AU Health System

Benefit Options

Your Benefits. Your Way.

Agenda

Important Information

Benefit Plan Options

Retirement/Cobra Benefits

Employee Assistance Program

Employee Care Programs

Getting Started

Our Commitment To You

AU Medical Center is committed to offering the best possible benefits at the lowest possible price.

Are you Benefits Eligible?

.5 FTE or greater (40 hours a week) In a benefits eligible position

Core Benefits - FREE

Hire Date

Basic Life/ADD - \$25,000

Spousal Life - \$1,000

Child Life - \$1,000

At One Year

Short-Term Disability – 50%

Long-Term Disability – 50%

Coverage Date Options

Health/Dental

Hire Date or First of Following Month

For First of Following Month Enrollment – email <u>AUMCBENEFITS@augusta.edu</u>

All other plans

Hire Date

 Please note it takes about 7 – 14 business days to process benefit enrollments. Please make allowances for appointment and prescription needs.

Additional Enrollment Opportunities

- Open Enrollment October
- Special Enrollments
- Life Change Events

Notify Benefit office no later than 30 days after the event

- Marriage
- Divorce
- Birth
- Death
- Change in Job Status
- Loss/Gain of other coverage

Required Documentation

Eligible Dependents

- Legal Spouse
- Domestic Partner (affidavit required)
 - Life
 - Dental
 - Vision
- Dependent Child up to age 26

Proof of Status

- Marriage
 Certificate/License
- Birth Certificate
- 1st page of federal tax form (1040/1040a/1040ez)
- Current Social Security
 Card

Medical/Pharmacy

Plans Select (PPO)
Choice (HDHP)
Base (PPO)

AU Medical Center is self-insured.

- Medical claims processed through UMR
- Prescription claims processed through Navitus

Plan Features	Select	Choice	Base
	In-Network/UHC Network	In-Network/UHC Network	In-Networ Default Plan Networ
Deductible			
Individual	\$500/\$750	\$1,500/\$2,000	\$2,000/\$4,000
Family	\$1,000/\$1,500	\$3,000/\$4,000	\$6,000/\$8,000
Annual Out-of- Pocket Max	Deductible included	Deductible included	Deductible included
Individual	\$4,000/\$5,000	\$4,500/\$6,000	\$5,000/\$5,100
Family	\$8,000/\$10,000	\$9,000/\$12,000	\$10,000/\$10,200
Coinsurance	20%/45%	20%/30%	35%/50%

No out of network benefit Exception: Emergency Medicine

Pharmacy

	In-Network Provider Employee Pharmacy	Out-of-Network Provider Employee Pharmacy	Retail Pharmacy
Days Supply	30 day supply / 90 day supply	30 day supply / 90 day supply	30 day supply
Tier 1	\$5 / \$10	\$10 / \$20	\$20 + 35% to a max of \$450
Tier 2	\$10 / \$20	\$20 / \$40	\$20 + 50% to a max of \$450
Tier 3	\$15 / \$30	\$30 / \$60	Must fill at Medical Center Employee Pharmacy
Specialty	\$50 (30 day supply)	\$80 (30 day supply)	Must fill at Medical Center Employee Pharmacy

Medical Premiums

	Without Tobacco-Free Incentive		With Tobacco-Free Incentive	
	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>
Employee Only	76.12	164.92	56.89	123.26
Employee + Spouse	147.24	319.00	128.00	277.34
Employee + Child(ren)	104.57	226.55	85.34	184.89
Family	175.68	380.62	156.44	338.96

Example=Choice plan premiums

Smoking Cessation

- Medical Benefits
- Initial clinic visit
- Behavioral counseling
- Pharmacotherapy

- Cessation Classes
 - Develop your quit plan
 - Gain skills to cope with nicotine addition

Appointments : Call 706-721-6744



Medical Plans Spousal Surcharge

Additional \$100 monthly premium to cover spouse on AU Medical Center health plan if they are eligible for group health through their own employer.

Dental Plans

	Core	Value
Annual Deductible	\$50 individual/ \$150 family	\$50 individual/ \$150 family
Coinsurance	0% preventive 20% basic 50% major and orthodontic	0% preventive 20% basic 50% major
Annual Maximum	\$1,350	\$1,000
Orthodontia Lifetime Maximum	\$1,500 per member	N/A

Administered through Delta Dental

Vision Plans

	Value Plan Materials Only	Elite Plan Includes eye exam
Eyeglass Frames	\$200 retail benefit, plus 20% off balance over \$200	\$200 retail benefit, plus 20% off balance over \$200
Eyeglass Lenses	\$10 copay for standard plastic lenses	\$10 copay for standard plastic lenses
Contacts	\$250 retail benefit, 15% discount on balance over \$250	\$250 retail benefit, 15% discount on balance over \$250
Eye Exam	No Coverage	\$10 co-pay In-Network. One exam per member, per year.

Administered through EyeMed

Health Savings Accounts

	HSA	FSA's *		
	Individual Family	Medical**	Limited Purpose**	Dependent Care
Eligibility	•Choice Plan	Select PlanNo MedicalCenter Plan	•Choice Plan •Other HDHP	•Any Plan
Reimbursements	MedicalDentalPharmacyVision	MedicalDentalPharmacyVision	•Dental •Vision	•Dependent Day Care
Annual Contributions	•Individual \$3,500 •Family \$7,000	\$100-\$2,600	\$100 - \$2,650	\$100-\$5,000

^{*}Use it or Lose it Rule

Administered through Bank of America

^{** \$500} carryover if continuing plan for following year

Health Saving Account (HSA)

- You own your account
- Pre-tax payroll deductions
- Age 55 + annual catch-up contributions of up to \$1,000
- AU Medical Center (your employer) contributes
 \$500/\$875 if you are also enrolled in the Choice Plan
- Earn up to \$500 Wellness Incentives
- Use to pay qualified out-of-pocket medical expenses

Wellness Incentive

Earn up to \$500 Wellness Incentives

- Complete
 - Biometric Screening
 - Clinical Health Risk Assessment
- Earn points by completing a variety of educational, fitness, and preventative activities.
 - Each point earned equals \$1.00.
 - Wellness Incentive Contributions per year.

You must be enrolled in a AUMC Medical Plan as of January 1st of the plan year to be eligible to participate in the Wellness Incentive.

Life Insurance

Employee Life

Default

- \$25,000 no cost to employee
- 1x Annual Salary no cost to employee
- 2x Annual Salary
- 3x Annual Salary
- 4x Annual Salary

Dependent Life

- Child Life
 \$2,000 (14 days 6 months of age)
 \$10,000 or \$15,000 policy
- Spousal Life \$10,000, \$30,000, or \$50,000 policy

Employee and/or Dependent

Accidental Death and Dismemberment
 Up to \$500,000 in \$10,000 increments

Administered through The Standard

Disability — eligible after one-year and one day of service

Short-Term Disability

- 50% coverage level
 - 14 day waiting period
 - Up to 12 weeks of coverage
 - Up to \$1,000 /week

- 60% coverage
 - 7 day waiting period
 - Up to 12 weeks of coverage
 - Up to \$1,500/week

Long-Term Disability

- 50% coverage level
 - 120 day waiting period
 - 48 months of coverage
 - Up to \$6,000/month

- 60% coverage level
 - 90 day waiting period
 - Coverage to SS Normal retirement age
 - Up to \$6,000/month

Administered through Mutual of Omaha

Retirement

403(b) and 401(a) retirement plan

- Vested on hire date
- Pretax contributions
- 100% match on first 5% you contribute

Valic local office 706-722-4600

Administered through VALIC

Tuition Assistance

Pre-paid tuition – Employees attending Augusta University **Tuition Reimbursement** – Employees attending other accredited colleges/universities

Eligibility Requirements

- Employed at least 6 months
- No disciplinary actions within last 12 months
- Application submitted 30 days prior to first course
- 12 month work obligation upon graduation

Contact Christy Roca

Compensation and Performance Specialist croca@augusta.edu
706-721-3634



Additional Benefits Available

Plans

```
529 College Savings – 
Blackrock/Valic
```

Auto/Home Insurance-Travelers

Cancer/Critical Care/Medical Gap/Accident – Colonial Life

Legal-Hyatt Legal

Pet Insurance-Nationwide "Your benefits are part of your total compensation package. Human Resources benchmarks salaries of staff and benefit programs to advance the competitiveness of our compensation program."

Value-Added Benefits

AU Medical Center provides competitive benefits and contributes to the cost of these benefits.

Health Insurance	\$16,616,038	Approx 60 – 70% of the total cost
Retirement Savings	\$ 9,463,689	Dollar for dollar up to 5%
Disability (STD/LTD)	\$ 1,124,605	100% of 50% Option
Life Insurance	\$ 455,592 \$27,659,925	100% of 1X Basic Life/ADD

Your benefits are part of your total compensation package, and, Human Resources benchmarks salaries of staff to advance the competitiveness of our compensation program.

Cobra and Retirement Benefits

- Health Insurance
- Dental Insurance
- Vision Insurance

Retirement Criteria

- 59 ½ years old
- Actively employed by AU Medical Center on the day before retirement
- Enrolled in benefits at least 3 years prior to retirement date

Employee Assistance Program

Confidential Counseling

- Financial Concerns
- Depression / Anxiety / Stress
- Emotional Distress
- Grief Counseling
- Family Relationships
- Eating Disorders
- Substance Abuse
- Work Relationships
- Job-related

Chris Carkhum EAP Counselor Human Resources (706) 721-0757

Employee Care Program

- PTO Donation Program
- Emergency PTO Pay Out
- Health Insurance Premium Relief
- Retirement Loan(s)
- Living Organ Donor

Employee Discounts

- Hearing aid discount Eye Med
- Vision discount Delta Dental
- Travelex -The Standard
- Museums on Us Bank of America
- Working Advantage
- Local and Regional Merchants





Start your Real Appeal success story at getreal.realappeal.com

© Real Appeal 2017 #TT1220

Employees enrolled in an AU Medical Center Health Plan may participate in a free weight loss program. The Real Appeal Program includes:

- A Real Appeal Success Kit
- Weight loss coaching for one year
- On-line support
- Comprehensive suite of digital tools to support/track progress

Default Coverage

What happens if you do not complete the on-line process?

Base Medical Plan

- Employee only coverage
- Premiums deducted from pay check
- Non-tobacco Incentives cannot be applied

25K Life Insurance

Unknown beneficiaries

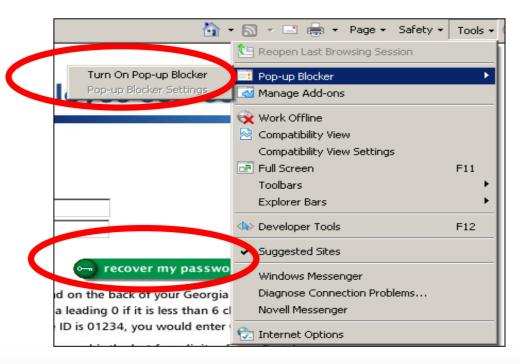
Cannot be changed until Open Enrollment or a Life Change Event

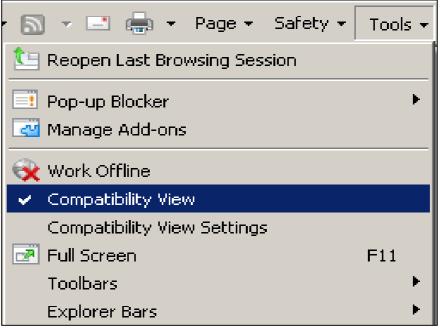
Enrollment Tips

- Make Sure You Have All Documents
- Use Internet Explorer as Your Browser
- Log on to Employee Self Service (ESS) at:

https://saas.unicornhro.com/scripts/cgiip.exe/WService=gwemployee/gwmain.r?CN=2484

- Disable Pop-up Blockers
- Place ESS in Compatibility Mode





How to Enroll On-Line



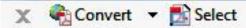




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Employee Self-Service

Customer ID:	2484	
Employee ID:		
Password:		
	login	recover my password

Employee ID: Your Employee ID can be found on the back of your AU Medical Center issued employee badge.

Your Employee ID (T&A) is located on the back of your employee badge to the right of ID #. It is the first five numbers following 101.

Do not use the 0 at the end - 101xxxxx0. When entering above, please add a leading 0 to the first five numbers after 101 and leave off the 0 at the end. For example, if your ID # is 101234560, you would enter 023456.

Password: Last 4 digits of your SS# and your birthday year. For example, if your SS# ends in 5678 and you were born in 1965, enter 56781965. Previous Users: Please use the same password that you have been using to date.



Employee ID: 101123450

Employee Contact - Validation

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- Benefit Beneficiaries
- Total Compensation Statement

Please confirm that your home and work location information is correct, if not please update. Click on Update to apply changes or to verify current information. Click on Ok to continue.

Home Mailing Address

Effective Date:

Address:

Phone Number:

Cell Phone Number:

Work Location

Effective Date:

Building Code:

Room Number:

Phone Number:

Cell Phone Number:

Work Fmail Address:



update



update 🕙



Ok



date to make additional changes. Please make sure you click submit at the end of the process for your benefits to take effect. Failure to complete all of the steps in the process will result in your benefits not being set up.

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Solitolito

- First Time Enrollment
- ofit Statement
- Benefit Beneficiaries

An "Important Information" sheet is attached that must be read before beginning the enrollment process. It will also be helpful to review the benefit summary information on the Georgia Regents Medical Center Employee Benefits website before entering the new hire enrollment process.

Click on the following links for review:

- Important Information
- · 2014 Benefits Summary
- 2014 Enrollment Guide
- · Side by Side Medical Comparison
- · Instructions to Enroll Online
- · Additional Voluntary Benefits Information
- · Group Health Plan Notice of Privacy Practices
- · Health Exchange Notice
- · CHIP Notice
- Newborns and Mother Health Protection Act of 1996
- · Women's Health and Cancer Rights Act of 1998
- · Retirement Plan Notice

Click the Next button at the bottom of this page to begin your online new hire enrollment.

- 1 Verify Personal Information
- 2 Verify Dependent Information
- 3 Verify Information
- 4 Review and Elect Benefits
- 5 Review Elections
- 6 Benefit Statement





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The following is a list of your current, active dependents. Feel free to make any necessary changes or additions and click the Next button to continue.

There are no dependents on file.



add



back



1

Enter and Verify Dependent Information

Personal Add Dependent Personal Data Address Information First Name: E-Mail Address Middle Initial: Dependents Last Name: Education Second Last Name: Emergency Contacts Change Password Social Security Number: Job Reviews Relationship: *no value Salary History Skills Information Date of Birth: (eg. mm/dd/yyyy) Certifications *no value 🗸 Gender: Employee Files Full-Time Student: O Yes No Training Classes Disability: *no value Training Enrollment Work Address Information New dependents must have valid documentation uploaded in order to verify their status as dependents. Payroll If you do not have an electronic documentation file that can to uploaded at this time, please click Cancel and return when you are ready to upload the file. W-4 Paid Time Off submit cancel Time Off Request Paycheck Information Paycheck Calculator Direct Deposit Accounts W-2 History Voluntary Deduction(s) Benefits First Time Enrollment Benefit Statement Benefit Beneficiaries

Personal 2 Verify Dependent Information Personal Data Address Information E-Mail Address The following is a list of your current, active dependents. Feel free to make any necessary changes or additions and click the Next button to continue. Dependents Education Emergency Contacts Dependent 1: Change Password Job Reviews update 👔 delete Salary History Social Security Number: Skills Information Certifications Relation To Employee: Employee Files Date Of Birth: Training Classes Gender: Training Enrollment Full Time Student: Work Address Information Disability: Payroll W-4 Paid Time Off

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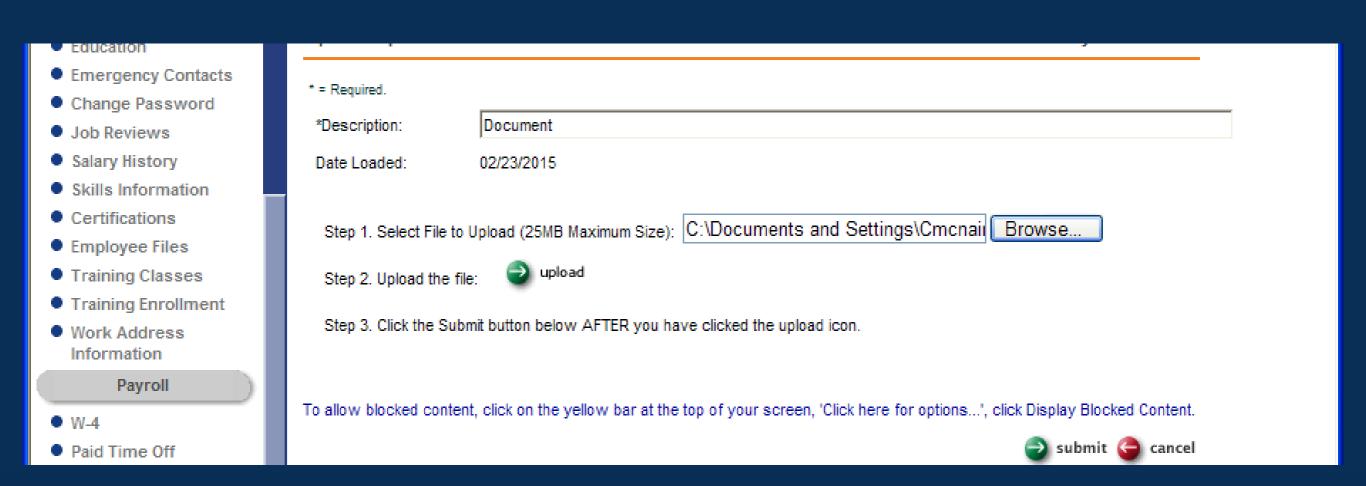
add 🕒 back

next

Uploading Dependent Verification Document(s)

Have your dependent's document(s) already saved for access, (flash drive, storage device, file etc.)

Browse, select document, upload and submit



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Benefits

Firet Time Enrollment

Please verify that the following information is correct. To make changes, click the Back button. When all information is correct, click the Next button to continue.

Name:

Address:

City:

State:

Zip:

Social Security Number:

Date of Birth:

Date of Hire:

Final Verification of Information



back



next

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Your benefits are an important part of your total compensation at Georgia Regents Medical Center. You have a range of benefits, including health, dental, vision, life, disability and numerous voluntary insurance plans. Please refer to GRMC's 2014 Enrollment Guide for information about each of the benefits shown below. GRMC provides benefits-eligible employees with a flexible benefits program. This means that you decide how you will spend GRMC's benefits dollars. Elect plans that meet you and your family's needs.

Save on your Medical Coverage! Get \$41.67 per month health insurance premium reduction by:

- Pledging that you and your covered dependents are tobacco-free.

Click here to make this pledge.

Tobacco-Free Attestation



Save on your medical coverage by removing your spouse from your health plan if he/she is able to obtain group health coverage through their own employer. Otherwise, a \$100 monthly/\$46.15 biweekly spousal surcharge will be applied. If you want to continue spousal coverage, but you fail to complete the spousal attestation, your spouse will not be added to the plan.

Click here to attest to spousal coverage..

Spousal Surcharge Attestation



Voluntary Benefits

Not all of GRMC benefit plans are part of your core benefit package. Benefits such as Dependent Spousal, Dependent Child Life Insurance, and Legal insurance are known as voluntary benefits. Because you contribute to voluntary benefits on an after-tax basis, they do not qualify for inclusion in FlexChoice under IRS Section 125 rules.

Enrollment Instructions

The * icon is used to indicate your current and active benefits.

The licon is used to either indicate the default benefits that have been assigned to you or the benefits you have selected if you have previously accessed First Time Enrollment. You may unselect any of these benefits, but the blue triangle will remain indicating that it is active until you have submitted your new selections.

If a plan appears with a gray background, it is because you do not have the minimum number of dependents required by the plan.

To add or update dependents, click on this button:

Dependents

To make changes to your benefit elections, please select the plan you would like by clicking the checkbox in

Tobacco-Free Attestation for the 2014 Benefit Enrollment Period -- Webpage Dialog



I hereby attest that neither I, nor anyone else covered under my MCG Health, Inc. (d/b/a Georgia Regents Medical Center) health insurance plan (if electing Employee + Child/ren, Employee + Spouse, or Family coverage), use tobacco products of any kind, and that during this insurance year, I/we will abstain from tobacco use.

I make this attestation with full knowledge that, in return I am receiving a \$41.67 monthly reduction toward my GRMC health insurance premium. I understand that the use of tobacco products of any kind during the insurance year is a violation of the Tobacco-Free Incentive program.

I also understand upon completion of an approved voluntary smoking cessation program, I am able to bring a signed attestation statement, plus, proof of completion, to Benefit Programs, Human Resources and will begin receiving tobaccofree incentive at the beginning of the next payroll period. Once approved, a smoking cessation program certificate of completion will be allowed per employee, per year, to be eligible to receive the non-tobacco incentive.

In signing this statement, I attest that upon entering into this agreement I may be randomly selected for nicotine and metabolites testing. Nornicotine is present as an alkaloid in tobacco products and as a metabolite of nicotine. The presence of anabasine or nornicotine in urine indicates current tobacco use, irrespective of whether the subject is on nicotine replacement therapy, which may indicate I am in direct violation of the terms of the incentive program. The presence of nornicotine without anabasine is consistent with use of nicotine replacement products. I understand that if I violate the terms of this incentive program, GHSHS Medical Center has authority to terminate my health insurance coverage and/or my employment, and, I understand I will be obligated to repay the organization for any tobacco-free incentives used during the plan year in which I received this benefit, and, will be ineligible from future incentives through the remainder of the plan year.

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo's lawfully held by an individual or family member receiving assistive reproductive services. Reasonable alternatives may be made for someone who cannot achieve the criteria set forth in the attestation statement. GRMC does not discriminate against those who refuse to participate in this program.

Employee#:	Employee Name:
Date:	Social Security#:



accept



decline



Medical



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[Please click on the Display button to see your medical plan elections for 2014.]

Plan	Coverage	Start Date	Cost/Pay Period	Select
Fiall	Coverage	Start Date	COSUFAY FEIIOU	SCIECT
Base Medical	Employee Only	02/01/2014	60.78	~
Base Medical	EE + Child(ren)	02/01/2014	104.40	
Base Medical	EE + Spouse	02/01/2014	146.98	
Base Medical	Family	02/01/2014	175.37	
Choice Medical	Employee Only	02/01/2014	76.12	
Choice Medical	EE + Child(ren)	02/01/2014	104.57	
Choice Medical	EE + Spouse	02/01/2014	147.24	
Choice Medical	Family	02/01/2014	175.68	
Select Medical	Employee Only	02/01/2014	115.98	
Select Medical	EE + Child(ren)	02/01/2014	164.34	
Select Medical	EE + Spouse	02/01/2014	236.90	
Select Medical	Family	02/01/2014	285.27	
Decline Coverage				

Dental



[With your dental plan, you can visit any dentist, but your expenses will be less and your benefits will go further if you use a dentist in the Delta Dental PPO Network or their Premier Network. The dental plan has a preventive incentive that will pay benefits for routine exams, cleanings, full mouth and bitewing x-rays, as well as fluoride treatments, without applying those paid benefits towards your annual maximum benefit of \$1,350.]

Plan	Coverage	Start Date	Cost/Pay Period	Select
Core Dental	Employee Only	02/01/2014	15.70	
Core Dental	EE + Spouse	02/01/2014	26.28	
Core Dental	FF + Child(ren)	02/01/2014	27.60	

Attestation of C	Other Medical Coverage	for the 2014 Benefi	it Enrollment P	eriod Webpag 🔀
ensure that eligible em health insurance may of other medical insura below. Employees mus	cal Center is committed to proving ployees have adequate health not decline the GRMC medical ance. Your election to decline at notify the Human Resources o come back on to one of our	care coverage, it is our coverage for the current coverage will be effective s, Benefit Programs office	policy that employe plan year unless the upon verification	es who are eligible for ne employee provides proof if information is provided
Health Insurance Company Name: Primary Member Name:			Member Number: Effective Date of Coverage:	
https://saas.unicornhro	.com/scripts/cgiip.exe/WServi	ccept W decline ce=gwemployee/gwMain	.r?Session= √ Tru	ısted sites







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[During your First Time Enrollment or annually during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA. For 2014, you may contribute: • Between \$100 and \$2,500 into your Traditional Health Care FSA. Remember, all FSAs are subject to the Internal Revenue Service's "use it or lose it" rule. This means that if you have any unused funds left over at the end of the plan year, you forfeit those funds. The traditional Health Care FSA enables you to reimburse yourself for eligible medical, pharmacy, dental, and vision expenses. You may enroll in this FSA if you are electing the Medical Select Plan or if you are waiving medical coverage.]

Decline Coverage

V

Health Savings Accounts



[Your HSA is a federally regulated savings account at Bank of America. You own your account and can take it with you when you leave GRMC employment. If you enroll in the Medical Choice Plan, you are also enrolled in to the HSA with the ability to contribute pre-tax dollars in to your account. For 2014, the federal combined employee/employer annual contribution limit is \$3,300/individual or \$6,550/family. GRMC will contribute \$500/individual or \$875/Family initially in to your health savings account at the time you receive your first pay check of 2014 and you can earn up to an additional \$500 by completing wellness incentives.]

completing trounces in						
HSA	Maximum	Amount	Start Date	Cost/Pay Period	Select	
Catch-Up HSA	1,000.00		02/01/2014			contribution
[Choice (HDHP) plan n ability to contribute an		•		-		
Employee HSA	3,300.00		02/01/2014			contribution
[Choice (HDHP) plan n the employee HSA.]	nembers who l	have emplo	yee only covera	age can elect		
Family HSA	6,550.00		02/01/2014			contribution
[Choice (HDHP) plan n Spouse, or Family cov			-), Employee +		
Decline Coverage					V	



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Benefits

- First Time Enrollment
- Benefit Statement
- Benefit Beneficiaries

Employee HSA

Enter the amount you wish to contribute:

It cannot exceed 3,300.00.



Note: enter the ANNUAL amount

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- W-2 History
- Voluntary Deduction(s)

Benefits

- First Time Enrollment
- Benefit Statement
- Benefit Beneficiaries

You must click the Submit button to record your benefit elections.



back



submit

You have elected the benefits listed below. Please review this information carefully. To make changes, click the Back button at the bottom of the page. When all information displayed below is correct, click the Submit button at the bottom of the page. Your benefit elections listed below will not be saved unless you click the Submit button. Your elections will be sent to your Benefits Department for approval.

Here are the costs per Bi-weekly pay period.

		Employee	Employer	
Medical	You have selected Base Medical / Employee Only coverage.	\$60.78	\$132.19	
Dental	You have selected to decline Dental coverage.	N/A	N/A	
Vision	You have selected to decline Vision - Materials Only coverage.	N/A	N/A	
Life/AD&D	You have selected Life/AD&D 1x / Employee Only coverage. Coverage amount is \$42,000. Primary beneficiaries are: (100.0000%).	\$0.00	\$1.78	
Short Term Dis	You have selected STD 50% / Employee Only coverage.	\$0.00	\$15.72	
Long Term Dis	You have selected LTD 50% / Employee Only coverage.	\$0.00	\$3.28	
AD&D - Hartford	You have selected to decline Accidental Death/Dismemb coverage.	N/A	N/A	
Legal Insurance	You have selected to decline Legal Insurance coverage.	N/A	N/A	

Flexible Spending Accounts

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address
 Information

Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- W-2 History
- Voluntary Deduction(s)

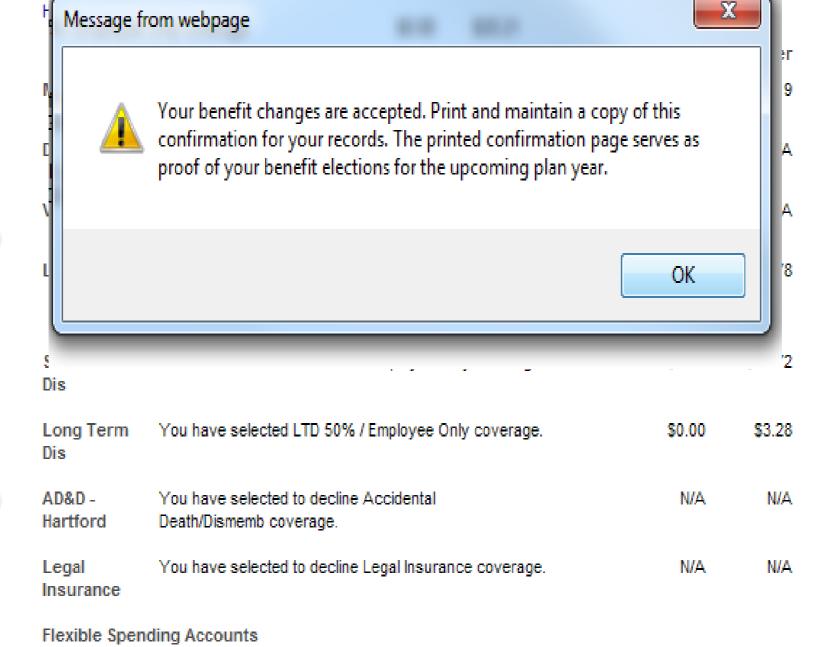
Benefits

- First Time Enrollment
- Benefit Statement
- Benefit Beneficiaries

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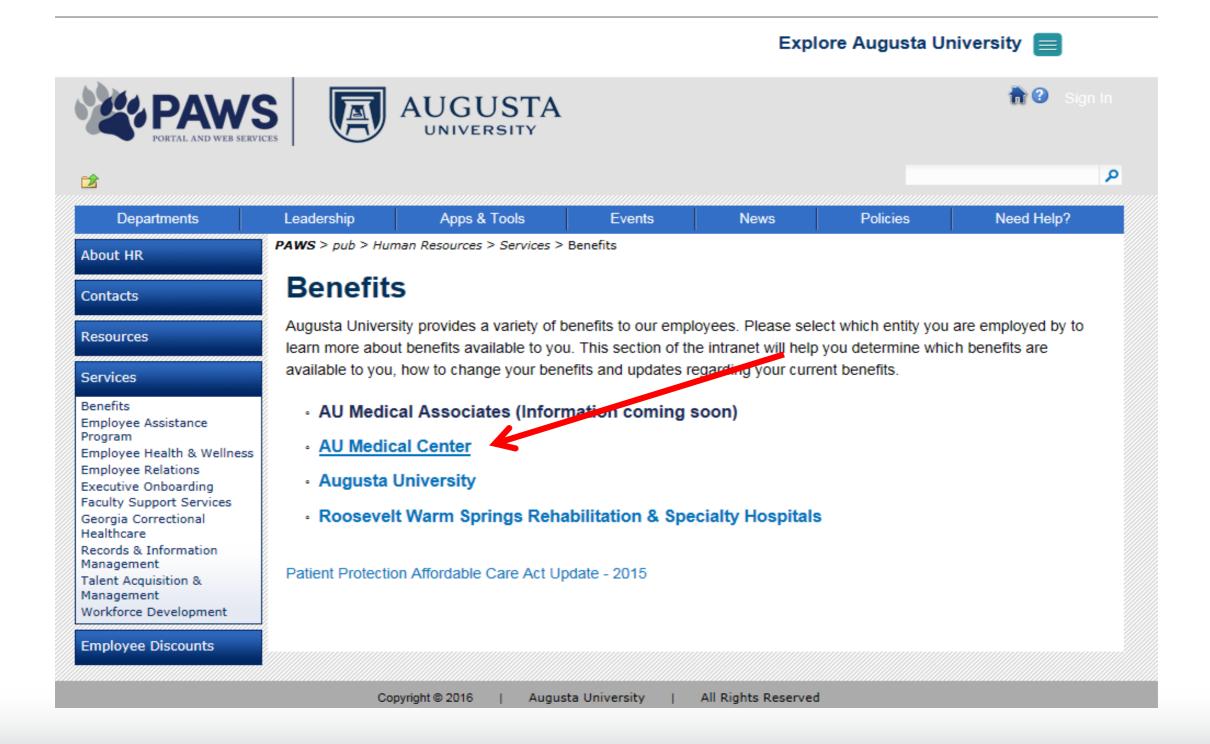
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Medical Center Benefits Website



Benefits Website



Benefits Website



Important

- First time enrollment is open for 30 days from date of hire. On day 31 enrollment is closed and default coverage is applied.
- You must complete on-line enrollment even if declining coverage
- We are unable to refund premiums if you are defaulted and later provide proof of other coverage
- Make sure to have documents before enrolling
- Send Email to Benefits to begin coverage on hire date if needed
- Please, allow 7 to 14 days after on-line enrollment to receive cards
- Spousal surcharge, tobacco attestation, and proof of other coverage
 roll from previous year.

Medical Center Benefits Team

Phone: 706-721-7909

E-mail: <u>AUMCBENEFITS@augusta.edu</u>

Staff:

- Donna Knowles, Manager, Benefits and Records
- Wanda Lowe, Benefits Coordinator
- Eden Vickrey, Benefits Analyst

Office Hours: Monday - Friday

8:00 a.m. to 5 p.m.

Location: 1515 Pope Avenue



New Hire Orientation

INTERPRETERS AND TRANSLATION SERVICES

Culturally and Linguistically Appropriate Services (CLAS)



National CLAS Standards Department of Health and Human Services

Principal Standard (Standard 1)

To provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.



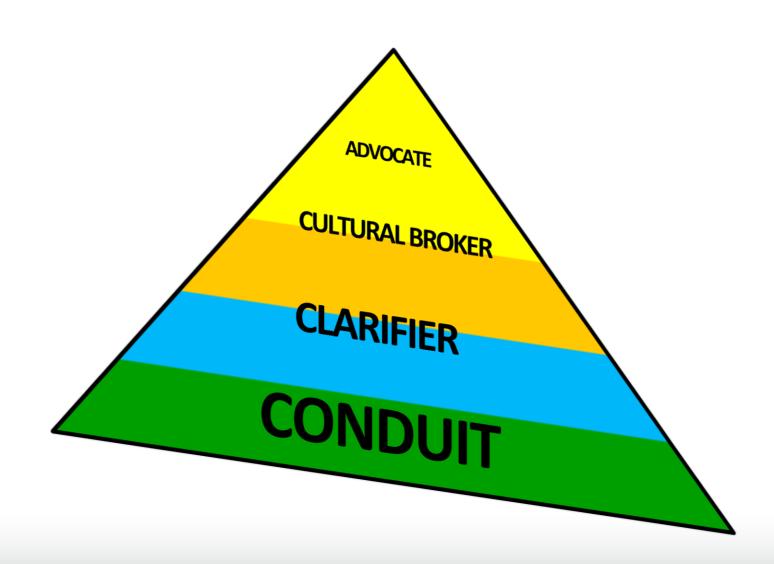
National CLAS Standards Department of Health and Human Services

- Governance, Leadership and Workforce (Standards 2 4)
- Communication and Language Assistance (Standards 5 8)
 - ✓ Must offer and provide language assistance at every point of contact
 - ✓ Must provide to patients verbal and written notices
 - ✓ Must assure the competency of interpreters and bilingual staff
 - ✓ Must make available materials and signage
- Engagement, Continuous Improvement and Accountability (Standards 9 - 15)



Role of the Medical Interpreter

To facilitate understanding in communication between people who are speaking different languages.





Cyracom International "Blue Phone"

- Over-the-phone interpretation services 24/7
- Professional Medical Interpreters
- More than 80 languages available







DT Interpreting - Deaf Talk

- American Sign Language (ASL) Interpreters
- Live Steam ASL Interpreters 24/7
- In-Person ASL interpreters available by appointment







Legal and Accreditation Requirements

Department of Health and Human Services, Office of Minority Health

Effective March 1, 2001 the National CLAS standards. In April of 2013, new enhanced National CLAS standards were introduced for advancing and sustaining CLAS policy and practices in health care. http://minorityhealth.hhs.gov

The Joint Commission

Effective January 1, 2012, hospital accreditation requirements to advance effective communication, cultural competence, and patient and family centered care. http://www.jointcommission.org

Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

Diversity in higher education is critical to the social and economic future of this country. Consequently, the Commission supports the leadership role of its member institutions in promoting and sustaining diversity in all arenas of higher education. http://www.sacscoc.org

American Disability Act (ADA)

Effective March 1, 2012, ADA makes it illegal for a healthcare provider to ask young family members to "interpret". http://www.ada.gov

Interpreters and Translation Services

https://paws.gru.edu/pub/patient-family engagement/interpreter/Pages/default.aspx





INTERPRETERS AND TRANSLATION SERVICES

Culturally and Linguistically Appropriate Services (CLAS) 706-721-6929







New Hire Orientation

Infection Prevention: What's Your Role?

Infection Prevention, Ext. 1-2224

Objectives

- Identify prevention strategies for HAI, MDROs, and HCW exposure
- Discuss the financial impact of HAI
- Recognize differences between standard and transmission-based precautions
- Discuss hand hygiene practices and requirements
- Discuss proper application and removal of PPE
- Discuss National Patient Safety Goals

Healthcare-Associated Infections

- Healthcare-associated infections (HAIs) are infections any patient acquires while receiving medical treatment in a healthcare facility.
- HAIs are a major but often preventable threat to patient safety.

National Patient Safety Goals

- The Joint Commission National Patient Safety Goal (NPSG) 7:
 - Implement evidence-based practices to prevent healthcare-associated infections due to multi-drug resistant organisms (MDROs) in acute care hospitals.

Reportable HAIs

HAI	Increase in LOS	Excess Cost Per Patient
Catheter Associated Urinary Tract Infection (CAUTI)	1 extra day	\$1000
Surgical Site Infection (SSI)	11.2 extra days	\$20,800
Ventilator Associated Pneumonia (VAP)	13.1 extra days	\$40,000
Central Line Associated Bloodstream Infection (CLABSI)	10.4 extra days	\$45,800

https://www.beckershospitalreview.com/quality/how-hais-lead-to-direct-indirect-and-unintended-hospital-costs.html

Two Types of Precautions

- Standard Precautions
 - Foundation of infection prevention
 - Component of the bloodborne pathogen exposure control plan
- Transmission-Based Precautions
 - Implemented for known or suspected infection with the potential to be spread

IC.02.01.01 EP3

Standard Precautions Include Practices for:

- Hand Hygiene
- PPE
- Environmental control
- Respiratory hygiene/cough etiquette
- Sharps safety
- Patient resuscitation
- Textiles and laundry

Where Do Standard Precautions Apply?

- Standard precautions are the foundation for preventing transmission of infectious diseases.
- They apply to all patients and across all healthcare settings (e.g., hospitals, ambulatory surgery centers, freestanding specialty care sites, interventional sites).

Patient

All patients regardless of diagnosis or infection status

Organism



Health Care Worker Hands

Environmental surfaces



Hand Hygiene

 The most common mode of pathogen transmission is via hands!



- Clean hands are the single most important factor in preventing pathogen spread and antibiotic resistance in healthcare settings.
- Hand hygiene reduces the incidence of healthcare associated infections.

NPSG 07.01.01

Hand Hygiene

- Wearing gloves does not replace hand hygiene.
- Studies have found colonization of MRSA from MRSApositive patients to health care personnel's hands after removal of gloves.
- It is well documented that effective hand hygiene helps reduce the spread of infections.
- Despite this evidence, Heath Care Providers practice hand hygiene less than 100% of the time.

Hand Hygiene Guidelines: When?

- Before and after patient contact
- Before and contact with the patient's environment
- Before donning gloves and after removing gloves



- When hands will be moving from a contaminated body site to a clean body site during patient care
- When visibly dirty, contaminated, or soiled

We all must adhere to Hand Hygiene guidelines

NPSG 07.01.01

The Joint Commission Cites Individual Hand Hygiene Failures

 Beginning Jan. 1, 2018, any observation by surveyors of an individual failure to perform hand hygiene in the process of direct patient care will be cited as a deficiency resulting in a



Requirement for Improvement (RFI) under the Infection Prevention and Control chapter for all accreditation programs.

NPSG 07.01.01

Alcohol-Based Hand Sanitizer

- Hospital approved alcohol based hand sanitizer (foam/gel) is an acceptable form of hand hygiene if hands are not visibly dirty.
- Apply to palm of one hand and rub hands together covering all surfaces of both hands until dry.
- ATTENTION: When caring for patients with Clostridium difficile, other spore forming bacteria, or norovirus, wash hands with soap and water.

Summary

- While a hand hygiene program alone cannot absolutely control disease transmission, it remains the cornerstone of all effective prevention programs and the foundation upon which other practices are designed.
- In this context, hand hygiene continues to offer one of the simplest and most effective solutions to help prevent infections, maximize patient safety, and improve healthcare outcomes across the continuum of care.

Transmission Based Precautions

 Implemented for known/suspected infections with the potential to be spread from patient to patient or patient to healthcare worker.

Joint Commission NPSG 7

 Implement evidence-based practices to prevent healthcare-associated infections due to multi-drug resistant organisms (MDROs) in acute care hospitals.

IC.02.01.01 EP3

Evidence-Based MDRO Practices Include:

- Hand hygiene
- Prompt identification of colonized patients upon positive culture or readmission (MDRO code)
- Transmission-based precautions
- Environmental hygiene

NPSG 07.01.01

MDRO Codes

Code		Transmission-Based Precautions
CRE	Carbapenem Resistant/Carbapenemase producing Enterobacteriaceae	Expanded Precautions
VIS	Vancomycin Intermediate Staphylococcus aureus	Expanded Precautions
VRS	Vancomycin Resistant Staphylococcus aureus	Expanded Precautions
CF	Cystic Fibrosis	Contact Precautions
ESB	Extended Spectrum Beta Lactamase (ESBL) producing organism	Contact Precautions

MDRO codes are only applied and removed by Infection Prevention.

Policy Tech has policies to guide you in your practice.

Multi-drug Resistant Organisms

- Patients who are identified as previously or currently positive with an organism that is transmissible in the healthcare setting have their patient label "coded" with an MDRO code specific to the organism.
- It may also be found in the "MDRO" code field in IDX and Powerchart.
- Inpatients, outpatients, HCWs, faculty, and students are coded in the same manner.

Dummy, Patient MDR

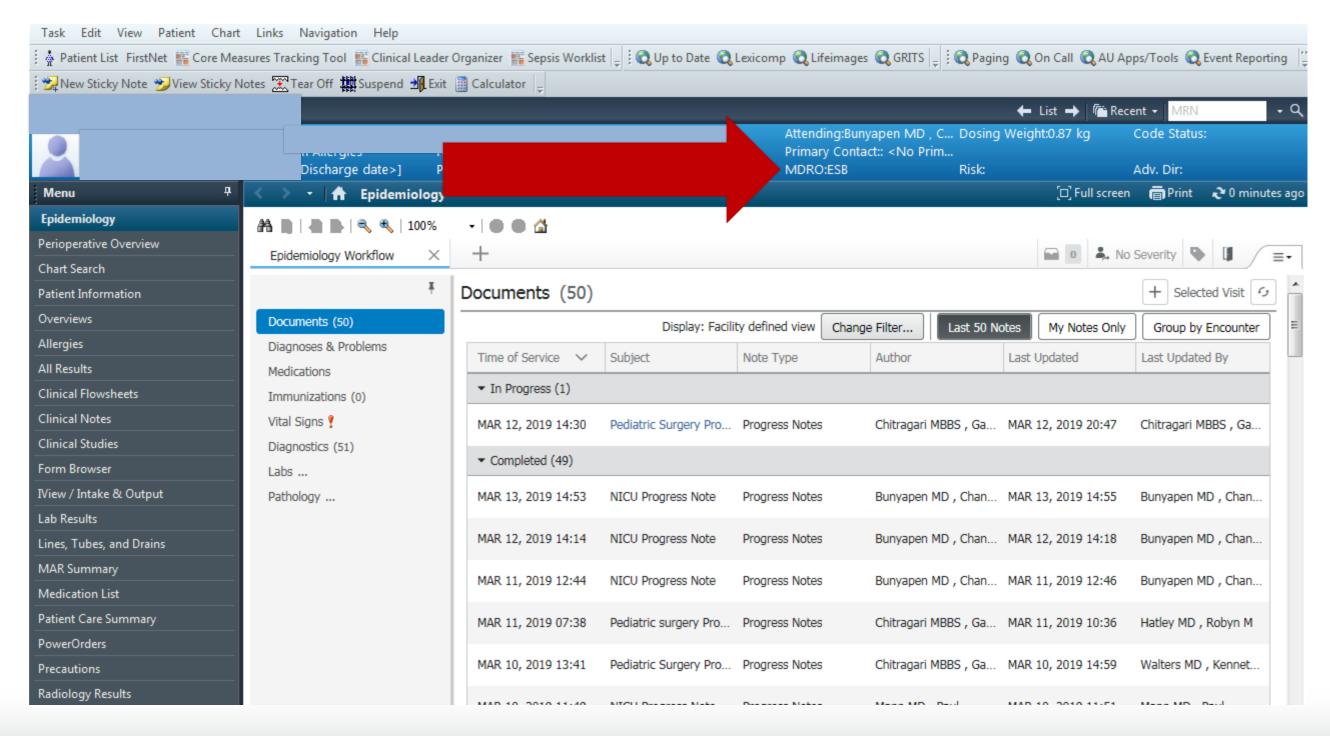
DOB 12/1/46 EMRN: #######

Acct #: 1111111

11/2/05 Location: XX XXXX

* ################

MDRO Code: location on banner bar



Transmission-Based Precautions

 In addition to using Standard Precautions,
 EXTRA MEASURES must be taken to prevent the spread of certain microorganisms

STOP THE SPREAD OF GERMS! FOLLOW THESE SIMPLE RULES!

Examples of How Germs are Spread by Contact

- Contact Precautions
 - Direct: person-to-person contact
 - Hand to hand
 - Hand to patient's skin
 - Indirect: objects to hand contact
 - Bed and Linens
 - Light switch and plumbing fixtures
 - Door knobs/plates/handles
 - TV remote

CONTACT PRECAUTIONS

ALL VISITORS: REPORT TO THE NURSES STATION

• HANDS

• GOWN:

Wash before entering room, upon exit and as necessary.

Wear to enter and inside room.

GLOVES:

Wear to enter and inside room.

MASK: Not required.

ROOM/DOOR: May remain open.

PS 1935 6/11



ALL VISITORS: REPORT TO THE NURSES STATION

. HANDS



Wash before entering room, upon exit and as necessary with soap and water (NO alcohol hand hygiene).

• GOWN:

ROOM/DOOR:

· CLEANING:

· GLOVES:

MASK:

The state of the s

Wear to enter and inside room.

Wear to enter and inside room.

Not required.

May remain open.

Hypochlorite (diluted bleach, 1:10) solution required.

PS 2247 8/09



AIRBORNE PRECAUTIONS

ALL VISITORS: REPORT TO THE NURSES STATION

• HANDS



Wash before entering room, upon exit and as necessary.

GOWN:



Not required.

• GLOVES:



Not required.

MASK:

Wear N-95 mask to enter and inside the room.

ROOM/DOOR:

May remain closed at all times.

PS 1936 4/12

DROPLET PRECAUTIONS

ALL VISITORS: REPORT TO THE NURSES STATION

· HANDS:



Wash before entering room, upon exit & as necessary.

GOWN:

Not required.

GLOVES:

Not required.

MASK:



Wear to enter & inside the room.

ROOM/DOOR:

May remain open.

EXPANDED CONTACT PRECAUTIONS

ALL VISITORS: REPORT TO THE NURSES STATION

STAFF:

HANDS:



Designated staff only.

Wash before entering room, upon exit & as necessary.

· GOWN:

Wear to enter & inside room.

GLOVES:



Wear to enter & inside room

MASK:

May be required to enter room depending on source.

ROOM/DOOR:

May remain open.

12,2015

Personal protective equipment (PPE)

- PPE can consist of gloves, gowns, masks, face shields, goggles
- An essential component of Standard Precautions and Transmission-Based Precautions.
- Healthcare workers choose the required items to protect themselves.
- Being able to correctly apply and remove PPE helps ensure that they work in the intended manner.
- Taking off PPE apparel ranks among the most critical of topics in infection prevention.





ALL slides on PPE are OSHA.

How to Safely Use PPE

- Keep gloved hands away from face
- Avoid touching or adjusting other PPE
- Remove gloves if they become torn; perform hand hygiene before donning new gloves
- Limit surfaces and items touched

Sequence for Removing PPE

- 1. Gloves
- 2. Hand Hygiene
- 3. Face shield or goggles (if applicable)
- 4. Gown
- 5. At doorway, before leaving patient room
- -*Airborne Precaution PPE is removed in the anteroom.
- 1. N-95 Mask or respirator
- Remove respirator outside room, after door has been closed

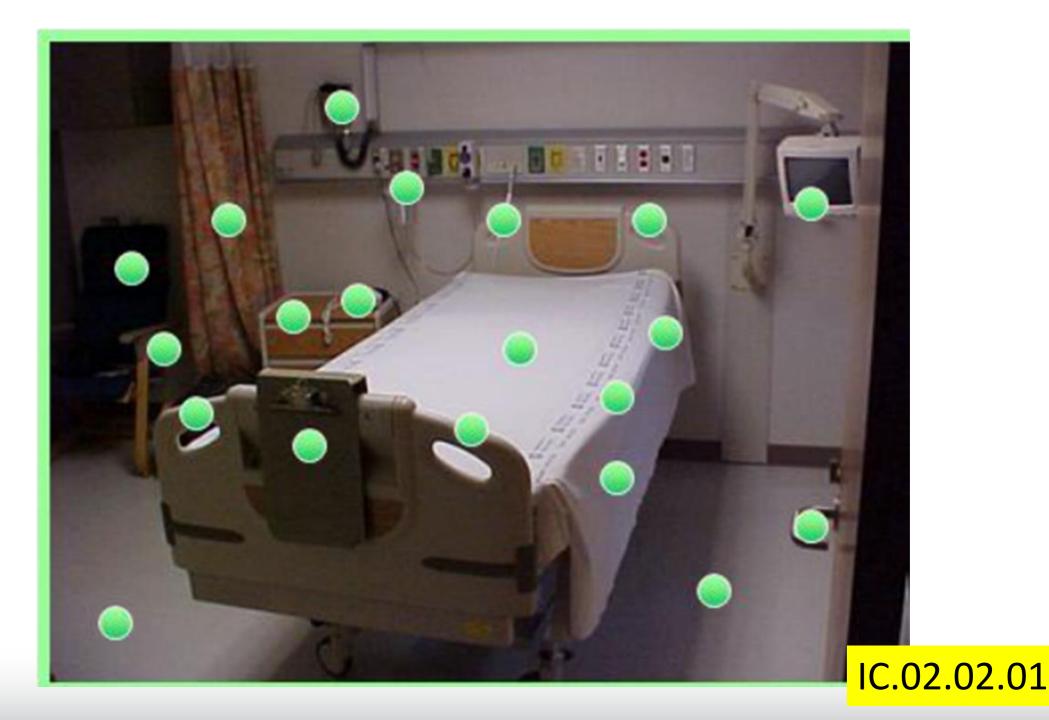
OSHA & BBP

Sharps safety

- Never recap needles
- Use safety devices whenever possible and never alter safety mechanism of a safety device
- Report all device failures
- Place ALL sharp items (needles, vacutainers, glass) into the appropriate rigid, puncture-resistant container for transport or disposal



Environmental Hygiene: Commonly Touched Surfaces in Patient's room



Environmental Hygiene

- Routinely clean and disinfect the environment and other frequently touched surfaces
- Use the hospital-approved disinfectant for your area/department
- Allow the disinfectant to have contact for the amount of time recommended by the manufacturer; if in doubt, read the label
- Clean up blood and body substance spills promptly
- Small spills (<500 ml) Department/Unit responsibility
- Large spills (>500 ml) Environmental Services responsibility



Super Sani—Purple

- 2 mins contact time
- Effective against30+ microorganisms

Alcohol Free—Gray

- 3 mins contact time
- Effective against
 40+ microorganisms

Bleach—Orange Wipes

- 4 mins contact time
- Effective against
 50+ microorganisms







Patient Care Equipment

 Must be cleaned and disinfected between patient use with appropriate hospital-approved germicidal (including clinic tables, BP cuffs, etc).

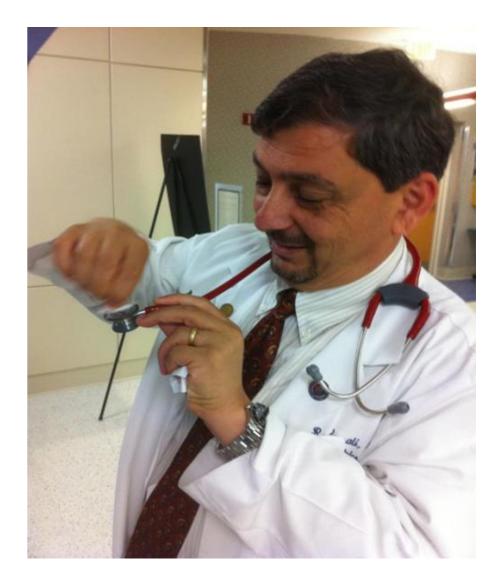


- Disinfect equipment before it leaves the patient's room.
 - If it cannot be disinfected before it leaves the patient room, cover with a red biohazard bag and move to the area where it can be cleaned then disinfected.
 - Cleaned then disinfected equipment shall be stored in the clean storage room or covered with a clear plastic bag.

IC.02.02.01

Stethoscopes

- The bell is cleaned with an alcohol wipe after every patient contact.
- If a patient is on transmissionbased precautions, the isolation cart should have single patient use stethoscopes dedicated for patient care.



Respiratory Etiquette

- Flu season is October through March
- Respiratory etiquette applies year round!
- Use tissues and dispose immediately after use
- Do not sneeze/cough into hands—use elbow or tissue
- Perform hand hygiene after touching face
- Use mask if necessary in public areas



OSHA & BBP

Healthcare Workers Risk of Exposure

- Bloodborne pathogens—occupational exposure to blood and all body substances secretions, excretions (except sweat), regardless of whether it contains visible blood
- Risks associated with:
 - Needle sticks or other sharps injury
 - Mucosal contact (eyes, inside nose and/or mouth)
 - Non-intact skin exposure

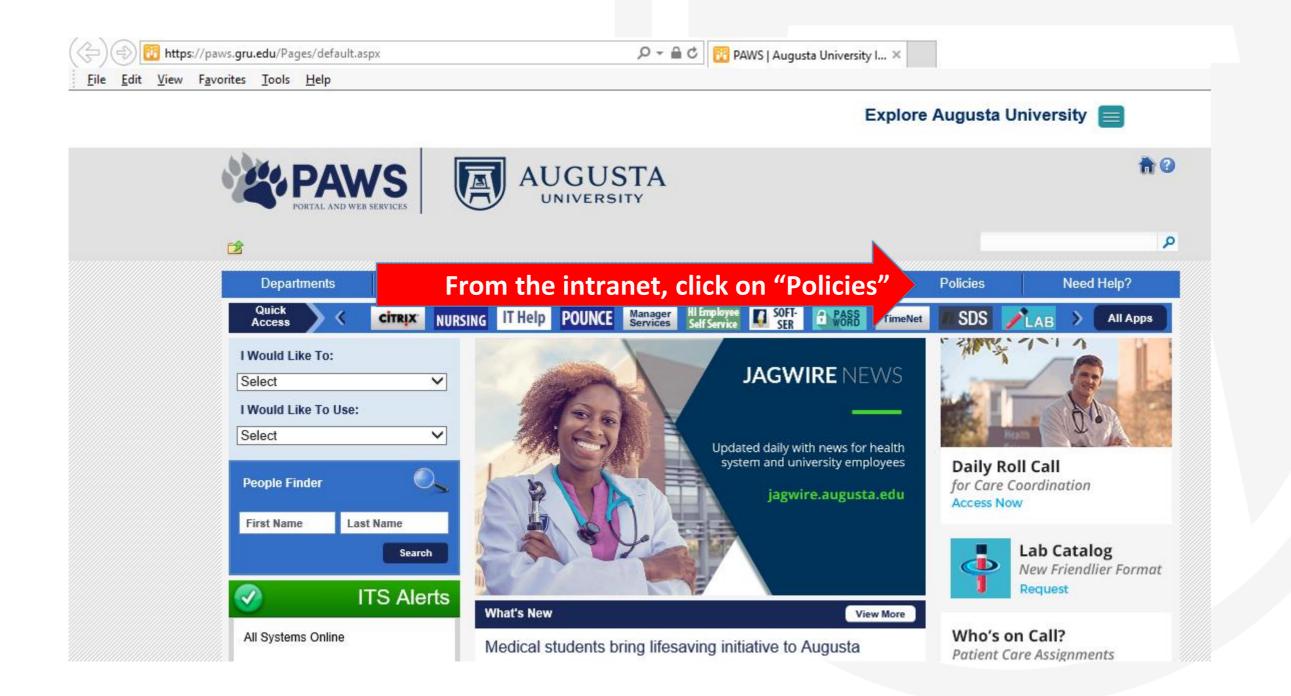
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Bloodborne Pathogen Exposure

- Healthcare workers most at risk for exposure to Hepatitis B (HBV), Hepatitis C (HCV), and HIV
- Mechanisms of exposure include:
 - Contaminated needle sticks or cuts from other sharp instruments
 - Eye, nose, mouth, or non-intact skin contact with blood or other potentially infectious material
- Exposure risk is determined by YOUR tasks/duties performed
- The Bloodborne Pathogen Exposure Control Plan located in the Infection Control Manual

Alphabetic Disease Listing Location

- An alphabetical disease listing is located in Policy Tech in the Transmission Based Precautions policy
- Very helpful document for determining any isolation or precaution requirements!









Admissions / Academics / About / Student Life / Athletics / Research / Health / & Giving

Home / Compliance and Enterprise Risk Management / Policies

Policy Management Process



Policy management is an integral component of operations of Augusta University and AU Health.

In order to streamline the process for drafting, revising, and approval of policies we have implemented a policy management system for the university, medical center and medical associates. Our university policies can be viewed from the **public policy library** or from our **policy management system**. Health System policies are available by logging into the **policy management system**.

To create a new policy, revise an existing policy or route any Augusta University or AU Health policy for approval you must log into our **policy management system**. There is **training online** available to all employees and students on how to use the policy management system.

Policy Management System Click on "Policy Management System"

Training

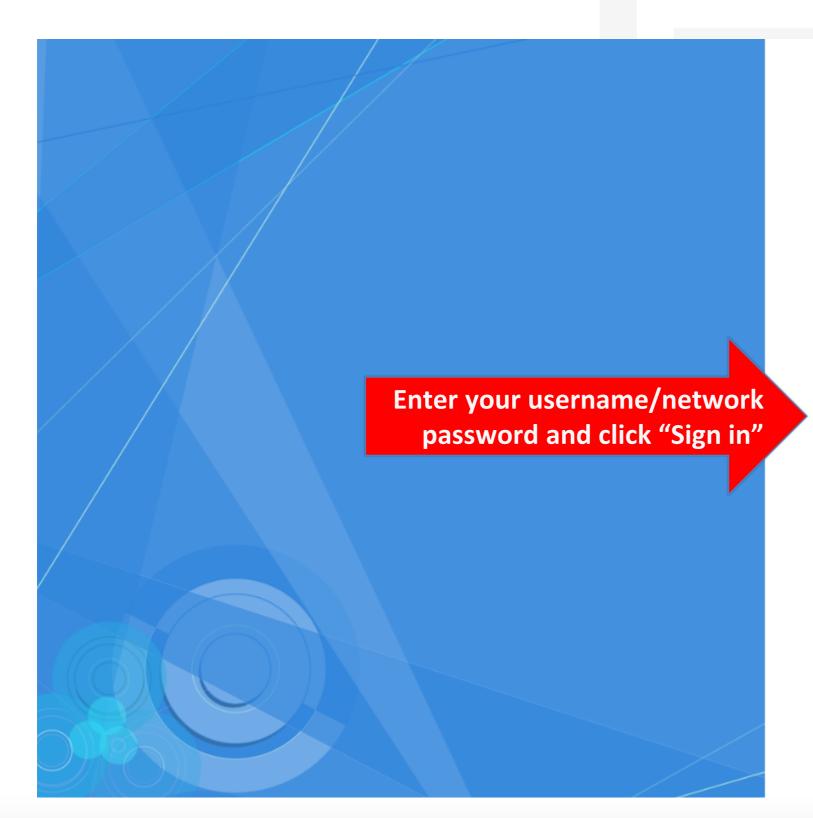
Management Committees

Contact











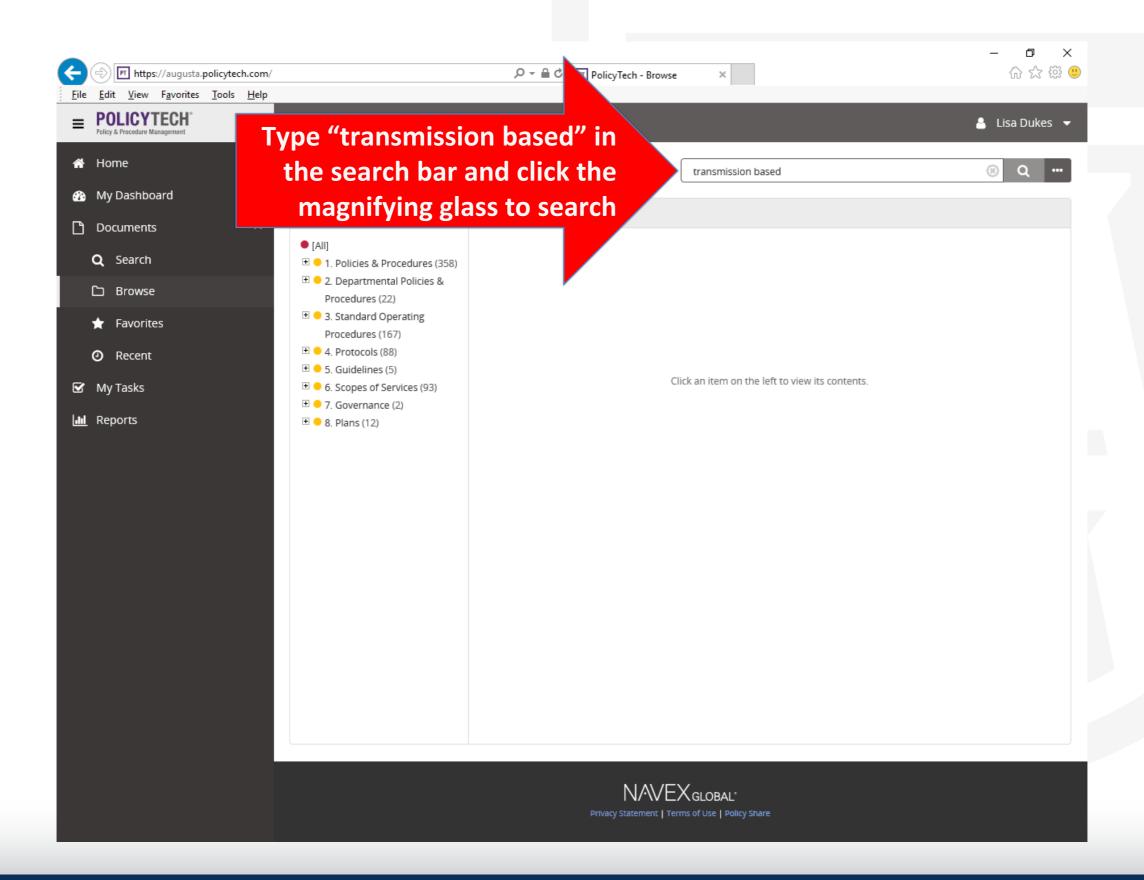
Sign in with your JagID. If you have an issue signing in, please contact the service desk at 706-721-4000.

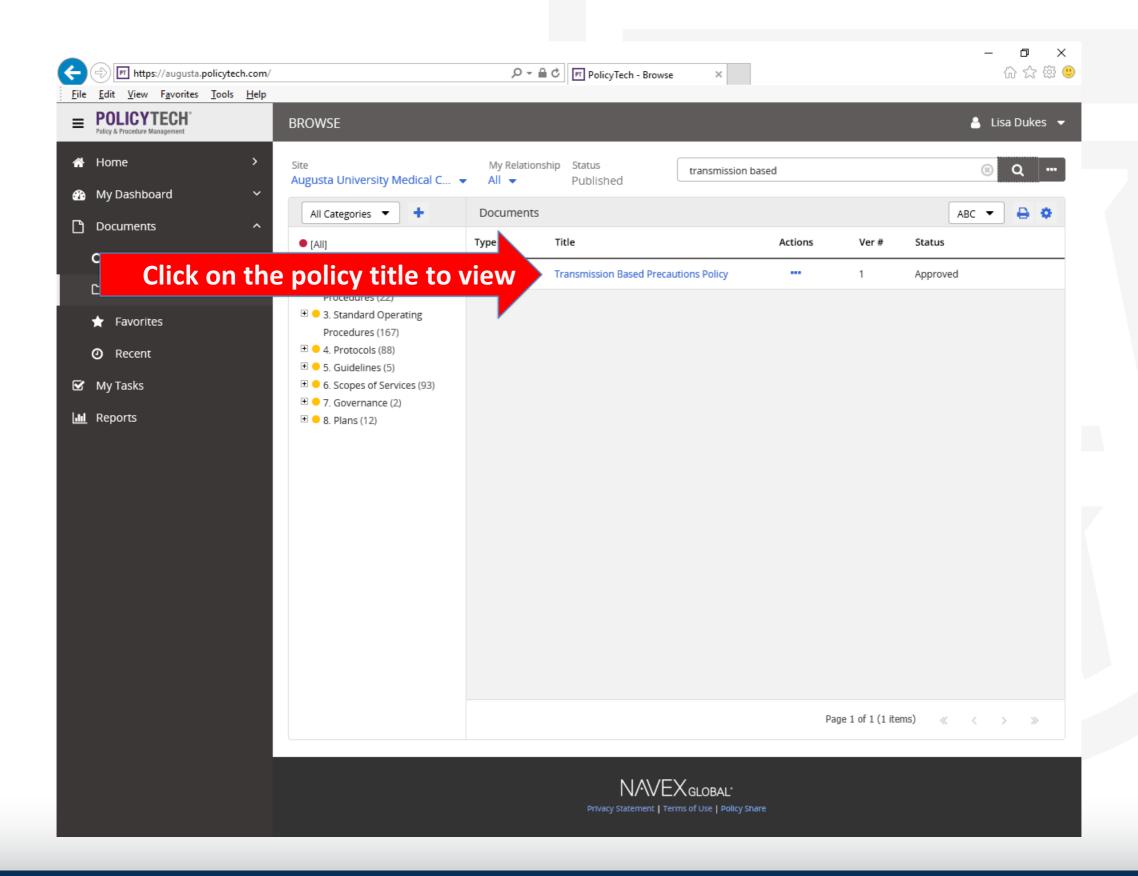
ldukes2@augusta.edu

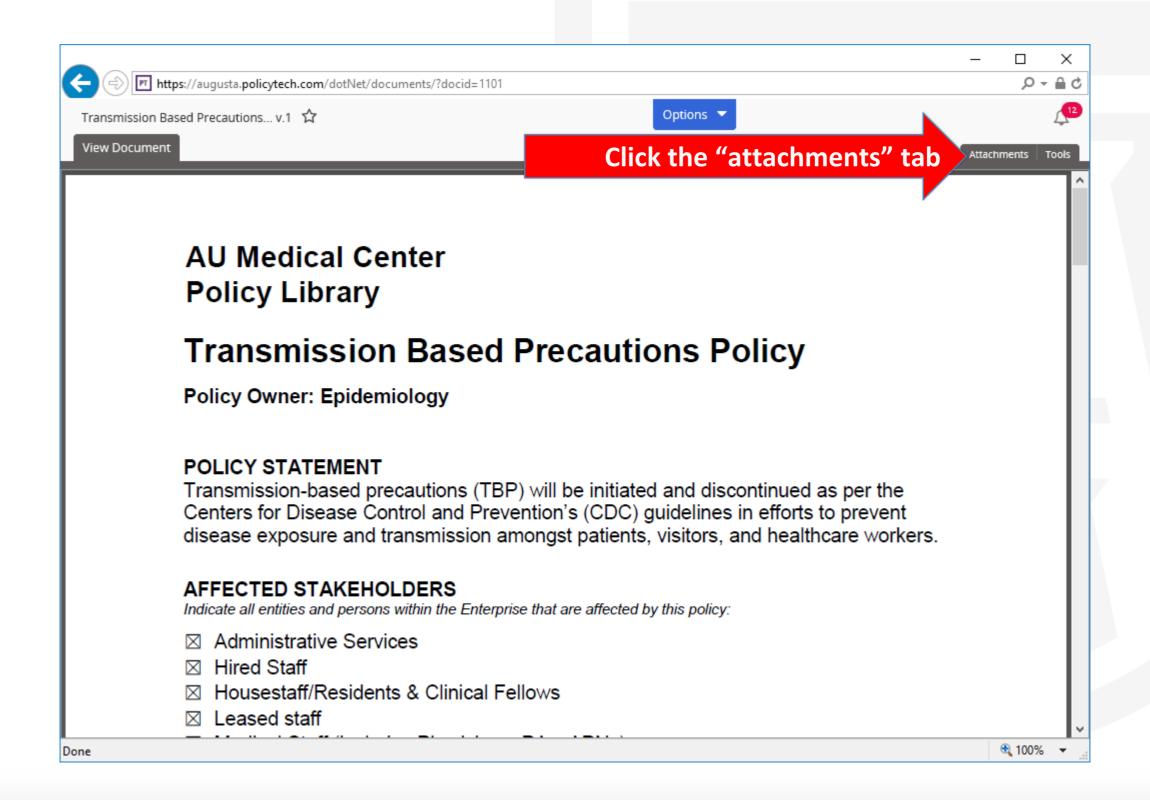
Password

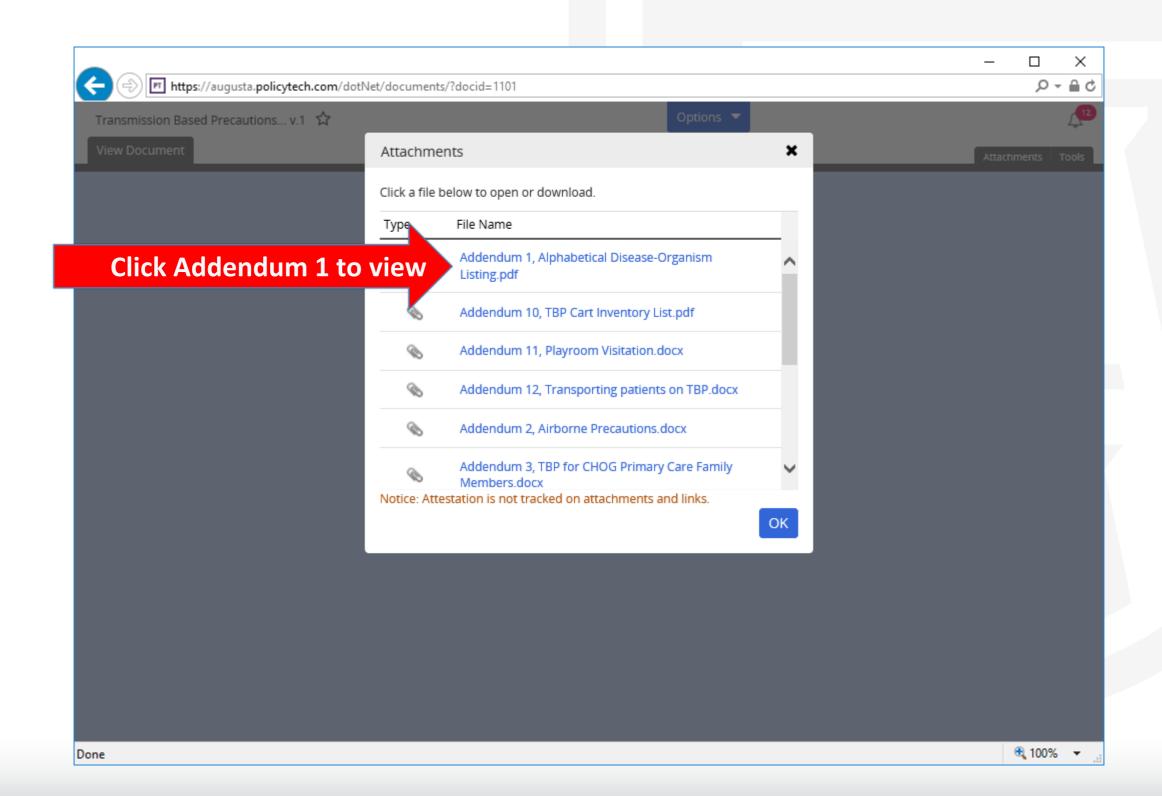
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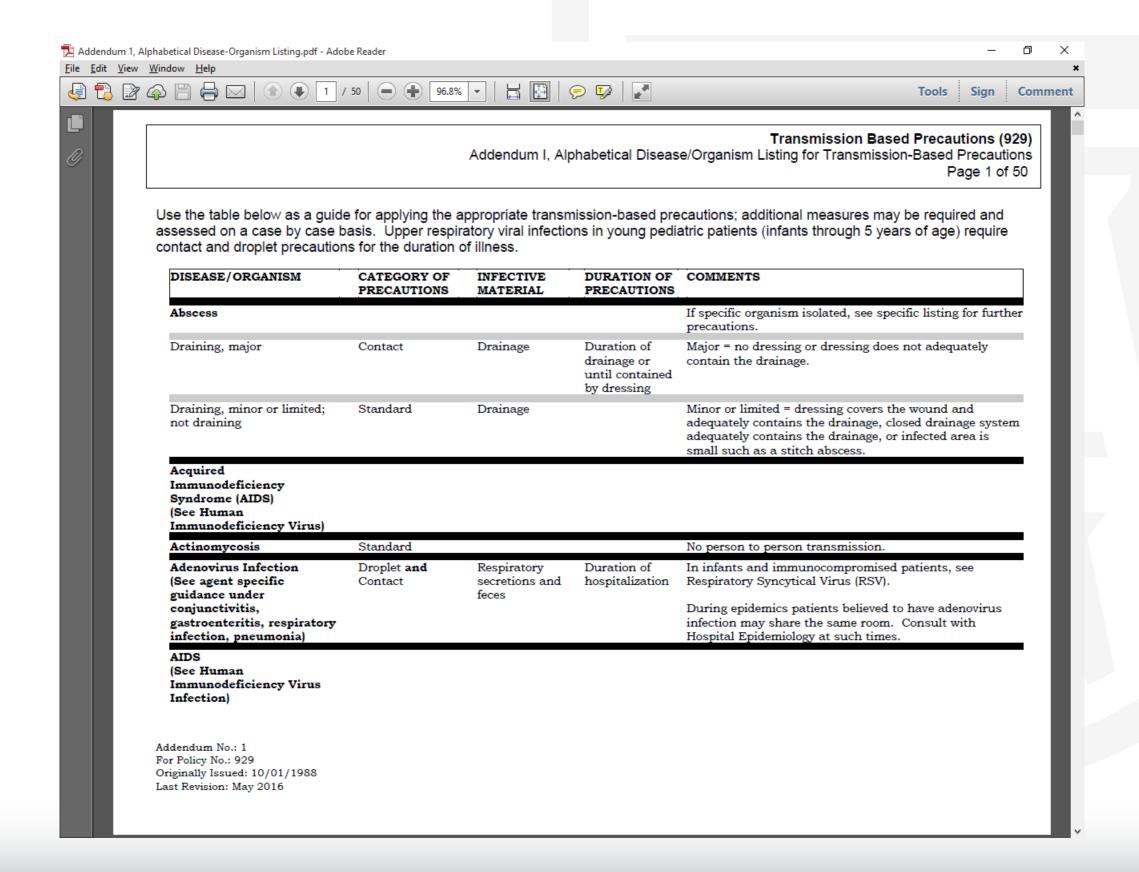
This system is the property of Augusta University or one its cooperative organizations. The system is restricted to authorized users only. The information on this system is also the property of Augusta University or one of its cooperative organizations, unless applicable laws, contracts or policies indicate otherwise. All users should have no expectation of privacy in any data, format, or other kind of information or communications transmitted, received, printed, stored, or recorded on any of our systems unless applicable laws indicate otherwise. Augusta University reserves the right to monitor usage of this system. You consent to such monitoring by authenticating. By authenticating you also agree to abide by the Augusta University use policy located at http://www.augusta.edu/compliance/policyinfo/policie s.php.











Employee Exposures

- Employee Health and Wellness handles employee bloodborne pathogen exposures
- During business hours, call Employee Health and Wellness to receive packet of forms
- After business hours, go to the ED. Always follow up with Employee Health and Wellness
- For more information, call Employee Health and Wellness at 706-721-3418

Do the right thing...

Help to prevent infections—we are all in this together!



Questions?

Thankyou



New Hire Orientation