



Life Cycle Benefits

2008 Resource Guide

rev. 4-08

For all stages of life.

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ScrippsSelect Online... Point, Click, Enroll!



When you're ready to enroll in your **ScrippsSelect** benefits, follow the steps shown here. See page 4 for more information about enrollment.

STEP 1

From Work: Go to ScrippsNet and click on Benefits Web Enrollment System under Notable Links.

From Home: Connect to the Internet and go to:
<http://www.Scripps.org/HRbenefits>

STEP 2

Click on one of the following:

- Open Enrollment 2008
- New Hire Enrollment
- Qualifying Events

STEP 3

Enter your **User ID** (six-digit Scripps Corporate ID).

Enter your birthday in MMDDYYYY format.

Click on the **Sign In** button.



Introduction

Celebrate Life Cycle Benefits.

Life has its seasons, and with each new season comes fresh experiences, different attitudes, and changing needs for comfort and security.

The varied and changing needs of our lives call for a special and unique kind of benefits program — one that offers **the basics when you need them and the extras when you want them**. The program offered to you as a Scripps employee is just that kind of program, as it recognizes your needs as an individual and encourages you to think about your life as a whole.

As you pass through the various stages of life, there will be changes and challenges. Your Life Cycle Benefits are with you each step of the way, whether you are welcoming a new baby, coping with an unexpected illness, or preparing for retirement. Life Cycle Benefits even offers preventive care and wellness resources to help you keep fit and stay healthy to live your life to its fullest.

Life is full of cycles, seasons and changes. The way you respond to change can be among the most important choices you make. Make the most of Life Cycle Benefits. Position your benefits in relation to the rhythms of your life.

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Choosing Well with ScrippsSelect

Protection and security under your Life Cycle Benefits umbrella.

Scripps offers a wide variety of programs under the Life Cycle Benefits umbrella, including a number of health and wellness programs through **ScrippsSelect**. These programs include medical/vision, dental, flexible spending accounts, life and AD&D insurance and long-term disability coverage. In addition, Scripps offers several voluntary plans.

For active employees, October is Open Enrollment — the season to evaluate your personal situation, review your **ScrippsSelect** coverage options and plan for the future.

- Are you getting married?
- Expecting a baby?
- Caring for an aging parent?
- Thinking about retirement?

These and other life changes should be carefully considered when choosing your benefits for the new plan year.

If you are a new hire, get to know the plans available to you so you can make informed decisions. The benefits you choose will have a direct impact on your quality of life. Put yourself on the right path by choosing well.

Keep in mind, pre-tax savings can be a valuable part of your **ScrippsSelect** package. While reviewing your options, be sure to explore the advantages of paying out-of-pocket health care and dependent care expenses with pre-tax dollars through our Flexible Spending Accounts (FSAs). To participate in these accounts, the IRS requires you to make new contribution elections each year. **Your current FSA contributions (if any), will not carry forward from one plan year to the next.**

Your Life Cycle Benefits At-a-Glance

When it comes to benefits, Scripps goes beyond the basics so that you can focus on what you love about life — at work and at home. From medical to life insurance, to disability and wealth accumulation plans, you have a comprehensive range of special and unique benefits to choose from as an eligible Scripps employee. We also offer a number of innovative programs that simply make life better. Take a look!

ScrippsSelect Benefits

- Medical and Vision benefits
- Dental benefits
- Health Care Spending Account
- Dependent Care Spending Account
- Life and Accidental Death & Dismemberment Insurance
- Long-term Disability

Retirement and Retiree Health

- Scripps Health 401(a) Retirement Savings Plan
- Retiree 401(h) Health Insurance Savings Account
- Scripps Health Voluntary 403(b) Savings Plan
- Retiree Health Insurance Options

Voluntary Benefits

- Short-term Disability
- Universal Life
- Critical Illness
- Long-term Care
- Group Legal Plan
- Auto and Home Insurance

Time-Off Benefits

- Paid Time Off (PTO)
- Paid Short-term Disability (PSD)
- Jury Duty
- Bereavement Leave

Scripps Center for Learning

- Clinical Education Loan Scholarship
- Tuition Reimbursement
- President's Scholarship Program

Work, Life and Family Benefits

- LifeCare®
- Elder Care/ Professional Care Management Program (PCM)
- Employee Assistance Program (EAP)
- Adoption Reimbursement
- Child Care Benefits
- Transportation Discount Benefit

Wellness and Health Promotion

- Scripps Wellness Program
- Massage Therapy Benefit
- Fitness Clubs and Discounts

Additional Employee Benefits

- Employee Referral Program
- Flexible Pay Practices
- Flexible Staffing and Scheduling
- Entertainment Discounts
- Credit Union and Banking Services
- Employee Recognition Programs
- Savings Bonds
- Cellular Phones



About Your Benefits

Eligibility

Your Cost for Coverage

Enrollment

Qualified Status Changes

When Coverage Ends

Eligibility

The more you know, the more you can maximize your benefits to your advantage.

Employees

You are eligible for benefits if you are a:

- Regular full-time employee scheduled to work 72 hours per pay period;
- Part-time employee scheduled to work at least 36 hours per pay period in an eligible job classification at an eligible business unit; or
- Qualified employee under staged retirement.

Dependents

Others in your family may also be eligible for coverage under your benefit plans, as shown below.

All employees must present proper verification of dependent eligibility to the site Benefits Specialist by your benefit effective date or 15 days after making your elections, whichever is later. Failure to do so will result in employee only medical, dental, employee life and dependent life insurance coverage, if appropriate.

- Spouse (husband or wife as defined by California law);
- Legal domiciled adult (eligible for coverage under only your medical/vision and/or dental plans). If the legal domiciled adult is your registered domestic partner, your domestic partner is also eligible for spouse life insurance;
- Unmarried, dependent child under age 19 (or under age 25 if a full-time student, carrying nine or more units). **ScrippsSelect** medical/vision and dental plans require regular verification of full-time student status each August and December and the month prior to your dependent's 19th birthday. You must respond to this request within 45 days or your child's coverage may be terminated; or
- Disabled, unmarried, dependent child incapable of self-support due to mental or physical disability, age 19 or older if they are enrolled in medical/vision and/or dental before they reach age 25 (Social Security documentation is required).

Eligible Children

Your eligible children include:

- Natural born child;
- Stepchild, legally adopted child, or child for whom you have been appointed legal guardianship by a court of law;
- Child for whom the Plan has received a Qualified Medical Child Support Order; or
- Child of a legal domiciled adult (may be covered if the child satisfies the same eligibility requirements as the employee's child).

If you select the EPO Plan and your dependents live outside the San Diego area, they may be covered by an Out-of-Area Plan. Contact Schaller Anderson at (888) 897-4988 for more information and to enroll.

Legal Domiciled Adult

A legal domiciled adult is an individual who is:

- A registered domestic partner (same-sex partner, or opposite sex partner if one partner is at least 62 years old and qualifies for Social Security benefits) as declared on a Declaration of Domestic Partnership filed with the California Secretary of State, or
- An adult declared as the employee's dependent on Federal Income Tax forms.

Legal domiciled adults can only be added to your coverage at the time you are eligible or during Open Enrollment.





Do You Both Work at Scripps?

If you and your spouse, or legal domiciled adult, are both employees of any Scripps business unit, there are unique rules for the coordination of dependent medical/vision and dental coverages. For example:

- Neither you nor your spouse/legal domiciled adult are permitted to elect duplicate coverage for yourselves.
- No two employees can elect to cover the same dependent children under any Scripps-sponsored medical/vision, dental or life option.

Your Cost for Coverage

Your Personal Worksheet lists your benefit options and per-pay-period employee contribution for each selection. After reviewing your options and making your selections, add up your employee contributions to determine a **total pay-period contribution**.

The total pay-period employee contribution for your benefits will be deducted from each paycheck over 24 pay periods.

If you waive medical coverage, you will receive a medical waive credit that will be added to each paycheck over 24 pay periods.

Pre-tax Versus After-tax Contributions

“Pre-tax” means that your share of the benefit cost is deducted from your paycheck before taxes are applied and deducted. When you pay for benefits on a pre-tax basis you pay less federal income and Social Security taxes, so you save money.

Pre-tax benefits include contributions for Medical/Vision, Dental, Long-term Disability coverage, Health Care and Dependent Care Spending Accounts.

After-tax benefits include contributions for Employee Life and AD&D coverage in excess of one times pay, Spouse and Child Life, Accidental Death & Dismemberment, and voluntary benefit coverages.

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Contributions for Dependent Coverage When Covering a Legal Domiciled Adult

If any one of the dependents you cover is not your legal spouse or child, the cost per-pay-period for the medical/vision and dental coverage for all dependents is taxable. This means if you cover a legal domiciled adult and your legal children, the portion of the employee contribution attributable to the adult plus children's coverage will be taxable. The portion of the employee contribution related to your coverage will be deducted before taxes are calculated, but the cost for all others covered will be deducted after taxes have been calculated. Your paycheck stub will show two deductions. One will be pre-tax, equal to the cost for ‘employee-only’ coverage; the other will be after-tax, equal to the additional cost of the employee contribution for the coverage category you have elected.

To qualify for pre-tax contributions for medical/vision and dental coverage for your legal domiciled adult and dependent child(ren) (if any), you must notify the Benefits Office in writing that your legal domiciled adult qualifies for pre-tax status under IRS Section 152 guidelines. Please mail the notice and other appropriate forms to your site Benefits Specialist.

Enrollment

A timely enrollment yields the greatest rewards.

Your Enrollment Kit

This enrollment kit is designed to help you select the benefits that reflect your personal situation. It contains the following:

- **Resource Guide** which describes the plans available and how to enroll.
- **Personal Worksheet** to record your benefit choices and total your contributions for coverage. (Newly eligible employees will receive this form during an informational meeting with a Benefits Representative.)

All Scripps Health Summary Plan Descriptions (SPD) are available on ScrippsNet, the Benefits Web Enrollment System or from your site Human Resources Department.

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Smart Choices

Getting the most value from your **ScrippsSelect** benefits means making smart choices by knowing how the plans work and where opportunities exist for savings.

Who Needs to Enroll?

Current Employees During Open Enrollment

Open Enrollment for 2008 will be held from **October 1 through October 31, 2007**. You must enroll by October 31, 2007 for benefit elections to be effective January 1, 2008.

Employees currently enrolled in **ScrippsSelect** benefits who do not make changes during Open Enrollment will maintain the same coverage as the prior year, with the exception of Flexible Spending Accounts. **If you wish to participate in the Flexible Spending Accounts, you must enroll each year per IRS rules.**

You only need to enroll if you:

- Wish to change your existing coverage;
- Add, drop or change information about your eligible dependents whom you cover under one or more **ScrippsSelect** plans;
- Want to participate in Flexible Spending Accounts in 2008. According to IRS rules, you must enroll each year in the Health Care Spending Account and/or Dependent Care Spending Account.

All other benefits and options that you have in 2007 will continue throughout 2008 if you do not make changes before the Open Enrollment deadline.

2008 Enrollment Steps

Taking action... online and on time.

With the Benefits Web Enrollment System, selecting your benefits is fast, easy and convenient. You will be able to make decisions and enroll online and get immediate confirmation of your selections. Before you enroll, be sure to follow these simple steps:

1. **READ** through your Resource Guide.
2. **THINK** about who you are and what your needs are in relation to benefits.
3. **DECIDE** which benefits and options are right for you and your dependents by completing your 2008 Personal Worksheet.
4. **ENROLL** online using the Benefits Web Enrollment System on or before your enrollment deadline.

Newly Hired Employees During the Year

If you are a new employee, you must enroll within 90 days from your date of hire. New employees are eligible for benefits the first day of the month following 90 days of employment in a benefit-eligible position. At the time of your initial employment meeting with Human Resources, you will receive a Benefits Resource Guide and a date and time for your personal benefits enrollment meeting. To prepare for this meeting, you will want to learn about your plan options and carefully evaluate your personal situation. A Benefits Representative will provide you with the necessary instructions you will need to enroll online.

Newly appointed or hired Department Directors and above, Fellows and Residents are eligible for benefits from their date of hire and must enroll within 31 days from date of hire.

Newly Eligible Employees During the Year

If you are newly eligible for coverage due to a qualified status change (such as casual to benefit-eligible), you must enroll within 31 days from the date of the status change. Benefits are effective the first day of the following month, provided you have already met the 90 days of employment requirement. Your site Benefits Specialist will provide you with the necessary instructions you will need to enroll online.

If You Don't Enroll

Certain default benefits apply if you do not enroll by your enrollment deadline. If you don't actively enroll, you may not get the benefits you want – or need. Your default coverage will vary depending on whether you're a current employee or a newly hired employee. See the chart below for details. Also, you will not have the option to make changes until the next Open Enrollment period, or within 31 days of a qualified status change. If you default coverage, you are not eligible for the medical waive credit.

ScrippsSelect Default Benefits

If you don't enroll, the following chart shows the default benefits you will receive.

ScrippsSelect Benefit	The Following Defaults Apply	
	Current Employees*	Newly Hired Employees
Medical/Vision	Current coverage election	No coverage
Dental	Current coverage election	No coverage
Long-Term Disability	Current coverage election	No coverage
Basic Employee Life and AD&D	One times annual base pay	One times annual base pay
Supplemental Employee Life and AD&D	Current coverage election	No coverage
Spouse & Child Life and AD&D	Current coverage election	No coverage
Flexible Spending Accounts	No contributions	No contributions

* Following Open Enrollment.

Are your current benefits meeting your needs?

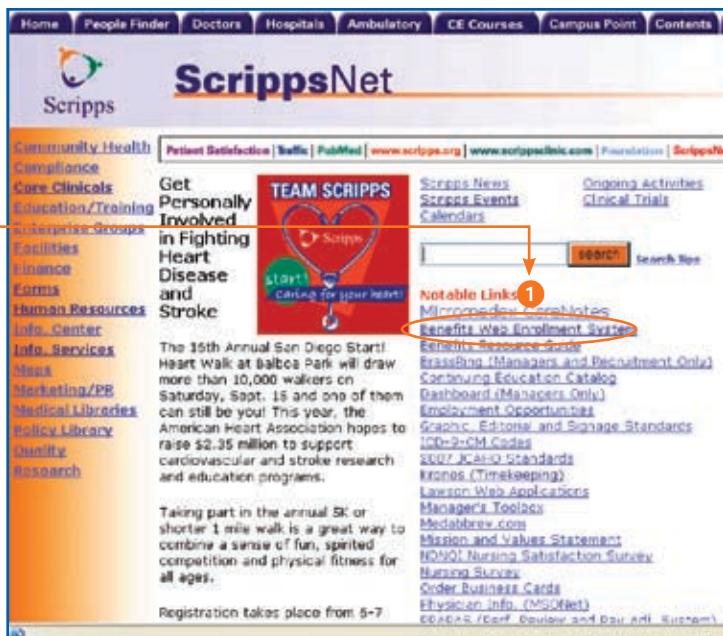
If the answer is "yes" there is no need to re-enroll unless you wish to participate in the Health Care and/or Dependent Care Spending Accounts for 2008.



Enrolling Online Step-by-Step

From work:

1. Go to ScrippsNet through your web browser and click on **Benefits Web Enrollment System** under Notable Links.
2. Click on Open Enrollment 2008, New Hire Enrollment or Qualifying Events.
3. Enter your User ID which is your six-digit Scripps Corporate ID listed in the upper right hand corner of your Personal Worksheet.
4. Enter your eight-digit password. Passwords have been reset to your eight-digit birthday. For example, if your birthday is June 10, 1965, your password is 06101965.
5. Click on the **Sign In** button.



From home:

1. Connect to the Internet.
2. Enter the following URL in your browser's address line:
<http://www.Scripps.org/HRbenefits>
3. Follow steps two through five shown above.

The form consists of two parts. The top part shows a menu with three options: 'Open Enrollment 2008', 'New Hire Enrollment', and 'Qualifying Events'. Arrows numbered 2, 3, and 4 point to each of these options respectively. The bottom part shows a user login form with fields for 'User ID' and 'Password', and a 'Sign In' button at the bottom right.

Change Your Mind?

During **Open Enrollment** you can log in to the Benefits Web Enrollment System and adjust your 2008 elections as often as you need. Keep in mind that the enrollment period ends at midnight on **October 31, 2007**.

If you are a **new hire**, you can log in to the Benefits Web Enrollment System and adjust your 2008 elections as often as you need as long as your elections are finalized and submitted prior to your coverage effective date.

If you are enrolling during Open Enrollment or as a new hire, you must enter your User ID and click the Submit button at the bottom of the Benefits Summary screen for your elections to become effective.

Qualified Status Changes

The one thing you can always count on in life is change. You get married. Have a baby or move to a new house. Your spouse goes back to work. Whatever the events in your life, certain changes can affect your **ScrippsSelect** benefits. The information in this section and the charts on pages 8, 9 and 10 provides information on qualified status changes and the associated benefit changes you can make as a result of the qualified status change.

Once you are enrolled, you must wait until the next Open Enrollment to change your benefits or add or remove coverage for dependents, unless you have a qualified status change as defined by the IRS. Documentation of a qualified status change will be required in order for you to change your benefits. Also, you may only make changes to your benefits that are consistent with the qualified status change itself. Qualified status changes include:

- Marriage or divorce
- Termination of a domestic partnership
- Birth, adoption, or legal custody change of a dependent child
- Death of a spouse or dependent
- Beginning or end of your spouse's employment status that affects benefit coverage
- Change in your eligibility status; i.e., full-time to part-time status, part-time to full-time status or casual to benefit-eligible
- Involuntary loss of other group health coverage
- Move primary residence outside of the service area
- Qualified Medical Child Support Order (QMCSO)



If your dependent child is a full-time student, coverage ends the day before the child's 25th birthday.

Any coverage changes must be made within 31 days of the qualified status change by contacting your site Benefits Specialist. The change will be made effective the first day of the following month except for medical coverage for newborns or newly adopted children which begin on the date of birth or adoption. The change(s) you request must be consistent with IRS guidelines.

If you do not make coverage changes within 31 days of the qualified status change, you must wait until the next Open Enrollment period.

Deadline for Reporting Changes

You must report all qualified status changes (including newborns) which affect your benefit elections to your site Benefits Specialist within 31 days of the status change.

Life Events and Qualified Status Changes

During the year, you may have an opportunity to elect, reduce or increase coverage on certain plans for specific life events and qualified status changes. We have listed each qualified status change below and the types of changes you can make to your benefits as a result of the qualified status change.

For information on termination and rehires, please contact your site Benefits Specialist for further information.

Gain of Spouse (Marriage)	
Benefit Plan	Description
Medical/Vision and/or Dental	May add new or existing dependents. May revoke or decrease only when spouse's benefit becomes effective or increased under spouse's plan.
Long-term Disability	Employee may enroll if Evidence of Insurability is met or cease coverage.
Employee Life & AD&D*	Employee may increase or decrease coverage. Must maintain a minimum of 1x pay.
Spouse Life Insurance	Eligible to apply for coverage for new spouse if spouse meets Evidence of Insurability.
Child Life Insurance	Eligible to add for new dependents.
Health Care FSA	Employee may increase election for newly eligible spouse or dependents or decrease election if employee or dependents become eligible under new spouse's health plan.
Dependent Care FSA	Employee may enroll or increase to accommodate newly acquired dependents or decrease or cease coverage if new spouse is not employed or makes DCSA election.

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Loss of Spouse (Divorce, Legal Separation, Annulment, Death)	
Benefit Plan	Description
Medical/Vision and/or Dental	May stop coverage only for spouse. May elect coverage for self or dependents who lose coverage under spouse plan if result of divorce, legal separation, annulment, or death.
Long-term Disability	Employee may enroll if Evidence of Insurability is met or cease coverage even when eligibility is not impacted.
Employee Life & AD&D*	Employee may increase, decrease, or cease coverage even when eligibility is not impacted. Must maintain a minimum of 1x pay.
Spouse Life Insurance	Must drop spouse coverage.
Health Care FSA	May decrease for former spouse who loses eligibility.
Dependent Care FSA	May enroll, increase, decrease, or cancel consistent with the change in status.

Gain Dependent (Birth, Adoption, Placement or Adoption, Legal Guardianship)	
Benefit Plan	Description
Medical/Vision and/or Dental	May elect or increase coverage for new or existing dependents who were not previously covered.
Child Life Insurance	Eligible to add coverage.
Health Care FSA	May elect or increase election for new or existing dependents.
Dependent Care FSA	May elect or increase election for new or existing dependents.

Life Events and Qualified Status Changes (continued)

Loss of Dependent (Death, Loss of Eligibility Due to Divorce or Legal Separation)

Benefit Plan	Description
Medical/Vision and/or Dental	Employee must stop coverage only for the dependent who loses eligibility.
Child Life Insurance	Must drop coverage for lost dependent.
Health Care FSA	Employee may decrease or cease election for dependent who loses coverage.
Dependent Care FSA	Employee may decrease or cease election for dependent who loses coverage.

Gain or Change in Employment Status of Employee (PT to FT, Casual to PT or FT)

Benefit Plan	Description
Medical/Vision and/or Dental	Employee may add coverage for employee, spouse, or dependents.
Long-term Disability	Employee may add coverage if Evidence of Insurability is met.
Employee Life & AD&D*	Employee may add or increase coverage for employee.
Spouse Life Insurance	Employee may add or increase coverage for dependents.
Child Life Insurance	Employee may add or increase coverage for dependents.
Health Care FSA	Employee may add or increase coverage for employee, spouse, and/or dependents.
Dependent Care FSA	Employee may add or increase coverage for employee, spouse, and/or dependents.

Gain or Change in Employment Status of Employee (FT to PT)

Benefit Plan	Description
Medical/Vision and/or Dental	Employee may decrease or cease coverage.
Dependent Care FSA	Employee may decrease or cease election.

Spouse/Dependent Gain in Employment or Other Change in Employment that Affects Benefit Status

Benefit Plan	Description
Medical/Vision and/or Dental	May cancel or decrease election for employee, spouse, or dependent coverage if added to dependent's coverage.
Employee Life & AD&D*	May increase or decrease coverage.
Spouse Life Insurance	Eligible to elect or drop coverage.
Child Life Insurance	Eligible to elect or drop coverage.
Health Care FSA	May cancel or decrease election for employee, spouse, or dependent coverage if added to dependent's coverage.
Dependent Care FSA	May elect or increase election if spouse did not previously work. May cancel election if spouse or dependent is added to new spouse or dependent coverage.

Gain or Loss of a Legal Domiciled Adult

Benefit Plan	Description
Medical/Vision and/or Dental	Eligible to add during open enrollment only. Benefits stop when domestic partnership ends or dependent adult ceases to be your dependent on Federal Income Tax forms.

Life Events and Qualified Status Changes (continued)

Termination of Employment for Employee or Loss of Benefit Eligibility Due to Change to Casual Status	
Benefit Plan	Description
Medical/Vision and/or Dental	Coverage continues through end of month. Eligible for COBRA continuation.
Long-term Disability	Coverage continues through the end of the month. May be able to convert policy.
Employee Life & AD&D*	Coverage continues through the end of the month. May be able to convert policy.
Spouse Life Insurance	Coverage continues through the end of the month. May be able to convert policy.
Child Life Insurance	Coverage continues through the end of the month. May be able to convert policy.
Health Care FSA	Coverage ends on termination date. Eligible for COBRA continuation.
Dependent Care FSA	Coverage ends on termination date.

Termination of Employment for Spouse/Dependent or Loss of Benefit Eligibility Due to Change to Casual Status	
Benefit Plan	Description
Medical/Vision and/or Dental	May enroll any eligible dependent and all existing dependents who are not previously covered.
Employee Life & AD&D*	May increase or decrease coverage.
Spouse Life Insurance	Eligible to elect or drop coverage.
Child Life Insurance	Eligible to elect or drop coverage.
Health Care FSA	May enroll or increase election if health coverage is lost for spouse or dependents.
Dependent Care FSA	May enroll or increase if spouse or dependent loses eligibility for DCSA. May stop participation if spouse's loss of employment leaves dependents ineligible.

Dependent Gains Eligibility Under Employer's Plan (Becomes Single, Becomes Full-Time Student)	
Benefit Plan	Description
Medical/Vision and/or Dental	May enroll any eligible dependent and all existing dependents who are not previously covered.
Health Care FSA	May enroll or increase contributions to take into account expenses of affected dependent.
Dependent Care FSA	May enroll or increase contributions to take into account expenses of affected dependent.
Child Life Insurance	Eligible to add for new dependent.

Dependent No Longer Meets Eligibility Requirements (Attains Specified Age, Marries, Ceases to be a Student)	
Benefit Plan	Description
Medical/Vision and/or Dental	Employee must stop coverage only for the affected dependent.
Child Life Insurance	Must cancel coverage for affected dependent.
Health Care FSA	May decrease contributions to take into account expenses of affected dependent.
Dependent Care FSA	May decrease contributions to take into account expenses of affected dependent.



When Coverage Ends

Your coverage will end on the last day of the month you terminate employment, retire or become ineligible for benefits (i.e., go from a full-time to casual status).

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The opportunity to continue or convert coverage varies by plan. Some coverage ends, and others can be continued (see chart below). If applicable, you have 60 days from the date on your COBRA* election packet or from the loss of coverage date, whichever is later, to select coverage through COBRA.

For continuation or conversion options, you have 31 days from termination or retirement to complete conversion forms.

For more information about continuation or conversion options for group term life insurance, Long-term Disability or individual voluntary benefits including Universal Life, Short-term Disability, Critical Illness, and Long-term Care, contact the appropriate insurance carrier directly. (Contact information is provided on the back cover of this guide.)

Coverage	COBRA* Continuation	Other Continuation or Conversion Options
Medical/Vision	18 to 36 months	No
Dental	18 to 36 months	No
Health Care FSA	to end of current plan year	No
Dependent Care FSA	No	No
Employee, Spouse & Child Life and AD&D	No	Yes
Long-term Disability	No	Yes

* COBRA stands for Consolidated Omnibus Budget Reconciliation Act. The length of COBRA continuation depends on the reason for loss of coverage.

Our Mission

Scripps strives to provide superior health services in a caring environment and to make a positive, measurable difference in the health of individuals in the communities we serve. We devote our resources to delivering quality, safe, cost effective, socially responsible health care services.

We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education.

We collaborate with others to deliver the continuum of care that improves the health of our community.



ScrippsSelect Benefits

Medical / Vision

Dental

Flexible Spending Accounts (FSA)

Life and Accidental Death & Dismemberment (AD&D)

Long-term Disability

Medical/Vision

Choice, flexibility and room to grow

Coverage Options

- Scripps EPO/MESVision Core Option (or Buy-up Option)
- Scripps PPO/MESVision Core Option (or Buy-up Option)
- Waive Coverage

Coverage Categories

- Employee only
- Employee plus child(ren)
- Employee plus adult
- Employee plus adult & child(ren)

Your health care needs are different from those of your co-workers, and they may be quite different this year from what they were last year. With **ScrippsSelect** you can choose your Medical Plan accordingly. If you cover other qualified individuals, you all must enroll in the same Medical Plan; however, each person may choose a different primary care physician (PCP). Both Medical Plans automatically include Vision through MESVision (Medical Eye Services) Core Option with a voluntary Buy-up Option. (Refer to the table on page 18 for a side-by-side summary of your options.)

Scripps Exclusive Provider Organization (EPO)

The EPO option provides excellent quality care through the Scripps Custom Network if you **LIVE** or **WORK** within 30 miles of a Scripps Custom Network primary care physician (PCP).

You can enroll your eligible dependents in the Out-of-Area Plan if they live more than 30 miles from a Scripps Custom Network PCP. With the Out-of-Area Plan, **your dependents** can access any national contracted PPO providers. Contact Shaller Anderson of California Member Solutions Center at (888) 897-4988 for a list of contracted providers.

EPO providers agree to provide services at fixed costs. Most services are covered at 100 percent after a small copay. There is no annual deductible. (Refer to the table on page 15 for a side-by-side summary of your options.)

When you select the EPO option, you must receive all of your care through Scripps Custom Network providers. Out-of-network services are not covered. Your medical care may be coordinated by your PCP, or you may self-refer to any provider within the Scripps Custom Network.

You must contact Schaller Anderson for authorization of certain services. If you do not get authorization when required, benefits are reduced and/or a penalty is applied.

Scripps Preferred Provider Organization (PPO)

The Scripps Preferred PPO offers access to Tier 1 providers (Scripps Custom Network) and Tier 2 providers (national contracted PPO network). Your cost for care is lowest when you use Tier 1 providers. However, you always have the option to use Tier 2 providers if you are willing to pay more for services.

Tier 1 Providers - Scripps Custom Network

With Tier 1, care is provided through Scripps Custom Network of physicians and facilities. After you meet the annual deductible (\$100 per person, \$300 per family), the Plan shares a percentage of covered medical expenses up to contracted fees. For most covered medical expenses, you are responsible for 20 percent coinsurance. Once you have reached the annual out-of-pocket maximum (\$1,500 per person, \$3,000 per family), the Plan pays for covered expenses at 100 percent of contracted fees.

Tier 2 Providers - National Contracted PPO Network

With Tier 2, care is provided through a national PPO network of physicians and facilities. After you meet the annual deductible (\$400 per person/\$1,200 per family), the Plan shares a percentage of covered medical expenses up to contracted fees. For most covered medical expenses, you are responsible for 40 percent coinsurance. Once you have reached the annual out-of-pocket maximum (\$3,000 per person/\$9,000 per family), the Plan pays for covered expenses at 100 percent of contracted fees.

Please refer to your Summary Plan Description online at www.MyScrippsHealthPlan.com for a detailed explanation of pre-authorization and when it is required.

Medical Options At-a-Glance

Feature	Scripps EPO Plan	Scripps PPO Plan		
		Tier 1	Tier 2	
Who Directs and Provides Your Care	Scripps Custom Network (Out-of-network services not covered)	Scripps Custom Network	National Contracted PPO Network	
Annual Deductible	\$0	\$100 per person \$300 per family	\$400 per person \$1,200 per family	
Annual Out-of-Pocket Max (includes all copayments)	\$800 per person \$2,400 per family	\$1,500 per person \$3,000 per family	\$3,000 per person \$9,000 per family	
Lifetime Maximum	Unlimited	Unlimited	\$1,000,000	
Primary Care Physician Visit	\$10 copay	80% after deductible	60% after deductible	
Specialist Visit	\$30 copay	80% after deductible	60% after deductible	
Hospitalization	Scripps Custom Network Hospitals only	Scripps Custom Network Hospitals only	National PPO Contracted Hospitals	
• Outpatient Surgery	100%	100% after deductible	60% after deductible	
• Inpatient Semi-Private Room	100%	100% after deductible	60% after deductible	
• Inpatient Physician	100%	80% after deductible	60% after deductible	
Urgent Care	\$35 copay	80% after deductible	60% after deductible	
Emergency Room	\$75 copay (waived if admitted and meets inpatient criteria)	80% after deductible (coinsurance waived if admitted)	80% after deductible (coinsurance waived if admitted)	
Well Baby Care	\$10 copay	80% after deductible	Not covered	
Periodic Health Evaluations & Immunizations	\$10 copay	80% after deductible	Not covered	
Allergy Serum	100%	80% after deductible	60% after deductible	
Diagnostic Lab/X-Ray	100%	80% after deductible	60% after deductible	
Durable Medical Equipment	100% after \$250 deductible	80% after deductible	60% after deductible	
Outpatient Treatment (i.e., PT, OT)	\$10 copay (60 combined visits per year)	80% after deductible (60 combined visits per year)	60% after deductible (60 combined visits per year)	
Chiropractic & Acupuncture Care (through ASHP)	\$15 copay (20 combined visits per year)	Not covered	Not covered	
Prescription Drugs				
Prescription Drugs	Retail Pharmacy (30-day supply) \$7 copay \$20 copay \$40 copay	Mail Service (90-day supply) \$14 copay \$40 copay \$80 copay	Retail Pharmacy (30-day supply) \$7 copay \$20 copay \$40 copay	Mail Service (90-day supply) \$14 copay \$40 copay \$80 copay
Mental Health/Chemical Dependency — Administered by Schaller Anderson of California Behavioral Health				
• Outpatient	\$10 copay, 30 visits per year (Network only)	\$10 copay, 30 visits per year (Network only)	Non-network providers - 50% of SACBH usual and customary charges plus any amounts above usual and customary charges.	
• Inpatient	100% coverage, 30 days per calendar year (Network only)	100% coverage, 30 days per calendar year (Network only)	Not covered	

Some family planning services are excluded under the medical plans for employees who work for Scripps Mercy Hospital San Diego or Scripps Mercy Hospital Chula Vista. Refer to the Summary Plan Description provided by Schaller Anderson of California.

Copayments and co-insurance paid to Medical Eye Services (MES), behavioral health, prescription copays, and ASHP do not apply to the annual deductible or out-of-pocket maximum.

Transition of Medical Care

If you have a serious medical condition, a high risk pregnancy, or are in the third trimester of your pregnancy when your coverage begins, you may be eligible for short-term continued benefits with your existing provider, under certain circumstances. Contact Schaller Anderson at (888) 234-7222 for a Medical Transition of Care Form.

Authorization Required

Both the EPO and PPO Plans have authorization requirements for certain services. Authorization procedures are managed by Schaller Anderson. **If you do not receive authorization when required, benefits are reduced and/or a penalty is applied.** Please refer to your Summary Plan Description online at www.MyScrippsHealthPlan.com for a detailed explanation of pre-authorization and when it is required.

Urgently Needed Care

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Urgently needed care is medical treatment for conditions that require prompt medical attention, but are not life threatening emergencies. Examples include but are not limited to minor sprains, fractures, pain, heat exhaustion, and breathing difficulties.

Even if it's after office hours, always contact your physician to schedule an appointment each time you need to be treated by a medical professional. If your doctor feels you need to be seen immediately, your doctor will refer you to the appropriate medical facility. Make sure you verify network status.

Emergency Care

Emergency care is a covered service due to the sudden and unexpected onset of a condition or injury that you believe endangers your life or could result in serious injury or disability and that requires immediate medical or surgical care.

If you believe your condition is an emergency, dial 911 for immediate medical assistance or go to the nearest Emergency Center. After the medical emergency has been resolved, contact your physician for appropriate follow-up.

The Scripps Medical Plans pay benefits according to how your medical need is classified. Benefits for "emergency care" are different from those provided for "urgently needed care."

See the chart on page 15 to see how each Plan pays benefits for urgently needed care and emergency care.

Prescription Drug Benefits

Both Medical Plans offer prescription benefits through participating retail pharmacies and mail service. Here's an overview of how the program works:

Retail Pharmacies

For short-term medications, take your ID card to a participating pharmacy. You do not need to fill out a claim form. The amount of your copay for a 30-day supply depends on whether your prescription drug is on the preferred drug list and whether you are requesting generic versus brand name drugs.

Drug Type	Your Copay
All generic drugs	\$7 copay, 30-day supply
Brand drugs on Preferred Drug List	\$20 copay, 30-day supply
Drugs not on Preferred Drug List	\$40 copay, 30-day supply

If you elect to receive a brand medication when a generic medication is available, you will pay the price difference between the brand medication and the generic medication, plus the brand copay.

If you are in the Scripps EPO Medical Plan, your prescription must be written by a Scripps Custom Network physician to be covered. If you are in the Scripps PPO Medical Plan, your prescription may be written by any licensed physician. Mental health and dental prescriptions may be prescribed by non-network providers under both Plans.

Alternative Benefits With the Scripps EPO Plan

When you enroll in the **Scripps EPO plan**, you become eligible for chiropractic and acupuncture services through **American Specialty Health Plan (ASHP)**. No referrals are required. The Plan covers 20 combined visits in a calendar year with a \$15 copayment for each visit.

To find a provider in your area, contact ASHP at (800) 678-9133 or visit their website at www.ASHCompanies.com.

Mail Service

For long-term and maintenance medications, consider using the Mail Service pharmacy feature. This feature is a convenient and cost-effective way to purchase maintenance drugs. Maintenance drugs are prescription drugs taken over a period of time for a chronic or ongoing condition, such as arthritis, diabetes, high blood pressure, or asthma. The Mail Service offers these benefits:

- Save up to 33 percent by paying only two copays for a three-month supply.
- Prescriptions are delivered directly to your home with free standard shipping.
- You can speak with a pharmacist anytime, day or night.
- Refill by phone or online.

The amount of your copay for a 90-day supply depends on whether your prescription maintenance drug is on the preferred drug list and whether you are requesting generic versus brand name drugs.

Drug Type	Your Copay
All generic drugs	\$14 copay, 90-day supply
Brand drugs on Preferred Drug List	\$40 copay, 90-day supply
Drugs not on Preferred Drug List	\$80 copay, 90-day supply

If you elect to receive a brand medication when a generic medication is available, you will pay the price difference between the brand medication and the generic medication plus the brand copay.

Women's Health and Cancer Rights Act

Both of Scripps Medical Plans provide benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). The same deductibles, copayments and coinsurance apply to these procedures as apply to other covered illnesses as described in this guide. If you have questions, please call the number on your Medical Plan ID card to speak with a Member Solution Center Representative.

Save Money With Generic Drugs

Save money on prescription medications by always requesting generic drugs when filling a prescription. Generic drugs are identical in strength, concentration and dosage compared to their brand-name counterparts, and they are equally effective.

Mental Health/Chemical Dependency Benefits

Mental health and chemical dependency benefits are administered by Schaller Anderson of California Behavioral Health. **A referral from your primary care physician is not required.**

If you are enrolled in the **EPO Plan**, all treatment must be authorized by a network provider (except in case of emergency or if a specialty you require is not available in the network).

For outpatient services under the **PPO Plan**, you pay a \$10 copay per visit when you use Tier 1 providers. When you use a Tier 2 provider, the Plan will pay up to 50 percent of the allowed amount for professional services. In most cases, your out-of-pocket costs will be highest if you use out-of-network providers because you are responsible for 50 percent coinsurance plus any charges which exceed the usual, reasonable and customary amounts. For covered Tier 2 services, you may reduce your out-of-pocket costs by utilizing a national contracted PPO provider whenever possible.

Inpatient services under either the EPO Plan or the PPO Plan at non-contracted facilities are **not** covered. For a list of contracted providers, please visit www.MyScrippsHealthPlan.com.

If you need care, contact Schaller Anderson of California Behavioral Health at (888) 234-7222. You will talk to a qualified practitioner who will refer you for the appropriate care. The type and/or extent of treatment will be determined based on clinical assessment.

Vision

To help keep your life in focus, we are pleased to offer vision benefits provided through MESVision (Medical Eye Services) for employees who enroll in a Scripps Medical Plan. Basic vision benefits are automatically provided through the Core Vision Option. The cost of this option is included in the cost of the medical plan you select. However, you may choose the voluntary Buy-up Vision Option which includes an enhanced lens benefit and a higher benefit for eyeglass frames. Refer to the table below for Buy-up Vision Option costs per-pay-period.

How to Use the Plan

Receiving vision benefits through the **Medical Eye Services (MESVision)** administered vision plan is easy with these simple steps:

- Select a provider.** Visit www.MESVision.com to select a vision care provider. Obtaining services from a participating provider will maximize your benefits.

2. **Make an appointment.** Make an appointment with the provider, and inform them of your vision coverage.

3. **You're done! Your doctor will take care of the rest.** The participating provider will contact MESVision to verify your eligible benefits and submit a claim for payment of services covered by your plan.

If covered services are received from a non-participating provider, you are responsible for paying the provider in full. Then submit an MESVision claim form within 12 months of the date of service, along with an itemized bill and a copy of the prescription to: PO Box 25209, Santa Ana, CA 92799. Claim forms are available at www.MESVision.com.

To participate in either vision option, you must be enrolled in a Scripps Medical Plan.

Feature	Core Vision Option	Voluntary Buy-up Vision Option
Vision Providers	Benefits shown below assumes use of MESVision providers	Benefits shown below assumes use of MESVision providers
Eye Exam (every 12 months)	\$10 copay	\$10 copay
Frames (every 24 months)	\$100 retail allowance**	\$125 retail allowance**
Standard Lenses (every 12 months) • Single vision, bifocal, trifocal • Lenticular • Pink or rose tint	Plan pays 100% Plan pays 100% Plan pays 100%	Plan pays 100% Plan pays 100% Plan pays 100%
Lens Options • Other tints • U/V • Anti-reflective coating • Photochromatic • Scratch coating • Edge coating • Polycarbonate • Progressive Lenses	20% discount* 20% discount* 20% discount* 20% discount* 20% discount* 20% discount* \$30 retail allowance for dependent children through age 18, 20% discount for overages* \$89.50 retail allowance, 20% discount for overages*	\$20 retail allowance, 20% discount for overages* \$30 retail allowance, 20% discount for overages* \$50 retail allowance, 20% discount for overages* \$60 retail allowance, 20% discount for overages* \$35 retail allowance, 20% discount for overages* \$20 retail allowance, 20% discount for overages* \$40 retail allowance, 20% discount for overages* \$89.50 retail allowance, 20% discount for overages*
Contact Lenses*** • Cosmetic or convenience • Medically necessary	Plan pays up to \$105. Includes evaluation fitting and/or materials. Balance is your responsibility and a 20% discount is available on additional charges (benefit is in lieu of spectacle lenses and frames)	Covered up to \$105 Plan pays 100%
Employee Cost Per Pay Period	Included in cost of medical option	Employee only: \$0.80 Employee + child(ren): \$1.60 Employee + adult: \$1.41 Employee + adult + child(ren): \$2.06

* You must choose a provider that accepts the discount plan. Refer to the MESVision website www.MESVision.com for a list of discount providers.

** Retail eyewear benefits will be converted to wholesale-equivalent prices at certain provider locations. Go to the MESVision website for details.

*** Contact lenses are in addition to the comprehensive vision exam, but in lieu of lenses and frames. If contact lenses are for cosmetic or convenience purposes, the Plan will pay up to \$105 toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility.

Dental

For the many things in life worth smiling about

Coverage Options

- ScrippsSelect Dental Plan
- Waive Coverage

Coverage Categories

- Employee only
- Employee plus child(ren)
- Employee plus adult
- Employee plus adult & child(ren)

For your dental health, you may choose to enroll in the **ScrippsSelect** Dental Plan. The **ScrippsSelect** Dental Plan offers flexibility as well as provider choice. You may choose any dentist for treatment, but it is to your advantage to choose a First Dental Health (FDH) preferred dentist when obtaining care.

You do not need to be enrolled in a medical plan in order to select dental benefits. Your coverage category for dental may be different from the choice you made for medical.

Using the Plan

With this Plan, you can use any dentist, although in most cases you will pay less out-of-pocket costs if you use an FDH network dentist as well as avoid having to file claim forms.

First Dental Health (FDH) Network Dentists

FDH network dentists have agreed to provide services at discounted or negotiated fees. This means savings for you and for the Plan when you use a network dentist. You will not be responsible for any charges that exceed the negotiated fee. To find a network provider, visit www.FirstDentalHealth.com.

All Other Dentists

Out-of-network providers **do not** participate in the FDH network and are not required to provide services at discounted or negotiated fees.

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ScrippsSelect Dental Plan		
Feature	FDH Network Provider	All Other Providers
Annual Deductible per Individual	\$50 (Waived for Diagnostic & Preventive Services)	\$50 (Waived for Diagnostic & Preventive Services)
Maximum Benefit per Year	\$1,800 per individual (excluding Orthodontia)	
Diagnostic & Preventive Services • Oral exams, cleanings and bite-wing x-rays (2 exams/cleanings per 12-month period); sealants for dependents ages 6 to 14	100% of negotiated fees	100% of UCR**
Basic Services • Oral Surgery — Extractions • Restorative — Fillings • Endodontic/Periodontal • Repair of crowns, bridges & dentures	80% of negotiated fees* 80% of negotiated fees* 80% of negotiated fees* 80% of negotiated fees*	80% of UCR** 80% of UCR** 80% of UCR** 80% of UCR**
Major Services • Crowns, jackets & cast restorations	50% of negotiated fees*	50% of UCR**
Prosthodontic Services • Construction of fixed bridges, partial & complete dentures	50% of negotiated fees*	50% of UCR**
Orthodontic Services (no age limit)	50% up to \$1,800 lifetime maximum per individual	

The Plan pays for services from out-of-network providers based on usual, customary and reasonable charges. Depending on the dental provider, you may be charged for any amount which exceeds usual, customary and reasonable charges in your geographic area. Any amounts which exceed usual, customary and reasonable charges are in addition to your deductible and coinsurance amounts for eligible dental services.

* After annual deductible.

** Usual, customary and reasonable charges after annual deductible.

Flexible Spending Accounts (FSA)

A tax-effective way to pay for certain health care and dependent care expenses

Coverage Options

- Health Care Spending Account
- Dependent Care Spending Account

Coverage Categories

- Participate
- Waive

OTC Product Reimbursement

Over-the-counter (OTC) drugs are reimbursable through your Health Care Spending Account if they are used for treatment of a medical condition. (Those for general health or cosmetic purposes are excluded.)

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Flexible Spending Accounts (FSA) let you set aside pre-tax dollars to pay for certain health care and dependent care expenses. There are two separate accounts you may choose to participate in – one for health care and one for dependent care expenses.

How the Accounts Work

You decide how much you want to set aside for eligible health care and/or dependent care expenses incurred during the calendar year. You make a separate election for each account.

The amount you designate is deducted on a pre-tax basis from your paycheck in equal amounts throughout the plan year – before Social Security, federal, and in most cases, state and local income taxes are deducted. Your contributions are not taxed before they go into your account or when you are reimbursed for eligible expenses.

When you incur an eligible expense, you file a claim for reimbursement from the appropriate account. Just send your claim form and receipts for expenses to Creative Benefits. You can only claim reimbursement for expenses that you and your eligible dependents incur while you are a participant in the Flexible Spending Accounts. If you are hired during the year or begin participating due to a qualified status change, only those services incurred after the date you start contributing to your Flexible Spending Accounts are eligible for reimbursement.

Flexible Spending Accounts At-a-Glance

Account Feature	Health Care Spending Account	Dependent Care Spending Account
Your Pre-Tax Contributions	Minimum: \$120 per year Maximum: \$5,000 per year	Minimum: \$120 per year Maximum: \$5,000 per year (\$2,500 if married and filing separately)
Eligible Expenses A complete list of eligible expenses is found in IRS Publications 502, 503 and 969, which are available at www.CreativeBenefits.com . The claim form also contains several examples.	Expenses for you, your spouse and any dependent you list on your tax return, provided they have not been reimbursed by other coverage. Examples include: <ul style="list-style-type: none"> • Health plan deductibles, prescription and other copays • Certain charges not covered by any plan 	Expenses to care for eligible dependents that allow you to work. Eligible dependents include: <ul style="list-style-type: none"> • Your qualifying child(ren)* – under the age of 13 • Your spouse or a qualifying child or relative* – who is physically or mentally incapable of self-care * See page 23 for additional information about a qualifying child or relative.
Special Notes The expense must be incurred (not paid) during the plan year. Also, you cannot be reimbursed or seek reimbursement for the same expense from any other source.	You cannot deduct reimbursed expenses on your federal income tax return or be reimbursed from any other source.	You cannot use reimbursed expenses on the Earned Income Credit, which may be more advantageous if your family income is below \$25,000.

Health Care Spending Account

The Health Care Spending Account (HCSA) gives you a tax break on many health care expenses that are not covered by other plans. By anticipating your expenses and arranging for deductions to be made from your paycheck each pay period, you can lower your tax bill. If you wish to participate, you must re-enroll each year, as contribution amounts are not carried forward from one year to the next. You can set aside from \$120 to \$5,000 each calendar year on a pre-tax basis to cover eligible health care expenses not reimbursed by any other health plan.

When you incur an eligible expense during the year, you file a claim form for reimbursement. You must enclose a copy of the receipt showing the expense has been incurred. Per IRS regulations, canceled checks and credit card slips cannot be used to substantiate claims. Your receipt must include the name and address of the person for whom the expense was incurred, date of service, description of services obtained or product purchased and the amount charged.

You will be reimbursed with pre-tax dollars from your account within five days of receipt of your claim. The minimum claim amount is \$10 or your account balance, whichever is less. Claim forms are available from your site Human Resources Department or the internet at www.CreativeBenefits.com.

Coverage ends on your date of termination. In the event of a change of status, you may be eligible to reduce or cancel your HCSA election, provided that the change is made within 31 days of the status change.

Payment Cards

Payment cards may be used for the Health Care Spending Account. This card works anywhere major credit cards are accepted however, the card's use is limited to physicians' offices, pharmacies, dental and vision care offices, hospitals and other medical care providers per the IRS "safe harbor" rule.

You **cannot** use a payment card in stores such as Target, Costco or grocery stores. Expenses eligible for reimbursement but not eligible for payment using the payment card can still be reimbursed by completing a claim form. When you use the card, there is no more waiting for reimbursement! You will still need to submit appropriate documentation for eligible expenses to Creative Benefits to satisfy IRS rules. Claims can also be filed online at www.CreativeBenefits.com.

To request a payment card, you must complete a Payment Card Order Form and mail or fax it to Creative Benefits, our FSA Administrator. You can download a form from the Benefits Web Enrollment System. Scripps will pay the \$14.40 annual fee for the card. If you lose, deactivate, or have your card suspended because you did not substantiate your eligible expenses within the required three week period, you must pay a \$5 fee for reactivation or replacement.

An Example of Flexible Spending Accounts Savings

Here's an example which shows how much an employee can save using Flexible Spending Accounts (FSAs):

	With FSAs	Without FSAs
Gross Annual Salary	\$24,000	\$24,000
Pre-tax Health Care Expenses	- \$800	\$0
Pre-tax Dependent Care Expenses	- \$3,900	\$0
Taxable Income	\$19,300	\$24,000
Income Taxes @ 30% (Federal, State, FICA)	- \$5,790	- \$7,200
After-tax Health Care Expenses	\$0	- \$800
After-tax Dependent Care Expenses	\$0	- \$3,900
Net Annual Salary	\$13,510	\$12,100

This employee's after-tax income would increase by \$1,410 (\$13,510 - \$12,100) by participating in the Flexible Spending Accounts.



Eligible Dependent Care Expenses

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You can use the Dependent Care Spending Account to be reimbursed for:

- Dependent care at nursery schools, day camps and licensed day care centers. The day care center must comply with state and local laws and receive a fee for its services. The portion of schooling expenses that is strictly care-related may be eligible; tuition expenses for education are not.
- Services from individuals who provide day care in or outside your home, except when the provider is the parent of the child, your dependent or your child under age 19.
- Day care centers that provide nonresidential day care for dependent adults.
- Household services related to the care of an eligible dependent.
- FICA and other taxes you pay on behalf of the day care provider.
- Generally, any other expense that qualifies as dependent care under IRS regulations.

Dependent Care Spending Account

The Dependent Care Spending Account (DCSA) is a tax-effective way to pay child care or other dependent care services to enable:

- you and your spouse to work outside the home (this is also true if your spouse is actively looking for work);
- you to work outside the home and your spouse is a full-time student at least five months of the year;
- you to work outside the home and your spouse is incapable of self-care.

If you wish to participate you must enroll each plan year, as contribution amounts are not carried forward from one plan year to the next. You can set aside from \$120 to \$5,000 each year on a pre-tax basis to cover the cost of dependent care expenses. The amount you contribute to this account cannot be greater than your income or your spouse's income, whichever is less. If your spouse contributes to a DCSA through his or her employer, your combined contributions may not exceed \$5,000. If you are married and file separate tax returns, you can contribute up to \$2,500 per year.

To receive reimbursement from your DCSA you will need to file a claim form. You are required to complete the provider's name and address on the claim form. You will be reimbursed for the amount of your claim provided the balance of your account is equal to or more than the amount of your claim and the services have already been provided. If you don't have enough in your account to cover the expense, you'll receive the additional reimbursement when enough money has been deducted from your paycheck.

Coverage ends on your date of termination. In the event of a change of status, you may be eligible to reduce or cancel your DCSA election, provided that the change is made within 31 days of the status change.

Qualifying Children and Relatives

You can use the DCSA for a qualifying child or relative, as defined by the IRS:

A Qualifying Child

- Is any of the following: your child, grandchild, stepchild, foster child or adopted child; brother, half-brother or stepbrother; sister, half-sister or stepsister, nephew or niece; or the child or grandchild of any of the relatives listed above.

- Will spend at least eight hours per day in your home.
- Will reside with you for more than half the calendar year.
- Will be under the age of 13, or physically or mentally incapable of self care, when the dependent care is provided.
- Will provide no more than 50 percent of his/her own support for the calendar year.
- Is a citizen, national or resident of the United States; or a resident of Canada or Mexico (unless the child is adopted).
- You are not the qualifying child or relative of another person.

A Qualifying Relative

- Is any of the following: your child, grandchild, stepchild, foster child or adopted child; brother, half-brother or stepbrother; sister, half-sister or stepsister; nephew or niece; the child or grandchild of any of the relatives listed above; your father, grandfather or stepfather; mother, grandmother or stepmother; uncle or aunt; or son-, daughter-, father-, mother-, brother- or sister-in-law. Or, any other person who will reside with you as a member of your household for the entire year.
- Will reside with you for more than half the calendar year.
- Will regularly spend at least eight hours a day in your home.
- Will not file a joint tax return with his/her spouse for the calendar year (unless the qualifying relative is your spouse).
- Will not be claimed by any other person as a qualifying child for the calendar year.
- Is a citizen, national or resident of the United States; or a resident of Canada or Mexico (unless the person is an adopted child).
- You will provide more than 50 percent of this person's support for the calendar year.
- You are not the qualifying child or relative of any other person.

Careful Planning Required

You should plan your Flexible Spending Account contributions carefully. Here's why:

- Money set aside for health care expenses cannot be used to reimburse dependent care expenses and vice-versa.
- Any health care or dependent care expenses that are paid from the Flexible Spending Accounts may not be claimed as a deduction or credit when filing your income tax return.
- You cannot stop or change contributions during the year unless you have a qualified status change.
- Once you terminate employment, only expenses incurred before you terminated are eligible for reimbursement from your FSA, unless you are eligible for COBRA continuation of your Health Care Spending Account and you elected to continue coverage through COBRA.
- You will be reimbursed for dependent care expenses only up to the amount of your Dependent Care Spending Account balance and only after the care has been provided.
- **Use it or lose it!** IRS rules require that any money left in your Flexible Spending Account at the end of the year must be forfeited.



Life and Accidental Death & Dismemberment (AD&D)

Employee Life and AD&D

Peace of mind for you and for those who depend on you

Coverage Options

- 1x annual base pay • 4x annual base pay
- 2x annual base pay • 5x annual base pay
- 3x annual base pay

Coverage Categories

- Employee only

Scripps recognizes the importance of life insurance for employees at all ages and stages in life. **ScrippsSelect** offers you five levels of Employee Life and AD&D Insurance, up to a maximum coverage amount of \$1,000,000 (basic and supplemental combined). You must select at least the basic level of coverage (1x annual base pay) which is paid by Scripps.

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Annual base pay is calculated as of the first paycheck in September 2007 and excludes commissions, bonuses and overtime. The cost of supplemental coverage is determined using your age as of January 1, 2008 or your benefit eligibility date (whichever is later).

How It Works

The amount of coverage you need is a personal decision. It depends on many factors such as your age, whether or not you have dependents, your other financial resources, and your debts.

Scripps pays for basic coverage of 1x your annual base pay. Any supplemental coverage you elect is paid by you with after-tax contributions.

AD&D coverage pays a benefit to your beneficiary in case of your accidental death. It also pays a reduced benefit to you in the event of a serious accident involving the loss of a limb or your eyesight. AD&D benefits are paid in addition to your Employee Life Insurance amount.

Important Notes to Remember

- Basic and Supplemental coverages are portable. If you leave Scripps, you may continue your Basic and Supplemental coverage by submitting an application and paying premiums directly to the insurance carrier, provided you contact the life insurance carrier within 31 days of termination. Rates may be different from employee contributions under **ScrippsSelect**.
- To assign or update a beneficiary, use the Benefits Web Enrollment System.
- Your Basic and Supplemental Life and AD&D Insurance will decrease to a 65 percent benefit between the ages of 65 and 70. Your Basic Life Insurance will decrease to 50 percent for ages 70 and older and terminate upon retirement. Any supplemental coverage terminates at age 70.
- The IRS allows employees to receive employer-paid life insurance up to \$50,000 tax-free. If your Basic Life Insurance amount is greater than \$50,000, IRS regulations require a tax on “imputed income” for the premium cost of the coverage amount above \$50,000. It is important to note that you are not taxed on the additional amount of insurance above \$50,000. You are only taxed on the cost of providing that amount of coverage. Imputed income is usually a relatively small amount.

Evidence of Insurability (EOI)

Evidence of insurability is required before coverage is approved if:

- You are enrolling in **ScrippsSelect** for the first time and selecting an option greater than 2x annual base pay; or
- You are currently enrolled in **ScrippsSelect** and increasing your coverage option two or more levels above your current option (i.e., going from 1x annual base pay to 3x annual base pay).

If you wish to increase your coverage by more than one level, your coverage will be increased by one level until you have received written notification that you are approved for the requested coverage amount.

- If you and your spouse are both employed by Scripps, you may cover yourself under Employee Life and AD&D or your spouse may cover you under Spouse Life and AD&D. Employees may not be covered as both an employee and a spouse.

Dependent Life and AD&D

For Your Spouse or Registered Domestic Partner

Spouse Life and AD&D Insurance offers you financial protection in the event of your spouse's or registered domestic partner's death. The Plan works the same as the Employee Life and AD&D Insurance, except you are the beneficiary.

You may elect no more than one-half the amount you elected for Employee Life and AD&D to a maximum of \$200,000 for your spouse. For example, if you elect 2x your annual base pay for Employee Life and AD&D, you may elect up to 1x your annual base pay for Spouse Life and AD&D.

How It Works

If your spouse (husband, wife or registered domestic partner as defined by California law) should die, or suffer the loss of life or limb due to an accident, a lump sum benefit would be paid. You are automatically considered the beneficiary for Spouse Life and AD&D.

Coverage Options

For Your Spouse or Registered Domestic Partner

- **0.5x your annual base pay**
- **1.0x your annual base pay**
- **1.5x your annual base pay**
- **2.0x your annual base pay**
- **2.5x your annual base pay**
- **No coverage**

Coverage Categories

- **Your spouse or registered domestic partner**

AD&D coverage pays a benefit to you in case of your spouse's or registered domestic partner's accidental death. It also pays a reduced benefit in the event of a serious accident involving the loss of a limb or eyesight. AD&D benefits are paid in addition to any Spouse Life Insurance amount.

You pay the full cost of coverage with after-tax contributions, which is determined using your spouse's or registered domestic partner's age as of January 1, 2008, or his/her benefit eligibility date, whichever is later.

Evidence of Insurability (EOI)

Evidence of insurability for your spouse or registered domestic partner is required before coverage is approved if:

- You are covering your spouse or registered domestic partner for the first time; or
- Your spouse or registered domestic partner is currently enrolled and increasing his or her coverage option two or more levels above the current option (i.e., going from 1x your annual base pay to 2x your annual base pay).

If you wish to increase your spouse's coverage by more than one level, coverage will be increased by one level until you have received written notification that your spouse or registered domestic partner is approved for the requested coverage amount.

EOI is not required for your dependent children.

Important Notes to Remember

- If you want to add a newly eligible spouse, you must do so within 31 days of the qualifying event.
- Spouse Life and AD&D Insurance will decrease to a 65 percent benefit between the ages of 65 and 70, and terminates at age 70.
- Spouse Life and AD&D coverage is portable. If you leave Scripps, you may continue coverage by paying the premium directly to the insurance company. You must contact the insurance carrier within 31 days of termination. Rates may be different from spouse contributions under **ScrippsSelect**.

Coverage for Your Dependent Child(ren)

You may also elect Child Life and AD&D Insurance for your dependent child(ren), which pays benefits to you in case of their death or accidental injury. You pay the full cost of coverage with after-tax contributions. The premium is the same regardless of the number of eligible children covered. You may choose \$5,000 or \$10,000 of coverage per child.

Coverage Options

For Your Children

- \$5,000 or \$10,000 per child
- No coverage

Coverage Categories

- Your dependent children

How It Works

If your child should die, or suffer the loss of life or limb due to an accident, you would receive the benefit payment in a lump sum. You are automatically considered the beneficiary for Child Life and AD&D.

AD&D coverage pays a benefit to you in case of your child's accidental death. It also pays a reduced benefit in the event of a serious accident involving the loss of a limb or eyesight. AD&D benefits are paid in addition to any Child Life Insurance amount.

Important Notes to Remember

- Only your dependent children under age 19 (or under age 25 if a full-time student or disabled) may be covered under the Plan. Once your enrolled child is no longer eligible, you must notify your site Benefits Specialist within 31 days of the event.
- Evidence of Insurability (EOI) is not required for children's coverage, including if you buy-up from \$5,000 to \$10,000.
- If you want to add a newly eligible child (i.e., newborn), you must do so within 31 days of the qualifying event.
- Child Life and AD&D coverage is portable. If you leave Scripps, you may continue coverage by paying the premium directly to the insurance company. You must contact the insurance carrier within 31 days of termination. Rates may be different from your group child contributions under **ScrippsSelect**.



Long-term Disability

Income for living expenses when you are unable to work

Coverage Options

- 60 percent of monthly base pay
- Waive Coverage

Coverage Categories

- Employee only

The Long-term Disability Plan provides a source of income should you experience a long-term illness or injury that prevents you from working.

How It Works

LTD provides a monthly benefit after you have been totally disabled for 180 days. Benefits continue while you are totally disabled or until you reach the maximum benefit period based on your age at the time of disability.

The monthly benefit amount, when combined with income from all other sources (including Social Security, workers' compensation, California State Disability, sick leave, pension benefits) will equal 60 percent of your base pay up to a maximum monthly benefit of \$7,000. You must provide proof of continued disability on a regular basis to continue to receive benefits. All disability payments you receive are considered taxable income in the year payments are received.

Note: Department Directors and above have a different LTD benefit, which is provided outside of the **ScrippsSelect** program. Please contact your site Benefits Specialist for more information.

Definition of Disability

You are disabled when the insurance carrier determines that you are limited from performing or unable to perform the material and substantial duties of your regular occupation due to your sickness or injury, and you have a 20 percent or more loss in your indexed monthly earnings due to the same sickness or injury. After 24 months of payments, you are considered to be continuously disabled when the insurance carrier determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

Evidence of Insurability (EOI)

Evidence of insurability is required if you waived coverage during your initial period of eligibility and you wish to apply for coverage at a subsequent Open Enrollment period. This means you must provide the insurance carrier with proof that you are in good health at the time of enrollment before your coverage is approved. This may involve completing a questionnaire and/or, in some cases, taking a physical exam.



Our Vision

Scripps Health will be the premier health care system recognized for delivering compassionate, unparalleled patient care through clinical quality, advanced technology, research, and innovation.



Retirement and Retiree Health

Scripps Health 401(a) Retirement Savings Plan

Retiree 401(h) Health Insurance Savings Account

Scripps Health Voluntary 403(b) Savings Plan

Retiree Health Insurance Options

Scripps Health 401(a) Retirement Savings Plan

A few dollars saved today will multiply and grow for your retirement.

The 401(a) Plan is designed to provide for retirement needs through a combination of employee savings and employer contributions. Highlights of the Plan are described here. For complete Plan details, refer to the actual enrollment materials.

Eligibility

All eligible employees age 21 and older who have completed six months of service may join the Scripps Health Retirement Savings Plan.

Enrollment

If you were hired on or after January 1, 2006, you will be automatically enrolled in the plan at a rate of one percent once you meet the eligibility requirements.

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If you were hired before January 1, 2006, you may enroll in the plan by calling Fidelity at (800) 343-0860.

Scripps Annual Contribution

All eligible employees receive a one percent contribution to their 401(a) account from Scripps. To receive this contribution, you must be employed by Scripps on the last day of the year.

Employee Contributions

Employees earning less than \$100,000 (gross annual earnings in 2007) may contribute a percentage of their compensation on an after-tax basis so long as the total of employee and employer contributions does not exceed the annual IRS maximum amount. Employees earning more than \$100,000 (gross annual earnings in 2007) may contribute up to three percent of compensation. Contribution amounts may be changed by calling (800) 343-0860 or online through Fidelity® NetBenefits at www.MySavingsatWork.com.

Scripps Matching Contributions

Scripps Health matches your after-tax contributions based upon your years of service. Employees who have worked for Scripps for less than ten years will receive a match of three percent provided that they contribute at least three percent. Employees who have worked for Scripps for ten or more years and contribute at least three percent will receive enhanced matching contributions according to the schedule that follows. You must be employed on the last day of the quarter to receive the match for that quarter.

Years of Service	Scripps Annual Contribution	Employee Contribution	Scripps Matching Contribution
0-9	1%	3%	3%
10-14	1%	3%	4%
15-19	1%	3%	5%
20 +	1%	3%	6%

Vesting

Vesting is a term used to describe ownership in your account balance. You are always 100 percent vested in your after-tax contributions to the Plan as well as any earnings received on your contributions. Scripps Health matching contributions, annual contributions and any earnings thereon vest according to the following schedule:

Years of Service	Percent Vested
1	25%
2	50%
3 or more	100%

Withdrawals

Withdrawals from the Plan are generally permitted when you terminate employment, retire, become totally and permanently disabled, or die. You may also withdraw funds from your employee after-tax account while still employed at Scripps. Pre-retirement withdrawals may be subject to income taxes and early withdrawal penalties. Employer matching contributions, annual contributions, and the associated earnings are taxable upon withdrawal.

Investment Choices

You have a wide range of investment options available. In addition to the 'core' funds, you may invest in any mutual fund offered through Fidelity Investments. If you do not make an investment election, your funds will be invested in the Fidelity Freedom 2010 Fund.

Retiree 401(h) Health Insurance Savings Account

The Retiree 401(h) Health Insurance Savings Account, also known as the 401(h) account, helps you plan for retirement by saving for post-retirement health insurance premiums. A key advantage of this account is that distributions you receive at retirement for reimbursement of health insurance premiums for you, your spouse or your dependents are **tax-free**.

If you participate in the Scripps Health Retirement Savings Plan, you may elect to place up to 25 percent of your total plan contributions into your 401(h) account. For example, if you are currently contributing three percent of your eligible compensation to the Scripps Health Retirement Savings Plan, and Scripps Health is contributing a three percent match, a total of six percent is contributed to your Retirement Savings Account annually. This means that 25 percent of the six percent contribution total may be directed to the Retiree 401(h) Health Insurance Savings Account.

Funds accumulated in the Retiree Health Insurance Savings Account are to be used solely to reimburse post-retirement health insurance premiums. Funds remain as part of the Scripps Health Retirement Savings Plan until you reach retirement age. These funds may not be transferred to another retirement plan or rolled over to an IRA.

Please review all program restrictions carefully prior to enrolling.



Scripps Health Voluntary 403(b) Savings Plan

Reduce your tax bill while building a nest egg for retirement.

The Scripps Health Voluntary 403(b) Savings Plan is a non-employer sponsored, non-ERISA* plan designed to make saving for your retirement simple and convenient. Investing for your retirement with pre-tax dollars means that you have more money to invest — and your investment earnings grow on a tax-deferred basis. Taxes are due upon distribution. You may enroll at any time and contribute as little as \$25 of your pre-tax pay each pay period through payroll deductions. You may contribute up to 100 percent of your pay to the IRS set maximum.

If you are age 50 or older at anytime in 2008, you can also make a catch-up contribution.

Eligibility

The 403(b) Plan is available to all employees on the first day of employment.

Enrollment

The Voluntary 403(b) Plan is administered by Lincoln Financial Advisors. Representatives visit your work location on an ongoing basis to assist you with your enrollment, service existing accounts, and further explain the program. To participate, simply complete the enrollment forms with your representative. To contact a representative, call (619) 543-9995 or (800) 585-5347.

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Investment Choices

Lincoln Financial Group

Lincoln Life's Multi Fund Select® Individual Variable Annuity offers a fixed account and 34 separate investment options managed by multiple well-known managers.

The American Funds Group®

The American Funds Group® investment choices include 22 different mutual funds ranging from money market, bond, balanced and stock funds to international funds.



Fidelity Investments

The Fidelity Investment choices include all eligible Fidelity® mutual funds. There are 21 core funds ranging from money market, bond, balanced and stock funds to international funds covering all asset classes.

* Employee Retirement Income Security Act of 1974, as amended

Retiree Health Insurance Options

Helps you make the most of your golden years.

Whether you choose early retirement, a staged retirement, or retire at an age where you are Medicare eligible, there is a health insurance option available for you.

Staged Retirement

Scripps provides two tiers of health insurance coverage for employees who wish to step into retirement gradually by working limited hours.

If you choose to take early staged retirement at age 55, have been employed at Scripps for at least ten years and worked at least 1,000 hours in the previous calendar year, and elect to work 24 hours or more (based on business necessity) per pay period, you may be eligible to continue your medical, prescription, dental and life coverages at the same contribution level as part-time employees. If you have been employed for 20 years and meet the same criteria, you may be eligible to continue your medical, prescription, dental, and life coverages at the same contribution level as full-time employees.

Early Retirement

Employees planning to retire at age 55 with at least ten years of service are eligible to continue medical and prescription coverage through Scripps. This medical coverage is also offered to COBRA participants. Generally, group medical and prescription coverage rates, while higher than those of full-time employees, are significantly less than commercial rates available to individuals. Additionally, individuals will not have to re-establish eligibility under this program.

Employees participating in the Retiree Health Insurance Savings Account 401(h) feature of the Scripps Health Retirement Savings Plan may use funds from this account to reimburse premiums associated with these programs.



Medicare Eligible Retirement

Scripps has partnered with PacifiCare® to offer an enhanced Secure Horizons Group Retiree Medicare + Choice Plan. Secure Horizons is a health plan designed especially for people with both Medicare parts A & B. It provides medical care through well-known, experienced medical groups and physicians. You choose a participating facility where you wish to receive care and then select a primary care physician.

Secure Horizons is offered individually or through employer programs. Since Scripps is offering this program on a group basis, retirees receive enhanced benefits that are not available on an individual basis such as:

- \$10 copay for office visits
- 100 percent hospitalization coverage with unlimited days
- Formulary prescription copays of \$7 generic, \$14 brand with no annual limit
- Vision, hearing and chiropractic benefits
- “A Solution for Caregivers” program
- Non-Medicare eligible dependent coverage

For additional information, please contact Secure Horizons at (858) 658-8536 to schedule a one-on-one consultation with a Secure Horizons representative or pick up an enrollment kit from your site Benefits Specialist.

Our Values

- *We provide the highest quality of service.*
- *We demonstrate complete respect for the rights of every individual.*
- *We care for our patients every day in a responsible and efficient manner.*



Voluntary Benefits

Short-term Disability

Universal Life

Critical Illness

Long-term Care

Group Legal Plan

Auto and Home Insurance

Voluntary benefits offer an extra layer of financial protection and security.

In addition to your **ScrippsSelect** core benefits, you may apply for coverage through a variety of individual non-sponsored voluntary benefit plans. The benefits are optional and do not replace any of your other benefits coverage. The voluntary benefit plans include:

- Short-term Disability
- Universal Life Insurance
- Critical Illness Insurance
- Long-term Care Insurance
- Group Legal Plan
- Auto and Home Insurance

You pay the full cost of voluntary benefits on an after-tax basis. Since you are purchasing these policies as an individual, you may be able to continue them if you terminate or retire (except for Short-term Disability Insurance).

Short-term Disability

If you became ill or injured for an extended time and were unable to work, how would you pay your bills? Voluntary Short-term Disability Insurance offered through ING ReliaStar provides a source of income to help “bridge the gap” from the time paid time off benefits end to when Long-term Disability benefits begin. You must be at least age 18 to elect coverage.

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How It Works

When you enroll, you choose a monthly benefit ranging from \$300 to \$5,000, based on income replacement guidelines, for covered disabilities. The benefit amount you select cannot exceed 30 percent of your regular monthly earnings.

If you become disabled and your claim for disability is approved, the plan pays a monthly benefit equal to 30 percent of your base pay, up to a maximum benefit of \$5,000. Benefits begin after a 30-day waiting period and continue for as long as you are disabled, up to six months.

The cost of coverage is based on your age at the time the policy is issued, as shown in the table:

Age Band	Monthly Cost per \$100 of Monthly Benefit
Ages 18-49	\$2.48
Ages 50-59	\$3.39
Ages 60+	\$3.80

Important Notes to Remember

- If you are a new employee and enroll in the Short-term Disability Plan, you are covered the first of the month following 90 days of employment.
- While you are disabled and receiving benefits, no premium contribution is due. This is called waiver of premium.
- The plan does not cover work-related illnesses or injuries.
- Any disability payments will be considered taxable income in the year they are paid.



Universal Life

Universal Life Insurance offered through Transamerica combines permanent life insurance coverage with the opportunity to grow cash value. Plan highlights include:

- Affordable employee contributions (as little as \$6.00 per pay-period)
- Cash Value Interest Rates (Guaranteed: four percent; Current: five and three-fourths percent)
- Portable (If you leave Scripps you can continue coverage on a direct home billing basis)
- “Add-a-Buck” feature allows you to add coverage without evidence of insurability
- Layoff Waiver
- Accelerated Death Benefit for Terminal Illness

Universal Life Insurance is a flexible, portable, permanent life insurance policy. It is coverage that you may keep when you retire or terminate employment.

Coverage Eligibility

To be eligible for coverage, employees must be between the ages of 16 and 70; spouses must be between the ages of 16 and 65; and children must be between the ages of 0 and 21.

Benefit Amounts

The maximum face amounts for Guarantee Issue coverage (no medical questions) is \$150,000. Spouse maximum face amounts for Conditional Guarantee Issue (few medical questions) is \$100,000. Children maximum Simplified Issue coverage is available to \$25,000.

Critical Illness

Critical Illness coverage offered through ING ReliaStar is designed to help survivors through the financial challenges associated with a critical illness. A lump-sum benefit will be paid directly to you upon diagnosis of any of the following specified critical illnesses or procedures:

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- Renal (Kidney) Failure
- Paralysis
- Coma
- Coronary Artery Bypass Surgery (limited to 25 percent of covered benefit)
- Carcinoma in Situ (limited to 25 percent of covered benefit)

Coverage is also available for your spouse and children. Spouse coverage is limited to 50 percent of the employee’s benefit. Children’s coverage is available in two benefit levels: \$2,500 or \$5,000.

You may contact ING ReliaStar at (800) 537-5024 for any questions relating to the Critical Illness program.





Long-term Care

Today, nearly one in two Americans need long-term care to assist with everyday living activities. Not all of these individuals are elderly; nearly 40 percent are working-age adults below the age of 65. Chronic illness, injury and advancing age are some of the reasons you or a family member may benefit from this long term care coverage.

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Long-term care services may be provided in a variety of settings, including nursing home facilities, assisted living facilities, community care facilities and home care.

Coverage Amounts

The Plan (offered through Continental Casualty Company) provides a choice of either a three-year or five-year benefit duration with maximum daily benefits of \$100, \$150 or \$200.

If you enroll when first eligible, you may elect Long-term Care coverage on a Guarantee Issue basis using a short enrollment form. You may apply at a later date using a short form application with some underwriting. Spouses and legal domiciled adults can elect coverage at any time using a short form application with underwriting. Dependent adults, parents, parents-in-law, grandparents and grandparents-in-law are also eligible to apply for coverage at any time by completing a long form application with complete underwriting. Coverage for an employee, spouse or legal domiciled adult may be paid by payroll deduction. All other coverage is paid on a direct bill basis.

For any questions about the plan, contact Continental Casualty Company at (877) 777-9072 or www.LTCBenefits.com (company code: scrippsgltc).

Group Legal Plan

Hyatt Legal offers you and your family value, convenience and peace of mind.

Access to Over 9,500 Attorneys

Hyatt Legal provides access to a national network of more than 9,500 attorneys. If you prefer, you may use your own attorney and be reimbursed according to a set fee schedule.

Fully Covered Services

The attorney fees for "Covered" personal legal services are fully paid for by the Plan when you use a Plan Attorney. There are no limits on the number of times you may use the Plan, and there are no dollar limits on your use of a Plan Attorney for "Covered" Services. Some services provided include:

- Wills and Estate Planning
- Personal Bankruptcy
- Identity Theft Defense
- Protection from Domestic Violence
- Juvenile Court Defense
- Traffic Ticket Defense (no DUI)

For a complete list of services contact Hyatt Legal Plans toll-free at **(800) 821-6400** and request a "Fact Sheet."

Using the Plan

Once enrolled, call Hyatt Legal Plans toll-free at **(800) 821-6400**. A Client Service Representative will confirm that you are eligible to use the Plan and will give you the address and telephone number of the attorney(s) located most conveniently to you, as well as a case number. Once you have this information, you may contact the attorney yourself to schedule an appointment. You may also access services through their website www.LegalPlans.com - simply click on **Members Log in** or learn more about the plan through the **Thinking about enrolling** section – your password is **5260010**.

Auto and Home Insurance

To meet your auto and home insurance needs, Scripps has partnered with Liberty Mutual not only because of its competitive rates, but because it is the largest voluntary group auto and home insurance program in the U.S. This program offers group discounts of up to 20 percent off Liberty Mutual's already competitive auto insurance rates and seven percent off home insurance rates*.

Other benefits include:

- Rates guaranteed for 12 months
- Convenient premium payments via payroll deductions, checking account or direct bill
- 24-hour Emergency Roadside Assistance**
(in U.S. and Canada)
- 24-hour claims service
- Additional savings opportunities on other types of personal insurance

For quotes and more information, contact Liberty Mutual at (800) 890-5579 Monday through Friday from 7 a.m. to 11 p.m. and Saturday from 7 a.m. to 6:30 p.m. (ET). To receive your discount, mention you are a Scripps Health employee (client code #111710).

** Discounts and credits are available where state laws and regulations allow and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify.*

*** Service applies to auto policyholders and is provided by Cross Country Motor Club of Boston, Inc., Boston MA or through Cross Country Motor Club of California, Inc., Boston, MA. A consumer report from a consumer reporting agency and/or a motor vehicle report on all drivers listed on your policy may be obtained where state laws and regulations allow.*

Coverage provided and underwritten by Liberty Insurance Company and its affiliates, 175 Berkley Street, Boston, MA.





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A Note About Voluntary Benefits

Voluntary Benefits described on pages 36-39 are designed to give benefit-eligible employees and their eligible dependents access to a variety of programs offering additional financial security and protection.

Scripps is not a plan sponsor or a plan fiduciary for any of the following benefits:

- **Short-term Disability**
- **Universal Life**
- **Critical Illness**
- **Long-term Care**
- **Group Legal Plan**
- **Auto and Home Insurance**

In addition, these benefit programs are not part of the **ScrippsSelect** benefits program and they are not covered under ERISA*. Scripps does not endorse, recommend or guarantee any of these insurance arrangements and you should review the policies carefully to determine whether they are appropriate for your needs. Administration of the programs is performed by the applicable insurance carriers. Scripps does not guarantee or verify the accuracy of any statements made in the carriers' printed materials or websites. At your option, you may consult with your own personal accountant, legal and/or tax professionals before electing any of the voluntary products.

*Employee Income Security Act of 1974, as amended



Time-Off Benefits

Paid Time Off (PTO)

Paid Short-term Disability (PSD)

Jury Duty

Bereavement Leave

Paid Time Off (PTO)

The Paid Time Off (PTO) program is designed to provide you with more flexibility in using your vacation, sick time, and holiday time.

How It Works

All full-time and part-time benefit-eligible employees earn PTO based on an accrual rate designed to provide paid time off for vacation, legal and personal holidays, personal and family needs, emergencies and incidental sick time. Each year, you accrue PTO hours based on the number of eligible hours you are paid each pay period up to a full-time equivalent (80 hours), your length of service, and your position at Scripps.

Non-Management Employee PTO Accrual Rates

Length of Service	Accrual Rate Per Eligible Hour, 8 & 10-Hr Shifts	Accrual Rate Per Eligible Hour, 12-Hr Shifts	Hours Accrued per Year for a FT Emp
0-48 months	.0923	.1025	192 hours
49-108 months	.1115	.1239	232 hours
109 months or more	.1308	.1453	272 hours

Management Employee PTO Accrual Rates

Length of Service	Accrual Rate Per Eligible Hour	Hours Accrued Per Year
0-12 months	.0923	192 hours
13-48 months	.1115	232 hours
49 months or more	.1308	272 hours

Important Notes to Remember

- Employees begin accruing PTO on their first day of employment.
- The PTO maximum accrual cap is 440 hours.
- Your current PTO accumulation is shown on your paycheck stub.
- If you end your employment with Scripps, your accumulated PTO will be cashed out and paid to you upon departure.

For additional information regarding PTO Cash Out/Withdrawal provisions and PTO Donations, please see your site Benefits Specialist or look up the Paid Time Off Program (PTO) - Policy #307 on ScrippsNet.



Paid Short-term Disability (PSD)

Paid Short-term Disability (PSD) is accrued separately from PTO and is used for absences of more than two work days due to extended illness, hospitalization, inpatient/outpatient surgery, pregnancy disability, invasive medical procedures or work related injury or illness.

How It Works

All full-time and part-time benefit eligible employees earn PSD at the rate of .0269 hours per eligible hour paid each pay period up to a full-time equivalent (80 hours). The maximum accrual of PSD for a full-time employee is 56 hours per year with a maximum PSD balance of 480 hours. Employees are eligible to accrue and use PSD from their date of hire.

You may use PSD after the first 16 hours of an absence due to your own personal illness or injury or to attend to a sick child, spouse, parent, or legal domiciled adult with an illness or injury. If you have ten or more years of service, you may use PSD after the first eight work hours you are absent.

PSD may be used beginning on the first hour of work missed if the absence is due to your hospitalization, outpatient surgery, a work related injury or illness, or a disability due to pregnancy.

If you take time off to attend to a sick child, spouse, parent, or legal domiciled adult who is hospitalized or has outpatient surgery, you may use one half of your annual PSD accrual beginning on the first hour of work missed.

For additional information regarding PSD, please see your site Benefits Specialist or look up the Paid Short-term Disability Program (PSD) – Policy #308 on ScrippsNet.

Jury Duty

After 90 days of employment, all full-time and part-time benefit-eligible employees are granted up to five days (40 hours) paid time off while serving on jury duty.

Bereavement Leave

All full-time and part-time benefit-eligible employees are given up to three days (24 hours) paid time off due to the death of your family member (pro-rated for part-time employees).



2006 Awards and Accolades

BEST EMPLOYER

Scripps Health named one of the country's 50 best employers for workers age 50 or over.

— AARP

Scripps Health selected as Best Place to Work in San Diego for companies with 500 or more employees.

— *San Diego Magazine*

Scripps Health named to the Working Mother 100 Best Employers list.

— *Working Mother Magazine*

BEST HOSPITAL IN SAN DIEGO

Scripps voted "Best Hospital" by readers of the San Diego Union-Tribune and Sign-On San Diego.

— *San Diego Union Tribune*

CARDIAC CARE

Scripps Memorial Hospital La Jolla named one of America's Best Hospitals for cardiac care.

— *U.S. News & World Report*

CLINICAL EXCELLENCE

Scripps Memorial Hospital La Jolla honored with the VHA Leadership Award for Operational Excellence in recognition of a high level of operational performance.

— VHA

Scripps Memorial Hospital La Jolla recognized with a Consumer Choice #1 Award for most preferred hospital, overall quality and image.

— *National Research Corporation*

Scripps Memorial Hospital Encinitas recognized as a Distinguished Hospital for Clinical Excellence™.

— *HealthGrades®*

Scripps Memorial Hospital La Jolla recognized as a Distinguished Hospital for Patient Safety™.

— *HealthGrades®*

CRITICAL CARE

Scripps Mercy Hospital and Scripps Mercy Hospital Chula Vista both received Critical Care Excellence Award™.

— *HealthGrades®*

DIABETES CARE

The Whittier Institute for Diabetes, a subsidiary of Scripps Health, recognized as 20th in the nation for endocrinology care.

— *U.S. News & World Report*

MAGNET HOSPITAL DESIGNATION

Scripps Memorial Hospital La Jolla achieved Magnet designation for demonstrated excellence in clinical practice – first in San Diego and one of only five hospitals in California to receive this designation.

— *American Nursing Credentialing Center, American Nurses Association (ANA)*

MATERNITY CARE

Scripps Memorial Hospital La Jolla received Maternity Care Specialty Excellence Award™.

— *HealthGrades®*

MEDICAL GROUP EXCELLENCE

Scripps Mercy Medical Group recognized as the No. 1 medical group in San Diego County for overall care.

— *California Cooperative Healthcare Reporting Initiative (CCHRI)*

NOVA AWARD

Awarded to Scripps Health and The Whittier Institute for Diabetes for collaborative efforts to improve community health through Project Dulce, a Scripps Whittier community health program.

— *American Hospital Association*

ORTHOPEDIC CARE

Scripps Green Hospital recognized as a Distinguished Hospital for Specialty Excellence in Orthopedics™.

— *HealthGrades®*

STROKE CARE

Scripps Memorial Hospital Encinitas named an "Official Participating Hospital" in the "Get with the Guidelines" Stroke Program.

— *American Stroke Association*

Scripps Memorial Hospital Encinitas recognized with a Gold Seal of Approval as a Primary Stroke Center – the only North San Diego County hospital to earn this accreditation.

— *Joint Commission on Accreditation of Healthcare Organizations (JCAHO)*

Scripps Mercy Hospital received Stroke Care Excellence Award™.

— *HealthGrades®*



Scripps Center for Learning

Clinical Education Loan Scholarship

Tuition Reimbursement

President's Scholarship Program

Scripps Center for Learning

Scripps promotes and supports professional development and learning opportunities for all employees. The Scripps Center for Learning (CFL) offers educational opportunities and resources for employees as well as leadership development for managerial staff.

CFL initiates the learning process for new employees entering the organization through the New Employee Orientation held weekly.

Also offered through the Center for Learning are:

- 40-hour New Leader Orientation
- Franklin Covey Courses on Achieving Your Highest Priorities
- Leadership Development Courses by the Advisory Board Company

To support the continual development of Scripps employees, the Center for Learning administers Scripps educational scholarship and loan programs, including tuition reimbursement, President's Scholarship and Clinical Education Loan Scholarship programs. When combined, employees have the opportunity to receive up to \$5,000 for tuition and education per year.



Clinical Education Loan Scholarship

Established in October 2004, the Clinical Education Loan Scholarship is open to those employees and dependents who are pursuing an education in a "critical to fill" positions such as registered nursing. The program provides financial assistance through loan scholarships of up to \$2,500 per year with a total maximum loan amount of \$5,000.

Tuition Reimbursement

Scripps employees may receive reimbursement for tuition and other related expenses for college courses or continuing education courses (CEU) of up to \$1,500 per calendar year. Scripps provides reimbursement for tuition and textbook fees for qualified courses to benefits eligible full-time and part-time employees.

President's Scholarship Program

Scripps supports and promotes those employees who wish to further their career and education by pursuing a college degree or certificate. Employees in good standing who have been employed by Scripps for at least one year may apply for the President's Scholarship. Each year, 100 scholarships of up to \$1,000 are awarded to employees.

Scripps Education Benefits At-a-Glance

Education Program	Type of Program	Maximum Eligible Amount	Application period and deadline
Clinical Education Scholarship	Educational Loan	\$2,500/year \$5,000 maximum	Enrollment periods are once a year, July/August
Tuition Reimbursement	Reimbursement	\$1,500	Submission due no later than 3 months after the last class session
President's Scholarship	Scholarship Grant	\$1,000	Applications available in the spring

For more information regarding Center for Learning programs, please contact (858) 715-7454 (tie 315) or visit ScrippsNet.



Work, Life and Family Benefits

LifeCare®

Elder Care/Professional Care Management Program (PCM)

Employee Assistance Program (EAP)

Adoption Reimbursement

Child Care Benefits

Transportation Discount Benefit

LifeCare®

Make Your Life a Little EasierSM with LifeCare®.

Whatever life throws at you, LifeCare® can help — 24 hours a day! LifeCare® is a Scripps-paid benefit that offers you and your family members free educational materials, personalized referrals, and an interactive web site to assist with:

- **Child Care & Parenting**—Care options, centers, in-home care, child safety, parenting resources, backup care, etc.
- **Successful AgingSM**—Short- and long-term care options, caregiving resources, retirement, backup care, etc.
- **Pregnancy & Adoption**—Prenatal care, birthing options, breastfeeding, domestic and international adoption resources, etc.
- **Health & Wellness**—Exercise programs, weight loss, nutrition, safety, etc.
- **Financial & Legal Concerns**—Free consultations with a local attorney! And free financial consultations to assist with budgeting, collections, bankruptcy, and credit/debt repair. Limits apply, call for details.
- **Daily Needs**—Home improvement, pet care, relocation, travel, time/stress management, etc.
- **Education**—Pre-K to college, financial aid, scholarships, special needs programs, etc.

Personalized Assistance

LifeCare® specialists will help you understand your options and provide personalized referrals to resources that meet your specific needs, including location, budget, and availability. Plus, you'll receive educational materials to help you make informed decisions, including Prenatal, Child Safety, and Adult Care "kits" that are loaded with free products and helpful information!

Interactive Web Tools

You can also log on to LifeCare's® web site to search for local resources; access interactive health tools; participate in on-demand webinars; and read tips, checklists, and in-depth information to help you more effectively manage your work and life responsibilities.



Try LifeCare® for Yourself

LifeCare® is provided at no cost to you, so try it today! Log on to www.LifeCare.com and look for the "Member Login" box. Not registered yet? Follow the "NEW USERS" link and enter Registration Code: **SCRIPPS** and Member ID: **your six-digit corporate ID**. For assistance logging on, contact the Help Desk at 888-604-9565.

Or call **866-273-1833** (800-873-1322 for TDD/TTY service) any time of the day or night.

Elder Care/Professional Care Management Program (PCM)

LifeCare® supports special needs of aging loved ones

With elder care issues on the rise, it is comforting to know that support is close by. The elder care specialists at LifeCare® are available 24 hours a day to help you understand your options and offer healthy aging assistance for your Mom, Dad and other loved ones.

LifeCare® Services

Whenever appropriate, a highly-qualified PCM will:

- Conduct up to four hours of company-paid in-person assessments*.
- Offer personal guidance and educational materials to help you understand your options.
- Evaluate adult care facilities and caregiving resources nationwide.
- Assist in securing and coordinating recommended care and services.
- Help manage adult ongoing and changing physical, mental, social and financial needs.
- Locate community resources that are recommended in your care plan.



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LifeCare® offers access to online caregiving tips, in-depth articles, on-demand webinars, a health encyclopedia and much more. In addition, you may request a free Adult Care Kit, which is loaded with helpful caregiving materials.

Your Care Connection

Contact LifeCare® for more information or answers to your questions. The LifeCare® phone number and login instructions are explained on the previous page.

What Is a Professional Care Manager (PCM)?

LifeCare's® PCMs are professional nurses and social workers who are trained in the assessment, care planning and care management of older adults. LifeCare's® PCMs are educated, well trained, experienced, reliable, and caring.

* Limits apply, call for details.

Employee Assistance Program (EAP)

Every now and then, caregivers need care too.

Recognizing that life events do not always go as planned, Scripps offers the Employee Assistance Program (EAP) to help you and your family members cope with problems and stress at work and/or at home. This free, confidential, short-term assessment and referral service can help with a variety of personal issues including work-related concerns, conflict resolution, marital or relationship concerns, grief and loss matters. All Scripps employees, volunteers, physicians, and their family members are eligible beginning on the date of hire. For more information, please call (858) 626-7450 or for a complete listing of the EAP team, look on ScrippsNet.



Adoption Reimbursement

Financial assistance for the parents-to-be

If you are adopting a child, you may be eligible for a financial reimbursement of up to \$2,000 through Scripps. The child must be under the age of 18 and may not be your child, your spouse's child, or your significant other's natural born child, stepchild or previously adopted child.

All full-time and part-time employees with at least one year of service are eligible for the Adoption Reimbursement. Qualified expenses include private or public adoption fees from a licensed agency, and court and legal fees.

Expenses must be incurred after you become eligible for the reimbursement and must be submitted no later than three months after the adoption has been finalized. You may not be reimbursed for expenses that have been paid or reimbursed through another program.

Child Care Benefits

Where imagination and self-esteem flourish

Scripps has on-site child care facilities that offer discounted rates for children of benefit-eligible employees, and an off-site option for back-up child care. Employees must present proper ID to obtain the discount. Free registration is recommended at all facilities.

Gluck Child Care Center

On-site Facility

The Gluck Child Care Center is located on the campus of Green Hospital and Scripps Clinic Torrey Pines. Children of Scripps benefit-eligible employees receive priority enrollment in addition to a 15 percent discounted tuition rate.

The Center serves children ages three months to pre-school age in age-appropriate classrooms. The hours are 6:45 a.m. to 6:45 p.m. The program is staffed by fully-qualified teachers. Parents are always welcome and encouraged to visit.



The center's philosophy is to provide an integrated curriculum in which imagination and self-expression flourish. The childrens' daily experiences include creative arts, music and movement, critical thinking and problem solving, science, language and literacy development, and social interactions with peers. For more information, including a current fee schedule, contact the center at (858) 455-5220 or visit their website at www.GluckChildcare.org.

Bright Horizons

Back-up Child Care

The Bright Horizons Family Solutions is located in the UTC area and offers back-up child care for your planned needs and last minute emergencies such as school vacation, ill daycare provider, etc.

The secure facility provides experienced teachers with degrees in early childhood education and low ratios of children to teachers. The learning environment includes a thematic, educational curriculum appropriate for all ages of children from three months to 13 years of age.

You may use the benefit up to 20 days per child per calendar year, and Scripps offers convenient payroll deductions for Bright Horizons copayments. Prior to using the center, your child must be registered. To register, call (866) 273-2773 or visit www.BrightHorizons.com/backup. Reservations can be made in advance or up until the moment care is needed.

Transportation Discount Benefit

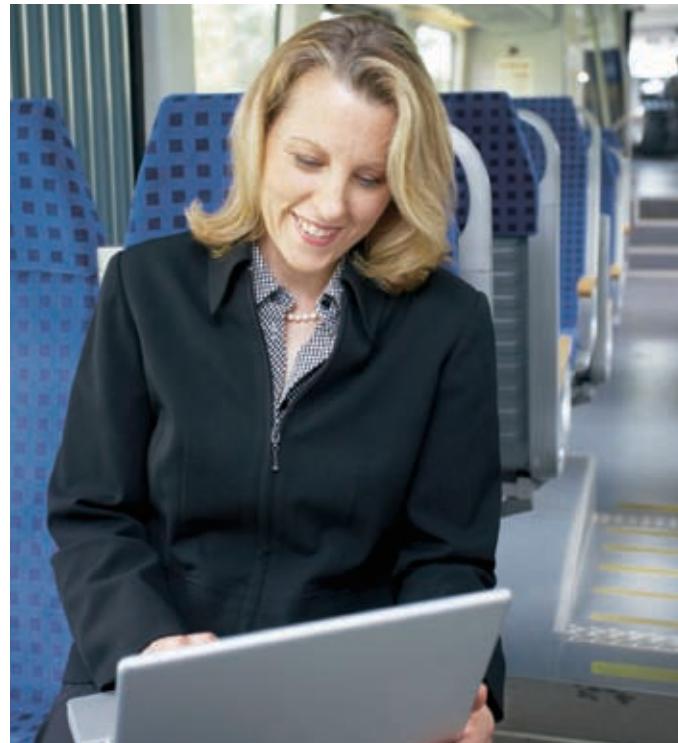
Scripps subsidizes a 30 percent discount for employees using public transportation such as bus, trolley or COASTER train.

If you're tired of fighting traffic on your way to work, take advantage of the Transportation Discount Benefit and beat the rush.

The Transportation Discount Benefit is designed to encourage employees to consider using public transportation to and from work such as bus, trolley or the COASTER. Our program benefits both employees and the environment by contributing to a work-life balance, as well as reducing global warming greenhouse gas emissions.

Here's how it works. Scripps will provide a 30 percent discount on the cost of your monthly transit pass when you purchase your pass through Scripps. In addition, you can save even more money by purchasing transit passes on a pre-tax basis through convenient payroll deduction (maximum of \$115 per month or \$1,200 per year).

To enroll in the program or for more information contact your site Benefits Specialist.





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Wellness and Health Promotion

Scripps Wellness Program

Massage Therapy Benefit

Fitness Clubs & Discounts

Scripps Wellness Program

Stay healthy, keep fit and live life to its fullest.

The Scripps Wellness program is a comprehensive, integrated approach to personal well-being and is available to all Scripps employees and their families. Scripps Wellness provides individuals with tools, resources and programs required to make healthy lifestyle choices and informed health care decisions.

The program features personal Wellness Assessments, educational tools and on-site activities and challenges to promote healthy lifestyles. A key interactive component of the program is a comprehensive, interactive website with the following features:

- Medical Resources.** In-depth information and self-directed guides regarding hundreds of health issues, including diseases, surgical procedures and medical self-care steps. The section also provides guides for prescription drugs, as well as herbal and natural supplements.



- HabiTracker.** Helps you record your daily activity, meals, body data and more. Use HabiTracker calculators to learn how many calories you should consume to lose weight.

- Daily Health News Updates.** Offers easy access to relevant and the most up-to-date health headlines.

Utilizing these tools, Scripps Wellness provides personalized feedback and suggestions regarding a variety of lifestyle behaviors, including physical activity, healthy eating, stress management, weight management and smoking cessation. Participants can also earn prizes and financial incentives by participating in Wellness activities.

As direct or indirect caregivers, we sometimes have to be reminded to take care of ourselves and the Scripps Wellness program provides valuable information and tools to maximize your personal health!

How It Works

Step 1: Call (858) 678-6184 or go to the Scripps Wellness Program Web site.

- From work:** Go to ScrippsNet through your web browser and click on Scripps [Wellness Program](#) under Notable Links on the Scripps Intranet home page.
- From home:** Connect to the Internet and enter the following URL: <http://www.ScrippsWellness.com>

Once you are on the login screen, follow these simple steps:

- Enter your Scripps Corporate ID.
- From the dropdown box, choose employee, spouse or dependent.
- Click “Enter Site.”
- Follow the directions on the next few screens to complete your Personal Profile with your own unique user name and password.

After you have created your Personal Profile, you are ready to take the Wellness Assessment. Simply click on “My Wellness Assessment” to begin.

Wellness for Family Members

Your immediate family members may also participate in the Wellness Program including the Wellness Assessment and a variety of wellness challenges. Family members do not qualify for incentives.

Step 2: Complete an Online Wellness Assessment. The Wellness Assessment is a questionnaire that guides you through a personal inventory of lifestyle, family and personal health issues. Your responses are evaluated against national standards and guidelines and your overall risk score is then differentiated between factors you can't change and those that you can affect.

When you are ready to complete the Wellness Assessment, you will be asked for the following information:

- Height and weight
- Blood pressure, cholesterol levels and blood glucose

If you don't have all of this information available when you are ready to complete the online Wellness Assessment, you can skip the applicable questions and come back to them at a later time. You can get the required information from your physician or by participating in a wellness screening held at various times during the year at each Scripps campus location.

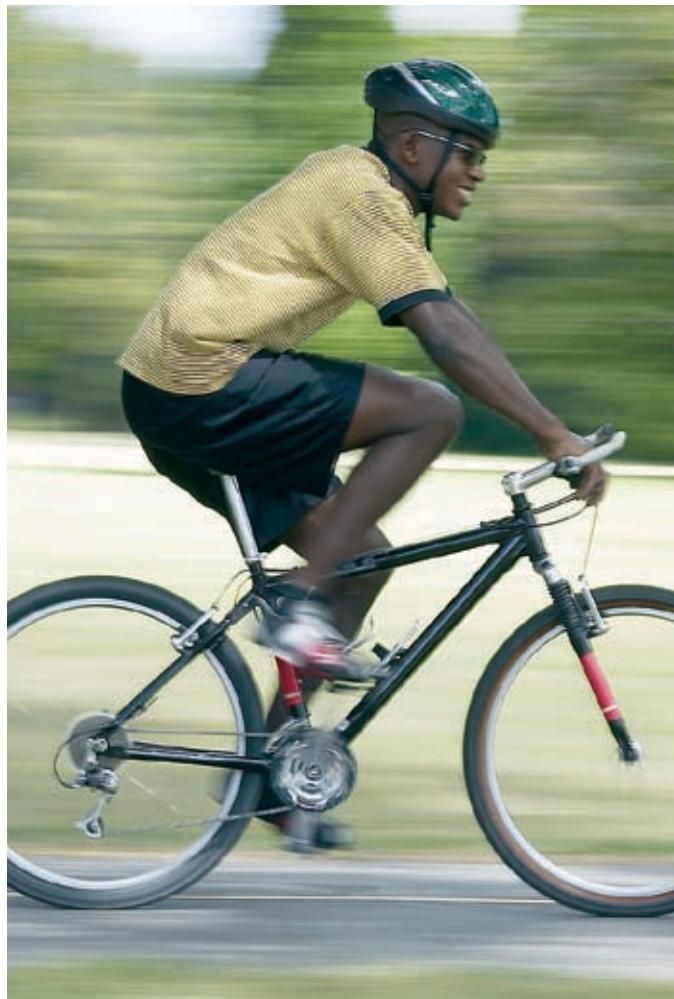
Keep an eye out for posters at your work location advertising the wellness screens. Also, watch for updates in *The Resource*, Scripps Human Resources newsletter.

Step 3: Receive your personal wellness report which explains each of your risk factors and how each one contributes to your overall health risk. Your plan will provide you with personalized strategies designed by health care professionals to help you make healthy choices, overcome obstacles, and achieve your goals.

Step 4: Participate in wellness activities and earn wellness credits. Once you have registered on the web site, click on the Search tab to find information about programs and activities you can access online or onsite. Here is a brief summary of the programs currently available online or onsite:

- Spring Physical Activity Challenge
- Summer Stress Management Challenge
- Fall Healthy Eating Challenge
- 12-week Smoking Cessation Program

Step 5: Receive your Wellness Incentives. You are eligible to participate in wellness events throughout the year. Participation will be encouraged by providing a variety of valuable incentives throughout the year.



Why Should I Participate?

Because it's about you. The Scripps Wellness Program offers you personalized information to match your interests, help you understand your personal health issues, and ultimately help you reach your health goals. And by starting with the health risk assessment first, the more personalized the program will become. You will be able to:

- Identify and understand your personal health risks.
- Receive recommendations for improving your health.
- Manage your specific conditions or concerns.
- Improve your lifestyle, including fitness, nutrition and stress needs.

For any questions you have about the Scripps Wellness Program, call (858) 678-6184 Monday through Friday from 8 a.m. to 5 p.m. PT.

Massage Therapy Benefit

All employees are eligible to receive six free on-site 15-minute chair massages per year using in-house licensed massage therapists. You may also purchase additional chair massage sessions at a substantial discount.



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Protecting Your Privacy

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal law protects the privacy of your data. An outside vendor will collect and store the data from the Health Risk Assessment and wellness screening in a secured data warehouse.

Scripps will have access to group information for research and discovery. This information will be used to determine Scripps health priorities, develop future programming and track the initiative's impact on health costs. Scripps will not be able to identify individual participants. Data will not be used to make decisions about your job status or benefit costs.

Fitness Clubs & Discounts

To promote health and fitness for you and your family members, Scripps offers membership discounts at the following fitness centers throughout San Diego. Proof of your current employment may be required to receive discounted offers and services. You may use your Scripps corporate ID number, your ID badge and/or active Scripps Health e-mail address as proof of employment.

Discount Restriction

The program codes, Web site addresses, promotional numbers and other discount-related identification are assigned to Scripps for the sole use of the employees at Scripps facilities and sites. You may not share these numbers or site addresses with anyone other than your eligible family members.

Scripps Memorial La Jolla Fitness Center

Located in the hospital, the Scripps Memorial La Jolla Fitness Center has locker rooms, workout facilities and exercise classes for a low monthly fee of \$10. Your membership fee can be conveniently deducted from your paycheck. For additional information or to enroll, call (858) 626-7466 (tie 311-7466).

Scripps Center for Integrated Medicine Fitness Center (formerly Shiley Fitness Center)

For enrollment and membership information, call (858) 554-3488 (tie 354-3488). Standard employee membership is \$44 per month, and you pay no initiation fee. Employees over age 55 will be required to provide written medical clearance. For each additional family member, the initiation fee is \$175 and dues are \$27 per month. The initiation fee is waived if your family member is also a Scripps employee.

No membership is required to participate in the exercise and aquatic classes which cost \$8 per day, \$35 per week, or \$65 per month.

24 Hour Fitness Center

The centers offer several membership options at costs of \$19 per month for All Club Active, \$24 per month for All Club Sport, and \$69.99 per month for All Club Ultra Sport memberships with no initiation fee for employees. Additional family members may join with you by paying an initiation fee of approximately \$49 and discounted monthly dues that vary from \$10 per month to \$25.99 per month, depending upon the type of Club membership.

To enroll, find a center near you, or obtain more information, you may call (800) 600-2907 ext. 2653, visit your local 24 Hour Fitness Center, or go online at www.24HourFitness.com and refer to code #11545CORP.

LA Fitness Center Sports Clubs

You can join an LA Fitness Center for \$29.99 per month. Family members can also join with you for \$29.99 per month and pay no initiation fee. You may call (800) LAFitness, contact your local LA Fitness Center, or visit them online at www.LAFitness.com for enrollment information.



2007 Awards and Accolades

BARIATRIC SURGERY

Scripps Memorial Hospital received the first-ever Bariatric Surgery Excellence Award™.

— *HealthGrades*®

BEST EMPLOYER

Scripps Health named one of the country's 50 best employers for workers age 50 or over.

— *AARP*

Scripps Health named to the Working Mother 100 Best Employers list.

— *Working Mother Magazine*

CARDIAC CARE

Scripps Memorial Hospital La Jolla named one of America's Best Hospitals for cardiac care.

— *U.S. News & World Report*

CLINICAL EXCELLENCE

Scripps Memorial Hospital Encinitas recognized as a Distinguished Hospital for Clinical Excellence™.

— *HealthGrades*®

Scripps Memorial Hospital La Jolla recognized as a Distinguished Hospital for Patient Safety™.

— *HealthGrades*®

CRITICAL CARE

Scripps Mercy Hospital received Critical Care Excellence Award™.

— *HealthGrades*®

GYNECOLOGY / WOMEN'S HEALTH

Scripps Memorial Hospital La Jolla named one of America's Best Hospitals for gynecology care.

— *U.S. News & World Report*

Scripps Memorial Hospital La Jolla recognized with Women's Health Excellence Award™.

— *HealthGrades*®

MATERNITY CARE

Scripps Memorial Hospital La Jolla received Maternity Care Specialty Excellence Award™.

— *HealthGrades*®

MEDICAL GROUP EXCELLENCE

Scripps Mercy Medical Group recognized as the No. 3 medical group in the state of California and the No. 1 medical group in San Diego County for overall care.

— *California Cooperative Healthcare Reporting Initiative (CCHRI)*

Scripps Clinic Medical Group named a "Top Overall Physician Organization" for the San Diego region.

— *Integrated Healthcare Association*

ORTHOPEDIC CARE

Scripps Green Hospital recognized as a Distinguished Hospital for Specialty Excellence in Orthopedics™.

— *HealthGrades*®

PULMONARY CARE

Scripps Mercy Hospital and Scripps Mercy Hospital Chula Vista both received Pulmonary Care Excellence Award™.

— *HealthGrades*®

STROKE CARE

Scripps Mercy Hospital and Scripps Mercy Hospital Chula Vista both received Stroke Care Excellence Award™.

— *HealthGrades*®



Additional Employee Benefits

Employee Referral Program

Flexible Pay Practices

Flexible Staffing and Scheduling

Entertainment Discounts

Credit Union and Banking Services

Employee Recognition Programs

Savings Bonds

Cellular Phones

Additional Employee Benefits

To round out the Life Cycle program

Employee Referral Program – employees receive bonuses for referrals that result in a hire. In addition, qualified referrals earn employees a chance at monthly drawings, quarterly getaways, and cash prizes.

Flexible Pay Practices – provides incentives for employees who work overtime.

Flexible Staffing and Scheduling – many departments offer alternative work schedules of 9, 10, and 12-hour work days. Many departments will also stagger start and stop times based on the employee's needs.



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Entertainment Discounts – San Diego county fair, Sea World, San Diego Zoo, Disneyland, Wild Animal Park, Legoland tickets, movie theater tickets.

Credit Union and Banking Services – memberships and discounted services available through the San Diego County Credit Union, San Diego Medical Federal Credit Union, Union Bank, and Bank of America.

Additional information about any of these benefits may be obtained from your site Benefits Specialist or on ScrippsNet.

Employee Recognition Programs – employee service awards, Values In Action, and many site specific events.

Savings Bonds – employees can purchase U.S. savings bonds through the convenience of payroll deduction.

Cellular Phones – discounts on products and/or services available through various providers. Proof of employment with Scripps (i.e., Scripps Corporate ID number and/or active Scripps Health e-mail address) may be required to receive discounts. **You may not share these discounts with anyone.**

AT&T Wireless

Refer to ScrippsNet for customer service contacts and applicable discounts available.

Sprint/Nextel Communications

Customer service: (888) 884-4649

Web site access: www.EVPDiscount.com/ScrippsHealth

Information: info@evpdiscount.com

T-Mobile

Customer service: (866) 464-8662

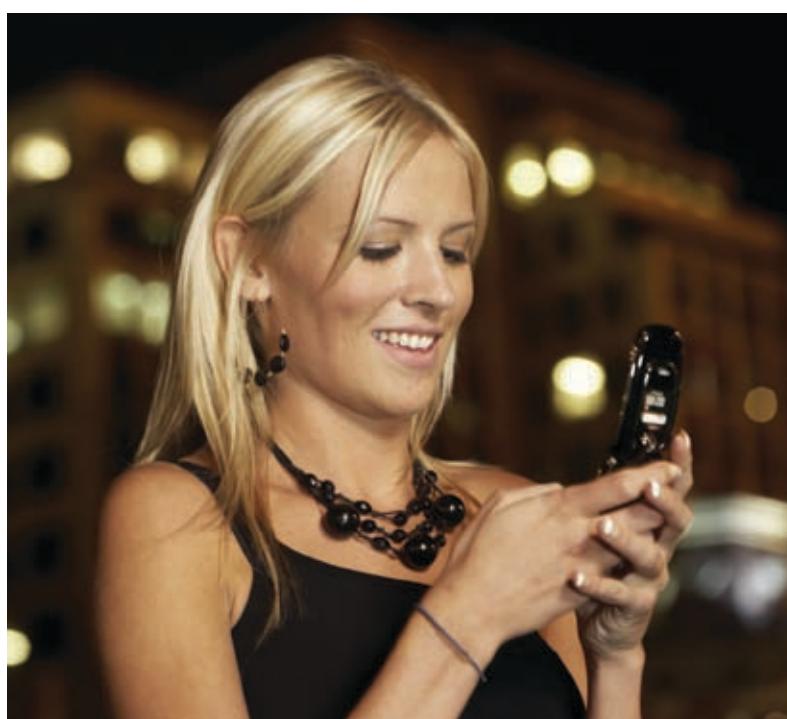
Web site access: Refer to site URL on ScrippsNet

Promo code: 849TMOFAV

Verizon Wireless

Customer service: (800) 922-0204

Web site access: www.VerizonWireless.com/Discount



Notes

Notes

This resource guide summarizes the benefits under the **Scripps Life Cycle Benefits / ScrippsSelect Benefits Program**, but it is not a contract. It does not include all plan rules and details and is not to be considered a certificate of coverage. The terms of your benefits are governed by legal plan documents, including insurance contracts. Should there be any differences between this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority. Scripps Health reserves the right to change, discontinue or terminate the benefit plans at any time.

Ask the Experts

For questions about your Life Cycle benefits, you should contact the companies that help manage and administer the plans. For additional assistance or for questions about enrollment, contact your site Benefits Specialist at (858) 678-6500.

Benefit	Company	Phone Number	Web Address
Medical Plans – Scripps EPO Plan – Scripps PPO Plan	Schaller Anderson of California Member Solution Center	(888) 897-4988	www.MyScrippsHealthPlan.com
Mental Health/Chemical Dependency	Schaller Anderson of California Behavioral Health	(888) 234-7222	www.MyScrippsHealthPlan.com
Chiropractic/Acupuncture (EPO Plan)	American Specialty Health Plan (ASHP)	(800) 678-9133	www.ASHCompanies.com
Vision Plan	MESVision (Medical Eye Services)	(800) 877-6372	www.MEVision.com
Dental PPO Network	First Dental Health	(800) 334-7244	www.FirstDentalHealth.com
Dental Eligibility & Claims Processing	Delta Health Systems	(888) 801-4402	www.DeltaHealthSystems.com
Long-term Disability	Unimerica (United HealthCare)	(866) 615-8727	www.Unimerica.com
Life and AD&D Insurance	Unimerica (United HealthCare)	(866) 615-8727	www.Unimerica.com
Flexible Spending Accounts (FSA) Health and Dependent Care	Creative Benefits, Inc.	(888) 295-5656	www.CreativeBenefits.com
Scripps Health 401(a) Retirement Savings Plan	Fidelity Investments	(800) 343-0860	www.MySavingsatWork.com
Scripps Health 401(h) Retirement Savings Plan	Scripps Benefits Office	(858) 678-6500	N/A
Scripps Health Voluntary 403(b) Savings Plan	Lincoln Financial Advisors	(619) 543-9995 (800) 585-5347	www.LFG.com
Retiree Health Insurance	Secure Horizons	(858) 658-8536	www.SecureHorizons.com
Voluntary Critical Illness Life Insurance	ING ReliaStar	(800) 537-5024	N/A
Voluntary Long-term Care Insurance	Continental Casualty Company	(877) 777-9072	www.LTCBenefits.com Enter company code: scrippsgltc
Voluntary Short-term Disability	ING ReliaStar	(800) 537-5024	N/A
Voluntary Universal Life Insurance	Transamerica Life	(800) 635-4467	N/A
Voluntary Group Legal Plan	Hyatt Legal	(800) 821-6400	www.LegalPlans.com Password: 5260010
Voluntary Auto and Home Insurance	Liberty Mutual	(800) 890-5579	www.LibertyMutual.com/LM/Scripps
Employee Assistance Program (EAP)	Scripps	(858) 626-7450	N/A
LifeCare® and Elder Care/Professional Care Management Program (PCM)	LifeCare®	(866) 273-1833	www.LifeCare.com Enter company code: scripps (in lower case)
Child Care Benefits	Gluck Child Care Center Bright Horizons	(858) 455-5220 (866) 273-2773	www.GluckChildcare.org www.BrightHorizons.com/Backup