



Regions Hospital

HealthPartners



2018 Benefits Guide

Don't forget to turn in your benefits paperwork within 31 days of your hire date or benefit-eligibility date if you are newly eligible.

Dear Regions Hospital Employee,

Regions Hospital hires the best, most talented people in the health care industry. We go beyond just offering financial compensation – we offer a full spectrum of benefits and rewards that includes career development, recognition for great work, an inclusive culture and resources to enhance your personal and financial well-being.

Our benefits and well-being programs are an important part of your total rewards. We provide comprehensive and customizable programs; help you balance your physical, emotional, social and financial health; and reward you for taking an active role in improving your health and well-being. This means you not only have meaningful benefit choices, but you also have accountability for your health and overall costs. Below are a few examples of the ways we assist you in managing costs and making informed health care decisions:

- Regions Hospital Pharmacy generally gives you the best price for your prescription needs and is the only pharmacy where you can go in person to fill a 90-day prescription for maintenance medications – eligible First Plan/HRA Plan members only pay a two month copayment
- Well-Being activities and on-site health club facility to assist you in maintaining a healthy weight, flexibility and strength
- Center for Employee Resiliency and Employee Assistance Program to assist you with work/life balance
- Online tools, including a mobile application, to find in-network providers, evaluate providers and compare costs between generic and brand formulary prescription medications
- Medication Therapy Management Program provides participating members in the First or HRA plan a three-month supply of prescription medication(s) for the cost of one copayment
- Employer contributions to the Health Reimbursement Account or to the Health Savings Account for employees enrolled in the high deductible health plan

You're in charge. By choosing the right benefit combination and then using them effectively and efficiently, you'll not only save yourself money but, more importantly, you will continue on the path of a healthier, happier and more productive life.

Please take the time to carefully review all the benefit information in this Guide. Carefully compare and review the plan offerings, contributions, deductibles and coinsurance, and select the options that are right for you and your family. Decisions regarding healthcare are among the most important choices you will make to maintain your quality of life.

In addition, there are tools and information on myPartner to help you take charge of your health. For additional information on the plans, please take advantage of the resources available regarding your healthcare and benefits.

Please allow us to partner with you to improve our health and the health of our families.

Sincerely,



Kim Egan
Executive Director, Human Resources



Alicia Gilbert
Director, Compensation, Benefits and HR Technology

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Resources and Information

myPartner – Online resource for all Regions Hospital benefit plans, links to vendor websites, forms, decision support tools, help sessions, Summary of Benefits and Coverage (SBC), etc. *Go to myPartner, Life & Career, Pay & Benefits, Benefits.*

Email: RegionsHRDirect@HealthPartners.com

HR Service Center: 651-254-4700

Required Notices and Plan Documents – Refer to myPartner.

Please note: The information contained in this Guide is for information purposes only. In the event information in this Guide differs from the Plan Document, the Plan Document will prevail.

Where can I find help?

Medical, Dental, FSA (Member Services)

HealthPartners, www.HealthPartners.com
952-883-5000

HSA Account

Optum, www.optumbank.com
1-844-326-7967

Life Insurance

Minnesota Life, www.lifebenefits.com
1-877-282-1752

Short and Long Term Disability

The Standard, www.standard.com
1-800-368-2859

Retirement Benefit Plans

Principal Financial Group, www.principal.com
1-800-547-7754

General Questions and HR

HR Service Center, RegionsHRDirect@healthpartners.com
651-254-4700

myPartner

myPartner is your comprehensive web site for employee information. myPartner>Life & Career>Pay & Benefits>Benefits

Employee Self Service

Click on the link to Employee Self Service (ESS) from the Quick Links tab on myPartner. This is where you can complete view your benefits enrollment, find personal, work and pay information for yourself. You can also change your address, direct deposit and emergency contact information.

myInfo (Access to ESS and myTime offsite)

Use the myInfo employee portal to access certain applications like Employee Self Service (ESS) or myTime when you are not at work. Here is how:

- Go to myPartner, Tools & Services, Computers & systems, <http://myinfopasswordsetup.com>

If you need assistance with your username and password, please call IS&T at 952-967-7000.

2018 Benefits Overview

Things you need to know...

- ✓ Review the 2018 Benefits Guide.
- ✓ Benefit enrollment forms must be turned in within 31 days from your date of hire or from the date you become benefits eligible.
- ✓ If you are electing to enroll your eligible dependents on any of our plans, you will need to provide their social security number and date of birth.
- ✓ Important information follows regarding medical plan deductibles:
 - You will receive the preferred medical deductible during 2018. Depending on your hire date or benefit eligibility date, you must complete the well-being program; refer to page 9 for more detailed instructions.
 - **For employees hired or newly benefit eligible prior to July 1st**, you and your spouse, if applicable, **MUST** complete the well-being program by October 12, 2018. Failure to complete the program will increase your deductible the following plan year. See page 6 for this year's deductibles.
 - **For employees hired or newly benefit eligible after June 30th**, you will be grandfathered as having "completed" the well-being program during 2018; however, you will be required to complete the program starting in 2019 and thereafter to help you attain the preferred deductible.
 - Every year during the annual enrollment period, employees will be required to declare their tobacco status which partly determines the medical deductible for the following January 1st.
- ✓ Failure to complete your benefit enrollment paperwork within 31 days will result in the following for the remainder of the 2018:
 - You forfeit your right to receive medical or dental benefits;
 - You will not be eligible to participate in the flexible spending account(s);
 - You will not be eligible for short term disability coverage; and
 - You may not sell tradable Paid Time Off (PTO).

Things to remember...

- If you are enrolling new dependents to the medical plan, you will be contacted by AON Hewitt to verify your dependent's eligibility. ***Please respond to AON Hewitt by providing proper documentation or your dependent(s) will be canceled from coverage.***
- The next opportunity you will have to change your medical or dental coverage, Flexible Spending Accounts, Paid Time Off (PTO) sell, and short-term disability benefit is during the annual enrollment period which typically occurs in the fall, and effective January 1st. Under certain circumstances and within 31 days, you may change your medical, dental or FSA benefits if you experience a "qualifying life event." Contact the HR Service Center if you need more information.

Benefits Eligibility

You are eligible for benefits if you are:

- An active employee regularly scheduled to work a minimum of 40 hours per pay period (i.e., .5 FTE).
- Medical benefits may be available if you are not otherwise benefits-eligible but work on average 30 hours per week.
- Check with a Benefits Representative for the medical plan eligibility requirements.

Dependent eligibility for medical, dental and life insurance coverage is defined as follows:

- Legal Spouse
- Legal Child(ren) up to age 26; includes your natural child, stepchild, legally adopted child or a child for whom you are the legal guardian

Qualifying Life Event

In the event of a qualifying life event, such as a marriage, divorce, birth, adoption, you have **31 days** from the date of the event to submit your benefit plan changes and add/remove dependents from coverage. It is your responsibility to contact the Benefits department when one of your covered dependents becomes ineligible to participate in the plans. Visit myPartner for a summary of qualifying life events, email RegionsHRDirect@healthpartners.com or call the HR Service Center at 651-254-4700

Medical Plans

You are in control of your health care choices so please take an active role in making the right coverage decisions for your personal situation. Make good happen by choosing the coverage that best meets your health care needs.

Did you know...

The First Plan provides each covered member:

- Unlimited virtuwell visits at no cost!
- Additional discounts may apply on the first three (3) in-network office visits!

The HRA Plan provides:

- Unlimited virtuwell visits at no cost!
- Regions funds an HRA account on behalf of employees electing single coverage (\$500 annual max) or family coverage (\$750 annual max) to help employees pay for medical plan deductibles and/or coinsurance.

The HSA Plan gives you the opportunity to save money:

- Regions will help fund eligible employee's Health Savings Account (HSA). The annual maximum employer contribution is \$1,000 for single and \$1,750 for family coverage. Employer contributions are prorated for eligible participants after January 1st.

2018 HSA Limits	Single	Family
Contribution Limit	\$3,450	\$6,900
Catch Up (age 55 or older)	\$1,000	\$1,000

Advantages of a Health Savings Account (HSA)

- Employee owned
- Portable (HRA remaining balance is not portable)
- Triple tax advantage (pre-tax savings)
- Savings for future
- Funded by Employee and Regions Hospital
- Regions Hospital pays monthly administrative fees
- Investment options available

Choosing a Plan:

We know you want the best medical coverage with the fewest obstacles between you and your health care. With three different medical plan options, you choose what is best for you and your family. You also have the option not to choose medical coverage through Regions if you have coverage from another source.

On page 4-5 you will find a side-by-side comparison of the plans.

Remember...

- All plans offer favorable discounts when you receive services within the HealthPartners family network, which includes Regions Hospital, HealthPartners and Park Nicollet.
- All plans are open access and offer a national network.
- All plans offer 100% coverage for in-network preventive and well-child care visits, cancer screenings, prenatal care and immunizations.
- Electronic tools are available 24 hours/7 days a week at www.healthpartners.com. Online tools help you search for providers, prescription drug information, a summary of your benefits, link to the online virtuwell clinic, online nurse chats and coaching, a medical library, fitness club discounts and much more. You can also download an app for your phone which provides access to the tools above from the convenience of your mobile device!
- Contact Member Services, 952-883-5000, Monday – Friday, 7:00 a.m. – 7:00 p.m. CST, for questions about plan coverage, benefits, network providers and facilities, and many other health-related topics.

2018 Regions Hospital Medical Benefit Summary*

Below is an overview of your HealthPartners **in-network coverage**. Where there is a flat dollar amount (\$) listed, this is a copayment or deductible. Where there is a percentage amount (%), this is coinsurance. For exact terms and conditions **and for out-of-network benefits**, consult your plan material or call Member Services, 952-883-5000, and refer to Group 3611. Summary of Benefits Coverage (SBC) and Summary Plan Descriptions (SPD) are on myPartner/Life & Career/Pay & Benefits/Benefits.

Medical Plan Highlights	First Plan	Empower HRA	Empower HSA
Covered services partial listing	In-Network	In-Network	In-Network
Deductible and Out-of-Pocket			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual deductible	\$250 per person / \$750 per family	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family
Annual out-of-pocket maximum	\$1,500 per person / \$3,000 per family	\$2,500 individual / \$5,000 family	This amount is the same as the deductible amount.
Regions Hospital contributions in addition to premium cost sharing	3 discounted office visits and unlimited free virtuwell visits per covered member	HRA max: \$500 single/\$750 family; unlimited free virtuwell visits per covered member	HSA annual max: \$1,000 single/\$1,750 family (prorated after Jan 1st)
Preventive Health Care			
Routine physical and eye examinations	100% coverage	100% coverage	100% coverage
Prenatal, postnatal care and well child care	100% coverage	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage	100% coverage
Office Visits			
Illness or injury	After deductible: Level 1 - 95% coverage Level 2 - 75% coverage	After deductible: Level 1 - 90% coverage Level 2 - 75% coverage	100% coverage after deductible
Mental/chemical health care	95% coverage after deductible	90% coverage after deductible	100% coverage after deductible
Physical, occupational and speech therapy	After deductible: Level 1 - 95% coverage Level 2 - 75% coverage	After deductible: Level 1 - 90% coverage Level 2 - 75% coverage	100% coverage after deductible
Chiropractic care (neuromusculo-skeletal conditions only)	75% coverage after deductible	75% 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	100% coverage after deductible
Emergency care at a hospital ER	80% coverage after deductible	80% coverage after deductible	100% coverage after deductible
Ambulance	80% coverage after deductible	80% coverage after deductible	100% coverage after deductible
Inpatient Hospital Care			
Illness or injury	After deductible: Level 1 - 95% coverage Level 2 - 75% coverage	After deductible: Level 1 - 90% coverage Level 2 - 75% coverage	100% coverage after deductible
Outpatient Care			
Scheduled outpatient procedures	After deductible: Level 1 - 95% coverage Level 2 - 75% coverage	After deductible: Level 1 - 90% coverage Level 2 - 75% coverage	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
Continued on next page			
(continued)	First Plan	Empower HRA	Empower HSA
	In-Network	In-Network	In-Network

Pharmacy Highlights (Partial listing of covered services)

Retail Pharmacy - (31-day supply)

Generic formulary drug	Pharmacy Copayment \$12 Regions/HealthPartners \$22 other in-network	Pharmacy Copayment \$12 Regions/HealthPartners \$22 other in-network	100% coverage after deductible
Brand formulary drug	Pharmacy Copayment \$30 Regions/HealthPartners \$40 other in-network	Pharmacy Copayment \$30 Regions/HealthPartners \$40 other in-network	100% coverage after deductible
Specialty drugs	20% coinsurance up to \$200 maximum per Rx	20% coinsurance up to \$200 maximum per Rx	100% coverage after deductible

Mail Order Pharmacy - (3-month supply)

Generic formulary drug	Mail Order Copayment \$24 HealthPartners <i>(Retail Mail Order available at Regions Hospital)</i>	Mail Order Copayment \$24 HealthPartners <i>(Retail Mail Order available at Regions Hospital)</i>	100% coverage after deductible
Brand formulary drug	Mail Order Copayment \$60 HealthPartners <i>(Retail Mail Order available at Regions Hospital)</i>	Mail Order Copayment \$60 HealthPartners <i>(Retail Mail Order available at Regions Hospital)</i>	100% coverage after deductible

***This summary is for information purposes only. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.**



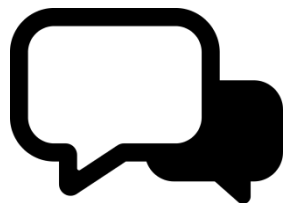
Medication Therapy Management (MTM)

Regions Hospital offers members an MTM Program *at no cost to members who qualify to participate* in the program. **AND** active MTM program participants enrolled in the First Plan or the HRA Plan will receive *additional savings on certain prescription drug copayments* as an incentive to meet and maintain compliance in medication therapy.



Physicians Neck & Back Centers (PNBC) are medical facilities specializing in non-surgical treatment of chronic neck and back pain. PNBC’s goal is to restore the spinal function, activity level and personal independence through isolated strengthening exercise. PNBC has been successful with patient experience and outcomes that provide lasting relief with minimal need for recurrent medical care.

*If you are a covered member in the First Plan or HRA Plan, **expect to receive 100% coverage** for services received at PNBC. Contact Member Services at 952-883-5000 for details regarding this enhanced benefit.*



HealthPartners® Plan for MeSM

When you’re picking a plan, it’s helpful to know what option best fits your needs.

HealthPartners® Plan for MeSM (www.healthpartners.com/planforme) is a tool to help you compare plan options and assist in making the right choice for you. Instructions for using this tool are provided on myPartner. Please keep in mind that Plan for Me is designed to help you compare plan offerings. Remember you still need to login to Regions Hospital Employee Self Service (ESS) to sign up for a plan option for January 1st as well as designate the tobacco status for you and your dependent(s).



2018 Medical Plan Deductibles

You and your family's behavior play a key role in determining your deductible!

A deductible is the amount you pay for eligible services before the plan pays benefits. The deductible¹ will depend on the medical plan you choose, coverage level, completion of health assessment and well-being activity, and tobacco use. If you have questions about deductibles or completion of the well-being program, visit www.healthpartners.com or call HealthPartners Health and Well-Being at 952-883-7800.

Completed ² Health Assessment and Well-Being Activity	First Plan		HRA Plan		HSA Plan	
	Single	Family	Single	Family	Single	Family
Employee & covered dependents, if applicable, are tobacco-free or tobacco-free in process	\$250	\$250/person \$750/family	\$1,500	\$3,000	\$3,000	\$6,000
Employee is tobacco user & covered dependent(s), if applicable, are tobacco-free or tobacco-free in process	\$625	\$375/person \$1,125/family	\$1,875	\$3,375	\$3,250	\$6,250
Employee is tobacco-free or tobacco-free in process & covered dependent(s) are tobacco users	N/A	\$375/person \$1,125/family	N/A	\$3,375	N/A	\$6,250
Employee and one or more covered dependent(s) are tobacco users	N/A	\$625/person \$1,500/family	N/A	\$3,750	N/A	\$6,500
Out-of-Network	\$1,500	\$4,500	\$3,000	\$6,000	\$6,000	\$9,000

Incomplete Health Assessment and Well-Being Activity	First Plan		HRA Plan		HSA Plan	
	Single	Family	Single	Family	Single	Family
Employee & covered dependents, if applicable, are tobacco-free or tobacco-free in process	\$500	\$500/person \$1,250/family	\$1,750	\$3,500	\$3,375	\$6,750
Employee is tobacco user & covered dependent(s), if applicable, are tobacco-free or tobacco-free in process	\$750	\$625/person \$1,500/family	\$2,000	\$3,750	\$3,500	\$6,850
Employee is tobacco-free or tobacco-free in process & covered dependent(s) are tobacco users	N/A	\$625/person \$1,500/family	N/A	\$3,750	N/A	\$6,850
Employee and one or more covered dependent(s) are tobacco users	N/A	\$750/person \$1,750/family	N/A	\$4,000	N/A	\$6,850
Out-of-Network	\$1,500	\$4,500	\$3,000	\$6,000	\$6,000	\$9,000

¹Employees hired or newly eligible to enroll in a medical plan effective July 1 through December 31, 2018, are exempt from completing the 2018 well-being program and should refer to the "Completed" health assessment and well-being activity table above to determine the deductible in 2018. Online declaration of tobacco status is required during the annual enrollment period for 2018. **Note:** For preferred medical deductibles in 2019, all employees and covered spouses, if applicable, must complete the health assessment and report a well-being activity by **October 12, 2018**.

²Completion of the 2018 health assessment and reporting of a well-being activity was due **October 12, 2018**. To review your well-being status you can log onto ESS, Annual Enrollment portal or call HealthPartners Health and Well-Being at 952-883-7800.

Please use the following definitions to determine your "tobacco" status:

- Tobacco-free:** Currently not using tobacco products since August 15, 2018.
- Tobacco-free in process:** In the process of actively quitting or engaging in a tobacco cessation program. Participation in the cessation program must have started between August 15 and November 12, 2018.
- Tobacco-use:** Currently using tobacco products or does not meet the definition of "tobacco-free in process."

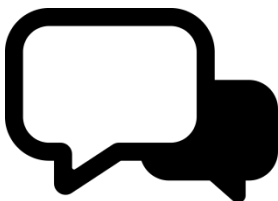


Choosing your medical plan is an important decision that requires careful thought and consideration of your own personal health situation.

A number of factors will play into your final decision and what is right for you. Below are fictional employees discussing factors involved when deciding on a medical plan that fits their lifestyle.

Sample Regions Employee	Employee Information	Dependent Information	Coverage Choice*
Sam	Sam is married with one child. Her spouse is self-employed, so all family members are covered under Sam’s Regions Hospital medical plan.	Sam’s daughter is hearing impaired and has a hearing aid. Sam would like to have another child and is considering fertility services to have a child next year.	Sam contacts Member Services to understand covered services, and chooses the First Plan because she will be using the plan immediately in January and throughout the year. Sam prefers paying the monthly premiums for a lower deductible. The First Plan provides unlimited virtuwel visits at no cost per covered member; additionally the first three office visits per covered member are discounted.
Dylan	Dylan is single, in his 20’s and relatively healthy.	Dylan does not have any dependents and is not receiving health care coverage from another source.	Dylan reviews plan premiums, employer contributions and annual out-of-pocket costs for medical care against his budget. Dylan chooses the high-deductible health plan with the Health Savings Account (HSA) because of the comprehensive benefits and the costs are within his budget. Dylan puts the amount of money he saves in premiums towards his HSA to save for the future and help pay out-of-pocket health care expenses.
The Millers	The Millers are relatively healthy and have three children.	The Millers’ youngest child sees a physician for asthma and their oldest child plays in high school sports.	The Millers choose the Health Reimbursement Account (HRA) because the employer HRA contributions help offset their out-of-pocket expenses. They are protected by the limits offered in the prescription copayments and the family out-of-pocket maximum. Additionally, the HRA plan provides unlimited virtuwel member visits at no cost.

**These examples are intended only to give you an idea of the types of things to consider when choosing your own coverage. As you can see, it goes far beyond your out-of-pocket costs, deductibles and medical premium deductions.*



Plan for MeSM

Try this online tool to help you compare medical plan options and estimate your total cost of care for the year. The estimate puts together monthly premiums and other costs based on your needs. Obtain recommendations based on your personal and family needs. Choose the plan that works best for you!



Getting the most out of your medical plan - CALL, CLICK OR COME IN

Effectively using your health coverage is about much more than seeing a doctor when you're sick – it's about managing your health in a smart way to remain healthy. Talking to a doctor or nurse has never been easier. Get medical advice fast right from your computer or mobile device. It's like the doctor's office, without the appointment.

IF YOU NEED	CALL	COST
Advice about where to go for care	CareLineSM service at 612-339-3663 or 800-551-0859	Free
Tips or suggestions for at-home care remedies	Your clinic nurse or CareLine service at 800-551-0859	Free
Diagnosis and treatment	Your doctor	Refer to page 5

CALL:

Talk to your doctor or nurse

IF YOU NEED	CLICK	COST
Treatment for 40 minor medical issues, diagnosis or prescriptions for common conditions	Visit virtuwell.com for care 24/7/365	First and HRA plans provide unlimited visits for free per covered member. HSA members pay only \$45 per visit.
Advice or questions answered	Email your clinic with patient email	Refer to page 5
Diagnosis and treatment	Email your doctor and get a response in about one business day with E-visit	Refer to page 5

CLICK:

Get care online or via email

IF YOU NEED	COME IN	COST
Regular checkup or care for urgent issues during the day	Schedule an appointment with your doctor or a specialist	Refer to page 5
Care for non-urgent issues at the Regions Hospital Workplace Health and Wellness Clinic	Schedule an appointment at the Employee Workplace Health and Wellness Clinic for minor acute conditions, prevention screenings and wellness education	Refer to page 5
Care for urgent issues when primary care clinics are closed	Drop in without an appointment at any urgent care or convenience clinic	Refer to page 5
Help in a medical emergency	Go to the emergency room	Refer to page 5

COME IN:

Visit your doctor or a clinic



2018 Well-Being Program

Taking charge of your personal health and financial well-being!

Regions Hospital offers you a number of free health and wellness (including financial) opportunities. And did you know that by completing the health assessment and reporting a well-being activity during 2018, you can lower your deductible for the 2019 plan year? Please note if you cover a spouse on your medical plan, he/she must also complete the health assessment and report a well-being activity.

The due date for completing the health assessment and reporting your well-being activity is early October 12, 2018.

Below you will find online instructions for completing your 2018 well-being program.

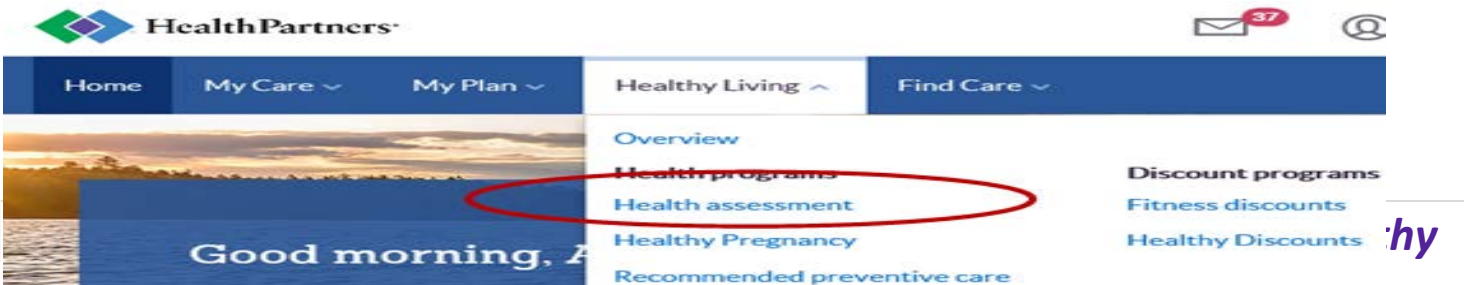
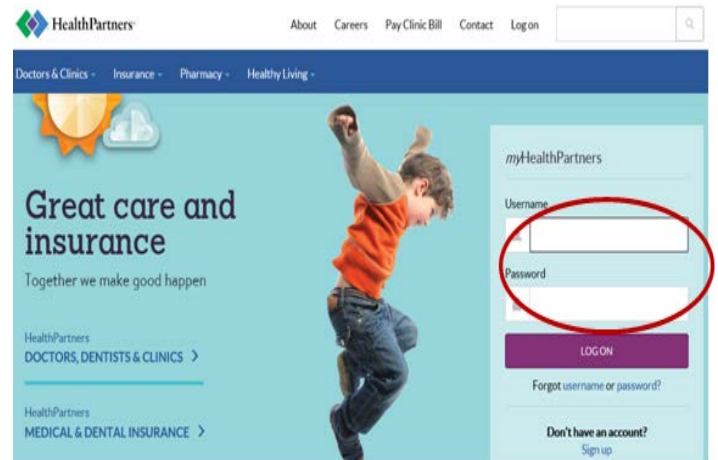
1. Log on to www.healthpartners.com. Use your username and password to log on. If you've forgotten your username or password, click 'Forgot Password' or 'Forgot Username.' If you don't have an account, you'll need to create one by clicking "Sign Up". If you have experience problems with your account contact HealthPartners web support at 952-853-8888.
2. Once logged in, select "Healthy Living" in the tool bar at the top of your screen and then "Health Assessment". You will be brought to the welcome page, click "Continue" to proceed to the health assessment, then click "get started" to begin your health assessment.
3. Once you complete your health assessment, follow the same steps above, review available activities and then select the activity you wish to accomplish.
4. Complete the activity you have selected and click on the "Completed" box. This will ensure that you are credited with this activity.

The Regions Hospital Employee Fitness Center can help you achieve your health and wellness goals! A fully equipped gym, personal training sessions and exercise classes rival those found in health clubs and fitness centers across the Twin Cities. Members can access the center 24/7! For more information, visit myPartner or call 651-254-3329 or email



regionsfitnesscenter@healthpartners.com.

And don't forget to visit the Center for Employee Resilience to learn about self-care essentials, positivity science, mind/body skills and empowerment. The Center provides support and evidence-based practices to bring relief and build resiliency. Located near the West Entrance and open 24/7, use your badge for entry to find a quiet place to decrease stress and increase resiliency and positivity to improve personal health and well-being.





helps ensure the rest of your body stays healthy as well!

Regions Hospital offers one “stand-alone” dental plan – this means you can enroll in dental coverage whether or not you have medical coverage through Regions. You can enroll in single or family coverage, or “waive” (i.e., opt out) of coverage altogether. The choice is yours, but once you make that choice you cannot change it until the following annual benefit enrollment period for the following January 1st unless you have a qualifying life event.

You can choose to receive services from any dental provider within HealthPartners network, or even an out-of-network provider, the benefit level of payment may differ as described below.

Dental Distinctions III Plan	Benefit Level 1	Benefit Level 2	Benefit Level 3	
	HealthPartners	Park Dental	Remaining PPO Network	Out-of-Network
Annual deductible Single Family	None	None	\$25 \$75	\$50 \$150
Annual maximum benefit per covered person	\$2,000	\$1,500	\$1,000	\$1,000
Preventive, diagnostic care (e.g., routine exams, cleanings, sealants and two fluoride treatments up to age 19)	100%	100%	100%	80%
Basic 1 Services (e.g., amalgam fillings, simple extractions)	100%	100%	80%	50%
Basic 2 Services (e.g., periodontics, other oral surgery)	100%	100%	80%	50%
Prosthetics	50%	50%	50%	50%
Orthodontics (dependent children to age 19)	100% with \$1,000 lifetime maximum			50% with \$1,000 lifetime maximum
Little Partners Program for children age 12 and younger	Contact HealthPartners Member Services at 952-883-5000, refer to Group 3611, for a participating network dentist and most services will be covered 100% - no deductibles, coinsurance or annual limit!			
Pregnant or diabetic and at risk for gum disease?	Contact HealthPartners Member Services at 952-883-5000, refer to Group 3611, for a participating network dentist to receive 100% coverage for extra exams and cleanings and more services aimed at keeping you healthy!			

Shine bright!

Your smile says a lot about the way you feel – inside and out! In fact, there is a strong link between dental health and overall health. HealthPartners Dental Clinics use a preventive approach to dentistry to keep you healthy for a lifetime. Make the switch to a HealthPartners Dental Clinic and experience a unique and customized approach to dental care. For more information, visit healthpartners.com/dental or call 952-883-5000.

Medical and dental premiums are deducted from your first and second pay check each month, 24 times per year.

2018 Bi-Weekly Medical Premiums

HealthPartners First Plan	Single Coverage	Family Coverage	Total Employer Contribution
Non-contract, Operating Engineers and Residents	\$58.50	\$172.50	\$292.49 (S) \$668.76 (F)
AFSCME Service Workers	\$51.60	\$130.40	\$299.39 (S) \$710.86 (F)
AFSCME Business Office Clerical	\$52.50	\$122.50	\$298.49 (S) \$718.76 (F)
Pharmacist (PEPOM)	\$45.00 (through 3/31/18)	\$115.00 (through 3/31/18)	\$305.99 (S) \$726.25 (F)
Teamsters (ADAP)	\$54.00	\$147.50	\$296.99 (S) \$693.76 (F)

HealthPartners HRA Plan	Single Coverage	Family Coverage	Total Employer Contribution
All Employees	\$45.00	\$137.50	\$264.88 (S) \$604.34 (F)

HealthPartners High-Deductible with HSA Plan	Single Coverage	Family Coverage	Total Employer Contribution
All Employees	\$0.00	\$42.50	\$270.98 (S) \$605.28 (F)

2018 Bi-Weekly Dental Premiums

Dental Distinctions III Plan	Single Coverage	Family Coverage	Total Employer Contribution
Non-contract, Operating Engineers and Residents	\$7.64	\$23.60	\$9.52 (S) \$29.93 (F)
AFSCME Service Workers	\$7.64	\$23.60	\$9.52 (S) \$29.93 (F)
AFSCME Business Office Clerical	\$7.64	\$23.60	\$9.52 (S) \$29.93 (F)
Pharmacist (PEPOM)	\$7.50 (through 3/31/18)	\$22.50 (through 3/31/18)	\$9.66 (S) \$31.03 (F)
Teamsters (ADAP)	\$7.64	\$23.60	\$9.52 (S) \$29.93 (F)



Enroll in a Flexible Spending Account (FSA) plan next year and lower your taxes!

With FSAs you can use pre-tax dollars to pay for certain allowed expenses. You don't pay federal, FICA, or most state income taxes on contributions you make to the FSA. There are two different FSA plans:

- The **Health Care FSA*** plan is used for eligible out-of-pocket health care costs for you and your eligible dependents.
- The **Dependent Daycare FSA** plan is used for eligible dependent care expenses that allow you to work.

You can choose to contribute to one or both of these FSA options. Here's how it works:

1. Decide how much you want to contribute to one or both FSAs for the calendar year. You can use the Health Care FSA to pay for eligible expenses for your spouse or dependent children even if they are not covered by a Regions Hospital medical or dental plan.
2. Contributions are taken from your pay in equal amounts each pay period before taxes are deducted.
3. You incur eligible expenses while you are a participant in the plan.
4. You file a reimbursement claim with HealthPartners. Claim forms are available on myPartner or you can log on to healthpartners.com. The deadline for submitting your 2018 FSA claims is April 15, 2019.
5. Reimbursements are paid to you tax-free.

FSA Overview	How much you can contribute ¹	Examples of eligible expenses*	For a complete list of eligible expenses
Health Care FSA ²	\$100 to \$2,500	Expenses not covered by your medical or dental ³ plan and medically necessary, or eligible vision expenses, including: <ul style="list-style-type: none"> • Deductibles • Copayments/Coinsurance • Prescription eyewear or contacts 	Go to www.irs.gov and refer to Publication 502 or visit healthpartners.com
Dependent Daycare FSA	\$100 to \$5,000 (or \$2,500 maximum if you and your spouse file separate income tax returns)	Dependent daycare expenses must allow you to work and include: <ul style="list-style-type: none"> • Daycare • After-school programs • Care in your home 	Go to www.irs.gov and refer to Publication 503 or visit healthpartners.com

¹ You may not use Health Care FSA dollars to pay for dependent daycare expenses or vice versa. Each of these accounts is independent of one another. Please plan carefully as you will lose any remaining funds in the dependent daycare or any money above \$500 in the health care FSA at the end of the plan year.

² Under the Health Care FSA, up to \$500 can be rolled over to the following plan year.

³ When using the FSA for orthodontia, first contact Member Services, 952-883-5000, to determine your annual contribution; reimbursements are based on the treatment plan rather than the provider payment schedule.

****Limited-purpose Health FSA for employees in the Health Savings Account (HSA) plan***

Regions Hospital offers a limited-purposes health care FSA plan for employees who have a Health Savings Account (HSA) plan because IRS rules state you cannot have both an HSA and general-purpose health care FSA. A limited-purpose FSA allows you to continue to receive HSA employer contributions and/or contribute to an HSA. The limited-purpose FSA account will only reimburse eligible dental and vision expenses such as: Lasik surgery, contact lenses, prescription eyewear, out-of-pocket dental expenses and orthodontia.

Regions Hospital supports its employees' needs to balance work and home life



All non-contract, benefit-eligible employees* working at least 40 hours per pay period accrue PTO hours. The PTO hours accrued each pay period are determined by job title, length of service and the number of paid hours. PTO schedules also differ among the various employee groups. You will find your current PTO schedule on myPartner>Life & Career>Pay & Benefits>Benefits>PTO. Select your PTO schedule based on your position.

* Residents – please check with your department leader regarding PTO.

PTO hours accrued is placed in two separate banks:

1. Non-tradable and
2. Tradable

Non-tradable PTO

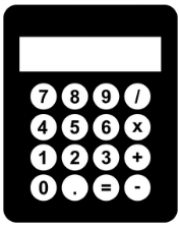
The majority of PTO hours are accrued in the non-tradable PTO bank. Used hours are first taken from the non-tradable PTO bank. The maximum number of non-tradable PTO hours you may carry-over from year to year can be found on the PTO schedule located on myPartner.

Tradable PTO

The second bank of PTO hours accrued each pay period is referred to as “tradable” PTO. You may accrue up to 64 hours (eight days) of PTO annually depending on your full-time equivalency (FTE) status. You may choose to either:

- 1) Keep hours in this bank and use it for PTO once your non-tradable PTO hours are exhausted. Any unused tradable PTO hours remaining after the last pay period of the calendar year is paid to you in a lump sum at your pay rate as of October 1st of the prior year. The PTO payout is made after the last pay check of the calendar year but no later than December 31st. Tradable PTO hours may not be carried over to the following calendar year in accordance with IRS regulations.
- 2) Each annual enrollment period you may elect to sell all or part of these hours back to Regions Hospital and payments to you will occur on the first and second pay check of each month – also at the rate of pay on October 1st of the prior year. Tradable PTO hours will not be carried over from year to year per IRS regulations.

Regularly scheduled hours each pay period	Tradable Hours (Days) that may be sold
80 hours	Up to 64 hours (8 days)
60 – 79 hours	Up to 48 hours (6 days)
40 – 59 hours	Up to 32 hours (4 days)



Short-Term Disability Plan – protect your pay check

Short-term Disability (STD) coverage may be purchased to provide you with a portion of your salary if a temporary illness or injury causes you to be unable to work. Although premiums for this benefit are taken on an after-tax basis, any benefit you receive is tax-free.

2018 Short term disability rates			
Deductions taken the first two pay checks of the month			
Annual Benefit	Monthly Benefit	1/8 Day Plan	30 Day Plan
\$ 3,000	\$250	\$3.36	\$.97
\$ 6,000	\$500	\$6.72	\$1.93
\$ 9,000	\$750	\$10.08	\$2.90
\$12,000	\$1,000	\$13.44	\$3.86
\$15,000	\$1,250	\$16.80	\$4.83
\$18,000	\$1,500	\$20.16	\$5.79
\$21,000	\$1,750	\$23.52	\$6.76
\$24,000	\$2,000	\$26.88	\$7.72
\$27,000	\$2,250	\$30.24	\$8.69
\$30,000	\$2,500	\$33.60	\$9.65
\$33,000	\$2,750	\$36.96	\$10.62
\$36,000	\$3,000	\$40.32	\$11.58
\$39,000	\$3,250	\$43.68	\$12.55
\$42,000	\$3,500	\$47.04	\$13.51
\$45,000	\$3,750	\$50.40	\$14.48
\$48,000	\$4,000	\$53.76	\$15.44
\$51,000	\$4,250	\$57.12	\$16.41
\$54,000	\$4,500	\$60.48	\$17.37
\$57,000	\$4,750	\$63.84	\$18.34
\$60,000	\$5,000	\$67.20	\$19.30
\$63,000	\$5,250	\$70.56	\$20.27
\$66,000	\$5,500	\$73.92	\$21.23
\$69,000	\$5,750	\$77.28	\$22.20
\$72,000	\$6,000	\$80.64	\$23.16
\$75,000	\$6,250	\$84.00	\$24.13
\$78,000	\$6,500	\$87.36	\$25.09
\$81,000	\$6,750	\$90.72	\$26.06
\$84,000	\$7,000	\$94.08	\$27.02
\$87,000	\$7,250	\$97.44	\$27.99
\$90,000	\$7,500	\$100.80	\$28.95
\$93,000	\$7,750	\$104.16	\$29.92
\$96,000	\$8,000	\$107.52	\$30.88



What you need to know

- The Standard is Regions Hospital’s third-party administrator
- Two plan options to choose from that provide benefit payments up to 180 days, after the waiting period
- You can choose one of two waiting periods:
 - 1) The 1/8 Day plan pays on the first day of an accident or the eighth day of an illness
 - 2) The 30 Day plan pays on the 30th day of an accident or illness
- Select a monthly benefit in \$250 increments up to the lesser of 66 ⅔ of your gross monthly income or \$8,000
- Premiums are paid after tax, therefore benefit payments for claims are non-taxable
- Benefit payments are not paid for workers’ compensation related injuries or illnesses
- You may increase your current STD coverage by \$250 during the annual enrollment period with no “late enrollment penalty”

Short Term Disability Late Enrollment Penalty (LEP)

Situation #1: You did not initially enroll in the STD plan or dropped coverage and choose to re-enroll in the plan during the annual enrollment period and effective January 1st. **The LEP is a 60-day waiting period for the first 12 months for non-accidental claims.**

Situation #2: You change your current 30 Day STD option to the 1/8 Day option during the annual enrollment period and effective January 1st. **The LEP is a 30 day waiting period for the first 12 months for non-accidental claims.**

Situation #3: You increase your STD monthly coverage by more than \$250 during the annual enrollment period and effective January 1st. **For the first 12 months, the LEP limits STD claim payments to \$250/month over the previous year’s election for non-accidental claims.**

Things you need to do...

- Review the enrollment material and determine your need for short term disability insurance.
- Use the table on this page and the following page to determine your maximum STD benefit and premium deductions.
- Log on to ESS and make your online election by **November 13, 2017**. Note – **late enrollment penalties** may apply, see above.

Determining your short term disability needs

Remember, if you are sick or injured and you are unable to work for up to 180 days, short term disability coverage may help with income replacement. Short term disability benefits will not be paid if the injury or illness is related to a workers' compensation claim.

To help you choose between the two short term disability plan options, please refer to the table below.

Short Term Disability (STD) Example		Use this table to help calculate your maximum STD benefit and premium	
a) Annual Earnings =	\$30,000	a) Annual Earnings =	
b) 66 ⅔ of Annual Earnings =	\$20,000	b) 66 ⅔ of Annual Earnings =	
c) STD maximum annual coverage = (may not exceed ⅔ of earnings)	\$18,000	c) STD maximum annual coverage = (may not exceed ⅔ of earnings)	
d) STD maximum monthly coverage =	\$1,500	d) STD maximum monthly coverage =	
e) Bi-weekly STD premium payroll deduction for 1/8 Day Plan =	\$20.16	e) Bi-weekly STD premium payroll deduction for 1/8 Day Plan =	
f) Bi-weekly STD premium payroll deduction for 30 Day Plan =	\$5.79	f) Bi-weekly STD premium payroll deduction for 30 Day Plan =	
Key points to consider:			
<ul style="list-style-type: none"> ✓ Decide on the STD maximum amount of coverage you need and wish to purchase. ✓ Decide which plan option, the 1/8 Day or the 30 Day Plan, best suits your needs. 			

Long term Disability (LTD) Plan

Regions Hospital provides LTD coverage at no cost to you. If you are disabled and can't work for more than 180 days (six months), your LTD benefit pays up to 50 percent of your eligible income, to a maximum of \$7,000 per month. Coverage continues as long as you are certified disabled by the Standard.



Please refer to myPartner for the Certificate of Coverage and more detailed information.



Employee Assistance Program (EAP)

Regions provides employees and their family access to a completely confidential EAP program that offers telephone counseling 24/7. The EAP also offers up to three (3) face-to-face sessions per presenting problem, as well as convenience services and significant web resources.

To access the EAP, call 1-866-326-7194 (TTY: 1-800-827-3707) or log online by visiting www.hpeap.com and enter the following pass code information:

Employer ID: HealthPartners

Password: regions

EAP can assist with a wide range of issues, including but not limited to:

- Addiction and recovery
- Emotional well being and relationship issues
- Legal matters, including preparation of wills
- Financial issues
- Education and schooling
- Work issues
- Parenting, child care and adult care
- Disability and accessibility
- And more ...



Life insurance – take the time to review your personal situation

Most of us don't like to think about the necessity of life insurance; however, it is important to ensure you have the right coverage for your personal situation. Regions Hospital provides eligible employees a basic group life insurance benefit at no cost to you. The benefit amount depends on the employee's group or union affiliation:

Employee Basic Life Insurance

Benefit-eligible Employee Group	Amount of benefit is rounded to closest \$1,000
Non-contract and Pharmacists	Annual salary, up to \$400,000
Operating engineers and ADAP	Annual salary, up to \$100,000
AFSCME Service Workers, BOC and Residents	Annual salary, up to \$50,000

Employees may purchase Accidental Death & Dismemberment (AD&D) with Employee Basic Life.

Monthly rates for each \$1,000 of coverage for optional life insurance with and without AD&D are listed below. Rates for employee and/or spouse are based on the employee's age as of January 1, 2018, and the amount of coverage elected.

Employee Age	Life Only rate per \$1,000	Life with AD&D rate per \$1,000
Under 30	\$.03	\$.05
30 – 34	\$.04	\$.06
35 – 39	\$.05	\$.07
40 – 44	\$.07	\$.09
45 – 49	\$.11	\$.13
50 – 54	\$.19	\$.21
55 – 59	\$.30	\$.32
60 – 64	\$.46	\$.48
65 – 69	\$.81	\$.83
70+	\$1.47	\$1.49
Child Life Insurance rate is \$1.00 per month		

Employee Optional Life Insurance Coverage

Benefit-eligible employees may choose optional life insurance and AD&D coverage. AD&D insurance provides additional benefits in the event of certain covered injuries or accidental death. The chart below shows the coverage available and the rate will assist in calculating your cost.

Optional coverage includes:

- Employee Optional Life or Employee Optional Life with AD&D
- Spouse Optional Life or Spouse Optional Life with AD&D
- Child Life Insurance

Evidence of insurability

Evidence of insurability (EOI) may apply for you or a family member for some amounts of life insurance. You will be contacted by Minnesota Life if EOI is required.

Basic Life AD&D*	You can purchase AD&D on your Basic Life Insurance for an additional \$0.02 per \$1,000 of coverage
Optional Life*	Coverage available
Employee Optional Life with or without AD&D	Maximum coverage, in \$20,000 increments, is greater of either: <ol style="list-style-type: none"> 1. \$300,000 or 2. Five times annual salary up to \$500,000
Spouse Life with or without AD&D	Maximum coverage, in multiples of \$10,000, is \$250,000
Child Life Insurance (\$1.00 per month)	\$10,000 for each child, from birth up to age 26
*AD&D can be added to the Employee Basic, Employee Optional and Spouse Optional Life coverage only; if elected for one, it will apply to all.	

Example: A 37-year-old employee elects \$40,000 of Optional Life and \$20,000 Spouse Optional Life coverage without AD&D.

- Employee Optional Life Monthly Premium = $40 \times .05 = \$2.00$
- Spouse Optional Life Monthly Premium = $20 \times .05 = \$1.00$

Retirement Benefits – giving you control over how you direct investments and save for your future!



New for 2018!

Fidelity Investments will be Regions Hospital's retirement plan provider. Stay tuned for

transition information starting January 2018.

Regions Hospital 403(b) Plan

The 403(b) Plan is a pre-tax, tax deferred retirement savings program. All employees (e.g., full-time, part-time, temporary, per diem, etc.) are eligible to participate in the Plan. You can enroll or change your contribution amount any time. You set the amount (percentage or flat dollar) you wish to contribute. All employee contributions are vested with the employee.

All employees are eligible to contribute to the 403(b) plan at any time! The Plan allows you to make pre-tax contributions up to the IRS maximum limit.

403(b) Plan – 2018 Contribution Limits	
Annual maximum	\$ 18,500
Catch-up (age 50 or older)	\$ 6,000

How can you enroll or change your 403(b) contribution?

Principal Financial Group (PFG) is Regions Hospital current retirement plan service provider for both the 403(b) and RSP retirement plans.

- You can log on to PFG's website at www.principal.com, or
- Call PFG at 1-800-547-7754, or
- Schedule a personal meeting with a PFG Secure representative at Regions Hospital through myPartner

The Regions Hospital 403(b) retirement plan account number is 5-20658 and the Retirement Savings Plan 401(a) account number is 6-15510.

Regions Hospital 401(a) Retirement Savings Plan (RSP)

Employees are automatically enrolled in the RSP Plan upon meeting the following eligibility criteria:

1. Complete one year of employment
2. Work a minimum of 1,000 hours during a year of employment
3. At least 21 years of age

Regions will automatically enroll you in the Plan on the first day of the month after meeting the eligibility criteria above. If you do not meet the hours requirement on your one-year anniversary, you will be enrolled January 1st of the following year after meeting the hours requirement.

Employer RSP contributions

There are two types of employer contributions:

- 1) Employer Matching Contributions – once you are enrolled in the RSP Plan, employees who are contributing to the 403(b) Plan will receive a matching contribution of 50% up to the first 4% of salary deferral – i.e., maximum employer match is 2% of total compensation. **You are immediately and fully vested in all matching contributions!**
- 2) Annual RSP Plan Allocation – Regions contributes 4% of your total eligible pre-tax earnings each year you work a minimum of 1,000 hours. You are vested in these contributions when you work at least 1,000 hours each year for three years.

Interested in learning more about savings opportunities and investment options? Do you need help determining how much you should be contributing to your retirement plan? Visit myPartner, Life & Career, Pay & Benefits, and Retirement Plans, to schedule a one-on-one meeting at the Hospital with a Principal Secure Account Representative.



Regions Hospital is proud to offer these additional employee benefits

Benefit	Description
Employee Assistance Program (EAP)	Talk one-on-one with experienced, licensed counseling professionals, 24/7, for support with stress management, strengthening relationships, work/life balance, grief and loss and more. Free services such as referrals for daycare or elder care, financial and legal matters are also available. You and your family members can access a counselor face-to-face or by phone. All EAP services are confidential, easy to access and at no cost to employees. Call 1-866-326-7194 or log online at www.hpeap.com (User ID: HealthPartners, Password: regions)
Workplace Fitness Center	Free, one-time trial up to 30 days – begin your trial anytime. Top of the line fitness equipment, group classes and personal training also available. Open 24/7, \$20 per month after trial. Frequent Fitness reimbursement also available.
Center for Employee Resiliency	Regions Hospital is proud to offer all employees a quiet place to decrease stress and increase resiliency and positivity. The Center offers coaching, classes, massage/energy work, aromatherapy, mindfulness meditation and more to help employees: <i>Relax. Renew. Restore.</i>
Workplace Health and Wellness Clinic	Regions onsite clinic is staffed with full-time family nurse practitioners and is designed to be convenient and accessible for employees who need care for minor acute conditions, work-related injuries, prevention screenings and wellness education. The clinic is free for employees except those enrolled in the high-deductible HSA Plan who have not met the deductible. Call 952-967-7481 to schedule an appointment.
MERSC Employee Discounts	Regions Hospital employees can access MERSC for discounts, coupons and tickets to many events, including hotels, amusement parks, car rental and more! Full listing at mersc.org .
Tuition Reimbursement	Benefit-eligible employees who complete their 6-month probation may be eligible for up to \$2,000/year tuition reimbursement. Refer to myPartner for more information.
Social Club	Discounts on sporting events, theatrical performances, Valley Fair, museums, and more! More information on myPartner.
virtuwell	Employees can access 24/7 online care – it’s simple and convenient. Over 50 common conditions are treated and the cost is \$45 plus the cost of any necessary prescriptions. <i>New for 2018, each covered individual in the First Plan or HRA Plan receives unlimited visits for free!</i> Visit virtuwell.com
Tobacco Cessation Program	Receive free tobacco cessation support. Work with a phone coach to quit on your terms. Virtual coaching available at healthpartners.com/letstalk ! Or you can text “QUITNOW” to 77199 to sign up for free weekly text messages.
Health Club/Gym discounts	Workout 12 or more times each month and save \$20 on membership (\$40 maximum per household). Contact Member Services at 952-883-5000 or visit healthpartners.com to find a participating facility near you.
More savings available!	Visit myPartner and find savings on health clubs and exercise equipment, eyewear, braces, spa treatments, diapers, child care, kids’ items and more! Also, you will find information on healthy eating discounts.
LifeSuite Services	Contact our life insurance provider to find legal/financial and grief services; legacy planning; and travel assistance services.
Online tools	Go mobile to access your health information. View and fax your ID card; check your plan balances, find care near you and more! Learn more at healthpartners.com/gomobile . Visit your myHealthPartners account and view your claims and plan balances, search for providers and find cost savings tools and tips online.



Statement of Nondiscrimination for Health Plan Members

Our Responsibilities:

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

- We help people with disabilities to communicate with us. This help is free. It includes:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio and accessible electronic formats
- We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:
 - Qualified interpreters
 - Information written in other languages

For Language or Communication Help:

Call 1-800-883-2177 if you need language or other communication help. (TTY: 711)

If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at 1-844-363-8732 or integrityandcompliance@healthpartners.com.

To File a Grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at 1-844-363-8732, integrityandcompliance@healthpartners.com or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
Room 509F, HHH Building
200 Independence Avenue SW
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-883-2177. (TTY: 711)
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)
Af Soomaali (Somali)	OGAYSIIIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)

Additional languages listed on page 2

ພາສາລາວ (Laotian)	ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)
Tagalog (Tagalog)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)
Oroomiffa (Cushite [Oromo])	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)
አማርኛ (Amharic)	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው: 711)
unD (Karen)	ဟ်သုဉ်ဟ်သး- နမ့ကတိ ကညိ ကျိအဆိ, နမ့န့ ကျိအတိမၤစၢလၢ တလၢဘၣ်လၢဘၣ်စ့ နီတမံဘၣ်သ့န့ဉ်လီၤ. တိ: 1-800-883-2177. (TTY: 711)
ខ្មែរ (Mon-Khmer, Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)
Deitsch (Pennsylvanian Dutch)	Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)
Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)
Srpsko-hrvatski (Serbo-Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)
وُزْأ (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (TTY: 711).
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)
ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)
Diné Bizaad (Navajo)	Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad , saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-883-2177. (TTY: 711)