

JUST PREMIUM

Reduced Premium Opportunity

We will offer a reduced premium opportunity to full-time team members known as Just Premium. Action is required within 30 calendar days of your new hire/new eligibility date to determine whether you are eligible for the reduced health plan premium. An application process will help determine eligibility.

Reduced premium eligibility is based on:

1. Full-time employment status
2. Total household income
3. Taxable dependents that were claimed on the team member's 2022 Federal Individual Income Tax Return

Completed and legible application and tax return information must be returned to JustPremium@fmolhs.org or by fax (225) 765-9307 within 30 calendar days of your new hire/new eligibility date.

Tax document requirements:

- If your tax filing status was married filing married, you will be required to submit a copy of one tax return.
- If your filing status was married filing single or married filing head of household, you will be required to submit copies of your own tax return along with your spouse's tax return.

Team members MUST apply for the Just Premium by completing the application and submitting complete and legible tax return information.

IMPORTANT: Submit complete application and tax return within 30 calendar days of your new hire/new eligibility date, e.g., new hire date March 1, application and benefits enrollment deadline March 30.

Do NOT wait for a decision prior to your benefit enrollment. Don't miss the enrollment deadline. Enroll in benefits promptly.

Once eligibility is determined:

- If approved, the Just Premium is in effect for the 2024 calendar year.
- If not approved, the Standard Premium will be in effect for the calendar year.
- Changes in your income or dependents will be considered on an annual basis.
- Change in status to Part Time or PRN will disqualify your just premium rates.

For questions about Just Premium or this application process, contact askHR@FMOLHS.org or 833-482-7547



2024 Just Premium Application – New Hire

To qualify for the Just Premium, you must be a full-time team member, your total household income cannot be more than the amount in the box below based on your 2022 dependents **and** your current hourly rate cannot exceed the amount below. For purposes of the Just Premium reduction, your total household income is the Adjusted Gross Income for you (and if married, your spouse) as reported on your 2022 U.S. Individual Income Tax Return. If you did not file a 2022 federal income tax return, you are ineligible to receive the 2024 Just Premium. If your spouse filed a separate return for 2022, you will need to combine your spouse’s Adjusted Gross Income with your Adjusted Gross Income.

| Dependents Listed on your 2022 tax return | Maximum Household Income |
|--|--------------------------|
| 0 | \$25,515 |
| 1 | \$34,510 |
| 2 | \$43,505 |
| 3 | \$52,500 |
| 4 or more | \$61,495 |
| Maximum Hourly Rate = \$32 per hour | |

Legal marital status as of 12/31/2022:

- Single Legally married Legally divorced Widowed

- I confirm my **current hourly rate is \$** _____
- I confirm my tax return(s) is valid and that the number of dependents reported on the 2022 tax return is accurate.
- Tax Return documentation is attached. Your 2022 tax status was determined as of 12.31.2022.
 - If you were not married on 12.31.2022, attach copies of pages 1 and 2 of your 2022 IRS Form 1040.
 - If you were married on 12.31.2022 and you filed using the “Married Filing Jointly” status, attach copies of pages 1 and 2 of your 2022 IRS Form 1040
 - If you were married on 12.31.2022 and you filed using the “Married Filing Separately” or “Head of Household” status, attach copies of pages 1 and 2 of your 2022 IRS Form 1040 AND pages 1 and 2 of your spouse’s 2022 IRS Form 1040.
- I understand that by submitting this application, I am requesting a reduced health plan premium for 2024. I understand that this application does not automatically enroll me in health plan coverage and that I must complete the New Hire Enrollment process through Oracle ESS within 30 calendar days of my new hire/new eligibility date in order to be enrolled in the Health Plan.
- I understand that this form and all attachments must be received within 30 calendar days of my new hire/new eligibility date.
- I understand that a change in status to part time or PRN will disqualify me from Just Premium rates.
- I understand that the approval/denial of the 2024 Just Premium Application will be sent to my FMOLHS team mail address.

Remember: If this form is not received within 30 calendar days of your new hire/new eligibility date, you will not be considered for 2024 Just Premium and will be subject to the unreduced 2024 standard premium for all medical plans.

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge.

Employee Name (printed)

Employee Signature

Today’s Date

Oracle ID



2024 Just Premium Application – New Hire

Return application/tax returns to JustPremium@fmolhs.org or fax to (225) 765-9307 by the deadline.

Exhibit A

2024 Just Premium Plan Options

| Plan Name | EPO Medical Plan | | PPO Medical Plan | | |
|--|--|------------------------|---------------------------|----------------------|---------------------|
| | FMOLHS Provider Tier 1 | FMOLHS Provider Tier 1 | Preferred Provider Tier 2 | Non-Preferred Tier 3 | Out-of-Network |
| Deductible | \$300 / \$600 | \$800 / \$1,600 | \$1200 / \$2,400 | \$3,000 / \$6,000 | \$5,000 / \$10,000 |
| Coinsurance (Insurance Pays) | 90%* | 80%* | 70%* | 60%* | 40%* |
| Out-of-Pocket | \$2,500 / \$5,000 | \$3,000 / \$6,000 | \$4,500 / \$9,000 | \$6,000 / \$12,000 | \$10,000 / \$20,000 |
| Primary Office Visit / Medical Home Copay | \$0 copay | \$5 copay | \$30 Copay | 60%* | 40%* |
| Specialist Office Visit | \$35 copay | \$45 Copay | \$70 Copay | 60%* | 40%* |
| Urgent Care Visit | \$60 copay | \$75 Copay | \$75 Copay | 60%* | 40%* |
| Emergency Room | \$250 | 80% | | | |
| Inpatient | \$200 copay per day (4 days / \$800 max) | 80%* | 70%* | 60%* | 40%* |

*after deductible

2024 Bi-Weekly Just Premiums

| MEDICAL PLAN OPTIONS (BIWEEKLY TEAM MEMBER CONTRIBUTIONS) | | | | |
|---|---------------|-------------------|-----------------------|----------|
| | EMPLOYEE ONLY | EMPLOYEE & SPOUSE | EMPLOYEE + CHILD(REN) | FAMILY |
| EPO PLAN | | | | |
| Just Premium (0.8-1.0 FTE) | \$23.87 | \$103.98 | \$47.16 | \$129.55 |
| Standard Premium (0.8-1.0 FTE) | \$55.07 | \$177.85 | \$109.19 | \$233.97 |
| PPO PLAN | EMPLOYEE ONLY | EMPLOYEE & SPOUSE | EMPLOYEE + CHILD(REN) | FAMILY |
| Just Premium (0.8-1.0 FTE) | \$59.18 | \$222.52 | \$112.69 | \$281.62 |
| Standard Premium (0.8-1.0 FTE) | \$123.35 | \$317.85 | \$224.02 | \$415.45 |

FMOLHS 2024 Just Premium Frequently Asked Questions

Q-1: What are the benefits of the Just Premium program?

A-1: The Just Premium program aligns with the FMOLHS Mission regarding Just Culture, Just Wage, Just Treatment and

- more accurately reflects those most in need by considering total household income;
- expands the premium reduction opportunity to more team members.

Q-2: The 2024 Just Premium is based on your FTE status at the time of your application and you must be a full-time team member to qualify. What happens if I change to part-time or PRN during the plan year?

A-2: If you change to part-time or PRN during the plan year, you will no longer be eligible for the Just Premium as of the end of the period in which your status change occurred.

Q-3: The 2024 Just Premium is based on the number of dependents reported on my 2022 Federal income tax return. Do I count as a dependent?

A-3: No. You should complete the application by using the number of dependents claimed on your 2022 tax return.

Q-4: How is my adjusted gross income determined?

A-4: We will use the following rules to determine your adjusted gross income:

- If you are single, we will use the adjusted gross income from line 11 of your tax return.
- If you are married, we will use the adjusted gross income from line 11 of the tax returns which cover you and your spouse. If you and your spouse file separate tax returns, we will need to see both returns, and we will add the numbers reported as adjusted gross income.

Q-5: What if I did not file a tax return for 2022?

A-5: You would be ineligible for the 2024 Just Premium. You could be eligible for the 2025 Just Premium if you file a 2023 tax return.

Q-6: What if the number of dependents has changed since the number reported on my 2022 tax return?

A-6: The 2024 Just Premium is based on your 2022 tax return. It does not take into account subsequent changes.

Q-7: When is the 2024 Just Premium application due?

A-7: The 2024 Just Premium application must be completed and received within 30 calendar days of your new hire/new eligibility date.

Q-8: What tax return documentation needs to be attached to the application?

A-8: Please provide page 1 and 2 of your 2022 IRS Tax Form. If you and your spouse filed using the “Married filing Separately” or “Head of Household” status, please also send pages 1 and 2 of your spouse’s form.

Q-9: What if I filed my tax return electronically?

A-9: If you filed your tax return electronically, please provide a copy of the prepared return

Q-10: What is my deadline to return the application and the tax return documentation?

A-10: All information must be received by JustPremium@FMOLHS.org within 30 calendar days of your new hire/new eligibility date.

Q-11: What if I make a mistake and incorrectly report the number of dependents?

A-11: FMOLHS reserves the right to verify the eligible dependents noted on your 2022 return. If FMOLHS determines that a fraudulent tax return is submitted, you will be ineligible for the Just Premium Program.