



## 2014 Benefits for Interns/Residents

### MEDICAL, DENTAL AND VISION PLANS

Alameda Health System pays the entire cost for the AHS Freedom of Choice Plan and the AHS Independence Plan.

Employees do contribute to the cost for Kaiser plans with the exception of the Kaiser Low Option which has no premium for full-time employees. Part-time employees contribute at a slightly higher rate than full-time employees.

### MEDICAL PLANS

- |                                                |                      |
|------------------------------------------------|----------------------|
| • AHS Freedom of Choice PPO                    | see enrollment guide |
| • AHS Independence PPO                         | see enrollment guide |
| • Kaiser High Option – Traditional HMO Plan    | \$15 co-pay          |
| • Kaiser Mid Option – Low Deductible HMO Plan  | \$30 co-pay          |
| • Kaiser Low Option – High Deductible Plan/HSA | \$20 co-pay          |

*(If you select a Kaiser plan you must have a California address. If you do not have a California address you must elect the PPO Plan).*

Please note: The co-pays listed above are based on primary care physician's office visits only. Please refer to your enrollment guide for other service costs.

### Dental Plan Choices

- **Delta Dental Premier** (\$1,200 year maximum/\$45 annual deductible per person)
- **Delta Premier Buy-up** (\$2,000 year maximum/\$45 annual deductible per person – includes partial Ortho)
- **Delta Care PMI** (HMO plan – includes partial Ortho)

AHS pays the premium for dental plans with the exception of the Delta Premier Buy-up which requires a nominal premium.

### VSP Vision Insurance

- VSP covers an exam, frames (up to \$200) and lenses (regular, bifocal or trifocal) every 12 months
- Eligible dependents may be covered in addition to employees
- Non covered employees may obtain a vision exam through their medical plan

VSP is a voluntary program for which the employee pays a nominal premium

## Vision Expense Reimbursement

- In addition to VSP coverage if elected, **AHS** provides a reimbursement of up to \$200 every 24 months for out-of-pocket vision expenses on frames and lenses, or prescription contacts, (excludes dependents) per specific union contracts
- Reimbursements are made through the Finance Department

## Alternate Deferred Compensation/Social Security Replacement

- This program is offered as an alternative to the Social Security tax
- If you wish to participate in the Alternate Deferred compensation plan, you must elect to do so by the date on the election form
- This program is through Prudential's Retirement services 877-778-2100
- Contributions are pre-tax
- AHS will contribute 4.5% and the employee will contribute 3%. Contributions may not be withdrawn until termination

## Regular 457(b) and 403 (b) Deferred Compensation Plans

- The AHS offers separate 457(b) and a 403(b) Deferred Compensation plans in which an employee can voluntarily contribute retirement savings on a pre-tax or after tax basis. For more information on **AHS's** retirement saving options please visit the AHS-prudential website at [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).

## Vacation, Sick Leave and Holidays (Regular Full-time Employees)

- 10 paid Holidays per year based on Union contract

## Pre-Tax Dependent Care Spending Account

- You may elect to contribute up to \$5,000 annually for dependent care expenses

## Transit Program/Guaranteed Ride Home

- You are eligible to put up to \$130 pre-tax dollars per month (\$60.00 per pay period), into a pre-tax transit account to purchase BART tickets, bus passes, etc.
- The transit/commuter program is administered through CBA (Custom Benefit Administrators)
- Employees utilizing alternative methods to commute to work (carpooling, public transit, bicycles, etc.) are eligible to participate in the Guaranteed Ride Home Program.
- The Guaranteed Ride Home Program is a free service that provides a voucher for either a car rental or a cab ride, in the case of an emergency, where the employee must get home quickly. Contact the benefits department for more information.

## Employee Assistance Program

- **EMPLOYEE ASSISTANCE PROGRAM (EAP):** **AHS** has an EAP available for employees, spouses/domestic partners and eligible dependents. This program provides services such as counseling, financial consulting, child and elder care consulting and some legal counseling. Services are provided through MHN 800-227-1060.

## Domestic Partners

- **AHS is required to report the cost of employer-paid health care for domestic partners as taxable income. Our payroll system taxes this imputed income amount each pay period and this is reported to the IRS on the employee's W2**
- If you wish to cover a qualified domestic partner as a dependent on your **AHS** benefits plans, you must submit a notarized affidavit of domestic partnership and supporting documentation to the HR Benefits department within 30 days of your date of hire, or within 30 days of the date the dependent becomes a qualified domestic partner. Contact the Benefits Department for more information

## Share the Savings

If you waive medical coverage offered through **AHS** and provide documentation of your alternate medical coverage, you may apply to receive a stipend of \$250 per month through our Share the Savings program.

Proof of alternate medical coverage must include the employee's name, provider or group employer name, and current date and may be any of the following:

- A letter from your spouse/domestic partner's employer
- A letter from your alternative insurance carrier demonstrating current coverage
- Medical cards showing coverage effective for the 2014 benefit plan year (Kaiser cards are not acceptable, as they do not show an effective date.)
- Printout from carrier webpage

If you waive dental coverage you are eligible for a \$20 stipend. Proof of alternate coverage is not required.

**To waive coverage, you must log on to My Passport and select the *wave plan* for each coverage you are waiving.**

The stipend will be paid on the second check of each month. Please contact HR-Benefits for more information.

## Education Reimbursement

Certain job-related educational programs are eligible for reimbursement. See your manager for information and approval prior to enrolling in or attending any program for which you wish reimbursement.

Educational Reimbursement    Lisa Miller    (510) 535-7543

**CONSULT YOUR BENEFITS GUIDE FOR MORE DETAILED INFORMATION  
ON YOUR BENEFIT PLANS**

**PLEASE NOTE:**

**YOU MUST ENROLL IN BENEFITS WITHIN 30 DAYS OF YOUR HIRE  
DATE. FAILURE TO DO SO WILL RESULT IN NO BENEFIT COVERAGE**

**Effective Date of Your Benefits - Please read carefully**

**Your benefits are covered as of the first day of your employment. However, it takes one to two weeks for the benefit carriers to receive your enrollment information.**

**If you or a family member experiences a true emergency during the first two weeks after hire, please contact our Benefit Department for assistance.**

**TO ENROLL IN BENEFITS, COMPLETE YOUR BENEFIT ENROLLMENT ONLINE IN MY PASSPORT AND BRING OR FAX YOUR REQUIRED DOCUMENTATION TO THE BENEFITS DEPARTMENT WITHIN 30 DAYS OF YOUR HIRE DATE.**

**BENEFITS DEPARTMENT:**

**Fairmont Campus  
15400 Foothill Blvd, Building C  
San Leandro, CA 94578**

**PHONE NUMBER:**

**510-346-7557 x32019 or x32017**

**FAX:**

**510-346-7580**

***More comprehensive plan documentation and benefit forms are available on the  
AHS Intranet***