Employee Benefit Highlights

“We share our passion for excellence with everyone ... everyday.”

PO Box 16052, Reading, PA 19612-6052
This booklet provides highlights of The Reading Hospital and Medical Center Employee Benefit Program. The Summary Plan Description fully describes the plans. If there is any discrepancy between this booklet and the official Plan Documents, the official Plan Documents will govern. The Hospital intends to operate the plans indefinitely, but reserves the right to change the levels and types of benefits, or otherwise terminate the plans, in whole or in part, at any time, at its sole and absolute discretion. This document does not represent a contractual obligation on the part of The Reading Hospital and Medical Center.
VOLUNTARY BENEFIT OPTIONS

Because of the diversity of our work force, The Hospital’s Benefit Program enables eligible employees to select additional benefits that make sense for you and your family. In some cases, the Hospital and you share the cost. In other instances, you pay the full amount.

Many of these programs allow you to utilize pre-tax dollars so that you can stretch your benefit payments further.

<table>
<thead>
<tr>
<th>VOLUNTARY BENEFIT OPTIONS</th>
<th>SCHEDULE/SUMMARY</th>
<th>ELIGIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Health Benefits</td>
<td>Choose from three preferred-provider organization (PPO) health plans.</td>
<td>All benefit eligible employees. Eligible the first of the month following date of employment and upon enrollment.</td>
</tr>
<tr>
<td>(includes prescription &amp; vision coverage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>Choose between two Delta Dental PPO plans.</td>
<td>All benefit eligible employees. Eligible the first of the month following date of employment and upon enrollment.</td>
</tr>
<tr>
<td>Additional Vision Care</td>
<td>Optional coverage for glasses or contacts for dependents; available for $3.50 per pay per family through Vision Benefits of America.</td>
<td>All benefit eligible employees with elected medical benefits coverage. Eligible the first of the month following date of employment and upon enrollment.</td>
</tr>
<tr>
<td>Short-Term Disability</td>
<td>Total disability after using all paid leave bank and before commencement of Long-Term Disability insurance. You chose the monthly benefit paid under the program.</td>
<td>All benefits-eligible employees. Participation begins on the first day of the month following 90 days if continuous service and upon enrollment.</td>
</tr>
<tr>
<td>Dependent Care Spending Account</td>
<td>Tax-free reimbursement of eligible daycare and elder-care expenses; $5,000 annual maximum.</td>
<td>All benefits-eligible employees. Eligible upon employment and upon enrollment.</td>
</tr>
<tr>
<td>Medical Care Spending Account</td>
<td>Tax-free reimbursement of eligible healthcare expenses, prescription drugs, vision, dental and eye expenses; over-the-counter (OTC) drugs and medicines (other than insulin) must have a physician prescription to be eligible for reimbursement. $5,200 annual maximum.</td>
<td>All benefits-eligible employees. Eligible upon employment and upon enrollment.</td>
</tr>
<tr>
<td>403(b) Retirement Savings Program</td>
<td>Pre-tax retirement savings plan through salary reduction; contribution maximums vary annually.</td>
<td>Must be scheduled and work 16 hours or more bi-weekly. Eligible upon enrollment.</td>
</tr>
</tbody>
</table>

Note: Any changes made by existing employees during the open enrollment period in 2010 will become effective January 1, 2011.
Benefits eligible employees (regular employee scheduled to work a minimum of 32 hours per bi-weekly pay period) may choose group health benefits through The Reading Hospital and Medical Center Group Health Plan.

You have a choice among three PPO plans offered through the Berkshire Health Partners (BHP) Network. No matter which you choose the cost of this protection is shared by you and the Hospital. You use pre-tax dollars to minimize your cost.

■ PLAN A  Plan A offers the highest level of coverage. Likewise, the employee share of premiums paid each pay period is higher. Employees may choose to use TRHMC only, providers in the BHP network, or providers outside the BHP network.

■ PLAN B  Plan B offers a moderate comprehensive level of coverage while significantly reducing the employee share of the premiums paid each pay period. Employees may choose to use TRHMC only, providers in the BHP network, or providers outside the BHP network.

■ PLAN C  Provides eligible employees with lower shared costs and deductibles, and directs coverage options to TRHMC only, except in cases of emergency. (See details below.)

PLAN C – Only employees regularly scheduled to work a minimum of 72 hours per bi-weekly pay period who meet the income limits set forth below may choose PLAN C.

You qualify if you are:
- A single employee electing single coverage: base pay is $18.00 per hour or lower (excludes shift differential and overtime).
- Married and/or have dependents covered: household income limits based on number in family (counting yourself) – not the number covered by your plan:
  - $35,000  two
  - $44,000  three
  - $53,000  four
  - $62,000  five
  - $71,000  six
  - $80,000  seven
  - $89,000  eight

  $9,000 more for each additional family member over eight dependents. You must complete the online Plan C Eligibility Form as proof of family income.

- Laboratory, imaging, and physical therapy services must be obtained at TRHMC or at a TRHMC-affiliated facility if you reside in Berks County. The only exceptions are for emergency situations and minor laboratory and radiologic procedures performed in the offices of physicians on the medical staff of The Reading Hospital and Medical Center. Imaging services include: X-rays, Mammograms, MRI's, CT scans, Cardiac Ultrasounds, Cardiac Stress Tests, Nuclear Medicine Studies, and EKG’s.

- The Short Term Rehabilitation Therapy benefit limit is 30 visits per condition per calendar year. Access to these visits is managed through Medicus Resource Management.

- Reimbursement for Durable Medical Equipment is $4,000 per year.
Important Information about Plan Options

■ Selecting providers under PLAN A or B:
You continue to have three options in choosing providers except for stand-alone surgical or procedural centers, laboratory, imaging, and physical therapy services.
  √ **TRHMC:** If you choose TRHMC providers, you are rewarded with higher coverage and lower deductibles.
    (Employees who reside outside Berks County may use BHP network hospitals in their home county to obtain the same coverage and deductible advantages).
  √ **BHP Network:** You may choose providers who have contracted with BHP to provide their high quality services at reduced costs. You benefit from a higher percentage of covered services and a lower deductible than if you go outside the BHP network.
  √ **Outside the Network:** You may choose to go outside the network. However, your share of the costs, including the deductible, will be much higher.

■ Stand-Alone Surgical or Procedural Centers:
There is **NO** coverage for healthcare services provided at a stand-alone surgical or procedural centers unless the organizations have a formal relationship with The Reading Hospital and Medical Center or another BHP network hospital. (Examples of “stand-alone” centers: open MRI’s, pain management centers; centers for eye, ear, orthopaedic surgery; urology or GI procedural centers; surgical hospital or centers not associated with TRHMC; etc).

There is no coverage for physician services provided at these centers even if the physician is a medical staff member of TRHMC or another BHP network hospital.

■ Spousal Coverage Requirement
The requirement continues for your spouse to choose primary health coverage through his/her employer if eligible for health benefits at his/her place of employment. If you feel it is in your best interest, you may then include your spouse in your plan as secondary coverage.

*All TRHMC employees who wish to add coverage for their spouse must complete the online Eligible Spouse Verification Form and submit a copy of your marriage license to Human Resources*

■ Dependent Coverage
If both you and your spouse are covered by employer-sponsored plans and your children are covered by both plans, then claims for your children will be paid according to the “birthday rule.” Under the birthday rule, the health plan of the parent whose birthday comes first in the year is designated as the primary plan. *For example, if your birthday is on February 26 and your spouse’s birthday is on July 27, your health plan would be considered primary because your birthday comes first in the calendar year.* *Copies of birth certificate must be submitted to Human Resources for all covered dependent children.*

Coverage for children may continue to age 26. *Coverage for these dependents ends on the last day of the month of their 26th birthday.*
## GROUP HEALTH BENEFITS

### BENEFITS/SERVICES COVERAGE

<table>
<thead>
<tr>
<th>BENEFITS/SERVICES COVERAGE</th>
<th>PLAN A</th>
<th>PLAN B</th>
<th>PLAN C</th>
<th>FULL TIME ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 1</td>
<td>Tier 2</td>
<td>Tier 3</td>
<td>Tier 1</td>
</tr>
<tr>
<td>Deductible</td>
<td>TRHMC</td>
<td>BHP Network</td>
<td>Out of Network</td>
<td>TRHMC</td>
</tr>
<tr>
<td>Single</td>
<td>$500</td>
<td>$600</td>
<td>$1,200</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
<td>$750</td>
<td>$1,200</td>
<td>$500</td>
</tr>
<tr>
<td>Coverage</td>
<td>100% PLAN 0% You</td>
<td>80% PLAN 20% You</td>
<td>60% PLAN 40% You</td>
<td>80% PLAN 20% You</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>(including deductibles)</td>
<td>* Individual</td>
<td>$500</td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td>* Family</td>
<td></td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

### PHYSICIAN SERVICES

<table>
<thead>
<tr>
<th>PHYSICIAN SERVICES</th>
<th>PLAN A</th>
<th>PLAN B</th>
<th>PLAN C</th>
<th>FULL TIME ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit Co-Pay - Primary Care</td>
<td>$10</td>
<td>$20</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- Specialist</td>
<td>$20</td>
<td>$40</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Office Visit Co-Insurance (after deductible)</td>
<td>$20</td>
<td>$40</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Care Services</td>
<td>N/A</td>
<td>N/A</td>
<td>40%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### VISION BENEFITS

- Employees who elect Group Health Coverage automatically receive individual coverage.
- Coverage provided at no additional cost includes:
  - vision exam for you and each covered dependent
  - glasses or contacts every two years for the employee only
  - You may purchase family coverage for glasses or contacts at an additional cost of $3.50 per pay

### PRESCRIPTION DRUG COVERAGE – SAME BENEFITS FOR ALL THREE GROUP HEALTH BENEFIT PLANS

- Retail Co-Pays (Up to 30 day supply)
  - Generic – Maximum $10 ($0 Co-pay for generic diabetes and hypertension medications)
  - Preferred Brand – 20% (Minimum $25; Maximum $50)
  - Non-Preferred Brand – 40% (Minimum $50; Maximum $100)

- Mail Order Co-Pays (90 day supply)
  - Generic – Maximum $20 ($0 Co-pay for generic diabetes and hypertension medications)
  - Preferred Brand – 2 Retail Co-pays (Minimum $50; Maximum $100)
  - Non-Preferred Brand – 2 Retail Co-pays (Minimum $100; Maximum $200)

- Plan C Only
  - Drug co-payments for specialty drugs (e.g. Multiple Sclerosis, Rheumatoid Arthritis, Cystic Fibrosis, Hepatitis C, etc.) are counted toward out-of-pocket maximum.

### EMPLOYEE SHARE OF BHP PREMIUM PER PAY PERIOD

<table>
<thead>
<tr>
<th></th>
<th>Scheduled Hours Full Time: 72+ Hours Per Pay</th>
<th>Scheduled Hours Part Time: 64-71 Hours Per Pay</th>
<th>Scheduled Hours Part Time: 32-63 Hours Per Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan A</td>
<td>Plan B</td>
<td>Plan C</td>
</tr>
<tr>
<td>Employee</td>
<td>$34</td>
<td>$18</td>
<td>$17.10</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$79</td>
<td>$40</td>
<td>$37.55</td>
</tr>
<tr>
<td>Employee and One Child</td>
<td>$39</td>
<td>$26</td>
<td>$24.30</td>
</tr>
<tr>
<td>Employee, and Two+ Children</td>
<td>$72</td>
<td>$48</td>
<td>$44.45</td>
</tr>
<tr>
<td>Employee, Spouse and Child</td>
<td>$93</td>
<td>$60</td>
<td>$55.95</td>
</tr>
<tr>
<td>Family</td>
<td>$105</td>
<td>$71</td>
<td>$66.35</td>
</tr>
</tbody>
</table>
VISION COVERAGE

Available to Benefits-Eligible Employees Who Elect Medical Coverage

Every benefits-eligible employee who elects Group Health Benefits coverage automatically receives vision coverage through a managed care program administered by Vision Benefits of America (VBA). Provided at no additional cost are:

- Vision exams for you and each covered dependent
- Glasses or contacts every two years for the staff member only

You may purchase family coverage for glasses or contacts at an additional cost of $3.50 per pay period.

Under the Managed Vision Care Program, you may choose eye care from a VBA participating provider or any other vision care provider. Participating providers have agreed to accept VBA’s fee schedule as payment in full so you can take the best advantage of this vision benefit by using VBA’s network.

### VBA BENEFIT FREQUENCY

<table>
<thead>
<tr>
<th>Service</th>
<th>Staff Member</th>
<th>Spouse</th>
<th>Dependent Children to Age 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>24 Months</td>
<td>24 Months</td>
<td>12 Months</td>
</tr>
<tr>
<td>Lenses</td>
<td>24 Months</td>
<td>24 Months*</td>
<td>12 Months*</td>
</tr>
<tr>
<td>Frames</td>
<td>24 Months</td>
<td>24 Months*</td>
<td>24 Months*</td>
</tr>
</tbody>
</table>

Note: *Dependent children may be covered up to age 25 if they meet the criteria for full-time student status.

### VBA SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th>Benefit/Service/Options</th>
<th>VBA Participating Vision Provider</th>
<th>Non-Participating Vision Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Usual and Customary Review (UCR) fees determined by VBA</td>
<td>Amount covered under contract</td>
<td>Amount of reimbursement to subscriber</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>100%</td>
<td>$35</td>
</tr>
<tr>
<td>Clear Standard lenses (pair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Single</td>
<td>100%</td>
<td>$30</td>
</tr>
<tr>
<td>■ Bifocal</td>
<td>100%</td>
<td>$40</td>
</tr>
<tr>
<td>■ Trifocal</td>
<td>100%</td>
<td>$60</td>
</tr>
<tr>
<td>■ Lenticular</td>
<td>100%</td>
<td>$80</td>
</tr>
<tr>
<td>■ Polycarbonate Lens Material (for children under 19 only)</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>Frames (within program’s allowance)</td>
<td>100%</td>
<td>$45</td>
</tr>
<tr>
<td>Contacts – (in lieu of lenses &amp; frames)</td>
<td>$125 (includes cost of contacts &amp; exam)</td>
<td>$125 (includes cost of contacts &amp; exam)</td>
</tr>
</tbody>
</table>

NOTE: Lasik eye surgery is not covered under the vision plan.
The Hospital offers you the opportunity to purchase comprehensive dental coverage through Delta Dental for you and your eligible dependents. You have a choice between two programs: Delta Dental Standard and Delta Dental Optional.

Both afford certain levels of benefits whether visiting a participating or non-participating Delta dentist. However, when visiting a participating Delta dentist, the share of the cost is limited to the plan’s co-insurance schedule. Non-participating dentists can bill you for the difference between Delta’s payment and their charges for the services they provided.

Note: You may elect the dental benefits regardless of whether you elect medical coverage. To locate participating Delta Dentists, call 1-800-932-0783 or log onto Delta’s website: www.DeltaDentalins.com.

### DELTA DENTAL PLAN – STANDARD AND OPTIONAL PLAN SUMMARIES

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>STANDARD PLAN BENEFITS</th>
<th>OPTIONAL PLAN BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$25 Per Person</td>
<td>None</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive (Does not apply to Diagnostic &amp; Preventive Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Exams (2/calendar year; 6 months apart)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teeth Cleaning (2/calendar year; 6 months apart)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride Application (Under age 19; 1/calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Rays: Bitewing (Adults 1/calendar year; Children 2/calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic and Restorative Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filings and Simple Extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics and Periodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures Repair and Denture Relining</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown, Dentures and Bridgework and Titanium Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services (For Dependent Children Only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Annual Dental Benefit (Per Insured)</td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td>Predetermination</td>
<td>Required for care in excess of $300</td>
<td></td>
</tr>
<tr>
<td>Exclusions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cosmetic dentistry, crowns, dentures, and orthodontics are not covered</td>
<td></td>
<td>Cosmetically is not covered</td>
</tr>
<tr>
<td>Dependent Children Age Limits</td>
<td>Age 19 or age 25 if full time student</td>
<td></td>
</tr>
</tbody>
</table>

*Reimbursement based on Delta Dental fee schedule. Services performed by a non-participating dentist are paid according to the fee schedule. Non-participating dentists may bill patient the difference between the actual charges and Delta’s reimbursement. Participating Delta Dental practitioners will accept the reimbursement and not bill the patient for any difference.

### STANDARD PLAN PER PAY PREMIUMS – ALL EMPLOYEES

<table>
<thead>
<tr>
<th>STATUS</th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREMIUM PER PAY</td>
<td>$10.73</td>
<td>$22.26</td>
<td>$23.14</td>
<td>$34.64</td>
</tr>
</tbody>
</table>

### OPTIONAL PLAN PER PAY PREMIUMS – ALL EMPLOYEES

<table>
<thead>
<tr>
<th>STATUS</th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREMIUM PER PAY</td>
<td>$13.38</td>
<td>$27.88</td>
<td>$28.97</td>
<td>$43.92</td>
</tr>
</tbody>
</table>
**SECTION 125**

**MEDICAL CARE SPENDING ACCOUNT**

*Available to Benefit-Eligible Employees*

This account allows you to stretch benefit dollars by using pre-tax money through salary reduction to pay out-of-pocket expenses for medically necessary services or items. Staff members may also use this account to cover these and other expenses:

- Deductible and co-pay amounts for medical and dental plans.
- Services, such as laser eye surgery or orthodontics that may not be covered by the medical or dental plan.
- Eye glasses and contacts that may not be covered by the vision plan.
- Over-the-counter (OTC) drugs and medicines (other than insulin) must have a physician prescription to be eligible for reimbursement.

- You do NOT need to be covered by the Hospital’s medical or dental plan to submit claims for reimbursement through the Medical Care Spending Account.

- Claims eligible for reimbursement may be for services incurred by you, your spouse, and/or children up to age 26.

- You choose the amount, to a maximum of $5,200 a year, for this account:
  - Contributions run through the calendar year. All expenses must be incurred by March 15 of the next calendar year in order to be reimbursed.
  - This amount must be determined either during Open Enrollment, or when first eligible as a newly hired employee.
  - “Use It” or “Lose It” provision applies; unused balances are forfeited after March 15 of the next calendar year.
  - Filing deadline is March 31 for the previous year’s expenses.

**SECTION 125**

**DEPENDENT CARE SPENDING ACCOUNT**

*Available to Benefit-Eligible Employees*

This is another pre-tax account that may be funded through salary reduction in order to be reimbursed for dependent care needs, such as daycare, day and summer camps (other than overnight camp), and eligible elder care. (Note: In order to be reimbursed for daycare expenses, you must be using these services so that both you and your spouse are able to work).

- You choose the amount, to a maximum of $5,000 a year, for this account:
  - Contributions run through the calendar year. All expenses must be incurred by March 15 of the next calendar year in order to be reimbursed.
  - This amount must be determined either during Open Enrollment, or when first eligible as a newly hired employee.
  - “Use It” or “Lose It” provision applies. Unused balances are forfeited after March 15 of the next calendar year.
  - Filing deadline is March 31.
  - If your spouse earns less than $5,000, the amount you contribute cannot exceed your spouse’s earned income. (Special rules apply if your spouse is disabled or a full-time student.)

- You must obtain your caregiver’s Social Security Number or Tax Identification Number in order to have expenses reimbursed.
IMPORTANT PLAN INFORMATION

- The Hospital’s Employee Benefits Plan Year runs from January 1 through December 31.

- Prior to the beginning of each Plan Year, you have the opportunity to change their benefit elections during the Open Enrollment period in November.

- Your Open Enrollment benefit elections will remain in effect until staff members make changes during the next Open Enrollment period, or unless you experience a qualified “Life Event – Status Change.”

✓ You must request appropriate benefits change within 31 days of the “Life Event – Status Change” or within 60 days if for eligible dependents under CHIP or Medicaid.

“Life Events – Status Change” include:
- Change in employment status: part time vs. full time, lay-off or retirement
- Spousal change: marriage, divorce or death
- Dependent change: birth, adoption, or death of a child
- Eligibility for or loss of coverage through another plan
- Changes due to judgment, decree, or court order
- Entitlement to Medicare or Medical Assistance
- Eligibility for or loss of coverage under either CHIP or Medicaid
**NEED INFORMATION? HAVE QUESTIONS ABOUT ONE OF YOUR BENEFITS?**
USE THE CONTACT INFORMATION BELOW, YOUR BENEFITS PROVIDERS ARE EAGER TO ASSIST YOU!

<table>
<thead>
<tr>
<th>CALL</th>
<th>FOR</th>
<th>NUMBER/WEB</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Loomis Company</td>
<td>Medical Plan Information &amp; Participating Providers</td>
<td>1-866-812-7568 [<a href="http://www.loomisco.com">www.loomisco.com</a>]</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>Dental Plan Information &amp; Participating Providers</td>
<td>1-800-932-0783 [<a href="http://www.DeltaDentalins.com">www.DeltaDentalins.com</a>]</td>
</tr>
<tr>
<td>Vision Benefits of America</td>
<td>Vision Plan Information, Forms &amp; Participating Providers</td>
<td>1-800-432-4966 [<a href="http://www.visionbenefits.com">www.visionbenefits.com</a>]</td>
</tr>
<tr>
<td>CVS/Caremark</td>
<td>Retail and Mail Order Pharmacy Services</td>
<td>1-800-837-9600 [<a href="http://www.caremark.com">www.caremark.com</a>]</td>
</tr>
<tr>
<td>The Loomis Company</td>
<td>Section 125 Medical &amp; Dependent Care Spending Accounts</td>
<td>1-866-812-7568 [<a href="http://www.benefitspaymentsystem.com">www.benefitspaymentsystem.com</a>]</td>
</tr>
<tr>
<td>CIGNA</td>
<td>Short &amp; Long Term Disability Coverage</td>
<td>1-800-362-4462 [<a href="http://www.cigna.com">www.cigna.com</a>]</td>
</tr>
<tr>
<td>Berkshire Health Partners</td>
<td>Network &amp; Participating Providers</td>
<td>610-372-8044 [<a href="http://www.bhp.org">www.bhp.org</a>] (outside the 610 area code)</td>
</tr>
<tr>
<td>Medicus Resource Management</td>
<td>Medical Case Management</td>
<td>1-800-647-2500 [<a href="http://www.bhp.org">www.bhp.org</a>]</td>
</tr>
<tr>
<td>Great West Retirement Services</td>
<td>403(b) &amp; 457(b) Retirement Savings Programs</td>
<td>1-800-701-8255 [<a href="http://www.gwrs.com">www.gwrs.com</a>]</td>
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FREQUENTLY ASKED QUESTIONS

HEALTH PLAN

1. Shouldn't every immunization be covered at 100%?
   No. The health plan follows the Center for Disease control immunization guidelines. These guidelines are reviewed and changes are made to your plan on an annual basis. The immunizations on the Center for Disease Control list are paid at 100% after your co-pay.

2. Why does the Hospital require spouses to elect their employer’s health insurance coverage?
   To control the cost of the plan and ultimately the cost to employees.

3. If I reside in a county other than Berks, do I still have to come to TRHMC for hospital services to get coverage at the Tier 1 level?
   No, you can go to a BHP network hospital in your county and receive Tier 1 coverage. For example, if you reside in Lancaster County, you can go to Ephrata Hospital and be covered at the Tier 1 level. Of course TRHMC will always be Tier 1.

4. How long do I have to add my baby onto my health insurance and what documentation do I need to provide?
   31 days from the date of birth or adoption. You will need to provide a copy of the birth certificate to the Human Resources Office.

5. If I am actively employed with the Hospital, but my spouse retires, can I add him/her to my insurance? If so, what documentation do I need to provide?
   Yes. You need to provide documentation from his/her employer or insurance company indicating that he/she no longer has coverage available.

6. If I change my employment status from part-time to full-time or vice versa, can I make changes to my benefits?
   Yes, this is considered a life event.

VISION PLAN

7. How much does the basic vision plan cost an employee and my dependents in the enhanced vision plan?
   No cost for employees and $3.50 per pay period for dependents.

MEDICAL CARE SPENDING ACCOUNT

8. Should I consider participating in the Section 125 spending accounts that are explained in this book?
   Yes, participation in these plans lowers your taxable income and reduces the amount of income tax you pay.

9. Do I lose money that is not used by the end of the 2011 calendar year?
   You have until March 15 of the following year to use your money.

10. Can I use the medical care spending account to be reimbursed for over-the-counter (OTC) drugs and medications?
    Due to the Health Care Reform Act, effective 1/1/2011, over-the-counter (OTC) drugs and medicines must have a physician prescription to be eligible for reimbursement. (No prescription is needed for insulin.)

PENSION PLAN

11. When do I become eligible for the Pension Plan?
    After one year of service and age 21. If you are part-time, you must work at least 1,000 hours per pension plan year. Vesting years run July 1 through June 30.

12. What does vesting mean?
    In simple terms, it means that after five (5) years of service you will receive a monthly pension payment for the rest of your life, beginning when you retire.

13. When is the earliest I can receive a pension payment?
    You could retire as early as age 55 with fifteen years of service. However, your pension benefit will be approximately ½ of the benefit that you would receive if you begin retirement payments at age 65. (Note: Your annual pension statement provides you with the estimated pension benefit at age 65).
403(b) RETIREMENT SAVINGS PROGRAM

14. When does the money in my 403(b) account vest?  
   Immediately. It vests as soon as the money is deposited.

15. What is the minimum and maximum amount that I can contribute per pay?  
   As little as $1.00 per pay period and as much as all your pay, up to the IRS annual maximum.

SHORT TERM DISABILITY (STD)

16. If I pay for STD, are the payments made to me during my disability taxable?  
   No.

17. Are there several STD options?  
   Yes, there are several options available to best meet your individual needs.

18. What is the longest period of time that STD will pay?  
   13 weeks from the date of disability.

19. Can I sign up for STD during open enrollment? Can I drop from STD anytime?  
   Yes and no. However, if you enroll during open enrollment you will be required to complete an “Evidence of Insurability” form and receive approval from the insurance company before coverage begins. You can only discontinue coverage during open enrollment.

LONG TERM DISABILITY (LTD)

20. What does LTD pay?  
   After 90 days of disability, the payments are 60% up to $10,000 per month of payments – with an offset for social security and early retirement benefits.

21. How do Paid Time Off (PTO), Income Protection Account (IPA), STD, and LTD work together?  
   If you become disabled, you must first use four days of PTO, then available IPA, then your remaining PTO, then the remainder of 90 days with STD, if elected, then at 90 days after the illness, LTD begins.

DENTAL PLAN

22. Why wouldn’t an employee just use the medical care spending account instead of enrolling in the dental plan?  
   The dental plan has negotiated specific discounts from participating dentists. That equals significant savings for employees who visit the dentist.

23. What is the maximum benefit paid per person who is enrolled in the dental plan?  
   The annual maximum is $1,500 per covered person, and the lifetime orthodontic benefit for dependent children up to age 19 is $1,500.

LIFE INSURANCE

24. Is the life insurance payment taxable to my beneficiary when I die?  
   No.

25. Is it important to designate a beneficiary for my life insurance?  
   Absolutely, it is required.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

26. What are some of the reasons people use the Employee Assistance Program?  
   Credit and financial counseling, career planning, relationship issues, depression, stress, anxiety, conflict, substance abuse, grief, and loss.

27. Does the Hospital receive a report about which employees use the EAP and for what reasons?  
   Absolutely not, this is a confidential service.

EDUCATIONAL ASSISTANCE PROGRAM

28. Is tuition for any course at all payable under Educational Assistance?  
   It is for college courses aiming toward a degree. Approval is required by the Hospital before you take the course.

29. Can I receive payment before I take the course – an advance?  
   No.
THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans that offer medical and surgical benefits for mastectomies to also provide coverage for specific mastectomy-related reconstruction and services after the surgery. This notice is intended to advise you and your beneficiaries of your rights under the law.

All health care plans that provide benefits to participants or beneficiaries in connection with a mastectomy also are required to provide the following coverage in a manner determined in consultation with the attending physician and the patient for:

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses and treatment of physical complications in all stages of the mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

Mastectomy coverage is available under the general provisions of the health plans. Coverage for mastectomy is subject to the deductibles, co-insurance payments, co-payments, and terms and conditions applicable under each health plan.
IMPORTANT NOTICE FROM THE READING HOSPITAL AND MEDICAL CENTER
ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE FOR 2011

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Reading Hospital and Medical Center and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Reading Hospital and Medical Center has determined that the prescription drug coverage offered by the Hospital is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Reading Hospital and Medical Center coverage will not be affected because the prescription drug portion is included in the medical coverage and cannot be separated.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you lose your current coverage with The Reading Hospital and Medical Center and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.
If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The Reading Hospital and Medical Center changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2010
Name of Entity/Sender: The Reading Hospital and Medical Center
Contact--Position/Office: Human Resources
Address: P.O. Box 16052
Reading, PA 19612
Phone Number: (610) 988-8250