



2021 Employee Benefits Guide

Remember: New Hires / Newly Benefit-eligible employees must complete the benefit enrollment process within 31 days of hire date or benefit-eligibility date.

Mission, vision, values

Mission: Why we're here

To improve health and well-being in partnership with our members, patients and community.

Vision: Where we're headed

Health as it could be, affordability as it must be, through relationships built on trust.

Values: What guides our actions

Excellence

Compassion

Partnership

Integrity

Commitment to those we serve

We are committed to living our values. That means you can expect certain things from each of us.

You can expect us to be your partner and treat you with dignity and respect. You can expect us to listen carefully and give you good, timely information. You can expect us to do our best to provide affordable, coordinated, high-quality care and services that are easy to find and simple to use. You can expect safe, clean spaces. And we will do our very best to earn your trust by being open and honest, and keeping our word. If we ever fail to live up to our values, please tell us so we can work to make it better.

Regions Hospital Benefits Package – Exercise your power of choice!

Regions Hospital knows that your benefits package is extremely important to you. We understand benefits should meet the needs of you and your family, as well as be affordable. Within this guide you will find important information on the health, welfare and retirement benefits available to you, the employee costs associated with these benefits, and how to complete your benefit enrollment selections for the 2021 plan year.

This guide contains only general and summary information; it should not be considered a replacement for the more detailed information set forth in certificates of coverage or plan documents produced for each specific benefit. Every care is taken to assure the accuracy of this Guide.* In the event of any conflict between this guide and information produced by each company, the insurance company's plan documents will be the final authority.

***Detailed information about each plan is available in myPartner / HR / Benefits.**



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How to enroll in your Regions Hospital benefits:

Newly Hired Employees (i.e., never received a W2 from Regions Hospital)	Rehired Employees, Newly Benefit-Eligible Employees or Benefit Eligible Employees wishing to make a change to current benefits
Please log on to Employee Self Service (ESS) within 31 days from your date of hire to submit your benefit elections.	To enroll in benefits or make changes in accordance with the plan limits, please contact RegionsHospitalBenefits@HealthPartners.com to obtain a paper enrollment form.

How Benefits Work



BENEFITS ELIGIBILITY

You are eligible for coverage in all benefit plans provided you are regularly assigned to work a minimum of 40 hours every pay period. Many of the plans offer coverage for your eligible dependents.

Your eligible dependents include:

- Your legally married spouse
- Dependent children (e.g., step children, legally-adopted children, children placed with you for adoption, unmarried grandchildren you support financially). The maximum age is based on the specific benefit as summarized below.
 - Medical and dental plans: Up to the end of the month in which they reach age 26 (regardless of student or marital status), or up to any age if deemed physically or mentally incapable of self-support.
 - Child life: From birth to the end of the month in which they reach age 26.
 - Dependent Daycare FSA: Up to age 13 or up to any age if disabled (must be a tax dependent).
 - Dependent Spouse and Child Life Insurance: If a spouse and/or child is covered by Regions Hospital Employee Life Insurance Plan, they are not eligible to be insured as a dependent. If both parents of a child work at Regions Hospital, the child is considered a dependent of only ONE parent for purposes of Child Life Insurance.

A Comprehensive Benefits Portfolio

Regions Hospital offers an array of benefit plans and coverage levels for you and your family, including:

- Medical and prescription drug plans
- Dental plan
- Health Savings Account
- Flexible Spending Accounts
- Basic Life, Accidental Death & Dismemberment (AD&D) and Business Travel Assistance
- Supplemental Life and AD&D insurance
- Short- and Long-term disability insurance
- Employee Assistance Program
- Retirement Savings 401(k) plan
- Additional benefits



MAKING A MID-YEAR BENEFIT CHANGE

IRS regulations permit employers to deduct your portion of medical and dental premiums, and fund the flexible spending accounts, on a pre-tax basis. The IRS requires that once you make your election for the Plan Year, you cannot change your election until the following annual enrollment period for the new Plan Year. The only exception is if you experience a qualifying life event – and election changes must be consistent with your life event.

To request an election change, you must submit the appropriate forms and supporting documentation within 31 days of the date of the life event to the Benefits Department. Documentation may be required in certain situations, e.g., proof of new medical coverage, divorce paperwork, etc.

Examples of qualifying life events include:

- | | |
|---|---|
| –Marriage, divorce or legal separation | –Change in your spouse's work status affecting his/her benefits |
| –Birth or adoption of an eligible child | –Change in your child's eligibility for benefits |
| –Death of your spouse or covered child | –Spouse's open enrollment that affects your coverage |
| –Qualified Medical Child Support Order | |

This is not an all-inclusive list. If you experience a qualifying life event, contact the Human Resources Benefit Department at: RegionsHospitalBenefits@HealthPartners.Com.

How Benefits Work



BENEFITS ENROLLMENT

Core vs. Voluntary Benefits

Core benefits: Regions Hospital provides certain “core” benefits at no cost to you. Some core benefits are effective on your date of hire or benefit eligibility date, while other benefits are effective the first of the month following your date of hire or benefit eligibility date. You are not required to enroll in these benefits.

Voluntary benefits: These are benefits requiring your authorization to participate in the plan and in most cases it requires authorization for premiums to be deducted from your pay. Newly hired or newly benefit-eligible employees have 31 days from the date of hire or date of benefit eligibility to enroll in the voluntary benefit plans.

During the Annual Enrollment or special 31-day enrollment period (e.g., newly benefit eligible), you have the opportunity to enroll or change your voluntary benefits. If you do not complete the enrollment process, the following will occur:

- Your current medical, dental and disability coverage carries forward
- You (and your dependents) will pay higher plan deductibles
- You will not receive the maximum Employer HSA Plan contribution
- You will not be eligible to participate in the FSA Plan or sell PTO

Benefit Plans	Voluntary Benefits (Enrollment process is required)	Core Benefits
		(Auto enrollment, 100% paid by Regions Hospital)
Medical and Prescription Drug Plans	✓	
Dental Plan	✓	
Flexible Spending Accounts (FSA)	✓	
Health Savings Account (HSA)	✓	
Basic Life Insurance		✓
Accidental Death & Dismemberment Insurance	✓	
Supplemental Life Insurance	✓	
Business Travel Accident Insurance		✓
Short-Term Disability	✓	
Long-Term Disability		✓
Employee Assistance Program (EAP)		✓
401(k) Plan	✓	
Retirement Savings Plan Base Allocation		✓



PAYROLL INFORMATION

All voluntary benefit plan premiums, Flexible Spending Accounts and Health Savings Account contributions are deducted from the first and second payroll check of each month for coverage for that month. Salary deferrals for the 401(k) plan are deducted from each payroll check.

Leaves Without Pay and Other Non-Paid Time: If you are on a leave without pay that results in your premiums not being taken from pay, and you wish to continue coverage, you are responsible for paying those premiums. Correspondence will be mailed to your home describing the payment arrangement options.

Health and Dental Plans



MEDICAL PLANS

Regions Hospital offers two medical plan options:

- A low deductible PPO health plan, and
- An HSA-qualified high-deductible health plan (HDHP)

The premium, deductible and annual out-of-pocket expense is based on the plan and the coverage elected, e.g., Single or Family coverage.

To evaluate which plan is a better fit for you, consider the following:

- Your family's medical needs,
- Paying more in premiums but less when you need care, or less in premiums but more when you need care



Both medical plans offer care in-network and out-of-network as well as access to the SmartCare Clinics that provide high quality care while saving you more money in medical services.

Preventive Care

- Each plan covers in-network preventive care at 100% (e.g., routine screenings, vaccinations, and checkups)
- Your primary care provider assists you in coordinating appropriate care for you and your family
- You are responsible for costs associated with non-preventive care services received during a preventive care visit

Important definitions

Annual Out-of-Pocket (OOP) Maximum: This amount is the most you will pay for in-network covered health services during the calendar year. Deductibles, coinsurance and copayments count toward the out-of-pocket maximum. Once you meet your out-of-pocket maximum, your medical plan will pay 100% of covered health services for the remainder of the calendar year.

Coinsurance: After meeting your deductible, you may pay coinsurance; this is your share of the cost of a covered health care service. For example, if lab work is \$300 and your deductible is \$250, the difference of \$50 is subject to coinsurance. In this example, your responsibility may be 10% (\$5.00) if you visit a HealthPartners affiliated provider or 30% (\$15.00) if you visit a non-HealthPartners provider.

Copayment: A fixed dollar amount you may pay for certain covered health services and which is due at the time of service, e.g., prescription drug copayment.

Deductible: The amount you must pay each year for certain covered health services before the plan will begin to pay.

High Deductible Health Plan (HDHP): A health plan with a deductible that is at least as high as required by the IRS.

Premium: The amount that you pay out of your paycheck in order to be enrolled in the medical and dental plan.

Affordable Care Act (ACA) and Reporting Requirements

- You and your family members are required to have health insurance in 2020. Mandates and penalties vary so please consult with a tax advisor for more information.
- Regions Hospital will continue to issue annual statements, Form 1095-C, to each employee enrolled under the Regions Hospital medical plan. The tax form reports whether you were offered minimum levels of affordable health care coverage and whether you and your dependents obtained that coverage. Similar to your W-2, the Form 1095-C contains information you may need to report as part of your income tax submission.



MEDICAL PLANS

Summarized below are key features of the medical plans to assist you in comparing plans. The coinsurance and copayments listed reflect the member's responsibility for in-network services. Please contact HealthPartners Member Services, 952-883-5000, reference Group 3611, for additional information. The Summary of Benefits Coverage (SBC's) are available in ESS, under Benefits, 2021 Benefit Resources.

Please note, this summary is not a complete description of plan benefits; additional restrictions and limitations may apply. The Plan Documents between Regions Hospital and HealthPartners take precedence in case of any dispute. **Please refer to Plan Documents for full details of coverage, limitations, exclusions, etc., which are available in the HealthPartners portal.**

Summary of Covered Benefits	HealthPartners First Plan	HealthPartners Empower High Deductible Health Plan (HDHP)*
Calendar Year Deductible	Refer to page 5	Refer to page 5
Calendar Year Out-of-Pocket Maximum Individual / Family	\$1,500 / \$3,000	Same as Calendar Year Deductible
Regions Hospital contributions in addition to premium cost sharing	3 discounted office visits and unlimited virtuwell visits per member	HSA annual maximum contribution: \$1,000/Single and \$1,750/Family (prorated after January 1 st)
Preventive Care (includes immunizations, eye exam, cancer screenings, prenatal and postnatal care)	100% coverage	100% coverage
Physician Services (illness, injury, physical or occupational therapy)	After deductible: Level 1: 90% coverage Level 2: 70% coverage	100% coverage after deductible
Mental / Chemical Health Care	90% coverage after deductible	100% coverage after deductible
Chiropractic Care	70% coverage after deductible	100% coverage after deductible
Emergency Care (includes Urgent Care and ambulance services)	80% coverage after deductible	100% coverage after deductible
Inpatient Hospital Care (illness or injury)	After deductible: Level 1: 90% coverage Level 2: 70% coverage	100% coverage after deductible
Durable Medical Equipment & Prosthetic Devices	80% coverage after deductible	100% coverage after deductible
Prescription Drug		
Generic	\$10 copay	100% coverage after deductible
Brand	\$40 copay	100% coverage after deductible
Specialty	20% coinsurance up to \$200 max per Rx	100% coverage after deductible
Mail Order (Generic 3-month supply)	\$20 copay	100% coverage after deductible
Mail Order (Brand 3-month supply)	\$80 copay	100% coverage after deductible

*HDHP Important Note: If you elect dependent coverage, the full family deductible must be satisfied before the plan begins to cover eligible expenses for any individual covered on the plan.

A few ways to take your wellness journey even further!

Tria@Work Clinic

Convenient orthopedic and physical therapy care right at Regions Hospital!

Medication Therapy Management (MTM)

Receive additional Savings on Rx copays as incentive for meeting and maintaining compliance in medication therapy.

Physicians Neck and Back Centers

Get lasting relief for chronic neck and back pain with a specialized therapy program customized just for you.

New for 2021 – Medical Plan Deductible changes highlighted below

Wellness program incentives are designed to help all of us adopt and maintain healthy behaviors for the rest of our lives. Adopting healthy behaviors has a direct impact on our overall well-being, but it also has an impact on our medical plan's overall expenses. This is why we are encouraging all our medical plan members to continue with their healthy behaviors and to remain well-informed about the benefit plans offered at Regions Hospital. Below is an explanation of how you and your family can retain the lowest medical plan deductible effective the following January 1st.

***Please read this carefully if you are a new hire, newly benefit eligible or eligible to enroll for medical insurance after January 1, 2021. During 2021, you will automatically receive the medical plan deductible as described under the GOLD column in the chart below.**

Please note: Employees and spouses covered by the Regions Hospital medical insurance plan prior to July 1, 2021, must complete the Be Well Program and the annual online enrollment in the fall in order to receive the most favorable deductible for the following calendar year. Employees and spouses *not covered* under the medical plan prior to July 1, 2021, are exempt from completing the Health Assessment and Be Well Rewards Program by October 8, 2021. If you have questions about completion of the Be Well Rewards Program, visit www.healthpartners.com or call HealthPartners Well-Being and Health Promotions at 1-800-311-1052.

Medical Plan Deductibles Explained	*GOLD Obtained upon successful completion of all of the following:	SILVER Obtained upon successful completion of one of the following:	BRONZE The following activities were not completed:
	<ul style="list-style-type: none"> Be Well Rewards Program Online Enrollment via Employee Self Service (ESS) 	<ul style="list-style-type: none"> Be Well Rewards Program Online Enrollment via Employee Self Service (ESS) 	<ul style="list-style-type: none"> Be Well Rewards Program Online Enrollment via Employee Self Service (ESS)
First Plan Single Coverage	\$250 / person	\$500 / person	\$750 / person
First Plan Family Coverage	\$250 / person \$750 / family	\$500 / person \$1,250 / family	\$750 / person \$1,750 / family
Out of Network Providers	First Plan Out of Network Single: \$1,500 First Plan Out of Network Family: \$4,500		
Empower HDHP Single Coverage	\$3,000	\$3,250	\$3,500
Empower HDHP Family Coverage	\$6,000	\$6,500	\$7,000
Out of Network Providers	HDHP Out of Network Single: \$6,000 HDHP Out of Network Family: \$9,000		



Go mobile and take your benefits with you!

Just search for HealthPartners in the App Store® or Google Play™ to download the app. You can:

- ① Find a doctor, hospital, specialist or urgent care near you.
- ② Share, fax, or email your ID card right from your smartphone.
- ③ Schedule appointments or a virtuwell visit, and estimate your costs for care.
- ④ Check your claims, deductibles, out-of-pocket expenses, check test results, submit a Health and/or Dependent Daycare Flexible Spending Account claim and more!



2021 MEDICAL PLAN PREMIUMS

Listed below are the biweekly premiums for the medical plans by group. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Premiums listed here are deducted from the first and second pay check each month		Non-contract, Operating Engineers & Residents	AFSCME Service Workers	AFSCME BOC (Business Office Clerical)	PEPOM* (Pharmacists)
First Plan	Single	\$ 67.25	\$ 59.61	\$ 60.83	\$ 50.00
	Family	\$198.75	\$151.33	\$142.54	\$120.00
Empower HDHP	Single	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Family	\$ 49.00	\$ 49.00	\$ 49.00	\$ 49.00

*PEPOM biweekly premiums for single and family coverage will change effective 4/1/2021.

Choosing your medical plan is an important decision that requires careful thought and consideration of your own (and your dependents if applicable) personal health situation. Below is a chart of the potential out-of-pocket expenditure you may experience assuming the following:

- 1) Medical plan enrollment and premiums effective date is 1/1/2021
- 2) In-network, preferred deductibles and out-of-pocket (OOP) maximums (i.e., Gold)
- 3) Maximum employer lump sum Health Savings Account Plan contributions
- 4) Maximum OOP achieved

SINGLE COVERAGE	First Plan				Empower HDHP HSA-Eligible Plan
Assumptions: In-network, Lowest Deductible and Out-of-Pocket (OOP) maximums ³	Non-contract, Op Engineers & Residents	AFSME Service Workers	AFSCME Business Office Clerical	PEPOM ⁴	Contract/Non-Contract Employees ²
Annual Premium	\$1,614.00	\$1,430.64	\$1,459.92	\$1,200.00	\$0.00
Annual Max OOP	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$3,000.00
Employer Contributions ¹	-	-	-	-	\$1,000.00
Total Employee OOP	\$3,114.00	\$2,930.64	\$2,959.92	\$2,700.00	\$2,000.00
	\$1,114.00	\$930.64	\$959.92	\$700.00	↑ Lowest OOP
The First Plan has a potential higher Out-of-Pocket than the HDHP/HSA Plan					
FAMILY COVERAGE	First Plan				Empower HDHP HSA-Eligible Plan
Assumptions: In-network, Lowest Deductible and Out-of-Pocket (OOP) maximums ³	Non-contract, Op Engineers & Residents	AFSME Service Workers	AFSCME Business Office Clerical	PEPOM ⁴	Contract/Non-Contract Employees ²
Annual Premium	\$4,770.00	\$3,631.92	\$3,420.96	\$2,880.00	\$1,176.00
Annual Max OOP	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$6,000.00
Employer Contributions ¹	-	-	-	-	\$1,750.00
Total Employee OOP	\$7,770.00	\$6,631.92	\$6,420.96	\$5,880.00	\$5,426.00
	\$2,344.00	\$1,205.92	\$994.96	\$454.00	↑ Lowest OOP
The First Plan has a potential higher Out-of-Pocket than the HDHP/HSA Plan					

¹ Maximum Lump Sum Employer Contribution if [online enrollment](#) completed for 1/1/2021; prorated contributions after 1/1/2021

² Eligible employees may also contribute to the HSA; additional information in the Benefit Guide and myPartner

³ Preferred Deductibles is dependent on completion of the Be Well Rewards Program and completion of your online benefit enrollment

⁴ First Plan premium rates will change effective 4/1/2021



REGIONS HOSPITAL BE WELL REWARDS PROGRAM

Wellness – It's all about making choices for the lifestyle you want

At Regions Hospital, we believe that your health is your greatest asset.

To create and support a culture of health, our medical plan deductibles have been designed with incentives for households that complete the Be Well Rewards Program and complete their Annual Enrollment selections via Employee Self Service (ESS).

The Be Well Rewards Program is focused on proactive and preventive health activities aimed at enhancing awareness in living our values, making informed choices, and creating a culture of wellness at home and at work.

Check out the available programs – including onsite personal coaching, financial planning and education programs, life-style and nutrition counseling, and mindfulness practices to name a few! Contact the Be Well Rewards Team for instruction and coaching designed to support you.

Learn more...

To learn more about completing your health assessment and the Be Well Rewards Program activities, please call 1-800-311-1052 or visit healthpartners.com

Participation in the Program is strictly voluntary and focused on physical, emotional, financial and spiritual health to create a thriving environment at home and at work!



PAID TIME OFF (PTO)

- ◆ PTO accrual schedules differ among the various employee groups¹, by job title, length of service and number of paid hours. You can locate your PTO schedule in myPartner.
- ◆ PTO hours accrued are placed in two separate buckets: Non-Tradable and Tradable

¹ Residents – please check with your department leader regarding PTO

Non-Tradable PTO

- 1) The majority of PTO hours accrued are placed in this bank.
- 2) PTO used is first taken from Non-Tradable PTO bank.
- 3) The maximum hours you may carry-over from year to year can be found on the PTO schedule located in myPartner.

Tradable PTO

- 1) Hours accrued in this bank may be sold back to Regions Hospital.
- 2) The maximum number of hours you may accrue depends on your full-time equivalency (FTE).
- 3) You can keep unused accrued hours in this bank to use as PTO after your Non-Tradable PTO hours are exhausted. Unused hours are paid to you in a lump sum, after the last regular paycheck in the calendar year, at your pay rate as of Oct. 1st of the prior year. Unused hours at the end of the year may not be carried over to the following calendar year².
- 4) Each annual enrollment period (and for newly eligible employees during the calendar year), you may elect to sell all or part of these hours to Regions Hospital and payments to you will occur on your first and second pay check of each month – also at the rate of pay as of Oct. 1st of the prior year. Tradable PTO hours may not be carried over from year to year².

² IRS regulations.

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

Remember – the only time you can elect to sell Tradable PTO throughout the year is during the annual enrollment period or when you become newly eligible for the benefit.



DENTAL PLAN

Regions Hospital offers one “stand-alone” dental plan. You can enroll in dental coverage whether or not you have medical coverage through Regions. The choice is yours, but once you make that choice, you cannot change it until the following annual benefit enrollment period for the following January 1st, unless you have a qualifying life event.

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

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

2021 DENTAL PLAN PREMIUMS

Premiums are deducted from the first and second pay check each month		Non-contract, Operating Engineers & Residents	AFSCME Service Workers	AFSCME Business Office Clerical (BOC)	Pharmacist (PEPOM)*
Dental Distinctions III Plan	Single	\$7.64	\$7.64	\$7.64	\$7.50
	Family	\$23.60	\$23.60	\$23.60	\$22.50

*PEPOM biweekly premiums for single and family coverage will change effective 4/1/2021.

Other Benefit Plans



HEALTH SAVINGS ACCOUNT (HSA)

Why fund a Health Savings Account? Because it helps you in all stages of life!



Use HSA Dollars Today

Use your HSA dollars today to pay for medical or dental deductibles, coinsurance, prescriptions, and other qualified health care expenses. Refer to IRS Publication 969 for a list of qualified expenses.



Save HSA Dollars for Tomorrow

Use your HSA to prepare for the unexpected. An HSA allows you to save and roll over money from year to year. The money is always yours, even if you change jobs.



Invest HSA Dollars for Retirement

The money in your HSA (including interest and investment earnings) grows tax free. After you reach 65, your HSA dollars can be spent penalty free on any expense.

HSA Contribution Limits* (Reduced contribution limits after January 1)	Single Coverage	Family Coverage
2021 IRS Annual Maximum Contribution	\$3,600	\$7,200
2021 IRS Catch-Up Contribution (must be 55 or 55+)	\$1,000	\$1,000
Maximum Employer Calendar Year Contribution	\$1,000	\$1,750

HSA contributions are prorated for newly benefit eligible employees after January 1st (see below)

Month	HSA Hired Eff Date	Single Coverage					Family Coverage				
		Maximum annual contribution	Annualized prorated Employer contribution	Annualized prorated Employee contribution	Maximum annual catch-up contribution	Annualized prorated Employee catch- up contribution	Maximum annual contribution	Annualized Prorated Employer Contribution	Annualized Prorated Employee Contribution	Maximum annual catch-up contribution	Annualized prorated Employee catch- up contribution
	1/1	\$3,600.00	\$1,000.00	\$2,600.00	\$4,600.00	\$3,600.00	\$7,200.00	\$1,750.00	\$5,450.00	\$8,200.00	\$6,450.00
Jan	2/1	\$3,300.00	\$916.67	\$2,383.33	\$4,216.67	\$3,300.00	\$6,600.00	\$1,604.17	\$4,995.83	\$7,516.67	\$5,912.50
Feb	3/1	\$3,000.00	\$833.33	\$2,166.67	\$3,833.33	\$3,000.00	\$6,000.00	\$1,458.33	\$4,541.67	\$6,833.33	\$5,375.00
Mar	4/1	\$2,700.00	\$750.00	\$1,950.00	\$3,450.00	\$2,700.00	\$5,400.00	\$1,312.50	\$4,087.50	\$6,150.00	\$4,837.50
Apr	5/1	\$2,400.00	\$666.67	\$1,733.33	\$3,066.67	\$2,400.00	\$4,800.00	\$1,166.67	\$3,633.33	\$5,466.67	\$4,300.00
May	6/1	\$2,100.00	\$583.33	\$1,516.67	\$2,683.33	\$2,100.00	\$4,200.00	\$1,020.83	\$3,179.17	\$4,783.33	\$3,762.50
Jun	7/1	\$1,800.00	\$500.00	\$1,300.00	\$2,300.00	\$1,800.00	\$3,600.00	\$875.00	\$2,725.00	\$4,100.00	\$3,225.00
Jul	8/1	\$1,500.00	\$416.67	\$1,083.33	\$1,916.67	\$1,500.00	\$3,000.00	\$729.17	\$2,270.83	\$3,416.67	\$2,687.50
Aug	9/1	\$1,200.00	\$333.33	\$866.67	\$1,533.33	\$1,200.00	\$2,400.00	\$583.33	\$1,816.67	\$2,733.33	\$2,150.00
Sep	10/1	\$900.00	\$250.00	\$650.00	\$1,150.00	\$900.00	\$1,800.00	\$437.50	\$1,362.50	\$2,050.00	\$1,612.50
Oct	11/1	\$600.00	\$166.67	\$433.33	\$766.67	\$600.00	\$1,200.00	\$291.67	\$908.33	\$1,366.67	\$1,075.00
Nov	12/1	\$300.00	\$83.33	\$216.67	\$383.33	\$300.00	\$600.00	\$145.83	\$454.17	\$683.33	\$537.50
Dec	n/a	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

* Participation in the HSA is only available to employees enrolled in the Regions Hospital Empower High Deductible Health Plan who meet IRS eligibility criteria. If you or your spouse are enrolled in another health plan that is a non-High Deductible Health Plan, including Medicare or Tricare, you are not eligible to participate in an HSA.



Calculate your tax savings! Use the calculator at www.netbenefits.com to find out how much you can save by funding an HSA.

If You Enroll in an HSA, you may also participate in a limited purpose health care Flexible Spending Account. **Limited FSA dollars can only be used to reimburse dental and vision expenses.** Refer to page 10 for more information.

Other Benefit Plans



FLEXIBLE SPENDING ACCOUNTS (FSA)

More tax savings when you use a FSA!

Regions Hospital offers three FSA options – *all three allow you to pay for eligible services with pre-tax dollars*. For a full list of eligible expenses, go to www.irs.gov/publications and search for Publication 502.

Health Care FSA

The health care FSA may be used to pay for eligible out-of-pocket expenses such as deductibles, copays, coinsurance and other health related expenses such as Lasik surgery, contacts or prescription eyewear.

Limited Purpose Health Care FSA

If you fund or receive employer contributions to an HSA, you can contribute to a limited purpose health care FSA.

Allowable expenses are limited to eligible dental and vision expenses only.

- The annual maximum you may contribute to either the Health Care FSA or the Limited Purpose Health Care FSA is **\$2,750** – and the entire amount you elect is available to you on your first day of eligibility.
- At the end of the plan year, you can roll over up to \$550 from your health care FSA to the following plan year. Any amount over \$550 will be forfeited.
- Contact HealthPartners Member Services for assistance to help you calculate the amount you need to contribute to the FSA – this is especially key for orthodontia services.

Dependent Daycare FSA

You can set aside money on a pre-tax basis for daycare expenses to allow you and your legally married spouse to work or attend school full-time. Eligible dependents are:

- Children under 13 years of age, or
- Child over 13, spouse or elderly parent residing in your house who is physically or mentally unable to care for himself or herself.

Examples of eligible expenses are daycare facility fees, before- and after-school care, in-home babysitting fees, and elder care. In all cases, income must be reported by your daycare provider. Kindergarten expenses are not eligible for reimbursement.

- **Effective April 1, 2021 through December 31, 2021**, the American Rescue Plan Act allows up to \$10,500 to the Dependent Daycare FSA if you are married and file a joint return or if you file single or head of household; if you are married and file separate returns, you can each elect \$5,250 for the plan year. You can only be reimbursed up to the amount that has been deposited into your Dependent Daycare FSA.

Things to consider before contributing to an FSA

- You cannot stop or change your FSA contribution(s) during the plan year except as permitted by the IRS (see page 1, Making a Mid-Year Benefit Change)
- You cannot take income tax deductions for expenses you pay with your FSA(s)
- Dependent Daycare FSA dollars are use it or lose it; you forfeit money left in the account at the end of the plan year
- Health/Limited Health Care FSA dollars in excess of \$500 remaining at the end of the plan year will be forfeited
- The deadline for submitting your 2021 FSA claims is April 15, 2022; claims must be incurred while you're an active participant in the plan (e.g., 1/1 – 12/31).

Online resources

- Visit myPartner to download FSA reimbursement forms
- Visit your HealthPartners app or log online to:
 - ✓ View your account balance(s)
 - ✓ Submit claims and upload supporting documentation



Other Benefit Plans



BASIC LIFE and AD&D INSURANCE

Life insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, Regions Hospital provides employees working at least 40 hours every pay period with a basic life insurance benefit at no cost. You have the option to purchase AD&D insurance on your basic life benefit at a cost of \$0.02 per \$1,000 of basic life coverage. The amount of basic life coverage is outlined below:

AFSCME Service Workers, BOC and Residents	Operating Engineers and ADAP	Pharmacists and Non-Contract Employees
Annual Salary to \$50,000	Annual Salary to \$100,000	Annual Salary to \$400,000

The resources below can help you protect your financial wellness. Visit www.lifebenefits.com to learn more.



Legal, financial and grief resources
from LifeWorks by Morneau Shepell



Travel assistance
from RedpointWTP LLC



Legacy planning resources
from Securian Financial



Beneficiary financial counseling
from Pricewaterhouse-Coopers LLP



OPTIONAL LIFE INSURANCE

You may purchase voluntary life insurance for yourself, your spouse and your children. Please note that dependent life insurance excludes a spouse or child(ren) that are also employees of Regions Hospital.

Employee Optional Life Insurance	Spouse Optional Life Insurance	Child Life Insurance
Maximum coverage is greater of: <ul style="list-style-type: none"> • \$300,000 or • Five times annual salary up to \$500,000 (\$20,000 increments)	Maximum coverage: \$250,000 (\$10,000 increments)	Maximum coverage: \$10,000 (per child, birth to age 26)

Important notes:

- AD&D coverage may be added to the Employee Basic, Employee Optional and Spouse Optional Life benefits only; if purchased for one, it will apply to all.
- If you are in your initial eligibility period, you can elect up to the guarantee issue (GI) amount without providing proof of good health as follows:
 - Employee Optional Life GI: two times annual salary
 - Spouse Optional Life GI: up to \$20,000
- If you are not in your initial eligibility period, or you elect amounts greater than the guarantee issue amount(s), you must provide evidence of good health.
- Be sure to designate your beneficiary(ies) online

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

Other Benefit Plans



DISABILITY INSURANCE

You may purchase one of two Short-Term Disability (STD) options. Choose the option that best suits your financial needs in the event of extended work absence due to maternity, illness or injury. Benefit payments are tax-free.

Regions Hospital provides Long-Term Disability (LTD) insurance at no cost to you. LTD provides income protection in the event your disability continues beyond six (6) months.

1-8 Day STD Plan (optional benefit you may purchase)	30 Day STD Plan (optional benefit you may purchase)	LTD (automated enrollment)
Waiting Period: <ul style="list-style-type: none"> 8 days for maternity, illness, surgery or non-accidental events Immediate coverage due to an accident 	Waiting Period: <ul style="list-style-type: none"> 30 days for any medical event 	Waiting Period: <ul style="list-style-type: none"> 6 months
Benefit Amount: <ul style="list-style-type: none"> Amount purchased (\$3,000 annual increments) is capped at 66⅔ percent of your annual salary to \$96,000 	Benefit Amount: <ul style="list-style-type: none"> Amount purchased (\$3,000 annual increments) is capped at 66⅔ percent of your annual salary to \$96,000 	Benefit Amount: <ul style="list-style-type: none"> 50% of your annual salary capped at \$7,000 per month

Understand how the Short-Term Disability Late Enrollment Penalty (LEP) works

Actions that trigger a LEP	Your LEP explained
You are not enrolled in STD but plan to enroll next year	Regardless of plan chosen, there is a 60-day waiting period the first 12 months
You are currently enrolled in the 30 Day STD Plan but want to change to the 1-8 STD Plan next year	The waiting period is 30 days for the first 12 months
You want to increase your coverage more than \$3,000 annually (i.e., more than \$250/month) next year	Benefit plan payments are limited to a \$3,000 annual increase (i.e., \$250/month) for the first 12 months

2021 STD Rates

How to calculate your maximum STD benefit

- Your annual earnings: \$30,000
- Multiply annual earnings by .666667
 $\$30,000 \times .666667 = \$20,000$
- The maximum STD benefit you qualify for is **\$18,000**

Things to note...

¹ Premiums are deducted on an after-tax basis on the first two paychecks of the month. **STD benefit payments are not taxable.**

² You may not arbitrarily enroll or change STD election mid-year. Additionally, this plan is excluded from mid-year benefit changes due to a qualifying life event.

Annual Benefit	Monthly Benefit	1/8 Day Plan	30 Day Plan	Annual Benefit	Monthly Benefit	1/8 Day Plan	30 Day Plan
\$3,000	\$250	3.62	1.05	\$51,000	\$4,250	61.54	17.85
\$6,000	\$500	7.24	2.10	\$54,000	\$4,500	65.16	18.90
\$9,000	\$750	10.86	3.15	\$57,000	\$4,750	68.78	19.95
\$12,000	\$1,000	14.48	4.20	\$60,000	\$5,000	72.40	21.00
\$15,000	\$1,250	18.10	5.25	\$63,000	\$5,250	76.02	22.05
\$18,000	\$1,500	21.72	6.30	\$66,000	\$5,500	79.64	23.10
\$21,000	\$1,750	25.34	7.35	\$69,000	\$5,750	83.26	24.15
\$24,000	\$2,000	28.96	8.40	\$72,000	\$6,000	86.88	25.20
\$27,000	\$2,250	32.58	9.45	\$75,000	\$6,250	90.50	26.25
\$30,000	\$2,500	36.20	10.50	\$78,000	\$6,500	94.12	27.30
\$33,000	\$2,750	39.82	11.55	\$81,000	\$6,750	97.74	28.35
\$36,000	\$3,000	43.44	12.60	\$84,000	\$7,000	101.36	29.40
\$39,000	\$3,250	47.06	13.65	\$87,000	\$7,250	104.98	30.45
\$42,000	\$3,500	50.68	14.70	\$90,000	\$7,500	108.60	31.50
\$45,000	\$3,750	54.30	15.75	\$93,000	\$7,750	112.22	32.55
\$48,000	\$4,000	57.92	16.80	\$96,000	\$8,000	115.84	33.60

Other Benefit Plans



REGIONS HOSPITAL RETIREMENT SAVINGS 401(k) PLAN

Giving you control over how to invest and save for your future!

The Regions Hospital Retirement Savings 401(k) Plan (“Plan”) provides you the opportunity to invest in your future now. Together with Social Security and your personal savings, the Plan provides a source of income in your retirement years.

Employee Deferral Contribution	Employer Matching Contributions	Employer Annual Allocation	Rollovers
All Regions Hospital employees may contribute their own money directly from pay to make pre-tax and/or certain after-tax (Roth) Deferred Contributions.	Once you meet the eligibility criteria, an employer match of \$.50 for each \$1 you contribute, up to 4% of pay, is contributed to your Plan.	Once you meet the eligibility criteria, a lump sum contribution of 4% of your eligible compensation is contributed to your Plan.	You have the ability to roll over your account balances from other qualified retirement plans to this Plan.

How do you enroll or make changes to your 401(k) Plan?

To enroll in the Plan or make changes to your contributions, investments, designate beneficiary(ies), etc., simply logon to Fidelity’s website www.netbenefits.com/atwork or call Fidelity 1-800-343-0860. You may also schedule a meeting with a Fidelity Financial Planner online at www.fidelity.com/reserve or call 1-800-642-7131.

2021 Contribution Limits*	
Annual Maximum	\$19,500
Catch-Up (age 50 or 50+)	\$ 6,500
*The IRS announced the 2021 contribution limits remains unchanged from the 2020 contribution limits; you can find more information at irs.gov .	

Below is a summary of the Eligibility criteria for each of the contribution types:

Contribution Type	Age Requirement	Service Requirement	Entry Date	Vesting
Employee Deferral Contributions	None	1 Hour of work	Immediately upon meeting all eligibility requirements	100%
Employer Matching Contributions	21	One year anniversary with 1,000 hours worked, if not met by one year anniversary, measured each calendar year thereafter	First day of the month following meeting service requirement Matching contributions posted each pay period	100% (immediate and fully vested in Employer Matching contributions)
Employer Annual Allocation	21	One year anniversary with 1,000 hours worked, if not met by one year anniversary, measured each calendar year thereafter Must work 1,000 hours <u>and</u> employment status must be “active” on December 31 st to qualify for the Annual Allocation typically posted the first quarter of the following year	First day of the month following meeting service requirement	100% after working 1,000 hours each year for three years



ADDITIONAL BENEFITS FOR YOUR LIFESTYLE

Benefit	Visit <i>myPartner</i> for additional information!
Employee Assistance Program (EAP)	Experienced, licensed counseling professionals, available 24/7, for support with stress management, strengthening relationships, work/life balance, grief and loss, referrals for daycare or elder care, financial and legal matters and more. Access to individual face-to face or phone meetings. All EAP services are confidential and no cost to employees. Call 1-866-326-7194 or log online at www.hpeap.com (User ID: HealthPartners, Password: regions)
Workplace Fitness Center (Currently close because of COVID and state directive)	Free, one-time trial up to 30 days. Top of the line fitness equipment, group classes and personal training. Open 24/7, \$20 per month after trial. Frequent Fitness reimbursement also available.
Center for Employee Resiliency	A quiet place for employees to increase resiliency and positivity.
Workplace Health and Wellness Clinic	Regions Hospital onsite clinic, staffed with family nurse practitioners, is convenient and accessible for employees who need care for minor acute conditions, work-related injuries, prevention screenings and wellness education. Call 952-967-7481 to schedule an appointment.
Tuition Reimbursement	Benefit-eligible employees who complete their 6-month probation may be eligible for up to \$2,000/year tuition reimbursement. Refer to myPartner for more information.
Social Club	\$20 annual fee to receive discounts on sporting events, theatrical performances, Valley Fair, museums, and more!
Book Club	Page Turners is our employee book club – to help us feel better, stay connected and satisfied at work! More info at https://healthpartners.libguides.com/medicallibrary/bookclub
virtuwell	Convenient 24/7 online care access to treat 60 common conditions at an approximate cost of \$54 plus the cost of necessary prescriptions. Visit virtuwell.com .
Tobacco Cessation Program	Receive free tobacco cessation support via phone coaching through your medical plan. Virtual coaching available at healthpartners.com/letstalk ! Or text "QUITNOW" to 77199.
Fitness Club/Gym discounts	Workout 12 times each month and save \$20 on membership (\$40 max per household). Contact Member Services, 952-883-5000 or visit healthpartners.com to find participating clubs/gyms.
More savings available!	Visit myPartner to find additional savings on health clubs, exercise equipment, eyewear, braces, spa treatments, diapers, child care, kids' items and more!
Assist America	Regions Hospital medical plan covered members who experience an unexpected medical emergency more than 100 miles from permanent residency can contact Assist America to find care. Call Assist America's Operations Center, 1-800-872-1414 (inside USA), 1-609-986-1234 (outside USA), or e-mail at medservices@assistamerica.com . For more information, go to https://www.assistamerica.com/Member-Login.aspx , and the Member login code is 01-AA-HPT-05133 .
Online tools	Go mobile to access your health information. View and fax your ID card; check your plan balances, find care near you and more! Learn more at healthpartners.com/gomobile . Visit your myHealthPartners account and view your claims and plan balances, search for providers and find cost savings tools and tips online.



Contact Information

Medical, Dental & FSA	Life Insurance	Disability	Retirement and HSA Plans
952-883-5000 www.HealthPartners.com	1-877-282-1752 www.lifebenefits.com	1-800-378-2395 www.standard.com	1-800-343-0860 www.netbenefits.com/atwork



Statement of Nondiscrimination for Health Plan Members

Our Responsibilities:

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

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

For Language or Communication Help:

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

If you have questions about our non-discrimination policy:

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

To File a Grievance:

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

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

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

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

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

2021 BENEFIT ENROLLMENT CHECKLIST

Enroll online no later 31 days from your date of hire.

Contact the Benefits Department by email, RegionsHospitalBenefits@HealthPartners.com if you need assistance.

- Log on to Employee Self Service (ESS) using your username and password. Call IS&T at 952-967-7000 if you need username/password assistance
- Make your benefit selections for 2021 for:
 - Medical (and Health Savings Account if applicable)
 - Dental
 - Flexible Spending Account
 - PTO Sell
 - Short Term Disability
 - Life Insurance
- If you are enrolling in the High Deductible Health Plan and you are eligible to participate in the HSA, you must complete the ***“HSA Acknowledgement” section*** in order to receive employer contribution or make HSA contributions through payroll deduction
- Verify you have designated all the dependents you wish to cover on your plans and provide dates of birth and social security numbers for each
- If you enroll online, a confirmation statement will be emailed to you for your records; please review for accuracy
- Submit dependent documentation for newly enrolled dependents when contacted by Alight, Regions Hospital’s third-party administrator for dependent verification. ***Failure to submit documentation timely will result in the dependent being removed from your coverage***

After January 1st, review your pay check!



- ❖ Review your pay check and make sure your 2021 benefit elections are reflected correctly.
- ❖ Contact RegionsHospitalBenefits@HealthPartners.com if you have questions about your benefit elections, FSA/HSA contributions or premium deductions.
- ❖ Please note that it is your responsibility to ensure your elections and/or dependent information is correct.