

Your 2012 Benefits



I have lots
to share about
your benefits this year.

*Let's take a
tour and find
out more!*





Welcome!

Welcome to your 2012 Regions Hospital employee benefits guide! This book collects all of your benefit information in one convenient place. We are committed to providing you with complete, affordable benefits that offer flexibility and choice. We'll talk about all of that in this book.

You may notice a "Be Well" mark on some of the materials you receive. This logo is used to identify topics, programs, events and issues related to you and your family's well-being. It's also a visual reminder of our commitment to building a supportive culture of wellness—partnering with you so we can all live our best lives.

Last, we're using Reege as our guide through this benefits book. He's our mascot and has some great things to share with you this year. Reege thinks you'll like what you see.

Let's get started!



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Enrolling in Your Benefits

Are you eligible?

If you are regularly scheduled to work at least 40 hours every two weeks, you are considered half of a full-time employee or a .5 FTE. Employees who are a .5 FTE or greater are eligible for Regions Hospital employee benefits. Your eligible dependents can also get certain benefits.

Benefits are effective the first of the month following the date you are hired or when you are newly benefits eligible. An example would be when the number of hours you work increases to at least 40 hours every two weeks and your status changes to a .5 FTE.

You may enroll your eligible dependents in medical, dental and life insurance coverage.

Generally, eligible dependents include:

- Children you adopt
- Children who are legally placed in your home pending adoption
- Children for whom you are or your covered spouse or domestic partner is the legal guardian
- Unmarried or married children of a domestic partner to age 26. The value of their coverage is subject to imputed income (income with perceived value).
- Unmarried children for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMSCO)
- Unmarried natural grandchildren who reside with you and are financially dependent on you for support and maintenance. Eligible ages are to 19 and up to 25 for full-time students at a university, college, vocational or technical school.
- Unmarried children of any age who are mentally or physically disabled, not able to support themselves and are financially dependent on you may be covered pending approval of a disability application (contact HR for details). You must contact HR within 31 days of the date your child reaches age 26 or becomes newly eligible under this definition to ask for continued coverage.

For the dependent life insurance benefit, those eligible include:

- Unmarried natural children, children you adopt or children who are legally placed in your home pending adoption between the ages of 14 days and 19 years
- Unmarried stepchildren between the ages of 14 days and 19 years if they live with you and are dependent on you for support and maintenance
- Unmarried natural children, legally adopted children, and stepchildren who are at least 19 but under 25 years of age who are enrolled as full-time students at a university, college, vocational or technical school and are financially dependent on you for support and maintenance
- Unmarried children of any age who are mentally or physically disabled, not able to support themselves and are financially dependent on you may also be covered pending approval of a disability application (contact HR for details). You must contact HR within 31 days of the date your child reaches age 19 or becomes newly eligible under this definition to request continued coverage.

If you enroll in family coverage, you will be asked to show proof that your dependents are eligible for coverage. Some examples of proof include:

- Government-issued marriage or birth certificate
- Document showing financial dependence, such as a current tax form, or full-time student status records

You will receive more information on this process once you have enrolled your dependents for coverage.

Your benefit options

You may set up a benefits package that best meets your needs.

Regions Hospital offers these benefits at no cost to you:

- Basic life insurance
- Long term disability

Also, you have these optional benefits:

Optional benefits

- Medical (three plans to choose from)
 - Employer contributions to an HRA or HSA if enrolled in comparable plan
- Dental
- Employee Optional Life Insurance
- Employee Accidental Death & Dismemberment (AD&D)
- Short Term Disability (two plans to choose from)
- Sell Tradable PTO
- Long Term Care Insurance
- Spouse/Domestic Partner Life Insurance
- Spouse/Domestic Partner Accidental Death & Dismemberment (A&D)
- Dependent Child Life Insurance
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

If you, your spouse or dependent work for Regions Hospital, none of you can be covered as both an employee and a dependent. Your eligible children can be covered by only one parent.

All insurance deductions are taken from your first two paychecks each month. No deductions are taken if there is a third paycheck in a month.

Using pre-tax dollars to pay for benefits

Many of your benefits are paid for on a pre-tax basis. This means you pay for these benefits before you pay federal or state taxes, and Medicare and Social Security (FICA) taxes. This makes your taxable income smaller.

Premiums for the following benefits are taken with pre-tax dollars:

- Medical
 - Employee contributions to a Health Savings Account
- Dental
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

Using after-tax dollars to pay for benefits

Premiums for these benefits are taken from your after-tax pay:

- Employee Optional Life and AD&D Insurance
- Short Term Disability
- Spouse/Domestic Partner Life and AD&D Insurance
- Long Term Care
- Child Life Insurance

You may also have medical and dental insurance premiums taken out of your pay after you have made your tax contribution. We urge you to contact your tax advisor before deciding to do this to learn if there are any advantages for you.

These benefits, which are treated as a form of income, are taxed:

- Premiums for employer-paid employee life insurance amounts that are more than \$50,000
- Medical and dental coverage for a domestic partner

The IRS requires you to pay income taxes on premiums for employee life insurance for coverage that is more than \$50,000 and is paid for by Regions Hospital. If your Regions Hospital-paid life insurance amount is more than \$50,000, you will have imputed income, or income that is considered to have value, added to your gross pay (the amount before taxes or other deductions are taken out). Taxes on your gross pay for life insurance that is more than \$50,000 will be taken out of each paycheck during the year.

Electronic Access to Your Information

ERIC

ERIC (Employee Resource & Information Center) is your comprehensive website for employee information. Go to “For Employees” to find the Employee Self-Service (ESS) page. This is where you can see personal, work and pay information.

This chart gives you an overview of what you can find on ESS through ERIC.

Note that you can change your address, direct deposit setup and emergency contact information. During annual enrollment, you can add or update your life insurance beneficiaries.

| Pay | Time Accruals | Benefits | Personal Information | Q&A |
|--|--|--|---|---|
| <ul style="list-style-type: none"> • Pay Statements • W2s • Total Compensation Statements • Direct Deposit • Tax Withholding • Pay Statement Options • Year to Date | <ul style="list-style-type: none"> • Available Balances • Accruals and Adjustments | <ul style="list-style-type: none"> • Current Benefit Elections and Premiums | <ul style="list-style-type: none"> • Work Information • EEO/AA Identification • Home Address • Emergency Contacts | <ul style="list-style-type: none"> • Regions Hospital Contacts • Direct Deposit FAQ • Pay Statements FAQ • Understand Your Pay FAQs • Navigation |

My Info

You can get to ESS from any computer with an internet connection. But first you need to set your password at work. Here’s how: Go to ERIC and choose “Employee Self-Service” from the quick links at the top (you can also type **http://myinfosetup** in the address bar) to set your password.

To log in from another location away from work, you will need your employee number and your MyInfo password. You will also need your ESS username and password. Here is the web address for getting to these pages: **http://myinfo.healthpartners.com/employee**. Be sure to disable the pop-up blocker on your computer. For easy future access, feel free to forward this link to your personal email. If you need help, call the IS&T Support Center at 952-967-6600.

Your Levels of Coverage for Medical and Dental

You can choose from these coverage options for your medical and dental plans:

1. Single Coverage for yourself
2. Family..... Coverage for yourself and eligible dependents (spouse and child or children)
3. Domestic Partner Family Coverage for yourself and eligible domestic partner and child or children
4. None

I'm going to ERIC to look at my pay statement.



Your Medical Plan Options

You can choose between three medical plan options that Regions Hospital offers. All of our plans are administered by HealthPartners. The plans are: the HealthPartners First Plan, the HealthPartners Empower Health Reimbursement Account (HRA) Plan and the HealthPartners Empower Health Savings Account (HSA) Plan.

Your Regions Hospital tiered network

When you need medical care, you choose a doctor, clinic or hospital from one of the two benefit levels. You'll pay part of the cost with a deductible and/or coinsurance. The amount you pay depends on the type of care you need and what benefit level you choose.

- You save on health care costs when you use a care provider in Benefit Level 1, which includes all of the HealthPartners Clinics, Regions Hospital, Hudson Hospital & Clinics, Lakeview Hospital, Westfields Hospital, Children's Hospital and Stillwater Medical Group.
- Benefit Level 2 includes more than 700,000 doctors and other care providers in the HealthPartners national open access network
- See any specialist in the network—with no referrals needed
- Find a doctor by logging onto **healthpartners.com** or calling Member Services at 952-883-5000, 800-883-2177 or 952-883-2177 (TTY)
 - Search for doctors by name, clinic name, specialty, language, gender, hours of business, parking and more
 - See cost and quality ratings for doctors

Refer to your SPD for more details.

How the HealthPartners First Plan works

The HealthPartners First Plan is a comprehensive health plan with doctors and other care providers in two benefit levels or tiers. With this plan, you first pay your deductible. After you have paid your deductible, services are covered at a percentage or coinsurance, up to your yearly out-of-pocket maximum. It also includes a "Three for Free" feature.

Three for Free gives you—and each of your family members—three free office visits per year. That keeps more money in your pocket. So what does "free" really mean? HealthPartners pays the doctor's

fees for your first three in-network office, urgent care or convenience care clinic visits. This includes office visits for mental health and chemical dependency visits. Most preventive care visits are covered at 100 percent in network and do not count toward your three free office visits.

You are responsible for other services you receive during the office visit such as lab tests, X-rays, MRIs, CT scans and some types of therapy. For example, you would be responsible for all costs up to your \$250 single deductible (assumes you completed your Wellness program). After reaching your deductible, you pay a percentage of all costs based on the benefit level of the provider up to your individual out-of-pocket maximum of \$1,500. Once you reach your out-of-pocket maximum, you pay nothing for covered services.

How the HealthPartners Empower HRA Plan works

This plan combines a health reimbursement account (HRA) with a deductible plan to give you comprehensive coverage. It gives you more control over your health care spending by helping you pay for eligible medical expenses with an account fully funded by Regions Hospital. Health care providers are placed into benefit levels (or tiers). With this plan, you first pay your deductible. After you have paid your deductible, services are covered at a certain percentage (called coinsurance) up to your yearly out-of-pocket maximum.

Plus, HealthPartners gives you the additional support you need to improve your health. As a member, you have access to online tools and information like cost estimators that help when you're making decisions about your health care and coverage.

How does this plan work?

When you enroll, an HRA will automatically be set up for you by Regions Hospital. Think of an HRA as your bank account for medical costs. When you pay for an eligible expense, your HRA will pay you back, as long as you have money in your account. Once you use the money in your HRA, you will be responsible for any costs up to your deductible amount. After you reach your deductible, you pay coinsurance. Once you reach your out-of-pocket maximum, the plan pays for your covered health care expenses in full.

How does money get into my HRA?

At the beginning of your plan year, Regions Hospital will put money into your HRA. For 2012, Regions Hospital contributes \$750 toward single coverage, and \$1,000 toward family coverage. If you are a new hire or newly eligible for benefits, the amount of money Regions Hospital puts into the HRA is pro-rated on a monthly basis. For example, if your effective date of coverage is July 1, you will receive \$375 towards single coverage and \$500 towards family coverage.

What costs are eligible?

Eligible costs are based on IRS guidelines. Eligible expenses include things like office visits, prescriptions, lab work and urgent care. Check the Summary of Benefits in this booklet or your SPD for more information.

How to get money from your HRA

When you see a network doctor or care provider, the claim is automatically sent to HealthPartners. You don't need to fill out any paperwork or file a claim! HealthPartners will send you a reimbursement check or you can sign up for direct deposit. If you see a provider that is not in the network, you will need to pay your bill. You can then send in a claim to be paid by your HRA.

Any HRA money that you don't use in 2012 will roll over to the next plan year and may grow over time. If you end your employment or change medical plans, any balance left over in your account stays with Regions Hospital.

How the HealthPartners Empower HSA Plan works

Key plan features include:

- Employer contribution is \$1,000 single and \$1,750 family
- Routine preventive care is typically covered at 100 percent.
- The money you put into your HSA is tax free. If you're 55 or older, you can add an extra "catch-up contribution" of \$1,000 a year until age 65.
- You decide how much money to put into your HSA and how it's used.
- Use your HSA to pay for current eligible medical expenses or save for future needs.

How does this plan work?

This plan combines a health savings account (HSA) with a high-deductible health plan (HDHP) to give you full coverage. Plus, the lower monthly premiums help you save money all year.

Think of an HSA as your bank account for medical costs. The money in your HSA is yours to keep, even if you change employers.

The HDHP provides you with the benefits you need to manage your health. This plan includes a deductible and an out-of-pocket maximum. Check your Summary of Benefits for specific details.

With this plan, you have network access to many services like:

- Office visits
- Convenience and online care
- Urgent and emergency care
- Hospital care
- Specialty care
- Prescription medicines

How does money get into my HSA?

There are a couple ways to put money into your HSA:

- Deductions from your paycheck
- Direct deposits that are allowed until April 15 of the next year

None of the money you put into your HSA is taxed. As this amount grows over time, you can save it or spend it on eligible medical expenses—tax free!

How can I use an HSA?

You can use the money in your HSA to pay for expenses like:

- Plan deductibles or coinsurance
- Dental care
- Braces
- Vision care and LASIK surgery
- Hearing aids
- Tools to help you quit smoking

How do you choose which plan is right for you?

Because you have three medical plan options, here's a checklist for you to review when choosing your plan:

- Review this book and study the three plan options available for 2012.
- Gather information about the medical care you've received this year, check your records to review past health care expenses and determine your anticipated medical needs for next year. Do you rarely go to the doctor? Do you or does someone in your family have a chronic condition? The answers might impact your decision.
- Estimate your out-of-pocket costs and your premiums under each plan to determine the financial impact for you. To help you calculate which plan may be best for you, use the Regions Hospital Insurance calculator.
- Determine if your provider is in Benefit Level 1 or Benefit Level 2. You will pay less if you use providers in Benefit Level 1.
- Calculate the cost of your prescription medications. If you're using a brand-name prescription, ask your doctor if there's a generic option available. Generic medications help you save on costs.
- If you're eligible to participate in the benefits plan of a spouse or domestic partner, you might want to gather information about his or her medical plan options, including networks and premiums, so you can compare their plan to your Regions Hospital choices.
- You may want to consider setting aside pre-tax dollars in your flexible spending account (FSA) to help pay for your medical expenses. For example, you can help offset your deductible and coinsurance with pre-tax dollars. See page 18 for more details about the FSA.
- Talk to an HR benefits representative if you have any questions. Stop by or call the HR service center at 651-254-4700.

Save on your prescriptions

If you enroll in the HealthPartners First Plan or HealthPartners HRA Plan, you'll spend less on your prescription drugs by using generic prescription medications whenever possible. You can also save with the following options:

Use the Regions Hospital Pharmacy and get:

- A 31-day supply of generic formulary prescription medications for a \$6 copayment
- A 31-day supply of brand name formulary prescription medications for a \$24 copayment
- A 93-day supply (about 3 months) of formulary prescription medications for the same copayment as a 2-month supply:
 - Formulary generic medications for a \$12 copayment
 - Formulary brand-name medications for a \$48 copayment

Note: These are typically maintenance medications used to treat a chronic illness (for example, high blood pressure).

- Employee discounts on over-the-counter (OTC) drug purchases

Wellness program

Our voluntary Wellness program is designed to empower participants to improve their own health by providing free access to tools, programs and resources for living healthier. Regions Hospital is committed to improving the health of our community. That commitment extends to you. Our medical plan options are offered with a preferred or standard benefit. Participating in the Wellness program affects the deductible amounts you pay for all three medical plan options.

If you enroll in single coverage in one of the medical plans offered by Regions Hospital for 2012, you will receive the preferred benefit if you have completed the Wellness program by Sept. 30, 2011 (a \$250 value). If you and your spouse or domestic partner enroll in one of the Regions Hospital medical plans for 2012, both of you must have completed the Wellness program by Sept. 30, 2011, to get the preferred benefit (a \$500 value).

Three simple steps to better health and saving money

To participate in the Wellness program, follow these three easy steps. You'll discover your potential and get the support you need to improve your health!

| Step 1 Take the confidential online health assessment | Step 2 Complete one of dozens of our health and wellness programs annually | Step 3 See the rewards |
|---|---|---|
| Each year, log on to healthpartners.com to take the health assessment. If you don't have an account, you'll need to take five minutes to create a username and password. You'll learn about your health strengths and weaknesses. You'll also get ideas about which programs may be right for you. | Participate in 10,000 Steps, weight loss assistance, stress management or another wellness program for free. Many of these programs have a retail value of more than \$200. | You'll be healthier and you'll save on out-of-pocket health care costs by qualifying for the preferred benefit. Both you and your enrolled spouse or domestic partner must fully complete the Wellness program in 2012 in order for your family to be eligible for the preferred benefit in 2013. |

Look for more information about the Wellness program early in 2012.

For more details regarding Wellness programs, visit ERIC, call Member Services at 952-883-7800, 800-311-1052 or 952-883-7498 (TTY).



Regions Hospital 2012 Summary of Benefits

The following is an overview of your HealthPartners coverage. Where there is a flat dollar amount (\$) listed, this is a copayment. Where there is a percentage amount (%), this is coinsurance. For exact terms and conditions, consult your plan materials or call Member Services at 952-883-5000 or 800-883-2177.

| Medical Plan Highlights | | First Plan * | | Empower HRA | | Empower HSA | |
|---|--|--|--|--|--|---|---|
| Partial listing of covered services | | In-Network | | In-Network | | In-Network | |
| Deductible and Out-of-Pocket | | | | | | | |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Annual deductible | Preferred: \$250 per person / \$750 per family; Standard: \$500 per person / \$1,250 per family | Preferred: \$1,500 individual / \$3,000 family; Standard: \$1,750 individual / \$3,500 family | Preferred: \$1,500 individual / \$3,000 family; Standard: \$1,750 individual / \$3,500 family | Preferred: \$1,500 individual / \$3,000 family; Standard: \$1,750 individual / \$3,500 family | Preferred: \$1,500 individual / \$3,000 family; Standard: \$1,750 individual / \$3,500 family | Preferred: \$3,000 individual / \$6,000 family Standard: \$3,250 individual / \$6,500 family | Preferred: \$3,000 individual / \$6,000 family Standard: \$3,250 individual / \$6,500 family |
| Annual out-of-pocket maximum | \$1,500 per person / \$3,000 per family | \$1,500 per person / \$3,000 per family | \$1,500 per person / \$3,000 per family | \$1,500 per person / \$3,000 per family | \$1,500 per person / \$3,000 per family | Preferred: \$3,000 individual / \$6,000 family Standard: \$3,250 individual / \$6,500 family | Preferred: \$3,000 individual / \$6,000 family Standard: \$3,250 individual / \$6,500 family |
| Preventive Health Care | | | | | | | |
| Routine physical and eye examinations | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage |
| Prenatal, postnatal care and well child care | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage |
| Immunizations | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage | 100% coverage |
| Office Visits | | | | | | | |
| Illness or injury | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 75% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 75% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 80% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 80% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 80% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| | 95% coverage after deductible | 95% coverage after deductible | 95% coverage after deductible | 95% coverage after deductible | 95% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Physical, occupational and speech therapy | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 75% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 75% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 80% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 80% coverage after deductible | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 80% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Chiropractic care (neuromusculo-skeletal conditions only) | 75% coverage after deductible | 75% coverage after deductible | 75% coverage after deductible | 75% coverage after deductible | 75% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Emergency Care | | | | | | | |
| Urgently needed care at an urgent care clinic or medical center | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Emergency care at a hospital ER | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Ambulance | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 80% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Inpatient Hospital Care | | | | | | | |

| | | | |
|---|--|--|---|
| Illness or injury | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 75% coverage after deductible | Benefit level 1 - 90% coverage after deductible; Benefit level 2 - 80% coverage after deductible | 100% coverage after deductible |
| Outpatient Care | | | |
| Scheduled outpatient procedures | Benefit level 1 - 95% coverage after deductible; Benefit level 2 - 75% coverage after deductible | Benefit level 1 - 90% coverage after deductible; Benefit level 2 - 80% coverage after deductible | 100% coverage after deductible |
| Durable Medical Equipment | | | |
| Durable Medical Equipment and prosthetic devices | 80% coverage after deductible | 80% coverage after deductible | 100% coverage after deductible |
| Pharmacy Highlights (Partial listing of covered services) | | | |
| Retail Pharmacy - (31-day supply or one cycle of oral contraceptives) | | | |
| Generic formulary drug | \$6 copay Regions Pharmacy \$12 copay all other HealthPartners pharmacies \$18 copay other network pharmacies | \$6 copay Regions Pharmacy \$12 copay all other HealthPartners pharmacies \$18 copay other network pharmacies | 100% coverage after deductible |
| Brand formulary drug | \$24 copay Regions Pharmacy \$30 copay all other HealthPartners pharmacies \$36 copay other network pharmacies | \$24 copay Regions Pharmacy \$30 copay all other HealthPartners pharmacies \$36 copay other network pharmacies | 100% coverage after deductible |
| Mail Order Pharmacy - (93-day supply) | | | |
| Generic formulary drug | \$12 copay Regions pharmacy \$24 copay HealthPartners mail order | \$12 copay Regions pharmacy \$24 copay HealthPartners mail order | 100% coverage after deductible |
| Brand formulary drug | \$48 copay Regions pharmacy \$60 copay HealthPartners mail order | \$48 copay Regions pharmacy \$60 copay HealthPartners mail order | 100% coverage after deductible |
| Additional Benefits | | | |
| * First Plan Office Visits - For in-network services, each family member may receive up to a combined total of three office visits; convenience care and urgent care visits each year where the physician's services are covered 100%. All charges for office procedures, laboratory, radiology, day treatment services, group visits, chiropractic care, physical, occupational and speech therapy services are subject to the deductible and coinsurance. | Frequent Fitness discount at participating health clubs | 24/7 CareLine nurse access | Discounts on health-related products and services |



Your Dental Plan

Regions Hospital offers you the HealthPartners Exceed Choice Dental Plan. This is a tiered network plan with an out-of-network option. You and each of your covered family members may choose a different dental clinic. Your benefits depend on the tier you choose. Tier I has a higher level of benefits than Tier II or your out-of-network benefits.

How your plan works

With this plan you can choose between two benefit levels and two different networks for dental care. Your benefits are based on the network tier you choose for care. Family members can select their own tier and their own dentist. You can see non-network dentists, but your costs will be higher. Preventive care through network dentists (Tier I and Tier II) is covered at 100 percent for:

- Exams
- Cleanings
- Sealants
- X-rays

Your plan options

Coverage for services like crowns, fillings, root canals and pulled teeth depends on the dentist you choose.

When you receive care, you may be responsible for paying part of the expense yourself. Your costs are determined by the provider you visit and the network tier they are in. The plan also covers orthodontic care for dependent children under age 19. Refer to the Summary of Benefits for more details.

Great networks

The Tier I network includes almost 300 dentists and specialists in the Twin Cities and St. Cloud areas. The Tier II network includes more than 1,800 dentists and specialists across the state.

Tier I: These dentists give you the biggest savings on how much you pay on your own. When you enroll in Tier I, you will select a primary dental clinic to deliver and coordinate your care.

Tier II: This network has many dentists. When you enroll in Tier II, you can see any Tier II dentist at any time. You may have higher out-of-pocket costs than you would with Tier I dentists.

No matter where in the country you live, work or travel, you have access to dentists. Our network includes more than 60,000 dentists at more than 120,000 locations across the country.

Extra care for better health

If you're pregnant or diabetic, your teeth may need extra care. You may even have or be at risk for getting periodontal (gum) disease. That's why we cover these services for pregnant women and diabetics:

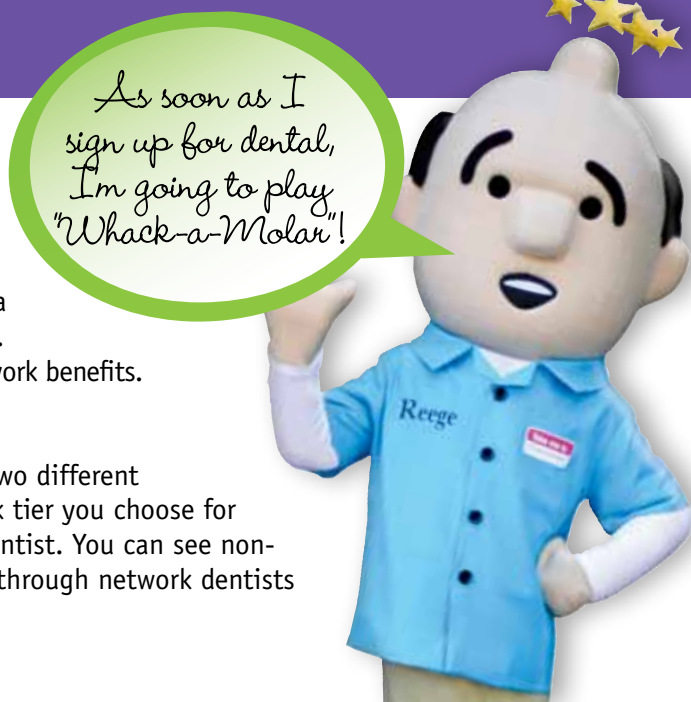
- Extra exams
- Extra cleanings
- Extra scaling and root planing

You do **not** pay for deductibles or coinsurances. Also, there is no annual dollar limit on these extra services.

Dental care for your children

To get your kids started on the path to good oral health, we offer Little Partners Dental. Little Partners covers most services in your dental plan for children 12 and under at no cost to you. Services from a network dentist, like fillings and pulled teeth, are covered at 100 percent. You do not pay for deductibles or coinsurances. Also, there is no annual dollar limit on how much care your child can get for the Little Partners dental benefit.

Refer to your SPD for more details.



HealthPartners Exceed ChoiceSM Dental Plan

Summary of Benefits

The following summarizes your HealthPartners coverage. For exact terms and conditions, consult a Group Membership Contract or SPD, or call Member Services at 952-883-5000, 800-883-2177 or 952-883-5217 (TTY).

| | Tier I When care is provided by or arranged and authorized by your HealthPartners Tier I dentist | Tier II When care is provided by or arranged and authorized by a HealthPartners Tier II dentist | Out-of-Network When care is provided by an out-of-network dentist |
|---|---|--|--|
| Annual Maximum | \$2,000 per calendar year | \$1,000 per calendar year | \$750 per calendar year |
| Deductible | Annual maximums are combined across all three tiers | | |
| <ul style="list-style-type: none"> Applies to Basic Care, Special Care & Prosthetics | None | \$25 per person; \$75 per family per calendar year | \$50 per person; \$150 per family per calendar year |
| Preventive and Diagnostic Care | Amount you pay when you receive care | Amount you pay when you receive care | Amount you pay when you receive care |
| Teeth cleaning, exams, dental x-rays, fluoride treatments and sealants | \$0 | \$0 | 20% after deductible |
| Basic Care | | | |
| Basic Care I | | | |
| <ul style="list-style-type: none"> Fillings | \$0 | 20% after deductible | 50% after deductible |
| <ul style="list-style-type: none"> Simple extractions | \$0 | 20% after deductible | 50% after deductible |
| <ul style="list-style-type: none"> Non-surgical periodontics | \$0 | 20% after deductible | 50% after deductible |
| <ul style="list-style-type: none"> Endodontics (root canal therapy) | \$0 | 20% after deductible | 50% after deductible |
| Basic Care II | | | |
| <ul style="list-style-type: none"> Surgical periodontics | \$0 | 20% after deductible | 50% after deductible |
| <ul style="list-style-type: none"> Complex oral surgery | \$0 | 20% after deductible | 50% after deductible |
| Special Care | | | |
| Restorative crowns & onlays | 20% | 50% after deductible | 50% after deductible |
| Prosthetics | | | |
| <ul style="list-style-type: none"> Bridges, dentures & partial dentures | 50% | 50% after deductible | 50% after deductible |
| <ul style="list-style-type: none"> Dental implants | 50% | 50% after deductible | 50% after deductible |
| Orthodontic Services | | | |
| <ul style="list-style-type: none"> Orthodontic care for dependents under age 19 | \$0 up to \$1,000 lifetime maximum | \$0 up to \$1,000 lifetime maximum | 50% up to \$1,000 lifetime maximum |

Your Life Insurance Benefits

Life insurance protects you and your family if you die or a covered family member dies. Regions Hospital offers the following options, which may differ by employee group or union:

- Employee basic life insurance—paid by Regions Hospital

Additional optional coverage

- Employee life insurance
- Employee accidental death & dismemberment (AD&D) insurance (with basic life)
- Spouse or domestic partner life insurance
- Spouse or domestic partner AD&D insurance
- Child life insurance

Basic employee life insurance

As a benefit-eligible employee, Regions Hospital provides you with basic group term life insurance at no cost. The benefit amount depends on which employee group or union you are part of. See below for details:

- Non-union employees, operating engineers and pharmacists are provided basic life insurance equal to your annual salary, rounded to the closest \$1,000 to a maximum of \$100,000
- AFSCME Service Workers and Business Office Clerical Union employees are provided a benefit equal to your annual salary, rounded to the closest \$1,000 up to a maximum of \$50,000
- Residents are provided a benefit equal to your annual salary, rounded to the closest \$1,000 up to a maximum of \$50,000

Optional employee life, accidental death and dismemberment, spouse or domestic partner life and child life

Our optional life and AD&D plans allow you to customize your coverage to best meet your needs.

All benefit-eligible employees may choose optional life insurance in \$20,000 increments to a maximum of \$500,000. Refer to the chart on the following page for more details about the maximum. The cost of your optional life insurance coverage is based on your age on Jan. 1, 2012, and the amount of coverage you choose.

All benefit-eligible employees may also choose AD&D coverage. AD&D insurance provides a benefit if you have certain injuries or die because of a covered accident. AD&D insurance will pay your beneficiary double the amount of the basic coverage elected if you die because of an accident. If you suffer certain injuries, such as loss of sight or a limb, you will receive a specified amount of the AD&D benefit. The percent of reimbursement (or payment) for an accidental injury benefit depends on the scope of your loss. If you elect AD&D insurance for yourself, the benefit amount matches your basic and other optional life insurance coverage.

You may choose optional life insurance and AD&D insurance for your spouse or domestic partner as well. You may buy it in \$10,000 increments up to a maximum of \$250,000. If you elect AD&D insurance for your spouse or domestic partner, the benefit amount will match the amount of spouse/domestic partner life insurance coverage elected.

You also may choose dependent child life insurance for your children or your spouse or domestic partner's children. This includes your unmarried children up to age 19 or age 25 if a full-time student. Your child life benefit is as follows:

- \$10,000 for each child age 6 months or older
- \$1,000 for children between 14 days and six months
- No coverage for children birth to 14 days

Life insurance that requires completion of an extra form

Some amounts of life insurance require that you provide evidence of insurability (EOI). You or your family member may need to complete an application form and answer health-related questions. The completed EOI form is sent to and reviewed by the insurance company underwriter. After the review is completed, you will be notified by the insurance company if you are approved for the additional life insurance.

You will need to complete the EOI form for the following:

- **Employee Optional Life Insurance.** If you choose life insurance that is more than one time your annual salary rounded to the nearest \$20,000 (not to exceed \$160,000) when newly eligible. You will also need to complete the EOI form if you want to increase the amount you chose during annual open enrollment.
- **Spouse or Domestic Partner Life Insurance.** If you choose more than \$20,000 when newly eligible or wish to increase the amount you chose during annual open enrollment.
- **Child Life Insurance.** If you choose this option during annual open enrollment.

If EOI is required, you may print an EOI form online during annual enrollment. Or you can request an EOI form from the HR Service Center. You will need to send the completed EOI form to Minnesota Life Insurance Company. Until you are approved, you will have coverage and be charged for the amount of insurance available to you that does not require EOI.

Life insurance and taxes

The IRS requires you to pay income taxes on premiums for employee life insurance coverage that is more than \$50,000 and is paid for by Regions Hospital. If your Regions Hospital-paid life insurance amount is more than \$50,000, you will have imputed income, or income that is considered to have value, added to your gross pay (the amount before taxes or other deductions are taken out). Taxes on your gross pay for life insurance that is more than \$50,000 will be taken out of each paycheck during the year.

This chart shows the optional life and AD&D insurance options Regions Hospital offers you as a benefit-eligible employee.

| Coverage | Choice | Cost |
|----------------------------------|--|---|
| Employee Optional Life Insurance | Maximum available is whichever of these two options is more: 1. \$300,000 in \$20,000 increments or 2. Five times your annual salary rounded to the nearest \$20,000 (not to go over \$500,000) | Based on your age and the amount of coverage chosen (See Rate Chart Below) |
| Spouse or Domestic Partner Life | In multiples of \$10,000 up to \$250,000 | Based on the employee's age and the amount of spouse or domestic partner coverage selected |
| AD&D | Can be added to the Employee Basic, Optional and Spouse/Domestic Partner Life Insurance Coverage | \$.02 per \$1,000 of coverage |
| Child Life Insurance | \$10,000 for each child age six months or older. For children between 14 days and six months of age; \$1,000 of coverage | \$1 per month covers all eligible dependents to their 19 th birthday, or 25 th birthday if full-time students |

Monthly rates for each \$1,000 of coverage for optional life insurance and life insurance with AD&D are listed below. Rates for employee and spouse or domestic partner are based on the employee's age on Jan. 1, 2012, and the amount of coverage elected.

Rates per \$1,000 Coverage per Month

| Employee Age | Life Only | Life with AD&D |
|--------------|-----------|----------------|
| Under 30 | \$.03 | \$.05 |
| 30-34 | \$.04 | \$.06 |
| 35-39 | \$.05 | \$.07 |
| 40-44 | \$.08 | \$.10 |
| 45-49 | \$.12 | \$.14 |
| 50-54 | \$.21 | \$.23 |
| 55-59 | \$.33 | \$.35 |
| 60-64 | \$.51 | \$.53 |
| 65-69 | \$.90 | \$.92 |
| 70-74 | \$1.63 | \$1.65 |

NOTE: Remember to name your beneficiary. You must notify Regions Hospital HR who you want your benefits to go to if you die. If you need to update this, please contact the HR Service Center.

Refer to the Certificate of Coverage for more details about these benefits.

Disability Insurance in Case You Can't Work

Disability insurance provides you with income protection if you are unable to work for a short period of time due to a covered illness or injury. The Standard is Regions Hospital's partner for disability coverage.

Voluntary short-term disability

If you are sick or injured and unable to work for up to 180 days, the short-term disability (STD) plan may help. Regions Hospital offers two voluntary STD plan options:

- The 1/8 Day Plan 1 takes effect on the first day of an accident or the eighth day of an illness
- The 30 Day Plan 2 takes effect on the thirtieth day of an accident or illness

You may choose one of the two plans, but not both. You select a monthly benefit in increments of \$250. Benefits may continue until you recover or for up to 180 days maximum from the date of disability. Premiums are employee-paid on an after-tax basis; therefore, any benefit you receive from an STD claim is not considered taxable income. Benefits will not be paid if the illness or accident is work-related and there is a workers' compensation claim.

How STD works with paid time off

Any paid time off (PTO), frozen vacation, extended sick leave (ESL) hours available to you are automatically paid for time away from work based on your FTE status. You may receive STD benefit payments at the same time you are receiving PTO. Regions Hospital requires you to complete all necessary leave of absence forms within 15 days of the date you begin your leave. Prior approval is preferred.

All STD claims must be approved by The Standard and you must be under a physician's care before payments begin. Contact the HR Service Center for claim forms.

The table below shows the annual and monthly benefit, and semi-monthly rates for each of the plan options:

| Annual Benefit | Monthly Benefit | 1/8 Day Plan 1 Semi-monthly cost | 30 Day Plan 2 Semi-monthly cost |
|----------------|-----------------|-------------------------------------|------------------------------------|
| \$3,000 | \$ 250 | \$ 2.87 | \$.97 |
| \$6,000 | \$ 500 | \$ 5.74 | \$ 1.94 |
| \$9,000 | \$ 750 | \$ 8.61 | \$ 2.91 |
| \$12,000 | \$1,000 | \$11.48 | \$ 3.88 |
| \$15,000 | \$1,250 | \$14.35 | \$ 4.85 |
| \$18,000 | \$1,500 | \$17.22 | \$ 5.82 |
| \$21,000 | \$1,750 | \$20.09 | \$ 6.79 |
| \$24,000 | \$2,000 | \$22.96 | \$ 7.76 |
| \$27,000 | \$2,250 | \$25.83 | \$ 8.73 |
| \$30,000 | \$2,500 | \$28.70 | \$ 9.70 |
| \$33,000 | \$2,750 | \$31.57 | \$10.67 |
| \$36,000 | \$3,000 | \$34.44 | \$11.64 |

You may purchase coverage in multiples of \$250 for a monthly benefit. Your total coverage (or monthly benefit) cannot be more than two-thirds of your monthly pay. The highest monthly benefit payment is \$3,000. Use the worksheet below to calculate the highest STD coverage amount you can elect. Please note that STD benefits will be paid weekly based on the monthly elected coverage.

| Annual Pay | Divided By | Monthly Income | Times | Maximum STD Factor | Equals | Maximum Coverage |
|------------|------------|----------------|-------|--------------------|--------|------------------|
| | ÷ | 12 | X | .67 | = | \$ |

If you do not apply for coverage within 31 days of when you first become eligible, you may elect coverage during annual enrollment. If you are currently insured, but want to change your plan option or increase your coverage, you must wait until annual enrollment. In either situation, you will be subject to a late enrollment penalty (longer benefit waiting period).

Long-term disability

Regions Hospital provides long-term disability (LTD) coverage at no cost to you. If you are disabled and can't work for more than 180 days (6 months), the LTD plan is there to help. With LTD, you are paid a percentage of your income while you can't work due to a covered illness or injury. All benefit-eligible employees are automatically enrolled in this coverage.

Your LTD benefit pays up to 50 percent of your income, to a maximum payment of \$7,000 per month. LTD works with Social Security and/or PERA (Public Employees Retirement Association) or other sources of income so that you receive up to 50 percent of your income from all combined sources. Payments begin after you have been disabled for 180 days as long as your situation meets the definition of disability. Essentially, you must not be able to perform the duties of your own occupation, or be unable to earn 80 percent or more of your pre-disability pay when working in your own job. All disabilities must be approved by The Standard and are subject to the terms of our plan.

Upon becoming insured, you will receive a Certificate of Coverage that contains more detailed information about the plan and benefits. Refer to this or contact the HR Service Center for more information.

Long Term Care Coverage

Long term care (LTC) is care that you need if you can no longer perform everyday tasks by yourself due to a chronic illness, injury, disability or the aging process. LTC insurance provides coverage for LTC services provided in different settings. Covered services may include help in your home with day-to-day activities. It may also give special attention in a nursing home.

Many people elect to buy LTC insurance so they will not need to deplete their savings if they need LTC services at some point in their lives. LTC insurance can help ensure that financial resources and support are in place when you need them.

LTC makes it possible to get coverage at affordable premiums. Premiums are expected to remain at a steady rate over your lifetime. So the younger you are when your coverage begins, the lower your cost will be for the time you are in the plan.



How does LTC insurance work?

You must apply for coverage. New hires or newly eligible employees may enroll and be guaranteed coverage without evidence of insurability at the time of employment or eligibility, as long as you enroll within 31 days. Employees must be actively working when coverage goes into effect.

If you wait to enroll, you can still get coverage, but you will have to complete a questionnaire about your health and medical history and meet CNA's good health and other underwriting standards to be accepted into the plan. This is called providing Evidence of Insurability (EOI). You may have to wait for underwriting approval for your coverage to go into effect.

Your spouse may also enroll for coverage and must provide EOI. Parents, parents-in-law, grandparents and grandparents-in-law may apply at any time. Parents and grandparents must meet good health and other underwriting standards to be accepted into the plan. Please note that not all medical conditions will disqualify him or her for coverage. You may request a parent enrollment kit by calling CNA customer service at 888-825-0686.

Contact the HR Service Center at 651-254-4700 to request an LTC packet with premium and enrollment information. Or go to the LTC web site: <https://www.ltcbenefits.com/>; password: munipool for more information and an online application. CNA administers The Municipal Pool LTC care plan.

Save with Flexible Spending Accounts

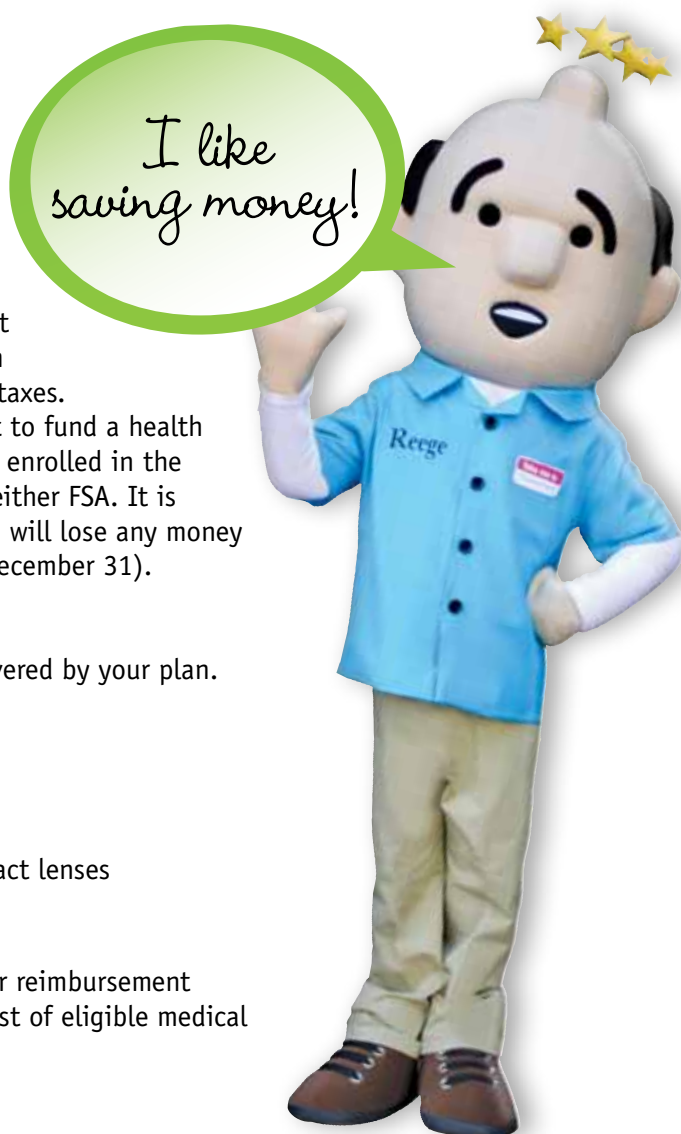
A Flexible Spending Account (FSA) is an account you establish to set aside money to help pay for certain health and dependent care expenses. The money you deposit in your FSA is taken from your paycheck on a pre-tax basis, which means you pay less in taxes. HealthPartners is our FSA administrator (vendor). You may elect to fund a health care FSA, a dependent care FSA, or both. You do not have to be enrolled in the Regions Hospital medical or dental plans to take advantage of either FSA. It is important to estimate and plan your FSA funds carefully, as you will lose any money left in your FSA at the end of the calendar year (January 1 to December 31).

What is a health care FSA?

Think of an FSA as a bank account for medical expenses not covered by your plan. Use your FSA to pay for things like:

- Deductibles and coinsurance
- X-rays
- Laboratory fees
- Prescription drug copayments
- Hospital expenses
- Surgery
- Dental care
- Vision care
- Eyeglasses and contact lenses

Over-the-counter medicines (such as aspirin) are not eligible for reimbursement from your FSA without a doctor's prescription. For a complete list of eligible medical expenses, check with your FSA administrator.



How does an FSA work?

An FSA is an account you put money in from each paycheck before taxes are taken out. You decide how much you want to put into your FSA. This is called your election amount. Then, use your FSA dollars to help pay for health care costs. When you have an eligible health care expense, you simply pay yourself from your FSA. If you use up your FSA dollars, you will be responsible for paying any remaining expenses out of pocket.

Lower your taxes, save money!

Why should you have an FSA? Because using pre-tax money for your health care costs can help you bring home more money in your paycheck. This chart shows how much you could save on taxes with an FSA.

| Example | With the FSA | Without the FSA |
|---------------------------------------|--------------|-----------------|
| Household income | \$80,000 | \$80,000 |
| FSA contribution | \$4,000 | \$0 |
| Taxable income | \$76,000 | \$80,000 |
| Taxes (assumes 28% rate) | \$21,280 | \$22,400 |
| Medical expenses paid for after taxes | \$0 | \$4,000 |
| Take-home pay | \$54,720 | \$53,600 |
| Tax savings* | \$1,120 | \$0 |

*This is only an example. Actual tax savings will vary.

How the account works

You may deposit \$100 to \$5,000 for the year. Your chosen amount is deducted from your pay pre-tax in equal amounts during the year. Those dollars are put into an account in your name. After you receive services and pay for eligible health or dental expenses, you must turn in a claim form and receipts to the FSA administrator. The amount of your claim is taken out of your account and paid to you.

While expenses must be for services from Jan. 1, 2012, through Dec. 31, 2012, you may submit claims through April 15, 2013. Any money left in your account after April 15, 2013, will be given up. This “use it or lose it” policy is an Internal Revenue Service (IRS) regulation, so plan your contributions carefully.

If you are a new employee, your FSA covers expenses for services you receive after your hire date.

If you are newly benefits eligible, expenses must be incurred after the date you become eligible.

How to get reimbursed

There are two ways to receive reimbursement from your FSA after you’ve paid for an eligible health care expense.

- **Automatic claims submission (paperless)**—your medical, dental or pharmacy claims will automatically be forwarded to your HealthPartners FSA for processing if you have medical and dental coverage through Regions Hospital. You do not need to fill out or submit any paper forms for these types of expenses. If you wish to opt out of automatic claims submission you need to complete the opt-out form on ERIC.
- **Paper claim form**—You also have the option to file a paper claim. Claim forms are available on ERIC or healthpartners.com, and may be faxed or mailed. After your claim is processed, you will be reimbursed by check or direct deposit. You can elect to sign up for direct deposit through HealthPartners (or when you initially enroll by completing the form).

You cannot take an income tax deduction for expenses that are reimbursed by the FSA.

Health Care FSA for Use with Empower HSA

A health care FSA helps you save money by letting you pay for eligible dental and vision expenses. Expenses must be for care you receive during the plan year (January 1 to December 31) that are not covered by your medical or dental plan. There are two health care FSA options—limited use and general use.

Limited use

If you establish a health savings account (HSA) in connection with a HDHP (such as the Empower HSA), you may only contribute money to the limited use health care FSA option.

How the account works

You may elect to deposit from \$100 to \$5,000 for the year. This amount is deducted from your pay pre-tax in equal amounts throughout the year and placed into an account in your name. Reimbursements for eligible expenses you incur are then made to you from your account. They can be made by 1) submitting a claim form with paid receipts, 2) enrolling in our paperless “Claims Crossover” feature or 3) establishing a “recurring claim” submission using one claim form for recurring claims such as orthodontia expenses.

Expenses must be incurred during the plan year (January 1 to December 31), but you may submit plan year claims through April 15 of the following year. Any money remaining in your account after April 15 of that year will be forfeited. This “use it or lose it” policy is required by Internal Revenue Service (IRS) regulations, so plan your contributions carefully. Remember, for each plan year, eligible expenses must be incurred between January 1 and December 31.

You cannot take an income tax deduction for expenses that are reimbursed by the health care FSA.

What expenses can I submit?

The IRS defines the expenses that can be reimbursed under a limited use health care FSA. For example:

| You Can Use Limited Use Account For* | You Cannot Use it For* |
|--|--|
| Dental deductibles and coinsurance | Health club memberships |
| Eyeglasses, contacts, refractive eye surgery | Toiletries and cosmetics |
| Services that are not covered in full by dental plans | Expenses for medical, dental or life insurance coverage premiums |
| Expenses that exceed reasonable and customary charges under dental plans | Expenses incurred by a domestic partner or same-gender spouse |
| Orthodontia expenses | Expenses paid from another source |
| Hearing aids | |

**Note: This chart is not all-inclusive.*

Please refer to the Flexible Spending Account Summary Plan Description for more details.

Dependent care flexible spending account (for eligible daycare and/or eldercare expenses)

The dependent care flexible spending account pays for child care or adult dependent care expenses that are necessary to allow you or your spouse to work or attend school full-time. You can set aside pre-tax dollars for dependent care services. These are expenses you think you will have during 2012.

If you are a new employee your account covers expenses for services you receive after your hire date.

If you are newly benefits eligible, expenses must be incurred after the date you become eligible.

This account covers daycare expenses for your dependent children under age 13. It also covers anyone you claim as a dependent for income tax purposes, such as a disabled parent. Claims cannot be turned in for any period when you are not working. An example would be if you are on disability or unpaid leave.

How the account works

You may deposit \$100 to \$5,000 for the year. The amount you choose is taken out of your pay pre-tax in equal amounts during the year. If your spouse also participates in a dependent care FSA, the tax-free benefit is limited to \$5,000 combined for both of you. If you are married but filing taxes separately, the tax-free benefit is limited to \$2,500.

The tax-free benefit cannot be more than your income or your spouse's income, whichever is less. For example, if your spouse earns \$4,500 a year, your maximum tax-free benefit for dependent care is \$4,500.

Once you pay eligible expenses, you must submit a claim form and receipt to the plan's administrator, HealthPartners. The amount of your claim is deducted from your account and paid to you as long as the funds are available. On your claim form, you must identify the name, address and taxpayer identification or Social Security number of the daycare provider.

While expenses must be for services from Jan. 1, 2012, through Dec. 31, 2012, you may submit claims through April 15, 2013. Any money left in your account after April 15, 2013, will be given up. This "use it or lose it" policy is an IRS regulation, so plan your contributions carefully.

How to get reimbursed

Claim forms are available on ERIC or at healthpartners.com. Manual claim forms may be faxed or mailed. After your claim is processed, you will be reimbursed by check or direct deposit.

You cannot take an income tax deduction for expenses that are reimbursed by the dependent flexible spending account.

What expenses can I turn in?

IRS sets the regulations regarding what you can be reimbursed for through this account. A few—but not all—examples are:

- Payment to someone who provides care in your home
- A licensed nursery school or daycare center
- The cost of before-school programs, after-school programs or summer day camp
- Eligible daycare facilities and senior centers for an elderly or disabled adult member of the household

A few, but not all, examples of what you **can't** use the account for:

- Payment to one dependent for the care of another
- Tuition
- Overnight camp
- Caregiver's transportation expenses
- Expenses for food, clothing or education of a dependent

Note: These lists do not include everything. Please refer to your FSA SPD for more details.

Your Paid Time Off (PTO)

Time away from work is something everyone needs and enjoys. You may use paid time off (PTO) for any of the following personal needs (all with supervisor approval):

- Vacations
- Family emergencies
- Illness
- School functions
- Personal business
- Any other purpose

Regions Hospital provides PTO to non-union regular and probationary employees who work at least 40 hours during every two-week pay period. The amount of PTO hours an employee builds up each pay period is determined by job title, length of service and the number of hours worked and being paid. Regions Hospital PTO program is designed for eligible employees to build up PTO hours based on non-overtime hours so you are paid when you are away from work.

Regions Hospital has different PTO schedules for different employee groups. If you are a union employee, refer to your Collective Bargaining Agreement for eligibility requirements. You can find the current PTO schedules on ERIC or request your schedule from HR. PTO hours are put into two separate banks that are tracked on your pay statement.

Non-tradable PTO

The first bank of hours goes into non-tradable PTO. The majority of hours you build up each pay period are put into this bank. Any PTO used is taken out of the non-tradable PTO bank first. The maximum number of non-tradable PTO hours you may bank is shown on each PTO schedule.

Tradable PTO

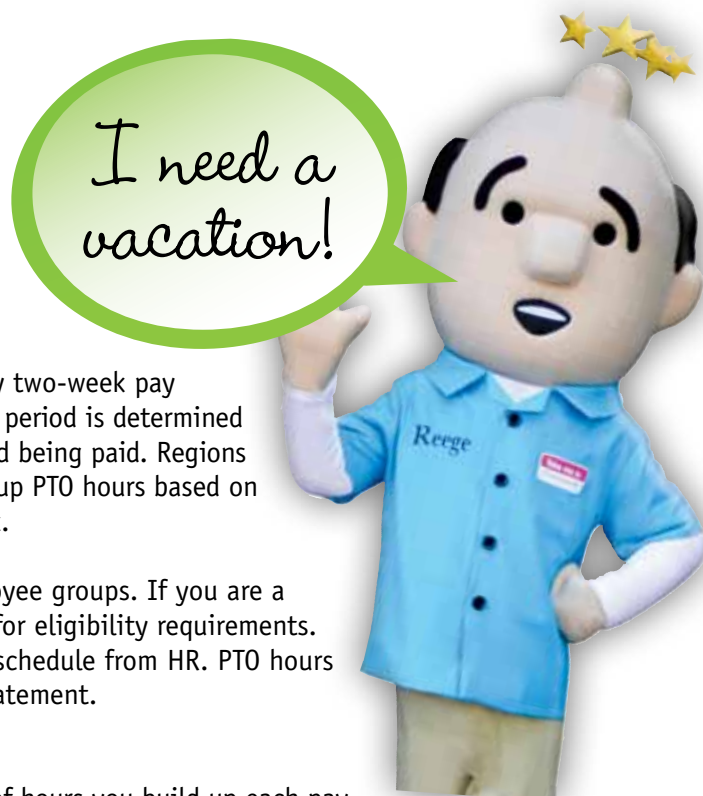
The second bank of hours is called tradable PTO. You can direct how you receive pay for these hours. Tradable PTO hours may be built up and used as time off after you exhaust other time off hours. Any unused tradable PTO hours you have remaining at the end of the year are paid to you in a lump sum. Or you can choose during annual enrollment to sell these hours back to Regions Hospital and have Regions Hospital pay you for them during the year. The guidelines regarding how you can use tradable PTO are outlined in more detail below. Note that tradable PTO cannot be carried over into the next year per IRS guidelines.

OUR TRADABLE PTO PROGRAM IS PROVIDED THROUGH A CAFETERIA PLAN GOVERNED BY THE IRS, SECTION 125 REGULATIONS.

The flexibility of tradable PTO allows you to:

1. Sell up to 64 tradable PTO hours during annual open enrollment. Hours are pro-rated for part-time employees. If you choose this option, you receive additional pay the first and second pay period of each month starting on or after Jan. 1, 2012, at your Oct. 1, 2011, pay rate.
2. Take tradable PTO hours as PTO after other non-tradable PTO and old vacation/holiday hours have been used. If you choose to do this you will receive time off at your current pay rate. You must continue to follow established department guidelines for requesting time off.
3. Get tradable PTO hours as a payout at the end of the year. If you want to do this, you get one payment for all remaining accrued, but not used, tradable PTO hours. You will be paid before the end of the year at your Oct. 1, 2011, pay rate.

Remember that you are taxed on this additional income.



Regions Hospital is required by law to:

1. Set a date to determine the rate of pay to use for payout of non-used tradable PTO hours. October 1 is the date used at Regions Hospital.
2. Systematically pay non-tradable PTO hours first. Then Regions Hospital pays other time off hours, like old vacation/holiday hours. Last we pay tradable PTO hours. Tradable PTO hours used during the year (after all other hours have been used), are paid at your current rate of pay.
3. Cash out all remaining tradable PTO hours before the year ends at your October 1 pay rate. This payment is typically made after the last pay period of the year and before December 31.

Our goal is to offer competitive benefits so that we can find and keep the best employees. We give more flexibility and choice to our employees by providing non-tradable and tradable PTO hours. This honors our diverse staff and helps meet your individual needs.

Taking PTO

When you take time off, it is taken in the following order. Requests for time off need your manager's approval and depend on your available PTO hours:

- | | |
|-------------------------------|------------------|
| 1. Non-tradable PTO | 3. Tradable PTO |
| 2. Old vacation/holiday hours | 4. Holiday hours |

Unused PTO

If you do not use all of your PTO during the year, here is what will happen:

- Non-tradable PTO can be carried into future years. It is limited to a cumulative, set number of hours. The maximum number of hours you can carry over is shown in your PTO schedule.
- Tradable PTO cannot be carried forward into future years. It must be paid out according to IRS guidelines.

PTO selling

You can elect to sell a certain number of PTO hours or days once a year. The number you can sell depends on your regularly scheduled hours each pay period. The value of each day sold is based on your salary on October 1 of the current year or the date you became eligible for benefits if it was after October 1. This table shows how many hours you can sell. Please refer to your Collective Bargaining Agreement if you are a union employee.

| Regular scheduled hours per two week pay period | Tradable days you can sell |
|---|----------------------------|
| 80 hours | Up to eight |
| 60-79 hours | Up to six |
| 40-59 hours | Up to four |

The table below shows you how to calculate the value of the amount you may sell.

| Hourly Rate on October 1 | X | Number of Days Sold | X | 8 Hours | ÷ | 24 Pay Periods | = | Semi-Monthly Dollars |
|--------------------------|---|---------------------|---|---------|---|----------------|---|----------------------|
| | X | | X | 8 | ÷ | 24 | = | |

Frozen vacation bank (old vacation/holiday)

You may have vacation hours that you built up before March 18, 1989. These hours are set aside in a "frozen vacation bank." They can be used in addition to PTO. Or you can carry them into the future. PTO carryover limits apply to the frozen vacation bank.

Extended sick leave (ESL)

If you have a bank of sick hours that you built up before March 18, 1989, you can use these hours to extend your income while you are unable to work due to illness.

Retirement Savings Plans for Your Golden Years

The Principal Financial Group is our service provider for the Regions Hospital 403(b) plan and the Retirement Savings Plus Plan.

Regions Hospital Retirement Savings Plus Plan

You are automatically enrolled into the Retirement Savings Plus Plan after meeting these requirements:

- You turn 21
- You finish one calendar year of employment
- You work at least 1,000 hours during one calendar year of employment

You are in the plan on the first day of the month after meeting the above requirements. Materials will be mailed to you. To choose your investment direction or name a beneficiary:

- Log onto **www.principal.com**
- Call 800-547-7754

Regions Hospital will contribute 4 percent of your total pre-tax earnings every year that you work at least 1,000 hours. You are vested in this plan and own the account balance once you have been in the plan for three years and have worked at least 1,000 hours each year. Visit ERIC for more information.

Regions Hospital 403(b) Plan

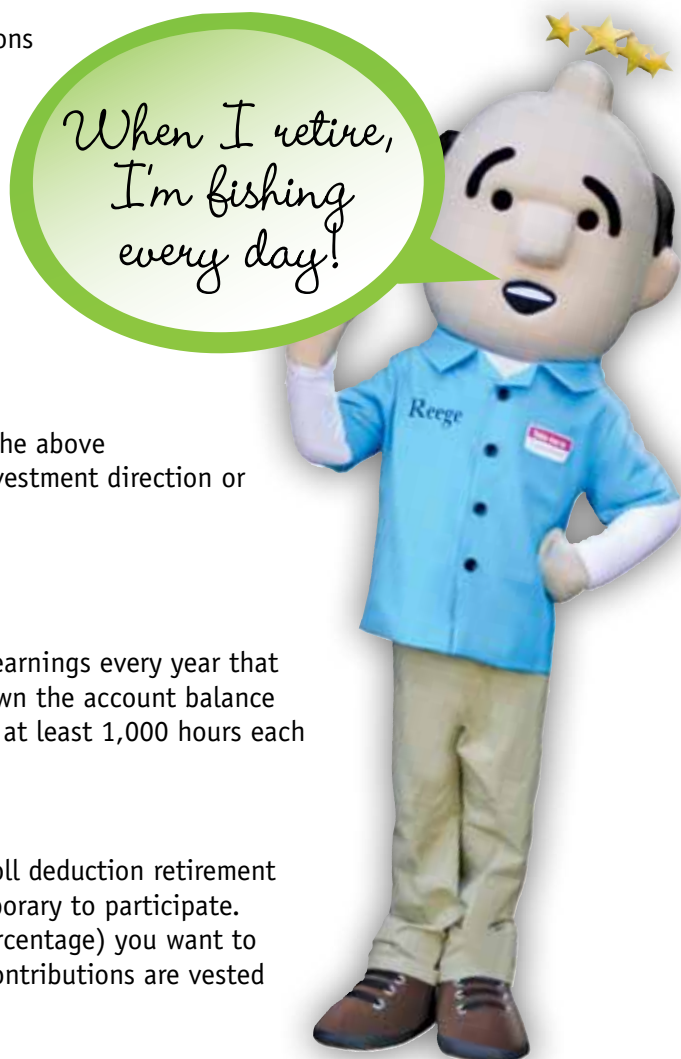
The Regions Hospital 403(b) Plan is a pre-tax, tax deferred payroll deduction retirement savings program. You may be full-time, part-time, casual or temporary to participate. You can enroll at any time. You set the amount (flat dollar or percentage) you want to contribute and can change this amount when you want to. All contributions are vested immediately.

You may enroll by:

- Going online through The Principal at **www.principal.com**
- Calling Teletouch®, a toll-free interactive voice response system, 800-547-7754
- Scheduling a one-on-one meeting with a Principal Retire Secure representative through ERIC

To access your retirement plan account information, you will need to set up a PIN and password. Once you've done that, you may:

- View or hear account information
- Change your investment direction for new contributions
- Transfer existing account balances from one place to another
- Change your salary deferral and/or catch up amounts under the 403(b) plan
- Use tools like the Investor Profile Quiz and various calculators on **www.principal.com**
- Update your beneficiary information. Click on Make Changes and then on Designate Beneficiary. Some beneficiary designations cannot be completed online. You also can print a paper beneficiary form or ask for a copy by calling The Principal at 800-547-7754.



Matching contributions

The Regions Hospital Retirement Savings Plus Plan participants who also participate in the 403(b) plan will receive a matching contribution to your retirement account. Regions Hospital will match \$.50 for every \$1 you invest, up to a maximum of 2 percent of your total compensation. You are 100 percent vested and own the account balance of the matching contribution immediately.

PERA (Public Employees Retirement Association)

Some employees at Regions Hospital have their retirement plan with PERA. This program is not open to new participants. PERA employees may also participate in a pre-tax contribution to a 457 plan through a payroll deduction. Some PERA employees do this to increase their retirement benefit. PERA-eligible employees may not participate in the Regions Hospital 403(b) Plan or the Retirement Savings Plus Plan.

Work/Life Benefits to Keep You Balanced

Regions Hospital offers a variety of benefits that make it easier to juggle work and the rest of your life.

Employee Assistance Program (EAP)

We all have times when we get overwhelmed with work issues or our home life. Sometimes it's hard to ask for help. Maybe you believe you should be able to handle all your concerns alone. You don't need to do that because you have a great resource through our **employee assistance program** (also called EAP). This free, **confidential**, short-term counseling and referral service can help you with:

- Marital issues
- Mental and emotional health
- Legal issues
- Child care and elder care
- Balancing work and family
- Parenting
- Substance abuse
- Divorce
- Financial concerns
- Job stress
- Personal relationships

EAP staff can help you find resources you need in your community. In addition, great online resources include:

- Hundreds of articles on a variety of topics
- Child care and elder care resource searches
- Financial calculators
- Monthly work/life webinars
- Self-assessment tools
- Legal forms
- Helpful links to community resources

Everything you do with HealthPartners EAP will be confidential — no information will be shared with your employer or health plan. You can rest assured that your personal issues will be just that — personal. Visit www.hpeap.com (User ID: HealthPartners; Password: regions) or call 866-326-7194.

Tuition reimbursement

Benefit-eligible employees regularly scheduled 40 hours or more for every two-week pay period, and who have completed six months of service may be eligible to receive up to \$2,000 a year for eligible tuition expenses. Talk with your HR representative for details, or refer to ERIC for the policy and forms.

MERSC—Employee Discounts to Community Businesses

As an employee of Regions Hospital, you have access to MERSC (Minnesota Employee Recreation & Service Council). MERSC offers discounts, coupons and tickets for many things. Examples include hotels, bikes, waterslides, amusement parks and cars. To see a full listing, go to mersc.org.

For the most current information on work/life benefits, contact HR.

Your Default Coverage and Changing Your Benefits

New Employees and Newly Benefit-Eligible Employees

New employees and newly benefit-eligible employees have 31 days from their date of hire, benefit eligibility date or status change date to enroll. If your form is not returned within 31 days, you may be defaulted to the following options:

- Basic life insurance coverage **and** LTD will be provided at no cost to you
- No medical coverage
- No dental coverage
- No LTD coverage
- No AD&D coverage
- No spouse or domestic partner life insurance coverage
- No contributions to the health care FSA or dependent care FSA
- No PTO selling

Current employees

Current employees may elect benefits or make changes to their previous elections during annual open enrollment. This is typically each October or November for a January 1 effective date. Or you can choose benefits within 31 days of a qualifying status change. If you choose not to enroll during annual enrollment, benefits for the next year will be the same as those chosen for the current year, with the following exceptions:

- No contributions to the health care flexible spending account or dependent care flexible spending account
- No tradable or other PTO selling

Family or employment status changes

During the year, you can make certain changes to your benefits only if you have a change in your family or employment status. These status changes may include:

- The birth or adoption of a child
- The death of a spouse, domestic partner, child or domestic partner's child
- Marriage or divorce, or beginning or ending a qualified domestic partner relationship
- Your spouse or domestic partner loses or begins employment
- You or your spouse or domestic partner take an unpaid leave of absence
- You gain or lose benefit coverage due to a change in your spouse's employment or another source of insurance
- Your dependent child becomes eligible or ceases being eligible because of age

You may be able to change your choices (other than your health care flexible spending account) if you experience certain other costs or provider changes to your benefits, or if your benefits changed due to elections made by your spouse or domestic partner during their enrollment period.

If you have such an event or believe you may be eligible to make such a change, please contact the HR Service Center at 651-254-4700 for the right forms. Any benefit changes must be made within 31 days of the event and must be consistent with the change in status.



Contact Information Quick Reference

Regions Hospital

640 Jackson Street
St. Paul, MN 55101-2595
Main Phone Number: 651-254-3456

HUMAN RESOURCES

Human Resources Service Center

(in Regions Hospital on 2nd floor
of north section in Room N2060)

Main Phone Number: 651-254-4700
Fax Number: 651-254-2984
Mail Stop: 11502J
Office hours: Monday-Friday, 7 a.m.-5 p.m.

Payroll: Human Resources Service Center: 651-254-1397

Employee Assistance Program: 866-326-7194; www.hpeap.com

Employee Health Services: 651-254-3301

Flexible Spending Accounts: HealthPartners Member Services:
952-883-7000, 866-443-9352; www.healthpartners.com

Medical and Dental: HealthPartners Member Services:
952-883-5000, 800-883-2177, 952-883-5127 (TTY)

- Wixii warbixin dheeraad ah, kala xiriir 952-883-5000
- Yog xav paub ntxiv hu tau rau 952-883-5000
- Pare obtener mas informacion, llame 952-883-7050

www.healthpartners.com

Life: Minnesota Life Insurance Company: 888-658-0193

Long-Term and Short-Term Disability: The Standard:
800-368-2859

Retirement and 403(b) Plans: The Principal Financial Group:
800-547-7754; www.principal.com

IS&T Support Center: 952-967-6600

