Medical City

www.hcarewards.com

Benefits
Medical
Dental
Vision
Life Insurance Plans
Long Term Care Plan
Flexible Spending Accounts
Health Reimbursement Account
Legal Assistance
Home/Auto Insurance
Pet Insurance
Bereavement
Jury Duty
Flexible Scheduling
Adoption Assistance
Career Enhancement Program
Employee Assistance Program
*Family/Individual/Marital Counseling
*Work-related difficulties
*Alcohol/Drug Problems
*Financial counseling (referral)
*Legal Counseling (referral)

Financial
401k Plan
Credit Unions
Financial Planning Seminars
Direct Deposit

Time Away From Work Programs
Paid Time Off (PTO)
Short Term Disability
Supplemental Short Term Disability
Long-Term Disability
Leave of Absence

Education
Tuition Reimbursement
15 month Initial BSN Program
On-Site ADN Program
RN to BSN Bridge Program
Free On-line CE's
Free BLS, ACLS, and PALS

Wellness
Wellness Program
Weight Watchers @ Work
Annual Health Fair
On-Line Wellness Assessment
Smoke Free Campus
Smoking Cessation Assistance
Free annual Flu Vaccination
Free required vaccinations

Recognition
Service Awards
Employee Advisory Group
City Stars Program

Other
On-Site Childcare
On-Site Florist
On-Site Pharmacy
On-Site Post Office
On-Site Hair Salon
On-Site Bank and ATMs
On-Site Car Wash
Annual Benefits Fair
Bring your child to work day
Free Parking
Free DART Shuttle Bus
SitterCity

Discounts
DART Pass
Uniform
Movie Tickets
Six Flags
State Fair of Texas
Dell Computers
Cafeteria
FastPay-Café. Payroll Deduct
Sprint, Verizon, and
AT&T Cell Phones

401K (Eligible 1st of month following 60 days of employment)

Years of Vesting Service	Facility Match	Vesting %
0-1	3% of pay	0%
2	3% of pay	20%
3	3% of pay	40%
4	3% of pay	60%
5	4% of pay	80%
6-9	4% of pay	100%
10-14	6% of pay	100%
15 - 19	7% of pay	100%
20 - 24	8% of pay	100%
25 or more	9% of pay	100%

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER
Best Companies to Work for in Texas 2014
Best Companies to Work for in Texas 2013
Best Places to Work 2010
TEXAS Award for Performance Excellence
Champions in Health

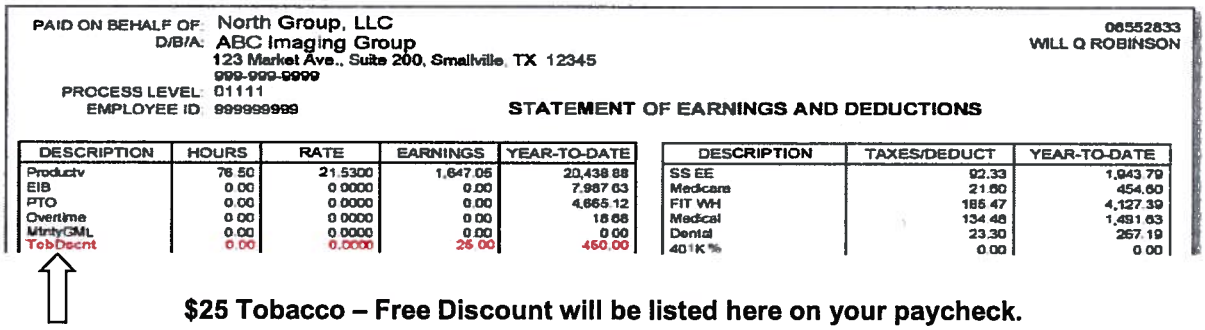
2017 Benefits Coverage: Your Cost Per Paycheck

Medical Plan Coverage Rates (subtract $25.00 on the rates below if you attest online for the nicotine free discount):

Medical Plan Options	Status	Employee Only	Employee +1	Employee + 2	Employee + 3 or more
		Bi-Weekly	Bi-Weekly	Bi-Weekly	Bi-Weekly
Well Care Level 1 United Healthcare	Full-time	$37.94	$148.38	$179.23	$210.09
	Part-time	$141.15	$368.33	$454.15	$540.02
Well Care Level 2 United Healthcare	Full-time	$57.68	$187.86	$228.58	$269.31
	Part-time	$160.89	$407.81	$503.50	$599.24
Well Care Level 3 United Healthcare	Full-time	$103.53	$279.58	$343.22	$406.89
	Part-time	$206.74	$499.53	$618.14	$736.82
Essential Plan	Full-time	$26.00	$100.49	$119.36	$138.25
	Part-time	$117.20	$320.44	$394.28	$468.18

Nicotine Free Discount:

You will see the above rates on your paycheck, *PLUS*, a nicotine free discount. This bonus amount will be paid out each pay period as a $25 payment and will appear as "TobDscnt" on your paycheck stub. Example below:



PAID ON BEHALF OF: North Group, LLC
D/B/A: ABC Imaging Group
123 Market Ave., Suite 200, Smallville, TX 12345
999-999-9999
PROCESS LEVEL: 01111
EMPLOYEE ID: 999999999

06552833
WILL Q ROBINSON

STATEMENT OF EARNINGS AND DEDUCTIONS

DESCRIPTION	HOURS	RATE	EARNINGS	YEAR-TO-DATE
Productv	76.50	21.5300	1,647.05	20,438.88
EIB	0.00	0.0000	0.00	7,987.63
PTO	0.00	0.0000	0.00	4,665.12
Overtime	0.00	0.0000	0.00	18.66
MinityGML	0.00	0.0000	0.00	0.00
TobDscnt	0.00	0.0000	25.00	450.00

DESCRIPTION	TAXES/DEDUCT	YEAR-TO-DATE
SS EE	92.33	1,943.79
Medicare	21.60	454.60
FIT WH	186.47	4,127.39
Medical	134.48	1,491.63
Dental	23.30	267.19
401K %	0.00	0.00

$25 Tobacco – Free Discount will be listed here on your paycheck.

Dental Coverage Rates:

Dental Options	Status	Employee Only	Employee + 1	Employee + 2	Employee + 3 or more
		Bi-Weekly	Bi-Weekly	Bi-Weekly	Bi-Weekly
MetLife Dental PPO	Full-time & Part Time	$14.64	$29.28	$40.99	$52.71
Cigna Dental HMO	Full-time & Part Time	$10.36	$19.89	$28.28	$33.11
Humana CompBenefits HMO	Full-time & Part Time	$5.35	$9.97	$12.08	$13.43

Vision Coverage Rates:

Vision Options	Status	Employee Only	Employee + 1	Employee + 2	Employee + 3 or more
		Bi-Weekly	Bi-Weekly	Bi-Weekly	Bi-Weekly
EyeMed	Full-time & Part-time	$3.10	$4.74	$6.44	$7.94

Life Insurance and Long-Term Disability Coverage: These expenses are based on your age and salary level and can change from year to year. Log in to HCArewards.com and click on BConnected or call BConnected for details about the premiums. *To view your complete list of options and pricing, log on to HCArewards.com and click on BConnected during your enrollment period.*

2017 HCA Medical Plan Comparison: *Essential, Well Care 123*

Changes for 2017 are in red

		Essential Plan	Level 1 Plan	Level 2 Plan	Level 3 Plan (if available)
		You Pay:	**You Pay:**	**You Pay:**	**You Pay:**
Annual Plan Deductible		$4,000 individual $8,000 family	$2,000 individual $4,000 family	$1,000 individual $2,000 family	$500 individual $1,000 family
Out-of-Pocket Maximum *Includes eligible medical, prescription drug and behavioral health services*		$7,150 individual $14,300 family	$7,150 individual $14,300 family	$6,150 individual $12,300 family	$5,150 individual $10,300 family
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services *Applies to facility charges only*	**HCA-Affiliated Facility** *Requires Precertification*	$2,000 per admission; no deductible	$900 per admission; no deductible	$600 per admission; no deductible	$300 per admission; no deductible
	Non-HCA In-Network Facility *(when services are NOT available at an HCA-Affiliated facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Non-HCA In-Network Facility *(when services are available at an HCA-affiliated facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
	Out-of-Network Facility *(when services are NOT available at an HCA-Affiliated facility or network facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Out-of-Network Facility *(when services are available at an HCA-Affiliated facility or Network facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
Hospital-Based Physicians *Includes radiologists, anesthesiologists, pathologists, and hospitalists*	**Inpatient / Outpatient**	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
Outpatient Hospital Facility Services *Includes Outpatient Surgery and Ambulatory Surgery /Applies to facility charges only*	**HCA-Affiliated Facility**	$750 copay; no deductible	$325 copay; no deductible	$225 copay; no deductible	$125 copay; no deductible
	Non-HCA In-Network Facility *(when services are NOT available at an HCA-Affiliated facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Non-HCA In-Network Facility *(when services are available at an HCA-affiliated facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
	Out-of-Network Facility *(when services are NOT available at an HCA-Affiliated facility or network facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Out-of-Network Facility *(when services are available at an HCA-Affiliated facility or Network facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply

This document provides a brief description of the benefits offered under the HCA Health and Welfare Benefits Plan ("Plan"). Full details are described in the Summary Plan Description and official Plan documents. Every effort has been made to accurately describe the benefits in this document. However, if there is any discrepancy or conflict between the Summary Plan Description or the Plan documents and the information presented here, the Summary Plan Description and Plan documents will control. You can view the Summary Plan Description by logging on to HCArewards.com and clicking Benefits Plan Details. Copies of the Plan document are maintained on file with the plan administrator and available for your review. If you have questions about the HCA benefit programs that are specific to your situation, please call your claims administrator.

2017 Plan Comparison: Essential, Well Care 123		Essential Plan	Level 1 Plan	Level 2 Plan	Level 3 Plan (if available)
		You Pay:	You Pay:	You Pay:	You Pay:
Imaging Services Facility Based Outpatient *Complex –MRI, PET, CAT, etc. Applies to facility charges only*	**HCA-Affiliated Facility**	$450 copay; no deductible	$125 copay; no deductible	$100 copay; no deductible	$75 copay; no deductible
	Non-HCA In-Network Facility *(when services are NOT available at an HCA-Affiliated facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Non-HCA In-Network Facility *(when services are available at an HCA-affiliated facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
	Out-of-Network Facility *(when services are NOT available at an HCA-Affiliated facility or network facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Out-of-Network Facility *(when services are available at an HCA-Affiliated facility or Network facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
Imaging Services Facility Based Outpatient *Basic –X-ray, ultrasounds, non-preventative routine mammograms, etc. / Applies to facility charges only*	**HCA-Affiliated Facility**	$125 copay; no deductible	$25 copay; no deductible	$20 copay; no deductible	$15 copay; no deductible
	Non-HCA In-Network Facility *(when services are NOT available at an HCA-Affiliated facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	30%; deductibles apply	20%; deductibles apply
	Non-HCA In-Network Facility *(when services are available at an HCA-affiliated facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
	Out-of-Network Facility *(when services are NOT available at an HCA-Affiliated facility or network facility) Requires Precertification*	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Out-of-Network Facility *(when services are available at an HCA-Affiliated facility or Network facility)*	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
Primary Care Physician Office Visit – *Routine Services*	**In-Network**	40%; deductibles apply	$45 copay; no deductible	$35 copay; no deductible	$25 copay; no deductible
	Out-of-Network	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
Specialty Physician Office Visit	**In-Network**	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Out-of-Network	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
Preventive Care - Office Based *Physicals, Well baby, and well woman exam, etc.*	**In-Network**	$0; no deductible	$0; no deductible	$0; no deductible	$0; no deductible
	Out-of-Network	100% (not covered)	100% (not covered)	100% (not covered)	100% (not covered)
Other Services *Durable medical, non-physician and surgeon services*	**In-Network**	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	Out-of-Network	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
Urgent Care Clinic	**HCA-Affiliated Facility**	$40 copay; no deductible	$25 copay; no deductible	$20 copay; no deductible	$15 copay; no deductible
	Non-HCA, In-Network Facility	40%; deductibles apply	$50 copay; no deductible	$40 copay; no deductible	$30 copay; no deductible
	Non-HCA, Out-of-Network Facility	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply

2017 Plan Comparison: Essential, Well Care 123		Essential Plan You Pay:	Level 1 Plan You Pay:	Level 2 Plan You Pay:	Level 3 Plan (if available) You Pay:
Emergency Services *If admitted, inpatient benefits apply / Applies to facility charges only*	**HCA-Affiliated Facility or Non-HCA, In-or Out-of-Network Facility**	$350 copay; no deductible	$250 copay; no deductible	$200 copay; no deductible	$150 copay; no deductible
Lab Services - Facility Based Outpatient *Applies to facility charges only*	**HCA-Affiliated Facility**	$0; no deductible	0%, no deductible	0%, no deductible	0%, no deductible
	Non-HCA In-Network facility, Out-of-Network facility	40%; deductibles apply	30% deductibles apply	25%; deductibles apply	20%; deductibles apply
Lab Services - Physician Office Based	**Primary Care Physician In-Network Routine**	40%; deductibles apply	$0 copay; no deductible (after office visit copay)	$0 copay; no deductible (after office visit copay)	$0 copay; no deductible (after office visit copay)
	Specialty Physician In-Network Routine	40%; deductibles apply	30%; deductibles apply	25%; deductibles apply	20%; deductibles apply
	In-Network Preventive	$0; no deductible	0%; no deductible	0%; no deductible	0%; no deductible
	Out-of-Network Routine	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply	75%; deductibles apply
	Out-of-Network Preventive	100% (not covered)	100% (not covered)	100%(not covered)	100% (not covered)
Behavioral Inpatient Hospital Services	**HCA-Affiliated Facility** *Requires Precertification*	$2,000 per admission; no deductible	$900 per admission; no deductible	$600 per admission; no deductible	$300 per admission; no deductible
	Non-HCA In/Out-of-Network Facility *Requires Precertification*	40% no deductible	30% no deductible	25% no deductible	20% no deductible
Behavior Health-Outpatient	**In-Network**	40% no deductible	30% no deductible	25% no deductible	20% no deductible
	Out-of-Network	40% no deductible	30% no deductible	25% no deductible	20% no deductible
Applied Behavioral Analysis *Requires Precertification*	**In-Network**	100% (not covered)	30% no deductible	25% no deductible	20% no deductible
	Out-of-Network	100% (not covered)	30% no deductible	25% no deductible	20% no deductible

Prescription Drugs

Advanced Control Formulary™ applies / Generic Step Therapy Required / Smoking Cessation products covered 100% with prescription

		Essential Plan	Level 1 Plan	Level 2 Plan	Level 3 Plan
Annual Deductible (Individual/Family)		$600/$1,200	$400/$800	$200/$400	No deductible
Retail (30-day supply)	**Generic**	$5 copay; no deductible	$0 copay; no deductible	$0 copay; no deductible	$0 copay; no deductible
	Preferred Brand Name	40%; deductibles apply	40%; deductibles apply	40%; deductibles apply	30%; no deductible
	Non-Preferred Brand Name	40%; deductibles apply	40%; deductibles apply	40%; deductibles apply	30%; no deductible
	Coinsurance Maximum for all Brand Name	$250 per prescription; after deductible	$200 per prescription; after deductible	$150 per prescription; after deductible	$100 per prescription; no deductible
Retail (90-day supply)	**Generic**	$5 copay; no deductible	$0 copay; no deductible	$0 copay; no deductible	$0 copay; no deductible
	Preferred Brand Name	$250 copay; no deductible	$200 copay; no deductible	$150 copay; no deductible	$100 copay; no deductible
	Non-Preferred Brand Name	$250 copay; no deductible	$200 copay; no deductible	$150 copay; no deductible	$100 copay; no deductible
Mail Order (90-day supply)	**Generic**	$5 copay; no deductible	$0 copay; no deductible	$0 copay; no deductible	$0 copay; no deductible
	Preferred Brand Name	$250 copay; no deductible	$200 copay; no deductible	$150 copay; no deductible	$100 copay; no deductible
	Non-Preferred Brand Name	$250 copay; no deductible	$200 copay; no deductible	$150 copay; no deductible	$100 copay; no deductible
Specialty Drugs (30-day supply)		$200 copay; no deductible	$125 copay; no deductible	$100 copay; no deductible	$75 copay; no deductible
CVS Caremark Minute Clinic Visit *In-network only*		N/A	$50 copay; no deductible	$40 copay; no deductible	$30 copay; no deductible

Your HCA 401(k) Plan

The HCA 401(k) Plan combines the contributions from your facility with your own contributions to help you save for the future. Your facility provides a 100% match on your contribution* (from 3% to 9% of pay) based on your years of service. So, for every dollar you contribute, your facility contributes $1 (up to your matching level).

YOU'RE ELIGIBILE
On the first day of the month following two consecutive months of service, you can begin contributing a percentage (up to 50%) of your pay or a flat dollar amount from each paycheck. You can defer up to the IRS limit of $17,000 for 2012.

50 OR OLDER?
If you are or will reach age 50 during the year, you are eligible to make an additional "catch-up" contribution of $5,500 in 2012. Catch-up contributions are not eligible for matching contributions.

ABOUT THE MATCH
Your facility matches your contributions — dollar for dollar — from 3% to 9% of your pay based on your years of vesting service.

USE THE FiT TOOL TO PLAN

Curious about your retirement age? HCA offers the FiT (Financial Independence Target) Tool to estimate at what age you'll be financially ready to retire. Once you become eligible for the 401(k) Plan, you'll be able to use the FiT Tool during the next calendar quarter after your first contribution. The FiT Tool uses your personal information to help you predict your retirement age as well as model different investment and retirement scenarios. Log on to **HCArewards.com** to use the FiT Tool!

LEARN MORE — DO MORE — ONLINE

	FACILITY CONTRIBUTION
YEARS OF VESTING SERVICE	401(k) PLAN MATCH
0–4	100% of 3% of pay
5–9	100% of 4% of pay
10–14	100% of 6% of pay
15–19	100% of 7% of pay
20–24	100% of 8% of pay
25+	100% of 9% of pay

** You may contribute from 1% to 50% of your before-tax pay through payroll deduction, up to the IRS maximum. Log on to **HCArewards.com** for more information. Employees age 50 or over may make additional "catch-up" contributions up to IRS limits.*

CHOOSING THE RIGHT INVESTMENT OPTIONS

HCA makes it easy to choose how to invest your savings by dividing the investment options into three distinct tiers.

TIER 1: Pre-Mixed To-Go Funds

Designed for the investor who wants minimal involvement - pick one fund and reinvest over time.
With the Pre-Mixed To-Go Funds, you select a fund based on the number of years you have until retirement or based on your level of risk tolerance.

TIER 2: General Asset Class Funds

Designed for the investor who wants moderate involvement — focusing on a mix of core investment options.
This tier includes funds that generally represent entire markets — for instance, Interest Income, Bonds, U.S. Stocks and Non-U.S. Stocks. If you invest in these funds, you may gain wide-ranging investment exposure without having to make many decisions about investment styles or ways to take advantage of the market.

TIER 3: Expanded Choice Funds

Designed for the investor who wants active involvement — an active hands-on approach to investing.
The funds allow you to invest in an expanded set of fixed income options, equity options including growth and value funds, emerging tolerance changes or the market changes. You are responsible for regularly updating your fund mix.

Learn more about this plan at HCArewards.com.

HCA REWARDS
For a Healthy Work Environment

What is pet insurance?

We insure our homes, our automobiles, our own health – but what about our pets? PetFirst Healthcare pet insurance protects policyholders from the expense of accidents, illnesses and even routine care treatment. PetFirst's coverage is simple and easy to use providing comprehensive pet healthcare.

Why do I need pet insurance?

With PetFirst, there is no need to worry about unexpected veterinary expenses. You can even have your pet's routine treatments and office visits covered as well. From behavior training to a late night visit to the emergency clinic, you can give your pet the best care available while insuring against unexpected costs.

Why is PetFirst right for me?

CHOICES
- You decide if participating is right for you
- You have a choice of plans to better suit your needs

OPTIONS
- You choose a plan that best suits your budget
- Competitively priced and affordable

CONVENIENCE
- Premiums for the PetFirst program are taken care of simply and easily through payroll deduction

Coverage Details
- 80% reimbursement after $100 deductible
- No surcharges for certain ages or breeds
- Family plans cover up to three dogs and/or cats
- Available to dogs and cats 8 weeks to 9 years old

	Accident & Illness Only Plan	Accident & Illness PLUS Routine Care Plan
Annual Benefit Limit	$2,000	$7,500
Per Incident Limit	$1,000	$1,500
Routine Care Coverage	Not Applicable	• $15 Veterinary Exam *Includes comprehensive physical exam and professional consultation* • $25 Vaccinations • $50 Preventative Care *Includes prescription flea control, heartworm preventative test and medication and microchip identification* • $35 Behavior Training
Supplemental Benefits	Not Applicable	• $300 Advertising/Reward *Local advertising and reward if your pet is lost or stolen* • $300 Boarding Kennel Fees *If you are hospitalized for more than 96 hours*

Enrolling is Easy!

1-855-213-PETS (7387)

Monday - Friday, 8am - 9pm EST

eyemed

What's in it for me?

Options. It's simple really. We love our members–that's why we are dedicated to helping you see clearly and we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy to use and to save you money. Welcome to EyeMed.

eyemed.com

Benefits Snapshot

	With Us	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	**$10 Copay**	Up to $35
Frames (Once every 24 months)	**$0 Copay, $130 Allowance; 20% off balance over $130**	Up to $65
Single Vision Lenses (Once every 12 months) Or **Contacts** (Once every 12 months)	**$20 Copay**	Up to $25
	$0 Copay, $85 Allowance; plus balance over $85	Up to $68

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs $163 with single vision lenses that have UV and scratch protection. Now let's see the difference . . .

78%
SAVINGS with us

With Us		Without Insurance**	
Exam	$10 Copay	Exam	$106
Frame	$163 -$130 Allowance $33 -$7 (20% discount off balance) $26	Frame	$163
Lens	$20 Copay $15 UV treatment add-on +$15 Scratch coating add-on $50	Lens	$78 $23 UV treatment add-on +$25 Scratch coating add-on $126
Total	$86	Total	$395

Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing, Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered–fund as a Bifocal lens.

Benefit allowance provides no remaining balance for future use within the same benefit year. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. **Based on industry averages.

Private Practitioners · LensCrafters · Pearle Vision · sears optical · OPTICAL · jcp optical

HCA Affiliated Facilities

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

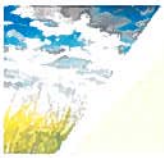
20% OFF
Remaining balance beyond plan coverage

These discounts are for in-network providers only

- You're on the ACCESS Network
- For a complete list of providers near you, use our Provider Locator on eyemed.com or call 1-866-723-0596.
- For Lasik providers, call 1-877-5LASER6, or visit eyemedlasik.com.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$10 Copay	Up to $35
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	$0 Copay. Paid in Full fit and two follow up visits	Up to $40
Premium Contact Lens Fit & Follow-Up	$0 Copay, 10% off retail price, then apply $55 Allowance	Up to $40
Frames	$0 Copay, $130 Allowance, 20% off balance over $130	Up to $65
Standard Plastic Lenses		
Single Vision	$20 Copay	Up to $25
Bifocal	$20 Copay	Up to $40
Trifocal	$20 Copay	Up to $55
Standard Progressive Lens	$85	Up to $40
Premium Progressive Lens*	$105 - $130	
Tier 1	$105	Up to $40
Tier 2	$115	Up to $40
Tier 3	$130	Up to $40
Tier 4	$85, 80% of charge less $120 Allowance	Up to $40
Lens Options (paid by the member in addition to the price of the lenses)		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate–Adults	$40	N/A
Standard Polycarbonate–Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Premium Anti-Reflective Coating*	$57-$68	N/A
Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	$75	N/A
Oversize	$0	Up to $5
Glass	$0	Up to $5
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	$0 Copay, $85 Allowance, 15% off balance over $85	Up to $68
Disposable	$0 Copay, $85 Allowance, plus balance over $85	Up to $68
Medically Necessary	Paid in Full	Up to $200
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

*Premium progressive and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.



Time Away from Work Programs

Part of HCA's commitment to your health and well-being is to provide you with time away from work to recharge or recover.

The HCA Time Away from Work Programs include a Paid Time Off (PTO) policy for eligible full-time and part-time employees. Paid time off is a bank of hours you can use to receive your full base rate of pay during vacations, holidays and other eligible time away from work.

PTO Accrual:

- Your PTO accrual is based on the number of eligible hours earned up to a maximum amount each pay period
- You will begin to accrue paid time off immediately after your hire date.
- Your accrual rate is based on your months of service.
- You can begin using your accrued PTO after you have completed 90 days of service. However, your facility may advance up to 24 hours of PTO to pay for holidays during the first 90 days of employment.
- Once you reach the maximum balance, you no longer accrue additional PTO.
- You are responsible for maintaining a balance to cover vacations, holidays and Short-Term Disability waiting periods.

The following accrual chart applies to employees hired on or after **April 1, 2012**:

Tier	Months of Service	Accrual Per Eligible Hour	Maximum PTO Accrual per Pay Period	Annual Accrual	Maximum Balance
1	0 through 59	.0769	6.15	Up to 160 hours	240 hours
2	60 through 119	.0962	7.69	Up to 200 hours	300 hours
3	120+	.1154	9.23	Up to 240 hours	360 hours

You will earn PTO based on these eligible hours:

- Hours at work
- Hours you were called off due to low volume
- Hours you are on PTO
- Hours you are on bereavement leave
- Hours you are serving Jury Duty
- Other non-productive hours up to 80 hours biweekly

Note: You will not earn PTO while you are on Short-Term Disability.

PTO Cash-In:

- You have the option to cash-in your PTO balance at a rate of 75% of pay.
- You may cash in PTO after ninety 90 days of employment
- You must keep 40 PTO hours after cash-in and your cash-in must be at least eight hours

PTO Donation:

- After 90 days of employment, you may voluntarily donate PTO to another employee
- The recipient must be experiencing a hardship as determined by the receiving facility's Human Resources office
- At least 40 hours of PTO must remain in your account after the donation

For More Information:

If you have questions about the PTO policy, please contact the Human Resources office at 972-566-7070.