



MedStar Health



Healthy Choices

Get a Head Start on Great Health



2015 Benefits Guide

MedStar Georgetown University Hospital, Non-union
MedStar Health Research Institute
MedStar National Rehabilitation Network
Non-hospital Based Businesses, South

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Choices For Healthy Living

MedStar Health provides a comprehensive benefits package for you and your family—MedStar Total Rewards. You are responsible for selecting the best mix of benefits to meet your needs and actively managing these benefits and your health throughout the year. Use this guide to select your MedStar Total Rewards health and welfare package for 2015.

If you are a benefit-eligible associate, take advantage of MedStar Total Rewards. You must enroll online to receive medical, dental, vision, flexible spending accounts, supplemental life, supplemental accidental death and dismemberment, dependent life, or legal coverage in 2015.

Enrollment Checklist

Read through this guide to design your MedStar Total Rewards package for 2015.

Medical

Elect a healthcare coverage option.

- MedStar Select Plan
- CareFirst BlueCross BlueShield Preferred Provider Organization (PPO) Plan
- Kaiser Permanente Health Maintenance Organization (HMO) Plan

Dental

Elect a dental plan option.

- Cigna Preferred Provider Organization (PPO) Plan
- Cigna Dental Health Maintenance Organization (DHMO) Plan

Vision

Elect vision coverage through Advantica EyeCare.

Flexible Spending Accounts

Through Trion

- **Healthcare FSA**—Review medical expenses from last year and estimate your expenses for 2015 to determine how much to contribute.
- **Dependent Care FSA**—Review your dependent day care or adult day care expenses from last year and estimate your expenses for 2015 to determine how much to contribute.

Life Insurance

Consider your family's financial needs in the event something should happen to you or one of your dependents.

Accidental Death and Dismemberment Insurance

Consider if additional coverage would give your family more peace of mind.

Disability

MedStar provides full-time associates with short- and long-term disability coverage equal to 60 percent of your base pay, at no cost to you. Determine if you need additional coverage should you become disabled.

Universal Life, Critical Illness and Accident Insurances

Voluntary benefits are available through Transamerica. Enroll online to make your selections.

Legal Resources

Whether buying a home, writing a will or facing traffic court, decide if this benefit can help you with your upcoming legal needs.

This overview provides brief summaries of benefits available for enrollment. The information is based on official plan documents and summary plan descriptions. However, if there is a difference between the information in this guide and the official plan documents, the official plan documents are the governing source and supersede any information contained in this guide. For complete information about your benefits, such as specific plan details or exclusions, refer to the full plan descriptions provided by the benefit vendors or contact the Benefits department.

Enrollment Guidelines

Eligible Dependents

Family members who may also take advantage of MedStar Total Rewards include:

- Your spouse or same-sex domestic partner. From a benefits perspective, due to recent legislative changes, we cover same-sex spouses in the same manner as opposite-sex spouses. As with all spousal coverage, proof of marriage through the dependent verification process is required.
- Children up to age 26 (regardless of their student status or if they are claimed as a dependent for income tax purposes), or your disabled children if disabled before age 26. Voluntary benefits may have different age requirements so please review the materials carefully.

When Coverage Begins

Benefits selected during Annual Enrollment are effective January 1, 2015. If you are a new associate, or newly benefit-eligible, benefits are effective on the first day of the month following your date-of-hire or status change. If your date-of-hire is the first of the month, your benefits are effective immediately. Some voluntary benefits may have different effective dates per carrier requirements.

Coverage Levels

You may choose from one of the following coverage levels:

- Associate = You
- Associate + Child = You and one dependent child
- Associate + Spouse/Same-Sex Domestic Partner = You and your spouse/same-sex domestic partner
- Family = You and two or more dependents

If your spouse/same-sex domestic partner or dependent child also works for MedStar, you cannot be covered as both an associate and a dependent. And, your dependent children may only be covered by one parent's plan.

Making Benefit Elections

We want you to take full advantage of the wide array of choices and the flexibility MedStar Total Rewards offers. Annual Enrollment is the only time of year when you can make changes to your benefit selections for medical, dental, vision, life insurance, accidental death and dismemberment insurance, flexible spending accounts, and the legal plan, unless you experience an IRS-qualified

life status change (details to the right). For new associates, your enrollment period is the 30-day period after your date-of-hire.

IRS-Qualified Life Status Change

After the enrollment deadline has passed, you may not make changes to your benefit plans unless you experience an IRS-qualified life status change, such as marriage, divorce, childbirth, etc. To learn more about these guidelines or to record a change, log on to EnrollOnline.com/MedStar.

Special Enrollment Rights

If you decide not to elect benefits during the enrollment period because you have other health insurance coverage, but later that coverage ends, you may be able to enroll yourself and your dependents in MedStar Total Rewards outside of the enrollment period. You can make changes that meet the criteria online at EnrollOnline.com/MedStar within 30 days* after your other coverage ends (for example, 30 days after your dependent's coverage ends). Also, if you have a new dependent as the result of marriage, birth or adoption, you may be able to enroll your dependents if you request enrollment within 30 days* of the marriage, birth or adoption. Your benefit changes are effective on the first day of the month following the change, with the exception of birth or adoption, which are effective on the day of the event.

* Sixty days if you, your spouse/same-sex domestic partner, or your eligible dependent child loses coverage under Medicaid or a State Children's Health Insurance Program (S-CHIP) or becomes eligible for state-provided premium assistance.



Dependent Verification

If you enroll a new dependent for medical or dental coverage, you will be required to provide documentation to confirm their eligibility. MedStar partners with the Dependent Verification Center (AON/Hewitt) who will contact you to collect verification documents. The letter you receive outlines the documents you need to provide. **If you do not provide the required documents by the due date, your dependents will lose coverage.**



Online Enrollment Instructions

You must enroll online at **EnrollOnline.com/MedStar** to elect benefits coverage for 2015. The enrollment website guides you through each step, and allows you to go back and view the choices you made. Here's how to enroll:

- 1. PREPARE:** Before you login to the enrollment website, be sure to have the following information available:
 - Social Security Number(s) (SSN) for you, your dependent(s) and beneficiaries
 - Date(s) of birth for you and your dependent(s)
 - Dentist code number (available at **Cigna.com**) for you and your dependent(s), if enrolling in the Cigna DHMO Plan
 - Enrollment code for the plan attorney you wish to use, if enrolling in the Legal Resources Plan
- 2. GO ONLINE:** Using your Internet browser (Firefox, Internet Explorer, Google, etc.), type in **EnrollOnline.com/MedStar** in the address window.
- 3. LOGIN:** To ensure the privacy of your benefits information, you need to login to the secure website using your SSN (i.e. 123456767, no dashes). On the welcome page enter your employee ID and your password. **Your employee ID is your SSN and your password is the last four digits of your SSN.** All passwords have been reset for Annual Enrollment, so even if you previously logged in and changed your password, it is the last four digits of your SSN. Next, click "Login."
- 4. ACCESS YOUR BENEFITS GUIDE:** Additional details about your benefits are included in the 2015 Benefits Guide and Medical Plan Options brochure on the enrollment website. Click "More Resources" in the Resources and Forms section on the homepage and then click the link for the document you wish to review.
- 5. ENROLL:** To begin the enrollment process, click "Enroll" on the homepage and follow the enrollment wizard.

6. REVIEW AND CONFIRM: The last page of the enrollment process is a Benefits Summary page showing your elections, dependants and beneficiaries. Please verify your selections and make sure they meet your needs. If you need to make changes, click on the dependents link or the benefit plan link in the left navigation menu to re-enter or change information. To successfully complete your benefits enrollment, click **"Confirm."**

If you do not click "Confirm" your elections will not be saved and you will not be enrolled in benefits for 2015.

7. PRINT YOUR BENEFITS CONFIRMATION: To print your confirmation page, click "Print."

8. MAKE CHANGES: At any time during Annual Enrollment, you can make changes to your benefit elections or add dependents. For instance, if you decide to contribute \$300 to your Healthcare Flexible Spending Account, but later determine your medical expenses will be higher for 2015, simply login to the enrollment website and change your contribution. After the enrollment period closes, you cannot make changes to your elections, unless you experience a qualified life status change.

9. LOG OUT: Click "Logout" when finished using the enrollment website.

The benefits you elect during the Annual Enrollment period are effective Jan. 1, 2015. If you are a new associate, or newly benefit-eligible, benefits are effective on the first day of the month following your date-of-hire or status change.

Wellness Resources

To better manage increasing healthcare costs and not pass all of those costs on to you, MedStar Health takes an integrated approach to healthcare benefit programs, which includes an emphasis on wellness. MedStar associates have access to MedStar MyHealth OnLine—**MedStarMyHealth.org**—a comprehensive resource designed to empower you with the information, tools and support you and your family need to take charge of your health.

Log on to **MedStarMyHealth.org** to view wellness benefit offerings including:

- **MyHealth Questionnaire**—a personal health assessment providing a snapshot of your overall wellness, complete with personalized results and interactive tools to help you preserve or improve your health. Completing the MyHealth Questionnaire saves you \$30 a month on your MedStar Select or CareFirst medical premiums.
- **Health coaching through Coach on Call**—a personalized support resource to help achieve your health goals. Coach on Call is available to CareFirst and MedStar Select members.
- **MyActivity Tracker**—an easy method to log your daily fitness and activity.
- **Expert health information**—MyHealth OnLine has partnered with WebMD, a trusted online name in health and wellness, to provide expert health information, wellness tools and interactive videos.
- **MyHealth Community**—offers discounts for community activities, including gym memberships, yoga classes, dance lessons, and massage services.

Your wellness ID number, located on your wellness ID card, is necessary to access MyHealth OnLine. If you did not receive or cannot find your wellness ID card, contact the Health and Wellness Service Line at **855.242.4871**.



MyHealth Questionnaire

Access MedStar MyHealth OnLine at **MedStarMyHealth.org** to complete your MyHealth Questionnaire and obtain valuable information on improving your health. If you enroll in the MedStar Select or CareFirst medical plans and complete your questionnaire, you save \$30 a month on your medical premiums.

Your Medical Plan Options

MedStar Total Rewards offers you three medical plans: MedStar Select Plan, CareFirst PPO Plan and Kaiser Permanente HMO Plan. The MedStar Select Plan—featuring the MedStar Select Provider Network—provides care at a lower cost to you. The CareFirst PPO includes providers in the CareFirst Preferred Provider Organization (PPO) network. Both plans provide out-of-network coverage, with most services covered at 40 percent after the annual deductible is met. The Kaiser Permanente HMO Plan offers all medical services through participating network physicians and facilities.

To select the best medical plan option for you, please review the provider directories. The MedStar Select Provider Network is available at **MedStarMyHealth.org**. The CareFirst PPO Network is available at **CareFirst.com**. The Kaiser Permanente HMO listing is available at **KaiserPermanente.org**.

See pages 6 and 7 for a brief comparison of the MedStar Select and CareFirst medical plans.



Taxable Coverage

Due to recent legislation, same-sex spouses are now able to cover dependents on a fully pre-tax basis for federal tax purposes. Since this is new, your dependent status may not be correct in our system. If you were married in a state that recognizes same-sex marriage and have a valid marriage license, please update your status at **EnrollOnline.com/MedStar** to ensure that you are receiving the benefits for which you are entitled.



MedStar Select Plan

The MedStar Select Plan offers comprehensive medical coverage through the MedStar Select Provider Network, which consists of not only MedStar employed providers, but also a full complement of contracted community providers. The plan offers in-network and out-of-network benefits. If you stay in-network, your copays are lower and many services are paid in full. The out-of-network benefits offer added flexibility if you seek care outside of the MedStar Select Provider Network. If you go out-of-network, you pay a higher portion of the cost. You do not have to select a Primary Care Physician (PCP) to coordinate your care and referrals are not necessary for specialty care.

Out-of-area coverage is available at in-network coverage levels for dependents living outside of our service area (for example, children attending college out of state). Visit MedStarMyHealth.org or call **855.242.4872** to obtain eligible provider information. If you or your eligible dependents will be living abroad for an extended period, carefully consider your plan choices, since only emergency care is covered internationally with the MedStar Select Plan. For more information on out-of-area coverage, review the 2015 Medical Plan Options brochure.

To confirm if your provider is in the MedStar Select Provider Network, visit MedStarMyHealth.org, or call **855.242.4872**.

CareFirst PPO Plan

The CareFirst PPO Plan also consists of an in-network and out-of-network option. The plan pays a higher portion of the cost if you stay in-network. All MedStar facilities and/or providers who are either employed by or contracted with MedStar participate in the CareFirst PPO plan. If you go out-of-network, you pay higher rates than were negotiated for in-network services and the provider may balance bill you for the charges above the allowed amount. In addition, when going out-of-network, you may be required to pay for services in advance, then submit a claim for reimbursement. Selecting a Primary Care Physician (PCP) is not required to coordinate your care and referrals are not necessary for specialty care.

Visit CareFirst.com for a list of participating PPO providers. For additional questions, call CareFirst Customer Service at **800.628.8549**.

See the next page for a brief comparison of the MedStar Select and CareFirst PPO medical plans. Refer to the 2015 Medical Plan Options brochure in your enrollment packet for more details.

Kaiser Permanente HMO Plan

Kaiser Permanente HMO operates in Washington, D.C., Maryland and Northern Virginia. With this plan, you and your family members each select a Primary Care Physician (PCP). Your PCP will arrange for specialist care whenever necessary.

Many medical services provided by participating facilities and physicians are paid at 100 percent or require a minimal copay. Annual preventive office visits are covered at no cost to you. Participants in the Kaiser Permanente HMO Plan will also receive Kaiser dental and prescription benefits at no additional cost.

For more information on the Kaiser Permanente HMO plan, call **800.777.7902** (outside D.C.), **301.468.6000** (local), or visit KaiserPermanente.org.

COBRA Continued Benefit Coverage

Associates who terminate employment, change to benefit-eligible status or who otherwise lose group coverage as a result of a qualifying event may continue coverage up to 18 months. Spouses and dependents of associates who lose coverage because of age or divorce may continue coverage for up to 36 months.

After Trion COBRA Services, the benefit administrator, has been notified of the event, they will send you a COBRA letter. You have 60 days from the date of the COBRA letter to notify Trion COBRA Services of your intent to continue coverage. If you do not exercise your COBRA rights within the allotted time period or fail to make the required premium payment as scheduled, you forfeit your right to continue coverage.

For more information concerning COBRA continuation coverage, call Trion COBRA Services at **800.580.6854**.

2015 Medical Plan Options Chart

Review the information to select the best medical plan option for you and your family.

Benefits	MedStar Select Plan		CareFirst PPO Plan	
	In-Network (MedStar Select Provider Network)	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible¹				
Per individual	\$0	\$2,000	\$1,000	\$2,500
Per family	\$0	\$4,000	\$2,000	\$5,000
Coinsurance (Percent paid by you)				
% coinsurance, after deductible	None, unless specified	40%	20%	40%
Annual Out-of-Pocket Maximum (includes deductible, copays and coinsurances)				
Per individual	\$1,000	\$6,000	\$2,000	\$6,500
Per family	\$2,000	\$12,000	\$4,000	\$13,000
Office Visits				
Primary care office visit	Paid in full	40% coinsurance after deductible	\$15 copay	40% coinsurance after deductible
Specialty care office visit/clinic	\$20 copay	40% coinsurance after deductible	\$30 copay	40% coinsurance after deductible
Preventative Services				
Adult physicals/ immunizations (One per calendar year)	Paid in full	40% coinsurance after deductible	Paid in full	40% coinsurance after deductible
Well child visits/ immunization	Paid in full	40% coinsurance after deductible	Paid in full	40% coinsurance after deductible
Screenings	Paid in full	40% coinsurance after deductible	Paid in full	40% coinsurance after deductible
Annual GYN exam	Paid in full	40% coinsurance after deductible	Paid in full	40% coinsurance after deductible
Diagnostic Services				
Advanced imaging (e.g., PET, MRI, CT)	\$30 copay	40% coinsurance after deductible	\$30 copay	40% coinsurance after deductible
Other imaging (e.g., X-ray, Sonogram)	\$15 copay	40% coinsurance after deductible	\$15 copay	40% coinsurance after deductible
Lab and other services	Paid in full	40% coinsurance after deductible	Paid in full	40% coinsurance after deductible
Emergency Care²	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Ambulance services	Paid in full	Paid in full	Paid in full	Paid in full
Urgent Care	\$10 copay	40% coinsurance after deductible	\$30 copay	40% coinsurance after deductible



Benefits	MedStar Select Plan		CareFirst PPO Plan	
	In-Network (MedStar Select Provider Network)	Out-of-Network	In-Network	Out-of-Network
Hospital Facility/Surgical Procedures				
Outpatient surgery	\$50 copay per surgery	40% coinsurance after deductible	\$100 copay per surgery at MedStar facility 20% coinsurance after deductible - non-MedStar facility	40% coinsurance after deductible
Inpatient hospitalization ³	\$100 copay per admission	40% coinsurance after deductible	\$200 copay per admission at MedStar facility 20% coinsurance after deductible - non-MedStar facility	40% coinsurance after deductible
Medical rehabilitation coverage (medically necessary care - non custodial; limited to 30 days per illness or injury)	Paid in full	40% coinsurance after deductible	\$200 copay per admission at MedStar facility 20% coinsurance after deductible - non-MedStar facility	40% coinsurance after deductible
Morbid obesity ^{3,4}	Only performed at MedStar Center of Excellence	Not covered	Only performed at MedStar Center of Excellence	Not covered
Hospital Physician Services				
Inpatient ⁵	Paid in full	40% coinsurance after deductible	Paid in full	40% coinsurance after deductible
Outpatient ⁵	Paid in full	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Reproductive Health				
Maternity care ^{3,7}	\$100 copay	40% coinsurance after deductible	\$100 copay at MedStar facility \$600 copay at non-MedStar facility	40% coinsurance after deductible
Infertility services ^{3,6}	50% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible

¹ Copays do not count toward deductible; however, deductible counts towards out-of-pocket maximum

² Waived copays: Emergency Room copay waived only if admitted; Emergency services available out-of-network

³ Pre-authorization required.

⁴ Centers of Excellence: MedStar will cover the treatment for morbid obesity, including surgical treatments, at MedStar Centers of Excellence. Currently, the Bariatric Centers are MedStar Franklin Square Medical Center, 443.777.1158, and MedStar Washington Hospital Center, 202.877.7257.

⁵ Services performed by a radiologist, anesthesiologist, pathologist, or surgical assistant will be paid in full, if performed at a MedStar facility.

⁶ Benefits for Artificial Insemination (AI) and In Vitro Fertilization (IVF) are combined and limited to four attempts per year and six attempts per lifetime. Includes injectable drugs only.

⁷ \$100 deposited into Health Reimbursement Account if you participate in MedStar MyHealth Maternity program and deliver at MedStar facility.



Women's Right to Coverage

Federal law requires health plans to provide coverage for services in connection with a mastectomy. This coverage is subject to the deductibles, copay and coinsurance amounts for the medical plan in which you are enrolled.

Prescription Drug Plan

CVS Caremark

If you participate in the MedStar Select or CareFirst PPO medical plans, you receive prescription drug coverage through CVS Caremark at no additional cost.

You have the option to purchase prescriptions at a MedStar Pharmacy, retail pharmacy or mail order. Choosing a MedStar Pharmacy saves you money when compared with filling the same prescription at a retail pharmacy. Participating retail pharmacies include Giant, CVS, Safeway, and Wal-Mart, among others. To find a participating pharmacy near you, visit **Caremark.com**. For maintenance medications, CVS Caremark's mail order pharmacy may be a convenient option for you.

The cost of your prescription depends on a three-tiered copayment plan: generic, brand formulary or brand non-formulary, as outlined in the chart below. You pay less for generic drugs, and the most for brand non-formulary drugs (not on the formulary drug list).

For 2015, brand name drugs will be on a coinsurance rather than copay structure. This means you will pay a percentage of the cost up to a maximum amount for each prescription.

	MedStar Pharmacy	
	30-Day Supply	90-Day Supply
Generic	\$5	\$10
Brand Formulary	20% coinsurance up to \$60 maximum	20% coinsurance up to \$150 maximum
Brand Non-Formulary	40% coinsurance up to \$100 maximum	40% coinsurance up to \$250 maximum

	Non-MedStar Pharmacy	
	30-Day Supply	90-Day Supply (Mail Order Service)
Generic	\$10	\$20
Brand Formulary	20% coinsurance up to \$65 maximum	20% coinsurance up to \$155 maximum
Brand Non-Formulary	40% coinsurance up to \$105 maximum	40% coinsurance up to \$255 maximum

There is a \$1,000 out-of-pocket maximum per individual for pharmacy costs. If you incur \$1,000 in out-of-pocket pharmacy costs, the plan covers any additional pharmacy expenses incurred during the remainder of the year. **Note:** This maximum is per individual and not combined with your dependent's prescription drug expenses.


After you enroll in the MedStar Select or CareFirst PPO medical plans, you will receive more information about your prescription drug coverage. You will only receive a new ID card if you are enrolling in the medical plan for the first time.

For more information about the CVS Caremark prescription drug plan, call **888.771.7282** or visit **Caremark.com**.

Kaiser Permanente Prescription Plan

If you elect medical coverage through the Kaiser Permanente HMO Plan, the cost of prescription drug coverage is included in your medical premium. Your drug benefits are outlined in the chart below.

	Kaiser Medical Center Pharmacy (30-Day Supply)	Participating Pharmacy (30-Day Supply)	Mail Order Service (90-Day Supply)
Generic	\$10 copay	\$20 copay	\$20 copay
Brand Preferred	\$20 copay	\$40 copay	\$40 copay
Brand Non-Preferred	\$35 copay	\$55 copay	\$70 copay

 **Save Time and Money on Your Prescriptions**
 Save on your prescriptions when choosing a MedStar Pharmacy instead of other retail pharmacies. If a MedStar Pharmacy is not located at your work location, call **443.777.6201** to learn how to take advantage of this discount.



Your Dental Plan Options

MedStar Total Rewards offers two dental plans:
Cigna PPO Dental Plan and Cigna DHMO Dental Plan.

Cigna PPO Dental Plan

With the Cigna PPO Dental Plan, you may seek dental care from any provider. You receive the highest coverage when choosing providers who participate in the network.

If you go out-of-network, your out-of-pocket expenses are higher and you may be billed for the difference between the provider's full charge and the amount paid by the plan.

Cigna PPO Dental Overview		
	In-Network Dentist	Out-of-Network Dentist
Annual Deductible	\$25 individual \$50 family	\$25 individual \$50 family
Annual Benefit Maximum	\$1,500 per individual	\$1,500 per individual
Preventive Care	Plan pays 100%; no deductible	Plan pays 100% up to the allowable charge; no deductible
Basic Care (oral surgeries, fillings, root canals, etc.)	Plan pays 80% after deductible	Plan pays 80% of the allowable charge after deductible
Major Care (crowns, dentures, bridges, etc.)	Plan pays 50% after deductible	Plan pays 50% of the allowable charge after deductible
Orthodontics (for children up to age 19)	Plan pays 50% up to \$1,000 lifetime maximum	Plan pays 50% of the allowable charge up to \$1,000 lifetime maximum

For more information about the Cigna PPO Dental Plan, call **888.336.8258** or visit **Cigna.com**.

Cigna DHMO Dental Plan

Under this plan, you must select a participating Cigna DHMO dentist as your primary provider when you enroll. You must seek care from a network dentist or a specialist to whom your network dentist refers you. **Please contact the network dentist before choosing this plan to make sure the practice is accepting new patients.**

The advantages of this plan are: no additional charges for most preventive procedures, no claim forms to file, no deductibles, and no annual dollar maximums. And, you may receive complex dental procedures for low pre-set patient charges, if approved by Cigna in advance.

Cigna DHMO Dental Plan Overview		
	Services	Copay
Preventive Care	Exams, cleanings, X-rays	\$0
	Sealants (per tooth up to age 14)	\$12
Basic Care	Fillings	\$0 to \$47
	Simple extractions	\$12
	Recement crown	\$43
	Anterior root canal	\$210
Major Care	Crown, pontic	\$410 to \$460
	Complete or partial denture	\$524 to \$715
Orthodontics	Child	\$2,040 plus \$85 fee per month for 24 months
	Adult	\$2,376 plus \$99 fee per month for 24 months
Emergency Treatment (out-of-service area or unable to contact network dentist)	N/A	Responsible for copays for services Maximum benefit of \$55 Balance paid by member

For more information about the Cigna DHMO Dental Plan, call **800.367.1037** or visit **Cigna.com**.



Smile Big

Take advantage of your free dental exam and cleaning every six months, so you can keep a winning smile.



Your Vision Plan Option

Advantica EyeCare Plan

MedStar Total Rewards offers you comprehensive eye care coverage through Advantica EyeCare. The vision plan provides coverage for an eye exam and eyewear once every 12 months. You receive the highest benefits

when using a network provider. If you wish to visit an out-of-network provider, you will still receive coverage, but at a lower level.

Advantica EyeCare Vision Overview		
	In-Network Eye Care	Out-of-Network Eye Care
Standard Eye Exam	No charge	Plan pays up to \$40
Lenses & Frames	No charge for frames from the select frame collection with basic lenses or standard bifocals \$100 allowance for frames/lenses outside of the select collection \$50 copay for standard progressive lenses \$60 copay for photochromatic lenses	Plan reimburses up to \$60 for lenses and up to \$40 for frames
Contact Lenses	\$100 credit toward exam, lenses and fitting (in addition to standard exam)	Plan reimburses up to \$60
Other Benefits	10-20% discount for extra contacts or glasses Discounted fees for LASIK vision correction surgery with QualSight: - Conventional LASIK: \$925 per eye - Custom LASIK: \$1,350 per eye - Custom LASIK with IntraLase: \$1,770 per eye	N/A

For more information about Advantica EyeCare, call **866.425.2323** or visit **AdvanticaBenefits.com**.

Flexible Spending Accounts (FSAs)

Save money on healthcare and dependent care expenses with Flexible Spending Accounts (FSAs). This plan is administered by Trion.

Healthcare & Dependent Care FSAs

You can enroll in one or both FSAs—Healthcare FSA and/or Dependent Care FSA.

You can set aside up to \$2,500 per year to pay for eligible **healthcare expenses** (there is a \$5 per pay period minimum contribution), through a Healthcare FSA.

You can also set aside up to \$5,000 per year (\$2,500 if you are married and file a separate tax return) to pay for eligible **dependent day care expenses** (there is a \$5 per pay period minimum contribution), through a Dependent Care FSA.

New for 2015: Health Reimbursement Account

Members enrolled in the MedStar Select or CareFirst plans who participate in the MedStar MyHealth Maternity or MedStar MyHealth Care Advising programs will receive incentives funded into a Health Reimbursement Account (HRA). HRA dollars can be used to offset out-of-pocket medical expenses such as copays and deductibles. By participating in either of these programs, MedStar will establish and fund an account on your behalf. You earn dollars by reaching participation milestones. Once an account is established, you will receive a welcome packet and Healthcare Spending MasterCard®. The HRA is administered by Trion, the same company that administers our FSA programs.

Accessing your funds is easy and if you are already an FSA participant, you can access both accounts from the same card.

Health Reimbursement Account Overview	
MyHealth Maternity Program	<ul style="list-style-type: none"> • \$50 deposited for initial enrollment in program during first trimester • \$50 deposited for postpartum assessment • \$100 deposited for delivery at MedStar facility
MyHealth Care Advising Program	<ul style="list-style-type: none"> • \$25 deposited for initial contact • \$100 deposited for enrollment in program • \$100 deposited for completing program or six-month engagement

Use-It-or-Lose-It Rule

When you participate, you fund your FSA with pre-tax payroll deductions. This reduces your taxable income—which means more money in your pocket.

Because these accounts provide significant tax savings, the Internal Revenue Service (IRS) has placed some rules on their use. According to the use-it-or-lose-it rule, any money remaining in your FSA after the filing deadline will be forfeited. Please review your eligible expenses carefully before deciding how much money to contribute in 2015.

Enrollment is for the full plan year. You cannot change your election during a plan year for the Healthcare FSA. You may change your election to the Dependent Care FSA if you have a qualified life status change (see “IRS-Qualified Life Status Change” on page 2 under Enrollment Guidelines).

Healthcare FSA

By setting aside money in a Healthcare FSA, you may be reimbursed with tax-free dollars for expenses such as medical, prescription drug, dental, or vision copay and deductibles, as well as other expenses not covered by insurance, like hearing aids, eyeglasses or laser vision correction. For a complete listing of eligible medical expenses, visit irs.gov/pub/irs-pdf/p502.pdf.

Healthcare FSA MasterCard®

When you participate in a Healthcare FSA, you automatically receive a Healthcare Spending MasterCard® or “Benny” card. The card can be used at your doctor’s office for copays, or at participating pharmacies for prescriptions and other eligible expenses. When using the card, the expense is automatically deducted from your Healthcare FSA. If your pharmacy is not a participating merchant according to the Special Interest Group for IIAS Standards, you will not be able to use your Healthcare FSA MasterCard®. Save your receipts or explanation of benefits because you may be required to verify your claim.



Flexible Spending Accounts

The Healthcare FSA and Dependent Care FSA are separate plans. You can participate in one or both of the FSAs. Remember, you can only use your Healthcare FSA to pay for eligible healthcare expenses, such as doctor visit copays. **Your Dependent Care FSA can only be used for eligible child care and adult day care expenses.**



When to File a Claim

If you incur eligible healthcare expenses that were not paid for using your Healthcare FSA MasterCard® you need to submit a claim form for reimbursement along with a copy of your receipt or other proof of payment. Claim forms are available online at **EnrollOnline.com/MedStar**. To check your current balance, call Trion at **800.580.6854**.

Proof of Eligible Expenses

IRS guidelines on FSAs have increased to prevent fraudulent use. Save your receipts, even when using the Healthcare FSA MasterCard®. You may be required to prove the eligibility of expenses.

Reimbursement Deadline (Healthcare FSA)

You have until March 15, 2016 to incur eligible expenses for your 2015 Healthcare FSA. **All Healthcare FSA claims must be submitted by June 30, 2016.** After this date, any money remaining in your Healthcare FSA will be forfeited, according to IRS regulations.

Dependent Care FSA

Whether you are a parent with child care expenses, or are caring for an adult relative, a Dependent Care FSA allows you to save money on the cost of care while you are at work. Expenses reimbursed from a Dependent Care FSA must be for the care of an eligible dependent of whom you are the legal guardian, including children under 13 years old and individuals who live in your household, rely on you for at least half of their financial support and are physically or mentally unable to care for themselves.

New for 2015: Flexible Spending Account Mobile App

Check balances, file claims and manage expense receipts from the convenience of your smartphone. Additional information, including details on how to download the app, Spending Account Mobile Center, is available at **EnrollOnline.com/MedStar**.

Your Dependent Care FSA dollars can be used to reimburse yourself for:

- Care provided in your or someone else's home
- Nursery schools or day camps, if replacing child care
- Licensed day care centers
- Adult day care centers

Getting Back Your Tax-Free Dollars

To receive reimbursement for your dependent care expenses from your Dependent Care FSA, you must make a copy of your receipt or other proof of payment and complete a claim form. Access a claim form at **EnrollOnline.com/MedStar**. You can also go online to check your current balance, or call Trion at **800.580.6854**.

Reimbursement Deadline (Dependent Care FSA)

All dependent care expenses must be incurred by Dec. 31, 2015 to be eligible for reimbursement from your Dependent Care FSA. **All Dependent Care FSA claims must be submitted by March 31, 2016.** After this date, any money remaining in your Dependent Care FSA will be forfeited, according to IRS regulations.

Tax Credit vs. Dependent Care FSA

Current tax laws allow you to take a tax credit for some dependent care expenses when calculating your annual income taxes. While the law allows you to use a combination of tax credit and Dependent Care FSA for dependent care costs, you cannot use both for the same expense. Please review your tax situation carefully to decide what is best for you and your family.

Remember, the Dependent Care FSA is for day care expenses, not health care for your dependent.

Life Insurance

Thinking about your family's financial security in the event of your death isn't easy, but it's important. Since MedStar cares about you and your family's peace of mind, we pay for your basic life insurance.

Basic Life Insurance

MedStar Total Rewards offers basic life insurance coverage equal to one times your annual base salary at no cost to you. Your coverage will be rounded up to the next higher \$1,000.



Taxable Insurance

The IRS requires you to be taxed on the value of employer-provided basic life insurance coverage that is greater than \$50,000. This amount appears as imputed income on your paycheck.

Supplemental Life Insurance

You may purchase supplemental life insurance in amounts equal to one, two or three times your base pay, up to a combined (basic and supplemental life) maximum of \$1,500,000. The cost for additional coverage is determined by your age and the amount of coverage you elect. You will be required to submit an Evidence of Insurability (EOI) form in some circumstances.

Dependent Life Insurance

You may purchase life insurance for your spouse and dependent children. The coverage for your spouse and/or children cannot be more than the total amount of your basic and supplemental life insurance coverage combined. You will be required to submit an Evidence of Insurability (EOI) form in some circumstances.

See the summary plan description, available in the Benefits department or visit EnrollOnline.com/MedStar for more information about supplemental or dependent life insurance.

Accidental Death and Dismemberment (AD&D) Insurance

Basic AD&D Insurance

MedStar Total Rewards provides you with basic accidental death and dismemberment (AD&D) coverage equal to one times your base pay. AD&D pays a benefit to your beneficiary if you die or to you if you suffer certain serious injuries as the result of an accident. This benefit amount is paid in addition to the basic life insurance.

Supplemental AD&D Insurance

You may purchase supplemental AD&D protection, which provides additional AD&D benefits in the event of accidental death or loss of limb, hearing, sight, or speech. Supplemental AD&D coverage is available for one, two or three times your base pay, to a combined (basic plus supplemental AD&D) maximum of \$1,500,000. Coverage is available for you and/or your family members.

Note: Basic AD&D and supplemental AD&D benefits will not be paid for losses caused by suicide, self-mutilation, operating a vehicle while intoxicated, acts of war, and several other incidents.



Disability Plans

MedStar Total Rewards provides eligible full-time associates with both Short-Term Disability (STD) and Long-Term Disability (LTD) coverage, at no cost.

If you should become disabled as a result of a non-occupational injury or illness and are unable to work, this coverage will replace under 60 percent of your earnings until you are able to return to work, are no longer disabled or turn 65 years old. Both STD and LTD are effective after six months of continuous service.

Short-Term Disability (STD)

If you become disabled, STD benefits will replace 60 percent of your weekly base pay, up to a maximum of \$2,308 per week. Benefits will begin after a seven-calendar-day waiting period for an illness or on the day of an accident. Coverage will continue for 26 weeks or until you return to work, whichever comes first.

Long-Term Disability (LTD)

If you are still disabled after 26 weeks, you may be eligible for LTD benefits. Your LTD benefits may be offset by Social Security, retirement or other sources of disability benefits you may be eligible to receive.

LTD Additional Coverage Option

You may purchase additional coverage up to 66-2/3 percent of your earnings; however, you are subject to a pre-existing condition limit. Also, you must submit an Evidence of Insurability (EOI) form if you wish to elect this benefit outside of your initial eligibility period. You pay for additional coverage with after-tax deductions.

Universal Life, Critical Illness and Accident Insurances

Insurance protection through universal life insurance provides permanent death benefits, along with several valuable features that you do not have with traditional life insurance coverage. Critical illness insurance offers affordable, flexible coverage for a variety of serious illnesses. Accident insurance, with family benefits, is designed to financially assist you in the event of an injury, on or off the job.

These products may be purchased through the convenience of payroll deduction with the advantage of our discounted group rate. You may also keep your coverage if you change jobs or retire.

New for 2015, you may elect coverage up to guaranteed issue amounts through online enrollment. If you wish to elect coverage over the guaranteed amounts for universal life and critical illness insurance, please contact the Voluntary Benefits call center at 877.978.6303.

If you enroll online for coverage you must complete a tobacco attestation since the rates for these plans are based on your tobacco-user status.



Update Your Beneficiaries

Now is a good time to make sure your beneficiary designation is up-to-date. Otherwise, your benefit may not be paid the way you intended.

Legal Resources

Through Legal Resources, MedStar Total Rewards offers access to a regional network of law firms and legal services. Those who elect to join the legal plan may obtain advice, consultation and/or representation for legal needs. Your spouse and dependent children are also eligible to access legal services.

The legal plan offers full coverage for an extensive array of attorney services, including:

- Will preparation
- Tenant/landlord disputes
- Sale and purchase of real estate
- Uncontested divorce representation
- Traffic court representation
- Adoption and name change services
- DUI court representation
- Civil suit court representation
- Contract or lease review
- Defense of juveniles and criminal misdemeanors
- Refinancing

If you decide to take advantage of these services, you pay low group premiums through payroll deduction. When you join the legal plan, you enter a full-year contract. Even if you leave MedStar, you will be billed for the full plan year. You may use this service as often as you like, and the plan includes no waiting periods.

A detailed listing of the services covered or excluded is available in your Human Resources department or online at EnrollOnline.com/MedStar.

Note: If you are involved in a legal issue before you join the plan, pre-existing limits may apply.

MedStar Associate Advantages

Retirement Savings Plan

With a retirement savings plan, you can achieve your retirement goals through a tax-deferred savings account that offers a variety of professionally-managed investment options and a competitive company match.

MedStar may match 50 percent of your contributions up to a maximum of 6 percent of your earnings. To be eligible for the employer match, you must complete a year of service and work 1,000 hours or more per year. And you must be a MedStar associate on the last day of the year.

You are always 100 percent vested in your personal contributions to your account. After three years of service, you are fully vested in MedStar's matching contribution.

For help with retirement planning, call Fidelity Investments, our retirement plan administrator, at **888.766.6817** or visit Fidelity.com/AtWork.



Saving for Your Retirement

You are eligible to contribute to the retirement savings plan from your date of hire. You may change your contribution amount at anytime during the year. To enroll or change your contribution amount visit Fidelity.com/AtWork.



Tuition Assistance Benefit

At MedStar, we care about your professional growth and development. That's why MedStar offers tuition assistance for continuing education directly related to your professional work or career advancement in positions within MedStar. Please see your Human Resources department for details.

Employee Assistance Program (EAP)

The EAP provides many different types of confidential counseling services, as well as financial and retirement planning, fitness or nutrition services, and convenience services, which include referrals for child care, adult care, personal trainers, restaurants, and more. These confidential services are offered through Business Health Services at no cost to you. To take advantage of the EAP, call **866.765.3277**.

Bank of America at Work and Wells Fargo at Work Programs

You are eligible for exclusive banking products and services through Bank of America and/or Wells Fargo. Both banks offer a wide range of home financing solutions that can help advance your current and long-term goals.

Computer Purchase Program

With MedStar Total Rewards, you can purchase name-brand home computers at affordable prices with no interest, credit check or down payment. To see what products are available for purchase through payroll deduction, call **866.638.3953** or visit **MedStar.PurchasingPower.com**. If you are not interested in payroll deduction, call **800.934.1652** or visit Dell at **Dell.com/us/en/eep/default.htm**.

SmarTrip Cards Through SmartBenefits

If you commute to and from work by Metro Rail, MARC train, transfers, or Metro bus, the SmarTrip card through SmartBenefits may be a great benefit to you. Through pre-tax payroll deduction, benefit-eligible associates may set aside a maximum contribution as determined by the IRS to help pay for commuting expenses. Contact your Human Resources department for information on how to purchase SmarTrip cards.

Paid Time Off (PTO) and Holidays

If you are a benefits-eligible associate, you will accrue PTO from work based on a formula of hours paid and the length of your service. MedStar also offers associates nine paid holidays each year. Some of these are observed holidays; others are floating holidays. For more detail on which holidays are observed, or for specific details on your organization's time off policy, contact your Human Resources department.

Discount Health Club Memberships

You are eligible to participate in select health club memberships at a discounted rate. Participating chains offer certified fitness professionals, personal fitness programs, state-of-the-art equipment and free weights. The club you choose determines your membership fees. A list of health club and other discounts is available on MedStar MyHealth OnLine at **MedStarMyHealth.org**.

Additional Perks Where You Work

Your MedStar Total Rewards package is more than just health and welfare benefits. The perks listed below are additional advantages that you may enjoy as a MedStar associate.

- Discount cellphone programs
- BenefitHub online discount shopping program
- On-site training and education
- Seasonal theme park and professional sports team discounts
- Capella Tax Network



Contact Information

For questions or concerns about your benefits, eligibility or coverage, call **703.558.1300**.

Benefit	Provider	Phone	Website
Medical	MedStar Select Plan	855.242.4872	MedStarMyHealth.org
	CareFirst PPO Plan	800.628.8549	CareFirst.com
	Kaiser Permanente HMO Plan	800.777.7902	KaiserPermanente.org
		301.468.6000 (local)	
Prescription Drug	CVS Caremark	888.771.7282	Caremark.com
	Kaiser Permanente	800.777.7902 301.468.6000 (local)	KaiserPermanente.org
Dental	Cigna PPO Dental Plan	888.336.8258	Cigna.com
	Cigna DHMO Dental Plan	800.367.1037	
Vision	Advantica EyeCare	866.425.2323	AdvanticaBenefits.com
Flexible Spending Accounts	Trion	800.580.6854	EnrollOnline.com/MedStar
Life and AD&D Insurances	Reliance Standard Life	800.351.7500	RelianceStandard.com
Legal	Legal Resources	800.728.5768	LegalResources.com
Disability	Reliance Standard Life	877.202.0055	RelianceStandard.com
Universal Life, Critical Illness and Accident Insurances	Transamerica	800.322.0426	TEBCS.com
Retirement	Fidelity Investments	888.766.6817	Fidelity.com/AtWork
Computer Purchase Program	Purchasing Power (payroll deduction)	866.638.3953	MedStar.PurchasingPower.com
	Dell	800.934.1652	Dell.com/us/en/eep/default.htm
Employee Assistance Program	Business Health Services	866.765.3277	BHSONline.com Username: medstar
COBRA	Trion COBRA Services	800.580.6854	Cobra-Link.com
Banking Services	Bank of America	800.622.8731	BankofAmerica.com/BankAtWork
	Wells Fargo	800.869.3557	WellsFargo.com/Jump/AtWork/AtWork_Welcome
Wellness	MedStar MyHealth	855.242.4871	MedStarMyHealth.org