

YOUR 2022 Benefits Snapshot



Open Enrollment for Your 2022 Benefits is Oct.14-28.

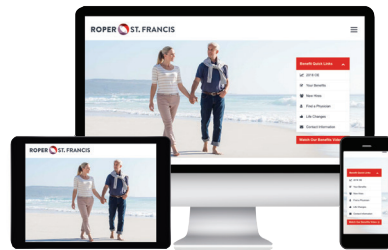
What's New for 2022

We review our benefits program each year to ensure we are providing the plans and coverages that best meet the needs of you and your family. The following are a few highlights of our 2022 offerings.

Easy Access to Benefits Info

You and your family members can easily access your benefits information whenever and wherever you need it at our benefits website, **RSFBenefits.com**. You also can download the Benefitplace™ app to complete your enrollment on your mobile device. Use the code "RSFBenefits".

Enrolling by telephone is NOT an option. All benefit elections must be submitted on the benefits website or Benefitplace™ app.



Medical Plan Options

RSFH recently enhanced the virtual care (telemedicine) program to provide some behavioral health services in addition to primary care. There are no other plan design changes to the medical plan offerings for 2022. The medical plans below continue to be available:

- **Alliance Prime:** Copay plan with exclusive provider options within the RSF Health Alliance Network only.
- **Alliance Flex:** Similar to Alliance Prime, but also offers access to the nationwide BlueCross BlueShield network
- **Alliance Save:** High deductible plan with a Health Savings Account
- **Alliance Out of Area:** Intended for those living outside the Tri-County area.

RSFH has made a significant investment for 2022 to help keep premiums affordable. You can view more details on the plans and premiums on **RSFBenefits.com**.

Flexible Spending Accounts/Health Savings Account

The IRS has increased the HSA contribution limits modestly for 2022. The annual limit on HSA contributions will be \$3,650 for teammate only coverage and \$7,300 for family coverage. Catch-up contributions for those ages 55 or older remains \$1,000.

The maximum contribution limit for Health Flexible Spending Account for 2022 will be \$2,750. The maximum contribution limit for Dependent Care FSA remains \$5,000.

Whil - Mindfulness App

RSFH introduced a new tool earlier this year that you can use to manage stress and improve your wellbeing, relationships, sleep and more. Whil has daily sessions and more than 250 science-based mini-courses covering a wide array of wellbeing topics. We're excited to embrace mindfulness as part of our culture.

To sign up, teammates can create a Whil account at: <https://connect.whil.com/sponsor/RSFH>. You will need to enter your RSFH teammate ID number. Next, download the Whil app from the App Store or Google Play and enter your login credentials.

Have a question?

Contact the HR Benefits Team at **843-720-8400, Option 2** or by email at HRBenefitsTeam@rsfh.com

How to Enroll

STEP 1

CONSIDER YOUR OPTIONS

- Visit **RSFBenefits.com** and take the time to review the "What's New for 2022" page along with our medical, dental, vision and other plan options to determine the best plan for you and your family.
- Determine your contribution into your Health Savings Account (for **Alliance Save** participants) and/or Flexible Spending Accounts (Health and Dependent Day Care).

STEP 2

MAKE YOUR SELECTIONS

- ALL teammate usernames and passwords are reset for Open Enrollment.

Username: Use "RSF" plus your employee number (ex. If your employee number is 103123, enter RSF103123. Do not include the first initial of your name.)

Password: Use your date of birth in this format: the 2-digit date of your birth followed by the first 3 letters of your birth month followed by the 4-digit year of your birth (ex. 08Jun1976).

- Complete your selections from Oct.14-28 by visiting the RSFH Benefits website at **RSFBenefits.com**. or the Benefitplace™ app.

STEP 3

CONFIRM YOUR SELECTIONS

- Print your confirmation statement from the website as proof of enrollment. No confirmation statements will be mailed to your home.
- Please note that adding dependents to the plans requires you to submit the necessary documentation prior to your enrollment deadline.

IMPORTANT

Your 2021 elections for Health Savings Accounts, Health Flexible Spending Accounts and Dependent Care Flexible Spending Accounts do NOT carry over, so you must actively enroll in these plans if you want to participate in 2022. If you do not make any changes, your 2021 elections for medical, dental, vision, disability and supplemental/dependent life insurance will carry over for 2022.



2022 Medical Plan Rates

		QUALIFIED* (BI-WEEKLY)	NOT QUALIFIED (BI-WEEKLY)			QUALIFIED* (BI-WEEKLY)	NOT QUALIFIED (BI-WEEKLY)
ALLIANCE PRIME				ALLIANCE PRIME			
Full Time	TM Only	\$63.69	\$102.15	Part Time	TM Only	\$134.77	\$173.23
	TM+Spouse	\$184.81	\$223.27		TM+Spouse	\$387.45	\$425.91
	TM+Children	\$100.14	\$138.60		TM+Children	\$242.77	\$281.23
	Family	\$213.31	\$251.77		Family	\$517.12	\$555.58
ALLIANCE FLEX				ALLIANCE FLEX			
Full Time	TM Only	\$108.67	\$147.13	Part Time	TM Only	\$230.01	\$268.47
	TM+Spouse	\$315.39	\$353.85		TM+Spouse	\$661.22	\$699.68
	TM+Children	\$237.85	\$276.31		TM+Children	\$501.11	\$539.57
	Family	\$444.43	\$482.88		Family	\$924.45	\$962.91
ALLIANCE SAVE				ALLIANCE SAVE			
Full Time	TM Only	\$9.14	\$47.60	Part Time	TM Only	\$9.14	\$47.60
	TM+Spouse	\$104.26	\$142.73		TM+Spouse	\$218.89	\$257.35
	TM+Children	\$72.16	\$110.62		TM+Children	\$157.70	\$196.17
	Family	\$154.33	\$192.79		Family	\$337.27	\$375.73



Your 2022 Dental Plan Biweekly Contributions

FULL-TIME	SILVER PLAN
Teammate	\$9.45
Teammate + Spouse	\$18.90
Teammate + Child(ren)	\$27.61
Family	\$39.06

PART-TIME	SILVER PLAN
Teammate	\$15.32
Teammate + Spouse	\$30.64
Teammate + Child(ren)	\$44.77
Family	\$63.35



Your 2022 Vision Plan Biweekly Contributions

FULL-TIME AND PART-TIME	
Teammate	\$3.85
Teammate + Spouse	\$7.74
Teammate + Child(ren)	\$8.45
Family	\$12.39

*Teammates with a hire date, status change, or life event with an effective date from January 1, 2022, through December 31, 2022, will default to the Qualified status for enrollment in the 2022 and 2023 medical plans

Coverage for Frequently Used Services

This is a summary. If there is a discrepancy between this summary and the plan document, the plan document controls.

BENEFITS	ALLIANCE PRIME		ALLIANCE FLEX		
	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
	RSFH-OWNED	RSFH-AFFILIATE	RSFH-OWNED	RSFH-AFFILIATE	
Calendar Year Deductible	\$500/individual \$1,000/family		\$1,000/individual \$2,000/family		\$2,000/individual \$4,000/family
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$3,000/individual \$6,000/family		\$2,750/individual \$5,500/family		\$3,500/individual \$7,000/family
Cross Application	Not applicable		Deductibles and Out-of-Pocket Maximums cross apply to RSFH Health Alliance Network and BlueCross Network		
Primary Care Doctor Office Visits (PCP)	\$20 co-pay		\$20 co-pay		\$30 co-pay
RSFH Virtual Care - Primary Care	\$15 co-pay	Not covered	\$15 co-pay	Not covered	Not covered
Specialty Care Doctor Office Visits	\$60 co-pay		\$60 co-pay		\$70 co-pay
Coinsurance Paid by You	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
PREVENTIVE CARE	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Routine Physicals	100% covered		100% covered		100% covered
Well-Child Visits	100% covered		100% covered		Pay 50% after deductible
Weight Loss	100% covered up to \$600		100% covered up to \$600		Pay 50% after deductible
Mammograms	100% covered (all deemed preventive)	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 50% after deductible	Pay 50% after deductible
Annual Well-Woman Visit	100% covered		100% covered		100% covered
Other Gynecological Exams	\$20 co-pay		\$20 co-pay		\$30 co-pay
Colonoscopy	100% covered (all deemed preventive)	Pay 50% after deductible	100% covered (all deemed preventive)	Pay 50% after deductible	Pay 50% after deductible
BEHAVIORAL HEALTH	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Inpatient/Outpatient	Pay 20% after deductible		Pay 20% after deductible		
RSFH Virtual Care - Therapy	\$20 co-pay	Not covered	\$20 co-pay	Not covered	Not covered
Office	Primary Care: \$20 co-pay Specialist: \$60 co-pay		Primary Care: \$20 co-pay Specialist: \$60 co-pay		
HOSPITAL CHARGES <i>(inpatient and outpatient)</i>	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Hospital Facility Charges	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Physician Charges	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
URGENT AND EMERGENCY CARE	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Urgent Care	\$20 co-pay	n/a	\$20 co-pay	n/a	\$70 co-pay
Emergency Room <i>(copay waived if admitted)</i>	\$250 co-pay		\$250 co-pay		\$250 co-pay
Ambulance	Pay 20% after deductible		Pay 20% after deductible		Pay 20% after deductible
OUTPATIENT SERVICES	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Outpatient Routine Radiology <i>(x-ray)</i>	\$50 co-pay	Pay 50% after deductible	\$50 co-pay	Pay 50% after deductible	Pay 50% after deductible
Outpatient Specialty Radiology <i>(MRI, PET, CT)</i>	\$100 co-pay	Pay 50% after deductible	\$100 co-pay	Pay 50% after deductible	Pay 50% after deductible
Outpatient Laboratory	\$20 co-pay	Pay 50% after deductible	\$20 co-pay	Pay 50% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(facility)</i>	Pay 20% after deductible	Pay 50% after deductible	Pay 20% after deductible	Pay 50% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(physician/surgeon)</i>	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Outpatient Dialysis	Pay 20% after deductible		Pay 20% after deductible		Pay 20% after deductible
Outpatient Chemotherapy	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Bariatric Surgery	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
OTHER SERVICES	RSFH HEALTH ALLIANCE NETWORK		RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK
Therapy Services <i>(Physical, Speech, Occupational)</i> <i>Limited to 40 visits combined all network tiers per person per year</i>	\$60 co-pay per condition		\$60 co-pay per condition		\$70 co-pay per condition
Durable Medical Equipment	Pay 20% after deductible		Pay 20% after deductible		
Spinal Manipulations <i>(chiropractic care, massage therapy)</i> <i>Limited to \$1,000 maximum per member per benefit year</i>	Pay 50% (not subject to deductible)		Pay 50% (not subject to deductible)		
Home Health Care <i>(limited to 100 visits annually)</i>	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
Hospice	Pay 20% after deductible		Pay 20% after deductible		
Organ Transplants and Transplant Evaluations	Pay 20% after deductible		Pay 20% after deductible		
Clinical Trials	Pay 20% after deductible		Pay 20% after deductible		Pay 50% after deductible
PRESCRIPTION COVERAGE	EXPRESS SCRIPTS – CLAIMS ADMINISTRATOR EXPRESS SCRIPTS MAIL ORDER PHARMACY				
Prescription Drug Deductible	Not applicable		Not applicable		
Prescription Drug Out-of-Pocket Maximum	\$1,200 individual/\$2,400 family		\$1,200 individual/\$2,400 family		
Retail Prescription Drug <i>(Generic/Brand/Non-Preferred Brand)</i>	\$10/\$35/ Pay 40% (\$50 min/\$150 max)		\$10/\$35/ Pay 40% (\$50 min/\$150 max)		
Mail Prescription Drug <i>(Generic/Brand/Non-Preferred Brand)</i>	\$20/\$87.50/ Pay 40% (\$125 min/\$375 max)		\$20/\$87.50/ Pay 40% (\$125 min/\$375 max)		

*Any combination of covered individuals can meet the family deductible; there is no individual deductible.

**Any combination of covered individuals can meet the family out of pocket maximum; there is no individual out of pocket maximum.

BENEFITS	ALLIANCE SAVE			
	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
	RSFH-OWNED	RSFH-AFFILIATE		
Calendar Year Deductible	Individual Coverage: \$1,750/individual Family Coverage*: \$3,500/family		Individual Coverage: \$2,500/individual Family Coverage*: \$5,000/family	Individual Coverage: \$5,000/individual Family Coverage*: \$10,000/family
Out-of-Pocket Maximum <i>(includes deductible)</i>	Individual Coverage: \$3,500/individual Family Coverage**: \$7,000/family		Individual Coverage: \$5,000/individual Family Coverage: \$7,150/individual \$10,000/family	Unlimited
Cross Application	Deductibles and Out-of-Pocket Maximums cross apply to RSFH Health Alliance Network and BlueCross Network			Not Applicable
Primary Care Doctor Office Visits <i>(PCP)</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
RSFH Virtual Care - Primary Care	Pay 20% after deductible	Not covered	Not covered	Pay 50% after deductible
Specialty Care Doctor Office Visits	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Coinsurance Paid by You	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
PREVENTIVE CARE	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Routine Physicals	100% covered		100% covered	Pay 50% after deductible
Well-Child Visits	100% covered		Pay 30% after deductible	Pay 50% after deductible
Weight Loss	100% covered up to \$600		Pay 30% up to \$600	Pay 50% up to \$600
Mammograms	100% covered (all deemed preventive)	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Annual Well-Woman Visit	100% covered		100% covered	Pay 50% after deductible
Other Gynecological Exams	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Colonoscopy	100% covered (all deemed preventive)	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
BEHAVIORAL HEALTH	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Inpatient/Outpatient	Pay 20% after deductible			Pay 50% after deductible
RSFH Virtual Care - Therapy	Pay 20% after deductible	Not covered	Not covered	Not Applicable
Office	Pay 20% after deductible			Pay 50% after deductible
HOSPITAL CHARGES <i>(inpatient and outpatient)</i>	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Hospital Facility Charges	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Physician Charges	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
URGENT AND EMERGENCY CARE	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Urgent Care	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Emergency Room <i>(copay waived if admitted)</i>	Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible
Ambulance	Pay 20% after deductible		Pay 20% after deductible	Pay 20% after deductible
OUTPATIENT SERVICES	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Outpatient Routine Radiology <i>(x-ray)</i>	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Specialty Radiology <i>(MRI, PET, CT)</i>	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Laboratory	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(facility)</i>	Pay 20% after deductible	Pay 30% after deductible	Pay 30% after deductible	Pay 50% after deductible
Outpatient Surgery <i>(physician/surgeon)</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Outpatient Dialysis	Pay 20% after deductible		Pay 20% after deductible	Pay 50% after deductible
Outpatient Chemotherapy	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Bariatric Surgery	Pay 20% after deductible		Pay 30% after deductible	Not covered
OTHER SERVICES	RSFH HEALTH ALLIANCE NETWORK		BLUECROSS NETWORK	OUT OF NETWORK
Therapy Services <i>(Physical, Speech, Occupational)</i> <i>Limited to 40 visits combined all network tiers per person per year</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Durable Medical Equipment	Pay 20% after deductible			Pay 50% after deductible
Spinal Manipulations <i>(chiropractic care, massage therapy)</i> <i>Limited to \$1,000 maximum per member per benefit year</i>	Pay 50% after deductible			
Home Health Care <i>(limited to 100 visits annually)</i>	Pay 20% after deductible		Pay 30% after deductible	Pay 50% after deductible
Hospice	Pay 20% after deductible			\$3,000 benefit maximum
Organ Transplants and Transplant Evaluations	Pay 20% after deductible		Pay 30% after deductible	Not covered
Clinical Trials	Pay 20% after deductible			Not covered
PRESCRIPTION COVERAGE	EXPRESS SCRIPTS – CLAIMS ADMINISTRATOR EXPRESS SCRIPTS MAIL ORDER PHARMACY			
Prescription Drug Deductible	Included in Medical deductible			Not covered
Prescription Drug Out-of-Pocket Maximum	Included in Medical Out-of-Pocket Maximum			Not covered
Retail Prescription Drug <i>(Generic/Brand/Non-Preferred Brand)</i>	Pay 30% after deductible			Not covered
Mail Prescription Drug <i>(Generic/Brand/Non-Preferred Brand)</i>	Pay 30% after deductible			Not covered