

2022



ASHP BENEFITS AT A GLANCE

At American Society of Health System Pharmacists, **your health and wellbeing are a top priority**. When you are thriving mentally, physically, and financially, you are your best self in and out of the office. That is why we offer a comprehensive suite of perks and benefits designed to support your total health and wellbeing.

This quick guide provides an overview of all the benefits available to full-time ASHP employees.

YOUR CORE BENEFITS



MEDICAL

CareFirst BlueCross Blue Shield insurance helps you pay for preventive care, routine health needs, prescriptions, and advanced procedures.



DENTAL

Good dental hygiene has a substantial impact on your overall health. Prevent both oral conditions and other diseases through regular preventive dental care.



VISION

Protect your sight and enjoy those sunsets even more with vision insurance. Receive both preventive and materials coverage.



LIFE & DISABILITY

You can't put a price tag on your life, but you can protect your loved ones with life insurance in the event of a premature loss or disability.



FLEXIBLE SPENDING ACCOUNT

Determine your per paycheck contribution in the beginning of the year, and then spend those funds on qualified health expenses or dependent care expenses.



EMPLOYEE ASSISTANCE PROGRAM

Your overall health and wellbeing, and that of your family members, is very important. The EAP is all about living well and working well.



CAREFIRST BLUECHOICE HMO	IN-NETWORK ONLY
DEDUCTIBLE	Individual/Family: None
OFFICE VISITS	PCP: \$20 per visit Specialist/Urgent Care: \$30 per visit
HOSPITAL	Inpatient: \$300 per admission Physician Services: No Charge Emergency Room: \$50 per visit (waived if admitted)
OUTPATIENT	Facility Services: No Charge Physician Services: \$20 PCP / \$30 Specialist
MEDICAL OUT OF POCKET MAXIMUM	Individual: \$1,300 Family: \$2,600
VISION - EXAM ONLY	\$10 per visit

CAREFIRST HEALTHYBLUE POS	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
ANNUAL DEDUCTIBLE	Individual: \$300 Family: \$600	Individual: \$1,000 Family: \$2,000
OFFICE VISITS		
Primary Care	No Charge	Ded., then \$50 per visit
Specialist	\$30 per visit	Ded., then \$50 per visit
Urgent Care	\$50 per visit	Ded., then \$50 per visit
OUT-OF-POCKET MAXIMUM	Individual: \$4,500 Family: \$6,550	Individual: \$6,000 Family: \$12,000
HOSPITAL		
Facility	Ded., then \$300 per day	Ded., then \$500 per day
Physician	Ded., then \$30 per visit	Ded., then \$50 per visit
Emergency Room	Ded., then \$200 per visit	Ded., then \$200 per visit
VISION - EXAM ONLY	\$10 per visit	Total charge minus \$33 Allowed Benefit



CAREFIRST BLUEPREFERRED PPO	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
ANNUAL DEDUCTIBLE	Individual: \$250 Family: \$500	Individual: \$500 Family: \$1,000
OFFICE VISITS Primary Care/ Specialist/ Urgent Care	\$10 per visit	Ded., then 20% coinsurance
HOSPITAL Inpatient	No charge after Deductible	Ded., then 20% coinsurance
Emergency Room	Ded., then \$50 per visit	Ded., then \$50 per visit
MEDICAL OUT-OF-POCKET MAXIMUM	Individual: \$1,500 Family: \$3,000	Individual: \$3,000 Family: \$6,000
VISION - EXAM ONLY	\$10 per visit	Total charge minus \$33 Allowed Benefit

RETAIL PHARMACIES	BLUECHOICE HMO	HEALTHYBLUE POS	BLUEPREFERRED PPO
GENERIC	\$15 copay	\$15 copay	\$15 copay
BRAND NAME	\$45 copay	\$45 copay	\$35 copay
NON-FORMULARY	\$70 copay	\$70 copay	\$60 copay
DEDUCTIBLE	N/A	N/A	Individual: \$100 Family: \$200
OUT OF POCKET MAXIMUM	Individual: \$4,500 Family: \$9,000	Included with Medical	Individual: \$4,500 Family: \$9,000

SEMI-MONTHLY PAYROLL COSTS	BLUECHOICE HMO	HEALTHYBLUE POS	BLUEPREFERRED PPO
EMPLOYEE ONLY	\$63.10	\$72.88	\$87.03
EMPLOYEE + SPOUSE	\$297.51	\$343.62	\$410.28
EMPLOYEE + 1 CHILD	\$225.38	\$260.32	\$310.83
FAMILY	\$423.72	\$489.39	\$584.36



	IN-NETWORK PPO DENTISTS	IN-NETWORK PREMIER DENTISTS	OUT-OF-NETWORK DENTISTS
DEDUCTIBLE	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
CALENDAR MAXIMUM	\$1,500 per person	\$1,500 per person	\$1,000 per person
PREVENTATIVE SERVICES	100%	100%	90%
BASIC SERVICES	80%	80%	60%
MAJOR SERVICES	50%	50%	40%
ORTHODONTIA SERVICES <small>Only available to those up to age 19</small>	50% to a Lifetime Maximum of \$1,500		
SEMI-MONTHLY PAYROLL COSTS	Employee Only: \$0 Employee + Spouse: \$11.48 Employee + 1 Child: \$8.07 Family: \$17.73		

VISION BENEFITS - VSP

	IN-NETWORK	OUT-OF-NETWORK
EXAM	\$10 copay	Reimbursed up to \$45
MATERIALS	\$20 copay	N/A
LENSES	Single/Bifocal/ Trifocal/ Progressives: Covered in full	Single: Reimbursed up to \$30 Bifocal: Reimbursed up to \$50 Trifocal: Reimbursed up to \$65 Progressives: Reimbursed up to \$50
FRAMES	\$130 allowance, plus a 20% discount on remaining balance	Reimbursed up to \$70
ELECTIVE CONTACTS (in lieu of glasses)	\$130 allowance	Reimbursed up to \$105
FREQUENCY (exam, lenses, frames)	Once every 12 months	
SEMI-MONTHLY PAYROLL COSTS	Employee Only: \$4.58 Employee + Spouse: \$7.71 Employee + 1 Child: \$7.87 Family: \$12.68	



BASIC LIFE / AD&D

EMPLOYEE AMOUNT	2X Salary to \$500,000 maximum (Benefit reduces to 50% at age 70)
SPOUSE AMOUNT	\$2,000 Life Benefit
CHILD AMOUNT	\$1,000 Life Benefit (up to age 26)

SHORT TERM DISABILITY

BENEFIT	60% of your gross salary to a maximum of \$12,000/month
DURATION	90 Days
WAITING PERIOD	Benefits begin on the 31st day of leave provided all sick, personal, and vacation leave have been used

LONG TERM DISABILITY

BENEFIT	60% of your gross monthly salary to a maximum of \$12,000/month
DURATION	Determined by your age time of onset of disability
WAITING PERIOD	90 Days

VOLUNTARY LIFE / AD&D

EMPLOYEE AMOUNT	<p>Increments of \$10,000 up to a maximum of \$500,000 or 5x salary (whichever is less)</p> <p>Guarantee Issue: \$150,000</p> <p>Benefit reduces to 65% of original amount at age 70; to 50% at age 75)</p>
SPOUSE AMOUNT	<p>Increments of \$5,000 up to a maximum of 50% of employee coverage or \$150,000 (whichever is less)</p> <p>Guarantee Issue: \$30,000</p> <p>Benefit reduces to 65% of original amount at age 70; to 50% at age 75)</p>
CHILD AMOUNT	<p>Birth to 6 months: \$500</p> <p>After 6 months: Increments of \$1,000 up to a maximum of 50% employee coverage or \$10,000 (whichever is less)</p>



FINANCIAL WELLBEING



RETIREMENT PLAN

Enrollment in the plan is allowed as soon as employee has reached age 21 and has completed at least 12 months of service and 950 hours. The plan's enrollment dates are January 1 and July 1 of each year. Contributions are made based on an employee completing 950 hours and ASHP's Board approval. Currently ASHP contributes 6% of an employee's eligible earnings. Employees are fully vested in the ASHP contributions after 6 years.



SAVINGS AND INVESTMENT PLAN 401(k)

Enrollment in this plan is allowed as soon as employee has reached age 21 and has completed at least 6 months of service and 950 hours. The plan's enrollment dates are January 1 and July 1 of each year. Employees may save up to the IRS maximum per year. Employees are 100% vested in their savings, accrued interest and ASHP's match on their savings.

WORK/LIFE BENEFITS



EMPLOYEE ASSISTANCE PROGRAM

You encounter more than just health concerns throughout your life. Manage life's curveballs with a confidential and complimentary Employee Assistance Program (EAP) designed to provide counseling, support, and resources.

Get the FREE support you need today at www.mylifeexpert.com using company code ashp1.



LEGAL RESOURCES

You have the option to purchase a Legal Plan through Legal Resources. This plan provides 100% coverage on a broad range of legal services, including but not limited to:

- Family Law
- Elder Law
- Wills/Estate Planning
- Real Estate
- Identity Theft

**Cost for you + your Family:
19/month**

Whether it's an everyday legal need or an unexpected life event, you can relax... you're covered.



ADDITIONAL WORK/LIFE BENEFITS

- 12 Observed Holidays (with 2PM closure the day before)
- Annual Health Fair
- Yoga Classes
- Annual Discretionary Bonus Eligibility
- Free Access to Onsite Exercise Facility
- Capital BikeShare - annual membership fee reimbursement
- Annual Flu Vaccine
- Relaxed Dress Code



EMPLOYEE CERTIFICATION REIMBURSEMENT

ASHP will reimburse up to \$1,500 with the fees for a preparation course, instructional, materials, and examination associated with a job-related employee certification.



TUITION ASSISTANCE

If you want to improve your professional career, ASHP will reimburse 50% of the cost of job-related college courses with tuition reimbursement - up to \$5,250 per year.



PROFESSIONAL DEVELOPMENT

ASHP encourages professional development and offers opportunities for career enhancing aims such as Paid ASHP and ASAE memberships, job related training, free webinars, First Aid and CPR/AED certification.



LEAVE BENEFITS

Vacation is provided to employees, depending on their tenure with ASHP and full time, part time or hourly status.



ANNUAL DISCRETIONARY BONUS ELIGIBILITY

Based on organization-wide financial, membership, and strategic goals, staff may be eligible for an annual bonus if approved by the ASHP Board of Directors.

CONTACT INFORMATION

MEDICAL | HMO: 1.888.567.9155 | HB Adv/PPO: 1.888.452.2217 www.carefirst.com

DENTAL | 1.800.932.0783 | www.deltadentalins.com

VISION | 1.800.877.7195 | www.vsp.com

LIFE & DISABILITY | 1.800.274.6875 | www.sunlife.com/us

FSA | 1.866.451.3399 | www.payflex.com

EAP | 1.800.327.7272 | www.mylifeexpert.com

LEGAL RESOURCES | 1.800.728.5769 | www.legalresources.com

ASHP SAVINGS & INVESTMENT PLAN 401(k) & ASHP RETIREMENT PLAN | 1.800.523.1188 | www.vanguard.com

ASHP HUMAN RESOURCES | hrteam@ashp.org

