligible the first of the month following the change as long as they have met the initial waiting period of 60 days of employment.

Employees who leave Primary Health Medical Group and are subsequently re-employed, become eligible for benefits on the first of the month following the re-hire date, as long as they have met the initial waiting period of 60 days of employment and as long as the absence was less than 6 months.

Employees who leave Primary Health Medical Group and are subsequently re-employed after an absence of longer than 6 months must wait until the first of the month following 60 days after the rehire date. They must also attend new employee orientation during their first two weeks after the rehire date.

### Annual Enrollment Period

If you waive participation in the medical, dental, vision or FSA benefits during your initial enrollment period, for either yourself or your eligible dependents, you will generally only be allowed to apply for coverage during the annual open enrollment period.

The annual open enrollment period allows employees to add or change their benefits coverage. Applications may be submitted during this period. Changes, additions and other elections made during this period will take effect on January 1<sup>st</sup>. Once you have made a change, you cannot change that election until the next annual open enrollment period (except in the case of a major life status change; see Special Enrollment).

Voluntary Term Life insurance is available up to the guarantee allowed amount without any health statement one time during your initial enrollment period. If you do not take advantage of this benefit when first offered and later wish to participate or decide to increase the amount elected you will be required to submit a health statement.

## Special Enrollment

A “qualifying event,” such as certain life status changes – marriage, birth or adoption of a child or involuntary loss of medical and/or dental coverage, etc. – may allow you enrollment into plans as long as application is made within thirty (30) days of the qualifying event. For specific details regarding Special Enrollment, please refer to the Summary Plan Descriptions.

## Termination of Coverage

If you leave your employment with Primary Health Medical Group for any reason, or your work hours are reduced below the minimum requirement, coverage for you and your enrolled dependents will end. Coverage ends on the last day of the last month in which your status changes. You may however be eligible to continue coverage on most plans for a limited time; through COBRA continuation.

Dependent children’s coverage will end on the last day of their birth month in which they turn age 26.

If you divorce, coverage for your spouse will end on the last day of the month in which the divorce decree is final. You must notify the HR department. The former spouse and/or children may be eligible for continuation coverage.

## Benefit Contributions

Primary Health Medical Group shares in the cost of group medical and dental benefits. In addition, Primary Health Medical Group offers a \$500 benefit for use on medical services in our clinics, and a Flexible Spending Account (FSA) providing our employees a way to pay for some medical expenses before taxes.

Primary Health Medical Group provides all full time employees basic term life and accidental death & dismemberment insurance equal to one times the annual salary. Long term disability and long term care insurance are also provided at no cost to the employee.

Optional benefits include voluntary vision, life, accidental death & dismemberment insurance and additional long term care coverage for the employee and their dependents. Short term disability insurance is also offered for the employee. Optional benefits are paid 100% by the employee.

The Primary Health Medical Group 401(k) plan provides employees the opportunity to save for retirement on a tax-advantaged basis. This plan is a type of qualified retirement plan commonly referred to as a 401(k) Plan. As an eligible participant in the plan, you may elect to contribute a portion of your compensation to the plan and have your contributions matched up to 4%.

## Personal Time Off (PTO)- Urgent Care Providers

The company provides full-time Urgent Care providers a paid period of time away from the work place to allow for rest and relaxation, recovery due to illness or for any other personal reasons. Annual paid PTO begins to accrue upon hire and is available for use on the employee's benefit eligibility date. PTO may not be used until it is earned and time must be taken off work to receive pay.

You may keep up to twice your annual maximum accrual in your PTO bank. Once you hit this amount, the time will cease to accrue until you have used some of it.

Urgent Care providers should schedule PTO with the Director of Human Resources well in advance (whenever possible) to allow for adequate staff coverage.

### PTO Accrual Schedule:

<u>Years of Service</u>	<u>Rate per hour worked</u>	<u>Total earned per year*</u>
one through four	.05769	15 days
five through nine	.07692	20 days
ten through fourteen	.09615	25 days
fifteen or more	.11538	30 days

*\*The number of days per year is based on 2080 hours worked per year. PTO accrues on regular time, holiday pay, jury duty pay, bereavement pay, and PTO hours used. PTO does not accrue on overtime pay, on call pay, bilingual differentials or other supplemental pay.*

Please see policy #HR 120 for further details regarding PTO.

## Personal Time Off (PTO)- Appointment-Based Providers

Providers who are on a guarantee will be allowed time off in accordance with their Employment Agreement. Time off used during the guarantee period is paid as part of the total guarantee and will not be cashed-out.

Providers who are on production pay will only be allowed unpaid time off. Additional pay is not given for time off of any kind.

All time off is to be scheduled and approved in advance to allow appropriate planning for patient needs. Consecutive time off in excess of two weeks must be approved by the President of the Medical Group.

## Holiday Pay

Beginning on the date of hire, full-time employees are paid 8 hours of holiday pay on each of the recognized holidays below.

In addition, all non-exempt employees who are required to work on a holiday will receive time and one half for all hours worked on these holidays\*.

Primary Health Medical Group recognizes the following holidays:

New Year's Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

\*Where working on the actual holiday is optional, non-exempt employees may only be paid straight time for the hours worked in addition to the holiday pay.

Providers who are paid on guarantee will not receive additional holiday pay. They will be paid the guarantee salary during the week of the holiday. Holiday time off is not paid once the physician has moved to production pay.

See policy #HR 115 for further details regarding holiday pay.

## Funeral (bereavement) Leave

Full and part-time employees are eligible for up to 24 work hours of paid leave to make funeral arrangements or attend a funeral. Leave is granted for the death of a family member and is only paid according to need.

Providers who are paid on guarantee will not receive additional funeral leave pay, but may take up to 24-hours of time off for any funeral during the guarantee period. Bereavement time off is not paid once the physician has moved to production pay.

See policy #HR 197 for definitions of "family" and further details regarding funeral leave.

## Jury Duty Leave

Full and part-time employees will be paid regular wages for time spent on jury duty. Paid time is limited to one week of regularly scheduled hours up to 40.

Providers who are paid on guarantee will not receive additional jury duty pay, but may take up to one week of time off for jury duty during the guarantee period. Time off for jury duty is not paid once the physician has moved to production pay.

*Note: Providers who are asked to participate in court proceedings on behalf of Primary Health Medical Group may receive pay according to HR policy #370 "Provider Outside Service Fees."*

See policy #HR 199 for further details regarding jury duty.

## Family and Medical Leave Act (FMLA)

All eligible employees may receive time off without pay in accordance with the Family and Medical Leave Act.

Up to 12 weeks of total time may be taken off within a 12 month period. Leave will run concurrent with Personal Time Off (PTO) pay or any disability pay. (i.e. An employee must take accrued PTO pay during the first part of the leave and this time will count towards the total 12 weeks off.)

Eligible employees must have been working for Primary Health Medical Group for 12 months in total, and must have worked at least 1,250 hours during the 12 month period prior to the request for leave.

See policy #HR 198 for further details regarding medical leaves of absence.

## Direct Deposit

All employees must have their pay automatically deposited into an account of their choice. Deposits can be sent to more than one institution/account, but 100% of the employee's pay must be direct deposit. Direct deposits become effective no later than two weeks following the receipt of the form by Payroll. A direct deposit form may be found on the Employee Self Service (ESS).

## Payment for Required Licensure

Primary Health Medical Group will reimburse expenses for any licenses or certifications that are required for continued employment. This would include nursing and x-ray technology licenses, DEA or Board of Medicine licenses, and hospital staff dues.

This does not include board certification or re-certification, although providers may be eligible to use CME benefits to reimburse board re-certification expenses. See HR Policy # 360 for more details on CME allowances.

## \$500 In-Clinic Credit

Primary Health Medical Group providers have agreed to offer a FREE and tax free benefit to our employees (*exception: Alliance Provider Owners will be taxed on the amount used.*)

Here's how it works:

1. Each full time and part time employee will get a \$500 total credit for the employee and their legal dependents to use in PHMG clinics.
2. The benefit is given regardless of whether the employee or dependents have group health insurance.

3. The benefit may be used for ALL in-clinic services except: Botox and over the counter dermatology or other products.
4. Can be used on in-house prescription dispensing if medication is prescribed by a PHMG provider.
5. Each employee is given a gift card worth their eligible amount (see grid below) upon benefit eligibility. The employee and/or family members must present the card at the time of service to pay for services.
6. The patient must tell the CSR at the time of check-in whether the credit is to be used for the services that day or whether services should be billed to the patient's insurance. The bill cannot be re-billed or "written off" after the fact.
7. Use it or lose it. This benefit is based on a calendar year and unused portions cannot be rolled over into the next year.
8. New hires become eligible for the benefit on the first of the month following their 60<sup>th</sup> day of employment. The \$500 will be pro-rated for new hires and terminations during the year at the rate of \$41.67 per month.
9. The benefit is not transferable to other employees or persons.
10. This benefit is tax-free. You may not submit charges for reimbursement through the medical flexible spending account.
11. Remember you will still be responsible for your deductible under your medical insurance. Any amounts paid through this benefit will not be billed to insurance thus will not go towards your deductible.

**\$500 In-Clinic Credit Pro-rated schedule:**

<u>Month Eligible</u>	<u>Pro-rated Amount</u>
January	\$500.00
February	\$458.33
March	\$416.67
April	\$375.00
May	\$333.33
June	\$291.67
July	\$250.00
August	\$208.33
September	\$166.67
October	\$125.00
November	\$83.33
December	\$41.67

## Medical Benefits



All full\* and part-time employees are eligible to participate in the medical plan through Blue Cross of Idaho. Primary Health Medical Group pays 93% of the premium for eligible full time employees. Employees pay 100 % of elective dependent coverage.

<b>Deductible - Individual</b>	\$2,500	
<b>Deductible - Family</b>	\$5,000	
<b>Copay- Primary Care</b>	PHMG	<b>\$10</b>
	Other Provider	\$40
<b>Copay- Specialist</b>	PHMG	<b>\$10</b>
	Other Provider	\$50
<b>Office Visit Limitation</b>	Unlimited	
<b>Coinsurance- In Network</b>	PHMG, TVH, IMI	<b>10%</b>
	Other Provider	30%
<b>Coinsurance- Out of Network</b>	50%	
<b>Out of Pocket Annual Max- Individual</b>	\$5,000	
<b>Out of Pocket Annual Max- Family</b>	\$10,000	
<b>Wellness/Preventative</b>	100% PPACA	
<b>Advanced Imaging Copay</b>	PHMG, TVH, IMI Other Provider	Deductible then <b>100%</b> covered Deductible & 30% Coinsurance
<b>Diagnostic, Lab &amp; X-Ray</b>	PHMG Other Provider	<b>covered 100% by Blue Cross</b> Deductible & Coinsurance
<b>Emergency Room</b>	\$500 copay then deductible & coinsurance	
<b>Chiropractic</b>	Deductible & Coinsurance Limited to 18 visits per year	
<b>Inpatient Rehabilitation</b>	Deductible & Coinsurance	
<b>Copay- Outpatient Rehabilitation</b>	\$10 Limited to 30 visits per year	
<b>Copay- Mental Health</b>	\$10	

This is only a summary of benefits. See full benefit details on the Employee Self Service.

\*For purposes of medical plan eligibility only, full time employees are those who are regularly scheduled for 30 hours or more per week. All other Affordable Care Act rules regarding determining eligibility will also apply. For more details regarding those rules, please contact the Human Resources Department.

## Dental Benefits

Primary Health Medical Group offers two separate dental plans. Summaries are listed below for comparison.

### Willamette Dental



In general, the Willamette Dental plan is a DMO (Dental Maintenance Organization). You must only see dentists and providers employed by Willamette in their facilities. The plan does not have a benefit maximum, however, copays are charged for each service according to the table below.

COPAYS	
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General & Orthodontic Office Visit	You pay a \$20 Copay per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	You pay a \$15 Copay
Porcelain-Metal Crown	You pay a \$100 Copay
PROSTHODONTICS	
Complete Upper or Lower Denture	You pay a \$100 Copay
Bridge (per Tooth)	You pay a \$100 Copay
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy – Anterior	You pay a \$50 Copay
Root Canal Therapy – Bicuspid	You pay a \$75 Copay
Root Canal Therapy – Molar	You pay a \$100 Copay
Osseous Surgery (per Quadrant)	You pay a \$100 Copay
Root Planing (per Quadrant)	You pay a \$75 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You pay a \$50 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You pay a \$150 Copay*
Comprehensive Orthodontia Treatment	You pay a \$2,000 Copay
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You pay a \$20 Copay
Specialty Office Visit	You pay a \$30 Copay per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

\*This is a summary of benefits. See full benefit details on the Employee Self Service.



## Delta Dental



Delta Dental is a PPO plan that works similarly to the health plans with annual deductibles, co-insurance amounts, and annual maximums.

Benefit Overview	PPO	Premier	Non-Participating
<b>Per Person Deductible</b> Excluding Diagnostic, Preventive, Orthodontic services per benefit year	\$25	\$25	\$25
<b>Family Deductible</b> Excluding Diagnostic, Preventive, Orthodontic services per benefit year	\$75	\$75	\$75
<b>Maximum Benefit</b> Per eligible person per benefit year	\$1,250	\$1,250	\$1,250
<b>Services</b>	<b>You pay the % below</b>		
<b>Preventive &amp; Diagnostic Services</b> Examinations, X-rays, teeth cleaning	0%	0%	0%
<b>Basic Services</b> Fillings, root canals, extractions, oral surgery	0%	0%	0%
<b>Major Services</b> Crowns, implants, onlays, bridges, dentures	40%	40%	40%
<b>Orthodontic Services Child Only</b> Eligible under age 19; Maximum orthodontic lifetime benefit is \$1000; Replacement of orthodontic appliance is not covered.	50%	50%	50%

### PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a PPO or Premier participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

\*This is a summary of benefits. See full benefit details on the Employee Self Service.

## Vision Benefits

Vision benefits through VSP are also paid through a PPO plan, but with copays and benefit limits or discounts per service. VSP offers a large provider network and low cost.

VSP Coverage Effective Date: 01/01/2016

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
Primary Eyecare	<ul style="list-style-type: none"> <li>Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>Your Coverage with Out-of-Network Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> 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
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65
Single Vision Lenses .....	up to \$30	Progressive Lenses .....	up to \$50
		Contacts .....	up to \$105
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.			

\*This is a summary of benefits. See full benefit details on the Employee Self Service.

# Flexible Spending Plan Benefits



## **Pre-Tax Premium Account**

Full and part-time employees\* who pay medical, dental, and vision premiums through Primary Health Medical Group have these amounts deducted from their pay before taxes are calculated.

## **Pre-Tax Health Care Account**

Full and part-time employees\* may choose to have amounts deducted from their pay before taxes are calculated for the purpose of paying some health care expenses.

The maximum contribution is \$2,700 per calendar year. Up to \$500 of unused monies can be rolled over into the next year. Unused monies over \$500 will be forfeited.

Amounts are held in an account with Discovery Benefits and can be accessed by using a debit card or by submitting claims to Discovery Benefits for reimbursement by direct deposit or by check.

Participation is on an annual, calendar year basis. Employees may enroll in the plan on their benefit eligibility date or on January 1 of each year.

\*Employees who are Alliance Provider, LLC members are not eligible to participate in the Flexible Spending Plan.

## **Group Life/Accidental Death & Dismemberment/Long Term Disability Insurance**

Mutual of Omaha will pay a life insurance benefit equal to one times the full time employee's annual base salary. The benefit also provides for accidental death and dismemberment coverage equal to this same limit.

An employee who becomes disabled under the provisions of the policy will be eligible for Long Term Disability 90 days after becoming disabled. The disability benefit is 60% of the before-tax weekly earnings.

***Primary Health Medical Group pays the full cost of these benefits.***

## **Voluntary Life & Disability Insurance Plans - Open enrollment occurs every January 1<sup>st</sup>\***

On a voluntary basis, full-time employees may purchase additional life and/or short-term disability through Mutual of Omaha. All premiums are to be paid by the employee and will be automatically deducted through payroll.

## **Long Term Care Insurance - Open enrollment only upon hire\***



Primary Health Medical Group, through Unum will provide all full time employees with a base Long Term Care Plan. The benefit pays for 2 years at \$1,000 per month for nursing home, assisted living facility, or home health care agency services.

This coverage provides for anyone who, as a result of a disability or advancing age, cannot take care of his or her daily activities. Eligibility for this benefit occurs on the first of the month following 60 days of continuous employment.

Full time employees may purchase additional coverage amounts for themselves or policies for spouses, parents, grandparents, or siblings at the same low group rates and on a voluntary basis.

\*Some benefits may not have a true open enrollment. While applications are accepted annually at the first of each year, employees who attempt to enroll after the initial eligibility period (1<sup>st</sup> of the month following 60 days of employment) may be required to complete evidence of insurability forms.

## 401(k) Retirement Plan

All employees are eligible to contribute to the company's 401(k) Plan on the first of the month following 60 days of employment.

- Deductions are automatic through payroll.
- The employee must be 21 years of age to participate.
- Contribution options are Traditional Pre-Tax 401(k) and Roth 401(k) (post tax). Employees may choose to contribute in either or both options.
- The current contribution limit is \$18,500 for the calendar year. If you are 50 years or older at any time during the calendar year, you may contribute an additional \$6,000.
- Eligible employees will be automatically enrolled at 3% upon eligibility. Employees can opt out of automatic enrollment or change the election at any time by contacting the HR department. Employees who are automatically enrolled in the plan will also be enrolled in the plan's automatic contribution increase program. Contributions for employees in this program will be updated annually based on the plan's contribution increase schedule:

Year	Contribution Rate
1	3 %
2	3 %
3	4 %
4	5 %
5	6 %

- Employees can opt out of automatic enrollment and automatic contribution increases at any time by contacting the HR department.
- Changes in deferrals may be made monthly through the HR department or online. Changes will be effective on the first payday of the month following receipt of the change form.
- Changes in investment elections may occur on line at any time.
- Loans and hardship distributions may be available for those who qualify, under the provisions of the plan.
- The company is currently matching 100% of the first 2% of salary and 50% of the next 4% of salary. Participants must contribute 6% to receive the full match of 4%. Match contributions are contributed as a Traditional Pre-tax 401(k) contribution.
- Participants will become 100% vested in - will earn ownership of - the matching contribution after 2 years of service.

For questions regarding loans or other withdrawals, please call the HR Department at 955-6523.

For questions regarding investment planning or investment funds, please call Aaron Seehawer at (208) 344-9704.

## Other Pay/Expense Policies:

Please see the following policies regarding other types of pay or expense reimbursement for providers:

HR #360 – “**Provider Allowances**” – Explains reimbursement for continuing education, professional membership dues and subscriptions.

HR #394 – “**Expense and Mileage Reimbursement**” – Reimbursement is provided for cash expenses and extra miles driven associated with work.

HR #370 – “**Provider Outside Service Fees**” – Explains payment received for work performed outside of regular clinic duties.