

Sparks Health System



Benefit choices made easier



2011
BENEFIT GUIDE

Welcome to Your 2011 Benefits

Health Management family,

At Health Management, we are fortunate to have a great team of people who keep our company growing and strong. We value you as a member of the Health Management family and we care about your success and well-being. One way that we demonstrate our appreciation is by providing a competitive and comprehensive benefit program. Our benefits program is a resource for today and an investment in tomorrow.

Healthcare Reform will have an impact on all of our lives and on the design of our employee benefit plans. While preparing to cope with the increased costs associated with Healthcare Reform, we are proud to continue to offer a very competitive, cost-effective benefit plan.

We understand that selecting benefits in line with your lifestyle, family needs and finances is a very important task. Choosing benefits takes careful planning and access to specific information.

Since benefits are an important part of your total compensation, please take the time to carefully review all of the benefit information provided in this guide and choose the options that are right for you and your family. It is the best way to ensure that you are getting the most value from every paycheck, every day.

To provide an extra measure of decision support, we will have Benefit Counselors available to answer your questions and assist you as you make your enrollment choices.

TABLE OF CONTENTS

Eligibility.....	1
Medical Benefits.....	2
Dental Benefits	4
Vision Benefits	5
Flexible Spending Accounts	6
Disability and Basic Life/AD&D Insurance	7
Short Term Disability Plan	7
Long Term Disability Plan	7
Basic Life/AD&D Insurance	7
Voluntary Life Insurance	8
Associate Optional Life	8
Dependent Life Insurance	8
Whole Life Insurance	8
Voluntary Benefits.....	9
Critical Illness Insurance	9
Cancer Insurance	9
Accident Insurance.....	9
Other Benefits	10
Voluntary Lifestyle Benefits.....	10
Employee Assistance Program	10
Retirement Savings Plan, 401(k).....	11
Notices.....	11
Associate Payroll Deductions	12
Benefits Overview by Employment Classification ...	13

ASSOCIATE ELIGIBILITY

Full-time regular associates scheduled to work at least 32 hours per week are eligible for coverage. For benefit plan purposes, “regular associate” is defined as a full-time associate working 32–40 hours per week or a part-time associate working 20–31 hours per week.

Regular associates are eligible after one month of active employment. Associates changing from a part-time to full-time position are eligible for coverage, subject to each location’s benefit eligibility and waiting period.

Enrollment and/or changes must be completed **within 30 days of the date of employment** or date of transfer to a full-time position. Once your enrollment is completed, no changes are allowed unless you experience a Qualifying Life Event or until the next annual enrollment period.

Associates are responsible for notifying the Human Resources benefit office if they will be off work without pay. In order to maintain benefit coverages, premiums must be paid through the Human Resources department every pay period. If the associate fails to make premium payments on time, the associate’s benefits will be terminated.

ELIGIBLE DEPENDENTS

- Legal spouse;
- Any dependent child under 26 years of age, including any natural child, stepchild, legally adopted child, child placed with you for adoption or child for whom you have legal guardianship;
- Any unmarried child of any age who resides with you and who was medically certified as disabled prior to his/her 26th birthday and who is primarily dependent upon your support;
- Dependent child(ren) for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order – even if the child does not reside with you.

Health Management reserves the right to require appropriate documentation to prove your dependent relationship status, including marriage and birth certificates, tax returns, and other legal documents.

QUALIFYING LIFE EVENTS

Other than during the annual enrollment period, you may only change (add or delete) your covered dependents **within 30 days following a Qualifying Life Event**.

A Qualifying Life Event is:

- Birth or adoption of a child by the associate;
- Marriage, legal separation, annulment, or divorce of the associate;
- Death of the associate’s spouse and/or dependent;
- Dependent’s loss of eligibility (see definition of Eligible Dependents);
- Termination or commencement of employment of associate’s spouse with health care coverage;
- Associate or associate’s spouse becomes eligible for Medicare benefits;
- Such other events as the Plan Administrator determines to be permitted under I.R.S. Section 125 or any other applicable guidelines issued by the Internal Revenue Service.

Dependents who are added as a result of a Qualifying Life Event are covered the day of the event, provided that enrollment for the dependent is requested **within 30 days from the date of the event**.

To make a change due to a Qualifying Life Event, please call the Employee Benefit Service Center at 866.770.6520 within 30 days of the qualifying life event.

MEDICAL BENEFITS

Did you know that Health Management pays for more than 80% of your health insurance premium?

The medical program provides the framework for your good health and well-being. Two Preferred Provider Organization (PPO) plan options are offered through Blue Cross Blue Shield (BCBS). You are not required to select a Primary Care Physician but may utilize BCBS network physician providers to access the most cost-effective services and treatments for you and your family. The plans provide in-network and out-of-network coverage. If you use out-of-network providers, your benefit levels may be reduced.

Keep in mind that additional rules apply to services performed at non-Health Management facilities when those services are available at a Health Management facility (described in the next column).

For complete details regarding each plan, please refer to the individual Summary Plan Descriptions (SPDs), which can be found at <https://www.benefitsconnect.net/hma>.

BCBS PLAN BENEFITS

- Interactive web site to learn more about your plan and get health information 24 hours a day at www.myinsurancemanager.com/FL
- Preventive care for every covered family member
- No referral required for OB/GYN annual well-woman visits on any offered plan
- Emergency and urgent care covered worldwide
- Prescription drug coverage offered through CVS Caremark coordinates with medical plans; mail order services also available

Pre-existing condition limitations may apply to the plans for services or treatments received during the first 12 months of coverage for any illness or condition that was treated or diagnosed during the six (6) months immediately preceding the eligibility date of coverage. No pre-existing condition limitations can be applied for any condition related to pregnancy or to any child up to age 19.

Remember, with the Maintenance Medication Program and the reduced copay for a 90-day supply, you can save up to \$200 a year.

IMPORTANT:

SERVICES PERFORMED AT NON-HMA FACILITIES

Take advantage of enhanced coverage when you utilize a Health Management Associates hospital.

Remember, if you are having a service performed at a non-Health Management facility because that service is not available at a Health Management facility, you must first complete a Services Not Available Form (SNA), found in your local HR department, and submit it for approval. The SNA form is NOT required for associates or dependents residing 100 or more miles from their *home* HMA facility.

However, if any inpatient or outpatient services, in excess of \$500 (excluding emergencies or surgery performed in the physician's office), are available at your Health Management hospital and you choose a non-Health Management hospital, center or clinic, **no benefits will be paid** for the inpatient or outpatient services, or any related charges, if a Service Not Available Form is not completed and approved.

MAINTENANCE AND SPECIALTY MEDICATIONS

Fill limit for Long-Term Maintenance Medications

Your plan allows two 30-day fills of long-term medications* at any pharmacy in the CVS Caremark network. After that, your plan will cover long-term medications only if you have 90-day supplies filled through the mail order service or at a CVS pharmacy. If you continue to have 30-day supplies filled, your plan will not pay for them.

With this program, you will avoid paying more for your long-term prescriptions. All you need to do is have 90-day supplies filled through the mail order service or at a CVS pharmacy.

Whether you choose mail order delivery or pick-up at a CVS pharmacy, you will pay the same copay.** This program is being offered to you by Health Management as a way to help you save money.

Specialty Medications

Caremark requires the use of the Specialty Pharmacy for specialized medicines and supplies. The Specialty Pharmacy offers personalized support services for individuals suffering from certain chronic illnesses or genetic disorders. If you use specialty medications, you can receive express delivery, follow-up care calls and expert counseling. To contact the Caremark Specialty Pharmacy, call 1-800-237-2767.

**A long-term medication is taken regularly for chronic conditions or long-term therapy.*

***Copay, copayment or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan. Prices may vary between mail service and CVS pharmacies due to dispensing factors, such as applicable local or use taxes.*

MEDICAL PLAN COMPARISON

Blue Cross Blue Shield		PPO Plan A		PPO Plan B	
	HMA Facilities*	In-Network	Out-of- Network**	In-Network	Out-of- Network**
Calendar Year Deductible					
Individual	None for hospital services	\$425	\$425	\$775	\$775
Family		\$850	\$850	\$1,550	\$1,550
Calendar Year Out-of-Pocket Maximum		(Out-of-Pocket Maximum excludes Deductibles and Copays)			
Individual	N/A	\$2,200	\$4,200	\$2,600	\$5,000
Family	N/A	\$4,400	\$8,400	\$5,200	\$10,000
Office Visits					
Preventive or Routine Physical*** (includes Well Baby / Well Child)	based on plan elected	100% covered not subject to deductible	100% covered not subject to deductible	100% covered not subject to deductible	100% covered not subject to deductible
Office Visit / Sick Visit	based on plan elected	80% covered after deductible	80% of allowable charge after deductible	70% covered after deductible	70% of allowable charge after deductible
Emergency Room Visit (copay waived if admitted)	\$125 copay then 100% not subject to deductible	\$125 copay then 80% covered after deductible	\$125 copay then 80% if urgent or 60% of allowable charge after deductible	\$125 copay then 70% covered after deductible	\$125 copay then 70% if urgent or 50% of allowable charge after deductible
Inpatient Hospital Services					
Facility Charges**** including Room & Board	\$250 copay then 100% not subject to deductible	80% covered after deductible	60% of allowable charge after deductible	70% covered after deductible	50% of allowable charge after deductible
Physician and Surgeon Services	based on plan elected	80% covered after deductible	80% of allowable charge after deductible	70% covered after deductible	70% of allowable charge after deductible
Outpatient Facility Services					
Surgery	100% not subject to deductible	80% covered after deductible	60% of allowable charge after deductible	70% covered after deductible	50% of allowable charge after deductible
Medical	100% not subject to deductible	80% covered after deductible	60% of allowable charge after deductible	70% covered after deductible	50% of allowable charge after deductible
Physician and Professional Services	based on plan elected	80% covered after deductible	80% of allowable charge after deductible	70% covered after deductible	70% of allowable charge after deductible
Diagnostic Lab & X-ray	100% not subject to deductible	80% covered after deductible	80% physician 60% hospital of allowable charge after deductible	70% covered after deductible	70% physician 50% hospital of allowable charge after deductible
Lifetime Maximum	Unlimited	Unlimited		Unlimited	

PRESCRIPTION DRUG BENEFIT

Calendar Year Prescription Deductible	\$50 individual deductible / \$100 family deductible	
	Retail (30-day supply) At participating CVS Caremark pharmacies: *****	Mail Order (90-day supply) (This also includes Maintenance Medications)
Generic	\$10 copay	\$20 copay
Preferred Brand	\$32.50 copay	\$65 copay
Non-Preferred Brand	\$50 copay	\$100 copay

*Health Management Facilities include all Health Management hospitals.

**Out-of-Network provider charges are based on Reasonable and Customary (R&C) charges, which reflect HIAA 95 pricing. Members are fully responsible for all charges above the approved amounts.

***Claims must be coded by the provider as routine, preventive care.

****Copayment should not be paid a second time if covered member is readmitted to an HMA hospital for same diagnosis within the same benefit year or if covered member is transferred to another facility.

*****If you do not use a participating CVS Caremark pharmacy, a portion of your costs may still be eligible for reimbursement.

DENTAL BENEFITS

DENTAL BENEFITS

The Dearborn National Dental Plans give you the freedom to choose either a participating dentist or an out-of-network dentist. There may be considerable cost savings when using a dentist who is in the Dearborn National PPO network. Therefore, be sure to look for in-network providers first.

For complete details regarding this plan, please refer to the Summary Plan Description (SPD), which can be found at <https://www.benefitsconnect.net/hma>.

DEARBORN NATIONAL PPO DENTAL PLAN

- In and out-of-network benefits
- No deductible for Preventive & Diagnostic Services
- \$1,500 annual maximum benefit
- Find a provider in your network at: www.dearbornnational.com



DENTAL PLANS		
Preferred Provider Organization (PPO)	Dental	Dental Plus Ortho
	In-Network and Out-of-Network	
Per Calendar Year	Deductible applies only to Basic and Major Services	
Associate Deductible	\$50 per person	\$50 per person
Family Deductible	\$150 per family	\$150 per family
Maximum Benefit	\$1,500 per person	\$1,500 per person
Lifetime Orthodontia Maximum Benefit	\$0 per person	\$1,500 per person
Covered Services		
Preventive & Diagnostic (Class I)	100% (deductible waived)	100% (deductible waived)
Basic Restorative (Class II)	80%	80%
Major Restorative (Class III)	50%	50%
Orthodontia (Class IV) <i>Adult and child coverage</i>	not covered	50% (deductible waived)
Endodontics (root services)	80%	80%
Periodontics (gum services)	80%	80%

*Out-of-Network services are subject to usual, customary and reasonable (UCR) limits. Amounts in excess of UCR fees are the member's responsibility.



VISION PLAN		
	VSP	
	In-Network	Out-of-Network*
Benefit Frequency		
Vision Exam	every 12 months	
Lenses or Contact Lenses**	every 12 months	
Frames	every 24 months	
Covered Services		
Vision Examination	Covered in full after \$10 copay	Up to \$40
Laser Vision Correction	Discount at select providers averaging 15% off regular price or 5% off promotional price	Not Covered
Additional Services	Average of 30% off lens options and 20% off additional glasses	Not Covered
Materials		
Standard Lenses	Covered in full after \$25 copay	\$40-\$80 allowance depending on lens type
Frames	Up to \$150 allowance 20% off out-of-pocket costs	Up to \$45 allowance
Contact Lenses	Up to \$150 allowance (includes contact lenses and fitting fees)	Up to \$105 allowance

VISION BENEFITS

The VSP Vision Plan provides you and your family with quality vision benefits at an affordable cost. The program is designed to encourage you and your family to visit the optometrist or ophthalmologist regularly to maintain your vision health. In addition, optometrists and local service facilities can supply you with the necessary hardware and materials to meet your daily vision needs.

The following are highlights of the major plan provisions. You should refer to the individual plan brochure for details regarding the plan.

- In and out-of-network benefits
- Annual benefit
- Copay for all office visits and glasses in-network
- Discounts available at point-of-purchase

You can find a provider in the *Signature Network* at: <https://vsp.com/find-doctor-login.html>

*You are required to pay the provider in full at the time of your appointment and submit a claim within a year from the date of service to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call VSP first at 800-877-7195.

**Contact lenses may be elected in lieu of lenses and frames.

FLEXIBLE SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS (FSAs) FOR HEALTH CARE AND DEPENDENT CARE EXPENSES

Flexible spending accounts allow you to use pre-tax dollars to pay for eligible expenses while saving on taxes.

These accounts allow full-time associates to contribute pre-tax dollars on an annual basis to use for health care and dependent care expenses. Associates can participate in a Flexible Spending Account (FSA) even if they are not enrolled in the medical plan.

Eligible expenses are based on IRS regulations, and if you enroll for the 2011 plan year, you will have a 75-day grace period, or until March 15, 2012, in which you can continue to spend dollars left in your account at the close of the plan year. You will then have 15 days, or until March 30, 2012, to submit your claims in order to use the money left in your account. Any funds left in an FSA after the deadline are forfeited; this is known as the “use-it-or-lose-it” rule.

Participating in the Health Care or Dependent Care Flexible Spending

Account (FSA) can significantly reduce your taxes and increase your take-home pay by allowing you to use pre-tax dollars to pay for qualified expenses or those of your spouse and dependent child(ren).

Health Care Flexible Spending Account

You can deposit as much as \$5,000 a year on a pre-tax basis. You reimburse yourself with these tax-free dollars for such things as copays, co-insurance, prescriptions and other medical expenses. A comprehensive list of eligible health care expenses is available online at www.irs.gov.

A debit card simplifies the process of paying for qualified medical expenses by allowing you to electronically access your account day one. Manual claim filing is also available.

Dependent Care Flexible Spending Account

Pre-tax money that you deposit into the account pays for day care expenses for a dependent child up to age 13, or a dependent adult. Care expenses are reimbursable if the services enable you and your spouse to work. Expenses

are also reimbursable if your spouse is disabled or attends school full-time at least five months of the year. You can deposit as much as \$5,000 a year (\$2,500 if married, filing separately). You can reimburse yourself with these tax-free dollars for such things as nursery tuition, day care center, summer camp and dependent-adult day care center expenses. Care can be provided inside or outside your home. A comprehensive list of eligible dependent care expenses is available at www.irs.gov.

A debit card is distributed for the Dependent Care Spending Account. For locations that do not accept the debit card, claims can be filed manually. Dependent care expenses are only reimbursed up to the current amounts deposited in the account.

IMPORTANT NEW LAW: OVER-THE-COUNTER DRUGS

Note: Under the new healthcare reform legislation, over-the-counter (OTC) drugs, medicines and biologicals will be eligible for reimbursement only if the request is accompanied by a doctor's prescription, for any expenses incurred on and after January 1, 2011.

This change will also impact how participants use their benefits debit card. OTC drugs, medicines and biologicals will no longer be eligible for payment using the FSA debit card because of the doctor's prescription requirement. Participants will need to purchase OTC drugs using another form of payment and then submit a reimbursement request along with the doctor's prescription for the OTC drug, medicine or biological purchased.



DISABILITY INSURANCE

Disability plans are often classified as financial protection plans for a very simple reason: if you have to miss work due to a disability, these plans can replace some of your pay for a period of time.

SHORT TERM DISABILITY PLAN (STD)

This plan will help provide additional financial protection for you by providing a benefit while you are disabled. Benefits from a disability plan will supplement your income to help you pay expenses such as mortgage or rent payments, utility bills and other household expenses, food, clothing and other necessities, as well as co-payments and other medical costs not covered under other plans. This plan does not cover disabilities due to occupational sickness or injury but can help you prepare for a short-term disability.

Amount of Coverage

Eligible associates have a weekly benefit of 60% of salary up to \$1,000, subject to plan requirements.

Maximum Benefit Period

Benefits will begin on the 22nd day of disability resulting from an accident, sickness or pregnancy. Benefit payments could continue for up to 23 weeks.

Note: Evidence of Insurability (EOI) must be provided for late entrants and requires carrier approval. A 'late entrant' is someone who did not enroll when first eligible for coverage.

LONG TERM DISABILITY PLAN (LTD)

The LTD plan provides you with a monthly benefit designed to replace income lost during periods of disability greater than 180 days.

Amount of Coverage

The LTD benefit will pay up to 60% of monthly earnings to a maximum benefit of \$5,000 per month. If disabled prior to age 60, benefits are payable to age 65. If disabled at age 60 or older, benefits are payable subject to a reduction schedule defined by the plan.

Note: Evidence of Insurability (EOI) must be provided for late entrants and requires carrier approval. A 'late entrant' is someone who did not enroll when first eligible for coverage.

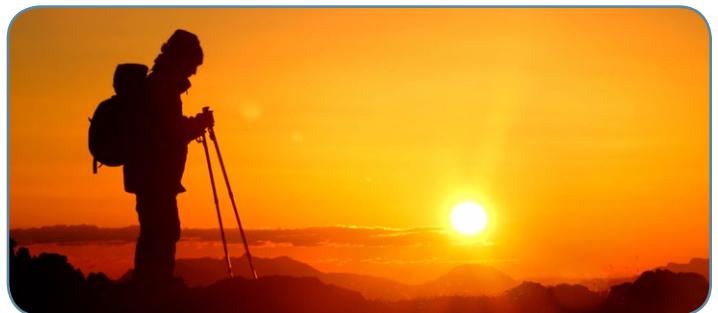
BASIC LIFE/AD&D INSURANCE

To ensure that all eligible associates have a basic level of protection, Health Management provides basic term life insurance.

The accidental death and dismemberment (AD&D) benefit will pay in addition to the basic life insurance if the death or covered loss is due to an accident. Both policies are provided at no cost to you. The group term life policy is convertible to an individual policy upon termination from employment at Health Management.

Amount of Coverage

The group term life plan provides non-exempt associates with a benefit equal to 1 times annual salary and 2 times annual salary for exempt associates, up to a maximum of \$750,000. Salary excludes overtime, shift differential, bonuses, etc., and is rounded to the next higher \$1,000. The AD&D policy amount equals the basic life policy. Benefits are reduced to 65% at age 65 and to 60% at age 70. Coverage terminates at retirement.



For complete details regarding each plan, please refer to the appropriate Summary Plan Description (SPD), which can be found at <https://www.benefitsconnect.net/hma>.

SUPPLEMENTAL LIFE INSURANCE ...PLANNING AHEAD

Adequate insurance coverage should be part of any sound, personal financial plan. Different events in life can trigger the need for additional life insurance coverage. The purchase of a new home, marriage, the birth of a child – these are just some of the events that may make you re-evaluate your needs. Take the time now to plan ahead to protect the financial security of you and your family.

ASSOCIATE OPTIONAL LIFE

A personal financial plan should include adequate life insurance coverage that provides protection against financial hardship in the event of an unexpected death.

Even if you already have a life insurance policy, it's important to ask yourself whether it provides the protection you need to cover all of your financial responsibilities.

Optional life can be purchased in addition to the basic life insurance that is provided by Health Management.

Associate Optional Life Insurance is yearly renewable group term life insurance that covers you for as long as you remain eligible and continue to pay your premium. Coverage is portable. You can take it with you if you change jobs, although the premiums may change.

Amount of Coverage

Eligible associates may purchase Optional Life Insurance coverage in the amount of 2 times annual salary, rounded to the next higher \$1,000.

Total life insurance coverage (Basic + Optional amount) cannot exceed \$750,000. Benefits are reduced to 65% at age 65 and to 60% at age 70. Coverage terminates at retirement.

Note: Evidence of Insurability (EOI) must be provided for late entrants and requires carrier approval. A 'late entrant' is someone who did not enroll when first eligible for coverage.

DEPENDENT LIFE INSURANCE

Dependent Life Insurance is group term life insurance that can be purchased for an associate's spouse and children.

Amount of Coverage

	Age	Amount
Spouse	N/A	\$25,000
Children	14 days to 6 months of age	\$500
Children	6 months to 26 years of age	\$10,000

The Dependent Life Insurance rate is not affected by the number of children. Rate is based on the coverage amount and covers each child for the same amount.

Coverage for totally disabled dependents will be delayed until the first of the month following the date the dependent is no longer totally disabled.

Note: Evidence of Insurability (EOI) must be provided for late entrant spouses and requires carrier approval. A 'late entrant' is someone who did not enroll when first eligible for coverage. Children are not subject to EOI.

WHOLE LIFE INSURANCE

With Whole Life Insurance, you own the policy, which means you can keep it even if you leave the company or retire. It is sometimes referred to as permanent life insurance because it can provide protection for your lifetime.

Whole Life Insurance can provide added financial security for you or your family. This optional insurance is in addition to your Company-paid group term life insurance.

Whole life insurance policies can provide protection for both working-years and post-retirement, while building cash value to use as a living benefit.

Under this plan, which is available through Unum, you can select the amount of individual coverage that you would like to have for yourself, your spouse, your children and your grandchildren.

Individual policies are available for associates and their spouses up to age 65, and for children from 14 days to 24 years old.

Highlights include:

- You can apply for coverage by completing a simple application with a Benefit Counselor.
- During your initial eligibility for this coverage, minimal underwriting questions may apply.
- Coverage is portable. You can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deductions.

Note: Evidence of Insurability (EOI) may be required for late entrants and requires carrier approval. A 'late entrant' is someone who did not enroll when first eligible for coverage.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance can help fill a financial gap if you experience a severe, life-threatening illness. Upon diagnosis of a covered illness, a lump-sum benefit is paid to the insured, which can help cover out-of-pocket medical expenses or costs associated with adjusting to life following a covered critical illness.

A severe, life-threatening illness can happen to anyone at any time. If you or someone in your family suffers a critical illness, you can become overwhelmed with growing medical bills. Reduced income from being out of work may add to the stress. While medical insurance may pay part of the medical bills, many immediate expenses may not be covered.

Coverage Benefits

Upon diagnosis with a covered critical illness, a policyholder receives an immediate financial benefit. They may use the extra funds any way they choose. Associates may choose coverage amounts ranging from \$10,000 to \$30,000.

The plan is voluntary and you can take the coverage with you if you leave the Company, as long as you continue making premium payments to the insurance company.

Coverage is available for you and your dependents.

Note: Evidence of Insurability (EOI) may be required for late entrants and requires carrier approval. A 'late entrant' is someone who did not enroll when first eligible for coverage.

CANCER INSURANCE

In the event of a covered cancer diagnosis, a lump-sum benefit is paid to the insured. The benefit can be used to cover medical or non-medical expenses. With an extra level of financial protection, it is easier to focus on recovery.*

No one likes to think about cancer; however, according to the American Cancer Society (2009), men have a 1 in 2 lifetime risk of developing cancer, and women have a 1 in 3 risk.

Coverage Benefits

Upon diagnosis with cancer, a policyholder can receive financial benefits that supplement existing medical insurance.

The plan is voluntary and you can take the coverage with you if you leave the Company, as long as you continue making premium payments to the insurance company.

Coverage is also available for your dependents.

**A covered cancer diagnosis includes covered treatments received for cancer or for specified disease.*

Note: Evidence of Insurability (EOI) may be required for late entrants and requires carrier approval. A 'late entrant' is someone who did not enroll when first eligible for coverage.

ACCIDENT INSURANCE

When an accident occurs, you may have trouble finding room in your budget to cover the unexpected expenses that can accumulate. Accident Insurance can supplement your medical insurance and help pay for some of those out-of-pocket costs.

Coverage Benefits

When you become injured, the plan will pay a financial benefit that supplements your medical insurance. The financial payment correlates with each accident, and the money can be used any way you choose. Accident Insurance helps pay the extra expenses that add up as a result of each injury, even your ER copay.

There are no medical questions or requirements to be eligible. The plan is voluntary and you can take the coverage with you if you leave the Company.

Coverage is available for you and your dependents.



VOLUNTARY LIFESTYLE BENEFITS

This program offers valuable lifestyle benefits to help you and your family.

The total cost of the Voluntary Lifestyle Benefit plan is \$6.92 bi-weekly.

Emergency Roadside Assistance—Nations Safe Drivers

- Up to 15 miles towing (up to \$80 retail value) per occurrence.
- Flat tire assistance, fuel, oil, fluid and water delivery service, lock-out assistance, battery assistance, and collision assistance.

Legal Services

- Over 20,000 attorneys offering free services for consultations, new legal matters, legal documents, small claims court representation, welfare and INS issues, and simple wills.
- Capped fees on other commonly used legal services. For additional matters, plan attorneys will either charge \$125.00 per hour, or when appropriate, give members a 40% discount off their usual and customary hourly rate.

Tax Help Line

- Unlimited advice on federal taxation
- Free tax return preparation for forms 1040 EZ, 1040A and standard 1040
- Deep discounts on numerous other tax schedules
- IRS audit assistance
- Tax planning
- Review of prior year's tax return
- Member portal with tax tips, tax law changes, member advice and much more

LifeLock™ ID Theft Protection

(for member only—family is extra)

- Identity Alert™ System – provides early notification whenever they detect your personal information being used to apply for many forms of credit or services.
- WalletLock™ helps cancel and replace the contents of a lost or stolen wallet.
- eRecon™ patrols the web and notifies you of illegal selling or trading of your information.
- TrueAddress™ notifies you when a change of address is requested in your name.
- Free annual credit reports from the three major credit-reporting agencies
- 24-hour customer service.
- \$1 million total service guarantee –if you become a victim of identity theft because of a failure in their service, they will help you fix it at their expense, up to \$1,000,000.

Pet Assure™ Savings Program

- Save 25% on all vet services—no exclusions, no forms to fill out, no deductibles. All pets in the household included.

Fitness Center Discounts—International Fitness Club Network™

- Guaranteed lowest membership rates at over 8,500 fitness centers nationwide. Average annual savings \$207 per year. One Week FREE pass at all participating clubs.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Plan (EAP), ValueOptions, is a professional counseling service offering confidential help for day-to-day concerns or during difficult times. Counseling through the EAP is a free benefit provided for all associates and eligible dependents. Participation in the medical plan is not necessary. EAP counselors can help with a wide range of life's concerns. When additional help is indicated, the EAP will assist with referrals to other providers and programs.

Your ValueOptions plan provides up to five individual counseling sessions for you and your dependents, per person, per problem, per year. Counseling is available by phone or in person and appointments can be scheduled 24 hours a day, seven days a week by simply calling 866-259-7909.

You also have online information, tools and services available to assist you with the issues that matter to you. Visit www.achievesolutions.net/HMA.

Your EAP provides a full range of counseling and referral services for individual, family and marital concerns; stress and job-related pressures; child and domestic abuse; and chemical and alcohol dependency assessment. In addition to the individual counseling sessions for personal matters, the staff is available to all associates for debriefing sessions following critical incidents that may occur in the workplace. Resources are also available to assist with financial issues such as getting out of debt, retirement planning and tax questions.

RETIREMENT SAVINGS PLAN, 401(k)

This is a retirement savings plan offered by Health Management that allows full-time and part-time regular associates to put aside money on a pre-tax basis. The money in a 401(k) account is automatically deducted and has higher growth potential because earnings accumulate tax-deferred. This program is flexible and you can increase or decrease your contributions at any time. Withdrawals will be taxed as ordinary income upon separation of service. Health Management offers a variety of investment options.

Upon eligibility, 4% of your compensation will **automatically** be deducted from your paycheck on a pre-tax basis unless you make a different election in the first 45 days.

To make a different contribution, change the fund allocation or decline enrollment, refer to the HMA Retirement Savings Plan Enrollment Learning Guide or call Member Services at 877-778-2100.

Contributions can range from a minimum of 1% to 75% of your eligible pay, up to the IRS contribution limits for the year. Refer to www.irs.gov for 2011 contribution limits.

WOMEN'S HEALTH ACT

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas, and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

CONTINUATION REQUIRED BY FEDERAL LAW FOR YOU AND YOUR DEPENDENTS

The Continuation Required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income. Federal law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents to continue health insurance if their coverage ceases due to your death, divorce or legal separation, or with respect to a dependent child, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Health Management Associates, in accordance with HIPAA, protects your Protected Health Information (PHI). Health Management Associates will only discuss your PHI with medical providers and third-party administrators when necessary to administer the plan that provides your medical, dental, and vision benefits, or as mandated by law. A copy of the Notice of Privacy Practices is available upon request in the Human Resources Department.



ASSOCIATE PAYROLL DEDUCTIONS

PLAN & COVERAGE	ASSOCIATE PAYROLL DEDUCTION*
BLUE CROSS BLUE SHIELD: MEDICAL OPTION A	
Employee Only	\$38.85
Employee + Spouse	\$91.35
Employee + Child(ren)	\$72.45
Family	\$118.65
BLUE CROSS BLUE SHIELD: MEDICAL OPTION B	
Employee Only	\$33.60
Employee + Spouse	\$69.30
Employee + Child(ren)	\$50.40
Family	\$96.60
DEARBORN NATIONAL: DENTAL PLAN	
Employee Only	\$12.85
Employee + Spouse	\$24.48
Employee + Child(ren)	\$22.13
Family	\$31.62
DEARBORN NATIONAL: DENTAL PLAN PLUS ORTHO	
Employee Only	\$14.03
Employee + Spouse	\$28.92
Employee + Child(ren)	\$27.64
Family	\$37.70
VSP: VISION	
Employee Only	\$3.63
Employee + Spouse	\$5.91
Employee + Child(ren)	\$6.06
Family	\$9.39

*Deductions are based on a bi-weekly payroll frequency.

This benefit summary highlights key features of the benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority. Health Management Associates, Inc. reserves the right to change or discontinue its benefit plans at any time without prior advance notice. Participation in any of the plans is not a contract of employment. Please refer to <https://www.benefitsconnect.net/HMA> for all Summary Plan Descriptions (SPDs).

BENEFITS OVERVIEW BY EMPLOYMENT CLASSIFICATION

BENEFIT	FULL-TIME	PART-TIME	WHO PAYS
Medical	Eligible	Not Eligible	HMA & Associate
Dental	Eligible	Eligible	Associate
Vision	Eligible	Eligible	Associate
Flexible Spending Accounts	Eligible	Not Eligible	Associate
Basic Life/AD&D	Eligible	Not Eligible	HMA
Associate Optional Life	Eligible	Not Eligible	Associate
Dependent Life	Eligible	Not Eligible	Associate
Short Term Disability	Eligible	Not Eligible	Associate
Long Term Disability	Eligible	Not Eligible	Associate
Whole Life Insurance	Eligible	Eligible	Associate
Accident Insurance	Eligible	Eligible	Associate
Critical Illness Insurance	Eligible	Eligible	Associate
Cancer Insurance	Eligible	Eligible	Associate
Voluntary Lifestyle Benefits	Eligible	Eligible	Associate
Employee Assistance Program	Eligible	Eligible	HMA
Retirement Savings Plan	Eligible	Eligible	Associate
Personal Leave (Vacation, Holiday and Sick Pay)	Eligible	Eligible	HMA
Bereavement Pay	Eligible	Not Eligible	HMA
Jury Duty	Eligible	Eligible	HMA
Social Security Employer Matching	Eligible	Eligible	HMA
Workers Compensation	Eligible	Eligible	HMA
Tuition Reimbursement	Eligible with 1+ year of service	Not Eligible	HMA
Unemployment Insurance	Eligible	Eligible	HMA

CARRIER CONTACTS FOR 2011

BENEFIT PLAN	ADMINISTRATOR	CONTACT NUMBER	WEB SITE
Medical	BCBS	888.344.7088	myinsurancemanager.com/FL
• Mississippi only	CIGNA	800.244.6224	myCIGNA.com
Pharmacy	CVS Caremark	888.892.7272	caremark.com
Dental	Dearborn National	888.736.7796	dearbornnational.com
Vision	VSP	800.877.7195	VSP.com
Flexible Spending Accounts (FSA)	Flexible Corporate Plans	888.505.4557	flexcorp.com
Life and AD&D Insurance			
• Life Claims	Prudential	800.524.0542	prudential.com
• Portability	Prudential	800.778.3827	prudential.com
• Conversions	Prudential	877.889.2070	prudential.com
• Evidence of Insurability Status	Prudential	888.257.0412	prudential.com
Short and Long Term Disability	Prudential	Contact Human Resources	prudential.com
Whole Life Insurance	Unum	800.635.5597	unum.com
Accident Insurance	Unum	800.635.5597	unum.com
Critical Illness Insurance	Allstate Workplace Division	800.521.3535	allstateatwork.com
Cancer Insurance	Allstate Workplace Division	800.521.3535	allstateatwork.com
Voluntary Lifestyle Benefits	Health and Lifestyle Perx	800.800.7616	HMAperx.com
Qualifying Life Event	Employee Benefit Service Center	866.770.6520	N/A
Employee Assistance Program	ValueOptions	866.259.7909	achievesolutions.net/HMA
Retirement Plan / 401(k)	Prudential	877.778.2100	prudential.com
Vacation, Holiday and Sick Pay	Health Management	Contact Your Manager	N/A



1001 TOWSON AVENUE • FORT SMITH, ARKANSAS 72901