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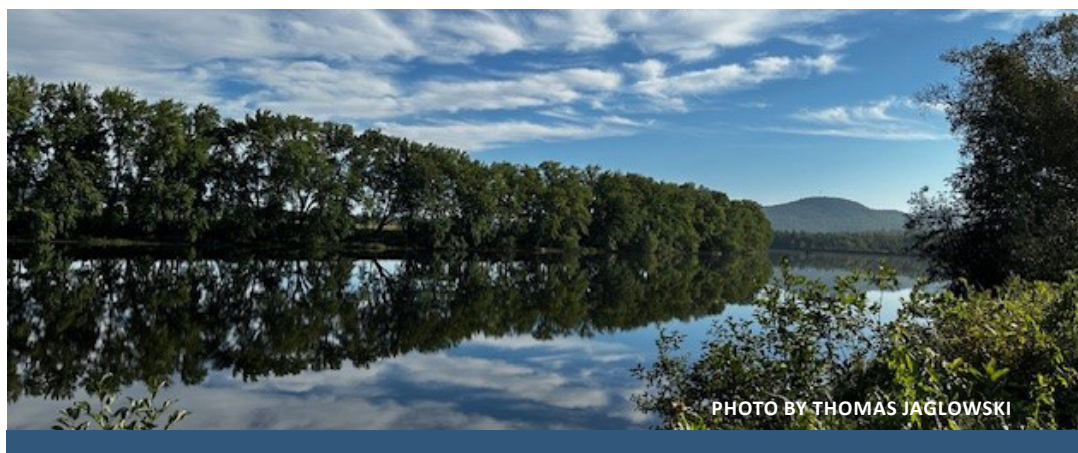


PHOTO BY THOMAS JAGLOWSKI

2025 Benefit Guide

LITTLETON 
REGIONAL HEALTHCARE

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Welcome To Your 2025 Benefits Guidebook

Welcome to the 2025 Employee Benefits Plan Year Summary!

Littleton Regional Healthcare remains committed to providing Market Leading compensation and benefits, as directed by our Board of Trustees. Our Human Resources team conducts regular reviews of our benefits packages, comparing them to those offered by other major healthcare providers in the North Country.

These analyses, which confirm our alignment with the Board's directive, are available on the Human Resources intranet for your reference. We will continue to update this information as new analyses become available.

We're pleased to continue offering a comprehensive, market leading lineup of coverage options, including medical, dental, vision, and more. These plans allow you the flexibility to choose the coverages that best fit your individual or family needs.

Our plan coverages, employee contributions, co-pays, and deductibles continue to compare very favorably to those offered by other organizations, both in the North Country and throughout the state of New Hampshire. Even with this year's modest increases, our plans remain Market Leading within the industry.

If you have any questions or concerns about our plan offerings and which option best suits your needs, please don't hesitate to reach out. During open enrollment and throughout the year, experts from our insurance providers and related companies are available to help guide you in making the best decision.

Everyone in Human Resources is here to support you in finding the right coverage options to best meet your individual needs.



PHOTO BY BEN STINSON

Welcome to the 2025 Plan Year!

We are pleased to offer comprehensive coverages for multiple benefits including but not limited to medical, dental and vision. The wide range of benefits available are intended to assist you in having a healthy work-life balance.

Eligibility

If you are a full-time employee with standard hours of 30-40 hours per week you are eligible for all benefits described in this booklet. If you are a part-time employee with standard hours of 24-29 hours per week, you are eligible to enroll in medical, dental, and vision coverage described in this guide. Cost for medical premiums will be higher for part-time employees. As a new employee, your coverage is effective the first of the month following your date of hire.

When can I enroll?

As a new employee or newly benefit eligible employee, you become eligible for benefits on the first of the month following your date of hire or position start date. You must enroll within 30 days from date of hire to have coverage for the rest of the plan year. For example, if your position start date is July 15th, you are eligible to begin participating in our benefits plan on August 1st. You must enroll 30 days from your hire date, not your eligibility date. Therefore you will need to enroll by August 14th. If you do not enroll for coverage during your initial enrollment period, you will not be eligible to enroll until the next open enrollment unless you have a qualified life event change.

You will need to re-enroll for the next plan year's benefits during the annual open enrollment period.

Who can I cover?

You have the option of enrolling yourself and your eligible dependents. Eligible dependents include your:

- Legal Spouse, as declared by law
- Same Sex and Opposite Sex Domestic Partners and Domestic Partner Children
 - If you elect to have your domestic partner covered under your plan, you will pay income tax and Social Security payroll tax on the portion of the insurance premium that your employer contributes to your partner's policy.
- Children and Children of Domestic Partners, up to age 26 regardless of status for medical, dental and vision. Coverage ends on the last day of the month your dependent turns 26.
- Children up to age 26, if a full-time student, for supplemental life insurance.
- Unmarried child(ren) of any age who become mentally or physically disabled before age 26 and are totally dependent on you.
- Children under the age of 26 who you are legally required to provide health care coverage under a court order.

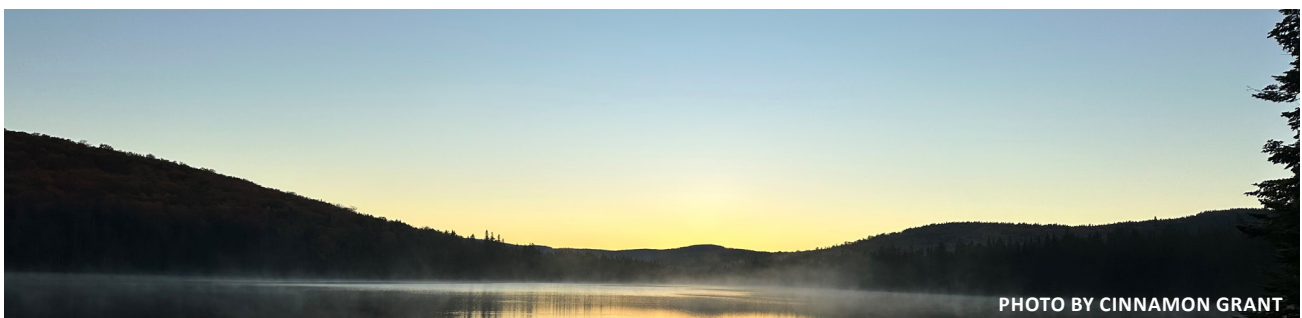


PHOTO BY CINNAMON GRANT

Enrollment Instructions

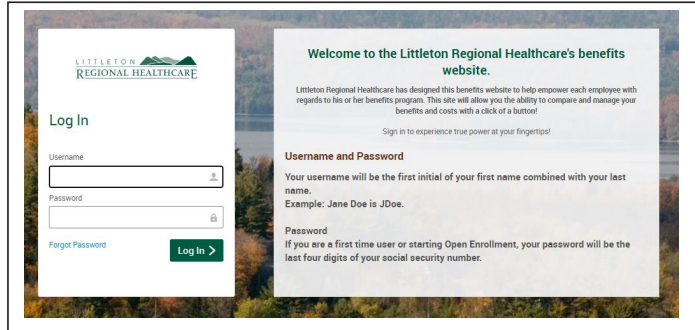


First things first...

Log In!

Enter the following URL into your web browser:

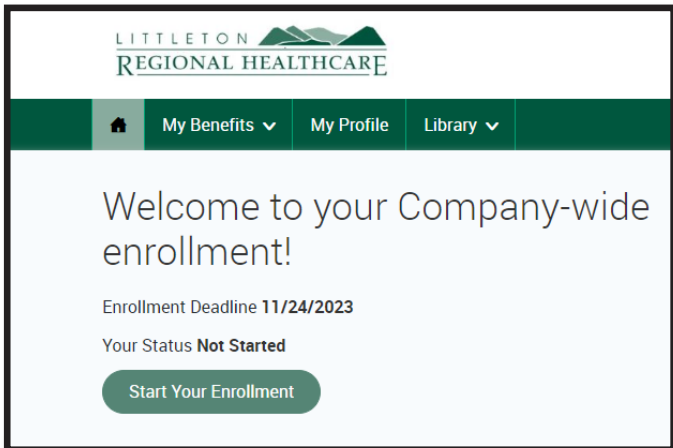
<http://littleton.bswift.com/>



- New users:
 - Username: First initial of First Name followed by full Last name:
 - Examples:
 - **First Name:** John **Last Name:** Doe
Username = 'JDoe'
 - **First Name:** Mary **Last Name:** Smith **Suffix:** MD
Username = 'MSmith'
 - Password: Last 4 digits of your Social Security Number
 - Follow the bswift login instructions to set a customized password.

Begin making your Benefit Enrollment

Select **"Start Your Enrollment"** from the welcome page. The system will then take you through each available benefit option to make your elections.



Verify your Information & your Dependents Information

- If you would like to review your demographics or for your dependents, from the home page you can select 'My Profile' from the top menu or select the individual family members from the list.
- If there is any incorrect information to your profile, please contact your HR representative for corrections.

The image shows two overlapping screenshots of a web application. The top screenshot is titled 'Employee Information' and contains a 'Demographics' section with fields for Prefix, First Name (Mary), Middle Initial, and Last Name (Test). A red warning message at the top states: 'Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information below and then click Continue.' The bottom screenshot is titled 'Family Information' and shows a list of dependents: 'Mary Test' (Female Employee, 53 years old, SSN: 456-88-7895) and 'Mike Test' (Male Spouse, 52 years old, SSN: 159-99-8989). There is an 'Add Dependents' button with a plus sign. A progress indicator on the right shows steps: 1. Your Info (Employee Information), 2. Your Benefits (Family Info), 3. Enroll, and 4. Complete. A 'Continue' button is at the bottom right.

Once you have updated your demographics and family information, next step will be to begin the selection of your Littleton Benefits elections.

The image shows a 'New Hire Enrollment' page. At the top, a green header contains the text 'New Hire Enrollment'. Below the header, a message reads: 'Welcome to your New Hire Enrollment. Please review all benefits below. Be sure to add any eligible Dependents in the Family Information section prior to beginning your enrollment.' The main content area is divided into three sections: 'Medical' (WAIVED, Completed, View Plan Options), 'Health Savings Account' (WAIVED, Completed, View Plan Options), and 'Dental' (NO PLAN SELECTED, I don't want this benefit (waive), View Plan Options). A red asterisk indicates that selection is required. On the right side, a progress indicator shows steps: 1. Your Info, 2. Your Benefits, 3. Enroll, and 4. Complete. Below the indicator, it shows 'Your Cost per pay period \$0.00'. A 'Continue' button is present, along with a 'Save and Finish Later' button. A message at the bottom right asks: 'Finished selecting benefits? Click the button below to continue.' and 'Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.'



Each plan is required to make an election choice. It is important that you take time to review your options carefully.

When you View Plan Options, the plan may show an option to cover specific dependents. You will be prompted to select who to cover. You can also add new dependents here, if you forgot to add them during the initial Family Information Review step.

When you arrive on your benefits enrollment page, you may notice that some benefit tiles are **GREEN** and some are **GRAY**. Green tiles represent benefits that you've already enrolled in OR are automatically enrolled in by your employer! Benefits in gray are plans that still require a selection to be made or waive out of. Once all icons are green you can then complete your enrollment!

☑ Beneficiaries Checkpoint

- A beneficiary is the person you have designated to receive any benefits that may be due after your death.
- You are required to designate a primary beneficiary. If the primary beneficiary is unable to serve as your beneficiary, the secondary beneficiary will become the recipient. For this reason, you should not designate the same person as both a primary and a secondary beneficiary. Secondary beneficiaries are optional on most plans. If adding secondary please be sure the percentage for primary and secondary equals 100% total amount.

Review & Confirm

- The last step of your enrollment will be to review all of the elections and changes you've made to your benefits for the upcoming plan year. Once you've reviewed your selections, you will confirm that you agree by selecting the checkbox located at the bottom of the page.

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

Your Total Cost **\$223.92**
Per Pay Period

Medical
Waived
[Edit Selection](#)

Health Savings Account
Waived
[Edit Selection](#)

Dental
Your cost per pay period: **\$28.30**

Delta Dental Plan A - Value Plan Northeast Delta Dental
Coverage: Employee + Spouse

Cost Details (per pay period)	
Total Premium	\$28.30
Employer Contribution	\$0.00
Your Cost	\$28.30

Who will be covered on this plan:

Name	Relationship	Coverage
Mary Test	Employee	<input checked="" type="checkbox"/> Cover
Mike Test	Spouse	<input checked="" type="checkbox"/> Cover

[Edit Selection](#)

ATTESTATION: I hereby attest that I understand what my benefit choices are and am clear that the plan information is available to me within this enrollment system. I am aware that I have the right to review this information at my discretion. I have verified the information I have submitted electronically and this information is true, accurate and complete, to the best of my knowledge. I further consent for my employer to utilize this electronic submission as my agreement to the election and terms contained for each benefit elected.

I also Understand that:

- * CGI Benefit Card: This card is to be only used to pay for IRS eligible health and dependent care expenses. It cannot be used to purchase for any expenses not specifically approved by IRS guidelines.
- * The IRS requires me to keep documentation of all my expenses the card is used for, and supply copies of the documentation upon CGI's request.
- * Misuse of the card will result in deactivation and repayment of all ineligible expenses.
- * For expenses paid with the CGI Benefits Card, I certify that I have not been reimbursed for the expenses by any other health benefit plans or will seek for reimbursement after use of my card.
- * As of January 1, 2011 any OTC's will require a written prescription from the doctor for reimbursement and the debit card will no longer work for OTC expenses.

Click the Printer icon to print out a copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, click the Edit button next to the benefit you wish to change, otherwise click the "Continue" button.

I agree, and I'm finished with my enrollment

- Congratulations! Your enrollment is complete! **Please Email or Print the confirmation statement** for your records.

✓ Your enrollment is complete!

You may make changes to your elections until: **November 24, 2023**

Congratulations. You have completed your Company-Wide Enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)

Revisiting your Benefit Information

- Don't fret, you can always log into your bswift benefits portal throughout the year to view your benefits information! You can make changes to your elections up until the last day of enrollment.

Questions?
If you have questions, please reach out to your Human Resources Department.

Medical Plans

Health Plans, Inc.

Plan 1 ElevateHealth Options HMO: ElevateHealth is a smaller network within the Health Plans, Inc. network. If you select the ElevateHealth Options HMO you will pay lower costs if you use an Littleton Regional Healthcare provider. Dartmouth Health will be included in the Littleton Regional Network, meaning, if you have to use Dartmouth, DH will be treated as if you had received the care by LRH or an LRH provider. If you go outside of the Littleton Regional Healthcare Network you will have access to the Elevate Health Network and the Health Plans, Inc. network and your cost share will be greater. You will not receive coverage if you go outside the Health Plans, Inc. HMO network unless it is an emergency.

Plan 2 ElevateHealth HSA HMO 3200: This plan is a qualified High Deductible HSA plan with the ElevateHealth network only. As a qualified High Deductible HSA plan, all expenses except preventive care are subject to the deductible. You may also receive certain preventive maintenance prescription drugs without meeting your deductible. With this plan you will only have access to the ElevateHealth network.

Plan 3 POS Open Access HSA 3200: This plan is similar to the ElevateHealth HSA HMO 3200 with the difference being that you have access to the full Health Plans, Inc. nationwide network rather than the smaller ElevateHealth network only.

HPI now partners with Mayo Clinic to provide enhanced care for you and your family for specific complex, chronic conditions.

Medical Plan Rates

Plan 1: Full-Time	Biweekly Premium Cost
Employee	\$54.00
Employee + Spouse	\$110.00
Employee + Child(ren)	\$105.00
Family	\$162.00

Plan 2: Full-Time	Biweekly Premium Cost
Employee	\$17.00
Employee + Spouse	\$34.00
Employee + Child(ren)	\$32.00
Family	\$50.00

Plan 3: Full-Time	Biweekly Premium Cost
Employee	\$78.00
Employee + Spouse	\$171.00
Employee + Child(ren)	\$121.00
Family	\$252.00

Plan 1: Part-Time	Biweekly Premium Cost
Employee	\$155.00
Employee + Spouse	\$318.00
Employee + Child(ren)	\$303.00
Family	\$472.00

Plan 2: Part-Time	Biweekly Premium Cost
Employee	\$66.00
Employee + Spouse	\$135.00
Employee + Child(ren)	\$129.00
Family	\$201.00

Plan 3: Part-Time	Biweekly Premium Cost
Employee	\$172.00
Employee + Spouse	\$353.00
Employee + Child(ren)	\$336.00
Family	\$524.00

Medical Plans

Health Plans, Inc.

Plan 1: Elevate Health Options HMO

Below is a brief summary highlighting the medical benefits under Health Plans, Inc. For more details of each plan, please see the summary of benefits provided by Health Plans, Inc.

All full-time and part-time (24-29hrs/week) employees are eligible to participate in the medical benefits described below.

Plan 1: Elevate Health Options HMO			
Plan Type	Elevate Health HMO		
In-Network Expenses	Tier 1 LRH/Dartmouth	Tier 2 Elevate Health	Tier 3 Harvard Pilgrim
Deductible (Single/Family)	\$0 / \$0	\$1,500 / \$3,000	\$4,000/ \$8,000
Coinsurance	None	10% coinsurance	20% coinsurance
Out-of-Pocket Maximum (Single / Family)	\$2,000 / \$4,000	\$8,000 / \$16,000	\$9,200/ \$18,400
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Primary Office Visit Copay	\$20 copay	\$35 copay	Deductible then 20%
Specialist Copay	\$35 copay	\$60 copay	Deductible then 20%
Occupational, Physical, and Speech Therapy (OT/PT/ST)	\$25 copay (limited to 60 visits combined per calendar year)	\$50 copay (limited to 60 visits combined per calendar year)	Deductible then 20% (limited to 60 visits combined per year)
TeleHealth	Covered 100%	\$35 copay	Deductible then 20%
Hospital Inpatient	Covered 100%	Deductible, then no charge	Deductible then 20%
Hospital Outpatient Surgery	\$50 copay	\$150 copay	Deductible then 20%
Diagnostic Labs & X-rays	Covered 100%	Covered 90%	Deductible then 20%
Diagnostic Imaging (CAT Scans & MRI)	\$50 copay	Deductible, then 90%	Deductible then 20%
Diagnostic Imaging (PET Scans)	N/A	Deductible, then 90%	Deductible then 20%
Emergency Room	\$250 copay, waived if admitted	\$250 copay, waived if admitted	\$250 copay, waived if admitted
Urgent Care	\$20 copay	\$75 copay	Deductible, then 20%
Prescription Drug Benefit Retail 30-day supply	LRH Pharmacy \$5 / \$10 / \$15 / 30% up to \$250 per script max	All Other Pharmacies \$15 / \$50 / \$75 / 30% up to \$250 script max	All Other Pharmacies \$15 / \$50 / \$75 / 30% up to \$250 per script max
Prescription Drug Benefit Retail 90-day supply	LRH Pharmacy \$15 / \$30 / \$45	All Other Pharmacies \$30 / \$75 / \$150	All Other Pharmacies \$30 / \$75 / \$150
Prescription Drug Benefit Mail Order 90- day supply	LRH Pharmacy \$15/\$30/\$45	N/A	N/A
OUT-OF-NETWORK			
Out-of-Network Expenses	N/A	N/A	N/A

Medical Plans

Health Plans, Inc.

Plan 2: Elevate Health HSA | Plan: 3 POS Open Access HSA

Below is a brief summary highlighting the medical benefits under Health Plans, Inc. For more details of each plan, please see the summary of benefits provided by Health Plans, Inc.

All full-time and part-time (24-29hrs/week) employees are eligible to participate in the medical benefits described below.

	Plan 2: Elevate Health HSA	Plan: 3 POS Open Access HSA
Plan Type	ElevateHealth HSA	POS Open Access HSA
In-Network Expenses	Elevate Health	Harvard Pilgrim
Employer HSA Contribution (Single/Family)	\$1,000 / \$2,000	
Deductible (Single/Family)	\$3,300 / \$6,600	\$3,300 / \$6,600
Coinsurance	20% coinsurance	20% coinsurance
Out-of-Pocket Maximum (Single/Family)	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive Care Services	Covered 100%	Covered 100%
Primary Office Visit Copay	Deductible then 20%	Deductible then 20%
Specialist Copay	Deductible then 20%	Deductible then 20%
Occupational, Physical, and Speech Therapy (OT/PT/ST)	Deductible then 20%	Deductible then 20%
Hospital Inpatient	Deductible then 20%	Deductible then 20%
Hospital Outpatient Surgery	Deductible then 20%	Deductible then 20%
Diagnostic Labs & X-rays	Deductible then 20%	Deductible then 20%
Diagnostic Imaging (CAT Scans & MRI)	Deductible then 20%	Deductible then 20%
Diagnostic Imaging (PET Scans)	Deductible then 20%	Deductible then 20%
Emergency Room	Deductible then 20%	Deductible then 20%
Urgent Care	Deductible then 20%	Deductible then 20%
LRH Pharmacy Retail 30-day supply	Deductible then \$5 /\$10/ \$15 / 30% up to \$250 per script max	Deductible then \$5 / \$10 / \$15 / 30% up to \$250 per script max
Prescription Drug Benefit All Other Retail 30-day supply	Deductible then \$15 / \$50 / \$75/ 30% up to \$250 per script max	Deductible then \$15 / \$50 / \$75/ 30% up to \$250 per script max
LRH Pharmacy Retail 90-day supply	Deductible then \$15 / \$30 / \$45	Deductible then \$15 / \$30 / \$45
Prescription Drug Benefit All Other Retail 90-day supply	Deductible then \$30 / \$75 / \$150	Deductible then \$30 /\$75 / \$150
LRH Pharmacy Mail Order	Deductible then \$15 / \$30 / \$45	Deductible then \$15 /\$30 / \$45

OUT-OF-NETWORK EXPENSES

Deductible (Single/Family)	N/A	\$6,000 / \$12,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum (Single/Family)	N/A	\$10,000 / \$20,000

FAQ's On Your Health Plan at Littleton Regional Healthcare

Q: What do I need to do upon arriving for my appointment?

A: Check in with registration and show your HPI ID card.

Q: How much does my annual routine office visit with my primary care cost?

A: If the visit is billed as routine with no diagnosis this visit will cost you \$0.00. There will be no office visit copay and it will not process towards your deductible.

Q: What is my cost for non-routine office visits with my PCP or Specialist?

A: If you are enrolled on Plan 1, The Elevate Health Plan LRH copay: \$10 PCP, \$25 Specialist, Other Elevate Health Plan providers \$25 PCP, \$50 Specialist and Non-Elevate Health Plan providers office visits apply to deductible and coinsurance.

Your copay should be paid on the day of your appointment. If you are enrolled on one of the HSA plans, Plan 2 or Plan 3, the cost of the visit will apply to your deductible and you will be responsible for that amount.

Your member ID number and group information

Covered members under your plan

Contact HPI customer Service with questions

Contact and claim submission information for your providers

LITTLETON REGIONAL HEALTHCARE

Member Information
 ID# HHBUSXX01
 Group BU9
 ROBERTSON: GEORGE, AMANDA
 GEORGE, CAITLIN, WILLIAM
 JENNIFER, CHRISTOPHER

Medical Cost Share
 In-Network / Out-of-Network
 Preventive: \$0 /
 PCP: 20% / 20%
 Specialist: 20% / 20%
 Per Person Ded.: \$3,000 / 1,000
 Family Deductible: \$5,000 / 12,000
 Per Person OOPM: \$5,000 / 10,000
 Family OOPM: \$10,000 / 20,000

Logos: hpi Health Plans, Inc., UnitedHealthcare, SmithRx

Your prescription information located here

Co-pays and plan cost share information

Members
 Call Pathways Concierge Services for questions or to pre-certify services.
 hpiTPA.com
 888-256-3221
 Remind your provider that failure to pre-certify could reduce your benefits.

Network Access
 Outside MA, ME, NH, RI & VT: Use UnitedHealthcare Network
 Inside MA, ME, NH, RI & VT: Use HPIHC network. In RI & VT only, you may also use PHCS providers.

Providers
 Outside MA, ME, NH, RI & VT: Submit claims to: UnitedHealth Shared Services
 PO Box 30783
 Salt Lake City, UT 84130-0783
 Group ID: 78850088
 Payer ID: 39026

Inside MA, ME, NH, RI & VT: Submit claims to: Health Plans, Inc. (HPI)
 PO Box 5299
 Westborough, MA 01581
 HPIHC Payer ID: 04273
 WebMD Payer ID: 44273

Verify Coverage or Pre-certify requirements only: Call 866-569-4343 or https://uhco.umr.com

Verify Coverage or Pre-certify requirements only: Call 877-490-3636

Logos: UnitedHealthcare, HPIHC, PHCS

Additional Network Logos

Q: What is deductible?

A: The amount you have to pay for covered health care services before HPI starts to pay. After you pay your deductible, you pay coinsurance for covered services, and HPI pays the rest.

Q: What is coinsurance?

A: The percentage of costs you pay for certain covered services. As an example, your plan has 20% coinsurance, HPI will pay 80% of the cost, and you'll be responsible for paying 20% of the cost.

Q: What is out of pocket max?

A: The most you can pay during your plan year for your share of covered medical and pharmacy health services. After you spend this amount on deductibles, copayments, and coinsurance, HPI will pay 100% of remaining eligible costs for covered services. However, your biweekly premium does not count toward this total.

Q: What if I need lab work or X-rays?

A: If you are enrolled on Plan 1, The Elevate Health Plan your copay at non-routine lab work and X-rays performed at LRH is covered in full and at no cost to you. If you are enrolled on one of the HSA plans, Plan 2 or Plan 3, the cost of the visit will apply to your deductible and coinsurance and you will be responsible for that amount. You can pay this upon being billed and you can use your HSA funds for this charge.

Q: What if I get a bill and I don't understand why I am being charged?

A: Call HPI directly with your questions – 800.532.7575.

Q: What is the cost for a 30-day supply of a prescription?

A: Prescriptions filled at the LRH Pharmacy are as follows \$5 / \$10 / \$15 / 30% up to a \$250 per script max.

Manage Your Plan Online With My Plan

24/7 access to your plan and account details

Access all of your account details* in one secure location anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- View your health spending account details



* You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.

Register in Minutes!

1. Go to the website listed on the back of your member ID card (it will be at the top)
2. Visit the **Members** section and click the link to **Get Registered**
3. Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home ZIP Code and the last four digits of the employee's (plan subscriber's) social security number.



Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.



Locate In-Network Provider Instructions

Go to hpiTPA.com and click “your resources” tab on the top right hand side

Select “**Find a Provider**” on the left hand side under “**Member Resource**” subheading from the “**Your Resources**” drop down options.

Select the following network based on which plan you are enrolled in:

For Plan 1: “ElevateHealth Options” (Tier 2)

For Plan 2: “ElevateHealth”

For Plan 3: “HPHC and UnitedHealthcare Options PPO”

Selecting your network will take you to the find a provider tab for your designed network where you can identify in-network providers by: zip code, facility or specialty

Print ID Card Instructions

Go to hpiTPA.com and click “**your resources**” tab on the top right hand side

Select “**Member ID Card**” on the left hand side under “**Member Resource**” subheading from the “**Your Resources**” drop down options. This will take you to a new page.

Enter your name, date of birth, and the plan subscriber’s social security number. Please note: dependents must enter the plan subscriber’s social security number in order to access their electronic member ID card.

Your electronic member ID card will open in your browser’s window. You may save your card as a PDF, print your card, or view it on your mobile device screen



PHOTO BY DAWN LAMBERT

Health Savings Account

Rocky Mountain Reserve

Full-time employee with standard hours of 30-40 hours per week or part-time employee with standard hours of 24-29 hours per week are eligible to enroll in the health savings account benefits below. Employees have the option to enroll in Rocky Mountain Reserve's account, or use their own account from a banking institution of their choice. You will need to supply HR with your routing and account numbers in order for contributions to be made to your HSA account.

What is an HSA and how can it work for me?

If you elect the ElevateHealth HSA HMO (Plan 2) or the POS HSA (Plan 3), Littleton Regional Healthcare will contribute to your HSA account to help you pay for your qualified medical expenses. Littleton Regional Healthcare will contribute \$1,000 if you elect to cover only yourself or \$2,000 if you cover yourself plus one or more dependents. HSA funds will be deposited in your account on a bi-weekly basis and will be prorated based on date of hire.

A Health Savings Account (HSA) is a tax-advantaged savings account that you can use for qualified medical expenses. Employees who enroll in this plan will be required to open an HSA bank account of their choice. You can also choose to contribute your own funds into your HSA account, per paycheck. Please see your Human Resources department for more information.

How does my HSA work?

Once you are enrolled in the HSA and your account is open, you will receive a Debit Card to easily access your funds. Whether you are at the doctor's office or pharmacy, simply swipe your card and you're done. Additionally if you are paying by mail, phone or Online just provide your debit card number to complete your transaction. You will also receive a Welcome Kit with more information.

You can start making deposits as well as use any available balance for qualified medical expenses as soon as it is reflected in your HSA Account. Since the HSA is a bank account, you do not need to submit receipts to Rocky Mountain Reserve to substantiate the charge. You will want to keep all receipts however, in case you are ever audited.

Can I change my election amount during the year?

Yes, you may adjust your election amount throughout the year as long as you don't go over the IRS max.

How to use your Health Savings Account

The HSA can be used to pay for qualified health expenses for you, your spouse and your eligible dependent children or any other tax-qualified dependent that you support, such as an elder parent. Here are some examples of how the funds can be used:

- Deductibles and coinsurance
- Pharmacy copays once you have met your deductible, including some over-the-counter medications
- Vision and dental out-of-pocket plan costs (and you can also open a limited FSA to cover these expenses too)

Maximize your Pre-tax HSA Savings

Contributions are made to the HSA based on the amount you choose through payroll deductions up to the IRS annual maximum contribution limit of \$4,300 for a single plan and \$8,500 for a family plan for 2025. You can also contribute an additional \$1,000 catch-up contribution if you are over 55 years old.

Eligibility Rules

To qualify for an HSA, you cannot be enrolled in a non-High Deductible Health Plan (HDHP) or have health coverage that reimburses health care expenses before the minimum HDHP deductible as set annually by the IRS. Your plan is compliant with IRS limits. If you are enrolled in Medicare or covered by another health plan you are not eligible to contribute to an HSA or receive HSA contributions from Littleton Regional Healthcare.

Eligible Expenses

To view a list of IRS approved expenses, visit www.rockymountainreserve.com.

HSA participants can spend HSA dollars at the HSA Store by visiting www.rockymountainreserve.com.

Note

If you or your spouse participate in a Health Savings Account, you are only eligible to participate in a limited-purpose FSA. Under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse, and dependents.

Flexible Spending Accounts

Rocky Mountain Reserve

Rocky Mountain Reserve

Full-time employee with standard hours of 30-40 hours per week or part-time employee with standard hours of 24- 29 hours per week are eligible to enroll in the Flexible Spending Accounts benefits below.

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses. These are two types of FSAs: **Health Care FSA** and **Dependent Care FSA**. Employees are eligible to enroll in the FSA plan the first of the month following date of hire.

Health Care FSA

For 2025 you can elect up to \$3,300 to receive reimbursement for out-of-pocket health care expenses for you and your family members. These medical, dental, vision or other health care related expenses cannot be eligible for reimbursement through any insurance or other benefit program. Out-of-pocket health care expenses incurred by you and your family are eligible if the service occurred during the plan year and while you are making contributions to the plan. You can be reimbursed up to your full annual election, less any previous reimbursements. At the end of the 2025 FSA plan year, the program includes a rollover provision that will allow participants to carry over up to \$660 of their unused Health FSA balance remaining at the end of each plan year. Employees can still elect the full allowable Health FSA Benefit amount even if they carry over the maximum amount from the prior year.

Dependent Care FSA

You can elect up to \$5,000 and receive reimbursement to pay for dependent care, which allows you and your spouse to work outside your home, to seek employment or to attend school full-time. Eligible expenses must be incurred during the plan year and while you are making contributions to the plan. When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Pre-Tax Savings Example		
	Without FSA	With FSA
Gross Pay	\$25,000	\$25,000
Health Care FSA Contribution	\$0	-\$1,000
Taxable Income	\$25,000	\$24,000
Taxes*	-\$6,413	-\$6,156
Take Home Pay after Taxes	\$18,587	\$17,844
Health Care Expenses	-\$1,000	-\$1,000
Available Income	\$17,587	\$16,844
Tax-Free Reimbursement from FSA	\$0	\$1,000
NET INCOME	\$17,587	\$17,844

*Assumes federal withholding of 15%, state withholding equal to 20%of federal and social security withholding of 7.65%. For illustrative purposes only. Actual dollar amounts and savings may vary.

That's a Savings of \$257 for the year!

Flex Benefit Debit Card

A Benefit Debit Card is available at no cost to the employee.

The Benefit Debit Card is a convenient way to access your FSA funds at the point of sale rather than submitting a paper claim and waiting for reimbursement. You can use it to pay for office visit and prescription copays, health insurance deductibles, and qualified over-the-counter expenses.

- The Benefit Debit Card draws funds directly from your current FSA account.
- The card should only be used for expenses that you and your eligible dependents incur within this plan year. It cannot be used to pay for services incurred in a prior plan year.
- A service must be rendered before payment can be made with the Benefit Card.
- Do not throw out any receipts! Even if your transaction goes through at the register at time of purchase, you still may need to provide documentation.

ELIGIBLE EXPENSES

To view a list of IRS approved expenses, visit <https://www.rockymountainreserve.com/whats-covered>.

FSA participants can spend FSA dollars at The FSA Store by going to www.rockymountainreserve.com.

RMR APP

RMR App is available 24/7 to access your HSA account. Search “RMR Benefits” in the app store. To create your user account Online, go to www.rockymountainreserve.com and follow the steps to register.



PHOTO BY LAURIAN WEDEN

Dental Plan

NE Delta Dental

Benefits eligible employees, both full time (standard hours of 30-40 per week) and part time employees (standard hours of 24-29 hours per week) are eligible to enroll in the voluntary dental benefits described below.

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. Littleton Regional Healthcare offers dental insurance benefits through NE Delta Dental and the plan covers routine checkups and just about any other type of dental work you may need. You can select from 2 Delta Dental options.

Note: For more detailed information on benefits, limitations and exclusions refer to the Summary of Benefits and Subscriber Certificate provided by the carrier. Please contact NE Delta Dental’s Customer Service at **800.832.5700** with questions regarding coverage, claims, or to change your dentist.

Dental Plan Options		
	Delta Dental Enhanced Plan	Delta Dental Basic Plan
Annual Deductible Calendar Year Single / Family	\$50 / \$150	\$25/\$75
Annual Maximum Limit	\$1,500 per person	\$1,000 per person
Preventive & Diagnostic Services (No deductible)	100%	100%
Basic Restorative Services	90%	80%
Major Restorative Services	60%	50%
Orthodontia Services	50%	Not covered
Orthodontia Limit (Applies to Adult & Children under age 26)	\$2,000 per lifetime	Not covered

Enhanced Plan	Biweekly Premium Cost
Employee	\$25.00
Employee + Spouse	\$50.00
Employee + Child(ren)	\$60.00
Family	\$86.00

Basic Plan	Biweekly Premium Cost
Employee	\$20.00
Employee + Spouse	\$39.00
Employee + Child(ren)	\$45.00
Family	\$66.00



Vision Plan

VSP

Benefits eligible employees, both full time (standard hours of 30-40 per week) and part time employees (standard hours of 24-29 hours per week) are eligible to enroll in the voluntary vision benefits described below. Below is a brief summary of the plans you can choose from VSP’s Signature network. To find a participating vision center, visit the website at www.vsp.com.

In-Network Benefits	VSP Network	
	High Option	Low Option
Exam	\$10 copay	\$20 copay
Frames	\$175 allowance toward any frame plus 20% off any balance over \$175	\$130 allowance toward any frame plus 20% off any balance over \$130
Standard Lenses Progressive Lenses Contact Lens Evaluation, Fitting and Follow Up Care	No copay \$55 copay Up to \$55 (includes follow up visits)	\$25 copay \$55 copay Up to \$55 (includes follow up visits)
Contact lens: Conventional lenses Disposable lenses Medically necessary lens	\$175 allowance \$175 allowance Covered in full with prior approval	\$130 allowance \$130 allowance Covered in full with prior approval

OUT-OF-NETWORK REIMBURSEMENTS

Exam	Up to \$45	Up to \$45
Frames	Up to \$70	Up to \$70
Spectacle Lenses	Single up to \$30 Bifocal up to \$50 Trifocal up to \$65 Lenticular up to \$100	Single up to \$30 Bifocal up to \$50 Trifocal up to \$65 Lenticular up to \$100
Contact Lenses Evaluation, fitting and follow up care	Subtracted from the contract lens allowance. The remainder of the allowance will be applied to the materials	Subtracted from the contract lens allowance. The remainder of the allowance will be applied to the materials
Conventional Lenses Disposable Lenses Medically Necessary	Up to \$105 Up to \$105 Up to \$210	Up to \$105 Up to \$105 Up to \$210

FREQUENCY

Exam	Once every calendar year	Once every calendar year
Spectacle Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year (instead of lenses)	Once every calendar year (instead of lenses)
Frames	Once every calendar year	Once every 24 months

Low Plan	Biweekly Premium Cost
Employee	\$4.00
Employee + Spouse	\$7.00
Employee + Child(ren)	\$8.00
Family	\$13.00

High Plan	Biweekly Premium Cost
Employee	\$7.00
Employee + Spouse	\$14.00
Employee + Child(ren)	\$15.00
Family	\$24.00



PHOTO BY MARCY BOWMAN



Employee Wellness Program

Rewards Fact Sheet

Have questions about the program's rewards? This fact sheet should answer them! And if not, please email your question to wellness@slgl.com.

What rewards are available to me for participation in LRH's Employee Wellness Program?

Participants will receive Wellness Points, which earn them "Snappy Prizes."

- **All Employees** are eligible for the prize tiers listed on the back of this fact sheet.
- **All Employees** are eligible for an additional \$100-value Snappy Prize for completing their annual exam (complete the "SayAah - Annual Physical Exam" challenge).
- **Employees on LRH's health plan** are additionally eligible for a year-end \$25-\$100-value Snappy Prize for completion of eligible preventative appointments (submitted to the "Preventative Exams" challenge).
- **Spouses of employees who are on LRH's health plan (starting 1/1/24)** are eligible to earn a \$100-value Snappy Prize for completion of the challenge: "SayAah - Annual Physical Exam." See separate information sheet for additional information on spousal participation.

What are Snappy Prizes?

Snappy Prizes come in all shapes & sizes! You will have your pick of prizes from a variety of options within the earned prize tier.

How will I receive my Snappy Prize?

An email from "Snappy" will be sent to the email address associated with your WellRight account. It will contain a link to the Snappy website & will prompt you to select your prize. You will enter a mailing address for the prize to be sent to.

What happens if I reach multiple prize tiers within a quarter?

If multiple prize tiers are reached within a quarter's reporting period, the participant will receive the incentive associated with each tier reached.

Note: This does not apply for incentives related to the **SayAah** and **Preventative Care** (on-plan version) **Challenges**.

How often are Wellness Points totaled & Snappy Prize emails distributed?

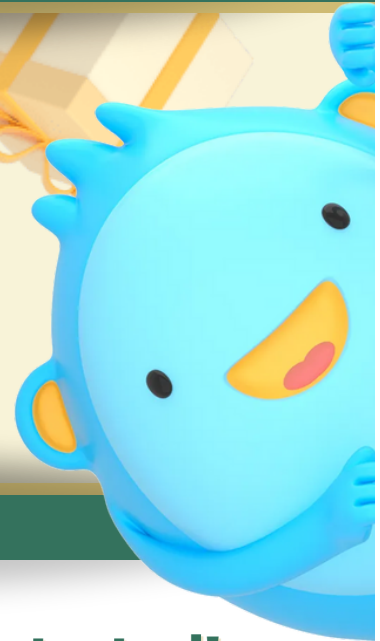
Wellness Points are totaled after each quarter ends. Snappy emails are distributed during the month that follows each quarter.

Prizes for **annual exams ("SayAah" Challenge)** processed quarterly. Prizes for participation in the "**Preventative Exams" Challenge** are processed at the end of the year (on-plan employees only). The number of approved submissions will determine the prize value for this challenge.



LITTLETON 
REGIONAL HEALTHCARE

2023 - 2024 Employee Wellness Program



Create an account and get started! All employees welcome!

Pick your challenges.
Participate.
Earn points.
Receive **rewards**.
Live **well**.

Wellness Points	Snappy Gift Prize Value
150 Points	\$25
400 Points	\$50
700 Points	\$75
1000 Points	\$100

What are Snappy Prizes?

Snappy Gifts allow participants to select their prize from a variety of options within the prize tier value.

Wellness Point totals are pulled after each quarter-end and Snappy Gift emails are sent to recipients by the end of the following month. Login for more information.



Questions? Contact wellness@slg.com

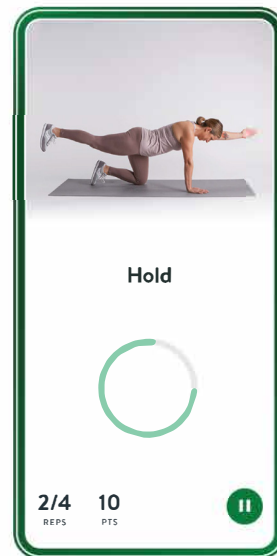


Ready, set, enroll!

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no cost to you — your Hinge Health benefit is 100% covered by your employer.

Join Hinge Health to:

- Overcome pain or limited movement
- Recover from a recent or past injury
- Keep your joints healthy and pain free



Scan the QR code to learn more!
hinge.health/resources
Questions? Call (855) 902-2777

Employees and eligible dependents must be 18+ and enrolled in a medical plan through their employer.

Retirement

Principal

LRH Offers a 403(b) retirement plan that provides eligible employees the potential opportunity for future financial security in retirement.

Eligibility and Enrollment

LRH sponsors a 403(b) plan which is available to all eligible employees to contribute to their plan. Employees are automatically enrolled for a 3% deferral to the Plan. Staff wishing to make any contribution or account changes must do so on-line by creating an account at www.principal.com (your SSN is required to create an account).

Company Match

Employees who are employed for at least one year and meet at least 1000 hours per year are additionally eligible to receive the LRH match. LRH matches \$0.50 on the dollar up to a maximum 3% employer contribution.

Examples:

- Employee contributes 6% to 403b, LRH matches 3%
- Employee contributes 4% to 403b, LRH matches 2%
- Employee contributes 12% to 403b, LRH matches 3%

Full vesting for matched funds occurs after 2 years in the Plan. Employee deferral amounts are 100% vested upon contribution.

Contributing to a 403(b) account offers a pre-tax reduction in your current year income tax liability which is in addition to the benefits of tax-deferred growth in your 403(b) account. With tax deferral, you pay no taxes on the income in your account until the money is withdrawn (penalties may apply); therefore you can earn income in the account on the money that would otherwise have been subject to taxes.

Additional information and resources are available at www.principal.com and you may also contact our Financial Advisor: Mark Foster for questions or advice.

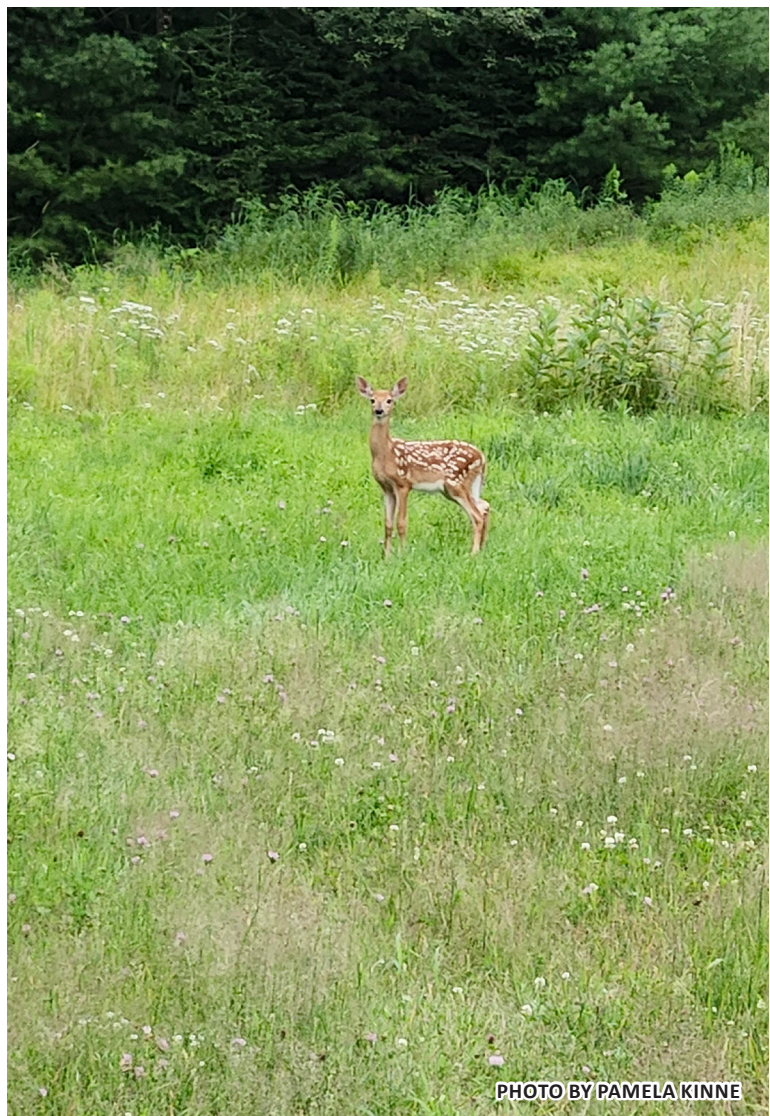


PHOTO BY PAMELA KINNE

Earned Time Off

Vacation & Sick Time

Non salaried employees working 24 or more hours per week will accrue earned time off. You accrue ETO while using it, however, you do not accrue it on overtime hours. This earned time may be taken for an employee’s own purpose including but not limited to vacation, emergencies, and/or sick time. ETO cannot be used once an employee gives their resignation. In order for an employee to receive their ETO paid out upon departure they must give adequate notice and leave in good standing with LRH.

Please review the following charts to determine an employee’s accrual rate and resignation periods.

Years of Service	Accrual Rate per Eligible Hour
0 through 24 months	.09615 per eligible worked and paid earned time hours (excludes overtime and cash-in hours)
>24 months through 48 months	.10770 per eligible worked and paid earned time hours (excludes overtime and cash-in hours)
>48 months through 108 months	.11538 per eligible worked and paid earned time hours (excludes overtime and cash-in hours)
>108 months through 168 months	.12308 per eligible worked and paid earned time hours (excludes overtime and cash-in hours)
After 168 months	.13461 per eligible worked and paid earned time hours (excludes overtime and cash-in hours)

Exempt employees will accrue earned time according to the following schedule:

Years of Service	Accrual Rate
0 through 24 months	30 days: 9.23 hours bi-weekly
>24 months through 48 months	32 days: 9.85 hours bi-weekly
>48 months through 108 months	34 days: 10.46 hours bi-weekly
>108 months through 168 months	35 days: 10.77 hours bi-weekly
>168 months	36 days: 11.08 hours bi-weekly

Holidays

- New Year’s Eve (after 3PM)*
- New Year’s Day
- Labor Day
- Thanksgiving Day
- Memorial Day
- Independence Day
- Christmas Eve*
- Christmas Day

*If applicable based on position and shift.

Note: If you are off due to a Holiday, you will need to use ETO in order to receive pay for that day.

Resignation Period

Hourly Employees	Two weeks
Salaried Employees/Management	Four Weeks

Tuition Reimbursement

Littleton Regional Healthcare strives to provide ample opportunities to our employees. One way we are doing that is with our tuition reimbursement program. After 6 months of satisfactory full or part time employment, employees are eligible for up to \$4,000.00 a fiscal year (October-September). You must maintain your employment status at LRH for 6 months following the final tuition reimbursement installment. Failure to do this will result in requiring the employee to pay the reimbursement back. The following criteria outlines the policy for approval. Once all the components are received and processed by Human Resources and payroll, you will receive a check via direct deposit or mail.

1. The completed form must be submitted to HR for pre-approval at least one week prior to the beginning of the class.
2. Upon completion of the class, you must submit grades and proof of cost.
 - a. You must maintain at least C (75) grade.

Tuition Discount Program

LRH as partnered with two schools in the state of New Hampshire that offer tuition discounts, this benefit it is handled directly through the University. This is a separate program from the tuition reimbursement however they can be used in conjunction with each other.

- Southern New Hampshire University – 10% Tuition Discount
- Franklin Pierce University – 20% Tuition Discount



PHOTO BY PAM BULLOCK

Employee Assistance Program (EAP)

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the user name: XXXXXXXXXXXX and password:XXX

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: XXXXXXXXXXXX and password: XXX



Navigating life together

Additional Benefits

- Relaxation Room
- Referral Bonus Opportunities
- Local Business Discounts
- Free coffee, tea or hot chocolate on pay day (Thursdays biweekly) and snow days
- Cafeteria Discount
- Pharmacy Discounts
- Payroll Deduction in the cafeteria, gift shop and pharmacy
- Etc.



PHOTO BY SHAWN HOLCOMB

Life and AD&D Insurance

MetLife

Littleton Regional Healthcare provides eligible employees Life and AD&D insurance* equal to 2 times your base annual earnings to a maximum of \$350,000. The coverage also provides a benefit in the event you suffer the loss of a limb or accidental death.

You are automatically enrolled in this benefit at no cost to you.

*Under current tax laws, you are required to pay income taxes on the “value” of your company provided basic life insurance coverage in excess of \$50,000. The “value” is determined by your age and schedule established by the IRS. This tax liability is called “imputed income.”

Voluntary Life Insurance

Full-time employees with standard hours of 30-40 hours per week are eligible to enroll in the Voluntary Life and Accidental Death and Dismemberment (AD&D) insurance described below, either upon hire or during open enrollment.

Voluntary Life and AD&D Insurance benefits are available for employees to purchase the first of the month following receipt of application.

Employees may purchase MetLife Voluntary Life and Accidental Death & Dismemberment insurance in increments of \$10,000 up to \$500,000, not to exceed 5 times your annual salary. For Life Insurance amounts over \$300,000 or any additional amounts you add during open enrollment, you must provide Evidence of Insurability (EOI) to MetLife before the insurance company will issue you the additional coverage.

Spousal coverage amount cannot exceed the employee amount. If you elect to cover your spouse for an amount over \$30,000, your spouse must provide EOI (Evidence of Insurability) to MetLife before the insurance company will issue the additional coverage. AD&D – The spouse amount cannot be greater than the employee election.

If you enroll for yourself, you can also elect Life and AD&D Insurance coverage for your child. Children up to age 26 will have \$10,000 in coverage.



Disability Insurance

MetLife

Employees are eligible on the first of the month following date of hire to enroll in disability coverage. Employees must be full time, working 30 or more hours per week. Disability income benefits provide a source of income in the event the employee becomes disabled from a non-work related injury or sickness.

Short-Term Disability

Short Term Disability (STD) is an employee paid benefit that pays out 60% of the employees weekly wages once the elimination period has been met. The elimination period is defined as the number of days that pass between your first day away from work for a covered disability, and the day disability benefit payments begin. Employees can choose between 2 options for STD coverage:

Option 1: 30 days for accidents & 30 days for illness.

The maximum benefit duration is 22 weeks to receive benefits while you're disabled.

Option 2: 14 days for accidents & 14 days for illness.

The maximum benefit duration is 24 weeks to receive benefits while you're disabled.

Long-Term Disability

Basic Long Term Disability (LTD)

Littleton Regional Healthcare provides Long-Term Disability at no cost to the employee. This benefit pays 50% of your monthly earnings up to a maximum of \$5,000.

Long Term Disability Buy-Up

In addition to your basic LTD benefit, you have the option to purchase additional LTD coverage. If you elect to participate in the buy-up plan the benefit amount will increase to 60% of your earnings per month to a maximum of \$15,000. Since you pay for this coverage, benefit received under the buy-up LTD plan will not be subject to taxes.

Important: If you waive the LTD buy-up insurance at this enrollment, you may be required to submit evidence of insurability (EOI) to MetLife if you apply for coverage at a later date.

The maximum period of benefit does decrease for those 63 years old and older. Please see the rates below.

Maximum Period of Payment	
Age at Disability	Maximum Period Payment
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 or older	12 months

*Please see plan certificate for further details.

Hospital Indemnity, Critical Illness, and Accident Coverage

MetLife

Full-time employees with standard hours of 30-40 hours per week are eligible to enroll in the benefits described below.

Littleton Regional Healthcare employees may choose to purchase Hospital Indemnity, Critical Illness and Accident coverages for themselves and their eligible dependents. These benefits are provided by MetLife through post-tax payroll deductions.

Hospital Indemnity

MetLife’s Hospital Indemnity Insurance coverage can help cover the costs associated with the treatment of a covered sickness or accident. MetLife pays you a lump-sum payment. There is no pre-existing condition limitation, and no waiting periods for benefits. Coverage available for all family members.

Hospital Indemnity Rates	Low Plan (per pay period)	High Plan (per pay period)
Employee Only	\$9.97	\$11.53
Employee & Spouse	\$18.09	\$22.19
Employee & Child(ren)	\$14.73	\$17.54
Family	\$22.86	\$28.20

Critical Illness

MetLife’s Critical Illness Insurance pays you a lump-sum payment when your family needs it most. The critical illness policy with MetLife will cover you for such chronic illnesses as cancer, heart attack, stroke, end stage kidney failure and others. Please refer to the summary of benefits for eligibility and other details on this plan. The payment you receive is yours to spend as you see fit and is in addition to any other insurance you may have. Help protect yourself, your family and your budget from the impact of a critical illness.

Critical Illness Rates	Monthly Premium per \$1,000 of coverage for Employees Who Elect \$5,000 of Coverage.		Monthly Premium per \$1,000 of coverage for Employees Who Elect \$10,000 of Coverage.	
	Employee	Spouse	Employee	Spouse
Age <30	\$1.95	\$1.95	\$3.90	\$3.90
30-39	\$3.40	\$3.40	\$6.80	\$6.80
40-49	\$6.75	\$6.75	\$13.50	\$13.50
50-59	\$13.40	\$13.40	\$26.80	\$26.80
60+	\$25.50	\$25.50	\$51.00	\$51.00

Accident Coverage

MetLife’s Accident coverage can help cover the costs associated with the care of a covered accidental injury. As good as the health care is that you receive today, an accident can require a variety of treatments, testing, therapies and other care and services to assist in recovery. Each of these services usually mean extra out of pocket costs for you to pay beyond what your medical plan may cover.

Accident insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event.

You may choose to enroll in either the low or high Accident Plan.

Accident Rates	Low Plan (per pay period)	High Plan (per pay period)
Employee Only	\$2.05	\$3.47
Employee & Spouse	\$3.54	\$5.91
Employee & Child(ren)	\$4.92	\$7.69
Family	\$6.42	\$10.12

Voluntary Identity and Fraud Protection

MetLife, Powered by AURA

Littleton Regional Healthcare offers voluntary Identity and Fraud Protection through MetLife, Powered by AURA

Making the internet a safer place for you and your family.

All-in-one security solution that helps protect the things you care about the most.

- Fraud Protection
- Digital Security
- Identity Theft Protection

Now that you have elected Identity and Fraud Protection powered by Aura,* go to my.aura.com/start to set up and complete your online account to get the most out of this benefit.

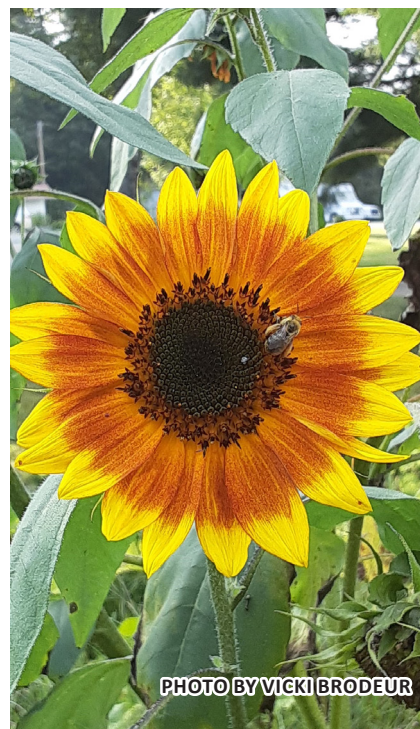


PHOTO BY VICKI BRODEUR

Protect Yourself in 5 easy steps

1 Enroll in Identity & Fraud protection powered by Aura	2 Access and complete your online account by going to my.aura.com/start	3 Activate features like bank account monitoring and add family members	4 Get alerted if suspicious activity is detected on your registered accounts	5 If your ID is stolen Aura will help you recover your identity and reimburse lost funds
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Voluntary Identity and Fraud Protection Rates	ID Fraud Basic (per pay period)	ID Fraud Plus (per pay period)
Employee Only	\$3.21	\$5.05
Family	\$5.98	\$8.75

ID Protection Rates	Participant Rate
Protection Individual	\$6.95
Protection Family	\$12.95
Protection Plus Individual	\$10.95
Protection Plus Family	\$18.95

Have Questions? The Aura customer service team is available 24 hours a day, 7 days a week.

Call **833.552.2123**

*Aura is a product of Aura Sub, LLC. Aura Sub, LLC. Is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

MetLaw Legal

Full-time employees with standard hours of 30-40 hours per week are eligible to enroll in the MetLaw Legal benefits described below.

If you've ever had legal or financial issues, you know that seeing a professional can be costly. With MetLaw, you will get an attorney you need at a cost that is affordable with no waiting periods, no deductible and no claim forms.

MetLaw can assist you with services such as:

	High Plan	Low Plan
Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Theft Defense Negotiations with Creditors Promissory Notes Tax Collection Defense 	<ul style="list-style-type: none"> Personal Bankruptcy Tax Audit Representation
Home & Real Estate	<ul style="list-style-type: none"> Boundary or Title Disputes Deeds Eviction Defense Foreclosure Home Equity Loans Mortgages 	<ul style="list-style-type: none"> Security Deposit Assistance Tenant Negotiations Property Tax Assessments Refinancing & Home Equity Loan Sale or Purchase of Home Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) Simple Wills 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts
Family & Personal	<ul style="list-style-type: none"> Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship Name Change Personal Property Protection Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings 	<ul style="list-style-type: none"> Adoption Immigration Assistance Juvenile Court Defense, Including Criminal Matters Parental Responsibility Matters Prenuptial Agreement
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Civil Litigation Defense Pet Liabilities Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> Deeds Leases Medicaid Medicare 	<ul style="list-style-type: none"> Notes Nursing Home Agreements Powers of Attorney Prescription Plans Wills
Traffic & Other Matters	<ul style="list-style-type: none"> Defense of Traffic Tickets³ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Repossession

Legal Rates	Low Coverage (per pay period)	High Coverage (per pay period)
Employee Only	\$6.83	\$11.08

To learn more visit MetLife Legal Plans and enter access code or call **800.821.6400**, Monday through Friday 8:00am to 8:00pm.



Unlock your DNA and genetics to better understand your health

The Genomic Life benefit helps navigate our members to the genomics that matter. Understanding one's unique genetics helps uncover health risks, inform treatment, and offer effective approaches to optimize health. The program comprises the following valuable features:

Essential Genomics

A suite of genetic tests offering insights into health and predisposition to diseases, specifically cancer. The genetic tests and features include:

- Genetic Health Screen
- Pharmacogenomics
- Carrier Testing
- Clinical Action Plan
- Genetic Counseling
- Member Support
844-MYGENOME
memberservices@genomiclife.com

How to Get Started

- 1 Access the secure platform for recommended tests
- 2 Provide a saliva sample from the comfort of your home
- 3 Review your results with a genetic counselor and share results with your doctor

Precision Cancer Genomics

If diagnosed with cancer, members receive ultra-personalized oncology navigation to tailor treatment and receive support and expert resources for shared decision-making.

Cancer Support Encompasses:

- Oncology Navigation
- Diagnostic Inherited Cancer Panel
- Expert Pathology Review
- Comprehensive Genomic Profiling
- Focused Molecular Testing
- Liquid Biopsy for Screening and Monitoring
- Pharmacogenomics Test for Cancer
- Pre- and Post-Test Genetic Counseling
- Physician Consult
- Clinical Information Line
- Clinical Trial Education
- Genomic Life Platform

“The expertise, dedication, and support from Jess at Genomic Life made me go from drinking from a fire hose, feeling overwhelmed and lost to feeling confident, blessed, and in control of my life again. They are truly helping me battle this disease.” – Michael Murray, Member

1 in 6

Roughly 1 in 6 people carry a genetic change that increases their risk for diseases that have medical interventions available.*

99%

Breast cancer, when detected at an early stage, has a 99% survival rate in the first five years**

This information is designed to help you choose a benefit plan for 2024 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations, and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail. Legal Disclosure: Genomic Life™ is not an insurance company. The Service does not provide payment or reimbursement of payment for treatment costs of any kind. Privacy and Confidentiality: Genomic Life takes your privacy very seriously. No identifiable protected health information is provided to any third-party without your expressed written consent. For more information on our Terms & Conditions and Privacy Policy, please visit www.genomiclife.com
*Haverfield, ET et al. Physician-directed genetic screening to evaluate personal risk for medically actionable disorders: a large multi-center cohort study. BMC Med. 2021 Aug 18;19(1):199.
**<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2022-2024-breast-cancer-fact-figures-acr.pdf>

	Genomic Life (per pay period)
Employee Only	\$7.38
Employee & Spouse	\$14.77

Customer Service Numbers

As a quick reference guide to all of our benefit vendors, please refer to the following list. For general information, please contact Human Resources.

Plan	Carrier	Phone	Website/Email
Medical Benefits	Health Plans Inc	800.532.7575	www.healthplansinc.com
Pharmacy	SmithRx	844.454.5201	www.smithrx.com
Dental Benefits	NE Delta Dental	800.832.5700	www.nedelta.com
Vision Benefits	VSP	800.877.7195	www.vsp.com
Life & AD&D, Long-Term Disability	Metlife	800.GET.MET8	www.metlife.com/mybenefits
Flexible Spending Account Dependent Care Account Health Savings Account	Rocky Mountain Reserve	888.722.1223	www.rockymountainreserve.com
Hospital Indemnity Critical Illness Accident Insurance	Metlife	800.GET.MET8	www.metlife.com/mybenefits
Employee Assistance Program	MetLife	888.319.7819	metliffeap.lifeworks.com Username: metliffeap Password: eap
Retirement/403b	Principal Mark Foster	617.982.7250	www.principal.com mfoster@sageviewadvisory.com
MetLife/Law	MetLife Legal Plans	800.821.6400	www.legalplans.com
Joint and Muscle Care	Hinge Health	855.902.2777	www.hingehealth.com
Genetic Testing	Genomic Life	844.694.3666	memberservices@genomiclife.com
Wellness	The Lawson Group	603.228.3610	wellness@slgl.com
Human Resources Department	LRH Human Resources Team	603.575.6123	hrsolutions@lrhcares.org

Notes





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