



# Augusta Health Team Member Benefits

---

## New Hire Overview



# PRESENTATION OVERVIEW

## **Full-Time, Part-Time, and PRN Benefits**

- Canopy Employee Assistance Program (EAP)
- Retirement and How to Enroll/Change 403(b)

## **Full-Time, Part-Time Benefits**

- Enrollment Deadline and How to Enroll
- Medical Benefits
- HSA and FSA
- Dental & Vision
- Life Insurance, Accidental Death & Dismemberment AD&D
- Accident, Critical Illness, and Hospital Indemnity Insurance
- Disability Insurance and Time Off
- Tuition and Education Assistance
- Your Benefits Checklist
- Benefit Contacts



## Explore Your Team Member Benefits

Augusta Health team members have exceptional healthcare benefit offerings to support their physical, mental, and financial health. From medical coverage to emotional support and more, our benefits are comprehensive and competitive.

Check out our [NEW - Augusta Health | Investing in Us Website!](#)  
Team Member Website

Our Investing in Us Team Member website is dedicated to providing our team members with invaluable resources designed with your needs in mind.

- ✓ Access the latest information about your benefits  
(including plan details, website links, guides, FAQs, and more!)
- ✓ Stay informed and make the most of the opportunities available to you



Scan [HERE](#) to access the website!



**my.canopywell.com**

Enter **Augusta Health** for company name when registering for the first time

Call: 1-800-433-2320

Text: 503-850-7721

Email: info@canopywell.com

EAP is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

- Augusta Health Provides 8 free counseling sessions
  - Face to Face
  - Over the phone
  - Virtually
- Resources for Life: Childcare, Eldercare, and Care-Giving
- Legal Consultations/Mediation
- Financial Coaching
- Home Ownership and Housing Support
- Coaching: Goal Setting, Healthy Habits, and Personal Development
- Pet Parent Resources: Pet Insurance, Product Discounts, New Pet-Parent Resources, and Bereavement Support



# RETIREMENT BENEFITS

**Full-time, Part-time, and PRN team members are eligible to participate in Augusta Health's 403(b) retirement plan.**

**The 403(b) has both Pretax and Roth post-tax options.**

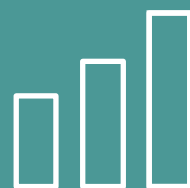
- All team members are auto enrolled in pre-tax 403(b) at 1%, will auto escalate each year
- Full-time and part-time team members - Augusta Health matches 50% of the first 6% into the 401(k) Employer Match Plan
- 2025 IRS Contribution Maximums:
  - 403(b) contributions age 49 and under: \$23,500
  - 403(b) contributions age 50 and up: \$31,000
  - 403(b) contributions age 60-63: \$34,750
  - 401(k) Employer match max contribution: \$10,350
- Elections made online: <https://participant.empower-retirement.com/>
- Empower Plan Sponsor Services: 866-467-7756



# Enrollment and Benefit Start Date

1. **UKG Team Member Portal:** <https://e15.ultipro.com>
2. **UKG Job Aide** for step-by-step instructions for benefits self-service.
3. **Confirm accuracy** of the name, address, socials, and birthdates for your **dependents and beneficiaries**.
4. **You have 31 days from your start date to enroll in benefits.** Be sure to **click SUBMIT** on or before your **31-day deadline**.
5. **Most of your benefits will begin first of the month** following your date of hire.





# Medical & Pharmacy

# Learn about your benefits and compare options

## Augusta Health HR Website

<https://investinginus.augustahealth.com/benefits/>

## Quantum Health

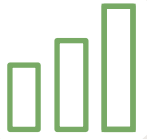
866-989-3044

<https://myaugustabenefits.com/>

- Answers to claims, billing, and benefit questions
- Finding in-network providers
- Verifying coverage and getting prior approval when needed
- Contacting providers to coordinate care and review options
- Replacing benefit ID cards







# Medical Options



## Point of Service (POS)

Lower Deductible

Higher paycheck premiums

2 Networks:

- Augusta Preferred *discounted*
- Aetna National Network



## High Deductible Health Plan (HDHP) *with Health Savings Account*

Higher Deductible

Lower paycheck premiums

Augusta Health contributes  
towards a Health Savings  
Account (HSA)

2 Networks:

- Augusta Preferred *discounted*
- Aetna National Network

# Point of Service (POS) Health Plan Option



2025 POS Coverage		
	Augusta Network	Aetna Network
<b>Deductible</b> <i>(amount you will pay before the plan begins to pay)</i>	Single \$0 Family \$0	Single \$1,000 Family \$2,000
<b>Out-of-Pocket Maximum</b> <i>(payment limit per year for covered services)</i>	Single \$3,500 Family \$7,000	Single \$5,000 Family \$10,000
<b>Coinsurance</b> <i>(average % you pay, unless otherwise stated, for service after the deductible is met)</i>	20%	35%

# High Deductible Health Plan (HDHP) Option



2025 HDHP Coverage		
	Augusta Network	Aetna Network
<b>Deductible</b> <i>(amount you will pay before the plan begins to pay)</i>	Single \$1,650 Family \$3,300	Single \$2,200 Family \$4,400
<b>Out-of-Pocket Maximum</b> <i>(payment limit per year for covered services)</i>	Single \$4,000 Family \$8,000	Single \$7,500 Family \$15,000
<b>Coinsurance</b> <i>(average % you pay, unless otherwise stated, for service after the deductible is met)</i>	20%	35%

# Health Plan Rates



Benefit rates are deducted from each paycheck

## Full-Time Team Members

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 FT Team Member)	Family (2 FT Team Members)	Family (1 FT-1 PT Team Member)
Medical Options:							
HDHP	\$51.69	\$116.31	\$171.69	\$169.85	\$235.38	\$165.23	\$212.31
POS	\$74.77	\$159.69	\$243.69	\$211.38	\$305.54	\$214.15	\$275.08

## Part-Time Team Members

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 PT Team Member)	Family (2 PT Team Members)
Medical Options:						
HDHP	\$113.54	\$209.54	\$309.23	\$305.54	\$423.69	\$353.54
POS	\$164.31	\$287.08	\$438.46	\$380.31	\$550.15	\$458.77



# Pharmacy Coverage

Pay less at the **Augusta Health Pharmacy.**

Located on First Floor of Main Hospital

Curbside Pickup is available Mon-Fri 7am-9pm

<https://www.augustahealth.com/service/pharmacy/>



Benefit	POS		HDHP	
	Augusta Preferred Network	Aetna Primary Network	Augusta Preferred Network	Aetna Primary Network
<b>Retail Pharmacy Generic RX</b> 31-Day Supply	\$7	\$10	25%	35%
<b>Retail Pharmacy Brand RX</b> 31-Day Supply	\$30	\$40	25%	35%
<b>Retail Pharmacy Non-Preferred RX</b> 31-Day Supply	The greater of 40% or \$40	The greater of 50% or \$50	25%	35%
<b>Specialty RX</b> 30-Day Supply	35% to a \$350 copay per script maximum	35% to a \$350 copay per script maximum	25%	35%

# Health & Pharmacy ID Card Example

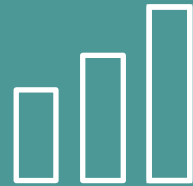


www.MyAugustaBenefits.com  
866.989.3044  
Care Coordinators by Quantum Health

Augusta Health. Quantum HEALTH

MERITAIN<sup>®</sup> HEALTH  
An Aetna Company

Member	POS Medical Plan
<b>Augusta Health Care, Inc.</b>	Coverage: <b>Augusta</b> Aetna Network Submit Claims to Meritain Health Aetna Choice POS II Administered by Meritain
Group #: 18816 Member: <b>FIRST NAME LAST NAME</b> Member ID: 123456789123	
Important Information	Pharmacy Plan
Deductible and OOP Amounts (Single/Family): Augusta Network Deductible Augusta Network OOP Max \$ Aetna Network Deductible \$ Aetna Network OOP Max \$ <i>See your plan document for more information</i>	RXBIN: RXPCN: RXGRP: <b>MedImpact</b> Pharmacists Only: 844.542.9131



# Health Savings Account (HSA)

# Health Savings Account (HSA) Contributions



IRS maximum contribution limits increasing.

## INDIVIDUAL CONTRIBUTION

---

**\$4,300**

## FAMILY CONTRIBUTION

---

**\$8,550**

## "CATCH-UP" CONTRIBUTION (AGE 55+)

---



**\$1,000**

**Augusta Health contributes a prorated amount based on your benefit start date.**

**\$1,000 Team Member Only  
\$2,000 for Team Member +  
Child/Children/Spouse/Family**

***The combination of you and your employer contributions cannot exceed the IRS limits per calendar year.***



# Health Savings Account (HSA)



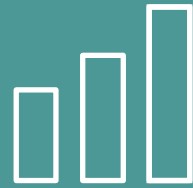
## Take advantage of triple tax savings through the HSA:

1. Reduce your taxable income by contributing to a Health Savings Account.
2. Pay for qualified Medical, Dental, and/or Vision expense free of tax.
3. Earn tax-free interest on HSA dollars and invest tax free.

## Confirm your eligibility.

### You cannot have a Health Savings Account and:

- Be enrolled in Medicare, Medicaid, Tricare, or a non-HDHP plan (if you gain this coverage, you must stop contributions, but you can spend down any money in the account).
- Be claimed as another person's tax dependent.
- Have a Full Purpose Medical Flexible Spending Account from another employer or spouse's employer.



# Flexible Spending Accounts (FSA)

# Flexible Spending Accounts (FSA)



## QUALIFIED FSA EXPENSES

### FULL MEDICAL FSA – ELIGIBLE MEDICAL, DENTAL AND VISION EXPENSES

- Must be able to track and provide receipts
- Pre-tax contribution
- IRS maximum contribution \$3,300 (\$250 minimum)
- Full annual election available day one

### LIMITED PURPOSE FSA – ONLY FOR DENTAL AND VISION EXPENSES

- Must be able to track and provide receipts
- Pre-tax contribution
- IRS maximum contribution \$3,300 (\$250 minimum)
- Full annual election available day one

### DEPENDENT CARE (FSA) – TAX DEPENDENTS FOR ELIGIBLE CHILDCARE OR ADULT CARE

- Must be able to track and provide receipts
- Pre-tax contribution
- IRS maximum contribution \$5,000 (\$250 minimum)
- Available as deposited

## ELIGIBILITY

### Full Medical FSA

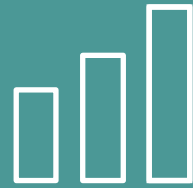
Open to all FT/PT team members except those contributing to an HSA

### Limited Purpose FSA

Open to only team members contributing to an HSA

### Dependent Care FSA

Open to all FT/PT team members



# DENTAL

# Dental Options



	Delta Dental Premier Network
<b>Enhanced Dental</b>	
<b>Deductible</b>	\$50 per person; \$150 per family, per calendar year
<b>Annual Maximum</b>	\$2,000 per person, per calendar year
<b>Orthodontic</b>	\$2,000 per person, lifetime maximum
<b>Basic Dental</b>	
<b>Deductible</b>	\$50 per person; \$150 per family, per calendar year
<b>Annual Maximum</b>	\$1,000 per person, per calendar year
<b>Orthodontic</b>	Not Covered

# Dental Rates

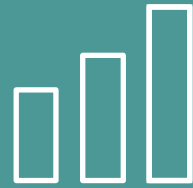


## Full-Time Team Members (benefit rates are deducted from each paycheck)

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 FT Team Member)	Family (2 FT Team Members)	Family (1 FT-1 PT Team Member)
Dental Options:							
Delta Basic	\$8.52	\$17.42	\$29.46	\$17.42	\$29.46	\$17.68	\$25.03
Delta Enhanced	\$13.59	\$26.80	\$45.32	\$26.80	\$45.32	\$33.54	\$40.90

## Part-Time Team Members (benefit rates are deducted from each paycheck)

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 PT Team Member)	Family (2 PT Team Members)
Dental Options:						
Delta Basic	\$11.93	\$20.90	\$35.34	\$20.90	\$35.34	\$32.40
Delta Enhanced	\$16.99	\$30.28	\$51.21	\$30.28	\$51.21	\$48.26



# Vision

# Vision Coverage and Rates



	EyeMed Network
Eye Exam	\$10 copay for a refractive eye exam
Frames	\$0 copay, \$130 allowance, 20% off balance over \$130
Contact Lens Fit	Up to \$40, 10% off retail
Conventional Contacts	\$0 copay, \$130 allowance, 15% off balance over \$130

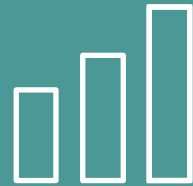
## Full-Time Team Members (benefit rates are deducted from each paycheck)

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 FT Team Member)	Family (2 FT Team Members)	Family (1 FT-1 PT Team Member)
EyeMed Network	\$2.88	\$5.46	\$8.46	\$5.75	\$8.46	\$8.46	\$8.46

## Part-Time Team Members (benefit rates are deducted from each paycheck)

Benefit	Team Member Only	Team Member + Child	Team Member + Children	Team Member + Spouse	Family (1 PT Team Member)	Family (2 PT Team Members)
EyeMed Network	\$2.88	\$5.46	\$8.46	\$5.75	\$8.46	\$8.46





# Life Insurance and AD&D Insurance



# Employer Paid Life Insurance and Employer Paid Accidental Death and Dismemberment (AD&D)

**Augusta Health** provides eligible team members (full-time or part-time) life insurance and accidental death and dismemberment (AD&D) insurance at no cost.

## **Automatically enrolled at hire**

- 1x your annual salary for life coverage
- 2x your annual salary for accidental death and dismemberment (AD&D)
- Annual salary maximums may apply – view schedule for details

**Please be sure to update your beneficiary information!**



# Supplemental Life and AD&D Insurance – for Yourself, Spouse, and Child(ren)

## **Yourself**

- Elect up to \$500,000
- Your elected amount over \$250,000 will require evidence of good health

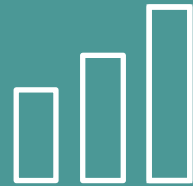
## **Spouse**

- Elect from \$5,000 up to \$500,000 (spouse not to exceed your total amount)
- Spouse guarantee issue is \$25,000 and amounts over require medical evidence
- Spouse not eligible if also covered as a team member under this policy

## **Child(ren)**

- Elect to cover all eligible dependent child(ren)
- Provides coverage \$10,000 per child through age 26

**View Supplemental Employee, Spouse, and Child Life Insurance and Supplemental Employee, Spouse, and Child AD&D Insurance schedules for more details.**



# ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INSURANCE



# Voluntary Accident, Critical Illness, and Hospital Indemnity

Options helping you and your family plan for the unexpected. Rates and age limitations apply. View the full schedules of benefits for more details.

## Voluntary Accident Insurance

Reduces financial exposure due to an accident. Provides lump-sum and daily benefits for off-job covered accidents.

Examples:

- Ambulance Services
- Burns
- Chiropractic Services
- Concussions
- Fractures
- Lacerations
- Paralysis
- X-rays

## Voluntary Critical Illness Insurance

Supplements medical coverage costs and can be used for deductibles, prescriptions, transportation, and childcare. Note: Benefits stop at age 70.

Examples:

- Alzheimer's
- Heart Attack
- Stroke
- Life-Threatening Cancer
- Loss of Hearing, Speech, or Sight
- Cerebral Palsy
- Cleft Lip or Palate
- Spina Bifida

## Voluntary Hospital Indemnity

Reduces financial exposure due to hospital admission, including room and board, paid out in one lump sum to help cover costs.

Examples:

- Hospital Room and Board (up to 180 days per year)
- Hospital Critical Care Unit Benefits per day (up to 30 days per year)



# DISABILITY AND TIME OFF BENEFITS



# Employer Paid Short-Term Disability (STD)

**Augusta Health** provides eligible team members (full-time or part-time) **short-term disability (STD)** at no cost. This benefit provides income replacement when you are unable to work due to a covered illness, accidental injury, or condition including, sickness, mental illness, substance abuse or pregnancy.

## **Automatically enrolled at hire**

- Provides 60% salary replacement for the duration of your claim
- Enrollment is automatic, and there is no cost to you
- View the STD schedule of coverage for details on how this coverage works



# Employer Paid Long-Term Disability (LTD)

**Augusta Health** benefits also include **long-term disability (LTD)** insurance providing income replacement for eligible team members who are unable to work for an extended period due to a covered illness, injury, or medical condition.

## **Automatically enrolled at hire**

- Payments cover 60% of pre-disability salary, up to a monthly maximum
- There is no cost to you for this benefit
- Follows short-term disability (STD)
- View the LTD schedule of coverage for details on how this coverage works



# Paid Time Off (PTO)

Full Time Team Members will begin accruing 7.692 hours each pay period (25 days per year) and increase by 3 days with every 5 years of service.

Part Time Team Members will accrue 50% of FT accrual based on number of hours worked.

Covers vacation, holidays, illness, and time off for conducting personal business.

Max year-end carryforward for full-time is 350 hrs.

PTO balance eligible for cash out (see policy for details).

**IMPORTANT NOTE:** Time off and leave policies vary based on one's position type and hours worked (FT/PT/PRN/Physician, etc.) Please visit Policy Manager for more information specific to your position at Augusta Health. Other types of absence policies (example bereavement and FMLA) also available on Policy Manager.





# View Time Off and Leave Policies... Easy as 1, 2, 3!

1. Click on Pulse (Augusta Health Intranet) located on your work computer.
2. Scroll down to the “links” box at the bottom and click Policy Manager.
3. At the Policy Manager log-in screen you will sign in with your network credentials. Under the Policies & Procedures search box type in, “Time Off” or “Leave” and consult your direct supervisor when submitting a time off request.





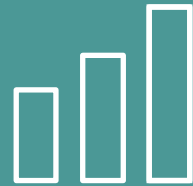
# EDUCATION ASSISTANCE



# Education Assistance

**Tuition.io Loan Assistance (PSLA, SLRA)** - Contact Tuition.io ([support@tuition.io](mailto:support@tuition.io)) for more information about PLSF and SLRA.

- **Public Service Loan Forgiveness (PSLF)** is a federal program that forgives (tax-free) any remaining student loan balance for those who work full-time at a qualified not-for-profit and make 120 qualifying payments. Augusta Health qualifies as an eligible employer for the PSLF Program. Tuition.io guides team members through the complex process of determining PSLF eligibility and filing an application. All team members with student loans should apply for PSLF to determine if they qualify.
- **Student Loan Repayment Assistance (SLRA)** is available to team members in certain nursing and respiratory therapy positions. Team members who qualify for this program will receive \$350/month towards their eligible non-taxable student loan payment up to \$5,250/year (or taxable loan payment if above the \$5,250 up to the lifetime maximum of \$10,000) across ALL educational benefits.
- **Tuition Reimbursement** is available to support the professional and career growth goals of our team members, Augusta Health offers a Tuition Reimbursement Program for job-related education. This education could pertain to current roles or opportunities for promotion or transfers, including development for specific skills, preparing, or maintaining licensure or certification, or earning a degree.



# NEXT STEPS & RESOURCES

# Your benefit enrollment Checklist



**Review the benefit resources and ask questions.**



**Enroll in your benefits within 31 days and confirm accuracy of you and your dependent(s) information.**



**When enrolling in benefits, print or save a copy of your Benefits Statement and be sure to click SUBMIT.**



**Review your new benefit information as it arrives by e-mail or US mail, and review pay slips to confirm accuracy.**

# Benefits can be confusing. We're here to help!



Review information on the Augusta Health HR Website  
<https://investinginus.augustahealth.com/benefits/>



Compare plans with Quantum Health by phone 866-989-3044,  
online <https://myaugustabenefits.com/>, or through the Quantum  
Health app



Chat with a member of the **Augusta Health HR Benefits office** at  
**540-332-4700** or request an appointment for in-person or virtual  
assistance with one of our team

**Your Family Members are Welcome!**



# Questions?



# Thank You!



Care that makes a lifetime.