Surgeon Joins SJMH Medical Staff

Stonewall Jackson Memorial Hospital (SJMH), in Weston, is pleased to announce the arrival of the newest member to the Hospital staff, surgeon Christine Evankovich Edwards, M.D. Dr. Edwards has 19 years in the field.

She was born in western Pennsylvania but loves the people and State of WV.

“West Virginia is really my home and I am so happy to be back here,” noted the surgeon.

Dr. Edwards received her undergraduate degree from the University of West Florida (Pensacola) in biology and pre-med. Her medical degree and surgical training was received at the University of South Alabama College of Medicine. When asked why she chose surgery as her specialty her answer was simple.

“I think of surgery as a calling. As soon as I walked into the operating room my career decision was made,” she said.

Dr. Edwards has four children- Alexander, 20, and Alexis, 19, who are both in college. Daughters Kaleigh, 15, and Kiley, 13, are enrolled in Randolph County schools for the coming year. She also has two dogs. Stella is her lab and Jasmine, a mixed boxer/terrier.

Dr. Edwards is well experienced in a wide array of procedures including: laparoscopic surgery, breast surgery, hernia repair, cancer and skin surgeries, colonoscopy and a special interest is lapnissen for reflux disease.

Her office will be located at 66 Hospital Plaza and the phone number is 304-269-6004.

Our Jeanette Woods is requesting our staff to help provide canine and feline goodies for the animals at the local animal shelter in Buckhannon. Bring food, leashes, collars, etc. The items can be gently used. Call Jeanette in surgery to donate.
### Stonewall Jackson Memorial Hospital

### Emergency Codes

<table>
<thead>
<tr>
<th>Activate Emergency Operations</th>
<th>Internal or External Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Shooter</td>
<td>Active Shooter</td>
</tr>
<tr>
<td>Code Amber</td>
<td>Missing Child</td>
</tr>
<tr>
<td>Code Black</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Security Needed</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazmat Spill (internal)</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Missing Infant</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Severe Weather</td>
<td>Impending Severe Weather</td>
</tr>
<tr>
<td>Elopement</td>
<td>Missing Adult Patient</td>
</tr>
</tbody>
</table>

### Aliayah’s Walk for Hope Registration Form

- August 18, 2018 – Slanesville Park, Hampshire County, WV 10AM – 1PM
- September 8, 2018 – Lewis County Park, Lewis County, WV 10AM – 1PM

REGISTRATION FEE: $10 PER PERSON (Children 10 and under FREE)

OPTIONAL T-SHIRT: $17 PER SHIRT (T-Shirt Deadline is 2 weeks prior to Event)

MAIL REGISTRATION FEES TO: The Aliayah Lunsford Foundation, 2329 Hickory Corner Rd, Augusta, WV 26704

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<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>AGE</th>
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<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>EMAIL</th>
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<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
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<thead>
<tr>
<th>CELL PHONE</th>
<th>EMERGENCY CONTACT NUMBER</th>
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</table>

NAME OF ORGANIZATION (IF PART OF A GROUP)

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<tr>
<th>FEE</th>
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REGISTRATION:

<table>
<thead>
<tr>
<th>PEE</th>
<th>OPTIONAL T-SHIRT $17 PER SHIRT</th>
<th>T-SHIRT SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10</td>
<td>$17</td>
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</tbody>
</table>

TOTAL FUNDS ENCLOSED

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your ALIAYAH’S WALK FOR HOPE, on behalf of myself, my heirs, executors, administrators and assigns, I hear by waive and release any and all rights and claims for damages which I may have against you, the properties through which the ALIAYAH’S WALK FOR HOPE will take place, as well as any person(s) connected with the ALIAYAH’S WALK FOR HOPE, their heirs, executors, administrator, successors and assigns for any and all injuries which I may suffer while taking part in the ALIAYAH’S WALK FOR HOPE, or as a result thereof. I also allow the ALIAYAH’S WALK FOR HOPE and its affiliates the right to publish, print, display, record and use my name, image and likeness while at the ALIAYAH’S WALK FOR HOPE in any and all media now known or hereafter devised.

Walkers under the age of 13 must be accompanied by an adult.

Walkers under the age of 18 must have this application signed by a parent or guardian.

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$15 per HAND 1ST ANNUAL SEPT 15 2018

ALIAYAH LUNSFORD MEMORIAL POKER RUN
ALL PROCEEDS GO TO CASA AND THE ALIAYAH LUNSFORD FOUNDATION

STARTS AND ENDS AT BRYAN AND BRENT’S PLACE MOUND AVE WESTON WV

SIGN UP 10 A.M. LAST BIKE OUT NOON LAST BIKE IN 5 P.M.
RAIN OR SHINE LIVE MUSIC BY THE EDMOND DAIVSOUND BAND

FOOD TRUCK WILL BE AVAILABLE 50/50 - DOOR PRIZE - RAFFLES

FOR MORE INFO OR DONATIONS DESIRENE ENGLEHART MATHENY 304-782-9966

---

Nah 7/31/2018

Emergency Codes

- Activate Emergency Operations
  - Active Shooter
  - Code Amber
  - Code Black
  - Code Gray
  - Code Orange
  - Code Pink
  - Code Red
  - Code Severe Weather
  - Elopement

- Internal or External Event
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  - Missing Child
  - Bomb Threat
  - Security Needed
  - Hazmat Spill (internal)
  - Missing Infant
  - Fire
  - Impending Severe Weather
  - Missing Adult Patient
Sam's Club
SOLD IN FIELD MEMBERSHIP PROGRAM

We are pleased to announce our partnership again this year with Sam’s Club® to bring you the benefits of membership through their Sold in Field Membership Program. By purchasing a membership, we are offering you, our valued employees, a way to save on personal items for yourselves and your families.

The PLUS MEMBERSHIP is $107 (including tax)
The regular SAVINGS MEMBERSHIP is $48.15 (including tax)

As a thank you for joining or renewing, you will receive an exclusive instant savings package valued at $140. Plus members will receive an additional $100 in savings.

ONLY NEW MEMBERS WILL RECEIVE A $10 GIFT CARD.
Forms must be returned to Rhonda Mitchell by August 27th, 2018.
Payroll deduction will be made on your September 20, 2018 Pay.

Sam's Club Sold in Field Membership Program Interest and Enrollment Form

Are you already a Sam’s Club Member?  Y / N

Existing members, please enter the last 9 digits of your membership number: ______________________

Please Print

Name: ____________________________  Home Phone: ____________________________

Street address: ____________________________  City: ____________________________

                         ____________________________  Zip: ____________________________

State: ____________________________  Driver’s License #: ____________________________

DOB: ____________________________  Email Address: ____________________________

Secondary Cardholder information

Name: ____________________________  DOB: ____________________________

FORM MUST BE FILLED OUT FOR ALL NEW AND RENEWED MEMBERSHIP
CHANGES TO YOUR MEDICAL INSURANCE FOR SEPTEMBER 1, 2018

TIER 3 IS NOW FOR MON-HEALTH SYSTEM SERVICES
TIER 4 IS NOW ALL OTHER PROVIDERS OUTSIDE OF SJMH & MHS SERVICES

**SUMMARY OF BENEFITS**

Providers outside the PHO Network must be approved by HR to be considered under the insurance plan. Out of pocket expenses for services approved by HR, but rendered by a provider that does not participate in the Blue Cross Blue Shield network do not accumulate toward the total maximum out of pocket.

*It is a requirement that an Exception Form (available in your Human Resources or Physician’s Office) must be completed by your provider and returned to the Human Resources Office for services not rendered at SJMH or performed by an SJMH PHO provider. Emergency Accident Care and Emergency Medical Care in the ER is excluded from this requirement.*

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>September 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Period (used for Deductible and Coinsurance limits; and certain benefit frequencies)</td>
<td>January 1 through December 31 (Calendar Year)</td>
</tr>
</tbody>
</table>

**Deductible (Cross applies to PHO Network and All Other Providers)**

<table>
<thead>
<tr>
<th></th>
<th>SJM Hospital and TIER-1 EMPLOYED PROVIDERS</th>
<th>SJM TIER-2 PRIVILEGED PROVIDERS</th>
<th>MON-HEALTH SYSTEM TIER-3 for services not available at SJMH with HR approval</th>
<th>TIER 4 - All Other Providers (only with HR-approved referral or exception)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$100 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>$250 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>$400 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>$1,000 &lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Family (may be met collectively)</td>
<td>$200 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>$500 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>$600 &lt;sup&gt;a&lt;/sup&gt;</td>
<td>$2,000 &lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Carry Over Deductible Period**

None <sup>a</sup>

**Coinsurance Limit**

<table>
<thead>
<tr>
<th></th>
<th>SJM Hospital and TIER-1 EMPLOYED PROVIDERS</th>
<th>SJM TIER-2 PRIVILEGED PROVIDERS</th>
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<th>TIER 4 - All Other Providers (only with HR-approved referral or exception)</th>
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</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Does Not Apply</td>
<td>Does Not Apply</td>
<td>$2,000 &lt;sup&gt;b&lt;/sup&gt;</td>
<td>$4,000 &lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Family (may be met collectively)</td>
<td>Does Not Apply</td>
<td>Does Not Apply</td>
<td>$4,000 &lt;sup&gt;b&lt;/sup&gt;</td>
<td>$8,000 &lt;sup&gt;b&lt;/sup&gt;</td>
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</tbody>
</table>

**Total Maximum Out-of-Pocket**

(includes Deductible, Copays, ReCopays, Coinsurance per Benefit Period; Network only)

<table>
<thead>
<tr>
<th></th>
<th>SJM Hospital and TIER-1 EMPLOYED PROVIDERS</th>
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<tbody>
<tr>
<td>Individual</td>
<td></td>
<td>$7,150 &lt;sup&gt;c&lt;/sup&gt;</td>
<td>$7,150 &lt;sup&gt;c&lt;/sup&gt;</td>
<td>$7,150 &lt;sup&gt;c&lt;/sup&gt;</td>
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<tr>
<td>Family (may be met collectively)</td>
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<td>$14,300 &lt;sup&gt;c&lt;/sup&gt;</td>
<td>$14,300 &lt;sup&gt;c&lt;/sup&gt;</td>
<td>$14,300 &lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Non-Network Liability**

Unlimited <sup>d</sup>

**Lifetime Maximum Benefit for all Covered Services**

Unlimited <sup>d</sup>

**BENEFIT HIGHLIGHTS**

<table>
<thead>
<tr>
<th></th>
<th>SJM Hospital and TIER-1 EMPLOYED PROVIDERS</th>
<th>SJM TIER-2 PRIVILEGED PROVIDERS</th>
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<th>TIER 4 - All Other Providers (only with HR-approved referral or exception)</th>
</tr>
</thead>
<tbody>
<tr>
<td>After deductible unless otherwise specified</td>
<td>After deductible unless otherwise specified</td>
<td>After deductible unless otherwise specified</td>
<td>After deductible unless otherwise specified</td>
<td>After deductible unless otherwise specified</td>
</tr>
</tbody>
</table>

**Medical Office Visit/Office Consultation**

- (Includes Specialist/In-Person/Virtual): Applies to Charges for visits only. Does not apply to other services received during visits.
- $10 Primary, $20 Specialist: rest of cost of office visit subject to deductible

**Coverage after Deductible is met**

<table>
<thead>
<tr>
<th></th>
<th>SJM Hospital and TIER-1 EMPLOYED PROVIDERS</th>
<th>SJM TIER-2 PRIVILEGED PROVIDERS</th>
<th>MON-HEALTH SYSTEM TIER-3 for services not available at SJMH with HR approval</th>
<th>TIER 4 - All Other Providers (only with HR-approved referral or exception)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>85%</td>
<td>70%</td>
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</table>
# HEALTH PLAN - 2018-2019 SEMI-MONTHLY PREMIUMS (1st/2nd pay periods)

<table>
<thead>
<tr>
<th>FULL-TIME EMPLOYEES</th>
<th>NON-TOBACCO USERS</th>
<th>TOBACCO USERS</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>^EE Pays</td>
<td>^ER Pays</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$57.00</td>
<td>$238.87</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$150.00</td>
<td>$589.68</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$150.00</td>
<td>$589.68</td>
</tr>
<tr>
<td>Employee &amp; Spouse &amp; Children</td>
<td>$150.00</td>
<td>$589.68</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART-TIME EMPLOYEES</th>
<th>NON-TOBACCO USERS</th>
<th>TOBACCO USERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>^EE Pays</td>
<td>^ER Pays</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$220.00</td>
<td>$75.87</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$530.00</td>
<td>$229.68</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$530.00</td>
<td>$229.68</td>
</tr>
<tr>
<td>Employee &amp; Spouse &amp; Children</td>
<td>$530.00</td>
<td>$229.68</td>
</tr>
</tbody>
</table>
New employees in the August 2018 orientation class included, seated, left to right – Rene Denise, RN (OB), Stephanie Sears, CNA (Med/Surg), Shawn Lantz, RN (OR), Michelle Raines (OR); standing left to right – Beth Gowen, HIM Tech (HIM), Kaitlyn Carlton, Receptionist (Dr. Pearson’s Office), Elizabeth Howlett, Coder (Patient Financial Services), Erick Croaff, Pharmacist.

Learn to control your DIABETES

Are you a person with Medicare who has diabetes or know someone who does? Sign up today for a FREE 6-week class in your area.

Class Location:
Criss Manor, 124 1st St., Weston

<table>
<thead>
<tr>
<th>Session #1: Date</th>
<th>Time</th>
<th>Session #2: Date</th>
<th>Time</th>
<th>Session #3: Date</th>
<th>Time</th>
<th>Session #4: Date</th>
<th>Time</th>
<th>Session #5: Date</th>
<th>Time</th>
<th>Session #6: Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>THURSDAY, AUG 9</td>
<td>4:00 PM – 6:00 PM</td>
<td>THURSDAY, AUG 16</td>
<td>4:00 PM – 6:00 PM</td>
<td>THURSDAY, AUG 23</td>
<td>4:00 PM – 6:00 PM</td>
<td>THURSDAY, AUG 30</td>
<td>4:00 PM – 6:00 PM</td>
<td>THURSDAY, SEPT 6</td>
<td>4:00 PM – 6:00 PM</td>
<td>THURSDAY, SEPT 13</td>
<td>4:00 PM – 6:00 PM</td>
</tr>
</tbody>
</table>

Register by Contacting:
Susie at 304-346-9864 ext. 3221
We Are Creating a Welcome To Lewis County Gift Bundle for newcomers to our County

The project is being coordinated by Stonewall Jackson Memorial Hospital and the Lewis County Chamber of Commerce.

We invite businesses, churches, fraternal organizations, or other groups to send us at least 100 coupons, brochures, or flyers touting their business to be included in the gift bundle. Presently we plan on providing a larger gift bundle to home buyers, or renters. So if you are interested in providing a mug, pen, or an item we need at least 300. We are also developing a smaller gift bundle for those people moving here temporarily.

Our goal is to have items ready to be packaged by August 1, 2018.

For more information on the project contact the Stonewall Jackson Memorial Hospital Marketing Department - Julie Spielberg 304-269-8167 or Natasha Helmer at 304-269-8249.

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AMISH COUNTRY OHIO BUS TRIP

Amish country Ohio bus trip to benefit the Lewis County Relay for Life. Dinner included at the Dutch Valley Restaurant.

Depart from Kohl’s at 5:00 A.M. on October 20th.

The stops include:
- Walnut Creek Flea Market,
- Holmes County Flea Market,
- Walnut Creek Cheese, and ‘Tis the Season.

Other stops can happen based on time.

$100.00 per person

$50.00 due by August 20th. Remainder due by September 15th.

For more information please call or message Susan Thompson – 304-871-9086
Forward deposit to Susan Thompson, 40 Irene Drive, Weston, WV 26452
Don’t Forget
Relay for Life
Membership starting now....
Hey Relayers!
Your 2019 Website is open & to get things started, we have a new Fall Challenge! Register your TEAM, as a Participant, or Survivor and raise $200 between Now - October 31, 2018 at 11:59 PM & you qualify for this long sleeved, ¼ zip, hooded T-Shirt with pockets! Image removed by sender. RFL 2018 Fall Fundraiser Hoodie T-Shirt

Go to www.relayforlife.org/lewiswv to register TODAY. You can personally collect donations & share your Participant Dashboard URL on your Facebook page to guide friends to your page to make an online donation. Yes, Luminaria may be purchased now too. Also, use the super easy American Cancer Society FUNdraising APP & accept donations instantly right on your smart phone!

Thank you for supporting your American Cancer Society.

P.S. if you need assistance registering, call the number under the username/password for immediate assistance. Do not delay, register today!

Carmen Hathaway - Community Development Manager carmen.hathaway@cancer.org.

You can always contact us 24 hours a day, 7 days a week, at 800-227-2345 or at cancer.org/contactus.
JUST A QUICK REMINDER TO ALL EMPLOYEE’S:

DON’T FORGET TO ACKNOWLEDGE YOUR FELLOW EMPLOYEE’S FOR A JOB WELL DONE! MAKE SOMEONE’S DAY WHEN THEY LOG INTO PAYLOCITY AND SEE THEIR NAME LISTED.. LET’S GET THE COMPETITIONS GOING! SEE BELOW.

ALSO…. PLEASSSSSSSSSSSSSEEENERGEEEEEEEEEEEEEEEE do not close out a bank account that you currently have set up for payroll. You must contact Human Resources prior to closing that bank account if you are having your check direct deposited. If it’s an emergency (lost bank card, etc) and your placing a block on your account or freeze one simple call to HR will save you time and grief about your paycheck. Contact Lisa in HR at 304-269-8130 for any Direct Deposit issues.

Bring your fresh produce to sell here at SJMH each Wednesday from 11 a.m. to 1 p.m. on the ground floor. Contact Kristi Gannon about the project.