

HEALTH CARE INSURANCE OPTIONS AND BENEFIT SUMMARY

The information that follows is a brief summary of the benefits Cooper offers its Residents. For a full explanation of particular benefits, Residents should consult, where applicable, the specific Plan documents, when the summary in this addendum conflicts with any statements contained in formal Plan documents, the Plan documents supersede anything contained in these summaries. All benefits herein described are further subject to such eligibility requirements and other limitations as provided in the Plans themselves.

All employees who enroll in any of the health care plans offered by Cooper are required to contribute a portion of the premium. The amounts deducted are based on the employee's annual base salary and level of coverage; (please see attached rate sheet). Your medical deductions will be withheld from your paycheck on a pre-tax basis saving you the equivalent of your tax bracket.

Benefit programs provided for Residents are consistent with the plans offered to all hospital employees. Accordingly, Cooper reserves the right to alter, amend or discontinue any or all of the following benefits in its discretion. Cooper will attempt to inform Residents as promptly as possible of any changes in benefits; however, this is not always practical or possible and, where this is the case, Cooper reserves its right to make such changes without prior notice. To the extent required by applicable law, changes shall be made in accordance with the written procedure contained in the formal Plan documents of each Plan covering the alteration, amendment or termination of the described benefits.

All benefit selections and rates will remain in place until *Open Enrollment*, which normally occurs in the month of October. Any changes made during Open Enrollment will become effective January 1 of the following year.

MEDICAL

Cooper Basic Plan: High Deductible plan administered by AmeriHealth Administrators.

Cooper Core Plan: A Preferred Provider Organization, administered by AmeriHealth Administrators with 3 tiers of coverage, (***Default Plan***) lower bi-weekly premiums, higher co-pays and deductibles.

Cooper Standard Plan: A Preferred Provider Organization, administered by AmeriHealth Administrators with 3 tiers of coverage, higher bi-weekly premiums, lower copays and deductibles. Prescription: Provided as part of the Cooper, Basic*, Core and Standard Health Plans and is administered by Express Scripts. Benefit offers a 3-tiered program (generic, brand name formulary and brand name non-formulary). All medications are discounted and generic drugs are discounted up to 51%. You may receive a 30-day supply with the cost being the greater of 20% or \$10 for generic drugs, \$25 for brand formulary or \$40 for name brand non-formulary medications. There is a Mandatory Mail-Order for all maintenance medications after initial and three additional refills. On your fifth refill you will pay 100% of the retail cost if you do not move to mail order.

**Special rules apply for prescription coverage for the Cooper Basic Plan. See Benefits Highlights Booklet for additional details.*

AmeriHealth POS (Point of Service) Plan works similar to an HMO, but with more freedom. You get high-level benefits coverage (including prescription drug and vision) when you use your Primary Care Physician (PCP) to coordinate your network care. If you choose to use out-of-network providers, the plan also provides coverage but at a lower rate. Your out-of-pocket costs are greatly reduced if you use network doctors and facilities.

Prescription: Provided through Future Scripts and CareMark administers the mail order program. Co-pays are \$10/\$20/\$35.

Vision: Benefits provided through Davis Vision.

Waive Health: If you have medical coverage from another group plan, such as through a spouse's plan, you may waive medical coverage through the Cooper University Hospital Benefits Program. When you waive medical coverage, each year you must provide a copy of a medical insurance card that verifies your current medical coverage elsewhere.

VISION

The Vision care benefit is a standalone benefit that is administered through EyeMed Vision Care. When using a network provider, there is a \$10 co-pay for 1 eye exam per 12 months. \$25 co-pay for lenses per 12 months and \$130 allowance for frames per 24 months.

DENTAL

Delta Preferred (DPO): 100% preventative care, 80% basic restorative care (preferred network), 50% major restorative care, \$1,250 maximum benefit per year, 50% orthodontic care for children under 19 years of age, or under 25 if a full-time student, with a \$1,500 lifetime benefit. Preventive dental work, twice a year, any dentist of employee's choice.

Delta Buy-Up Plan: will give you even more coverage for certain dental services. For basic services in the preferred network, the plan will cover 100%. For crowns in the preferred network, the benefit is 80% coverage, \$1,800 maximum per year. There is also an added benefit of orthodontia for adults with a \$2,000 lifetime benefit.

Assurant Dental: Assurant Dental is a "dental maintenance organization" (DMO), which means that you may receive benefits from only those dentists in the Assurant Dental network. Some services are covered at 100% while others have a small co-pay for diagnostic, preventative and restorative care.

DOMESTIC PARTNER COVERAGE

Cooper provides coverage for your *same-sex* domestic partner or *opposite-sex* partner if you and your domestic partner are both age 62 years or older. You can also cover your *same-sex* domestic partner's eligible children.

EMPLOYEE SELF SERVICE Allows you on-line access to enroll in your benefits, view your current benefits, access benefit vendor web-sites, download benefits forms and information, view payroll information, setup/change your direct deposit, change your tax withholdings, change your home address, update your emergency contacts and more.

DEFAULT COVERAGE

If you do not enroll within 31 days following your date of hire, you will be enrolled in "default" coverage. This consists of the Cooper Core Health Plan (single coverage), Delta Preferred DPO dental (single coverage), Basic Life Insurance (1x annual salary) and short-term and long-term disability. Deductions will be taken and you will not be eligible to change these elections until the next open enrollment period held each Fall with changes effective the following January 1.

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FLEXIBLE SPENDING ACCOUNTS

Medical Spending Account provides reimbursement for out-of-pocket medical, dental and vision expenses (excludes insurance premiums). Minimum – \$100/year; maximum – \$2,550/year.

Dependent Care Spending Account provides reimbursement for dependent care expenses. Minimum - \$100/year; maximum - \$5,000/year or \$2,500 if married and file separate tax returns.

The IRS has allowed Cooper to extend the Health Care FSA year of coverage to 14 ½ months (instead of 12). This means that for the current plan year, you can submit reimbursement expenses incurred up to March 15th of the following year.

PROFESSIONAL LIABILITY

Professional liability coverage will be provided for professional activities performed for Cooper or at its direction. Coverage will be afforded with Limits of Liability as set forth in the Certificate of Coverage provided to you under Cooper's Self Insurance Plan. Alternatively, Cooper may purchase, at its expense, an insurance policy covering your professional activities performed for Cooper or at its direction, in which event the Limits of Liability shall be those stated in such insurance policy. Coverage limits will not be less than the amount required by applicable law. The coverage provided by Cooper shall continue after your Cooper employment terminates with respect to any claims made against you arising from your professional activities performed for Cooper or at its direction prior to termination of employment. Coverage limits in such event will be governed by the terms of the then existing Cooper policies under the Self Insurance Plan or, if applicable, the terms of any applicable insurance policy under which you are an insured Resident.

SHORT-TERM DISABILITY

Residents and Fellows who are eligible for FMLA and that have been certified for a medical leave of absence for his or her own serious health condition will receive a medical leave benefit equal to the difference between New Jersey temporary Disability benefits and the regular salary for up to twelve (12) weeks in a rolling twelve (12) month period.

FAMILY LEAVE INSURANCE

All employees of Cooper University Hospital are eligible for New Jersey Family Leave Insurance benefits (also known as "FLI"). A small deduction is taken from your paycheck for these benefits and coverage under this plan is automatic.

However, you must have worked for at least 20 calendar weeks ("base weeks") in New Jersey covered employment in which you earned \$145 or more, or have earned \$7,300 or more in such employment during the 52 weeks ("base year") immediately before the week in which you filed a claim for paid family leave before you are eligible to receive benefits. Paid family leave benefits will replace 2/3 of your average weekly wage, up to the weekly maximum as determined by the state of New Jersey, for a maximum of 6 weeks in a 12-month period (or 42 days of benefits for intermittent family leaves).

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VOLUNTARY SHORT-TERM DISABILITY This voluntary program will cover you for up to 66 2/3% of your annual income. There are 3 plans (waiting periods) to choose from, 30, 60 or 90 days. The rates for this plan are deducted after tax and are based on your age and the waiting period you select. If you have a condition that exists during the 3 months prior to your effective date, a disability caused by that condition will not be covered under this STD program during the first 12 months of coverage.

LONG-TERM DISABILITY Cooper provides long-term disability coverage that is administered by Unum Provident. There is a 180-day elimination period.

WORKERS' COMPENSATION If you are injured or become ill as a result of a work-related incident, you are eligible to receive treatment under Workers' Compensation. Your medical expenses are covered as long as the incident is reported in a timely manner. Failure to report your claim may result in a denial of the benefit.

You must notify your department manager of the incident, and report it to Cooper's third party administrator, AmeriHealth Casualty, Inc. by calling 1-866-441-5326 or 1-800-393-7196. AmeriHealth Casualty, Inc. will authorize treatment, if necessary. If the incident occurs at night or on the weekend, medical treatment is available through the Emergency Room, but must be reported AmeriHealth Casualty, Inc. the next business day.

If it is determined by Occupational Health, or another authorized Cooper affiliated medical provider, that you are unable to work as a result of your injury/illness, salary continuation is available. To be eligible, you must be out of work for seven calendar days. Beginning with your first day out, workers' compensation benefits will replace 70% of your salary up to a maximum weekly benefit.

In addition, if you are unable to perform the job duties required of your position, but you are still able to work with modifications, a Human Resources representative will work with you to arrange an alternative assignment.

AmeriHealth Casualty, Inc. Occupational Health, or an authorized Cooper affiliated medical provider, will determine the length of time that you are treated for your injury or illness.

LEAVES OF ABSENCE In accordance with the Federal Family and Medical Leave Act (FMLA) and the New Jersey Family Leave Act (NJFLA), Cooper provides a family and medical leave for up to twelve (12) weeks in any twelve month period to any eligible regular, full-time or part-time employee. If you need a leave under the Federal Family and Medical Leave Act (FMLA) or the New Jersey Family Leave Act (NJFLA), notify your manager or supervisor of your need for a leave of absence from work. Go to the Cooper intranet; click on the LOA request form located under the frequently used links section; complete the form online; Click submit. If you do not have access to a computer, you can leave a message by calling the Leave Hotline at 856-968-8779 and your call will be returned within 24 to 48 hours.

LEAVES OF ABSENCE

Cooper provides a Personal Leave for up to thirty (30) consecutive days and Military Leave of Absence in accordance with the Federal Family Medical Leave Act (FMLA)

LIFE INSURANCE

Basic Life: Cooper provides basic life insurance equal to one times your base salary at no cost to you.

Supplemental Life: You can purchase supplemental life insurance coverage up to 5x your annual base salary in increments of \$10,000 up to a maximum of \$1,000,000. The overall maximum benefit (basic and supplemental life insurance combined) is \$1,600,000. Medical Evidence of Insurability (EOI) will be required for employees enrolling for amounts over the non-medical maximum (\$800,000 combined base and supplemental) and for increases to your coverage in the future.

Spouse Life: You can purchase term life insurance on spouse up to \$25,000 in increments of \$5,000. Rates based upon spouse's age and level of coverage. Spouse life election cannot be more than 100% of your life insurance amount.

Child Life: You can purchase term life insurance on child (ren) \$5,000 or \$10,000 of coverage.

EMPLOYEE ASSISTANCE PROGRAM **Employee Assistance Program (EAP)** provides free, confidential short-term counseling, information and referral services for a wide range of problems, such as family and relationship concerns, caring for elderly parents, or managing stress and change.

The EAP provides five confidential consultations per year—including counseling, assessment and problem resolution—for you and members of your immediate family at no cost to you. You can contact the EAP by calling (856) 342-2280.

CREDIT UNION

ABCO Credit Union is located on the second floor of the Dorrance Building. All Cooper employees are eligible to participate.

403(b) PLAN

All employees will be automatically enrolled in a 403(b) Tax Sheltered Annuity (TSA) account contributing 3% of gross pay in a Fidelity Freedom Fund. If you wish to opt-out or would like to increase/decrease your contributions, please contact Fidelity at 1-800-343-0860 or by logging on to www.fidelity.com/atwork.

CAFETERIA

Cooper subsidizes meals at the lowest possible cost. Residents receive up to \$60 per month to off-set the cost of meals while on-call at CUH locations.

DIRECT DEPOSIT

Cooper encourages direct deposit. Enroll on line on ESS or Direct Deposit forms are available through Employee Self Service, the Cooper Intranet, or Human Resources, 3 Cooper Plaza, Suite 500.

PARKING

Cooper will pay the annual fee for Residents parking in the assigned garage.