

# YOUR **2021** BENEFITS GUIDE



Providing a Foundation for Employee Health, Wellness and Security

*Sponsored by the Sisters of Charity of Saint Elizabeth*



# BENEFITS

## 2021



## Welcome to your 2021 Employee Benefits!

Being part of St. Joseph's Health means you are dialed in to a unique and exciting professional opportunity. One important way we demonstrate our commitment to you is through the benefits program showcased within this guide.

The St. Joseph's Health benefits program is an important element of our total rewards and reflects the St. Joseph's Health Values of "commitment to and respect for people". It gives you access to competitive benefits, coverage options and protections, many of which are or can be extended to family members. What it does for you and others will depend on the choices you make at enrollment and beyond.

In this guide, you will find the information you need to make informed benefits selections. Take time to carefully review each plan and its offerings and consider how they may benefit you and your family. After reviewing your options, submit your benefit elections by the enrollment deadline.

Please take advantage of the resources identified on each page, as they provide the best avenues for making informed benefit decisions. You can also call the Employee Benefits Center at **1-800-307-0230** if you need any help along the way.

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# BENEFITS

2021



## About This Guide

This guide is designed to educate you about your benefit options so you can make the best selections for you and your loved ones. Please refer to this guide to help you during your enrollment period and throughout the year.

Please be aware that this guide provides a general summary of available benefits. A more complete description of your benefits and the terms under which they are provided, including limitations and exclusions, is contained in the plan documents, available at [www.sjhsbenefits.org](http://www.sjhsbenefits.org).

If there are any discrepancies between this Guide and the plan documents, the plan documents are the controlling documents.

## Learn More About Your Benefits!

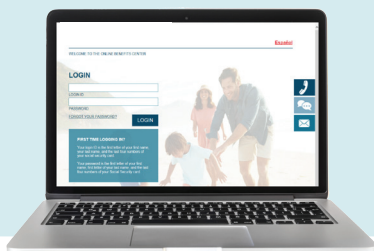
St. Joseph's Health provides an array of tools and resources to keep you on the inside track of your benefits.



To Enroll & Learn More  
Visit [www.sjhsbenefits.org](http://www.sjhsbenefits.org)



For Questions  
Call 1-800-307-0230 or  
Email [employeebenefits@bakertilly.com](mailto:employeebenefits@bakertilly.com)



## Ready To Enroll or Make Changes?

When you are ready, visit [www.sjhsbenefits.org](http://www.sjhsbenefits.org) and enter your **Employee ID** as the **Login ID** and **the last six digits of your Social Security Number** as the **Password**.



# ENROLLMENT

## guidelines

### Who's Eligible?

#### Full-Time Employees

If you are classified as a regular full-time employee and scheduled to work at least 80 hours bi-weekly\*, you are eligible to enroll in all St. Joseph's Health benefit plans.

\*72 hours for Paramedics

#### Part-Time Employees

If you are classified as a regular part-time employee and scheduled to work at least 40 hours bi-weekly, you are eligible to enroll in all St. Joseph's Health benefit plans.

#### **These are:**

#### No Cost Benefits

- > Basic Life/AD&D
- > Administrative Long-Term Disability
- > Employee Assistance Program

#### Benefits Requiring Pre-Tax Contributions

- > Group Medical
- > Group Dental
- > Group Vision Care
- > Healthcare FSA
- > Dependent Care FSA
- > Qualified Transportation Expense Plan

#### Benefits Requiring After-Tax Contributions

- > Supplemental Life/AD&D Insurance
- > Spouse Life Insurance
- > Child Life Insurance
- > Voluntary Long-Term Disability
- > Group Legal Services
- > Aflac Products
- > Home & Auto Insurance
- > Pet Insurance

### Which Family Members Can Be Covered?\*\*

If you enroll in benefits, you may elect to cover your eligible dependents. Your eligible dependents include your:

- > legal spouse (regardless of gender)
- > children up to age 26, regardless of marital status, student status, financial dependency, or residence
- > children of any age [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support

#### **\*\*Verification of Eligible Dependents**

(Open Enrollment, New Hires and Life Events)

In order to enroll new dependents in the Benefits Program, you are required to submit proper documentation that provides proof of eligibility. This documentation must be received by the Employee Benefits Center within 30 days of your benefits effective date or dependent coverage may be denied. Acceptable documentation includes birth certificates, marriage certificates, adoption decrees, court documents, etc. If these documents are not available, employees may submit other supporting documentation for review. If it is determined that an employee has an ineligible dependent enrolled on these plans, it will be treated as fraud and penalties will be imposed, up to and including termination of employment. Documents can be uploaded securely via the enrollment site at [www.sjhsbenefits.org](http://www.sjhsbenefits.org).

# ENROLLMENT

## guidelines

### Changing Your Benefits (Qualified Life Events)

The benefits you elect during the annual open enrollment period or as a newly hired employee will remain in effect for the entire plan year. You may only change your elections during the year if you have a Qualified Life Event. Any requested change must be consistent with the life event being reported. Examples of a Qualified Life Event include:

- > Marriage
- > Birth or adoption
- > Divorce
- > Gain or loss of coverage
- > Death of spouse or dependent
- > Loss of dependent status
- > Change in eligibility for Medicare benefits
- > Gain or loss of eligibility for Medicaid, a Children's Health Insurance Program (CHIP), or a premium assistance subsidy under these programs (60-day election period)

For any allowable changes, you must report the Qualified Life Event online at [www.sjhsbenefits.org](http://www.sjhsbenefits.org) or by calling the Employee Benefits Center at **1-800-307-0230**. Notification needs to be provided within 30 calendar days of the Qualified Life Event (unless indicated otherwise). Changes requested due to a "change of mind" cannot be allowed until the next annual open enrollment period or another qualifying life event.

**\*For a full list of Qualified Life Events (QLEs), please visit the Library Section of the Online Benefits Center and access the "Reporting Your Qualified Life Event" document.**



Nothing is more important than the health of you and your family. The impact that an unexpected medical expense may have on a family can be overwhelming. That is why our medical plan choices are designed to help you get access to the care you need at a price you can afford. St. Joseph's Health offers eligible employees and their dependents\* the opportunity to select from two medical plans that best meet your individual and family needs for quality, affordable health care.

## About Our Medical Plans

**St. Joseph's Health offers two medical plans now administered by Horizon Blue Cross Blue Shield of NJ:**

### 1) **St. Joseph's Inner Circle Plan**

Provides access to the excellent team of healthcare providers in the St. Joseph's exclusive network of physicians and facilities with the lowest out of pocket expense.

### 2) **St. Joseph's Omnia Plan**

Provides access to the same excellent quality healthcare as the St. Joseph's Inner Circle plan (with the lowest out-of-pocket expense) and the added option of the Horizon Omnia networks. Omnia Tier 1 is comprised primarily of NJ facilities and providers. Omnia Tier 2 comes with the National BlueCard Network copays and coinsurance. The Omnia network utilization is summarized on page 7.

The health plan is always secondary to automobile no fault coverage, personal injury protection coverage, or medical payments coverage.



#### **Find A Participating Omnia Provider**

Need to find a doctor? You can find an in-network doctor by visiting **[www.horizonblue.com](http://www.horizonblue.com)** and clicking on "Find A Doctor or Rx" or by calling Horizon's Customer Service Line at **1-800-355-Blue (2583)**.



#### **\*Spousal Surcharge**

If coverage is available for the spouse through their employer, and the spouse still elects to be covered under a medical plan through St. Joseph's, a surcharge will be applied to the basic contribution rate. The spousal surcharge is applied based upon salary. The spousal surcharge does not affect or apply to coverage for dependent children.



#### **St. Joseph's Health Plan Tobacco-Free Household Incentive**

St. Joseph's strongly supports all efforts to provide a tobacco-free environment at work and in your home. Our benefit programs offer a variety of aids to help those who currently use tobacco products to quit, and to work toward a healthy, tobacco-free lifestyle. To support this effort, employees and their spouse, if applicable, who participate in any of the St. Joseph's medical plans and who do not use tobacco products in any form at any frequency will pay a lower cost for coverage than tobacco users.



**Comprehensive coverage.**  
**Competitive rates.**  
*You have choices.*

While both of our medical/rx plans cover the same types of services, each provides a different level of coverage. The plans feature different deductibles (amount you pay before cost sharing begins), varying out-of-pocket maximums (the most you'll pay out-of-pocket each plan year) and different copays and coinsurance. In addition, the cost for each plan differs. Your medical options are compared below and on the following pages.

### St. Joseph's Inner Circle Plan

#### No Deductible\*

low mid high

#### Cost per pay\*

low mid high

- > This plan features the lowest payroll deduction with no deductible. It's the best value of all of our plans.
- > Under this plan, you may only use providers and facilities within the Inner Circle network. Coverage is not available outside of the St. Joseph's Inner Circle network except in the case of true emergent care.

### St. Joseph's Omnia Plan

#### Deductible\*

low mid high

#### Cost per pay\*

low mid high

- > This plan features a mid-range payroll deduction and deductible.
- > Under this plan, you have access to the St. Joseph's Inner Circle, Omnia Tier 1 and Omnia Tier 2 networks, but cannot receive care out-of-network.

\*For illustrative purposes only

# MEDICAL BENEFIT SUMMARIES - St. Joseph's Inner Circle Plan

## Option 1: The St. Joseph's Inner Circle Plan

Description	Inner Circle Network Provider Tier
<b>Deductible</b> (Individual / Family)	\$0 / \$0
<b>Coinsurance</b> (Plan Pays)	100%
<b>Maximum Out of Pocket</b> (Individual / Family)	\$2,000 / \$4,000
<b>Physician Office Visits (PCP)</b>	\$5 copay/visit
<b>Physician Office Visits (Specialist)</b>	\$10 copay/visit
<b>Physician Surgical</b>	Covered at 100%
<b>Lab/Radiology</b>	Covered at 100% (includes Quest & LabCorp)
<b>Advanced Radiology</b> (CT/PET scans, MRIs)	Covered at 100%
<b>Inpatient Hospital Facility</b>	Covered at 100%
<b>Outpatient Hospital Facility</b>	Covered at 100%
<b>Ambulatory Surgicenter</b>	Covered at 100%
<b>Emergency Room</b>	\$30 copay/visit
<b>Ambulance</b> (Non-emergency transport: not covered, except if pre-authorized.)	Not applicable
<b>Urgent Care</b>	\$10 copay/visit
<b>Home Health Care</b> (up to 60 visits)	Covered at 100%
<b>Private Duty Nursing</b> (up to 60 8-hr visits)	Covered at 100%
<b>Skilled Nursing Facility</b> (up to 120 days)	Covered at 100%
<b>Durable Medical Equipment*</b>	\$5 copay/visit
<b>Hospice</b>	Covered at 100%
<b>Short Term Therapies</b> (Physical, Speech, Occupational - up to 60 visits combined)	Covered at 100%
<b>Chemotherapy</b> (covered in accordance with the place of service)	Covered at 100%
<b>Chiropractic Care</b> (up to 25 visits)	\$10 copay/visit
<b>Mental Health/Alcohol &amp; Substance Abuse</b> Inpatient Outpatient / Office Visits	Covered at 100% \$10 copay/visit
<b>Substance Abuse</b> Inpatient Outpatient / Office Visits	Covered at 100% \$5 copay/visit

\*Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.

# MEDICAL BENEFIT SUMMARIES - St. Joseph's Omnia Plan

## Option 2: St. Joseph's Omnia Plan

Description	Inner Circle Network Provider Tier	OMNIA Tier 1	OMNIA Tier 2 & BlueCard Out of State	Out of Network
<b>Deductible</b> (Individual / Family)	\$0 / \$0	\$500 / \$1,000	\$1,000 / \$2,000	N/A
<b>Coinsurance</b> (You Pay)	0%	15%	30%	N/A
<b>Maximum Out of Pocket</b> (Individual / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$7,500 / \$15,000	N/A
<b>Physician Office Visits</b> (PCP)	\$5 copay/visit	\$20 copay/visit	\$30 copay/visit	Not covered
<b>Physician Office Visits</b> (Specialist)	\$10 copay/visit	\$35 copay/visit	\$50 copay/visit	Not covered
<b>Physician Surgical</b>	Covered at 100%	15% after deductible	30% after deductible	Not covered
<b>Lab/Radiology</b>	Covered at 100% (includes Quest & LabCorp)	15% after deductible	30% after deductible	Not Covered
<b>Advanced Radiology</b> (CT/PET scans, MRIs)	Covered at 100%	\$250 copay/visit, then 15% after deductible	\$500 copay/visit, then 30% after deductible	Not Covered
<b>Inpatient Hospital Facility</b>	Covered at 100%	\$500 copay, then 15% after deductible	\$750 copay, then 30% after deductible	Not Covered
<b>Outpatient Hospital Facility</b>	Covered at 100%	\$150 copay/visit, then 15% after deductible	\$250 copay/visit, then 30% after deductible	Not Covered
<b>Ambulatory Surgicenter</b>	Covered at 100%	\$250 copay/visit, then 15% after deductible	\$500 copay/visit, then 30% after deductible	Not Covered
<b>Emergency Room</b>	\$30 copay/visit	\$300 copay/visit	\$300 copay/visit	\$300 copay/visit
<b>Ambulance</b> (Non-emergency transport: not covered, except if pre-authorized.)	Not covered	100% covered if transported to SJH facility	100% covered if transported to SJH Facility	100% covered if transported to SJH Facility
<b>Urgent Care</b>	\$10 copay/visit	\$50 copay/visit	\$50 copay/visit	Not covered
<b>Home Health Care</b> (up to 60 visits)	Covered at 100%	15% after deductible	30% after deductible	Not Covered
<b>Private Duty Nursing</b> (up to 60 8-hr visits)	Covered at 100%	15% after deductible	30% after deductible	Not Covered
<b>Skilled Nursing Facility</b> (up to 120 days)	Covered at 100%	\$150 copay/visit, then 15% after deductible	\$250 copay/visit, then 30% after deductible	Not Covered
<b>Durable Medical Equipment*</b>	\$5 copay/visit	15% after deductible	30% after deductible	Not Covered
<b>Hospice</b>	Covered at 100%	Covered at 100%	Covered at 100%	Not Covered
<b>Short Term Therapies</b> (Physical, Speech, Occupational - up to 60 visits combined)	Covered at 100%	15% after deductible;	30% after deductible	Not Covered
<b>Chemotherapy</b> (covered in accordance with the place of service)	Covered at 100%	15% after deductible	30% after deductible	Not Covered
<b>Chiropractic Care</b> (up to 25 visits)	\$10 copay/visit	\$35 copay/visit	\$50 copay/visit	Not Covered
<b>Mental Health/Alcohol &amp; Substance Abuse</b> Inpatient Outpatient / Office Visits	100% \$10 copay/visit	\$300 copay/stay, then 15% after deductible \$35 copay/visit	\$500 copay per stay, then plan pays 30% \$50 copay/visit	Not covered Not covered
<b>Substance Abuse</b> Inpatient	Covered at 100%	\$300 copay/stay, then 15% after deductible	\$500 copay/stay, then 30% after deductible	Not covered
Outpatient / Office Visits	\$5 copay/visit	\$20 copay/visit	\$30 copay/visit	Not covered

\*Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.



# MEDICAL

benefits

Need to see a doctor now?  
Get connected 24/7 with  
Horizon CareOnline<sup>SM</sup>



**When you need to see a doctor – anytime day or night – simply sign in to HorizonCareOnline as a Horizon BCBS member you have 24/7 access to U.S. board-certified doctors via video and phone from the comfort of your home.**

With Horizon Care Online you can be treated for common health conditions, including:

- > Cold and flu
- > Fever
- > Skin irritations
- > Abdominal pain
- > Sinusitis

You can also see behavioral health specialists by appointment from 7 a.m. to 11 p.m. for conditions such as:

- > Anxiety
- > Attention deficit/hyperactivity disorder (ADHD)
- > Bipolar disorder
- > Depression

Urgent medical care services for HorizonCareOnline are provided by U.S. board-certified, licensed doctors who average 15 years experience in primary urgent care.

Behavioral health specialists include licensed psychiatrists, psychologists, and social workers. You can read each doctor's profile and patient reviews before selecting one for your care.


Horizon CareOnline does not replace your relationship with the primary doctor or behavioral health professional you may see on a regular basis, but HorizonCareOnline is available when you need it. You can even get a record of your visit by secure email to share with your doctors.


## Getting Started

Registration is easy. Simply:

1. Go to [HorizonCareOnline.com](https://HorizonCareOnline.com)
2. Complete the required fields
3. Remember to include your Horizon BCBS member ID#

**Register now so you're ready whenever you need care.**

 Visit [HorizonCareOnline.com](https://HorizonCareOnline.com)

 Call 1-877-716-5657

St. Joseph's Health is dedicated to healthcare that starts with prevention. It has been proven that routine visits to a healthcare professional can increase the likelihood of early detection and diagnosis of potentially severe health conditions. **All of the services listed below are covered 100% under the Inner Circle and In-Network under the Omnia Plan. Preventive services are not covered Out-of-Network.**

Adult Preventive Procedures	Frequency of Services
<b>Physical Examination</b> – includes Comprehensive Metabolic Panel, Urinalysis, EKG, BMI, Weight, Lipid Profile, Glucose and other approved screenings	<ul style="list-style-type: none"> <li>• <b>All Ages:</b> Annually</li> </ul>
<b>Mammography</b>	<ul style="list-style-type: none"> <li>• <b>Ages 20-34:</b> Based on medical necessity or family history</li> <li>• <b>Ages 35+:</b> Annually</li> </ul>
<b>Pelvic Exam</b>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>
<b>Pap Smear</b>	<ul style="list-style-type: none"> <li>• Annually</li> </ul>
<b>Woman's Preventive</b>	Annually; includes domestic violence screening, sexually transmitted infections counseling, HIV screening and Human Papillomavirus Virus testing
<b>Diabetes Testing</b>	Type 2 diabetes testing for adults with high blood pressure Gestational Diabetes Testing - Once per pregnancy
<b>Breastfeeding</b>	Pump and/or supplies; Comprehensive support and counseling
<b>Prostate Specific Antigen (Males)</b>	<ul style="list-style-type: none"> <li>• <b>Ages 40-49:</b> Based on medical necessity or family history</li> <li>• <b>Ages 50+:</b> Annually</li> </ul>
<b>Colonoscopy</b>	<ul style="list-style-type: none"> <li>• <b>Ages 20-49:</b> Based on medical necessity or family history</li> <li>• <b>Ages 50+:</b> Every 5 years</li> </ul>
<b>Immunizations</b>	All required immunizations in accordance Health and Human Services guidelines, including: Diptheria, Pertussis and tetanus boosters, Hepatitis A and B, HPV, influenza and pneumococcal vaccines

Child Preventive Procedures	Frequency of Services
<b>Routine Examinations</b>	<ul style="list-style-type: none"> <li>• <b>First 12 Months:</b> Up to 7 visits</li> <li>• <b>Second 12 Months:</b> Up to 3 exams</li> <li>• <b>Third 12 Months:</b> Up to 3 exams</li> <li>• <b>Thereafter:</b> 1 exam annually</li> </ul>
<b>Measurements</b>	<ul style="list-style-type: none"> <li>• <b>First Year:</b> Height, weight, blood pressure and body mass at each visit</li> <li>• <b>Thereafter:</b> Height, weight, blood pressure and body mass annually</li> </ul>
<b>Developmental/Behavioral Assessment</b>	<ul style="list-style-type: none"> <li>• <b>Birth to Age 19:</b> Annually</li> </ul>
<b>Immunizations</b>	All required immunizations in accordance with American Pediatric Association and Health and Human Services guidelines, including: Diptheria, Pertussis and tetanus, Polio, Measles, Mumps and Rubella, Hepatitis A and B, Rotavirus, Varicella, HPV, influenza and pneumococcal and meningococcal vaccines

**Preventive Benefits  
+ The Inner Circle  
= The Best Coverage  
and the Best Care**

The Group Medical Plan provides benefits for additional preventive services not listed on this page. Contact Omnia for more information on covered services.

**ONLINE RESOURCES**  
www.horizonblue.com is a valuable source of health and wellness information. Log on today to learn more about:

- > Fitness
- > Nutrition
- > Your health risks (by taking a Health Risk Assessment)
- > Online tools and resources

## Hearing Aid Benefits

### Hospital Employee Inner Circle Discounts and Enhanced Services (at St. Joseph's Audiology)

- > 25% discount on hearing aid devices and accessories
- > A 30-day trial period for hearing aids is available after a \$150 non-refundable deposit is made.
- > Two adjustments to each device are available per year during the warranty period

### Hospital Employee Medical Plan Benefit

- > St. Joseph's employee medical plan reimburses up to \$2,000 once every 36 months for adult hearing aid purchases and up to \$1,000 per hearing impaired ear every 24 months for pediatric hearing aid purchases.



# MEDICAL

## benefits

## Understanding Your Coverage

### **Emergencies: At Home, While Traveling and Away at School**

In the event of an emergency that requires urgent care, the most important action you can take is to get care as quickly as possible. Once your condition is stable, you should contact the health plan administrator (Horizon Omnia) as soon as practical. This will help you confirm your level of coverage and ensure your claim is processed correctly. A claim form to submit claims that occurred outside the United States can be found in the benefits section of “Inside”.

Your Coverage In An Emergency	
Services Provided By	Services You Receive in an Emergency Room
St. Joseph's Health Facilities and Inner Circle Providers	\$30 copay
In-Network/Out-of-Network Facilities and Providers	\$300 copay, waived if admitted

\*If your emergency requires an inpatient stay, it is important that you contact Horizon Omnia as soon as possible to verify your stay and any ongoing treatments are authorized. Depending upon the circumstances, benefits for services beyond the initial emergency treatment may not be covered at the emergency benefit level.

**Out-of-Network Services (Non-Emergency):** Any time you receive services from a provider who does not participate in the Inner Circle or is not In-Network, coverage is provided at the out-of-network benefit level. All charges for out-of-network services are subject to balance billing for any amounts that exceed the plan's fee schedule. The plan cannot control the charges made by out-of-network providers. As a result, **BALANCE BILLS FOR SERVICES FROM OUT-OF-NETWORK PROVIDERS CAN BE SIGNIFICANT AND ARE NOT COVERED UNDER THE GROUP MEDICAL PLAN.** These charges are not eligible for reimbursement and do not go toward meeting any out-of-pocket limits under the plans.

Any time you intend to receive non-emergency services outside of the networks you should contact Horizon Omnia to verify benefits and obtain a pre-determination. You have full financial responsibility for all charges that exceed the plan's fee schedule. The only possible exception is when services must be provided outside of the network because they are not available in-network. “Not available” means that there are no network providers within the area who can provide the required services. Determination of availability is not based upon qualitative factors, recommendations or provider referrals. Any referrals for services that are “not available” within the network must be pre-approved by Horizon Omnia.

### **When A Physician Refers You to an Out-of-Network Provider**

Exclusive of emergency care, **NO OUT-OF-NETWORK SERVICES ARE COVERED** and will result in significant additional costs to you. Referrals by In-Network or Inner Circle providers to out-of-network providers or facilities, or for other services, do not constitute an authorization for upgraded benefits or constitute a commitment by St. Joseph's to provide a higher level of provider reimbursement. If you have any questions regarding the level of coverage you will receive under the program, please contact Horizon Omnia **BEFORE YOU RECEIVE CARE.**



## Tracy Rodriguez, RN – The Employee Health Plan Navigator

St. Joseph's Health is committed to providing compassionate, world-class care to our patients, which includes our employees, our most valuable resource. In keeping with this commitment to our employees and their families, we offer an enhancement to our health plan.

Tracy Rodriguez, RN, is St. Joseph's dedicated Employee Health Plan Navigator, serving as a dedicated resource who is here for you and your dependents. She can assist you with a variety of needs concerning your health care and the health care of your dependents to help you navigate through preventative care, acute or chronic care needs including:

- > Assist you with identifying the highest quality, cost effective providers to work within your specific health plan.
- > Assist you with any challenges you may have getting timely appointments with our Inner Circle physicians including emergency appointments.
- > Help you to identify an appropriate Primary Care Physician for you and your dependents.
- > Troubleshoot and assist with the referral process and inform you of other resources available to you concerning your healthcare needs.
- > Provide you with information regarding a newly diagnosed condition.

**Tracy can be reached at 973-569-6087, 201-575-5649 (cell phone) or [rodrigut@sjhmc.org](mailto:rodrigut@sjhmc.org)**



# MEDICAL

chronic care benefits

## **New For 2021: Chronic & Complex Case Management Employee Program**

- > Take an active role in self-managing your chronic or complex condition(s)
- > Remain adherent to your prescribed medication regimen
- > Actively work with your doctor(s) on treatment plans for your medical conditions
- > Understand your diagnoses and differentiate symptoms that can be managed at home vs. symptoms requiring your physician's attention
- > Create a plan to manage mild symptoms at home
- > Set achievable personal health goals under the direction of your PCP
- > Participation in the Chronic & Complex Case Management Program is a voluntary benefit beginning January 2021. You can exit the program at any time. You can decline participation if the nurse navigator contacts you.

### **Participation**

Participation in the Chronic & Complex Case Management Program is a voluntary benefit beginning January 2021. You can exit the program at any time. You can decline participation if the nurse navigator contacts you.

### **Points of Access:**

1. Self-Referral
2. Physician Referral
3. Employee Plan Nurse Navigator Referral
4. Cerner Care Management system algorithm risk stratifies the population and identifies candidates for intervention
5. Pharmacy Data Review

Contact information for the Employee Plan CCCM Navigator will be available when the program begins January 2021.



## Case Management Conditions

- > Condition of Hypertension within the lifetime AND 3 or more outpatient visits with blood pressure readings over 140/90 in the last year
- > Condition of Diabetes within the lifetime AND Most recent HbA1c greater than or equal to 9 in the last year
- > Condition of Diabetes AND History of heart attack, stroke or pulmonary embolism
- > Condition of Obesity within the last 5 years AND Most recent BMI  $\geq 35$  in the last year
- > Condition of Heart Failure in lifetime AND BNP  $> 500$  or multiple ED/Inpatient visits
- > Condition of one of the following in lifetime
  - Schizophrenia
  - Depression
  - BiPolar
- > Any active Cancer diagnosis
- > 3 or more chronic conditions

**See below for a full list of conditions**

- > Condition in the person's lifetime
- > A-Fib/A-Flutter
- > ALS
- > Autism
- > Celiac Sprue
- > Cerebral Palsy
- > Chronic Fatigue Syndrome
- > Chronic Pancreatitis
- > COPD
- > Cystic Fibrosis
- > Depression
- > Diabetes Type 1
- > Diabetes Type 2
- > Down syndrome
- > Fibromyalgia
- > Hepatitis B
- > Hepatitis C
- > HIV/ AIDS
- > Hypertension
- > Inflammatory Bowel Disease
- > Interstitial Cystitis
- > IVD/CAD
- > Lupus

- > Multiple Sclerosis
- > Parkinson's Disease
- > Rheumatoid Arthritis
- > Sickle Cell Disease
- > TIA
- > Heart Failure
- > Stroke

### Diagnosis in the last 10 years

- > Asthma
- > Epilepsy

### Diagnosis in the last 5 years

- > Chronic Otitis Media
- > Chronic Pharyngitis
- > Chronic Tonsillitis
- > Endometriosis
- > Hyperlipidemia
- > Hypercholesterolemia
- > Migraine
- > Overactive Bladder and Detrusor
- > Instability
- > Tuberculosis



# PRESCRIPTION

## plan features

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage through the Horizon Pharmacy program. Horizon Pharmacy's contracted pharmacy benefit manager is Prime Therapeutics.

### Through your plan, you may fill prescriptions:

- > At **St. Joseph's Health pharmacy or any other in-network retail pharmacy** at lower copay costs than any other network retail pharmacy. There are 62,000 retail pharmacies across the United States, including all major chains.
- > **By Home delivery:** 90 day supplies delivered to you by AllianceRx Walgreens Prime home delivery pharmacy.
- > **Through a specialty pharmacy:** 30 days supplies delivered to you exclusively at AllianceRx Walgreens Prime specialty pharmacy.

For more information about your prescription benefits visit **www.horizonblue.com** or contact Pharmacy Member Services **1-800-370-5088**, 24 hours a day, seven days a week. Members have access to Pharmacy information such as claim history, covered drug list, and pharmacy search, through Member Online Services (**www.horizonblue.com**). After logging on select "Doctors & Care" and then "Prescriptions". You'll be automatically logged into the Horizon section of the Prime Therapeutics web site where you can find Pharmacy information.

Prime Rx Plan	Short-Term Drugs (up to 30-day supply)	Maintenance Drugs – Mail Order or Walgreens (up to 90-day supply)	Specialty Drugs (up to 30-day supply)
<b>St. Joseph's Inner Circle Plan &amp; St. Joseph's Omnia Plan</b>			
<b>Generic (Tier 1)</b>	\$20	\$50	\$20
<b>Brand*</b>			
- Preferred Brand (Tier 2)	\$50	\$100	10% of drug cost up to \$250 max
- Non-Preferred Brand (Tier 3)	\$75	\$200	10% of drug cost up to \$250 max

**\*Generic Reminder:** If you choose to use a brand name drug when a generic is available, you will have to pay the copayment plus the difference between the generic and brand name drug. Note: If the actual cost of the prescription is less than the copayment, you will pay the actual cost of the prescription.

Our plan includes the Vaccine Administration Network, covered benefits for flu, pneumonia, shingles, HPV, diphtheria/tetanus combinations and meningitis shots are available at participating pharmacies for Horizon Blue Cross Blue Shield plan members and their covered dependents. You may get these shots at any of the participating national retail pharmacy locations. All you need to do is present your Horizon BCBS member ID card and your cost share will be based on your pharmacy coverage for this benefits. The shot is given on-site by a qualified clinician.

**Coverage for contraceptives:** As a member of Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ), you may not have to pay any copayment or coinsurance for doctor prescribed Food and Drug Administration (FDA)-approved (1) generic contraceptive services and/or medicines and (2) certain brand contraceptive services and/or devices where no generic alternative is available. This means you may not have any out-of-pocket costs depending on which contraceptive service, medicine, or device your doctor prescribes. Simply show your Horizon BCBSNJ member ID card at the pharmacy and Horizon BCBSNJ will take care of the rest. This program is no longer a mandatory mail order service. Please note, contraceptive prescriptions cannot be filled at the SJ In-House pharmacy.

### St. Joseph's In-House Pharmacy - Now Open In Paterson AND Wayne!

Through our in-house pharmacy, participants can receive generic medication at no charge and brand medications at discounted copays!



St. Joseph's In-House Pharmacy	Short-Term Drugs (up to 30-day supply)	90-day supply
<b>Generic (Tier 1)</b>	\$0	\$0
<b>Brand*</b>		
- Preferred Brand (Tier 2)	\$15	\$35
- Non-Preferred Brand (Tier 3)	\$30	\$75

**Paterson Location: 973-569-6490 • Wayne Location: 973-389-5270**



**Quality coverage.**  
**3 plans available.**  
*Care with a smile.*

### Option 1 – DeltaCare USA Plan

The DeltaCare USA Plan provides access to dentists in New Jersey, New York, and Pennsylvania. This plan pays benefits only when you use a DeltaCare USA network provider. There is no deductible and no annual or lifetime benefit limit. There is no Out-of-Network coverage. Emergency treatment is generally limited to \$100.

#### Selecting The DMO? Select A Primary Care Dentist

Under this plan, you and your family may select the same or different Primary Care Dentists. You may change your Primary Care Dentist at the beginning of any month by contacting Delta Dental. Referrals are required for services to be provided by In-Network specialists. The DeltaCare USA Plan only provides access to Pediatric dentists upon referral from your Primary Care Dentist.

### Option 2 – Delta Dental PPO Plan

If you enroll in this plan, you can receive care from a Delta PPO network dentist, or you may seek care outside the network at any time. Delta Dental PPO dentists are located in New Jersey, New York and throughout the United States.

The PPO Plan provides coverage for all types of service including preventive, basic and major. When you stay within the network, dentists have agreed to accept Delta Dental's fee schedule. For services obtained outside the network, Delta has established a "Maximum Allowable Charge" (MAC) for all services.

Depending on the services rendered and the location of the dentists performing those services, balance-due bills may be received for any dental charges that are above the MAC.

### Option 3 – Delta Dental PPO Plus Premier Plan

The PPO Plus Premier Plan provides access to Delta Dental's largest national network as well as enhanced benefits for all levels of service. As with the PPO Plan, the PPO Plus Premier Plan provides the highest level of coverage when you use dentists within the Delta network. However, the MAC fee schedule under the PPO Plus Premier Plan pays a higher portion of the cost than is paid under the PPO Plan.



#### NEED AFFORDABLE BRACES?

St. Joseph's offers you the convenience and expertise of our own in-house dental center for orthodontia services under any of the dental plans – including the DeltaCare USA Plan with a referral from your Primary Care Dentist (PCD). Our experienced orthodontists are prepared to provide you with preferred appointment scheduling and treatment plans at a cost that will make these services far more accessible than you might have thought. Payroll deduction is available for charges not covered through insurance. Contact the St. Joseph's Dental Center at **973-754-4250**.



# DENTAL

benefits

## Your Dental Plan Options:

General Questions	Option 1 DeltaCare USA Plan	Option 2 Delta Dental PPO		Option 3 Delta Dental PPO Plus Premier	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Where can I go to receive benefits?	Your elected DeltaCare USA network dentist*	Delta PPO network dentist	Any licensed dentist	Delta PPO Plus Premier network dentist	Any licensed dentist
Do I have to choose a Primary Care Dentist?	YES	NO	NO	NO	NO

\*If you do not elect a dentist through the DeltaCare USA program, you will experience a disruption in coverage. If you want to change dentists, you must notify DeltaCare USA or you will experience a disruption in coverage.

Benefit Description	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Annual Deductible</b> Individual/Family Limit	None/None	\$50/\$150 Deductible waived for Preventive & Diagnostic services		\$50/\$150 Deductible waived for Preventive & Diagnostic services	
<b>Calendar Year Maximum</b> (per patient)	N/A	\$1,200		\$1,500	
<b>Preventive &amp; Diagnostic Care</b> Includes oral exams, cleanings, x-rays	0%	0%	0%; up to Delta's Maximum Allowable Charge	0%	0%; up to Delta's Maximum Allowable Charge
<b>Limitations on:</b> Exams Cleanings	1 per 6 months 1 per 6 months	2 per calendar year** 3 per calendar year**		2 per calendar year** 3 per calendar year**	
<b>Basic Treatment</b> Includes fillings, endodontics, periodontics, oral surgery, anesthesia	Scheduled Copayments*	50%	50%; up to Delta's Maximum Allowable Charge	20%	20%; up to Delta's Maximum Allowable Charge
<b>Major Treatment</b> Includes inlays and onlays, crowns, bridges (implants under PPO plans only)	Scheduled Copayments*	70%	70%; up to Delta's Maximum Allowable Charge	50%	50%; up to Delta's Maximum Allowable Charge
<b>Orthodontics</b> Children + Adults	Estimated \$1,820 – \$2,770 copay for 24 month case and retention	50%		50%	

\*\*\***Benefit Maximum Rollover:** If you use less than 50% of the dental plan maximum benefit during the year and you receive at least 1 dental exam or cleaning, 25% of your unused benefits will be carried over to the next year. This will provide you with additional benefits to be used in the future in the event that you do not need them in the current year. This benefit applies separately to each member of your family covered under the plan. Please call Delta Dental at 1-800-452-9310 to obtain your carryover amounts.



### ADDITIONAL NETWORK SAVINGS

Delta PPO Plus Premier Plan members can save on out-of-pocket costs when they choose to use network dentists who also participate in the PPO Plan. The charges for services provided by these dentists will automatically be adjusted to the PPO Plan schedule. This means that your out-of-pocket cost for the portion of the charge that you pay for Basic, Major and Orthodontic services will be lower.



**Quality coverage.**  
**Affordable care.**  
*Keep your vision in focus.*

St. Joseph's Health recognizes that eye care is a very important part of your overall health, and as such we offer Vision Care benefits for you and your eligible dependents through one of the nation's largest vision providers—VSP. The VSP plan provides coverage for routine exams and corrective eye wear for you and your family, and features an extensive network of independent and retail chains. Members can easily locate participating providers by phone at **1-800-877-7195** or via the web at **www.vsp.com** 24/7. You must use the VSP network of providers in order to receive benefits at the in-network coverage level.

Service Frequency (Plan Year)	VSP Vision Plan	
	In-Network	Out-of-Network
<b>Eye Exam</b> <b>Lenses</b> <b>Contact Lenses</b> <b>Frames</b>	Once every 12 months Once every 12 months Once every 24 months Once every 24 months	
Benefit Description	In-Network	Out-of-Network Allowance
<b>Eye Exam</b>	\$10 copay	Up to \$45
<b>Lenses</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive Ultra Progressive	\$20 copay* \$20 copay* \$20 copay* \$20 copay* \$50 copay \$140 copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$50 N/A
<b>Frames</b>	<b>All Frames at a VSP Network Provider:</b> \$200 retail allowance after \$20 copay; \$220 allowance for featured frame brands; \$110 allowance at Costco; 20% discount on additional costs	Up to \$70
<b>Contact Lenses (in lieu of glasses)*</b>	<b>In lieu of Lenses &amp; Frame</b> Up to \$200 retail allowance; up to \$60 copay for fitting and exam	<b>In lieu of Lenses &amp; Frame</b> Up to \$105

\*If the frame copay is applied, the copay for prescription lenses will be waived.

## ADDITIONAL SAVINGS

**Glasses & Sunglasses:** 20% off additional glasses and sunglasses from any VSP provider within 12 months of your last WellVision Exam

**Retinal Screening:** No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam



# FLEXIBLE

spending accounts



Save now,  
Spend later.

*Don't leave anything on the table.*

FSAs allow you to save for eligible expenses on a pre-tax basis. You can redirect a portion of your pay into a Flexible Spending Account (FSA). Because you do not pay Federal and Social Security taxes on money that goes into your FSA, you decrease your taxable income and potentially **increase your spendable income**.

## Healthcare FSA

The Healthcare Flexible Spending Account provides you with the ability to save money for any IRS-allowed health expenses not covered by your group benefit plans. These expenses include deductibles, copayments and coinsurance payments, routine physicals, uninsured dental expenses and orthodontia, vision care expenses (i.e., eyeglasses or contact lenses), and hearing care expenses (i.e., a hearing exam or a hearing aid).

With the Healthcare Flexible Spending Account, you can be reimbursed an amount up to the total annual contribution you have elected regardless of your account balance. You can begin to use all or some of the total amount elected as soon as the plan year begins.

**The maximum annual amount you can deposit into the Healthcare Flexible Spending Account is \$2,750.**

## Dependent Care FSA

A **Dependent Care FSA** allows you to save for day care expenses for your child, disabled parent or spouse that enable you and your spouse (if applicable) to work full-time and/or attend school on a full-time basis. **Generally, expenses are eligible if they are the result of care for:**

- > Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return.
- > Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

**The maximum annual amount you can deposit into a Dependent Care FSA is \$5,000, or \$2,500 if both you and your spouse elect the benefit and you file your taxes separately.**

The annual amount you choose to deposit will be divided evenly over the pay periods in the plan year. It is important to note that you can only be reimbursed for dependent care services up to the balance you have in your account. If you submit a claim for an amount that exceeds your account balance, you will be reimbursed on a pay period basis until you have made enough additional contributions to cover the expenses.



## Transit Spending Account (Qualified Transportation Expense Plan)

These benefits allow you to pay for all or part of your work-related transportation expenses using pre-tax dollars on a monthly basis. Up to **\$270 per month** (\$3,240 annually) in **mass transit expenses** can be paid on a pre-tax basis when enrolled in transit benefits. Eligible expenses include transit passes (for example, tokens, fare cards, vouchers, etc.) If your transit expenses exceed the pre-tax limit of **\$270 per month**, consider depositing additional funds on a post-tax basis to cover your expense.

# FLEXIBLE

spending accounts

## FSA Facts

- > The FSA benefit period runs from **January 1, 2021** to **March 15, 2022**.
- > FSA funds CANNOT be transferred from one account to another. For example, you are not allowed to take the dollars available in a Healthcare FSA and transfer them into a Dependent Care FSA.
- > A Healthcare FSA can be used to reimburse qualifying expenses that both you and your eligible dependents incur, even if those dependents are not covered under your Benefit Plans.
- > **“USE IT OR LOSE IT” RULE:** It is important to estimate carefully when making your FSA elections. You can submit claims against your 2021 elected amount up to April 30, 2022 for expenses that were incurred on or before March 15, 2022. If there is any money remaining in your FSA after April 30, 2022, Federal law requires you to forfeit the remaining balance. This is known as the “use it or lose it” rule. Unused FSA balances cannot be returned to you.

### Here are some examples of Healthcare FSA expenses:



Prescriptions



Bandages



Contact Solution

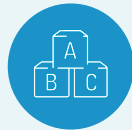


False Teeth



X Rays

### Here are some examples of Dependent Care expenses:



Daycare



Preschool



Summer Day Camp



Care Provider



Senior Care Transportation

## Submitting FSA & Transit Claims: 3 convenient ways to submit:



### Your FSA Debit Card

Using the FSA Debit Card is the quickest and most convenient way to get reimbursed. Every time you swipe your card for an eligible expense, it automatically draws funds from your FSA - so there is no need to wait for reimbursement.



### myFlexDollars.com

You can submit your claims conveniently online through **www.myFlexDollars.com**.

Although reimbursement is not immediate, you have access to tools that make the process easier, such as the receipt upload tool.



### MFD Mobile App

The myFlexDollars Mobile App allows you to submit a claim on-the-go. Using your mobile device, simply choose the account type, the date, and the amount of your expense. Then use your device to take a picture of your receipt and upload it.



# LIFE BENEFITS

## basic and voluntary

Life Insurance is an important part of your financial security, especially if others depend on you for support. That's why St. Joseph's provides all full-time and part-time benefit-eligible employees with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance at no cost to you, as well as the option to purchase Supplemental Life and AD&D Insurance. Your Basic and Supplemental Life Insurance benefits are supplied by MetLife/NJHA.

### Basic Life and AD&D Insurance

The amount of your Basic Life and AD&D Insurance depends on whether you are a exempt (salaried) or non-exempt (hourly) employee. AD&D Insurance provides benefits if you die or are seriously injured in an accident. Part of your benefit may be paid to you if you lose a limb or the ability to see, hear or speak. For more information, please see your Summary Plan Description.

Employee Type	Basic Life Insurance*	Basic AD&D Insurance*
Non-Exempt Employee	1x your salary	1x your salary
Exempt Employee	2x your salary	2x your salary

\*Coverage is provided up to a maximum of \$1,000,000, with no Evidence of Insurability required.

**Important:** All employees who are eligible for Basic Life and AD&D Insurance are required to make a beneficiary designation online at [www.sjhsbenefits.org](http://www.sjhsbenefits.org).

### Employee Supplemental Life and AD&D Insurance

In addition to your Basic coverage, you may also elect Supplemental Life and AD&D coverage for yourself. You can elect an amount of coverage equal to 1, 2, 3 or 4 times your salary. The Supplemental coverage that you elect for yourself cannot exceed \$750,000.

### Spouse Life Insurance

You may elect to purchase up to \$100,000 in Life Insurance coverage for your spouse in increments of \$10,000. The coverage you elect for your spouse may not exceed \$100,000 or 50% of your combined Basic and Supplemental Life Insurance coverage, whichever is less.

### Child Life Insurance

If you elect to enroll for dependent child coverage, all of your eligible children between the age of 6 months and age 26 are automatically covered. Eligible children include stepchildren, foster children and children for whom you have legal guardianship. You may elect to purchase coverage of \$5,000, \$10,000 or \$25,000. The coverage you elect for your children may not exceed \$25,000 or 50% of your combined Basic and Supplemental Life Insurance coverage, whichever is less.

**Evidence of Insurability (EOI):** EOI is an insurance company requirement that you provide proof of good health prior to receiving certain coverage. Supplemental and Spouse Life Insurance amounts requiring EOI do not become effective and are not deducted from your pay until EOI is provided and approval is obtained from MetLife/NJHA.

**Employee:** EOI is required for (1) any application for coverage of more than 3 times your salary when first eligible, (2) any requests to enroll for coverage after you have initially declined to enroll, and (3) applications to increase coverage by any salary increment.

**Spouse:** EOI is required for (1) any amount elected in excess of \$40,000 when first eligible, and (2) any requests to add or increase coverage after your initial election.

## Leave of Absence: AbSolve

Employees may contact AbSolve by phone at **1-800-401-2691** Monday - Friday 8:30am-5:00pm EST or by email at **SJLOA@absencesolved.com** to initiate the leave process.

Short-Term Disability is provided through a private plan insured by AmTrust NA. This coverage provides a weekly benefit that equals 85% of your salary to a maximum amount as established by the state of New Jersey, after you have been disabled due to injury or illness for seven consecutive days (from the date of injury or illness). Coverage extends for a maximum duration of 26 weeks from the date of injury or illness. An employee may supplement their Short-Term Disability benefit by electing to be paid their accrued and available Paid Time Off (PTO) which consists of the Extended Sick Bank (ESB) and the Benefit Time Bank (BTB) hours provided by St. Joseph's.

Instructions on how to apply for leave of absence will be available via the St. Joseph's Human Resource intranet page under Benefit Information. All leaves of absence, including Short-Term Disability, FMLA and statutory equivalents will be administered by AbSolve Absence Solutions.

## Long-Term Disability (LTD)

Long-Term Disability coverage at St. Joseph's is insured by Sun Life Insurance Company. This benefit protects you and your family financially if you have an injury or illness that keeps you away from work for an extended period of time. There are two types of coverage available: Administrative LTD or Voluntary LTD. Detailed descriptions are provided below.

### Administrative LTD Coverage (Automatic Coverage)

LTD coverage is automatically provided to the following groups of employees at no cost (when scheduled to work at least 20 hours per week):

- > administrators
- > directors
- > supervisors
- > nurse midwives
- > medical residents
- > physicians
- > managers

If you remain disabled for 90 days, you will be eligible to receive an LTD benefit that equals 60% of your base pay up to a monthly maximum of \$27,500. Benefits may be offset by income from other sources, including Social Security. Please see the LTD Summary Plan Description for benefits beginning at age 60 and older.

### Tax Choice Option for Administrative LTD

Participants in the Administrative LTD program may choose to have the premium that is paid by St. Joseph's on their behalf reported as income during the year and in the year end W-2. By choosing to report the LTD premium paid by St. Joseph's for you as income, any benefits you might receive in the event of a disability will be paid to you on a tax-free basis. For additional information on the Tax Choice option, review your enrollment materials or contact the Employee Benefits Center at **1-800-307-0230**.

### Voluntary LTD

All other regular full-time and qualified part-time employees can choose from the following Voluntary LTD options:

	Voluntary LTD Plan A	Voluntary LTD Plan B
% of Your Base Pay that You Will Receive	60%*	60%*
Maximum Monthly Benefit	\$9,000	\$9,000
Benefit Begins	After 90 days of disability	After 180 days of disability

\*This amount may be offset by other income or payments from other sources. Base Pay is subject to review and adjustment based upon the actual hours worked prior to a disability.

Premiums for Voluntary LTD are based on base salary, age band and option chosen.

**Please note: Sun Life is solely responsible for determination of disability and benefits eligibility.**



# LEGAL / ID THEFT

## services

### Countrywide Voluntary Group Legal Plan

The Voluntary Group Legal Plan provided by Countrywide Pre-Paid Legal Services, Inc. provides all eligible employees, with access to high-quality local attorneys in your county and comprehensive legal services at discounted rates or no cost at all through a nominal, bi-weekly payroll deduction. Your use of Countrywide Pre-Paid Legal Services is confidential. Countrywide shares no information about you with St. Joseph's.

Benefit Description	Private Attorney's Fees	Your Fees with Countrywide
Unlimited Phone Consultations & Advice	\$250-\$450 per hour	NO CHARGE
Face-to-Face Consultations	\$250-\$450 per hour	NO CHARGE
Simple Wills	\$400-\$1,000 each	NO CHARGE
Living Wills & Medical Powers of Attorney	\$250-\$650 each	NO CHARGE
Review of Legal Documents (up to 6 pages)	\$250-\$450 per hour	NO CHARGE
Advice on Government Programs	\$250-\$450 per hour	NO CHARGE
Advice on Small Claims Court	\$250-\$450 per hour	NO CHARGE
Legal Letters & Phone Calls	\$250-\$450 per hour	NO CHARGE
Consumer Protection & Warranty Problems	\$250-\$450 per hour	NO CHARGE
IRS and State Tax Relief Advice	\$250-\$850 per hour	NO CHARGE
Identity Theft Prevention & Assistance	\$250-\$450 per hour	NO CHARGE
Guaranteed Reduced Rates on Other Legal Matters	\$250 and up per hour	25% Preferred Discount on Hourly Rates 10% Preferred Discount on Contingency Fee

Coverage Tiers	Bi-Weekly Cost Legal Services
All Tiers	\$6.45

### Countrywide Voluntary Complete 24/7 Identity Theft and Credit Monitoring Plan

- > Triple Credit Monitoring
- > \$1,000,000 ID Theft Insurance
- > Fraud Restoration Services
- > Credit Reports Every 30 Days

#### Why Should I Sign Up For Credit Monitoring?

- > To safeguard your credit and your name
- > To have personal identification security

Ever wonder what's going on with your credit and wish you could keep an eye on it 24 hours a day? With the Identity Theft Program, you can stop wondering and leave the credit watching to someone else.

Coverage Tiers	Bi-Weekly Cost For ID Theft Services
Employee Only	\$3.81
Employee & Child	\$6.92
Employee & Children	\$6.92
Employee & Spouse	\$7.28
Family	\$7.28

#### Plan Benefits

- > Experian, Equifax & TransUnion Credit Reports & Scores
- > 24/7 3-Bureau Daily Credit Monitoring & Email Alerts
- > \$1,000,000 ID Theft Insurance
- > Identity Monitoring & Alerts
- > Dark Web/Cyber Monitoring & Alerts
- > ID Theft Fraud Restoration Services
- > Application Monitoring & Alerts
- > Family Protection\*
- > Change of Address Monitoring & Alerts
- > Credit Score Tracker & Score Change Alerts
- > Credit Score Stimulator
- > Checking Account Reports
- > Enhanced Credit Reporting & Alerts
- > Synthetic ID Theft Monitoring
- > SSN Monitoring & Alerts
- > Criminal Record Monitoring
- > Lost Wallet Protection & Replacement Assistance
- > File Sharing Monitoring & Alerts
- > Opt Out of Junk Mail (Do Not Call List)
- > ID Theft Prevention Kit & ID Theft Victim Assistance
- > Online Knowledge Center

# RETIREMENT

benefits

## 403(b) Retirement Savings Plan (Plan ID 63182)

Invest in your retirement and yourself today. Enroll in the St. Joseph's Health 403(b) Retirement Savings Plan at any time by logging on to Fidelity NetBenefits® at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or by calling a Fidelity representative at **1-800-343-0860**. New hire employees will be enrolled automatically in the 403(b) Retirement Plan at 2% of base salary. The 403(b) annual deferral limit for 2021 is **\$19,500**; the catch up limit is **\$6,500**. If you are age 50 or older in 2021, the total maximum you can contribute on a pre-tax basis is **\$26,000**.



**All benefit-eligible employees will receive an Employer Match Contribution which is based on years of service, at a percentage of your base salary, and your employee contributions.**

- > St. Joseph's Health will match your contributions at 1% of the first 2% of your pay.
- > At 5 years of service, SJH will match your contributions at 1.5% of the first 2% of your pay.

### Employer Basic Contributions

St. Joseph's also has an Employer Basic Contribution, available immediately to all Benefit Eligible employees. The Employer Basic Contribution to your Plan account will be based on years of service, as shown at right.

Years of Service	Employer Basic Contribution	Years of Service	Employer Basic Contribution
1-9	2.00%	30-34	4.00%
10-19	2.50%	35-40	4.50%
20-24	3.00%	41+	5.00%
25-29	3.50%		

The maximum SJH contribution in any Plan Year will be the maximum Compensation that may be taken into consideration as defined by the IRS limitation multiplied by the applicable percentage (as defined below).

Years of Service	Employer Basic	Match	Compensation Limit	Total Max. Basic Contribution	Total Max. Match Contribution	Years of Service	Employer Basic	Match	Compensation Limit	Total Max. Basic Contribution	Total Max. Match Contribution
Under 5	2%	1%	\$290,000	\$5,800	\$2,900	25-29	3.5%	1.5%	\$290,000	\$10,150	\$4,350
5-9	2%	1.5%	\$290,000	\$5,800	\$4,350	30-34	4%	1.5%	\$290,000	\$11,600	\$4,350
10-19	2.5%	1.5%	\$290,000	\$7,250	\$4,350	35-40	4.5%	1.5%	\$290,000	\$13,050	\$4,350
20-24	3%	1.5%	\$290,000	\$8,700	\$4,350	41+	5%	1.5%	\$290,000	\$14,500	\$4,350

## 457(b) Retirement Savings Plan (Plan ID 91927)

In addition to the SJH 403(b) retirement plan, eligible employees (Managers and above, including employed physicians) may contribute an additional **\$19,500** (pre-tax) to the SJH 457(b) retirement plan.

### 457(b) and 403(b) Comparison

457(b) and 403(b) Comparison	457(b) Plan	403(b) Plan
Plan available for All Employees	No - Managers and Above	Yes
Deferral Maximum for 2021	\$19,500	\$19,500
"Age 50" Catch-Up Deferrals	No	Yes - \$6,500
Methods of Contribution	Flat Dollar Amount	Percentage (1-50%)
Vesting Permissible for Employer Contributions	Yes	Yes
Loans Available	No	Yes
Investment Flexibility	Yes - Participant Directed	Yes - Participant Directed
Creditor Protection	No - Unfunded Plan	Yes
Must a Spouse be the Beneficiary unless my Spouse Consents to Another Beneficiary	No - Can name any Beneficiary	Yes

457(b) and 403(b) Comparison	457(b) Plan	403(b) Plan
QDRO Rules Apply	Yes - Similar to QDROs	Yes
In-Service Distribution Restrictions	Yes	Yes
Required Minimum Distribution Rules at 70½	Yes	Yes
Rollovers to/from Eligible Plans	No	Yes
Direct Transfers to/from Same Plan Type	Yes	Yes
Distributions Available on Account:		
Death	Yes	Yes
Disability	Yes	Yes
Financial Hardship	No - (Except in Emergencies)	Yes
Age 59	No	Yes



# PET INSURANCE

services

## MetLife Voluntary Pet Insurance

St. Joseph's Health understands that our pets are an extension of our family and it is important to keep them safe and healthy. To this end, we offer Voluntary Pet Insurance options through MetLife.

Pet insurance may help to cover the costs associated with accidents and illnesses, chronic conditions, prescription medications, diagnostic testing, non-routine dental treatment, MRIs, CAT scans, ultrasound imaging, specialist treatment, and more!

**If you elect this benefit, you will be responsible for paying 100% of the cost.**

### How does Pet Insurance Work?



- STEP 1:** Select the coverage that's best for your pet and enroll.
- STEP 2:** When an unexpected accident or illness occurs, take your pet to the vet.
- STEP 3:** Pay the bill.
- STEP 4:** Send your claim + bill to us via email, fax or mail.
- STEP 5:** Receive reimbursement by check or direct deposit.

Did you know that the average annual cost for a routine vet visit is **\$212** for a dog and **\$160** for a cat; and average annual cost for a surgical vet visit is **\$426** for a dog and **\$214** for a cat? You can reduce these bills by enrolling in Pet Insurance!

# TUITION, VOLUNTARY INSURANCE & DISCOUNT

programs

## Tuition Reimbursement Program

St. Joseph's offers a tuition reimbursement program to qualifying benefit eligible employees. Employees who have successfully completed their introductory period and have enrolled in a degree or certificate program pertaining to their current position or the hospital, can apply for tuition reimbursement. Tuition reimbursement applications are located on the Employee Intranet along with further explanation of the tuition reimbursement policy.

## Auto and Home Insurance Program

While it's easy to just pay your auto and home insurance renewal when it comes due, it makes good financial sense to review your policies to make sure you have the coverage you need at the most competitive prices. It makes even more sense when you have access to special program rates, as a result of your St. Joseph's employment, on auto, home, condo, and renters insurance from Travelers and NJ Manufacturers Insurance Group. You can request free, no-obligation quotes from licensed insurance representatives by contacting either company. Please keep in mind that you can request quotes and/or apply for coverage at any time during the year.

- > NJ Manufacturers Insurance Group:  
**www.njm.com** or **1-800-232-6600 (NJM code for auto insurance: 37849)**
- > Travelers: **www.travelers.com/sjhcs** or **1-888-695-4640**
- > MetLife: **www.metlife.com** or call **1-800-GET-MET-8 (438-6388)** (MetLife code ES9)

## Other Benefits

Many other benefits may be available to you as an employee of St. Joseph's. These benefits include, but are not limited to the following:

- > St. Joseph's Educational Programs (offered at both campuses)
- > Cafeteria Subsidy
- > On-site day care (Paterson campus)
- > Paycheck Direct Deposit
- > Employee Credit Unions

- North Jersey Federal Credit Union  
[www.njfcu.org](http://www.njfcu.org) | 973-785-9200

- Healthcare Employees Federal Credit Union  
[www.hefcu.com](http://www.hefcu.com) | 1-800-624-3312

## Discount Program Exclusively For St. Joseph's Employees And Their Families

St. Joseph's Health has partnered with Beneplace to offer you a top-notch employee discount program. This program features exclusive offers on products and services you use every day, including electronics, gifts, wireless service and more. Be sure to browse the convenient, easy-to-use platform to take advantage of your voluntary benefits and discounts.

### How to Access Your Employee Discounts

To access the program, all you have to do is visit **www.beneplace.com/sjh** from your computer, laptop, tablet or phone. There, you'll be able to search for a specific deal, or browse by category to find and compare products. Bookmark the web address and visit regularly – new deals and seasonal discounts will be added often. A “highlighted offers” section will feature even deeper, limited-time deals.

You can save hundreds of dollars a year! Providers like AT&T and Verizon will offer employee discounts on their services so you can lower your monthly wireless bill. Plus, shop for tablets, computers and laptops from top providers like Dell, HP and Lenovo. Find all this and much more with your Employee Discount Program through Beneplace! Plus, you'll be able to nominate local providers who you'd like to see offer discounts on the site.





# ADDITIONAL

## benefits

### Paid Time Off (PTO)

Paid time off (PTO) is a single pool of leave that permits employees to decide how and when they use their accrued time. You accrue PTO as indicated in the chart below. Please note that St. Joseph's provides six paid holidays which are in addition to the Benefit Time Bank days indicated in the chart.

#### You may use your PTO for scheduled events, such as:

- > Vacations
- > Family care
- > Personal needs
- > Holidays

#### You may also use PTO for unscheduled time off for events such as:

- > Emergencies
- > Sickness

BENEFIT TIME BANK (BTB) ANNUAL ACCRUAL						
Position	1st Year	3rd Year	5th Year	10th Year	20th Year	25th Year
Department Head/Nurse Managers/Doctors/Residents	29 days	29 days	29 days	29 days	31 days	34 days
Supervisory	24 days	29 days	29 days	29 days	31 days	34 days
Professional/Technical	24 days	24 days	29 days	29 days	31 days	34 days
LPN/Clinical Partner	21 days	24 days	24 days	29 days	31 days	34 days
Clerical, Service and Others	19 days	19 days	24 days	29 days	31 days	34 days

### Employee Assistance Program *Sun Life EAP Services (through ComPsych Guidance Resources)*

Sometimes balancing work and family activities creates stress that's hard to handle on your own. To help you through those times, you can receive counseling and referrals through the Employee Assistance Program (EAP) at no cost to you. **Any help you receive through the EAP is confidential.** You and your dependents can use the program to help with:

- > family or marital problems
- > parenting concerns
- > emotional difficulties (depression, anxiety, guilt)
- > drug and alcohol dependence
- > multi-lingual capabilities
- > low self-esteem or insecurity
- > stress and burnout
- > conflicts at work
- > grief over death of loved one

Guidance Resources provides a broad array of EAP services ranging from general counseling to personal and family crisis support through toll-free hot lines and limited in-person counseling. **The program is strictly confidential.** This is supplemented by a variety of resources and programs to help you with managing many other issues that can affect you and your family every day. Among these are:

- > Family Source for assistance with information and referrals for child and elderly care, adoption, education, relocation and personal convenience services.
- > Legal Connect for confidential unlimited phone consultations on personal legal matters as well as access to discounted attorney services anywhere in the U.S.
- > Financial Connect for assistance with debt management, estate and tax planning, personal insurance and credit issues. Referrals to Certified Financial Planners are also available.
- > Estate Guidance allows you to do free online will preparation.

Contact Guidance Resources at **1-877-595-5284** or online at **www.guidanceresources.com** (St. Joseph's company web ID: EAPComplete; Company ID: St. J)

You have the option of electing all three AFLAC voluntary benefit products. These benefits provide an added layer of protection when you need it the most.

### **Group Accident Insurance:**

Voluntary Accident Insurance is designed to provide you with cash payments in the event that you or a covered family member should have an accident. Coverage is available for both the injury sustained, as well as the medical treatment for the injury. Accident Insurance helps pay for out of pocket costs that arise from a covered accident. 24-Hour coverage is available, that means you're covered at home and at work.

### **Group Critical Illness Insurance:**

Group Critical Illness Insurance can help bridge the gap between your actual expenses and the benefits that are available to you. The best part is that you can choose the right amount of coverage that will best meet your needs.

### **Short-Term Gap Disability:**

The AFLAC Short-Term "Gap" Disability Plan provides an additional monthly benefit paid directly to you to help provide income in the event of an off-the-job accident or sickness that prevents you from working. It is designed to supplement the Disability benefits provided by St. Joseph's.

For more information visit: [www.aflac.com/stjosephshealthcaresystem](http://www.aflac.com/stjosephshealthcaresystem)

#### **Some Facts About AFLAC:**

- > AFLAC is different from major medical insurance; it's insurance for daily living.
- > AFLAC pays you cash benefits, unless otherwise assigned, to use as you see fit.
- > AFLAC benefits can help with unexpected expenses.
- > AFLAC processes claims quickly—usually within four days





# WELLNESS

## benefits

### Virgin Pulse Employee Wellness Portal

The Virgin Pulse Wellness Program gives you the tools to get active, get healthy, and get rewarded. It's an easy to use program that helps you make healthy decisions like being more active, drinking more water, getting enough sleep, and a lot more. Healthy behaviors like these deliver noticeable benefits like reducing your risk of certain diseases, increasing your focus, and just making you feel great!

### FAQs

**Does St. Joseph's see any of my personal information?** No. St. Joseph's does not see any individual member's personal data. The only information they see is aggregate, anonymous data of everyone who is participating in the program in order to enable us to determine appropriate programs and activities to offer. If a member joins a company-wide step challenge, the member's steps will be visible to all participants, including St. Joseph's staff members who manage the Virgin Pulse program. No information from a member's personal profile, such as member's activity, HRA data, biometric information, or their wellness goal is shared with SJH.

**Who is eligible to participate in the program?** All employees are eligible and encouraged to participate in the biometric screening, the Health Risk Assessment (HRA), and other Wellness activities through Virgin Pulse geared towards a goal of a healthier you.

**How do I enroll in Virgin Pulse?** To enroll in Virgin Pulse, log onto <https://join.virginpulse.com/SJHS> on a computer or laptop to join. You will need to use a computer or laptop to enroll, you cannot enroll on a tablet or smartphone.

**How do I redeem the Pulse Cash I have in my Virgin Pulse account?** Go to the "Rewards" tab in your Virgin Pulse account on a computer or "Shop" on your mobile app. You can redeem your Pulse Cash in the store; donate it to a charity such as St. Joseph's, Eva's Village, Oasis, Straight & Narrow, and more; or to purchase 1 of more than 30 different gift cards.

**How do I donate my Pulse Cash to a charity?** You must first donate your Pulse Cash to "Charity on Top", then follow the directions for "Donating your Pulse Cash to a Charity" found in the "Wellness" section under "Benefits" in HR in the Inside intranet.

**Is my donation tax deductible?** Yes, any donation you make with your Pulse Cash through Virgin Pulse is tax deductible. The confirmation email you receive from Virgin Pulse will serve as your receipt. As always, check with your financial advisor if you have any questions.

**Am I taxed on Pulse Cash that I donate?** No. You are not taxed on Pulse Cash that you donate through Charity on Top.

**Reminder:** Wellness incentives are considered taxable income by the IRS and are subject to the same tax rules as all other benefits-the value of a reward is treated as taxable wages and subject to payroll taxes (i.e., Social Security and Medicare taxes and federal and state income tax withholding). The amount of your gift card will appear as "Wellness awards" in the earnings section of your paycheck. For gift cards only.

## 2021 Wellness Rewards Program

### Earn up to \$75 each quarter.

> 1/1/21-3/31/21      > 4/1/2021-6/30/21  
> 7/1/2021-9/30/21    > 10/1/2021-12/31/21



Each Quarter:	Level 1	Level 2	Level 3	Level 4
Number of Points Necessary to Reach a Level	500	3,000	7,000	12,000
Pulse Cash Rewarded for Reaching a Level	\$10	\$10	\$25	\$30
<b>Total:</b>	<b>\$75/Quarter</b>			

In 2021, employees have the potential to earn up to \$75 per quarter in rewards (see above example). Employees can earn 2,000 points by undergoing an annual physical including biometric screening, hemoglobin A1C or glucose testing, urinalysis, and EKG. Members can also earn 1,000 points by completing the Health Risk Assessment (members are eligible for the reward one time per year).

**Device Strategy:** Each member gets one subsidized Max wearable activity tracker upon enrollment (some limitations apply).

### Points Earning Opportunities\*:

The chart below describes how you can earn points and rewards with Virgin Pulse. *\*subject to change*

Activity	Upload steps from your compatible activity tracker	PER DAY	Per 1,000 steps (max 14,000/day)	10 Points
			15 or more active minutes	70 Points
			30 or more active minutes	120 Points
			45 or more active minutes	140 Points
		PER MONTH	Track steps 10 days in a month	100 Points
			Track steps 20 days in a month	200 Points
			Get 7,000 steps 20 days in a month	400 Points
			Get 10,000 steps 20 days in a month	500 Points
	Documented fitness center records from a fitness center	PER DAY	Fitness center (gym) attendance	50 Points
			Group fitness participation	140 Points
			Personal training session	140 Points
Measure	Self-enter measurements	PER MONTH	Enter your measurements (weight and/or blood pressure)	50 Points
	Validated Measurements	PER MONTH	Take your measurements at a Health Station	200 Points
			Ideal or improved BMI	100 Points
			Ideal or improved blood pressure	100 Points



# WELLNESS

benefits

## Points Earning Opportunities (Continued):

The chart below describes how you can earn points and rewards with Virgin Pulse.

Learning	Well-Being	DAILY	Complete your daily cards (max 2 cards/day)	20 Points
			Track your Healthy Habits (max 3 habits/day)	10 Points
	Well-being	PER YEAR	Annual physical (Hemoglobin, urinalysis, biometric screening, EKG)	2,000 points
			Complete the HRA	1,000 points
			Undergo biometric screening	500 points
		PER MONTH	Complete your first 10 cards	100 Points
			20 cards complete in a month	200 Points
			10 days of healthy habit tracking	200 Points
			20 days healthy habit tracking	300 Points
Challenges	Promoted challenge	PER MONTH	Track 5/7 days	200 Points
	Corporate competition		Join competition	100 Points
Journey	Engage in a Journey	PER QUARTER	Complete a Step (max 1 per day)	15 Points
			Complete a Stage (max 4 per Quarter)	50 Points
			Complete a Journey (max 1 per Quarter)	250 Points





## Fitness Center Reimbursement Program

The Fitness Center reimbursement program is available to active full-time employees on their benefits eligibility date and active part-time benefits eligible employees on their benefits eligibility date on a prorated basis. To be eligible for reimbursement, documentation is required showing 75% of the required fitness center attendance during each quarter. The quarters run January 1st - March 31st, April 1st - June 30th, July 1st - September 30th, and October 1st - December 31st.

- > The required fitness center attendance is an average of two (2) times per week or 26 times during the quarter.
- > Employees must submit proof of payment and proof of attendance at the conclusion of each quarter to Human Resources for reimbursement.
- > Proof of payment can either be copies of credit card statements or copies of paid statements from the fitness center.
- > Proof of attendance can be a downloaded printout or a document supplied by your fitness center listing the dates attended at a recognized fitness center.
- > Required documentation is to be provided to Human Resources within 30 days of the conclusion of the quarter. Reimbursement is 50% of the monthly membership fees, each month the employee meets the above criteria to a maximum of \$25 per month for full-time employees and \$12.50 for part-time employees. (Up to \$75 per quarter for full-time employees and \$37.50 for part-time employees).
- > Fitness Center Reimbursement is for membership fees and does not cover add-on services or annual dues. Yoga studios, Jazzercise, cross-fit, and other exercise establishments are included in the program.
- > Fitness Center reimbursement is considered taxable income by the IRS. The amount reimbursed will appear as "Wellness Awards" in the earnings section of your paycheck and is subject to FICA, Medicare, federal, state, and local taxes.

**Questions?** Please contact Luisa Coburn at [coburnl@sjhmc.org](mailto:coburnl@sjhmc.org) at 973-754-4616.

For those employees who are members of Club Metro, Club Metro will automatically send the attendance information to Human Resources. Please speak with a Club Metro manager for information authorization. For employees who are members of fitness centers other than Club Metro, you will need to send your documentation directly to Human Resources. Employees should consult with a physician before beginning an exercise program.



# FULL-TIME EMPLOYEE

## medical contributions

### Full-Time Bi-Weekly Medical Contributions:

Medical rates are displayed below full-time employees. Please note the rates below do not reflect the Spousal Surcharge or the Tobacco Surcharge.

St. Joseph's Inner Circle Plan					
Salary Bands	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	FAMILY
< \$25,000	\$13.71	\$22.85	\$22.85	\$36.55	\$36.55
\$25,000 < \$49,999	\$15.38	\$25.63	\$25.63	\$41.03	\$41.03
\$50,000 < \$74,999	\$20.51	\$35.90	\$35.90	\$57.34	\$57.34
\$75,000 < \$99,999	\$25.63	\$46.15	\$46.15	\$65.73	\$65.73
\$100,000 < \$149,999	\$38.69	\$56.41	\$56.41	\$74.11	\$74.11
\$150,000 +	\$42.14	\$61.43	\$61.43	\$80.72	\$80.72

St. Joseph's Omnia Plan					
Salary Bands	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	FAMILY
< \$25,000	\$25.34	\$40.71	\$40.71	\$57.32	\$57.32
\$25,000 < \$49,999	\$28.43	\$45.68	\$45.68	\$64.33	\$64.33
\$50,000 < \$74,999	\$34.49	\$57.34	\$57.34	\$73.18	\$73.18
\$75,000 < \$99,999	\$40.09	\$62.93	\$62.93	\$82.51	\$82.51
\$100,000 < \$149,999	\$48.48	\$74.59	\$74.59	\$91.36	\$91.36
\$150,000 +	\$52.80	\$81.23	\$81.23	\$99.51	\$99.51

### Spousal Surcharge

The spousal surcharge applies when an employee chooses to enroll his/her spouse in St. Joseph's medical coverage and the spouse has medical coverage available through another employer-sponsored plan or a pre-age 65 group retiree plan. **The amount of the spousal surcharge is based on the St. Joseph's Health employee's annual salary as indicated below:**

Your Salary:	Surcharge Per Bi-Weekly Pay Period:
Up to \$49,999	\$10
\$50,000 – \$99,999	\$20
\$100,000 and Over	\$30

# PART-TIME EMPLOYEE

## medical contributions

### Part-Time Bi-Weekly Medical Contributions:

Medical rates are displayed below part-time employees. Please note the rates below do not reflect the Spousal Surcharge or the Tobacco Surcharge.

St. Joseph's Inner Circle Plan					
Salary Bands	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	FAMILY
< \$25,000	\$63.25	\$127.02	\$127.02	\$173.91	\$173.91
\$25,000 < \$49,999	\$70.85	\$142.64	\$142.64	\$195.31	\$195.31
\$50,000 < \$74,999	\$73.65	\$147.77	\$147.77	\$203.24	\$203.24
\$75,000 < \$99,999	\$75.98	\$152.89	\$152.89	\$207.43	\$207.43
\$100,000 < \$149,999	\$82.51	\$158.02	\$158.02	\$211.64	\$211.64
\$150,000 +	\$89.99	\$172.00	\$172.00	\$230.58	\$230.58

St. Joseph's Omnia Plan					
Salary Bands	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	FAMILY
< \$25,000	\$75.55	\$149.27	\$149.27	\$202.22	\$202.22
\$25,000 < \$49,999	\$84.84	\$167.35	\$167.35	\$227.02	\$227.02
\$50,000 < \$74,999	\$87.64	\$173.41	\$173.41	\$231.24	\$231.24
\$75,000 < \$99,999	\$90.44	\$176.20	\$176.20	\$235.88	\$235.88
\$100,000 < \$149,999	\$94.63	\$181.80	\$181.80	\$240.53	\$240.53
\$150,000 +	\$103.26	\$198.18	\$198.18	\$261.89	\$261.89



# EMPLOYEE

## dental & vision contributions

### Full-Time & Part-Time Bi-Weekly Dental Contributions:

Coverage Tiers	DHMO Plan	PPO Plan	PREMIER Plan
Employee Only	\$4.91	\$3.58	\$15.39
Employee & Child	\$9.32	\$8.34	\$40.46
Employee & Children	\$14.72	\$12.44	\$55.93
Employee & Spouse	\$7.16	\$6.92	\$29.73
Family	\$14.72	\$12.44	\$55.93

### Full-Time & Part-Time Bi-Weekly Vision Contributions:

Coverage Tiers	VSP Vision Plan
Employee Only	\$2.94
Employee & Child	\$6.29
Employee & Children	\$6.29
Employee & Spouse	\$5.88
Family	\$10.04



# General Contact Information

Questions Regarding	Contact	Phone Number	Online/Address
General eligibility, enrollment, deductions, plan options, life event changes	The Employee Benefits Center	1-800-307-0230 <b>(phone)</b> 1-866-406-6946 <b>(fax)</b>	1200 Abington Executive Park Clarks Summit, PA 18411
Group Medical Plan	Horizon Onnia	1-800-355-Blue (2583)	www.horizonblue.com
St. Joseph's Health Inner Circle Directory	To view a copy of the St. Joseph's Health Inner Circle Directory, log onto www.sjhsbenefits.org and visit the Library section of the website, or the Employee Intranet Page.		
Prescription Benefits	Prime Therapeutics St. Joseph's Pharmacy (Paterson) St. Joseph's Pharmacy (Wayne)	1-800-370-5088 973-569-6490 973-389-5270	www.horizonblue.com N/A N/A
Group Dental Plan	Delta Dental of NJ	<b>DeltaCare USA Plan:</b> 1-800-422-4234 <b>PPO &amp; PPO Plus Premier Plans:</b> 1-800-452-9310	www.deltadentalins.com  www.deltadentalnj.com service@deltadentalnj.com (customer service email address)
Group Vision Care Plan	VSP (Group number 30043536)	1-800-877-7195	<b>Website:</b> www.vsp.com <b>Email:</b> imember@vsp.com
Flexible Spending Accounts Qualified Transportation Expense Plan	The Employee Benefits Center	1-800-307-0230 <b>(phone)</b> 1-866-406-0946 <b>(fax)</b>	www.myFlexDollars.com 1200 Abington Executive Park Clarks Summit, PA 18411
Basic Life and AD&D Insurance Supplemental Life and AD&D Insurance Spouse and Child Supplemental Life Insurance	MetLife/NJHA	609-275-4186	N/A
Leave of Absences	The Division of NJ State Temporary Disability  AbSolve	609-292-7060  1-800-401-2691	http://lwd.dol.state.nj.us/labor/tdi/ tdiindex.html  SJLOA@absencesolved.com
Long-Term Disability	Sun Life Insurance Company	1-800-247-6875	www.sunlife.com/us
Group Legal & Identity Theft	Countrywide Pre-Paid Legal Services	1-800-550-5297	www.countrywideppls.com
Auto and Home Insurance	Travelers  New Jersey Manufacturers Insurance Group  MetLife	1-888-695-4640  1-800-232-6600 (NJM code for auto insurance: 37849)  1-800-GET-MET-8 (438-6388) (MetLife code ES9)	www.travelers.com/sjhcs 301 Sullivan Way, West Trenton, NJ 08628  www.metlife.com
Pet Insurance	MetLife	1-800-GET-MET-8 (438-6388)	www.metlife.com
Accident /Critical Illness/Short-Term Gap Disability Insurance	AFLAC	1- 800-433-3036	www.aflac.com/ stjosephshealthcaresystem
Employee Assistance Program	ComPsych Guidance Resources EAP	1-877-595-5284	www.guidanceresources.com (Company Web ID: EAPComplete)
Employee Discount Program	Beneplace	1-800-683-2886	www.beneplace.com/sjh
Wellness Portal	Virgin Pulse	1-888-671-9395	support@virginpulse.com
403(b) Retirement Savings Plan	Fidelity	1-800-343-0860	www.netbenefits.com/atwork
Credit Unions	North Jersey Federal Credit Union  Healthcare Employees Federal Credit Union	973-785-9200  1-800-624-3312	www.njfcu.org  www.hefcu.com
COBRA	The Employee Benefits Center	1-800-307-0230 <b>(phone)</b> 1-866-406-6946 <b>(fax)</b>	1200 Abington Executive Park Clarks Summit, PA 18411

# Medical Services Directory

Health Services	Phone Number
<b>Behavioral Health Services</b>	
Integrated Trinitas - St. Joseph's Behavioral Health Network	631-807-5759
TMS-Treating Depression Without Medication	631-807-5759
ACCESS Deaf Services	973-754-4680
Adult Residential Services	973-754-4680
Harbor House - Acute Partial Hospitalization, Access Partial Hospitalization, Integrated Treatment for Co-Occurring Disorders (IT-COD)	973-754-2800
Outpatient Mental Health Services	973-754-4765
PATH Program	973-754-4747
Psychiatric Inpatient Services	973-754-3295
Supported Employment Program	973-754-8607
Community Support Services	973-754-8609
Psychiatric Emergency Services/Screening	973-754-2801
<b>Cancer Services</b>	
Cancer Education and Early Detection (CEED)	973-754-2706
Cancer Registry	877-757-7547
Cancer Support Programs	973-754-2909
Diagnostic Imaging	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-3600 St. Joseph's Cancer Center: 973-310-0300
Infusion Center/Chemotherapy	973-754-3405
Laboratory Diagnostics	St. Joseph's University Medical Center, 973-754-7939 St. Joseph's Wayne Medical Center, 973-956-3314
Oncology Clinical Trials & Research	973-754-2405
Orthopedic Oncology	St. Joseph's University Medical Center, 973-754-2000 St. Joseph's Wayne Medical Center, 973-942-6900
Rehabilitation Services	St. Joseph's Healthcare and Rehab Center: 973-754-4800 St. Joseph's Acute Rehabilitation Unit - St. Joseph's Wayne Medical Center: 973-389-4099
Radiation Oncology	St. Joseph's University Medical Center: 973-754-2675 St. Joseph's Cancer Center: 973-310-0300

# Medical Services Directory

Health Services	Phone Number
<b>Dentistry/Oral Health Services</b>	
Oral & Maxillofacial Surgery	973-754-2050
Orthodontics	973-754-4250
Pediatric Dental Services	973-754-4250
<b>Division of Neurosurgery</b>	
Spine Center-helps patients with conditions of the back and neck.	973-754-2463
<b>Emergency/Trauma Services</b>	
Alternative to Opiates Program (ALTO)	973-754-2240
Emergency Medicine	973-754-2251
Geriatric Emergency Department	973-754-2243
Life Sustaining Management & Alternatives Program (LSMA)	973-754-2240
Pediatric Emergency Medicine	973-754-4901
Transfer Center	855-752-3648
Trauma Center	973-754-2490
<b>Heart &amp; Vascular Services</b>	
Cardiac Catherization-Diagnostic	973-754-2330
Cardiac Catherization-Interventional	973-754-2330
Cardiac Catherization-Lab	St. Joseph's University Medical Center: 973-742-2330 St. Joseph's Wayne Hospital: 973-956-3326
Cardiac Nuclear Stress Testing	973-754-2310
Cardiac Rehabilitation	973-754-2352
Cardiac Surgery Program	973-754-2486
Cardiopulmonary	973-956-3725
Cryoablation	973-754-3737
Diagnostic Tests	St. Joseph's Wayne Medical Center: 973-956-3326 St. Joseph's University Medical Center: 973-754-2330
Echocardiography	973-754-2310
Electrophysiology - Pacemaker, Defibrillator, Ablations	973-754-3737
Neuro-Interventional Laboratory	973-754-2612
Neurovascular Services	973-754-3737
Peripheral Vascular Angiography and Intervention	973-754-3737
Persantine Stress testing	973-754-3737
Electrocardiograms	973-754-2340
Stress Echocardiography	973-754-2310
Stress Testing	973-754-2310
Transesophageal Echocardiography	973-754-2310

# Medical Services Directory

Health Services	Phone Number
<b>Imaging Services</b>	
<b>Bone Density Scanning</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300
<b>Breast Biopsy</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300
<b>Breast MRI</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300
<b>Cardiac MRI</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Ambulatory Imaging Center at Clifton: 201-372-1020
<b>Coronary CT Angiography (CTA)</b>	St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300
<b>Coronary CT Calcium Scoring</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300
<b>Digital Radiography</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300 Imaging Subspecialists of North Jersey, LLC: 973-317-5780
<b>Full Body Scan</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312 St. Joseph's University Imaging: 973-595-1300
<b>Full-field Digital Mammography</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300
<b>Interventional Radiology</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300 St. Joseph's Ambulatory Imaging Center at Carlstadt: 201-372-1020
<b>Low Dose, CT</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300
<b>MRI</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300 Imaging Subspecialists of North Jersey, LLC: 973-317-5780
<b>Nuclear Medicine</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312
<b>PET/PET-CT</b>	973-754-4343
<b>Ultrasonography</b>	St. Joseph's University Medical Center: 973-754-4343 St. Joseph's Wayne Medical Center: 973-956-3312 St. Joseph's Ambulatory Imaging Center at Clifton: 973-569-6300 St. Joseph's University Imaging: 973-595-1300

# Medical Services Directory

Health Services	Phone Number
<b>Neuroscience Institute</b>	
Comprehensive and Primary Stroke Center	973-754-2000
Concussion Center	973-754-2000
Epilepsy Center	973-754-2000
Outpatient Electromyography (EMG) Laboratory	973-754-2433
<b>Orthopedic and Spine Institute</b>	
Pediatric Orthopedics	973-754-2414
Sports Medicine	973-754-2950
<b>Pediatric Services</b>	
Adolescent Medicine	973-754-2523
The Alfiero & Lucia Palestroni Birth Defects Center	973-754-3222
Allergy/Immunology	973-754-2597
The Binder Autism Center	973-754-3081
Cancer Genetic Counseling	973-754-2727
Cardiology	973-569-6250
Center for Pediatric Feeding & Swallowing	973-754-4300
Child Life Department	973-754-3328
Clinical Nutrition Services	973-754-2507
Dental Services	973-754-4250
Early Intervention Program	973-754-4540
Genetics	973-754-2727
Hematology/Oncology	973-754-3230
Nephrology	973-754-2570
Neurogenetics and Lysosomal Storage Disease Center	973-754-2727
The Neurofibromatosis Diagnostic and Treatment Program	973-754-2727
Neurology	Pediatric Subspecialties at Paramus: 973-754-5830 Pediatric Subspecialties at Wayne: 973-754-8630 Pediatric Subspecialties at Hoboken: 973-754-5780 Pediatric Subspecialties at DePaul Ambulatory Care Center: 973-754-2528
Neurosurgery	973-754-3616
O'Neill Center - Therapeutic supervised visitation for special needs children.	973-754-2883
Orthopedics	973-754-2414
Pediatric Emergency Medicine	973-754-4901
Pediatric Infectious Disease	973-754-3729
Pediatric Sleep Disorders Center	973-754-2550
Physical Therapy and Occupational Therapy	973-754-2960

# Medical Services Directory

Pediatric Services	
Prader-Willi Center - Prader-Willi Syndrome multidisciplinary care	973-754-3222
Pulmonology	973-751-2550
Regional Craniofacial Center	973-754-2924
Rheumatology	DePaul Ambulatory Center: 973-754-2535 Pediatric Subspecialty Faculty Practice at Wayne: 973-754-8630 Pediatric Subspecialty Faculty Practice at Hoboken: 973-754-5780
School Wellness Program	973-754-3117
Speech Language Pathology	St. Joseph's University Medical Center: 973-754-2960 St. Joseph's Wayne Medical Center: 973-956-3360
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	973-754-4575
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	973-754-4575
Primary Care Services	
Geriatrics	973-754-3210
Internal Medicine	973-754-2476
Rehabilitation Services	
Acute Rehabilitation Unit	973-389-4099
Driver Rehabilitation Program	973-956-3360
Occupational Therapy	St. Joseph's University Medical Center: 973-754-2960 St. Joseph's Wayne Medical Center: 973-956-3360
Physical Medicine and Rehabilitation	973-754-2946
Physical Therapy	St. Joseph's University Medical Center: 973-754-2960 St. Joseph's Wayne Medical Center: 973-956-3360
Speech Language Pathology	St. Joseph's University Medical Center: 973-754-2960 St. Joseph's Wayne Medical Center: 973-956-3360
Total Joint Replacement Pre and Post Rehabilitation	973-754-2499
Specialized Services	
HIV Services	973-754-4701
Clinical Nutrition Services	973-754-3045
Gastroenterology	973-754-2270
The John Victor Machuga Diabetes Education & Nutrition Center	973-720-6733
Laboratory Services	973-956-3314
Nephrology	973-754-2570
Palliative Care Medicine	973-754-2842
Pharmacy	973-754-3026 973-956-3337
Respiratory/Pulmonary	973-754-3980
Sleep Center	973-754-2455
Telemedicine	973-754-4473
Hospital to Court Program	973-754-2831

# Medical Services Directory

Health Services	Phone Number
<b>Sub-Acute Rehabilitation Services</b>	
Skilled Nursing	973-754-4800
Speech Therapy	973-754-4800
Occupational Therapy	973-754-4800
Physical Therapy	973-754-4800
Hospice Care	973-754-4800
Respite Care	973-754-4800
Wound Care	973-754-4800
IV Care	973-754-4800
<b>Surgical Services</b>	
Ambulatory/Same Day Surgery	973-754-4995
Bariatric Surgery	551-795-4665
Colon and Rectal Surgery	973-754-2460
Liver, Pancreas and Biliary Care	973-754-2315
Plastic and Reconstructive Surgery	973-754-2270
Robotics	862-207-7510
Breast Surgery	973-754-2270
Cardiothoracic Surgery	973-754-2486
Thoracic Surgery	973-754-2460
Pediatric Neurosurgery	973-754-3616
General Surgery	973-754-2490
<b>Women's Health Services</b>	
Breastfeeding Services	973-754-3361
Centers for High Risk Pregnancy/Maternal Fetal Medicine	973-754-2717 973-754-4074
Childbirth/Parent Education	973-754-3344
Gynecologic Robotic Surgery	973-754-2700
Intermediate Care and Neonatal Intensive Care	973-754-3337
Labor and Delivery	973-754-3344
Midwifery	973-754-4200
Mother/Baby Unit	973-754-3344 973-754-3392
Support Services	973-754-3361
Teen Obstetrics	973-754-2720
Urogynecology/Pelvic Floor Reconstruction	973-754-2726
Loss/Bereavement Support Services	Paterson: 973-754-4750 Wayne: 973-956-3720



# St. Joseph's Health

## OUR MISSION

St. Joseph's Health is a healing ministry of the Catholic Church sponsored by the Sisters of Charity of Saint Elizabeth. We are committed to provide exceptional quality care which sustains and improves both individual and community health, with a special concern for those who are poor, vulnerable and underserved.

## OUR VISION

St. Joseph's Health is the premier Catholic healthcare provider in New Jersey dedicated to improving the health of people and communities whom we serve. We will understand and respond to the needs of our communities, leverage the strengths of our system, provide a transformational healing presence and collaborate with others who share our values.

## OUR VALUES

The core values express our convictions and beliefs. We integrate and affirm these values in all that we do.

### DIGNITY

We believe that human life is sacred and every person will be treated with respect.

### CHARITY

We embrace all who seek our help by bringing God's love and compassionate care.

### JUSTICE

We advocate for the needs of all, especially the most vulnerable. We are committed in all our endeavors to be ethical, fair-minded and honest.

### EXCELLENCE

We hold ourselves accountable to the highest possible standards of clinical and service quality.

### STEWARDSHIP

We use our resources, both human and financial, in a responsible manner with a special commitment to the care of those who are poor, vulnerable and underserved.

**StJosephsHealth.org • Sponsored by the Sisters of Charity of Saint Elizabeth**

St. Joseph's Health intends to continue the benefit plans indefinitely. The Company reserves the right to change, modify or terminate provisions of the St. Joseph's Health benefit plans or change levels of required contributions, at any time for any reason. This booklet was created to give you an overview of the different benefit programs in which you may participate, as well as instructions on how to enroll in the benefit program. Every effort has been made to ensure the information in this booklet is accurate, however, should a discrepancy arise between the information contained in this booklet and the legal Plan Document, the language provisions of the legal Plan Document shall govern at all times.