

Sample Benefit Statement

The cover photo is a sample photo. For your statements, you can submit photos of your facility or any type of photos that you prefer, and we will custom-design your cover.

Mary Smith
1234 Main Street
Greensboro, NC 27401

GENERAL HOSPITAL



Your Personalized Benefit & Total Compensation Statement

Letter from our President/CEO

Dear General Hospital Teammate:

We are pleased to present your Total Compensation & Personalized Benefit Statement for the current year. The statement includes detailed information about the value of your compensation package at General Hospital

General Hospital provides an excellent compensation package that is competitive within the health care industry. Benefits represent a substantial portion of your total compensation package and are often called the “Hidden Paycheck”. We hope that you will find this information to be useful and that you will gain an increased awareness of the competitiveness of your benefits package.

Please read your statement carefully and contact Human Resources if you have questions or if any of your information needs to be updated for this current year.

Thank you for your dedicated service to our patients and their family. We appreciate all you do each day for General Hospital.

Sincerely,

John Doe

John Doe
President and CEO

Contacts

Benefit	Phone Number	Website
Human Resources	XXX-XXX-XXXX	HR@GH.com
Medical Pharmacy	800-XXX-XXXX	www.medicalvendor.com
Dental	800-XXX-XXXX	www.dentalvendor.com
Vision	800-XXX-XXXX	www.visionvendor.com
Health Savings Account (HSA)	800-XXX-XXXX	www.hsavendor.com
Flexible Spending Account (FSA)	800-XXX-XXXX	www.fsavendor.com
Employee Assistance Program (EAP)	800-XXX-XXXX	www.eapvendor.com
Life Insurance	800-XXX-XXXX	www.lifevendor.com
Short-Term/ Long-Term Disability	800-XXX-XXXX	www.disabilityvendor.com
Long-Term Care Insurance	800-XXX-XXXX	www.ltcvendor.com
Voluntary Products	800-XXX-XXXX	www.voluntary.com
Retirement Plan	800-XXX-XXXX	www.retirementvendor.com

Your Personal Information

This annual summary of your employee benefits provided by General Hospital outlines the highlights of each plan. The benefit values and costs assume you have met or will meet your eligibility requirements.

Most of the information shown on this statement is based on the salary, service, and coverage you had on January 1, 20XX. This statement does not reflect any salary increases you may have received recently, changes in employment status, or any changes you have made to your benefits coverage since then.

We provided the following information for the report.

Date of Birth **5/22/1957**
Date of Hire **11/4/1976**



IMPORTANT INFORMATION

THE PURPOSE OF THIS REPORT IS ONLY TO SUMMARIZE YOUR BENEFITS. IT DOES NOT ESTABLISH YOUR ELIGIBILITY TO PARTICIPATE IN ANY PLAN OR TO RECEIVE BENEFITS. YOUR SUMMARY PLAN DESCRIPTIONS WILL LEGALLY GOVERN IN CASE OF QUESTIONS OR CONFLICTS. THIS REPORT IS NOT A LEGAL CONTRACT AND DOES NOT REPLACE OR OVERRIDE YOUR ORIGINAL PLAN DOCUMENTS.

CALCULATIONS

BASIC ASSUMPTIONS ARE MADE IN ORDER TO PRESENT THIS REPORT TO YOU. IT IS ASSUMED THAT YOUR INCOME, BENEFITS, AND THE LAW WILL NOT CHANGE UNTIL YOUR RETIREMENT.

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Our Investment in You

As a teammate of General Hospital, your total compensation package consists of your pay plus the value of your benefits, or indirect compensation. While your pay is easy to understand, the value of your benefits is often overlooked. As you will see below, your indirect compensation represents a significant addition to your pay. The list below presents your annualized estimated benefit values.

Your Total Compensation Package	Your Cost	GH's Cost
Benefits		
Tax Sheltered Annuity 403(b) Plan	\$4,522	\$1,357
Social Security & Medicare Insurance	\$3,459	\$3,459
Life Insurance (Supplemental Life / Basic Group Life)	\$1,346	\$58
Supplemental Accident Insurance	\$694	\$0
Disability Insurance (Voluntary STD /LTD)	\$1,040	\$124
Medical & Dental Insurance	\$2,335	\$7,867
Health Savings Account	\$1,800	\$1,500
Flexible Spending Account	\$0	\$0
Vision & Cancer Insurance	\$937	\$0
Workers' Compensation & Additional Benefits	\$0	\$1,328
Total Benefits Cost	\$16,133	\$15,693
Paid Leave (included in Annual Pay \$6,609)		
Annual Pay		\$44,360
Cost to General Hospital for Total Compensation Package		\$60,053

Paid Time Off

General Hospital appreciates your dedicated service and provides you with opportunities for rest, relaxation, and personal pursuits. Full-time and Part-time I teammates are eligible for Paid Time Off (PTO).

Those teammates in positions below a director level will begin accruing PTO immediately upon employment. Your accrual rate is based on your years of service and status which is shown in the chart below. PTO is credited at the end of each full pay period. Unused PTO is carried over for use in the next fiscal year, up to a maximum of 480 hours. Teammates hired into their current position prior to October 1, 2007 may maintain a balance of 960 hours of PTO.

Years of Service	Hours Accrued Each Pay Period	
	Full-Time	Part-time I
0 through 5 years	7.39	3.69
6 through 20 years	9.54	4.77
21 years and up	11.70	5.85

Those teammates in positions at or above a director level will receive a lump sum deposit of PTO upon hire and at the beginning of each fiscal year thereafter. These PTO hours are available for immediate use. Any PTO not used by the end of the fiscal year (September 30) will be forfeited.

● **\$6,609** The value of PTO you are eligible to accrue in 20XX, currently 304 hours annually.



Additional Health & Legal Benefits

Supplemental Cancer Insurance

Full-time teammates may purchase Supplemental Cancer Insurance for themselves and their family members. This plan will pay benefits for covered members who have cancer or any other diseases specified by this plan. You may elect from three Plan Options: Low, Medium, and High Option. The plan pays for hospital benefits, radiation/chemotherapy benefits, surgery/related benefits, wellness benefits, initial cancer diagnosis, and intensive care.

You have elected High Option Employee plus Family Supplemental Cancer Coverage.

Flexible Spending Accounts

Flexible Spending Accounts allow you to pay for medical and day care expenses on a pre-tax basis. You will save an estimated 20% to 35% of your election in payroll taxes, depending on your income level and your filing status (single, head of household, etc.).

Medical Reimbursement Plan

You may elect to pay the out-of-pocket medical expenses for you, your spouse, and dependent children using pre-tax money deposited into a Flexible Spending Account (FSA). You can elect to contribute up to \$2,500 per year into an FSA. In order to use this plan, you must enroll during the annual open enrollment period. Please be sure to carefully estimate your expenses as there is not a carry over for unused funds from one year to the next. The following items are examples of some FSA eligible medical expenses: medical co-pays and deductibles, prescriptions, eye exams, glasses, contacts, dental procedures, and chiropractic care.

Limited Medical Reimbursement Plan

The Limited Medical Reimbursement Plan is available for those individuals enrolled in the High Deductible Health Plan with a Health Savings Account. You must use your HSA funds for medical expenses but you can elect the Limited FSA to pay for Dental and Vision (glasses and contacts) expenses.

Dependent Care Reimbursement Plan

Dependent child or adult day care expenses are eligible for reimbursement. Again, list your annual expenses for day care and elect only what you know you will use. Maximum deposit allowed by the government is \$5,000 annually. If you are married and file separately, you may only contribute \$2,500.

You have not elected to contribute to a Medical or Dependent Care Flexible Spending Account.

Employee Assistance Program & Workplace Solutions

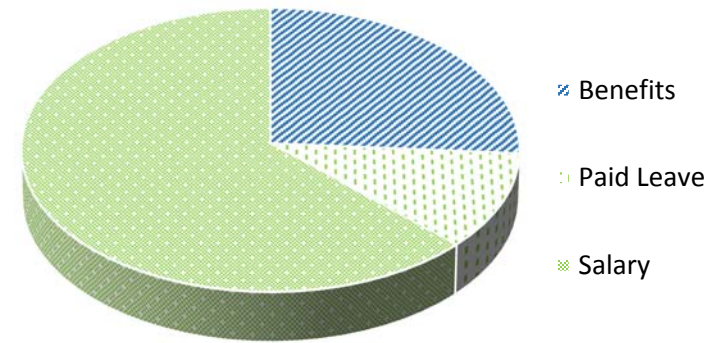
General Hospital provides an Employee Assistance Program and Workplace Solutions. Your EAP can help with personal and family stress, alcohol and drug problems, relationship difficulties, emotional problems and job stress issues. Counseling services are available 24 hours per day, 7 days per week.

Another component of EAP is Workplace Solutions which can help with legal and financial consultation and referral services. Legal assistance includes family/domestic matters, estate planning, civil matters, criminal law, motor vehicle matters, and estate law. You may receive a 25% discount for services required after the free 30-minute telephone consultations if you use the services of a locally-based network attorney. You and your family will also receive free telephone consultations up to 30 minutes per call provided by professional counselors regarding credit counseling, debt and budget assistance, retirement planning, tax planning, and college education planning.

Legal and finance questions will be answered between 8:00 a.m. and 7:00 p.m. EST, Monday through Thursday. On Friday, the hours are 8:00 a.m. to 5:00 p.m. Please see your handbook for details.

EAP toll-free assistance line for both the counseling and legal or financial services: 1(800)123-4567

Your Total Compensation



Other Benefits Available to You

General Hospital provides additional benefits that add significant value to your total compensation. Below are some of those benefits:

- Local Government Credit Union
- Educational Tuition Assistance
- Unemployment Insurance
- Employee Assistance Program
- Christmas Savings Program
- Military Leave
- Bereavement Leave
- Jury Duty Pay
- Pharmacy Discounts
- Discount Tickets Program
- Teammate Emergency Care Fund
- Teammate Appreciation Day
- Teammate Recognition and Rewards

The Discount Tickets program provides you with discounts and special access to theme parks and attractions, as well as car rental, hotels, tours, and attractions across the United States. You can also save on local events such as movies and sporting events.

Preparing for Your Retirement

Tax Sheltered Annuity 403(b) Plan (TSA)

The TSA Plan allows you to save a percentage of your income on a pre-tax basis. You may enroll in the Plan immediately upon employment at General Hospital, and you are always 100% vested in your own contributions and the earnings on your contributions. In 20XX, you may contribute up to \$18,000 of your annual income to the Plan (or up to \$24,000 if you are over age 50).

After you have been employed for one year and worked at least 1,000 hours during a plan year, you will be eligible to receive a match of 50% of your contributions, up to the first 6% of your deferral. Once you are eligible to receive the match, you will remain eligible for the duration of your employment, even if your hours of service drop below 1,000 hours per year. After three years of employment, you will be 100% vested in the matching contributions and earnings on the match.

With your current balance as of January 1, 20XX balance of **\$185,130.78**, your current contribution of **\$4,522** per year to the Tax Sheltered Annuity 403(b) Plan, along with GH's matching contribution of **\$1,357**, and interest earnings of 4%, 6%, and 8%, you could accumulate the following amounts:

At Age	4% Interest	6% Interest	8% Interest
55	N/A	N/A	N/A
60	\$212,743	\$221,132	\$229,843
65	\$292,239	\$332,455	\$378,428



General Hospital Employees' Pension Plan

If you were employed prior to January 1, 20XX, your Accrued Benefit and Retirement Growth Account in the Pension Plan was fully frozen on January 1, 20XX. The value of this account will not increase after that date, except for the interest deposits on your Retirement Growth Account, to the extent applicable. Years of Service for determining vesting and Early Retirement eligibility was not frozen. Teammates hired on or after January 1, 20XX are not eligible for benefits under this plan. The value of your January 1, 20XX Accrued Benefit/Retirement Growth Account under the Pension Plan is available for you to view at www.xxretire.com.

Health Care Benefits

Health Savings Account (HSA)

If you enroll in the High Deductible Health Plan (HDHP), a Health Savings Account (HSA) will be opened on your behalf. General Hospital will automatically make a \$1,000 annual contribution if you elected individual coverage and those with family coverage will receive up to \$1,500 annually. You may also elect to make pre-tax contributions into the HSA each year up to the maximum set by the Internal Revenue Service.

The funds in the HSA will not be taxable as long as they are used for qualified medical expenses. You should keep documentation proving that funds were used for qualified medical expenses in case of an IRS audit.

Any unused funds in your HSA will rollover for use in the next plan year. You may access your funds via a debit card provided by the financial institution or you may elect to purchase checks for use with this account.

If you leave your employment at General Hospital, you may keep your HSA.

You are not eligible for an HSA if you are covered under another medical plan (private or government plan). However, you may enroll in both an HSA and a Limited Medical Flexible Spending Account (FSA).

You are in the High Deductible Health Plan and you have contributed \$1,630 to the account and General Hospital has added \$1,500 on your behalf

Dental Plan

Healthy teeth and gums also promote your overall good health. General Hospital provides two options for Dental Coverage, the Base Plan and the Enhanced Plan. The Base Plan is available at no cost for individual coverage.

	Type I - Preventive Services	Type II Services	Type III Services	Orthodontics
Base Plan	100%	80%	25%	N/A
Enhanced Plan	100%	80%	50%	50%

Annual Deductibles for Type II and Type III Services are \$50 per member, \$150 maximum per family with no deductible for Type I Services or Orthodontics. Type II Services include restorative, endodontics, periodontics, extractions and anesthesia services. Type III services include onlays, crowns, crown/denture repair, implants, and prosthodontics. Orthodontics has a \$1,000 lifetime maximum for each covered dependent child.

You have elected Base Plan Employee & Child Coverage.

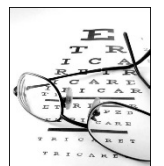


Vision Plan

If you are covered under one of the medical plans, you may receive one routine eye exam through the preventive/wellness portion of the plan (glasses and contact lenses are not covered by the medical plan).

You may also elect Voluntary Vision Coverage through Superior Vision. This plan provides an annual eye exam for a \$20 co-pay. Materials such as lenses and frames are covered in full up to a \$125 maximum allowance. Contact lenses may be purchased instead of glasses and will be covered in full up to a \$120 maximum. Services received from out-of-network providers are available at a higher co-pay. Additional discounts on covered services such as refractive surgery or non-covered benefit options such as scratch coat and tinting are also available.

You have not elected Vision Coverage.



Please see your Summary Plan Descriptions for details and limitations of all health plans.

Health Care Benefits

- You have elected High Deductible Plan/HSA Employee plus Child Medical Coverage.
- You have elected Base Plan Family Dental Coverage.
- **\$7,867** General Hospital's current annual cost for your Health Care coverage

Medical Benefits

Good health is your most valuable benefit and our health plans are designed to promote and encourage good health for you and your family by focusing on wellness. Your medical plan provides a network of excellent health care providers. General Hospital offers medical insurance coverage to all of its benefit eligible teammates and pays a portion of the cost. Coverage includes inpatient and outpatient hospital services, primary and specialist care office visits, physician's hospital visits, outpatient diagnostic services, emergency care, psychiatric care, laboratory services, home health care, and hospice care.

There are two medical plans which are administered by Medcost - the Traditional Plan and the High-Deductible Health Plan (HDHP). There are four tier levels with each plan, General Hospital, PPO 1, PPO 2, and PPO 3. General Hospital tier level includes services at General Hospital and General Hospital facilities. PPO 1 is In-Network but services **are not** available at General Hospital and PPO 2 is In-Network where services **are** available at General Hospital. PPO 3 includes services at the following facilities: ABC Regional Medical Center, County Regional, WXY Memorial Hospital.

Tier Levels	GH	PPO 1	PPO 2	PPO 3
Deductibles				
Traditional Plan Individual	\$0	\$2,000	\$2,000	\$5,000
HDHP Plan Individual	\$1,750	\$4,000	\$4,000	\$6,000
Traditional Plan Family	\$0	\$6,000	\$6,000	\$15,000
HDHP Plan Family	\$3,500	\$6,000	\$6,000	\$9,000
Out-of-Pocket				
Traditional Plan Individual	\$5,000	\$6,350	\$8,000	\$10,000
HDHP Plan Individual	\$1,750	\$4,000	\$7,000	\$10,000
Traditional Plan Family	\$10,000	\$12,700	\$24,000	\$30,000
HDHP Plan Family	\$3,500	\$6,000	\$10,000	\$12,000
Benefit Percentages				
Traditional Plan	90%	90%	60%	40%
HDHP Plan	100%	100%	60%	40%
Traditional Plan requires a \$250 co-pay for each hospital admission and an \$35 co-pay for Primary Care office visits, \$60 co-pay for Specialist Office Visits				



Prescription Drugs are covered at **100%** after the PPO deductible if you are in the **High Deductible/HSA Plan**.

If you are in the **Traditional Plan**, co-payments for a 30-day supply at a Retail Pharmacy are \$10 for generic, \$35 for preferred brand and \$50 for non-preferred brand.

The Mail Order Pharmacy provides up to a 90-day supply, and co-pays are \$20 for generic drugs, \$70 for preferred brand and \$100 for non-preferred brand. Specialty Pharmacies require a 25% co-pay, costing you between \$50 and \$100.

Preparing for Your Retirement

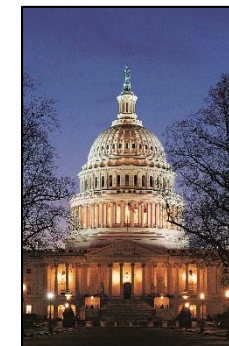
Social Security

Each year you are required by the U.S. government to contribute a percentage of your earnings into a form of retirement, commonly known as Social Security. Your contributions are matched by General Hospital and paid directly to the Social Security Administration (SSA). These contributions fund retirement income for you and your spouse, Medicare, disability benefits, survivor income for your spouse and dependent children, and a lump sum death benefit for burial expenses. The program is designed to supplement your personal retirement income savings.

In 1999, the SSA began providing a form titled Personal Earnings and Benefit Estimate Statement to each participant on an annual basis. It provides you with an estimate of your retirement benefits at age 62, 65, or 70. For more information about this form call toll-free **(800)772-1213** or view its web site at www.ssa.gov.

In 1983, legislation increased the Normal Retirement Age for Social Security retirement benefits. The following table will allow you to determine your Normal Retirement Age based on your date of birth.

Year of Birth	Normal Retirement Age	Year of Birth	Normal Retirement Age
Before 1938	65	1955	66 and 2 months
1938	65 and 2 months	1956	66 and 4 months
1939	65 and 4 months	1957	66 and 6 months
1940	65 and 6 months	1958	66 and 8 months
1941	65 and 8 months	1959	66 and 10 months
1942	65 and 10 months	1960 and after	67
1943 - 1954	66		



Survivor's Benefits

Basic Group Life Insurance

All full-time teammates are provided group life insurance coverage at no cost. The amount of coverage provided is equal to your Basic Annual Earnings, rounded up to the next highest \$1,000 increment, up to a maximum of \$100,000. In the event of accidental death, an additional 100% of your Basic Annual Earnings (up to a maximum of \$100,000) will be paid to your beneficiary. *Age Reduction Stipulations apply beginning at age 65. Your Basic Group Life and AD&D Coverage is shown below:*

- \$46,000 **Basic Coverage**
- \$46,000 **AD&D Coverage**
- \$58 **General Hospital's current annual cost for your Life Insurance**

Supplemental Life Insurance

General Hospital offers Supplemental Life Insurance which may be purchased through payroll deduction for you, your spouse and/or dependent children (Spouse and Dependent Coverage may only be elected if you elected Employee Supplemental coverage). Employee Supplemental Life may be elected in units of \$10,000, up to \$100,000. Spouse coverage may not exceed 50% of Employee coverage and is available in units of \$5,000, up to a maximum of \$25,000. Life coverage for your dependent children may be elected in units of either \$5,000 or \$10,000.

You have the following Supplemental Life Coverage:

- \$100,000 **Supplemental Employee Coverage**
- \$25,000 **Supplemental Spouse Coverage**
- \$10,000 **Supplemental Dependent Coverage**

Supplemental Accident Insurance

General Hospital offers Supplemental Accident Insurance which may be purchased through payroll deduction. The plan offers two levels of coverage, Low Option and High Option. You may cover only yourself or you may elect coverage for the entire family. Coverage includes benefits for accidental death, dismemberment, hospital confinement, and outpatient medical treatment. The coverage is portable.

- **You have elected High Option Family Supplemental Accident Insurance.**

Supplemental Life and/or Supplemental Accident Insurance may be elected within the first 30 days after your eligibility date. Election after this date may only occur during open enrollment and will require Evidence of Insurability.

Other Survivor's Benefits

Your beneficiary may receive benefits from your Retirement Plans and from Social Security.



Income Protection

Disability Insurance

Long-Term and Short-Term Disability Insurance serve to protect one of the most valuable assets you possess, your ability to earn a living. Disability Insurance benefits allow you to pay bills and meet other day-to-day expenses when you are out of work due to illness or injury.

Long-Term Disability (LTD)

Full-time teammates are eligible for Long-Term Disability Insurance at no cost. If the insurance company determines that you are disabled in accordance with the terms of the LTD policy, you will be eligible to receive 60% of your monthly base pay, up to a maximum monthly benefit of \$5,000. The benefits begin after 180 consecutive days of disability.

- \$2,261 **Your estimated monthly Long-Term Disability benefit**
- \$124 **General Hospital's current annual LTD Insurance cost**

Voluntary Short-Term Disability (STD)

You may purchase Short-Term Disability Insurance through payroll deduction. During enrollment, you will elect a waiting period of 7, 14, or 30 days. This waiting period begins on the first day of your absence from work due to illness or accident. Benefits are paid until you return to work, or until six months after your absence begins, whichever is earlier.

You may elect up to 60% of your monthly earnings, maximum of \$5,000. Your minimum election is \$400, and you may increase the benefit in \$100 increments up to the maximum election.

- \$2,200 **Your monthly Voluntary Short-Term Disability benefit**

Short-Term Disability Insurance is guaranteed issue when first eligible, but requires Evidence of Insurability if elected after initial eligibility. If not elected during the initial eligibility, you must wait until open enrollment to elect Short-Term Disability.

