



2015

Benefits Guide

FOR NEW EMPLOYEES



Dimensions Healthcare System

Your 2015 Benefits

Welcome to Dimensions

Welcome to Dimensions. We are glad you're here. For your contributions, Dimensions provides you with a comprehensive benefits package For Your Health, For Your Financial Security, and For Your Work-Life Balance.

Every day, regardless of your role, we all work to guide our patients to better health. We spend so much time caring for others – our patients, our families and our co-workers – that we often do not take a step back to make an honest assessment of our own health. As professionals in the healthcare industry, we know the importance of taking preventive measures and having insight into our family's health history. We know that when health risks are detected early, they are most treatable.

Dimensions is committed to supporting our employees to improve their health and wellness. In 2015, we are focusing on improving our system-wide health outcomes. Working together, we will practice healthy habits, take charge of our health, eat healthy, and be active.

Inside this guide, you'll find information on our comprehensive benefits programs, as well as tips to:

- Support and improve your health
- Provide financial security
- Help you balance your work and personal life

This guide provides you with important information about your benefits including eligibility and enrollment information, a description of your benefit options and the cost of your coverage. If you have questions, contact the benefits staff at: **301-618-2260 (ext. 82260)**.



YOUR BENEFITS AT-A-GLANCE

FOR YOUR HEALTH

Medical

- UnitedHealthcare
 - Choice EPO
 - Choice Plus POS
 - Options PPO

Prescription Drug

Wellness

Dental

- MetLife PDP
- DentaQuest ePPO

Vision

- NVA

FOR YOUR FINANCIAL SECURITY

Flexible Spending Accounts (FSAs)

- Health Care FSA
- Dependent Care FSA

Dimensions Retirement Savings Plan

Life Insurance

- Supplemental
- Dependent

Accidental Death & Dismemberment

Short-Term Disability

Long-Term Disability

Legal Plan

Voluntary Benefits

- Critical Illness Insurance
- Accident Insurance
- Whole Life Insurance

FOR YOUR WORK-LIFE BALANCE

Paid Leave

- Paid Time Off (PTO)
- PTO Carryover
- Holidays
- Jury and Witness Duty

Tuition Reimbursement

Other Benefits

- Drexel University Partnership Program
- Credit Union/Banking Services
- Parking
- Cafeteria Discount

Employee Discounts

- Amerinet Marketplace

Take Action

ENROLL FOR BENEFITS

If you want to enroll for health and welfare benefits, you must enroll within 30 days of the day you first become eligible for benefits. To enroll, access the online enrollment system, 24/7, at: <https://sss2.ceridian.com/dimensionshealth>. If you don't enroll during your initial enrollment period, you will need to wait until the next Open Enrollment period to enroll for benefits, unless you have a qualifying life status change.

To elect voluntary benefits (Critical Illness, Accident, and Whole Life coverage), you will need to enroll within 45 days of the date you first become eligible. To elect voluntary benefits, call **1-888-9ENROLL**. You may enroll in the Retirement Savings Plan at any time at: www.retiresmart.com.

For more information about enrollment, see page 4.

Enroll for Benefits

WHAT YOU NEED TO DO

Take Action ENROLL FOR BENEFITS

If you want to enroll for health and welfare benefits, you must enroll within 30 days of the day you first become eligible for benefits. To enroll, access the online enrollment system, 24/7, at: <https://sss2.ceridian.com/dimensionshealth>. If you don't enroll during your initial enrollment period, you will need to wait until the next Open Enrollment period to enroll for benefits, unless you have a qualifying life status change.

To elect voluntary benefits (Critical Illness, Accident, and Whole Life coverage), you will need to enroll within 45 days of the date you first become eligible. To elect voluntary benefits, call 1-888-9ENROLL. You may enroll in the Retirement Savings Plan at any time at: www.retiresmart.com.

1. Review Your Enrollment Materials

Your enrollment materials provide important information about your benefits so you can make an informed decision:

- 2015 Benefits Guide – Overview of your 2015 benefit options
- Summary of Benefits Coverage – Standard summary so you can easily compare your coverage options
- Benefit Notices – Important notices about your coverage and rights under these plans
- Opt Out Form – Waive medical, dental and vision coverage
- Liberty Mutual Beneficiary Form – Designate your Life insurance beneficiaries
- Mass Mutual Beneficiary Form – Designate your Retirement beneficiaries

2. Enroll

- **For Health & Welfare Elections** – If you want to enroll for benefits, you must enroll within 30 days of the day you first become eligible for benefits. If you don't enroll during your initial enrollment period, you will need to wait until the next Open Enrollment period to enroll for benefits, unless you have a qualifying life status change.

Access the online enrollment system, 24/7, at:
<https://sss2.ceridian.com/dimensionshealth>.

To log on, use your User ID (first five letters of your last name and the last four digits of your Social Security number). If your last name is less than five letters (e.g., Doe), provide your full last name: doe3210. Your password is your birthday (mmddyyyy); for example, if your birthday is March 31, 1967, your password is 0331967)

You will use the online enrollment system to enroll for the following benefits:

- Medical, Dental, Vision
- Flexible Spending Accounts (FSAs)
- Supplemental Life Insurance
- Dependent Life Insurance
- Accidental Death & Disability (AD&D) Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- MetLaw/Hyatt Legal Plan

- **To Opt Out of Coverage** – If you would like to opt out of Medical, Dental, and Vision coverage, complete the enclosed Opting Out of Insurance Coverage form. You will need to provide proof of other insurance coverage.
- **For Voluntary Elections** – To elect Critical Illness, Accident, and Whole Life coverage, you will need to enroll within 45 days of the date you first become eligible. To enroll, call 1-888-9ENROLL. Your next opportunity to enroll for coverage will be during the next Open Enrollment period.
- **For Retirement Savings** – You can enroll and make changes to the Dimensions Health Corporate 403(b) Retirement Savings Plan at any time. To begin participating, visit www.retiresmart.com.

3. Confirm Your Elections

After you enroll, log onto the Ceridian Self-Service website and click on "Benefits Summary." Print a Benefits Summary for your records. Please review this summary carefully. If your Benefits Summary is incorrect, contact Human Resources immediately.

Computer Kiosk Locations

Prince George's Hospital Center

HR Lobby
HR Corridor
Cafeteria

Bowie

Conference Room in the Emergency Department

Laurel

Kiosk Room between Security and Human Resources

MAKING CHANGES IN THE MIDDLE OF THE YEAR

Your benefit elections will be effective through December 31, 2015. You cannot change your benefit elections during the year, unless you have an IRS-qualified family status change. Examples of family status changes include your marriage, divorce, birth or adoption of a child, loss of coverage, and moving in or out of a network area.

Any changes you make to your benefits due to a family status change must be made within 60 days of the family status event and must be consistent with the event. For example, if you have a baby, you may add your new child to your medical coverage, but you may not switch medical plans.

If you need to make a change to your benefits due to a qualifying life event, contact the benefits staff immediately. Please note, all changes must be made within 60 days of the event.

ALTERNATIVE COVERAGE OPTIONS

As a provision of the Affordable Care Act (ACA), coverage is also available to you through the Health Insurance Marketplace (Marketplace).

Most Dimensions' employees will not save money if they enroll in a Marketplace plan since the coverage available from Dimensions meets certain standards. Dimensions pays at least 60 percent of the total cost of coverage so most employees will not be eligible for the tax credit provided to those who do not have access to affordable healthcare. However, part-time employees may benefit from coverage through the Marketplace.

When you compare your options to enroll in health coverage through the Marketplace or through Dimensions, consider whether you are eligible to receive a tax credit for Marketplace coverage or if you will forfeit any contribution. Learn more about coverage through the Marketplace at www.healthcare.gov.



Take Action WELLNESS@WORK

One of the best things about working at Dimensions is that you are part of a healthcare community with access to a wealth of health resources and programs. Onsite nutritionists and smoking cessation classes are just a couple of the resources you can take advantage of as a Dimensions employee, not to mention the healthy choices in our cafeteria.

Enroll for Benefits

YOUR ELIGIBILITY

You are eligible for benefits coverage the first day of the month after 30 days of employment.

Example

Date of hire:	January 26
30 days after date of hire:	February 21
Become eligible for benefits:	March 1

For a change in employment status (i.e., part-time regular to full-time), benefits are effective on the first of the month following the change in status.

YOUR DEPENDENTS' ELIGIBILITY

You may also cover your eligible dependents under some of your benefit options. For most benefits, your eligible dependents include:

- Your legal spouse or legally married same-sex partner;
- Your dependent children up to the end of the month they turn 26; and
- Your disabled children of any age, if disabled before the age of 26.

Your children include:

- Your natural children;
- Your stepchildren who live with you;
- Legally adopted children (beginning on the date the legal adoption proceedings started) and children placed for adoption;
- Children who are otherwise eligible and who are alternate recipients under a Qualified Medical Child Support Order;
- Your grandchildren, provided their legal residence is with you and they are dependent mainly on you for care and financial support; and
- Children of your covered same-sex partner.

ESTABLISHING DEPENDENT ELIGIBILITY

If you elect to participate in Dimensions' health plans and provide coverage to your dependents, they must meet our eligibility requirements and you must provide Dimensions with proof of their eligibility by the end of the month before you became eligible for benefits. Acceptable documentation includes:

- Front page of the employee's most recent federal tax return that lists the individual as a dependent (black out financial information)
- Marriage certificate and recent joint debt (spouse)
- Birth certificate (children)
- Adoption Final Decree with signature and seal (children)
- Court Order with signature and seal (children)
- Qualified Medical Child Support Order (children)

If you do not provide the required documentation, the dependent will be removed from coverage and will not be eligible for continuation of benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA). The next opportunity to provide your dependents with Dimensions' health insurance coverage will be in the next plan year with the election made during the next Open Enrollment.

COVERAGE LEVELS

Choose from the following coverage levels for Medical, Dental, and/or Vision benefits:

- Employee only
- Employee and one dependent (spouse or child)
- Family

You may elect different coverage levels for each coverage option. For example, you may elect family for Medical, employee and one dependent for Dental, and employee only for Vision. You choose the benefits and the level of coverage that best meets the needs of you and your family.



Take Action WELLNESS@WORK: QUIT SMOKING

Smoking harms nearly every organ of your body. It causes diseases and worsens your health. It causes: cancers of the cervix, pancreas, kidneys, stomach and lungs; aortic aneurysms; leukemia; cataracts; pneumonia; and gum disease. And, the CDC reports that your risk for cancer increases with the number of cigarettes you smoke and the number of years you smoke.

YOUR COST FOR COVERAGE

Below are your 2015 costs for coverage on a semi-monthly (twice a month) basis for Medical, Dental and Vision coverage.

Medical Plan	2015 Semi-Monthly Premiums								
	FT Employees			PTR Employees			On-Call Float Pool Employees		
	Employee	Employee + 1	Family	Employee	Employee + 1	Family	Employee	Employee + 1	Family
UHC Choice EPO	\$67.15	\$127.59	\$235.04	\$134.31	\$255.18	\$470.08	\$268.62	\$510.36	\$940.15
UHC Choice Plus POS	\$68.56	\$130.25	\$239.95	\$137.11	\$260.51	\$479.90	\$274.23	\$521.02	\$959.79
UHC Options PPO	\$85.79	\$163.00	\$300.26	\$171.58	\$326.00	\$600.52	\$343.16	\$652.00	\$1,201.05
Opt-out Credit*	\$32.50			\$16.25			N/A		

Dental Plan	2015 Semi-Monthly Premiums								
	FT Employees			PTR Employees			On-Call Float Pool Employees		
	Employee	Employee + 1	Family	Employee	Employee + 1	Family	Employee	Employee + 1	Family
MetLife PDP	\$2.84	\$5.68	\$10.27	\$5.68	\$11.36	\$20.55	\$11.36	\$22.72	\$41.10
DentaQuest ePPO	\$2.06	\$4.13	\$5.38	\$4.13	\$8.25	\$10.75	\$8.25	\$16.50	\$21.50
DentaQuest Orthodontia Program	\$49 per person (enrolled with DentaQuest)			\$49 per person (enrolled with DentaQuest)			\$49 per person (enrolled with DentaQuest)		
	\$99 per person (not enrolled with DentaQuest)			\$99 per person (not enrolled with DentaQuest)			\$99 per person (not enrolled with DentaQuest)		
Opt-out Credit*	\$4.50			\$2.25			N/A		

Vision Plan	2015 Semi-Monthly Premiums								
	FT Employees			PTR Employees			On-Call Float Pool Employees		
	Employee	Employee + 1	Family	Employee	Employee + 1	Family	Employee	Employee + 1	Family
NVA	\$0.27	\$0.55	\$1.09	\$0.55	\$1.10	\$2.19	\$1.10	\$2.20	\$4.37
Opt-out Credit*	\$0.50			\$0.25			N/A		

* Must provide proof of other coverage.

Take Action FLEX CREDIT OPT OUT PROGRAM

If you decide that you do not need Medical, Dental or Vision coverage through Dimensions because you have other coverage, you can opt out of Dimensions coverage and receive a credit in 24 of your paychecks. To be eligible for this credit, you will need to complete the Opting Out of Insurance Coverage form included in this packet and provide proof of other coverage to the Benefits Office.

Benefits for Your Health

MEDICAL

(FULL-TIME, ACTIVE PART-TIME REGULAR, AND ON-CALL FLOAT POOL RN EMPLOYEES ARE ELIGIBLE FOR MEDICAL COVERAGE)

As an important part of our region's healthcare industry, we know the value of improving and maintaining health – for our employees, our patients, and our community. That's why we offer these valuable health benefit options for you and your family.

Dimensions offers you three Medical plan options through UnitedHealthcare: Choice EPO (Exclusive Provider Organization), Choice Plus POS (Point-of-Service), or an Options PPO (Preferred Provider Organization) plan. All three Medical plan options provide benefits for a variety of medical benefits, services, supplies, and prescription drugs.

UnitedHealthcare offers an online health portal to help you manage – and improve – your health. To register, visit www.myuhc.com and click on the "Register Now" button.

Medical Highlights (additional coverage information available on carrier websites)	UHC Choice EPO (in-network only)	UHC Choice Plus POS		UHC Options PPO (no network restrictions)
		In-Network	Out-of-Network	
Coverage Area	Nationwide	Nationwide		Nationwide
Annual Deductible	None	\$150/person \$450/family	\$500/person \$1,500/family	\$150/person \$300/family
Annual Out-of-Pocket Limit	\$6,350/person \$12,700/family	\$6,350/person \$12,700/family	\$6,350/person \$12,700/family	\$6,350/person \$12,700/family
Office Visits				
Primary Care	\$15 copay	\$20 copay	Plan pays 60% after deductible	Plan pays 85% after deductible
Specialist	\$25 copay	\$25 copay		
Preventive Care Services (screenings)	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%
Hospitalization	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 85% after deductible
Outpatient Surgery	Plan pays 100%	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 85% after deductible
Diagnostic Testing And X-Rays (excludes CAT, PET, MRI, Nuclear)	Plan pays 100%	Plan pays 100%	Plan pays 60% after deductible	Plan pays 85% after deductible
Emergency Room Visits	\$150 copay, waived if admitted	\$150 copay, waived if admitted		Plan pays 85% after deductible
	Services that do not meet the Plan definition of Emergency are not covered			
Urgent Care Facility Visits	\$25 copay	\$25 copay	Plan pays 60% after deductible	Plan pays 85% after deductible

NOTE: We encourage you to use Dimensions' facilities for your healthcare needs. However, keep in mind that you will still be required to pay applicable copays, coinsurance, and deductibles for your care.

PRESCRIPTION DRUG

(COVERAGE FOR ALL UHC PLANS)

When you participate in one of the UHC medical plans, you receive prescription drug coverage through OptumRx, a UnitedHealth Group company. OptumRx offers high quality pharmacy benefit services. You can be confident that your prescription claims will be processed quickly and accurately. You will also enjoy additional advantages, such as an easy online experience, option to set up mobile text refill reminders, superior customer service, and access to our in-house mail service pharmacy. You can receive additional savings by utilizing OptumRx mail order service for your maintenance medications.

For more information, log on to www.myuhc.com and visit the “Pharmacies and Prescriptions” page for more Frequently Asked Questions. Or, call customer service at the member phone number listed on the back of your health plan ID card.

Prescription Drug Highlights	UHC Choice EPO	UHC Choice Plus POS	UHC Options PPO
Prescription Drugs for Chronic Health Conditions		Tier 1: \$0 copay Tier 2: \$15 copay Tier 3: \$30 copay Mail order is 2.5 times retail copay Chronic conditions include: Cardiovascular/Heart Disease (Blood Clot/Platelet Therapy, High Blood Pressure and High Cholesterol), Endocrine/Diabetes (Diabetic Supplies, Insulin and Non-insulin), and Respiratory (Asthma/COPD). For a complete listing, see UHC’s Three-Tier Prescription Drug List available on www.myuhc.com .	
All Other Prescription Drugs		Tier 1: \$7 copay Tier 2: \$30 copay Tier 3: \$50 copay Mail order is 2.5 times retail copay Please Note: If you select a Tier 2 or 3 drug when a Tier 1 drug is available, you will pay the Tier 1 copay plus the difference between the cost of the Tier 1 drug and the Tier 2 or 3 drug.	
Out-of-Network Benefit	None	You are responsible for any copay plus the difference between what the out-of-network pharmacy charges for the medication and the amount UHC would have paid for the same prescription at an in-network pharmacy.	

Take Action

WELLNESS@WORK: REDUCE YOUR DRUG COSTS

A Consumer Reports survey of doctors found that physicians ranked price as their least important consideration when prescribing drugs. In fact, the doctors said they often don’t know how much the drugs they prescribe cost. So you need to be assertive and tell your doctor that cost, as well as effectiveness, matters. To help you reduce your drug cost, ask your doctor:

- If a generic alternative is available – Generics are much cheaper – and just as safe and effective – as their brand-name counterparts.
- If you can eliminate unnecessary drugs – Every six months, review all of your medications with your doctor or pharmacist, eliminating duplicate or unnecessary drugs or adjusting dosages that are higher than necessary.

Benefits for Your Health

A FOCUS ON HEALTH & WELLNESS IN 2015

At Dimensions, we are committed to the health and wellness of our employees. In 2015, we will focus on improving our health outcomes with an emphasis on helping you:

- Understand your personal health risks by offering access to biometric screening and comprehensive, confidential health assessments;
- Access wellness programming based on your specific needs and preferences;
- Engage with a personal health coach to improve your health outcomes; and
- Participate in Wellness@Work to create a culture of wellness at Dimensions.

We all need to play a more active role in our health. That means understanding the relationship between your health, smart healthcare decisions and making the best use of your healthcare dollars.

The best way to keep your healthcare costs down is to stay as healthy as possible. You can't control genetics, but you can control what you do about your individual risk factors.

Here are three steps to help you get started:

1. KNOW YOUR NUMBERS

Dimensions will offer free onsite biometric screening and an online health assessment to help you gain valuable insight on your personal health.

2. MAKE A CHANGE

Through the UHC Medical plans, Dimensions offers you an incentive for participating in its Health Rewards program. The programs UHC offers are proven and personalized to help you reach your goals and maintain better health. Get started today: quit smoking, lose weight, get fit, eat healthier, manage stress – the wellness program provides the knowledge, programs, and support to make it happen.



Participating in the Dimensions wellness program, actively managing chronic health conditions by engaging in disease management protocols, and practicing preventive care can help us all lead healthier lifestyles, improve our health outcomes, and reduce our healthcare costs.

3. MOVE MORE

70 percent of American adults are either overweight or obese. Being obese puts you at a higher risk for health problems such as heart disease, stroke, high blood pressure, diabetes, and more.

The American Heart Association recommends 30 minutes of moderate intensity aerobic activity at least five days per week. If you don't think you'll make it for 30 or 40 minutes, set a reachable goal for today. Take the stairs, a stroll around the hospital, and have a walking meeting – three easy ways to get started.

Take Action

WELLNESS@WORK: MANAGE CHRONIC CONDITIONS

Approximately 40 percent of Americans manage a chronic illness such as asthma or diabetes. Your UHC medical coverage includes a telephonic disease management program to help you: enhance self care, minimize risks, identify warning signs, access resources, and coordinate and follow physician treatment plans. To access the UHC Disease Management program, call **888-887-4114**.

WELLNESS BENEFITS

(FOR UHC MEDICAL PLAN PARTICIPANTS)

Your health is important, and no matter your current health status, we want you to reach your health goals. That's why Dimensions Healthcare is offering programs to motivate you to adopt healthy behaviors that may help you maintain or improve your personal health. The Health Rewards program aims to reduce your medical premium after you complete certain wellness-related visits, activities, and programs. Please review the Health Rewards portion of this summary for additional information.

	What You Need to Know	How to Enroll
Dimensions Health Rewards	<p>Health Rewards is an innovative program designed to reward you for completing certain activities that can help you make positive health choices.</p> <p>Earn up to \$150 in Health Rewards:</p> <ul style="list-style-type: none"> ■ Complete one of the below for a \$50 reward: <ul style="list-style-type: none"> – Health Assessment – Online Coaching Program or Telephonic Coaching Program – Healthy Weight Program – Tobacco Cessation Program ■ Complete or enroll in one of the programs below for a \$100 reward: <ul style="list-style-type: none"> – Wellness visit – Healthy Pregnancy Program – Diabetes Telephonic Disease Management Program – CAD Telephonic Disease Management Program – COPD Telephonic Disease Management Program – Heart Failure Telephonic Disease Management Program – Asthma Telephonic Disease Management Program 	<ul style="list-style-type: none"> ■ Visit www.myuhc.com and complete a confidential online Health Assessment ■ Receive an immediate personal report of your health status and suggested activities for improving your health ■ Earn rewards for completing the health activities suggested ■ Track your completed activities and rewards earned ■ Redeem your rewards on www.myuhc.com. Click on “Health & Wellness” tab and click on “I GET” then “My Rewards”
Healthy Pregnancy	<p>Enroll for these benefits</p> <ul style="list-style-type: none"> ■ 24-hour toll-free access to experienced nurses ■ Identification of your risks and individual needs ■ Pregnancy and childbirth education materials and resources ■ Access to Online Healthy Pregnancy Owner’s Manual ■ Complimentary gifts and money-saving coupons 	<p>Call 1-800-411-7984 toll-free</p> <p>Monday through Thursday – 8 a.m. to Midnight, EST Friday – 8 a.m. to 8 p.m., EST Saturday – 9 a.m. to 6 p.m., EST</p> <p>www.healthy-pregnancy.com</p>
Preventive Care Guidelines	<p>Preventing disease and detecting disease early, if it occurs, are important to living a healthy life. And the better your health, the lower your healthcare costs are likely to be. Review the guidelines on the UHC Preventive Care website.</p>	<p>Visit www.uhcpreventivecare.com to identify your age and gender-specific preventive care guidelines, based on recommendations of the U.S. Preventive Services Task Force.</p>

Benefits for Your Health

DENTAL

(FULL-TIME, ACTIVE PART-TIME REGULAR, AND ON-CALL FLOAT POOL RN EMPLOYEES ARE ELIGIBLE FOR DENTAL COVERAGE)

Dimensions offers two Dental plan options: MetLife Preferred Dental Provider (PDP) or DentaQuest ePPO. The Dental plans provide benefits to help cover the cost of dental services and supplies such as routine checkups, fillings and crowns.

Dental Highlights	MetLife PDP		DentaQuest ePPO (In-Network Only)
	In-Network	Out-of-Network	Schedule available through Ceridian Self Service > Benefits > Benefit Forms > Summaries and Plan Documents
Annual Deductible	\$50/person; \$100/family		\$25/person; \$75/family
Benefit Maximums	\$1,500/person per year (excluding orthodontia)		\$2,000/person per year
Maximum Rollover	N/A		\$600 per year* (you are only eligible for a maximum rollover if your yearly claims do not exceed \$800)
	Plan pays:	Plan pays:	Plan pays:
Preventive/ Diagnostic Care	100%, no deductible	80% after deductible	Most preventive and diagnostic care is paid at 100%, no deductible Benefits are paid based on a fee schedule; refer to DentaQuest ePPO Plan Fee Schedule C2 for more information
Minor Restorative Care	80% after deductible	50% after deductible	Benefits are paid based on a fee schedule; refer to DentaQuest ePPO Plan Fee Schedule C2 for more information
Major Restorative Care	60% after deductible	50% after deductible	
Orthodontia	50%, no deductible, up to \$1,000 per person per lifetime (for children up to the end of the month they turn age 19)		OrthoSelect Plan You may purchase separate orthodontia coverage for children and adults for \$49 per person for the 2-year plan (\$99 if not enrolled in the ePPO) You may purchase the discount plan at any time during the year Visit Human Resources for more information

* Your accumulated rollover total is capped at \$1,500, for a benefit maximum of \$3,500.

Take Action

WELLNESS@WORK: CLEAN TEETH, HAPPY HEART

There is mounting evidence of the connection between a person's oral hygiene and overall health. Recent studies have linked heart attacks and strokes to gum disease. While no causal relationships have been discovered, a dental cleaning every six months to keep your teeth and gums healthy could reduce your risk of heart disease and stroke.

VISION

(FULL-TIME, ACTIVE PART-TIME REGULAR, AND ON-CALL FLOAT POOL RN EMPLOYEES ARE ELIGIBLE FOR VISION COVERAGE)

Dimensions offers you a Vision plan through National Vision Administrators, LLC (NVA). You may choose to see a provider that is part of the NVA network or that is out-of-network. However, the plan will pay higher benefits when you see a provider that is in-network.

Vision Highlights	NVA – Covered Once Every 24 Months	
	In-Network	Out-of-Network
Exam	You pay \$10 copay	Plan pays \$43
Frames	Frame of your choice, covered up to \$130; plus 20% off any out-of-pocket costs	Plan pays \$45
Lenses (standard glass or plastic)	You pay: Single vision – \$15 copay Bifocal – \$15 copay Trifocal – \$15 copay Lenticular – \$15 copay	You pay: Single vision – \$35 copay Bifocal – \$51 copay Trifocal – \$68 copay Lenticular – \$80 copay
Medically Necessary Contact Lenses	Covered in full	Plan pays \$210
Elective Contact Lenses (instead of glasses)	Plan pays up to \$95; plus 15% off conventional and 10% off disposable out-of-pocket costs	Plan pays \$95
Additional Discounts	Laser vision correction: discounts available Glasses and sunglasses: lens options, including scratch-resistant and anti-reflective coatings, progressive lenses, and more, have set discounted prices.	No additional discounts

Provider Network: NVA offers a wide provider network including many national chains with locations in Maryland and beyond.

Available providers include America’s Best, JC Penney Optical, Pearl Vision, Sears Optical, Target Optical, United Optical, and many more. Individual chains may provide different out-of-pocket discounts than listed. For a complete provider listing, go to www.e-nva.com and scroll down on the home page, and click on “Find Providers.”

Enter your zip code and 12660001 (our group number).

Benefits for Your Financial Security

FLEXIBLE SPENDING ACCOUNTS

(FULL-TIME AND ACTIVE PART-TIME REGULAR EMPLOYEES ARE ELIGIBLE FOR FLEXIBLE SPENDING ACCOUNTS)

Dimensions offers two Flexible Spending Accounts (FSAs) – the Health Care FSA and Dependent Care FSA. These accounts are designed to help you save on taxes by allowing you to set aside money, up to certain limits, on a pre-tax basis to pay for eligible healthcare or dependent care expenses.

You decide how much to contribute each year (up to certain limits) and your contributions are automatically deducted from your paycheck each pay period before certain taxes are taken out. When you have an eligible expense, you file a claim for reimbursement and are paid from your account with pre-tax money. Both accounts can be reimbursed easily through direct deposit.

For a list of eligible expenses, visit www.chard-snyder.com.

HEALTH CARE FSA

You can contribute up to \$2,550 each year and use this account to pay for eligible medical, dental, and vision expenses, such as copays, deductibles, and other expenses not covered by your health insurance. The Health Care FSA also features a debit card that makes it easier to access funds. Debit card charges other than office and prescription drug copays will require you to provide substantiation (proof of eligibility such as an insurance carrier's Explanation of Benefits (EOB)) or a detailed invoice. Debit cards may be used to purchase over-the-counter drugs, only if you have a prescription. However, you may still receive reimbursement through faxing or mailing in your receipt with the applicable form.

DEPENDENT CARE FSA

You can contribute up to \$5,000 each year and use this account to pay for eligible day care expenses for your children up to age 13, or your dependents of any age who are physically or mentally unable to care for themselves and for whom you contribute more than half of their financial support. With the Dependent Care FSA, you will receive a debit card so you can easily access your account.

Please note, you may only receive reimbursement from your Dependent Care FSA as funds are deposited into your account. In addition, you will need to provide your Dependent Care Provider's Tax ID number or Social Security number for reimbursement from your Dependent Care FSA.



Take Action CALCULATE YOUR SAVINGS AND ENROLL

To participate in the Health Care and/or Dependent Care Flexible Spending Accounts for 2015, you must enroll through Ceridian Self-Service.

A Health Care FSA can save you from 20 percent to more than 40 percent of the amount you would normally pay out-of-pocket for these expenses. To calculate your savings using the FSAs, use the FSA calculator available at:

<https://fsacalc.ceridian.com/fsacalc/fsacalculator.aspx>.

Access the online enrollment system, 24/7, at:

<https://sss2.ceridian.com/dimensionshealth>. See page 4 for more information.

PLAN CAREFULLY

Because of the tax advantages these accounts provide, IRS law requires that unused money left in your Health Care FSA and Dependent Care FSA at the end of the plan year must be forfeited. However, you may roll over up to \$500 in your Health Care FSA for use in the following plan year.

DIMENSIONS HEALTHCARE RETIREMENT SAVINGS PLAN

(ALL EMPLOYEES ARE ELIGIBLE TO CONTRIBUTE INTO THE RETIREMENT SAVINGS PLAN)

Dimensions offers all employees the opportunity to participate in the defined contribution 403(b) retirement savings plan. You decide what percentage of your pay you would like to contribute on an annual basis and your contributions are deducted from each paycheck before taxes. By participating in the Dimensions Retirement Savings Plan, you will be able to defer paying federal income taxes on your contributions and your investment earnings. **You may elect to contribute to the plan at any time. Enroll and make changes online at www.retiresmart.com.**

Eligible employee receive a base contribution of 2 percent of your pay from Dimensions. You automatically receive this contribution whether you contribute to the 403(b) plan or not.

As an eligible employee, if you contribute to the 403(b) plan, you will also receive matching contributions from Dimensions equal to 50 percent of your contribution, up to 2 percent of your pay. That means you could receive up to 4 percent of your pay – plus whatever you choose to contribute – each year from Dimensions in your 403(b) plan account. And this is calculated on your total bi-weekly compensation, including any overtime amount you may receive.

To be eligible for the Dimensions contribution, you must be budgeted to work 1,000 hours of service during the calendar year. Employees who are not budgeted to work at least 1,000 hours a year but actually do, will receive employer contribution(s) in the beginning of the following year.

Take Action SET A GOAL FOR RETIREMENT

According to the Employee Benefit Research Institute, an estimated 44 percent of people born between 1948 and 1978 – baby boomers and Generation X – won't have adequate retirement income. Are you saving enough to reach your retirement savings goals? Use the calculator at <http://www.choosetosave.org/ballpark/> to get an estimate of how much you'll need to save to fund a comfortable retirement.

After you set your goal for retirement, enroll or increase your contributions on the participant website at any time – www.retiresmart.com – or call 1-800-743-5274.

You will become fully vested in the Dimensions base and matching contributions upon completion of three years of credited vested service (working at least 1,000 hours a year for three years of employment). There is no partial vesting prior to that time. You are immediately vested in your personal deferrals and any rollover amount you contribute to the plan.

DESIGNATE A BENEFICIARY

As a new employee, you will need to complete the Mass Mutual Beneficiary form included in this packet. If you are married, you are required to name your spouse as the sole beneficiary. However, you may elect another beneficiary designation using the back of the form. In this case, your spouse will need to sign the form and provide notarized consent.

ADD IT UP! MAKE THE MOST OF THE DIMENSIONS CONTRIBUTIONS

Let's assume you make \$25,000 per year. Refer to the chart below to see how much money could be set aside in your 403(b) account toward your retirement savings in one year if you choose to save zero, two, four or six percent of your pay.

Your Pay	Your Contribution	DHS Contributions		Total Contributions
		DHS Base Contribution (2% of your pay)	DHS Matching Contribution (50%, up to 2% of your pay)	
\$25,000	\$0 (0%)	\$500 (2%)	\$0 (0%)	\$500 (2%)
\$25,000	\$500 (2%)	\$500 (2%)	\$250 (1%)	\$1,250 (5%)
\$25,000	\$1,000 (4%)	\$500 (2%)	\$500 (2%)	\$2,000 (8%)
\$25,000	\$1,500 (6%)	\$500 (2%)	\$500 (2%)	\$2,500 (10%)

Benefits for Your Financial Security

Financial security is more than just planning for retirement or investing in the stock market – it is also planning for the unexpected things that can happen in life, and making sure that you and your family are protected. That's why Dimensions offers several benefit options to help our employees build financial security.

Your cost for coverage can be found on Ceridian Self Service.

Dimensions provides:

- Core Life Insurance for yourself
- Life Insurance Credit
- Supplemental Life Insurance for yourself
- Dependent Life Insurance for your spouse and child(ren)

CORE LIFE INSURANCE

Dimensions provides all FT employees with Basic Life insurance coverage equal to one times your annualized budgeted base pay (up to \$500,000). PTR employees are provided with coverage equal to their full-time equivalent annual base pay. For example, a half-time employee earning \$25,000 would have coverage equal to \$50,000. Coverage is rounded down to the next lowest \$1,000 increment.

LIFE INSURANCE CREDIT

Dimensions provides all FT employees with a Life Credit. The Life Credit is an additional amount in your pay equal to the premium of one times (managers/directors receive two times) your annualized salary of Supplemental Life Insurance coverage. You may elect to use the Life Credit to purchase Supplemental Life Insurance or, if you do nothing, you will receive it as additional taxable pay.

SUPPLEMENTAL TERM LIFE INSURANCE

You have the option to purchase additional coverage in multiples of: 1 times, 2 times, 2.5 times, or 3 times pay.

Your supplemental coverage cannot be more than 3 times your pay or \$750,000, whichever is less. The total amount of your coverage (basic and supplemental combined) cannot be more than \$1,250,000.

When you enroll in benefits for the first time, you may elect up to \$500,000 without providing Evidence of Good Health. If you wish to elect an amount greater than \$500,000, you must provide Evidence of Good Health and be approved by the insurance carrier before your coverage becomes effective.

Life Insurance Features

When you participate in any of the Life insurance options through Liberty Mutual, your coverage includes the following features:

- **MyLibertyAssist:** Grief, financial, and legal counseling for you and/or beneficiaries after a claim is filed.
- **Online Will Preparation:** Available 24/7, these services provide a secure and convenient way to create a legally binding will online.
- **Portability:** Continue coverage under a separate group life plan without submitting Evidence of Good Health if employment ends.
- **Conversion:** Convert group life coverage to a permanent individual whole life policy without submitting Evidence of Good Health if group life coverage ends.

Take Action CONNECT WITH LIBERTY MUTUAL ONLINE

With Liberty Mutual, MyLiberty Connection gives you access to interactive tools and resources to manage your coverage. You will also use the site to provide Evidence of Good Health. To get started, visit www.mylibertyconnection.com (Company Code: Dimensions).

In future years, you may keep your coverage level the same or increase your coverage by one level without providing Evidence of Good Health. However, if you wish to increase your coverage by two or more levels, you must provide Evidence of Good Health and be approved by the insurance carrier before your coverage becomes effective.

For example, let's assume your coverage level is 2 times pay. During Open Enrollment, you may choose coverage equal to 2.5 times pay without providing Evidence of Good Health. But if you choose 3 times pay, you will have to provide Evidence of Good Health and be approved by the insurance carrier before your coverage goes into effect. If you do not provide Evidence of Good Health, you will automatically be increased to only 2.5 times pay.

DEPENDENT LIFE INSURANCE FOR YOUR SPOUSE AND CHILD(REN)

FT and PTR employees have the option to purchase term Life Insurance coverage for their eligible spouse and dependent child(ren) in the following amounts:

- Spouse: in \$10,000 increments up to \$50,000
- Child(ren) (age 15 days to the end of the month in which he or she turns 26): \$5,000; \$10,000; or \$20,000

If you elect coverage for your spouse of \$30,000 or more, you will need to submit Evidence of Good Health before coverage becomes effective.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Dimensions provides all FT and PTR employees with basic AD&D coverage equal to \$5,000, at no cost to you. You have the option to purchase additional coverage for yourself equal to \$10,000 or \$20,000. You may also purchase coverage for your spouse and children, if you purchase additional coverage for yourself as follows:

- If you purchase \$10,000 of coverage for yourself, you may also purchase \$5,000 for your spouse and \$2,000 for your child(ren)
- If you purchase \$20,000 of coverage for yourself, you may also purchase \$10,000 for your spouse and \$4,000 for your child(ren)

Take Action EVIDENCE OF GOOD HEALTH

You will need to provide Evidence of Good Health if you want to:

- Elect Supplemental Life insurance coverage over \$500,000
- Elect Spouse Life insurance coverage over \$30,000

To get started, visit www.mylibertyconnection.com (Company Code: Dimensions). Once you complete the online form, the insurance carrier may require you to provide more medical information through a physical exam, paramedical exam, or an attending physician report.

You will be notified if you need to provide Evidence of Good Health.

SHORT-TERM DISABILITY

Short-Term Disability coverage provides 60 percent of your income, up to \$1,500 per week, if you are unable to work due to an illness or injury. FT and PTR employees may purchase coverage through Liberty Mutual. If you suffer a qualifying disability, the plan will pay a monthly benefit after you have been out of work for seven days.

Take Action SHORT-TERM DISABILITY

If you do not elect Short-Term Disability coverage when you are first eligible, but do elect coverage during a subsequent Open Enrollment period, you will have to provide Evidence of Good Health.

LONG-TERM DISABILITY

Long-Term Disability coverage may provide you with a portion of your income if you are unable to work due to a qualifying disability. The plan pays benefits after you have been unable to work for 13 weeks. Dimensions automatically provides all eligible FT employees with coverage that would pay you a benefit equal to 50 percent of your monthly income, up to \$5,000 per month (PTR employees are not eligible for Long-Term Disability benefits).

You may purchase additional coverage equal to:

- 10 percent of your monthly income (for a total of 60 percent), up to \$7,500/month
- 20 percent of your monthly income (for a total of 70 percent), up to \$12,000/month

When you first become eligible to enroll for coverage, you may enroll for any coverage level you wish. In future years, you may keep your coverage level the same or increase your coverage. If you choose to increase your coverage level, you must provide Evidence of Good Health and be approved by the insurance carrier before your coverage becomes effective.

Please be aware that your Long-Term Disability benefits will be reduced by any income, including Social Security, you are eligible to receive.

Benefits for Your Financial Security

VOLUNTARY BENEFITS

To elect Critical Illness, Accident, and Whole Life coverage, you will need to enroll within 45 days of the date you first become eligible. To enroll, call 1-888-9ENROLL. Your next opportunity to enroll for coverage will be during the next Open Enrollment period.

Dimensions offers you the opportunity to participate in several voluntary benefits. You pay for the cost of these voluntary benefits in full, but may benefit from lower group rates than if you were to purchase the coverage on your own. To learn more about the voluntary plans, the premiums, or to enroll, call **1-888-9ENROLL**.

CRITICAL ILLNESS INSURANCE (UNUM)

Dimensions offers this coverage through Unum. If you, your spouse, or your children are diagnosed with a certain critical illness, such as heart attack, stroke, cancer, renal failure, or major organ transplants, this coverage pays a one-time lump sum benefit up to \$50,000. This benefit is paid in addition to any other health coverage you may have.

Because early detection is often the best defense against critical illnesses, this coverage also pays a wellness benefit for an annual health screening, up to \$50 each calendar year. Pre-existing conditions may apply.

ACCIDENT INSURANCE (UNUM)

Dimensions offers this coverage through Unum. You may choose to purchase accident coverage that pays a lump sum for certain covered injuries, such as broken bones, burns, cuts, paralysis, eye injuries, and accidental death.

WHOLE LIFE INSURANCE (BOSTON MUTUAL)

You have the option to purchase Whole Life insurance for yourself and your spouse and children through this voluntary plan with Boston Mutual Life Insurance. This plan provides a variety of coverage levels and costs at group rates. Whole Life insurance accumulates cash value that you can borrow against. You may enroll for Whole Life insurance at any time during the year if you experience a qualifying life event listed on page 5, as long as it falls within the enrollment window as defined by Boston Mutual Life Insurance.

Term Life Insurance Versus Whole Life Insurance

Dimensions provides you with Basic Life insurance coverage, and the option to purchase Supplemental Life insurance coverage, as described earlier. That coverage is known as "Term Life insurance." The voluntary coverage offered through Boston Mutual Life Insurance is known as "Whole Life insurance."

Here are some of the key differences:

- Whole Life insurance accumulates cash value by earning interest at current interest rates.
- Term Life insurance pays a benefit only in the event of your death.
- Term Life insurance rates will increase as your age increases; Whole Life insurance rates will not increase.

This is only a brief overview of the differences between Term Life and Whole Life insurance. You should consult with a financial advisor when deciding if you want additional coverage through Whole Life insurance.

LEGAL PLAN

(METLAW THROUGH HYATT LEGAL)

Paid for through payroll deductions, the plan covers the most frequently needed personal legal matters. Services include general telephone advice and office consultations, living wills, real estate matters (sale, purchase, or refinancing a home, tenant negotiations), powers of attorney, document review, debt matters (including identity theft defense), and family law (adoption, guardianship, and prenuptial agreements). Divorce and DWI defense is not included. There are over 12,000 participating lawyers in all 50 states with many law firms to choose from in our area plus an out of network option. If you leave Dimensions, you may continue coverage by paying 30 months up front at active group rates. To enroll, use the online enrollment system: <https://sss2.ceridian.com/dimensionshealth>.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Dimensions' EAP provides employees and their household members with no-cost confidential assistance to help with personal or professional problems that interfere with successful management of work and family responsibilities. These services are available 24 hours a day, 7 days a week through Inova Employee Assistance. Access the EAP via a toll-free number (**1-800-346-0110**) or online at:

www.inova.org/eap.

CONFIDENTIAL COUNSELING

Short-term counseling services can help you find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse. Professional counselors define the problem, provide support, and offer guidance and referrals.

LEGAL SERVICES

Inova Employee Assistance offers a free, 30-minute consultation with an in-network attorney and a 25 percent discount off the attorney's hourly rate if you choose to retain that attorney. Access to wills, advance directives and other legal documents are available on our website at www.inova.org/eap.

FINANCIAL SERVICES

Employees and their household members can speak with a financial professional at no charge regarding such issues as retirement planning, debt consolidation, funding a child's college education, mortgage loan options, and a variety of other financial concerns. Callers receive up to 60 minutes of telephonic consultation per issue. Financial information, tools, and calculators are available on our website at www.inova.org/eap.

IDENTITY THEFT SERVICES

Counselors provide telephonic screening and consultation to callers. If they determine that your identity has been stolen, a recovery packet containing everything that you need to resolve your identity-theft issue will be sent to you at no charge.

WORK-LIFE REFERRAL SERVICES

Our Work-Life consultants will assess your needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. We will also follow up to ensure your satisfaction with our service. Our consultants can locate resources in a variety of areas, including:

- Child care and adoption (emergency back-up care, day care providers, nanny and au pair agencies, summer camps, etc.)
- Elder care (adult day care, assisted living, home health, nursing homes, transportation services, etc.) and education (information about schools, financial aid, scholarships, and educational consultants)
- Health and wellness (holistic care, exercise classes, nutritional counselors, personal trainers, self-help programs, etc.)
- Pet services (veterinarians, pet sitters, groomers, and obedience trainers)
- Convenience services (sporting event and entertainment tickets, grocery shopping, lawn maintenance, housekeeping services, tee times, restaurant reservations, and many other concierge related services)

ONLINE RESOURCES

Inova Employee Assistance offers an interactive online service that provides 24-hour access to an extensive library of nationwide Work-Life resources and interactive tools, including:

- Child and elder care locators
- Savings discount center
- Relocation center
- Monthly interactive online seminars
- 24-hour instant messaging access to a Work-Life consultant

Contact the EAP 24 hours a day at **1-877-847-4518** or online at www.inova.org/eap.

Benefits for Work-Life Balance

PAID LEAVE

PAID TIME OFF (PTO)

It's important for our employees to be on the job, but it's also important to refresh and recharge from time to time. That is why we provide all employees with Paid Time Off (PTO). PTO combines vacation and sick leave into one type of leave so that you have more freedom to use your leave the way you see fit.

You earn PTO hours each pay period, based on the number of years you have been employed by Dimensions. Increases in PTO accrual occur automatically on the pay period following employment anniversaries. The PTO schedule:

Years	Days/Year	Hours Pay
0 to 3	23	7.07
4 to 9	27	8.30
10 to 15	30	9.23
16 to 20	33	10.15
21 or more	36	11.07

PTO employees earn PTO on a pro-rated basis. Managers earn PTO as outlined above, except for years 0 to 3. For the first three years, they will earn 7.69 hours per pay. Weekend Assignment (WEA) employees earn 2.77 hours per pay. Every Other Weekend employees (EWEA) earn 1.38 hours per pay.

Employees are eligible to use PTO after successfully completing their Initial Review Period. Requests for exceptions are to be referred to the Vice President, Human Resources.

PTO CARRYOVER

You may accumulate up to 400 hours of PTO. Any hours over 400 will roll over into a Long-Term Sick (LTS) leave bank each February. After three days of extended absence, you can request to use LTS for your or your dependents' illness in lieu of PTO, or substitute LTS for PTO in case of illness of yourself or your family.

HOLIDAYS

Dimensions provides all FT and PTR employees with six paid holidays each year:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

FT employees receive eight hours of leave; PTR employees receive four hours of leave. If you work on a holiday, special compensation and rules apply.

JURY AND WITNESS DUTY

If you are required to serve as a juror or are subpoenaed as a witness in court, Dimensions provides unlimited paid time off from work to do so.

OTHER BENEFITS

TUITION REIMBURSEMENT

Dimensions encourages you to reach your professional goals, so we offer tuition reimbursement to FT and PTR employees after six continuous months of employment. Reimbursement is equal to:

- FT employees: \$3,000 per year
- PTR employees: \$1,500 per year

To be eligible for reimbursement, courses must be from an accredited college or university and either:

- Leading to a degree; or
- A course that directly relates to your job and whose purpose is to increase your job knowledge and skills.

If you receive reimbursement from Dimensions for tuition expenses, you must remain in benefits-eligible employment with the company for at least one year following the completion of the reimbursed course.

DREXEL UNIVERSITY PARTNERSHIP PROGRAM

Through a collaboration with Drexel University Online, you and your immediate family members can receive 10 to 40 percent off the regular on-campus tuition rates for online programs. Programs include a fully accredited RN to BSN program that has been ranked in the top 15 by U.S. News & World Report. For more information or to apply, visit <http://www.drexel.com/DHS>. There is no cost to apply.



CREDIT UNION/BANKING SERVICES

As a Dimensions employee, you have access to Money One Federal Credit Union, Bank of America, and PNC banking services. Membership is based on application approval.

PARKING

Free parking is available at all Dimensions locations. PGHC employees are eligible for free garage parking during their evening and night shifts or can pay a monthly fee for garage parking.

CAFETERIA DISCOUNT

Employees at PGHC and LRH receive an employee discount in the hospital cafeteria.

COMPUTER PURCHASE

Through the Member Purchase program, Dimensions employees are entitled to discounts on laptops, desktop computers, electronics, and accessories from Dell. Visit the Member Store today:

www.dell.com/mpp/dimensionshealth or call 1-866-278-3504. Use member ID: H531704306.

Benefits for Work-Life Balance

EMPLOYEE DISCOUNTS

Dimensions Healthcare has access to many of the market's best service suppliers and can offer special discounts to its employees. For additional information, call **1-888-766-8283** or email **NovCustomerService@novationco.com**.

	Available Discount	Find Out More
Allied	Designated agent is Berger Transfer and Storage Inc. Provides transportation and moving services.	Bob Larimore 1-800-842-6687 bobl@alliedberger.com www.bergerallied.com/dallas.htm
Armstrong	Mortgage assistance, real estate assistance, temporary housing locator, and destination information services.	Brad Murphy 1-256-258-2204 bmurphy@goarmstrong.com
AT&T	24 percent off monthly wireless service charges on qualified voice and data plans (new and existing customers). Employee family members are eligible for discount when included in Employee's account.	www.att.com/wireless/novation For your facility-specific FAN, please contact Novation Customer Service at novcustomerservice@novationco.com or 1-888-766-8283
Atlas	Designated agent is Nelson Westerberg. Relocation Request Form required. Discounts also apply to warehouse storage where available.	Janet Hodge 1-800-233-1229 jhodge@atlasworldgroup.com www.atlasworldgroup.com
Sherwin Williams	15 percent off household paints and stains, as well as brushes and rollers. Certain paint products are excluded from this discount.	1800-4SHERWIN www.sherwin-williams.com Cash Account Number: 3821-9344-9
Sprint	23 percent off monthly wireless service charges on qualified Sprint or Nextel voice and data plans (new and existing customers).	1-888-788-4727 www.sprint.com/uhc For your facility-specific Corp ID, please contact Novation Customer Service at novcustomerservice@novationco.com or (888) 766-8283
Verizon	20 percent off qualified monthly voice and data plans of \$34.99 or greater. Discount of 25% off accessories.	www.verizonwireless.com/discounts Member must execute Verizon Wireless Entity Agreement for employees to access discounts

AMERINET MARKETPLACE

By leveraging the purchasing power of all our employees, you can save on almost everything you want to buy. When you purchase through the Amerinet Marketplace, you earn points for every dollar spent. Redeem your points for free stuff through the Amerinet Marketplace. Log on to <https://amerinet.corporateperks.com/login> and register today to start saving.

Following are federally-required notices related to your Dimensions Benefits Program.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

MATERNITY AND NEWBORN LENGTH OF STAY

Under federal law, group health plans and health coverage issuers offering group coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to:

- Less than 48 hours following a normal vaginal delivery; or
- Less than 96 hours following a cesarean section.

They may also not require that a provider obtain authorization from the plan or coverage issuer for prescribing a length of stay not in excess of those periods. The law generally does not prohibit an attending provider of the mother or newborn (in consultation with the mother) from discharging the mother or newborn earlier than 48 hours or 96 hours, as applicable.

SPECIAL ENROLLMENT RIGHTS UNDER HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides the following special enrollment rights. If you do not enroll for medical coverage for yourself and your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in this plan, as long as you request enrollment within 31 days after your other coverage ends. You will need to provide proof that your other coverage has ended.

In addition, if you have a new dependent as the result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents as long as you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES (HIPAA)

The privacy of your medical information is important to us. As a participant in a medical plan sponsored by Dimensions Healthcare System, you may receive a HIPAA Privacy Notice. The HIPAA Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

You may access a copy of the HIPAA Privacy Notice at any time by visiting: <https://sss2.ceridian.com/dimensionshealth>.

For more information about our privacy practices or for additional copies of the HIPAA Privacy Notice, please contact us using the information provided.

Human Resources Department Director of Benefits and Employee Services

3001 Hospital Drive, Cheverly, MD 20785

301-618-2260

IMPORTANT NOTICES

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the plan and under federal law, you should review the plan's summary plan description or contact the plan administrator.

COBRA continuation coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a qualifying event, as listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a qualified beneficiary. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of the qualifying event. Under the plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the plan because your hours of employment are reduced or your employment ends for any reason other than your gross misconduct.

If you are the spouse or dependent child of an employee, you will become a qualified beneficiary if you lose your coverage under the plan because any of the following qualifying events happens:

- The employee dies;
- The employee's hours of employment are reduced;
- The employee's employment ends for any reason other than his or her gross misconduct;
- The employee becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The employee becomes divorced or legally separated; or
- If you are a dependent child, you stop being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Dimensions, and that bankruptcy results in the loss of coverage of any retired employee covered under the plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the plan.

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the plan administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer or the employee's becoming entitled to Medicare benefits (under Part A, Part B or both), the employer must notify the plan administrator of the qualifying event.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the plan administrator within 60 days after the qualifying event occurs. You must provide this notice to the benefits staff.

Once the plan administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

If you or anyone in your family covered under the plan is determined by the Social Security Administration to be disabled and you notify the plan administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

If your family experiences another qualifying event while receiving 18 months of continuation coverage, your spouse and dependent children can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the plan. This extension may be available to your spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B or both) or gets divorced or legally separated, or if the dependent child stops being eligible under the plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the plan had the first qualifying event not occurred.

There may be other coverage options for you and your family. As a result of the health care law, you may be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

If you have questions about your plan or your COBRA continuation coverage rights, refer to the contact listed below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

In order to protect your family's rights, you should keep the plan administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the plan administrator.

Human Resources Department
Director of Benefits and Employee Services
3001 Hospital Drive, Cheverly, MD 20785
301-618-2260

IMPORTANT NOTICES

IMPORTANT NOTICE FROM DIMENSIONS HEALTHCARE SYSTEM ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Dimensions Healthcare System 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 prescription 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 prescription 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. Dimensions Healthcare System has determined that the prescription drug coverage offered by UnitedHealthCare 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 prescription drug plan.

When Can You Join a Medicare Prescription Drug Plan?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare prescription drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Prescription Drug Plan?

1. If you decide not to join a Medicare prescription drug plan, your current Dimensions Healthcare System coverage will not be affected.
2. If you decide to enroll in a Medicare prescription drug plan and want to keep your Dimensions medical and drug coverage, your Dimensions plan will coordinate with Medicare prescription drug coverage.
3. If you decide to enroll in a Medicare prescription drug plan and drop your current Dimensions medical and drug coverage, be aware that you and your dependents will only be able to get this coverage back if you have a life status change during the year or during the next Dimensions annual benefits Open Enrollment.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Prescription Drug Plan?

You should also know that if you drop or lose your current coverage with Dimensions Healthcare System and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription 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 19 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 October to join.

For More Information About this Notice or Your Current Prescription Drug Coverage...

Contact the Dimensions' benefits staff (x82260) or review the medical summary online at <https://sss2.ceridian.com/dimensionshealth>.

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

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare prescription drug plan, and if this coverage through UnitedHealthcare changes. You also may request a copy of this notice at any time.

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 prescription 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 prescription drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 2014

Human Resources Department

Director of Benefits and Employee Services

3001 Hospital Drive, Cheverly, MD 20785

301-618-2260

DIMENSIONS HEALTH CORPORATION RETIREMENT SAVINGS PLAN DEFAULT INVESTMENT NOTICE

If you have made an investment election with respect to your own account, the following information may not apply to you.

Right to direct investment. This notice advises you that as a participant (including a beneficiary of a deceased participant) in the plan, you have the right to direct the investment of all of your plan account assets.

Default investment. You may invest your account(s) (your "directed account(s)") in any of the investment choices offered in the plan. If you do not make an election as to how the plan should invest any of your future directed account(s) (e.g., rollover contribution, employee, or employer contribution) by returning the election form to the plan administrator, the plan trustee will invest your future directed account(s) in the "default" investment that the plan officials have selected.

The default investments are the T. Rowe Price Retirement Income Funds (listed below).

- T. Rowe Price Retirement 2010 Fund
- T. Rowe Price Retirement 2020 Fund
- T. Rowe Price Retirement 2030 Fund
- T. Rowe Price Retirement 2040 Fund
- T. Rowe Price Retirement 2050 Fund

Contact Human Resources for information regarding these investment options.

Description of default investment. The description of the default investment options including investment strategy, risk and return characteristics, and fees and expenses are available in human resources.

Right to alternative investment. Even if the plan trustee invests some or all of your directed account(s) in the default investment, you have the continuing right to direct the investment of your directed account(s) in one or more of the other investment choices available to you under the plan. You may change your investments at any time. You are entitled to invest in any of the alternative investment choices without incurring a financial penalty.

IMPORTANT NOTICES

Where to go for further investment information. You can obtain further investment information about the plan's investment alternatives other than the default investment by contacting the Plan Administrator, Human Resources, 3001 Hospital Drive, Cheverly, MD 20785 or by calling **301-618-2260**.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1-866-444-EBSA (3272)**.

PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2014. You should contact your State for further information on eligibility.

Alabama – Medicaid
www.medicaid.alabama.gov
1-855-692-5447

Florida – Medicaid
<https://www.flmedicaidprecovery.com/>
1-877-357-3268

Indiana – Medicaid
www.in.gov/fssa
1-800-889-9949

Alaska – Medicaid
health.hss.state.ak.us/dpa/programs/medicaid/
1-888-318-8890 (Outside of Anchorage)
907-269-6529 (Anchorage)

Georgia – Medicaid
<http://dch.georgia.gov/> (Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP))
1-800-869-1150

Iowa – Medicaid
www.dhs.state.ia.us/hipp/
1-888-346-9562

Arizona – CHIP
www.azahcccs.gov/applicants
1-877-764-5437 (Outside of Maricopa County)
602-417-5437 (Maricopa County)

Idaho – Medicaid and CHIP
www.accesstohealthinsurance.idaho.gov
(Medicaid)
1-800-926-2588 (Medicaid)
www.medicaid.idaho.gov (CHIP)
1-800-926-2588 (CHIP)

Kansas – Medicaid
www.kdheks.gov/hcf/
1-800-792-4884

Colorado – Medicaid
<http://www.colorado.gov/> (Medicaid)
1-800-866-3513 (Medicaid in-state)
1-800-221-3943 (Medicaid out-of-state)

Kentucky – Medicaid
chfs.ky.gov/dms/default.htm
1-800-635-2570

Louisiana – Medicaid
www.lahipp.dhh.louisiana.gov
1-888-695-2447

Maine – Medicaid
www.maine.gov/dhhs/ofi/public-assistance/
 1-800-977-6740
 1-800-977-6741 (TTY)

Massachusetts – Medicaid and CHIP
www.mass.gov/MassHealth
 1-800-462-1120

Minnesota – Medicaid
www.dhs.state.mn.us/
 Click on Health Care, then Medical Assistance
 1-800-657-3629

Missouri – Medicaid
www.dss.mo.gov/mhd/participants/pages/hipp.htm
 573-751-2005

Montana – Medicaid
<http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
 1-800-694-3084

Nebraska – Medicaid
www.ACCESSNebraska.ne.gov
 1-855-632-7633

Nevada – Medicaid
<http://dwss.nv.gov/>
 1-800-992-0900

New Hampshire – Medicaid
<http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
 603-271-5218

New Jersey – Medicaid and CHIP
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> (Medicaid)
 609-631-2392 (Medicaid)
<http://www.njfamilycare.org/index.html> (CHIP)
 1-800-701-0710 (CHIP)

New York – Medicaid
http://www.nyhealth.gov/health_care/medicaid/
 1-800-541-2831

North Carolina – Medicaid
<http://www.ncdhhs.gov/dma>
 919-855-4100

North Dakota – Medicaid
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 1-800-755-2604

Oklahoma – Medicaid and CHIP
www.insureoklahoma.org
 1-888-365-3742

Oregon – Medicaid and CHIP
www.oregonhealthykids.gov
www.hijossaludablesoregon.gov
 1-800-699-9075

Pennsylvania – Medicaid
www.dpw.state.pa.us/hipp
 1-800-692-7462

Rhode Island – Medicaid
www.ohhs.ri.gov
 401-462-5300

South Carolina – Medicaid
www.scdhhs.gov
 1-888-549-0820

South Dakota – Medicaid
dss.sd.gov
 1-888-828-0059

Texas – Medicaid
<https://www.gethipptexas.com/>
 1-800-440-0493

Utah – Medicaid and CHIP
health.utah.gov/upp
 1-866-435-7414

Vermont – Medicaid
www.greenmountaincare.org/
 1-800-250-8427

Virginia – Medicaid and CHIP
http://www.coverva.org/programs_premium_assistance.cfm (Medicaid)
 1-800-432-5924 (Medicaid)
http://www.coverva.org/programs_premium_assistance.cfm (CHIP)
 1-855-242-8282 (CHIP)

Washington – Medicaid
hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
 1-800-562-3022 ext. 15473

West Virginia – Medicaid
www.dhhr.wv.gov/bms/
 1-877-598-5820, HMS Third Party Liability

Wisconsin – Medicaid
www.badgercareplus.org/pubs/p-10095.htm
 1-800-362-3002

Wyoming – Medicaid
health.wyo.gov/healthcarefin/equalitycare
 307-777-7531

To see if any more states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Ext. 61565

IMPORTANT NOTICES

CONTACT INFORMATION

CARRIER	PHONE NUMBER	WEBSITE
Medical Plans		
UnitedHealthcare (UHC) Options PPO, Choice EPO and Choice Plus POS	1-800-305-2865	www.myuhc.com Group Number – 715360
Dental Plans		
MetLife PDP	1-800-474-7371	www.metlife.com/dental Group Number – 300563
DentaQuest ePPO	1-800-334-6277	www.dentaquestdental.com Group Number – 021456
Vision Plans		
National Vision Administrators, LLC (NVA)	1-800-672-7723	www.e-nva.com Group Number – 12660001
Flexible Spending Accounts		
Chard-Snyder	1-800-982-7715 FSA 1-888-993-4646 COBRA	www.chard-snyder.com
Income Security		
Life, Short-Term Disability, and Long-Term Disability (Liberty Mutual)	1-800-713-7384 (Life) 1-800-291-0112 (Disability)	www.mylibertyconnection.com Company Code: Dimensions
Whole Life Insurance (Boston Mutual)	1-800-669-2668	www.bostonmutual.com
Critical Illness, Accident, Short-Term Disability (Unum)	1-800-635-5597	www.Unumprovident.com
Retirement Plan		
Retirement Plan (MassMutual)	1-800-743-5274	www.retiresmart.com
Other Benefits		
Tuition Reimbursement	301-618-2260	https://sss2.ceridian.com/dimensionshealth
Employee Assistance Program	800-346-0110	www.inova.org/eap
Credit Union (Money One FCU)	1-800-638-0232	www.moneyonefcu.org
Banking Services (Bank of America)	1-800-782-2265	www.bankofamerica.com/bankatwork
Banking Services (PNC)	1-888-PNC-BANK	www.pnc.com
Legal Plan (MetLaw through Hyatt Legal)	1-800-821-6400	www.legalplans.com Group Number – 6090292

Dimensions Healthcare System reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification, unless coverage is provided under a collective bargaining agreement. This document is only meant to highlight the benefit plans at Dimensions Healthcare System. The benefit plans are governed by the insurance contracts and plan documents, which are available on the DHS self-service site or through the Human Resources department. Should there be a discrepancy between this document and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.



Human Resources
Dedicated to Your Health and Wellness