EMPLOYEE BENEFITS
House Officers
Effective January 1, 2013

HEALTH INSURANCE: Effective Date of Coverage: Date of hire
Wake Forest Baptist Health provides three Health Insurance Plans through MedCost Benefit Services – the Optimum Plan, the Prime Plan, and the Select Plan. All plans are self-insured, meaning that Wake Forest Baptist Health actually pays your claims for both health care and prescription drugs, and are administered by MedCost (http://www.mbstpa.com).
Pre-existing condition exclusion may be imposed for other conditions if you have been without health insurance for more than 63 days and your previous coverage was for less than 18 months.

Health Insurance Biweekly cost			
Level of Coverage	**Optimum**	**Prime**	**Select**
Employee Only	$44	$37	$19
Employee plus Child	$150	$131	$73
Employee plus Spouse / Same Sex Domestic Partner	$161	$143	$77
Family	$223	$198	$110

	Optimum		Prime		Select	
	WFBH	**MedCost**	**WFBH**	**MedCost**	**WFBH**	**MedCost**
Individual Deductible	$300	$300	$300	$600	$300	$600
Family Deductible	$750	$750	$600	$1,200	$600	$1,200
Individual OOP	$1,000	$1,000	$2,500	$4,000	$4,500	$6,000
Family OOP	$2,500	$2,500	$4,500	$7,500	$6,500	$9,500
Routine Physical	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay
Well Child Care/Immunization (up to age 7)	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay	$ 0 Co-pay
Pediatrician	$0 Co-pay	$15 Co-pay	$0 Co-pay	$10 Co-pay	$0 Co-pay	$10 Co-pay
Primary Care Physician	$0 Co-pay	$30 Co-pay	$0 Co-pay	$25 Co-pay	$0 Co-pay	$30 Co-pay
Specialist – No referral required	$20 Co-pay	$60 Co-pay	$20 Co-pay	$60 Co-pay	$20 Co-pay	$60 Co-pay
Inpatient Hospital Care	10%	30%	20%	40%	20%	40%
Outpatient Hospital Care	10%	30%	20%	40%	30%	50%
Surgeon/Physician	10%	30%	20%	40%	30%	50%

OOP = Out of Pocket Maximum

Prescription Drug Program: Enrollment in any of our Health Plans automatically provides you with the same prescription drug coverage. As with the Health Plan, you will always pay the least out-of pocket costs when you utilize Wake Forest Baptist Health pharmacies.

VISION: Effective Date of Coverage: Date of hire
Employees and dependents enrolled in the Health Care Plan are automatically enrolled in the annual eye exam portion of the Vision Plan. Employees may only enroll in the vision plan if the employee and covered dependents are also enrolled in one of our Health Care Plans. Those who want coverage for glasses and contacts must enroll in the Vision Plans. Check out Superior Vision's web site for a list of providers http://www.superiorvision.com.

Vision Coverage Biweekly cost	
Level of Coverage	**Plus Plan**
Employee Only	$3.68
Employee plus child	$5.98
Employee plus Spouse / Same Sex Domestic Partner	$7.92
Family	$10.88

DENTAL PLAN: Effective Date of Coverage: Date of hire
There are two dental plans and the provider is MedCost (http://www.mbstpa.com). Both plans are open access and cover all of the "reasonable and customary charges" for preventative services such as basic exams, cleanings, X-rays and other basic services. The Dental High Option has a $1750 annual maximum benefit per participant. This option includes a $2000 lifetime orthodontia benefit per participant. The Dental Low Option has a $750 annual maximum benefit per participant. The Low Option DOES NOT INCLUDE an orthodontia benefit or major services.

Dental Plan Features		
Coverage	**Low Option**	**High Option**
Calendar Year Deductible	$50 (3 x family)	$50 (3 x family)
Preventive Services	100%, deductible waived	100%, deductible waived
Basic Services	80% after deductible	80% after deductible
Major Services	Not covered	50% after deductible
Annual Maximum	$750 per person	$1,750 per person
Orthodontia	Not covered	50%, deductible waived limited to $2,000 in a lifetime

Dental Coverage Biweekly Cost		
Coverage Level	**Low**	**High**
Employee Only	$5.00	$8.80
Employee plus child	$12.00	$22.00
Employee plus Spouse / Same Sex Domestic Partner	$11.00	$20.00
Family	$14.00	$27.70

PRE-TAX AUTHORIZATION (Section 125): Your employee contributions for coverage under the Health, Dental and Vision plans are not taxed. This means that your taxes will be computed after your premiums are deducted, so you pay less tax.

DISABILITY INSURANCE: **Effective Date of Coverage: 91st day from date of hire**
The hospital provides a group Long Term Disability Insurance plan via The Standard Insurance Company at no cost to you. Benefits cover 66 2/3% of salary to a maximum of $3,000/month, with benefits payable to age 65. All Residents/Fellows have access to an even greater discount with **guaranteed issue** individual policies upon Graduation. Contact Mensh Insurance http://www.menshinsurance.com/wake/ for further details.

TERM LIFE INSURANCE: Effective Date of Coverage: 91st day from date of hire
The hospital provides basic term life insurance equal your annual salary rounded to the next highest thousand. This benefit is provided at no cost to you.

ADDITIONAL SUPPLEMENTAL TERM LIFE INSURANCE: Effective Date of Coverage: 91st day from date of hire
Additional life insurance may be purchased for an amount of an additional one, two, three or four times your annual salary.
The bi-weekly deduction cost for this additional life insurance is based on age and amount of coverage.
Dependent life insurance may be purchased for your spouse and dependent children with these options:

Level of Coverage		Coverage Amount		Employee Cost
Spouse	-	$10,000	=	$ 0.61 / Monthly Cost
Spouse	-	$25,000	=	$ 2.25 / Monthly Cost
Child/Children	-	$10,000	=	$ 1.50 / Monthly Cost
Child/Children	-	$25,000	=	$ 2.49 / Monthly Cost

RETIREMENT SAVINGS PLAN:
Wake Forest Baptist Health provides a tax-deferred saving plan that provides the opportunity to invest pre-tax dollars. You have the option of investing up to the current annual maximum of $17,500 of your income. At the end of the residency program, this money may remain in the plan and continue to grow or be transferred to another 403b plan, 401K plan, or an IRA account.

ADDITIONAL BENEFITS:

Action Health - Employee Wellness Program
Child Care Center & Referral (336) 716-0300
Credit Unions
Elder Care Choices – (336) 748-2171
Employee Assistance Program
Employee Health Services
Fitness Center (Located in Comp Rehab)
Food Service Discounts
Jury Duty Pay
Parking – Paid by NCBH
Unemployment Insurance
Voluntary Benefits
Workers' Compensation

Additional information on Discounts is listed under "Discounts" on the left panel of the Medical Center home page under "Quick Links".

For benefits information and the Summary Plan Descriptions which provide details of each of the benefits plans, go to the Medical Center intranet. Click on Human Resources – Hospital – Benefits – Benefits Service Guide.

To view your personal benefits information click on "Self-Service". You will be prompted for your I.D. and password. Your I.D. is the same as your I.D. and password for your e-mail account. You may call the Help Desk (716-Help (4357)) for a password. On the self-service website, you may:

- View your paycheck
- Change your address, phone number and federal tax information

The self service website may be accessed from desktop computers or at the kiosks located in Human Resources, by the Cafeteria, first floor Watlington Hall and on the ground floor in the hall connecting Reynolds Tower to Meads Hall.

Please note that this is a summary of benefits. In the event of differences between this summary and the Summary Plan Description (SPD), the SPD prevails. The employee contribution amount for group insurance plans may be changed periodically.