



Archbold

2024 Employee Benefits Guide



This brochure summarizes the benefit plans that are available to Archbold's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Benefits Department. Information provided in this brochure is not a guarantee of benefits.

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THE BENEFITS PACKAGE

Archbold Medical Center is committed to providing high-quality benefits coverage. We continuously monitor the utilization of our benefit plans and benchmark against other similar organizations in the medical industry to understand performance and trends on a local, regional, and national basis. Each year, we review our plan designs to ensure the continuation of a strong benefits package for our valued employees and their dependents.

As healthcare expenses rise, it is crucial for all of us to be accountable to managing our health care costs. Being an informed consumer is the best way to get the most value from our group’s benefits. We encourage you to utilize the resources listed in this guide to ensure your initial plan selections best support your healthcare needs and help manage the evolving needs for you and your family throughout the course of the year.

WHO IS ELIGIBLE?

Archbold Medical Center extends its benefits package to full- time, permanent employees working at least 30 hours per week and their eligible dependents.

WHEN COVERAGE BEGINS:

The effective date for benefits elected during open enrollment is January 1, 2024. Newly hired employees and dependents become eligible for Medical, Dental, Vision and Flexible Spending Account benefits on the 1st day of the month following 45 days after your hire date. For Basic and Voluntary Life, it is 1st of the month following 90 days of continuous employment, and for STD/LTD the waiting period is 1st of the month following 6 months. You will have 31 days from your effective date to elect your benefits. Changes to your elections can only occur during open enrollment unless you experience a qualifying “Change of Status.”

ELIGIBLE DEPENDENTS:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren, and via court appointment. Proper documentation (marriage certificate/birth certificate/tax forms) will be required for your spouse and/or dependents enrolled in all coverages.

Benefit	Full-Time (30+ Hours/Week)	Less than 30 hours per week and PRN
Health Insurance	✓	
Dental/Vision Insurance	✓	
Flexible Spending Accounts	✓	
Basic Life Insurance	✓	
Voluntary Life Insurance	✓	
Short-Term Disability	✓	
Long-Term Disability	✓	
Voluntary Benefits	✓	
Thrift Savings Plan 403(b)	✓	Refer to page
Paid Time Off (PTO) and Extended Illness Bank (EIB)	✓	
Employee Pharmacy	✓	✓
Medical Service Discount	✓	
Employee Discount Program	✓	✓

FAMILY STATUS CHANGE EVENTS

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your employer, and the change is permitted under the plan terms. Examples of a qualifying “Change in Family Status” event may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse’s work status that affects his or her benefits
- Change in work status that affects your benefits (FT/PT/PRN)
- Change in residence or work site that affects your eligibility for coverage
- Change in your child’s eligibility for benefits (60 days)
- Receiving Qualified Medical Child Support Order (QMCSO)
- Eligibility for premium assistance under Medicaid or SCHIP program (60 days)

If you have a family status change and wish to amend your benefit elections, you must notify the Benefits Department to make the appropriate change(s) within 31 days of the qualifying event. If you do not enroll in benefits during this 31-day window, next year’s annual open enrollment period or a qualifying event will be your next opportunity to add coverage.



OPEN ENROLLMENT

Each year, you can make changes to your elections during the annual Open Enrollment period. Any changes made during this period become effective for the following plan year, beginning January 1. The elections you make during an enrollment period stay in effect for the entire plan year unless you experience a qualifying life-changing event and request appropriate changes to your coverage.

PLAN DOCUMENTS & ANNUAL LEGAL NOTICES

Please contact the Benefits Department for complete details regarding the benefits outlined in this guide, including policy certificates, summary of benefits and coverage (SBCs), plan documents, and annual legal notices.



ARCHBOLD EMPLOYEE BENEFITS

- Health Insurance
- Dental and Vision Insurance
- Health Care and Dependent Care Flexible Spending Accounts
- Basic Life/AD&D Insurance
- Voluntary Life/AD&D Insurance for yourself, your spouse, and your children
- Short and Long-Term Disability Insurance
- Accident, Critical Illness, Hospital Indemnity Insurance
- Permanent Life Insurance
- Other Benefits
- Employee Assistance Program

CONTACT INFORMATION

Have Questions? Need Help?

	Carrier	Phone Number	Website
Medical Third-Party Administrator (TPA)	Taylor Benefit Resources (TBR)	229-225-9943 Toll Free: 1-888-352-5246 Fax: 229-225-9945	Claims/Benefit Questions: customerservice@tbrtpa.com
Dental & Vision			Eligibility/ID Cards: clientservices@tbrtpa.com
Flexible Spending Accounts			
Employee Pharmacy	Archbold	229-228-8008	
Basic & Voluntary Life/AD&D	New York Life	1-800-36-CIGNA	www.myCigna.com
Short & Long-Term Disability	New York Life	1-800-36-CIGNA	www.myCigna.com
Accident, Hospital Indemnity & Critical Illness Insurance	Aflac	Benefit Counselor: 351-614-0292 Corporate: 1-800-433-3036	www.aflac.com
Permanent Life Insurance	Aflac	Benefit Counselor: 351-614-0292 Corporate: 1-800-433-3036	www.aflac.com
Employee Assistance Program	Archbold	229-228-2210	
Human Resources	Archbold	229-227-5040	
Archbold Health Advocates		229-584-5540	
Benefits Manager		229-227-5075	
Benefits Enrollment Coordinator		229-227-5095	
Benefits Leave Coordinator		229-227-5049	
Workers Compensation Coordinator		229-227-5076	
Benefits Email		benefits@archbold.org	
Retirement Plan	Transamerica	1-800-755-5801	www.trsuretire.com/webportal/retire/index.html

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MEDICAL + PRESCRIPTION BENEFITS

Archbold Medical Center Employee Health Plans are self-insured medical plans that each offer three tiers of coverage outlined on this page and page 7.

- Tier One— in-network services performed at Archbold by Archbold providers.
- Tier Two—in-network services not performed at Archbold by non-Archbold providers via the First Health Network.
- Tier Three—all services are performed out of network.

For your reference, we have outlined some of the most frequently used benefits below but encourage you to review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations and pre-authorization requirements that may apply. Prescription Drug coverage is outlined on page 8.

Archbold Plan Option 1 - PPO

Deductible Per Calendar Year	Tier I	Tier II	Tier III
Employee	\$850	\$1,350	\$2,850
Family	\$1,700	\$2,700	\$5,700
Out-of-Pocket Maximum	Tier I	Tier II	Tier III
Employee	\$4,500	\$4,950	Unlimited
Family	\$9,000	\$9,900	Unlimited
Percentage Paid Per Service	Tier I	Tier II	Tier III
Preventive Services	Covered at 100%	Covered at 100%	0%
Inpatient Hospital / Physician Services	80% after ded.	70% after ded.	50% after ded.
Office Visits (Primary Care / Specialist)	80% after ded.	70% after ded.	50% after ded.
Outpatient Surgery / Physician Services	80% after ded.	70% after ded.	50% after ded.
Urgent Care Center	80% after ded.	70% after ded.	50% after ded.
Emergency Room- \$100 copay per visit	80% after ded.	70% after ded.	50% after ded.

To locate in-network Tier II providers via First Health, visit the following website, select 'First Health network', 'Start Now' and begin your search:

<https://providerlocator.firsthealth.com/LocateProvider/SelectNetworkType>

MEDICAL + PRESCRIPTION BENEFITS

Archbold Plan Option 2 - Copay

Deductible Per Calendar Year	Tier I	Tier II	Tier III
Employee	N/A	\$1,350	\$2,850
Family	N/A	\$2,700	\$5,700
Out-of-Pocket Maximum (does not include deductible)	Tier I	Tier II	Tier III
Employee	\$4,500	\$4,950	Unlimited
Family	\$9,000	\$9,900	Unlimited
Percentage Paid Per Service	Tier I	Tier II	Tier III
Preventive Services	Covered at 100%	Covered at 100%	0%
Inpatient Hospital Services	\$300 per stay (if Pre-Cert obtained) \$300 per stay, then 80% of charges (if Pre-Cert not obtained)	70% after ded. (if Pre-Cert obtained) \$300 per stay, then 70% after ded. (if Pre-Cert not obtained)	50% after ded. (if Pre-Cert obtained) \$300 per stay, then 50% after ded. (if Pre-Cert not obtained)
Inpatient Physician Services	\$200 per stay	70% after ded.	50% after ded.
Office Visits <i>*Allowed procedures and tests paid up to \$500 then paid at 80%</i>	Primary Care- \$40 per visit* Specialist- \$50 per visit*	Primary Care- 70% after ded. Specialist- 70% after ded.	Primary Care- 50% after ded. Specialist- 50% after ded.
Outpatient Surgery	Facility- \$300 per event Physician- \$200 per event	Facility- 70% after ded. Physician- 70% after ded.	Facility- 50% after ded. Physician- 50% after ded.
Urgent Care Center	\$50 per visit	\$50 per visit, then 70% after ded.	\$50 per visit, then 50% after ded.
Emergency Room	Emergent- \$100 per visit Non-Emergent- \$250 per visit	Emergent- \$100 per visit, then 70% after ded. Non-Emergent- \$250 per visit, then 70% after ded.	Emergent- \$100 per visit, then 50% after ded. Non-Emergent- \$250 per visit, then 50% after ded.

To locate in-network Tier II providers via First Health, visit the following website, select 'First Health network', 'Start Now' and begin your search:

<https://providerlocator.firsthealth.com/LocateProvider/SelectNetworkType>

PRESCRIPTION BENEFITS

As a participant in Archbold Medical Center Employee Health Plans, you must use the employee pharmacy to fill prescriptions.

Archbold Medical Center Employee Health Plan participants can take advantage of \$6 minimum co-pay on prescriptions and convenient 90-day supply service for maintenance drugs. The Prescription benefit is the same for both Plan 1 and Plan 2.

Prescription Drugs (\$6 minimum co-pay)	
Out-of-Pocket Maximum per Calendar Year	
- Individual	\$1,600
- Family	\$1,600
Generics	80%
Brand name with no generic alternative	80%
Brand name with generic alternative	50%
Non-formulary drugs	



Should you ever receive a prescription after pharmacy hours that must be filled immediately, ask your provider for a 3 day prescription that can be filled at your local pharmacy. Make sure to send a copy of the prescription to the claims department with a note that you received after hours care.

FAQs

Health and Prescription Plan Coverage Frequently Asked Questions

Q: Is there a certain time I should enroll in the Archbold Medical Center Employee Health Plan or make changes to my benefits?

A: Open enrollment is held every year in the fall. During this time you can enroll or make changes to your benefits. All changes to Archbold Medical Center Employee Health Plan coverage must be made during open enrollment, unless a qualifying event occurs during the course of the year.

Q: Is my spouse covered under the Archbold Medical Center Employee Health Plan?

A: Your spouse can participate in the Archbold Medical Center Employee Health Plan only if they are not offered coverage through another source—with the exception of Medicare. If you opt to insure your spouse under the Archbold Medical Center Employee Health Plan, you must complete a spouse affidavit and provide supporting documentation on an annual basis.

Q: When can I enroll dependents in the Archbold Medical Center Employee Health Plan?

A: Dependents must be enrolled in the Archbold Medical Center Employee Health Plan during the open enrollment period. Dependents may be enrolled during the course of the year if a qualifying event occurs.

For any prescriptions that require a Prior Authorization, please work with the Archbold Pharmacy Department to facilitate this request.

Medical and Prescription Coverage Bi-Weekly Rates

- Bi-weekly premiums include coverage for health and prescription drugs and are on a pre-tax basis.
- Deductible and Out of Pocket Max are met separately.
- You can earn a \$30 per pay period incentive for taking your annual Employee Physical and participating in the Health Advocates program if you have an identified medical condition (See Archbold Health Advocates on page 10).
- If you have an Employee Physical and have no identified conditions, you will meet the requirements to receive the \$30 per pay period wellness incentive.
- If you are a tobacco user, a \$50 per pay period penalty will be applied. If you enroll in and complete the Archbold Health Advocates Tobacco Cessation Program, you will receive a full refund of the \$50 per pay period penalty.

Archbold Plan Option 1 - PPO

	EE Only	EE + SP	EE + Child(ren)	Family
With Wellness Incentive	\$50.00	\$320.00	\$225.00	\$275.00
No Wellness Incentive	\$80.00	\$350.00	\$255.00	\$305.00
With Nicotine Penalty	\$100.00	\$370.00	\$275.00	\$325.00
With Nicotine Penalty and No Wellness Incentive	\$130.00	\$400.00	\$305.00	\$355.00

Archbold Plan Option 2 - Copay

	EE Only	EE + SP	EE + Child(ren)	Family
With Wellness Incentive	\$90.00	\$400.00	\$305.00	\$355.00
No Wellness Incentive	\$120.00	\$430.00	\$335.00	\$385.00
With Nicotine Penalty	\$140.00	\$450.00	\$355.00	\$405.00
With Nicotine Penalty and No Wellness Incentive	\$170.00	\$480.00	\$385.00	\$435.00

**Some employees may pay a lower rate as needed to meet certain ACA requirements. We will notify you if you are affected.*

ACA Rule changes may make coverage available for spouses and children for less cost. Go to www.healthcare.gov to see if your dependents qualify

ARCHBOLD LAB INCENTIVE

Effective January 1, 2019, all Blood Lab Tests must be sent to one of the Archbold Hospital Labs for analysis and billing to receive no or low-cost lab services. Physician offices can continue to draw blood but must send to one of the Archbold Hospital Labs for processing or visit one of our locations listed below. All labs require a physician order.

Lab Locations and Hours of Operation		
JDA	Monday - Friday	8:00am-5:00pm
ACC	Monday - Friday	7:30am-4:00pm
MCH	Monday - Friday	7:00am-4:00pm
	Saturday	8:00am-12:00pm
BCH	Monday - Friday	8:00am-4:30pm
GGH	Monday - Friday	7:00am-5:00pm
	Saturday	8:00am-12:00pm

ARCHBOLD HEALTH ADVOCATES

Archbold is committed to improving the health of our employees and their dependents, and for Archbold Medical Center Health Plans, when health risks are detected, our Health Advocates provide the resources to overcome these risks at **no** extra cost.

Covered conditions:

- Diabetes
- Asthma
- Hypertension (with a co-morbid condition)
- High Cholesterol (with a co-morbid condition)
- Psoriasis
- Transplant
- Crohn's
- Rheumatoid Arthritis

Participants are identified through annual physical exam, self-reporting, or health claim analysis:

- Basic Physical
- Blood work—*Only required for employees enrolled in the Archbold Medical Center Employee Health Plan; otherwise voluntary but required for DM participation/incentive*
- Height/Weight—BMI

Offers:

- Individual Coaching
- Printed educational materials
- Referrals
- Continuous Monitoring
- Free monitoring equipment and supplies
- Medications
- Tobacco Cessation classes

Free Medications

- DM Formulary
- Basic Copay for non-formulary (employee choice)

Premium Incentives for participation

- \$30 per pay period for program compliance
 - » Complete employee screening
 - » Have no identified conditions or if identified meet participation requirements

FLEXIBLE SPENDING ACCOUNT (FSA)

Archbold Medical Center provides you the opportunity to pay for out-of-pocket medical, dental, and dependent care expenses with pre-tax dollars through our Flexible Spending Account (FSA). You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period.

HEALTH CARE FSA

Used to reimburse out-of-pocket health care expenses incurred by you or your dependents. The maximum dollar amount you can contribute for the 2024 plan year is **\$3,050**.

FAQs

Healthcare Flexible Spending Accounts Frequently Asked Questions

Q: Do I have to enroll in Flexible Spending every year?

A: Participation in either of the flexible spending accounts does not continue automatically from year to year. You must reelect the coverage during each open enrollment period to participate the following plan year.

Q: Can I use Health FSA money for dependents, too?

A: Health FSA allows you to set aside money on a pre-tax basis to pay for eligible medical expenses for you and your dependents.

Q: When can I make changes to my Flexible Spending Account?

A: During the open enrollment period, you may make a new annual contribution election for the next plan year or choose not to enroll. If you have a mid-year qualifying event, you may be eligible to adjust your HFSA election.

Q: What expenses can I use my Flexible Spending Account for?

A: You must use the money in your Health FSA for IRS eligible expenses that are incurred in the same year you contribute it and while you are a participant. You cannot be reimbursed for expenses incurred before your participation begins or after your participation ends.

Q: Does the money in my Health FSA roll-over?

A: You are able to roll over \$610 of unused Health FSA money into the following plan year.

Q: How much money should I deposit into my Health FSA?

A: Use the worksheet below to help you add up the expenses you expect to have during 2024. This will help you decide how much to deposit into your Medical FSA.



	2023 Expenses	2024 Estimated Expenses
Medical Deductible	\$	\$
Medical Coinsurance	\$	\$
Dental expense not covered by plan	\$	\$
Vision expense not covered by plan	\$	\$
Orthodontic care not covered by plan	\$	\$
Annual Total	\$	\$

FLEXIBLE SPENDING ACCOUNT (FSA)

DEPENDENT CARE FSA

The Dependent Care Flexible Spending Account allows you to set aside money on a before-tax basis to pay for eligible day care expenses associated with caring for your children under the age of 13 and elderly or disabled dependents whom you claim as tax dependents. Your decision to participate in this voluntary account should be based on your needs and personal situation.

FAQs

Dependent Care FSA Frequently Asked Questions

Q: Can I use Dependent Care FSA for health-related expenses?

A: It is important for you to understand that the Dependent Care FSA cannot be used for healthcare expenses including medical, dental and vision expenses.

Q: What expenses can I use Dependent Care FSA money for?

A: The Dependent Care FSA can reimburse you for eligible daycare expenses that are incurred to enable you (and your spouse if you are married) to be gainfully employed or to look for work.

Q: How much can I contribute to the Dependent Care FSA?

A: You are able to contribute \$5,000 on an annual basis.

Q: Do Dependent Care FSA funds rollover?

A: Any unused funds at the end of the year will be lost.

Q: How much money should I contribute to the Dependent Care FSA each year?

A: Use the below worksheet to help you add up the expenses you expect to have during 2024. This should help you decide how much to deposit into your Dependent Care FSA.

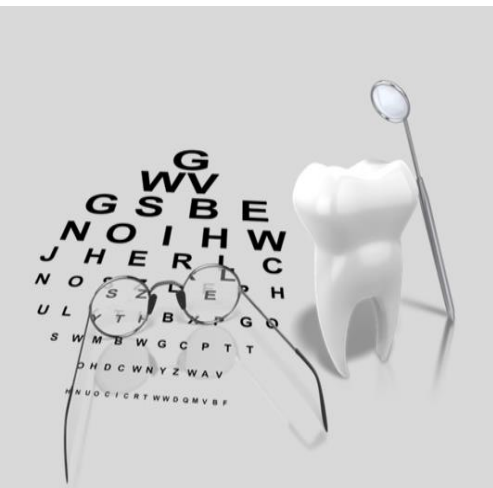
	2023 Expenses	2024 Estimated Expenses
Day Care/Nursery School/Pre-School Expense	\$	\$
After-School Expense	\$	\$
Camp Expense	\$	\$
Adult Day Care Expense	\$	\$
Annual Total	\$	\$



DENTAL BENEFITS

Dental and vision care is an important part of your overall health. Archbold's dental and vision plans are bundled together and do not include a mandatory network of providers. You can choose the providers you prefer to use for dental and vision services.

Coverage	Annual Deductible	Waiting Period	Plan Pays Reasonable/ Customary Charges	Calendar Year Max	Type of Service
Routine	None	None	100%	\$1500 per person	<ul style="list-style-type: none"> Dental Exam Cleaning (1 per 6 months) X-Rays (limits may apply)
Basic	\$50	None	80%		<ul style="list-style-type: none"> X-Rays Oral Surgery (extractions, impactions) Space Maintainers Fillings
Major	\$100	6 Months	50%		<ul style="list-style-type: none"> Endodontics Periodontics Major Restorative Services (crowns, inlays) Prosthetics (bridges, dentures)
Orthodontic	None	6 Months	50%	\$500	<ul style="list-style-type: none"> Treatment for proper alignment of teeth Dependent Children under the age of 19



VISION BENEFITS

Coverage	Waiting Period	Plan Pays Reasonable/ Customary Charges	Calendar Year Max	Type of Service
Basic	None	100%	\$250 per person	<ul style="list-style-type: none"> Vision Exam once every 12 months
Lenses, Frames or Contacts	6 Months	50%		<ul style="list-style-type: none"> Lenses- 1 per 12 months Frames- 1 per 24 months OR <ul style="list-style-type: none"> Contact Lenses- 4 boxes per 12 months

DENTAL & VISION	
BI-WEEKLY RATES	
Employee Only	\$16.00
Employee + 1	\$26.00
Family	\$37.00

VOLUNTARY BENEFITS

ACCIDENT INSURANCE

Designed to supplement employer-sponsored health coverage, Accident insurance through Aflac pays specific benefit amounts for expenses resulting from non-work-related injuries or accidents. Hospitalization, physical therapy, intensive care, transportation, and lodging are some of the out-of-pocket expenses that this Accident insurance could cover. Coverage is available for you, your spouse, and your child(ren). You may also buy additional coverage for hospital confinement due to a covered sickness.

CRITICAL ILLNESS INSURANCE

Critical Illness insurance through Aflac can help supplement major medical coverage by helping you pay the direct and indirect costs associated with a critical illness or event. Conditions covered under this program can include heart attack, stroke, major organ transplant (for recipient), kidney failure, and paralysis. The coverage also includes an annual health screening benefit. Coverage is available for you, your spouse, and your child(ren). Benefits are paid tax-free in a lump sum ranging from to be used at the claimant's discretion.

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance through Aflac is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to the employee, based on the amount of coverage listed, regardless of the actual cost of treatment. The option of electing spouse and/or dependent coverage is also available.

PERMANENT LIFE INSURANCE

In addition to providing death benefits to your designated beneficiaries, this Life insurance through Aflac builds cash value that can be utilized while you are still living. At an affordable premium, you can have the added financial protection that you and your family may need during times of uncertainty. As long as your premium continues to be paid, your rate is guaranteed never to increase, and your benefit can never decrease! Coverage is available for you, your spouse, your child(ren), and your grandchild(ren).



To make an appointment with Kelly Patterson, our benefit counselor, please call 229.227.5044 office / 229.289.4704 cell or scan the QR code above!

BASIC AND VOLUNTARY LIFE BENEFITS

w/ ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life and Accidental Death & Dismemberment (AD&D)

Archbold Medical Center provides Basic Life and AD&D benefits to eligible employees, their spouse and dependent child(ren) through New York Life. The company paid life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

BASIC LIFE w/ AD&D	
Paid by Archbold Medical Center	
Employee Benefit	1 times Annual Salary
Spouse & Child Benefit	\$5,000
AD&D Benefit	Equal to the life benefit

Beneficiary

It is important to keep your beneficiary updated. While this can be done anytime throughout the year, open enrollment is a good time since you will be evaluating your full benefits package. You can see your current beneficiary designation in Lawson and make appropriate updates there as well.

Voluntary Life and Accidental Death & Dismemberment (AD&D)

To supplement your group life insurance benefit, you may purchase additional Life/AD&D insurance through New York Life. This additional coverage is voluntary and the cost to you via payroll deduction will depend on your age and the amount of coverage you elect. By electing voluntary coverage for yourself, you have the option to enroll your spouse and/or child(ren) as well.

Guarantee Issue

By electing coverage when you are initially eligible, you can elect up to the "guarantee issue" amount without providing a medical statement. If you wait to elect coverage at a later enrollment period, you may be required to provide evidence of insurability (EOI), subject to underwriting approval before a policy of a certain amount will be issued.

You will need to provide evidence of insurability if:

- Your election exceeds the guaranteed issue amount

VOLUNTARY LIFE w/ AD&D	
Employee Paid	
Employee	\$10,000 increments to lesser of 5 times your annual earnings or max of \$500,000
Benefit Maximum	
Guarantee Issue	\$100,000
Spouse	\$10,000 increments to lesser of 5 times your annual earnings or max of \$150,000
Benefit Maximum	
Guarantee Issue	\$20,000
Child(ren)	\$2,500, \$5,000, \$7,500 or max of \$10,000
Benefit Maximum	
Guarantee Issue	\$10,000

VOLUNTARY LIFE w/ AD&D RATES	
Age (as of 1/1/2024)	Employee & Spouse Rates per \$1,000
Under 30	\$0.3692
30 - 34	\$0.4615
35 - 39	\$0.5077
40 - 44	\$0.7066
45 - 49	\$1.1838
50 - 54	\$1.8065
55 - 59	\$2.9063
60 - 64	\$4.8462
65 - 69	\$7.0154
70 +	\$17.7517

Additional Notes

- Vol Life includes AD&D benefit equal to life benefit
- Spouse rate is based on employee's age bracket
- Child(ren) rates are:

VOLUNTARY LIFE w/ AD&D RATES	
Amount	Bi-Weekly Deduction
\$2,500	\$0.1200
\$5,000	\$0.2400
\$7,500	\$0.3600
\$10,000	\$0.4900

VOLUNTARY LIFE BENEFITS

w/ ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

How to Calculate New Rates

Current Voluntary Life Insurance Amount:	\$
Additional Voluntary Life being applied for:	\$
Total:	\$
Divide by 10,000	
Enter rate based on your age (<i>as of Jan. 1</i>)	x
Multiply for your Bi-weekly post tax deduction	\$

Calculation Example Below: *If you are 42 years old and currently have \$50,000 of voluntary life insurance, and want to apply for an additional \$30,000 of coverage.*

Current Voluntary Life Insurance Amount:	\$ 50,000
Additional Voluntary Life being applied for:	\$ 30,000
Total:	\$ 80,000
Divide by 10,000	8
Enter rate based on your age (<i>as of Jan. 1</i>)	x \$0.7067
Multiply for your Bi-weekly post tax deduction	\$ 5.65



DISABILITY BENEFITS

Archbold Medical Center recognizes that everyone's needs are different and offers employees choice with the short and long-term disability benefits available through New York Life. Understanding the value of protecting your income, the company pays the full cost of the long-term disability policy for all full time benefit eligible employees and allows you to elect the short-term policy on a voluntary basis. In the event you become disabled and cannot work because of an accident or sickness, these benefits provide a source of income when you likely need it most. Below is a brief description of how benefits are paid under each policy. Additional information can be found in your certificate of coverage.

Employee-Paid VOLUNTARY SHORT-TERM DISABILITY	
Weekly Benefit Amount	
	60% of pre-disability earnings
Monthly Benefit Maximum	
	60% or \$5,000
Elimination Period (time before benefits begin)	
	Accident: 31 st day Sickness: 31 st day
Maximum Benefit Duration	
	150 Days
Pre-Existing Limitation	
	3/12

Employer-Paid LONG-TERM DISABILITY	
Monthly Benefit Percentage	
	60% of pre-disability earnings
Monthly Benefit Maximum	
	Up to \$10,000
Elimination Period (time before benefits begin)	
	180 days
Maximum Benefit Duration	
	SSNRA
Pre-Existing Limitation	
	3/12

Please Note: you are not eligible to receive short term disability benefits if you are receiving workers' compensation benefits.

How to Calculate Tax Deduction

How to calculate your bi-weekly post tax deduction for short-term disability:

$$\text{Hourly pay rate: } \$ \underline{\hspace{2cm}} \times 80 \text{ hours} \times 0.01057 = \$ \underline{\hspace{2cm}}$$

$$\text{Hourly pay rate: } \$ \underline{9.54} \times 80 \text{ hours} \times 0.01057 = \$ \underline{8.07}$$

FAQs

Disability Insurance Frequently Asked Questions

Q: When and how can I sign-up for short-term disability benefits?

A: You can sign-up for short-term disability during open enrollment.

There are two ways to make changes:

1. Use the self-service through the Lawson system.
2. Meet with an Archbold Human Resources representative during an open enrollment session.

OTHER BENEFITS

PTO and EIB

Full Time and Part Time Employees budgeted 30 hours per week receive PTO (Paid Time Off). PTO is accrued every pay period based on your tenure with Archbold:

Tenure	Accrual Rate
<3 years	22 days/year
3-9 years	24 days/year
10+ years	28 days/year

You can accumulate up to 30 days or 240 hours of PTO. Once you reach the maximum PTO accumulation you have two options:

- Opt to receive up to 5 days paid out in cash
- Roll the excess into your EIB

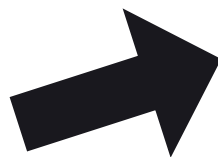
Your Extended Illness Bank (EIB) can accumulate up to 60 days or 480 hours. You trigger the use of your EIB when you have been out for more than 40 hours due to a personal illness or you are hospitalized overnight.

Retirement

Archbold partners with TNB Financial and Transamerica to offer you a way to save for retirement. All Archbold employees are eligible to participate in the traditional or Roth 403(b) plan and depending on hours worked, you may also qualify for an Employer match of 50% of the first 4% of pay deferred.

The maximum voluntary contribution is \$22,500 and employees over age 50 may make additional "catch-up" contributions of up to \$7,500. Rates are subject to change based on IRS guidelines.

For more information, contact Caroline Sewell at 229.227.0600 or csewel@tnbfinancial.com, or Katherine Bannister at 229.227.5036 or kbannister@archbold.org.



Employee Pharmacy

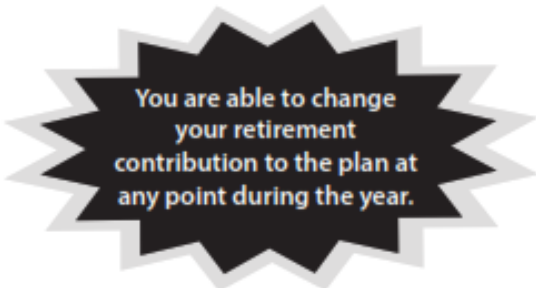
Employees and their eligible dependents can purchase prescriptions from the hospital pharmacy at a HUGE savings! All prescriptions must be paid for upon receipt. Payroll deduction is available up to 2 pay periods.

Discounts

Archbold has partnered with area gyms to provide you with discounts on monthly fees:

- YMCA of Thomasville, Bainbridge, and Moultrie
- Factor X Fitness Center
1314 E. Jackson Street, Thomasville
229.236.2348
- Planet Fitness
14669 US-19 S, Thomasville
229.236.2094
- Camilla Gym and Tan
66 W. Broad Street, Camilla
229.336.9951
- Pelham Fitness Center
450 Barrow Ave., SW, Pelham
229.294.4558
- Cairo Fitness Center
171 Martin Luther King Jr. Ave, Cairo
229.377.9057
- Fitness Life of Cairo
1022 US 84, Cairo
229.397.5433

Gym memberships are contract based. To change or cancel your membership, please contact your gym's representative at the numbers above.



You are able to change your retirement contribution to the plan at any point during the year.

EMPLOYEE ASSISTANCE PROGRAM

How EAP Can Help You

EAP is a comprehensive program that can assist you with a variety of issues. Some of these issues include:

- Individual, marriage and family
- Grief and loss
- Sexual, physical and emotional abuse
- Career planning
- Alcohol abuse
- Drug abuse
- Legal assistance
- Financial assistance
- Psychiatric assessments
- Elder care

Diagnosis, evaluation, short-term problem resolution and referral services provided by AEAP are free of charge to you and your family. This might consist of one or more appointments and include a variety of services. If assistance beyond the resources of the AEAP is needed, your medical insurance and other employee benefits will be considered. If insurance or other benefits are not available, we will assist you in keeping costs minimal. The costs are the client's responsibility, but many service agencies base their fees on ability to pay.

Educational Services

Today's workplace environment requires employers, supervisors and employees to have easy access to current trends in business and industry while staying productive. AEAP provides on-site professional training on topics such as:

- Maintaining a drug-free workplace for state certification
- Sexual harassment prevention
- Workplace violence prevention
- Stress management
- Team building
- Customer service



Archbold Employee Assistance
229.228.2211



Archbold Employee Assistance
902 Cairo Road, Thomasville, GA 31799

2024 OPEN ENROLLMENT MEETING SCHEDULE

- Monday, September 18th – JDAMH: 7a-5p
- Tuesday, September 19th – ASB: 8:30-11a / JDAMH: 3-7p
- Wednesday, September 20th – BCH: 7a-12p / JDAMH: 3-7p
- Thursday, September 21st – GGH: 7a-2p / ASB: 3-5p
- Friday, September 22nd – MCH/MCC: 7a-1p / PPNH: 2-4p
- Monday, September 25th – JDAMH: 7a-12p / ACC: 1-2:30p
- Tuesday, September 26th – ASB: 8:30-11a / Oncology: 2-5p
- Wednesday, September 27th – SGSA: 9-11a / JDAMH: 2-8p
- Thursday, September 28th – Archbold Primary Care: 9-11a /
Urgent Care: 1-2:30p / GMNH: 3-5p
- Friday, September 29th – JDAMH 7a-3p
- Monday, October 2nd – JDAMH: 7a-5p



This brochure summarizes the benefit plans that are available to Archbold's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Benefits Department. Information provided in this brochure is not a guarantee of benefits.