

# Your Benefits At a Glance



**Trinity Health  
System**





# Health Insurance



# HEALTH INSURANCE

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Health Insurance coverage is offered to full and part-time employees through Medical Mutual. Benefits will begin on the first day of the month following the completion of (30) days of employment.

## **Example:**

- Hire Date: January 16th
- One Month Anniversary: February 16th
- Date of Benefit Eligibility: March 1st

## **When to Enroll:**

- All eligible employees are to enroll 14 days after start of employment with Trinity Health System.

## **How to Enroll:**

- Eligible employees can call Farmington at 1-844-428-6691 and speak to a benefits representative.
- Hours of operation are Monday- Friday 8am to 5pm EST
- A benefits representative will outline your options, answer questions, and record your elections for processing.

## **Plan Details:**

Trinity Health System Health Insurance is divided into a High and Basic Plan. The High Plans have lower monthly premiums and higher deductibles. There are several plans you can choose from such as Medical, Prescription, Dental and Vision coverage. You will be able to choose the plan that meets your coverage needs such as: Single, Family, Employee Plus Spouse, Employee Plus Child(ren). All eligible employees are able to enroll 14 days after the start of your employment. When you call to enroll the benefits representative will outline your options and process your elections. Benefits will begin on the first day of the month following the completion of (30) days of employment.



# TRINITY HEALTH SYSTEM

## INSURANCE RATES

### FULL TIME EMPLOYEES

PLAN	SINGLE		FAMILY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)	
Option	High	Basic	High	Basic	High	Basic	High	Basic
Medical	\$47.85	\$22.40	\$134.00	\$59.30	\$125.20	\$43.85	\$119.10	\$36.95
Prescription	\$13.50	\$8.00	\$35.75	\$21.50	\$31.75	\$20.00	\$30.15	\$19.00
Vision	\$0.15	\$0.10	\$0.40	\$0.20	\$0.30	\$0.15	\$0.25	\$0.10
Dental	\$1.50	\$0.50	\$3.75	\$1.00	\$2.75	\$1.00	\$2.50	\$0.95
<b>Total</b>	<b>\$63.00</b>	<b>\$31.00</b>	<b>\$174.00</b>	<b>\$82.00</b>	<b>\$160.00</b>	<b>\$65.00</b>	<b>\$152.00</b>	<b>\$57.00</b>

### PART TIME EMPLOYEES

PLAN	SINGLE		FAMILY		EMPLOYEE + SPOUSE		EMPLOYEE + CHILD(REN)	
Option	High	Basic	High	Basic	High	Basic	High	Basic
Medical	\$125.00	\$102.00	\$350.00	\$290.00	\$250.00	\$205.00	\$235.00	\$195.00
Prescription	\$40.00	\$38.00	\$105.00	\$100.00	\$75.00	\$70.00	\$68.00	\$64.00
Vision	\$0.41	\$0.38	\$2.25	\$2.05	\$0.90	\$0.85	\$0.73	\$0.68
Dental	\$4.25	\$3.97	\$16.00	\$13.10	\$10.00	\$8.00	\$4.75	\$4.05
<b>Total</b>	<b>\$169.66</b>	<b>\$144.35</b>	<b>\$473.25</b>	<b>\$405.15</b>	<b>\$335.90</b>	<b>\$283.85</b>	<b>\$308.48</b>	<b>\$263.73</b>

**Please note: The Insurance Rates are deducted out of your Trinity Paycheck each pay period.**

INSURANCE RATES



# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: Basic Plan Coverage for Single or Family Plan

**Summary of Benefits and Coverage: What this plan covers and what you pay for covered services.**

The **Summary of Benefits and Coverage (SBC)** document will help you choose a health **plan**. The SBC shows you how and the **plan** would share the cost for covered health care services. **NOTE:** information about the cost of this **plan** (called the **premium**) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other **bolded** terms see the Glossary. You can view the Glossary at [MedMutual.com/SBC](https://www.medicare.gov/sbc) or call 800-540-2583 to request a copy.

IMPORTANT QUESTIONS	ANSWERS	WHY THIS MATTERS
What is the overall <b>deductible</b> ?	<b>Tier 1 Provider:</b> \$1,500/single   \$3,000/family <b>Tier 2 Provider:</b> \$3,000/single   \$5,000/family <b>Tier 3 Provider:</b> \$5,000/single   \$7,500/family	Generally, you must pay all of the costs from providers up to the <b>deductible</b> amount before this <b>plan</b> begins to pay. If you have other family members on the <b>plan</b> , each family member must meet their own individual <b>deductible</b> until the total amount of <b>deductible</b> expenses paid by all family members meets the overall family <b>deductible</b> .
Are there services covered before you meet your <b>deductible</b> ?	<b>Yes.</b> Certain <b>preventative care</b> and all services with <b>copayments</b> are covered and paid by the <b>plan</b> before you meet your <b>deductible</b> .	This <b>plan</b> covers some items and services even if you haven't yet met the <b>deductible</b> amount. But a <b>copayment</b> or <b>coinsurance</b> may apply. For example, this <b>plan</b> covers certain <b>preventative services</b> without <b>cost-sharing</b> and before you meet your <b>deductible</b> . See a list of covered <b>preventative services</b> at <a href="https://www.healthcare.gov/coverage/preventative-care-benefits/">https://www.healthcare.gov/coverage/preventative-care-benefits/</a>
Are there other <b>deductibles</b> for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services.
What is the <b>out of pocket limit</b> for this <b>plan</b> ?	<b>Tier 1 Provider:</b> \$2,000/single   \$4,000/family <b>Tier 2 Provider:</b> \$4,000/single   \$9,000/family <b>Tier 3 Provider:</b> \$9,000/single   \$20,500/family	This <b>out of pocket limit</b> is the most you could pay in a year for covered services. If you have other family members in this <b>plan</b> , they have to meet their own <b>out of pocket limits</b> until the overall family <b>out of pocket limit</b> has been met.
What is not included in the <b>out of pocket limit</b> ?	<b>Deductibles</b> , <b>premiums</b> , balance-billed charges and health care this <b>plan</b> doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out of pocket limit</b> .

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **Basic Plan** Coverage for Single or Family Plan

IMPORTANT QUESTIONS	ANSWERS	WHY THIS MATTERS
Will you pay less if you use a <b>network provider</b> ?	Yes. See <b>MedMutual.com/SBC</b> or call 800-540-2583 for a list of participating providers.	You pay the least if you use a <b>provider</b> in the Trinity Health System network. You pay more if you use a <b>provider</b> in the SuperMed Provider network. You will pay the most if you use an <b>out of network provider</b> and you might receive a bill from a <b>provider</b> for the difference between the <b>provider's</b> charge and what your <b>plan</b> pays ( <b>balance billing</b> ). Be aware, your <b>network provider</b> might use an <b>out of network provider</b> for some services (such as lab work). Check with your <b>provider</b> before you get services.
Do you need a <b>referral</b> to see a <b>specialist</b> ?	No.	You can see the <b>specialist</b> you choose without a <b>referral</b> .

All **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies. Services with **copayments** are covered before you meet your **deductible**, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat injury or illness	\$15 copay per visit	\$20 copay per visit	40% <b>coinsurance</b>	None
	<b>Specialist</b> visit	\$30 copay per visit	\$40 copay per visit	40% <b>coinsurance</b>	None
	<b>Preventative care/ screening/ immunization</b>	No charge	No charge	Not covered	You may have to pay for services that aren't <b>preventative</b> . Ask your <b>provider</b> if the services you need are <b>preventative</b> . Then check what your <b>plan</b> will pay for.
If you have a test	<b>Diagnostic test</b> (x-ray)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	<b>Diagnostic test</b> (blood work)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	Imaging (CT/PET scans, MRIs)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **Basic Plan** Coverage for Single or Family Plan

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://MedMutual.com/SBC">MedMutual.com/SBC</a></p>	Generic copay - retail Tier 1	Ross Park Pharmacy - <b>\$10</b> (30 day supply); <b>\$20</b> (31-90 day supply); All other Pharmacies - <b>\$20</b> (30 day supply)	Does not apply	Does not apply	None
	Generic copay - home delivery Tier 1	Not covered	Does not apply	Does not apply	Covers up to a 90 day supply
	Preferred brand copay - retail Tier 2	Ross Park Pharmacy - <b>\$30</b> (30 day supply); <b>\$60</b> (31-90 day supply); All other Pharmacies - <b>\$60</b> (30 day supply)	Does not apply	Does not apply	None
	Preferred brand copay - home delivery Tier 2	Not covered	Does not apply	Does not apply	Covers up to a 90 day supply
	Non-preferred brand copay - retail Tier 3	Ross Park Pharmacy - <b>\$60</b> (30 day supply); <b>\$120</b> (31-90 day supply); All other Pharmacies - <b>\$120</b> (30 day supply)	Does not apply	Does not apply	None
	Non-preferred brand copay - home delivery Tier 3	Not covered	Does not apply	Does not apply	Covers up to a 90 day supply

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **Basic Plan** Coverage for Single or Family Plan

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
If you need drugs to treat your illness or condition	<b>Specialty drugs</b>	20% up to \$200 maximum (Ross Park Pharmacy); 25% up to \$250 maximum (Accredo or Gentry Pharmacies)	Does not apply	Does not apply	Covers up to a 30 day supply
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center)	10% coinsurance	25% coinsurance	40% coinsurance	None
	Physician/surgeon fees (outpatient)	10% coinsurance	25% coinsurance	40% coinsurance	None
If you need immediate medical attention	<b>Emergency room care</b>	\$100 copay/visit, 10% coinsurance			None
	<b>Emergency medical transportation</b>	10% coinsurance	10% coinsurance	10% coinsurance	None
	<b>Urgent Care</b>	\$50 copay/visit	\$50 copay/visit 25% coinsurance	\$50 copay/visit 40% coinsurance	None
If you have a hospital stay	Facility fee (e.g. hospital room)	10% coinsurance	25% coinsurance	40% coinsurance	None
	Physician/surgeon fees (inpatient)	10% coinsurance	25% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Benefits paid based on corresponding medical benefits			None
	Inpatient services	Benefits paid based on corresponding medical benefits			None

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **Basic Plan** Coverage for Single or Family Plan

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
If you are pregnant	Office visit	No charge	No charge	No charge	<b>Cost sharing</b> does not apply to certain <b>preventative services</b> . Depending on the type of services, copay, <b>coinsurance</b> , or <b>deductible</b> may apply. Maternity care may include tests and services described elsewhere in the SBC.
	Childbirth/delivery professional services	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	Childbirth/delivery facility services	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
If you need help recovering or have other special health needs	<b>Home health care</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	30 visits per benefit period
	<b>Rehabilitation services</b> (Physical Therapy)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	25 visits per benefit period
	<b>Habilitation services</b> (Occupational Therapy)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	<b>Habilitation services</b> (Speech Therapy)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	20 visits per benefit period
	<b>Skilled nursing care</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	Not covered	90 days per benefit period
	<b>Durable medical equipment</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	<b>Hospice services</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Not covered	None
	Children's glasses	Not covered			Excluded Service
	Children's dental check up	Not covered			Excluded Service

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **Basic Plan** Coverage for Single or Family Plan

### Excluded Services & Other Covered Services

Services your **plan** generally does **NOT** cover. (Check your policy or **plan** document for more information and a list of any other **excluded services**.)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Children's dental check up</li><li>• Children's glasses</li><li>• Cosmetic Surgery</li><li>• Dental Care (Adult)</li></ul> | <ul style="list-style-type: none"><li>• Generic copay - home deliver Tier 1</li><li>• Hearing Aids</li><li>• Infertility Treatment</li><li>• Long-Term Care</li><li>• Non-emergency care when traveling outside the U.S.</li></ul> | <ul style="list-style-type: none"><li>• Non-preferred brand copay - home delivery Tier 3</li><li>• Preferred brand copay - home delivery Tier 2</li><li>• Routine Eye Care (Adult)</li><li>• Routine Foot Care</li><li>• Weight Loss Programs</li></ul> |
|--|--|---|

**Other Covered Services** (Limitations may apply to these services. This isn't a complete list. Please see your **plan** document.)

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Bariatric Surgery</li></ul> | <ul style="list-style-type: none"><li>• Chiropractic Care</li></ul> | <ul style="list-style-type: none"><li>• Private Duty Nursing</li></ul> |
|---|---|--|

### Your Rights to Continue Coverage

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the **Department of Labor's Employee Benefits Security Administration** at 866-444-EBSA (3272) or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform) and the **Department of Health and Human Services, Center for Consumer Information and Insurance Oversight** at 877-267-2323 x61565 or [cciio.cms.gov](http://cciio.cms.gov). Other coverage options may be available to you, including buying individual insurance coverage through the **Health Insurance Marketplace**. For more information about the **Marketplace**, visit [HealthCare.gov](http://HealthCare.gov) or call 800-318-2596.

### Your Grievance and Appeals Rights

There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information to submit a **claim, appeal, or a grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact the **Department of Labor's Employee Benefits Security Administration** at 866-444-EBSA (3272) or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform) or your **plan** at 800-540-2583.

### Does this plan provide Minimum Essential Coverage? Yes.

If you don't have **Minimum Essential Coverage** for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet Minimum Value Standards? Yes.

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a **plan** through the **Marketplace**.

To see an example of how this plan might cover costs for sample medical situations, see the next section.

The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.



# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **Basic Plan** Coverage for Single or Family Plan

**About these coverage examples:** This is not a cost estimator. Treatments shown are just examples of how this **plan** might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your **providers** charge, and many other factors. Focus on the **cost sharing** amounts (**deductibles, copayments, and coinsurance**) and **excluded services** under the **plan**. Use this information to compare the portion of costs you might pay under different health **plans**. Please note these coverage examples are based on self-only coverage.

Peg is having a baby. (9 months of in network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (In-network emergency room visit and follow up care.)	
<ul style="list-style-type: none"> <li>The plan's overall <b>deductible</b>: \$1,500</li> <li><b>Specialist copay</b>: \$30</li> <li>Hospital (facility) <b>coinsurance</b>: 10%</li> <li>Other <b>coinsurance</b>: 10%</li> </ul> <p><b>This EXAMPLE event includes services like:</b> Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)</p>		<ul style="list-style-type: none"> <li>The plan's overall <b>deductible</b>: \$1,500</li> <li><b>Specialist copay</b>: \$30</li> <li>Hospital (facility) <b>coinsurance</b>: 10%</li> <li>Other <b>coinsurance</b>: 10%</li> </ul> <p><b>This EXAMPLE event includes services like:</b> Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)</p>		<ul style="list-style-type: none"> <li>The plan's overall <b>deductible</b>: \$1,500</li> <li><b>Specialist copay</b>: \$30</li> <li>Hospital (facility) <b>coinsurance</b>: 10%</li> <li>Other <b>coinsurance</b>: 10%</li> </ul> <p><b>This EXAMPLE event includes services like:</b> Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p>	
<b>Total Example Cost</b>	<b>\$12,800</b>	<b>Total Example Cost</b>	<b>\$7,400</b>	<b>Total Example Cost</b>	<b>\$1,900</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<b>Cost Sharing</b>		<b>Cost Sharing</b>		<b>Cost Sharing</b>	
Deductibles	\$1,500	Deductibles	\$100	Deductibles	\$1,500
Copayments	\$30	Copayments	\$900	Copayments	\$200
Coinsurance	\$30	Coinsurance	\$0	Coinsurance	\$0
<b>What Isn't Covered</b>		<b>What Isn't Covered</b>		<b>What Isn't Covered</b>	
Limits or exclusions	\$60	Limits or exclusions	\$60	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$2,690</b>	<b>The total Joe would pay is</b>	<b>\$1,060</b>	<b>The total Peg would pay is</b>	<b>\$1,700</b>

**NOTE:** These numbers assume the patient does not participate in the **plan's** wellness program. If you participate in the **plan's** wellness program, you may be able to reduce your costs. **For more information about the wellness program, please contact: 800-540-2583.**

The **plan** would be responsible for the other costs of these **EXAMPLE** covered services.



# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: High Plan Coverage for Single or Family Plan

**Summary of Benefits and Coverage: What this plan covers and what you pay for covered services.**

The **Summary of Benefits and Coverage (SBC)** document will help you choose a health **plan**. The SBC shows you how and the **plan** would share the cost for covered health care services. **NOTE:** information about the cost of this **plan** (called the **premium**) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other **bolded** terms see the Glossary. You can view the Glossary at [MedMutual.com/SBC](https://www.medicare.gov/sbc) or call 800-540-2583 to request a copy.

IMPORTANT QUESTIONS	ANSWERS	WHY THIS MATTERS
What is the overall <b>deductible</b> ?	<b>Tier 1 Provider:</b> \$500/single   \$1,000/family <b>Tier 2 Provider:</b> \$1,000/single   \$2,000/family <b>Tier 3 Provider:</b> \$2,000/single   \$4,000/family	Generally, you must pay all of the costs from providers up to the <b>deductible</b> amount before this <b>plan</b> begins to pay. If you have other family members on the <b>plan</b> , each family member must meet their own individual <b>deductible</b> until the total amount of <b>deductible</b> expenses paid by all family members meets the overall family <b>deductible</b> .
Are there services covered before you meet your <b>deductible</b> ?	<b>Yes.</b> Certain <b>preventative care</b> and all services with <b>copayments</b> are covered and paid by the <b>plan</b> before you meet your <b>deductible</b> .	This <b>plan</b> covers some items and services even if you haven't yet met the <b>deductible</b> amount. But a <b>copayment</b> or <b>coinsurance</b> may apply. For example, this <b>plan</b> covers certain <b>preventative services</b> without <b>cost-sharing</b> and before you meet your <b>deductible</b> . See a list of covered <b>preventative services</b> at <a href="https://www.healthcare.gov/coverage/preventative-care-benefits/">https://www.healthcare.gov/coverage/preventative-care-benefits/</a>
Are there other <b>deductibles</b> for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services.
What is the <b>out of pocket limit</b> for this <b>plan</b> ?	<b>Tier 1 Provider:</b> \$2,000/single   \$4,000/family <b>Tier 2 Provider:</b> \$4,000/single   \$8,000/family <b>Tier 3 Provider:</b> \$8,000/single   \$60,000/family	This <b>out of pocket limit</b> is the most you could pay in a year for covered services. If you have other family members in this <b>plan</b> , they have to meet their own <b>out of pocket limits</b> until the overall family <b>out of pocket limit</b> has been met.
What is not included in the <b>out of pocket limit</b> ?	<b>Deductibles</b> , <b>premiums</b> , balance-billed charges and health care this <b>plan</b> doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out of pocket limit</b> .

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **High Plan** Coverage for Single or Family Plan

IMPORTANT QUESTIONS	ANSWERS	WHY THIS MATTERS
Will you pay less if you use a <b>network provider</b> ?	Yes. See <b>MedMutual.com/SBC</b> or call 800-540-2583 for a list of participating providers.	You pay the least if you use a <b>provider</b> in the Trinity Health System network. You pay more if you use a <b>provider</b> in the SuperMed Provider network. You will pay the most if you use an <b>out of network provider</b> and you might receive a bill from a <b>provider</b> for the difference between the <b>provider's</b> charge and what your <b>plan</b> pays ( <b>balance billing</b> ). Be aware, your <b>network provider</b> might use an <b>out of network provider</b> for some services (such as lab work). Check with your <b>provider</b> before you get services.
Do you need a <b>referral</b> to see a <b>specialist</b> ?	No.	You can see the <b>specialist</b> you choose without a <b>referral</b> .

All **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies. Services with **copayments** are covered before you meet your **deductible**, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat injury or illness	\$15 copay per visit	\$20 copay per visit	40% <b>coinsurance</b>	None
	<b>Specialist</b> visit	\$30 copay per visit	\$40 copay per visit	40% <b>coinsurance</b>	None
	<b>Preventative care/ screening/ immunization</b>	No charge	No charge	Not covered	You may have to pay for services that aren't <b>preventative</b> . Ask your <b>provider</b> if the services you need are <b>preventative</b> . Then check what your <b>plan</b> will pay for.
If you have a test	<b>Diagnostic test</b> (x-ray)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	<b>Diagnostic test</b> (blood work)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	Imaging (CT/PET scans, MRIs)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **High Plan** Coverage for Single or Family Plan

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://MedMutual.com/SBC">MedMutual.com/SBC</a></p>	Generic copay - retail Tier 1	Ross Park Pharmacy - <b>\$10</b> (30 day supply); <b>\$20</b> (31-90 day supply); All other Pharmacies - <b>\$20</b> (30 day supply)	Does not apply	Does not apply	None
	Generic copay - home delivery Tier 1	Not covered	Does not apply	Does not apply	Covers up to a 90 day supply
	Preferred brand copay - retail Tier 2	Ross Park Pharmacy - <b>\$30</b> (30 day supply); <b>\$60</b> (31-90 day supply); All other Pharmacies - <b>\$60</b> (30 day supply)	Does not apply	Does not apply	None
	Preferred brand copay - home delivery Tier 2	Not covered	Does not apply	Does not apply	Covers up to a 90 day supply
	Non-preferred brand copay - retail Tier 3	Ross Park Pharmacy - <b>\$60</b> (30 day supply); <b>\$120</b> (31-90 day supply); All other Pharmacies - <b>\$120</b> (30 day supply)	Does not apply	Does not apply	None
	Non-preferred brand copay - home delivery Tier 3	Not covered	Does not apply	Does not apply	Covers up to a 90 day supply

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **High Plan** Coverage for Single or Family Plan

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
If you need drugs to treat your illness or condition	<b>Specialty drugs</b>	20% up to \$200 maximum (Ross Park Pharmacy); 25% up to \$250 maximum (Accredo or Gentry Pharmacies)	Does not apply	Does not apply	Covers up to a 30 day supply
If you have outpatient surgery	Facility fee (e.g. ambulatory surgery center)	10% coinsurance	25% coinsurance	40% coinsurance	None
	Physician/surgeon fees (outpatient)	10% coinsurance	25% coinsurance	40% coinsurance	None
If you need immediate medical attention	<b>Emergency room care</b>	\$100 copay/visit, 10% coinsurance			None
	<b>Emergency medical transportation</b>	10% coinsurance	10% coinsurance	10% coinsurance	None
	<b>Urgent Care</b>	\$50 copay/visit	\$50 copay/visit 25% coinsurance	\$50 copay/visit 40% coinsurance	None
If you have a hospital stay	Facility fee (e.g. hospital room)	10% coinsurance	25% coinsurance	40% coinsurance	None
	Physician/surgeon fees (inpatient)	10% coinsurance	25% coinsurance	40% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Benefits paid based on corresponding medical benefits			None
	Inpatient services	Benefits paid based on corresponding medical benefits			None

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **High Plan** Coverage for Single or Family Plan

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 Provider (Pay Least)	Tier 2 Provider (Pay More)	Tier 3 Provider (Pay Most)	
If you are pregnant	Office visit	No charge	No charge	No charge	<b>Cost sharing</b> does not apply to certain <b>preventative services</b> . Depending on the type of services, copay, <b>coinsurance</b> , or <b>deductible</b> may apply. Maternity care may include tests and services described elsewhere in the SBC.
	Childbirth/delivery professional services	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	Childbirth/delivery facility services	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
If you need help recovering or have other special health needs	<b>Home health care</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	30 visits per benefit period
	<b>Rehabilitation services</b> (Physical Therapy)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	25 visits per benefit period
	<b>Habilitation services</b> (Occupational Therapy)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	<b>Habilitation services</b> (Speech Therapy)	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	20 visits per benefit period
	<b>Skilled nursing care</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	Not covered	90 days per benefit period
	<b>Durable medical equipment</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
	<b>Hospice services</b>	10% <b>coinsurance</b>	25% <b>coinsurance</b>	40% <b>coinsurance</b>	None
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Not covered	None
	Children's glasses	Not covered			Excluded Service
	Children's dental check up	Not covered			Excluded Service

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **High Plan** Coverage for Single or Family Plan

### Excluded Services & Other Covered Services

Services your **plan** generally does **NOT** cover. (Check your policy or **plan** document for more information and a list of any other **excluded services**.)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Children's dental check up</li><li>• Children's glasses</li><li>• Cosmetic Surgery</li><li>• Dental Care (Adult)</li></ul> | <ul style="list-style-type: none"><li>• Generic copay - home deliver Tier 1</li><li>• Hearing Aids</li><li>• Infertility Treatment</li><li>• Long-Term Care</li><li>• Non-emergency care when traveling outside the U.S.</li></ul> | <ul style="list-style-type: none"><li>• Non-preferred brand copay - home delivery Tier 3</li><li>• Preferred brand copay - home delivery Tier 2</li><li>• Routine Eye Care (Adult)</li><li>• Routine Foot Care</li><li>• Weight Loss Programs</li></ul> |
|--|--|---|

**Other Covered Services** (Limitations may apply to these services. This isn't a complete list. Please see your **plan** document.)

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Bariatric Surgery</li></ul> | <ul style="list-style-type: none"><li>• Chiropractic Care</li></ul> | <ul style="list-style-type: none"><li>• Private Duty Nursing</li></ul> |
|---|---|--|

### Your Rights to Continue Coverage

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the **Department of Labor's Employee Benefits Security Administration** at **866-444-EBSA (3272)** or **dol.gov/ebsa/healthreform** and the **Department of Health and Human Services, Center for Consumer Information and Insurance Oversight** at **877-267-2323 x61565** or **cciio.cms.gov**. Other coverage options may be available to you, including buying individual insurance coverage through the **Health Insurance Marketplace**. For more information about the **Marketplace**, visit **HealthCare.gov** or call **800-318-2596**.

### Your Grievance and Appeals Rights

There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information to submit a **claim, appeal, or a grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact the **Department of Labor's Employee Benefits Security Administration** at **866-444-EBSA (3272)** or **dol.gov/ebsa/healthreform** or your **plan** at **800-540-2583**.

### Does this plan provide Minimum Essential Coverage? Yes.

If you don't have **Minimum Essential Coverage** for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet Minimum Value Standards? Yes.

If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help you pay for a **plan** through the **Marketplace**.

To see an example of how this plan might cover costs for sample medical situations, see the next section.

The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

# SUMMARY OF BENEFITS AND COVERAGE



## Trinity Health System: **High Plan** Coverage for Single or Family Plan

**About these coverage examples:** This is not a cost estimator. Treatments shown are just examples of how this **plan** might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your **providers** charge, and many other factors. Focus on the **cost sharing** amounts (**deductibles, copayments, and coinsurance**) and **excluded services** under the **plan**. Use this information to compare the portion of costs you might pay under different health **plans**. Please note these coverage examples are based on self-only coverage.

Peg is having a baby. (9 months of in network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (In-network emergency room visit and follow up care.)	
<ul style="list-style-type: none"> <li>The plan's overall <b>deductible</b>: \$500</li> <li><b>Specialist copay</b>: \$30</li> <li>Hospital (facility) <b>coinsurance</b>: 10%</li> <li>Other <b>coinsurance</b>: 10%</li> </ul> <p><b>This EXAMPLE event includes services like:</b> Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)</p>		<ul style="list-style-type: none"> <li>The plan's overall <b>deductible</b>: \$500</li> <li><b>Specialist copay</b>: \$30</li> <li>Hospital (facility) <b>coinsurance</b>: 10%</li> <li>Other <b>coinsurance</b>: 10%</li> </ul> <p><b>This EXAMPLE event includes services like:</b> Primary care physician office visits (including disease education) Diagnostic tests (blood work) Prescription drugs Durable medical equipment (glucose meter)</p>		<ul style="list-style-type: none"> <li>The plan's overall <b>deductible</b>: \$500</li> <li><b>Specialist copay</b>: \$30</li> <li>Hospital (facility) <b>coinsurance</b>: 10%</li> <li>Other <b>coinsurance</b>: 10%</li> </ul> <p><b>This EXAMPLE event includes services like:</b> Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p>	
<b>Total Example Cost</b>	<b>\$12,800</b>	<b>Total Example Cost</b>	<b>\$7,400</b>	<b>Total Example Cost</b>	<b>\$1,900</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
Cost Sharing		Cost Sharing		Cost Sharing	
Deductibles	\$500	Deductibles	\$100	Deductibles	\$500
Copayments	\$0	Copayments	\$100	Copayments	\$200
Coinsurance	\$1,200	Coinsurance	\$0	Coinsurance	\$100
What Isn't Covered		What Isn't Covered		What Isn't Covered	
Limits or exclusions	\$100	Limits or exclusions	\$6,000	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$1,800</b>	<b>The total Joe would pay is</b>	<b>\$6,200</b>	<b>The total Peg would pay is</b>	<b>\$800</b>

**NOTE:** These numbers assume the patient does not participate in the **plan's** wellness program. If you participate in the **plan's** wellness program, you may be able to reduce your costs. **For more information about the wellness program, please contact: 800-540-2583.**

The **plan** would be responsible for the other costs of these **EXAMPLE** covered services.

# Flexible Spending Account





# MEDICAL MUTUAL HEALTHCARE FLEXIBLE SPENDING ACCOUNT



A flexible spending account (FSA) is an employer-sponsored benefit that allows you to pay for eligible medical expenses on a pre-tax basis. If you expect to incur medical expenses that won't be reimbursed by another plan, FSAs are a great way to save money while covering those costs.

## FSA Benefits

An FSA saves you money. The contributions you make to an FSA are deducted from your pay before your federal, FICA and state taxes are calculated and are never reported to the IRS. The end result is that you decrease your taxable income.

A benefit of an FSA is that it is pre-funded, meaning that you will have access to your full annual election amount at the very beginning of the plan year, regardless of the amount contributed to date. That is like having a tax-free, interest-free loan to help you pay for healthcare expenses.

The FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health insurance plan.

## How to Use Your FSA

You authorize your employer to deduct a pre-tax amount for your FSA from each paycheck, up to the IRS limits stated below. You pay for the qualified expenses out of pocket, and then file a claim for reimbursement.

## Your FSA Options

### Flexible Spending Account (FSA)

The FSA reduces your taxable income by setting aside pre-tax dollars to pay for eligible healthcare expenses.

### Limited Purpose Flexible Spending Account (LPF)

The LPF is available only if you elect to enroll in a health savings account (HSA). The LPF is in addition to your HSA and is limited to paying only qualified dental and/or vision expenses that are not covered by your employer's health plan or any other health plan.

## FSA Contribution Limits

The 2019 FSA contribution limit for the FSA and LPF is \$2,700 each. Subject to change for 2020 per IRS updates.

## What's Covered

For a complete list of eligible expenses see IRS Publication 502: Medical and Dental Expenses. Examples of eligible expenses:

- |                     |                                      |                     |                              |
|---------------------|--------------------------------------|---------------------|------------------------------|
| • Acne Treatments*  | • Condoms                            | • Eyeglasses        | • Pain Relievers*            |
| • Allergy Medicine* | • Contact Lenses & Cleaners          | • Hearing Aids      | • Pregnancy Tests            |
| • Antacids*         | • Copays, Co-Insurance & Deductibles | • Insulin           | • Prescription Drugs         |
| • Bandages          | • Dental Care                        | • Laser Eye Surgery | • Smoking Cessation Programs |
| • Chiropractic Care | • Diabetic Supplies                  | • Orthodontia       | • Sunscreen                  |
| • Cold Medicine*    |                                      |                     |                              |

## AccountLink

Access your Medical Mutual FSA on the go with Medical Mutual's AccountLink Mobile App. AccountLink lets you manage your Medical Mutual FSA, view your account balance and profile information; and much more from your mobile device. Download AccountLink app today for free from the Apple App Store® or Google Play™ by searching for AccountLink.

## Learn More

For more information about FSAs, visit [MedMutual.com/CDHaccounts](http://MedMutual.com/CDHaccounts) or call 1-800-525-9252.

# MEDICAL MUTUAL DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT



A dependent care flexible spending account (FSA) is an employer-sponsored benefit that allows you to pay for eligible dependent care expenses on a pre-tax basis.

## FSA Benefits

A dependent care FSA saves you money. The contributions you make to an FSA are deducted from your pay before your federal, FICA and state taxes are calculated and are never reported to the IRS. The end result is that you decrease your taxable income.

## How to Use Your FSA

You authorize your employer to deduct a pre-tax amount for your FSA from each paycheck, up to the IRS limits stated below. You pay for the qualified expenses out of pocket, and then file a claim for reimbursement.

## Your FSA Option

### Dependent/Elder Care Account (DCA)

The DCA allows you to pay for day care expenses for a dependent child, adult or elder. Eligible services include: nursery school, nanny and or before/after school care through age 12, day care for a disabled adult child, elder day care for parent or dependent, or day camp for children through age 12.

## FSA Contribution Limits

For 2019, you may contribute up to \$5,000 per year if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to \$2,500 per year, per parent. Subject to change for 2020 per IRS updates.

## What is Covered

Dependent care FSA funds cover care costs for your eligible dependents so you can work in the following situations:

- Before-school or after-school care (other than tuition)
- Custodial care for dependent adults
- Licensed day care centers
- Nursery schools or pre-schools
- Placement fees for a provider, such as an au pair
- Day camp, nursery school or a private sitter
- Late pick-up fees
- Summer or holiday day camps

## What is Not Covered

These items are never eligible for tax-free purchase with dependent care DCA funds:

- Expenses for a non-qualified child 13 years and older
- Care provided by a relative living in your household
- Educational expenses including kindergarten or private school tuition fees
- Amounts paid for food, clothing, sports lessons, field trips and entertainment
- Care for a dependent while you are home from work due to an illness

## AccountLink

Access your Medical Mutual FSA on the go with Medical Mutual's AccountLink Mobile App. AccountLink lets you manage your Medical Mutual FSA, view your account balance and profile information; and much more from your mobile device. Download AccountLink app today for free from the Apple App Store® or Google Play™ by searching for AccountLink.

## Learn More

For more information about FSAs, visit [MedMutual.com/CDHaccounts](https://www.MedMutual.com/CDHaccounts) or call 1-800-525-9252.

# FLEXIBLE SPENDING ACCOUNT INFORMATION

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As the administer of your Medical Mutual FSA, we want to provide some helpful information on what to expect as you transition from your TASC FSA to your new Medical Mutual FSA beginning Jan. 1, 2021.

## Current TASC FSA Money - What You Need to Know

- Any money in your current TASC FSA can be used to pay for eligible claims in 2020.
- As a reminder, you can rollover up to \$500 from your TASC FSA into 2021.
- Please submit all 2020 FSA claims to TASC by March 1, 2021.
- Once all 2020 claims are processed, any money remaining from your 2020 TASC FSA (up to the \$500 rollover amount) will be moved to your new Medical Mutual FSA by April 2021.

## New Medical Mutual FSA - What to Expect

- Medical Mutual will mail an FSA welcome letter in late December with details about your new FSA, including:
  - How to access your account
  - Claims information
  - Substantiation information
  - Debit card information
- If you elect Medical Mutual's FSA for 2021, a Medical Mutual debit card will be mailed in December, prior to the start of your 2021 plan year. Please do not use the card until on or after Jan. 1, 2021. The card is activated on the first card swipe.
- If you do not elect Medical Mutual's FSA for 2021, but have rollover dollars from TASC, a Medical Mutual debit card will be mailed in April 2021. The card will include any rollover dollars and can be used for 2021 claims.

## Questions - Contact Us

If you have questions about your TASC FSA transition or your new Medical Mutual FSA, please call 1.800.525.9252.



# CHI 401K Retirement Savings Plan

Helping you build financial security  
for retirement.

# TRINITY HEALTH SYSTEM

## 401K FIDELITY

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As a full time/ part time employee, you have the option to enroll in Trinity Health System's 401K plan through Fidelity. If you choose not to enroll or change your 401K contribution amount, you will be automatically enrolled at 4%. To opt out of contributions with Fidelity please contact Fidelity representative at 1-800-343-0860.

**Please note:** you are welcome to make changes regarding your retirement plan at any time throughout the calendar year.

### Employer Matching Contribution

Eligible for CHI match pay period after 1000 paid hours in first year of employment or within any calendar year thereafter. Ongoing employee contributions required

### Annual Employer Contribution

1000 hours paid in any plan year and employed last day of the year

Exceptions: death, disability or retirement after age 65. \$1000 minimum employer contribution does not apply the year.

### Employer Contributions

Employee Pretax and/or Roth After Tax	Trinity Match
0%	0%
1%	1%
2%	1.5%
3%	2%
4%	2.5%
5%	3%
6% or more	3.5%

With questions regarding your health benefits or 401K please contact David Cowden, Benefits Coordinator at 740-264-8424 or [dcowden@trinityhealth.com](mailto:dcowden@trinityhealth.com).

# FREQUENTLY ASKED QUESTIONS ABOUT YOUR PLAN

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Here are answers to questions you may have about the key features, benefits, and rules of your plan.

## **When can I enroll in the Plan?**

You may enroll in the plan at any time. After 30 days of employment, you will receive a notice that you will be automatically enrolled in the plan. If you have not enrolled yourself after 60 days, you will be automatically enrolled in the plan and a 4% pretax contribution will be deducted from your paycheck each pay period and will be invested in the Fidelity Freedom Fund - Class K6 that most closely matches your expected retirement date, as selected by CHI, based on your date of birth and assuming a retirement age of 65.

Target Date Funds are an asset mix of stocks, bonds, and other investments that automatically becomes more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.

If you do not wish to be enrolled in the plan, you have 60 days from your date of hire or date of eligibility (if newly eligible) to waive your enrollment. No money will come out of your pay if you waive your enrollment within the 60 day time frame. If you decide to opt out after contributions have begun as part of automatic enrollment, you will have 90 days from the effective date of your auto-enrollment to request a refund, subject to market fluctuations.

You may change your contributions rate, opt out, or change your investment options online.

## **What is the Annual Increase Program and how does it work?**

In February of each year, if you are contributing between 1% - 9% to the plan, your contribution percentage will increase automatically by 1% each year until you are contributing 10% of eligible pay. You can update your contribution percentage or opt out of the Annual Increase Program at any time. The Annual Increase Program does not apply for those who have been auto enrolled in the past 6 months.

## **How much can I contribute?**

Through automatic payroll deduction, you may contribute up to 80% of your eligible pay on a pretax and/or Roth 401(k) after-tax basis, up to the annual IRS dollar limits.

You can request to change your contribution amount virtually at any time online or by calling 1-800-343-0860.

## **What is considered "eligible pay" for employee contributions, employer match, and annual employer contribution?**

When you participate in the CHI 401(k) Retirement Savings Plan, your percentage of pay contribution generally includes all taxable earnings including, but not limited to, regular pay, overtime, bonuses, and vacation/paid time off (PTO) cash out.\* It does not include non-cash earnings, such as forgivable loans, gift certificates, life insurance, imputed income, or certain nontaxable relocation and other forms of reimbursement. According to the IRS, severance pay is not considered a qualifying type of compensation and is, therefore, not considered eligible pay.

Note: The above listing may not be an exhaustive list of eligible pay under the plan at any point in time. For a complete explanation, please refer to the CHI 401(k) Retirement Savings Plan Summary Plan Description in Fidelity NetBenefits or call Fidelity at **1-800-343-0860** for a printed copy.

\*PTO cash out may not be available in all organizations.

# FREQUENTLY ASKED QUESTIONS ABOUT YOUR PLAN

## What is the Roth contribution option?

A Roth contribution to your retirement savings plan allows you to make after tax contributions and take any associated earnings completely tax free at retirement - as long as the distribution is a qualified one. A qualified distribution, in this case, is one that is taken at least five tax years after your first Roth 401(k) contribution and after you have attained age 59½, or become disabled, or die. Through automatic payroll deduction, you can contribute between 1% and 80% of your eligible pay as designated Roth contributions, up to the annual IRS dollar limits.

Find more information online within the “Library” section of NetBenefits.

## What is the IRS contribution limit?

The IRS contribution limit for 2020 is \$19,500. The “catch up” contribution limit for 2020 is \$6,500.

## Does CHI contribute to my account?

CHI helps your retirement savings grow by making pretax matching contributions when you contribute to the plan.

CHI will match 100% of the first 1% of the eligible pay you contribute on a pretax basis and/or Roth after tax basis, and 50% of the next 5% of eligible pay you contribute for a maximum matching rate of 3.5% of eligible pay, as long as you satisfy the matching contribution eligibility requirements.\* This means if you save 6% of your eligible pay, CHI will add 3.5% more. And more good news. The CHI matching contributions will be made on a per-payroll basis. That’s why it makes good financial sense to contribute at least 6% of your eligible pay to the plan.

**Please note:** In calculating employer contributions, the Internal Revenue Service prohibits plans from considering any employee compensation in excess of the Annual Compensation Limit, which is \$285,000 for 2020.

Employee Pretax and/or Roth After Tax	CHI Match
0%	0%
1%	1%
2%	1.5%
3%	2%
4%	2.5%
5%	3%
6 or more	3.5%

In addition to matching contributions, CHI will make an annual employer contribution, whether or not you contribute to the plan yourself. The annual contribution will equal 2.5% of your eligible pay, with a minimum annual employer contribution of \$1,000 regardless of your pay.

*\*Physicians in the Trinity Health System are not eligible for Employer contributions.*

The \$1,000 minimum contribution does not apply in the year of hire or rehire. In addition, employees participating in the plan who transfer employment to/from a diverse line of business where the annual employer benefit level changes, will not receive the \$1,000 minimum annual employer contribution in the year of transfer. In that case, a participant will receive the annual employer contribution percentage associated with the current employer for the time and pay received while employed with that employer or diverse line of business. You will also be able to invest the annual employer contributions or matching contributions independently of your employee contributions.

# FREQUENTLY ASKED QUESTIONS ABOUT YOUR PLAN

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## **When will I be eligible for the CHI match or the annual employer contribution?**

You become eligible for the CHI match the pay period after you have been paid for 1,000 eligible hours in your first year of employment or within any calendar year thereafter. Once you've met the eligibility requirements for the CHI matching contributions, you will always be eligible for the CHI match, provided you are making employee pretax and/or Roth after tax contributions. CHI matching contributions made on your behalf are pretax.

## **Compensation you earn and contributions you make to the plan prior to working 1,000 paid hours are not eligible for the CHI match. This includes the year end match true-up.**

You become eligible for the annual employer contribution after you have been paid for 1,000 eligible hours in the plan year and are employed on the last business day of the year. You must be paid for 1,000 eligible hours in each subsequent plan year and be employed on the last business day of each year thereafter to receive the annual employer contribution made for that particular year. An exception to the last business day of the year and 1,000 hours rule applies in the event of death, disability, or retirement after age 65. The \$1,000 minimum annual employer contribution does not apply in the year you retire.

## **What is the Matching Trueup Contribution?**

You will receive a match only for those pay periods in which you make a contribution. If you don't make a contribution during one or more pay periods, you don't receive a match for that pay period. However, all matches go through a year end "true-up" calculation to ensure that the match is based on your total contributions made to the plan during the year while you are eligible for a match, rather than only the pay periods in which you contributed. So, if you didn't make a contribution during one or more pay periods (perhaps you met the contribution limits prior to the end of the year), you'll likely receive a true-up match, which is normally made in the first quarter of the following year for those employees who are employed on the last business day of the year and were paid for at least 1,000 hours during the year.

## **How do I designate my beneficiary?**

If you have not already selected your beneficiaries, or if you have experienced a life changing event such as a marriage, divorce, birth of a child, or a death in the family, it's time to consider your beneficiary designations. Fidelity's Online Beneficiaries Service, available through Fidelity NetBenefits, offers a straightforward, convenient process that takes just minutes. To make your elections, click on the "Profile" link, then select "Beneficiaries" and follow the online instructions. If you do not have internet access or you want to complete your beneficiary information by paper form, please call 1-800-343-0860.

It is more important to designate your beneficiaries, so your loved ones are protected in the event of your death.

## **What are my investment options?**

To help you meet your investment goals, the Plan offers you a range of options. You can select a mix of investment options that best suits your goals, time horizon, and risk tolerance. The many investment options available through the Plan include conservative, moderately conservative, and aggressive funds. A complete description of the Plan's investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online.

## **What if I don't make an investment election?**

We encourage you to take an active role in the CHI 401(k) Retirement Savings Plan and choose investment options that best suit your goals, time horizon, and risk tolerance. If you do not select specific investment options in the Plan, your contributions will be invested in the Fidelity Freedom Fund - Class K6 with the target retirement date closest to the year you might retire, based on your current age and assuming a retirement age of 65, at the direction of Catholic Health Initiatives.

If no date of birth or an invalid date of birth is on file at Fidelity your contributions may be invested in the Fidelity Freedom Income Fund - Class K6. More information about the Fidelity Freedom Fund - Class K6 options can be found online.

Target Date Funds are an asset mix of stocks, bonds, and other investments that automatically becomes more conservative as the fund approaches its target retirement date and beyond. Principal invested is not guaranteed.



# FREQUENTLY ASKED QUESTIONS ABOUT YOUR PLAN

## How much should I save for retirement?

Fidelity's online planning tools are designed to help you manage your assets as you plan for retirement.

## What "catch up" contribution can I make?

If you have reached age 50 or will reach 50 during the calendar year January 1 - December 31 and are making the maximum plan or IRS pretax contribution, you may make an additional "catch up" contribution each pay period. The maximum annual catch up contribution is \$6,500. Going forward, catch up contribution limits will be subject to cost of living adjustments (COLAs) in \$500 increments.

## When am I vested?

You are immediately 100% vested in your own contributions to the plan, as well as any earnings on them.

You will be fully vested in your CHI matching contributions and annual employer contributions and any earnings on them after completing three years of service (at least 1,000 hours paid each year). Your vesting service counts from your date of hire.

Years of Vesting Service	Vested Percent
0	0%
1	0%
2	0%
3 or more	100%

## Can I take a loan from my account?

Although your plan account is intended for the future, you may borrow from your account for any reason. Generally, the plan allows you to borrow up to 50% of your vested account balance. In determining the 50% maximum, the plan will take into account the vested portion of any CHI matching and annual employer contributions. However, the amount withdrawn for the loan can only be taken from your Employee contributions. The minimum loan amount is \$1,000 and a loan must not exceed \$50,000. You then pay the money back into your account, plus interest, through after tax payroll deductions. Any outstanding loan balances over the previous 12 months may reduce the amount you have available to borrow. You may have two loan(s) outstanding at a time. The cost to initiate a loan is \$50.00, and there is a quarterly maintenance fee of \$6.25. The initiation and maintenance fees will be deducted directly from your individual plan account. If you fail to repay your loan (based on the original terms of the loan), it will be considered in "default" and treated as a distribution, making it subject to income tax and possibly to a 10% early withdrawal penalty. Defaulted loans may also impact your eligibility to request additional loans. Be sure you understand the plan guidelines and impact of taking a loan before initiating a loan from your plan account.

To learn more about or to request a loan, log on to Fidelity NetBenefits at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call 1-800-343-0860.

## Can I make withdrawals?

Withdrawals from the plan are generally permitted when you terminate your employment, retire, reach age 59½, become permanently disabled, or have a severe financial hardship as defined by your plan.

The taxable portion of your withdrawal that is eligible for rollover into an individual retirement account (IRA) or another employer's retirement plan is subject to 20% mandatory federal income tax withholding, unless it is rolled directly over to an IRA or another employer plan. (You may owe more or less when you file your income taxes.) If you are under age 59½, the taxable portion of your withdrawal is also subject to a 10% early withdrawal penalty, unless you qualify for an exception to this rule.

To learn more about or to request a withdrawal, log on to Fidelity NetBenefits at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call 1-800-343-0860.

# FREQUENTLY ASKED QUESTIONS ABOUT YOUR PLAN

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## **Can I move money from another retirement plan into my account in the CHI 401(k) Retirement Savings Plan?**

You are permitted to roll over eligible plan balances from another 401(k) or a 403(b) plan account or conduit individual retirement accounts (IRAs). A conduit IRA is one that contains only money rolled over from an employer sponsored retirement plan that has not been mixed with regular IRA contributions.

**Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.**

## **How do I access my account?**

You can access your account online through Fidelity NetBenefits at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call 1-800-343-0860.

If you would like to receive a Summary Plan Description, visit Fidelity NetBenefits at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call Fidelity at 1-800-343-0860 to request a printed copy.

*Although every effort has been made to ensure the accuracy of the information provided in this guide, due to certain collective bargaining agreements and physician contracts, or based on the possibility of transfer within the CHI controlled group or acquisitions or divestitures, plan information contained in this guide may change or not apply.*

# HIGHLIGHTS OF THE CHI 401(k) RETIREMENT SAVINGS PLAN

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## Helping you imagine a healthy retirement.

### Tax savings now

Your pretax contributions are deducted from your pay before income taxes are taken out. This means that you may actually lower the amount of current income taxes withheld each period. It could mean more money in your take home pay versus saving money in a taxable account.

### Tax deferred savings opportunities

For pretax contributions, you pay no taxes on any contributions or earnings until you withdraw them from your account, enabling you to keep more of your money working for you now.

### Roth 401(k) after tax contributions

Roth after tax 401(k) contributions give you an opportunity for tax free income in retirement, as long as you've held your contributions for at least five years and are at least age 59½ when you withdrawal them. A distribution from a Roth 401(k) is tax free and penalty free, provided the five year aging requirement has been satisfied and one of the following conditions is met: age 59½, disability, or death.

### Catch up contributions

If you make the maximum contribution to your plan account, and you are 50 years of age or older during the calendar year, you can make an additional "catch up" contribution of \$6,500.

### CHI matching contributions\*

A generous pretax CHI match of up to 3.5% of eligible pay on a per payroll basis - it's like getting "free" money. Please note that CHI contributions are subject to meeting the plan's eligibility requirements. Take advantage of this great benefit today!

### Annual employer contributions\*

You may receive an annual employer contribution of 2.5% of your eligible or a minimum of \$1,000 from your employer, provided you meet the plan's eligibility requirements.

*\*Physicians in the Trinity Health System are not eligible for employer contributions.*

### Automatic enrollment

If you have not enrolled in the plan or opted out of automatic enrollment by 60 days after your date of hire, you will be automatically enrolled in the plan and a 4% pretax contribution will be deducted from your paycheck each pay period. Your contribution will be deducted from your paycheck each pay period. Your contribution will be invested in the Fidelity Freedom Fund - Class K6 that most closely matches your expected retirement date, as selected by CHI, based on your date of birth and assuming a retirement age of 65.

### Automatic annual increase

If you are contributing between 1% - 9% to the plan, your contribution percentage will increase automatically by 1% each year until you are contributing 10% of eligible pay. You can update your contribution percentage or opt out of the Annual Increase Program at any time. You will receive a notice from Fidelity the January after you join the plan to remind you of the annual increase and your options at that time.

### Vesting

You are always 100% vested in your own contributions to the plan and will be 100% vested in any CHI matching and annual contributions after you've completed three years (at least 1,000 hours paid each calendar year).

# HIGHLIGHTS OF THE CHI 401(k) RETIREMENT SAVINGS PLAN

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## **Portability**

You can roll over eligible savings from a previous employer's plan into this plan. You can also take your plan vested account balance with you if you leave CHI or affiliated employer.

## **Investment choices**

You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well diversified investment portfolio.

If you want the most investment flexibility and choice, the plan offers a self directed brokerage option, which gives you access to individual stocks and bonds as well as many other mutual funds. You may open a Fidelity BrokerageLink account, which combines the convenience of your workplace savings account with the additional flexibility of a brokerage account.

## **Online tools**

With online resources, you can obtain information on creating an investment strategy to help you meet your savings goals, analyze your current investment mix, and see a suggested investment mix to help you better align your portfolio with your goals.

## **Account and planning services**

An array of account and planning services, such as "Rebalance Notification," will be available. Rebalance Notification alerts you by email any time your account's investment mix strays from your original strategy. When notified, you decide whether to rebalance - and you can take action immediately by clicking on a link within the email.

## **"One stop" website**

Fidelity's comprehensive educational website for the plan is called Fidelity NetBenefits. Here, you will find historical investment performance information, articles on financial markets, and interactive tools.

## **Convenient access to customer service support**

Knowledgeable, courteous, and professional representatives can help answer a variety of questions ranging from basic information about the plan to investing and retirement planning, as well as assisting you with plan transactions. Representatives are available Monday through Friday (excluding New York Stock Exchange holidays) from 8 am - Midnight, Eastern time.

# **My Benefits**



# MY BENEFITS

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## Tuition Reimbursement

All full- time (.9 to 1) and part- time employees (.5-.8) of Trinity Health System who have successfully completed their 6 month introductory period are eligible to apply for Tuition Reimbursement. RN's and BSN's are eligible upon hire. Full- Time employees may be reimbursed tuition cost up to \$2,500.00 per calendar year for undergraduate and \$3,000.00 per calendar year for graduate level courses (before taxes). Part- time employees are eligible for Tuition Reimbursement up to \$1,400.00 per calendar year and \$2,000.00 per calendar year for graduate level courses (before taxes). Please contact HR to obtain Tuition Reimbursement form at 740-264-8290.

## Short Term Disability

If you become totally disabled and unable to work due to a non- job related accident or illness, we provide you with a percentage of your income. The plan provides that after a waiting period of (14) calendar days, eligible employees receive payment equal to sixty (60) percent of their regular weekly base pay, subject to maximum benefit of \$1,000.00 per week. Payments will continue for the duration of disability (as determined by (Sunlife) through twenty-four (24) weeks.

**ELIGIBILITY:** Full- time employees effective the first of the month following 30 days of employment.

## Long Term Disability

The plan provides that after a waiting period of six (6) months, (usually once STD is exhausted) commencing from the first date of disability, employees will receive payment equal to fifty (50) percent of their regular monthly earnings, to a maximum monthly benefit not to exceed \$5,000.00. The maximum payable will be in accordance with the plan schedule and the employee's attained age at the date commencement as described in the Summary Plan Description. The monthly benefit will be reduced by any other disability income the employee receives including Social Security Disability, Workers Compensation Disability, and income under a retirement pensive plan.

## Life Insurance

Depending upon your salary, full- time employees (.9 FTE or greater) receive life insurance coverage of two times annual salary up to \$500,000 and an equal amount of accidental death and dismemberment.

**ELIGIBILITY:** The first of the month following 30 days of employment. Trinity Medical Center West pays the full cost.

## Miscellaneous Employee Benefits/Discounts

Employee can use their ID badge to make pay roll deduction purchases in the cafeteria, on site pharmacy, and gift shop.

## On-Going Mandatory Health Requirements

Employees and volunteers will receive a reminder message during your birthday month each year to have position specific health work completed. Please be looking for your message for our WORKCARE department staff to complete your annual mandatory requirements.

# MY BENEFITS

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## Bereavement

When a death occurs in a full- time employee's immediate family, the employee will be compensated for the time actually lost from his/her regularly scheduled work on the day of the death, and the days following, up to five (5) consecutive work days for the death of a spouse or child (including step children), parents (including step parents). Three (3) consecutive days are compensated for brother, sister, grandparents, grandchildren, mother-in-law, father-in-law or legal guardian.

Part- time employees will be eligible for bereavement leave as described above only for days they are actually scheduled to work within five (5) days of the death.

Employees may be granted time off to attend the funeral for the death of a family member not listed above. In these instances, PDO's will be deducted but the absence will not count against the employee in the Absence Control Program.

## Personal Leave

It is the policy of Trinity Health System to allow employees to take "Personal Leave of Absence" provided reasons for such leave is acceptable and approved by Management and Administration. Please contact Human Resources for more information.

## Family Medical Leave

It is the policy of Trinity Health System to grant employees up to 12 weeks of Family Medical Leave during each "rolling" twelve (12) month period measured from the first day of a previous FMLA leave. Under this method of calculation, each time an employee takes FMLA leave, the remaining leave entitlement is the balance of the twelve (12) weeks which has not been used during the immediately preceding 12 months.

**ELIGIBILITY:** Employees eligible for Family Leave or Medical Leave under this policy are full- time and part- time employees who have been employed for a total of at least one (1) year and have worked a total of at least 1250 hours during the twelve (12) month period immediately preceding the requested leave.

## Employee Assistance Program

It is the policy of Employee Assistance Program (EAP) to provide professional and confidential assistance to employees with personal problems that may affect job performance or attendance. The program also facilitates early intervention, assess scope of problems, provide referral to appropriate resources, and retain valuable employees.

## Reimbursement for Certification Exams

The Reimbursement Certification Exam is for an eligible employee to obtain reimbursement (to a maximum of \$600 per calendar year) for the fee associated with an examination administered by a recognized accredited certifying agency to obtain voluntary certification or recertification in an occupational specialty in which the employee regularly works. No reimbursement shall be made for any certification that is required for licensure or registration to practice in the field.

**ELIGIBILITY:** For full time and part time employees. The employee must successfully pass the examination, become certified or recertified, and regularly work in that occupational specialty. Employee are entitled to apply for reimbursement for certification/ recertification in one specialty per calendar year.

# MY BENEFITS: WELLNESS INITIATIVE

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## Goal

To help Trinity Health System employees become a healthier version of themselves through goal setting, programs geared towards building healthy habits, and personalized help from the Wellness Team.

### 1. Yearly Goal Setting

- a. Each year employees participate in a Bio-Metric Screen consisting of: Height, Weight, Waist Circumference, Blood Pressure, Body Fat Percentage, BMI, and Blood Work (Lipid Panel, A1C, Fasting Glucose)
- b. The individual employee (with the help of the wellness team, if warranted) makes a personal goal to improve one, or more, of the measurements taken at the Bio-Metric Screen.
- c. The employee is incentivized to meet this goal through a donation to their health savings card.
  - i. If they met last year's goal- \$250
  - ii. If they did not meet last year's goal, but improved their health markers- \$125
  - iii. If they did not improve from last year (or very little), or this is their first year in the program- \$50

### 2. Programs to build healthy habits

- a. The Wellness Team puts out different challenges throughout the year which are geared towards helping employees meet their goals. Examples include:
  - i. Walking challenge to get 10,000 steps 5 days per week for a month
  - ii. Team Weight-Loss: employees get on teams of 5 and together try to lose weight as a team.
  - iii. Take the pressure off: Employees attempt to eat 5 servings of fruits and veggies 5 days out of the week for a month, goal is to lower their blood pressure.
- b. These programs come with an incentive either monetary, a gym membership, or promotional items such as gym bags.

### 3. Help from the Wellness Team

- a. Nutrition consult
- b. Access to Personal Trainers and Coaches to design workout programs
- c. Discounted gym memberships
  - i. YMCA- \$10/ 4-weeks, if the employee comes 12x in 4-weeks the next 4-week cycle is free.
  - ii. Trinity P3 Performance (Trinity's own gym inside the YMCA) - \$195 for 3-months of classes (regular cost \$250).
- d. Wellness Wednesday Newsletter- giving out free advice, and keeping employees up to date on activities going on in the community like charity runs.
- e. Trinity Wellnes123 on Facebook- more free advice on exercise and nutrition.



# MY BENEFITS: PAID DAYS OFF PROGRAM

## Eligibility

All full- time and part- time employees.

## Accrued Benefit

Full- time and part-time employees begin to accrue Paid Days Off from their date of hire. Paid Days Off are accumulated on a pay period to pay period basis and the number of hours paid and number of hours and years of service. The balance of all unused accrued hours appears on the employee's pay stub in the block labeled "Available Benefit Hours."

Full time employees who are in pay status of working 40 hours per week, and 52 weeks per years, will earn the maximum number of days per year of service. Part- time employees will earn a pro-rated percentage of the amount a full- time employee earns based on the number of hours in pay status.

Years of Employment	Maximum Number of Days/Hours	PDO Rate
0 - 3	23 / 184	.0885
3 - 6	25 / 200	.0962
6 - 9	27 / 216	.1039
9 - 12	29 / 232	.1116
12 - 15	31 / 248	.1193
15+	33 / 264	.1270

## Carryover for Non-Exempt Employees

The program automatically carries over 120 hours or less from the employee's previous anniversary (provided they have a balance in their PDO account).

## Carryover for Exempt Employees

The program automatically carries over 200 hours or less from the previous calendar year (provided a PDO balance is carried.)

## Holidays

Full and part- time employees who are scheduled off on a recognized holiday, which would otherwise be a regularly scheduled workday, may use a day of accrued time, thereby being paid at their regular rate of pay. Employees who work on a holiday will not have a PDO deducted unless they request it.

## Recognized Holidays

- New Year's Day
- Good Friday
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving
- Christmas Day

# MY BENEFITS: WorkCareRX Program

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Did you know Trinity Health System is offering a benefit for its employees and dependents covered by the medical and prescription benefits? This program will waive the copays of your chronic qualified medications.

## What is it?

WorkCareRx is a personalized prescription drug management service in which the patient will meet with a pharmacist at least twice a year to help coordinate medication therapy. The pharmacist will coordinate with the patient's primary care physician or specialist to maximize how chronic medications are working. It is meant to be a partnership between the pharmacist and the patient's physicians to develop an individualized care plan that helps achieve intended goals of therapy.

## Where is it located?

WorkCareRx is located at WorkCare at the East Campus. You would report to WorkCare for your appointment.

## Who is eligible?

WorkCareRx is best suited for those that have:

- 5 or more chronic prescription medications excluding controlled substances and OTCs. Chronic means something you take regularly for your condition
- Diabetes
- Asthma
- COPD
- Autoimmune disorders or other disease states
- Using specialty medications
- Barriers to medication access
- Difficulty understanding or following prescribed medication regimen

## What is the benefit for me to participate?

- No fee to come to the clinic
- Copayments for chronic medication copays waived through Ross Park Pharmacies
- Copayments for bloodwork related to medication management is waived

## What if I'm not comfortable with WorkCare knowing my health information?

- All information is confidential – suggestions for care will only go to employee's primary care physician or specialist

## How do I enroll?

Email [workcarerx@trinityhealth.com](mailto:workcarerx@trinityhealth.com) to schedule or leave a question. You will receive a reply quickly.

Alternately you can call 740-283-7587.



740.266.1230 | [trinityson.com](http://trinityson.com)

**Graduates will be able to:**

- Combine all modes of communication in relationships with patients, clients, families, and others.
- Plan with the health team to meet the comprehensive needs of patients, clients, and families.
- Formulate appropriate community referrals for patients, clients, and families.
- Design health teaching to promote quality health care.
- Develop the nursing process to meet the comprehensive needs of patients, clients, and families.
- Design application of natural and behavioral science principles as the foundation of nursing practice.
- Assemble support systems of patients, clients, and families.
- Infer current legal and ethical standards in all aspects of nursing practice.

**Trinity School of Nursing**

The Trinity Health System School of Nursing is a 2 year RN diploma nursing education program.

We assist students to achieve educational outcomes which prepare them to meet the holistic health care needs of individuals, families, and communities throughout the life span.



### NCLEX-RN Pass Rates



Trinity School of Nursing consistently exceeds state and national licensure pass rates.

### Job Placement



Job placement rate measures the percentage of graduates in a specified year that were employed as a registered nurse within one year of graduation.

### Ranked #3 Out of 96 Nursing Schools in Ohio

(according to [registerednursing.org](http://registerednursing.org))

### Hands On Clinical with Experienced Faculty

#### Pre-Admission Requirements

1. High school graduation or GED
2. Most recent GPA 2.75 (or B or above in college Anatomy and Physiology or Microbiology)
3. Algebra I and Chemistry I with C or above
4. TEAS test score of 62 (65 or above is preferred)

See [trinityson.com](http://trinityson.com) for additional information.

Scholarships are available to cover the cost of the program with guaranteed employment opportunity at Trinity Health System\*.

\*After state and federal grants and other scholarships are applied. Call 740.266.1230 for Details.



# STAY CONNECTED!

*News and updates in the palm of your hand  
with the CommonSpirit Connect Employee App*



Scan to download  
on the App Store or  
Google Play Store.



OR



**You must have access to your Trinity Health System email to activate the app. If you have trouble accessing your email, check with your manager.**



CommonSpirit  
Connect App

## QUESTIONS?

### How do I download the app?

Once you are granted access, it's time to download the app.

Go to the app store on your device, search for CommonSpirit and download the connect app.

Once downloaded, open the app and click "Login."

When prompted, enter your work email address (make sure it's all lowercase).

Enter your first and last name.

Create a password that is different than any password you use for current CommonSpirit, CHI or Dignity Health network systems.

When you see an "email verification" message on screen, proceed to your work email inbox to verify.

Find and open the verification email, click the link to verify your email address and complete your registration.

(Email will come from [no-reply@theemployeeapp.net](mailto:no-reply@theemployeeapp.net).)

Go back into the app and tap "Refresh Page."

You can also download/register from a computer, by going to

<https://get.theemployeeapp.com/connect> and clicking on "Available as a Web App."

### Who do I contact for assistance?

The best way to request assistance is by sending an email to [connecthelp@theemployeeapp.com](mailto:connecthelp@theemployeeapp.com) or by calling 212-896-1211.

Please do not contact the IT Service for connect assistance. You may contact the marketing department with any questions at [marketing@trinityhealth.com](mailto:marketing@trinityhealth.com).

### Am I able to submit content?

We have a communications team that develops and posts content. Submit content suggestions to [marketing@trinityhealth.com](mailto:marketing@trinityhealth.com).

### Will I receive alerts and notifications?

Yes, notification permissions for the app are enabled by you after your first sign-in. If you do not wish to receive notifications and alerts, you may decline at that time. You can also change this choice in your device's notification settings at any time.



# **Supplemental Benefits Employee Purchasing**



# SAFEGUARDING AGAINST MISHAPS

**ACCIDENTADVANCE®**

**ACCIDENT INSURANCE: BENEFITS FOR UNEXPECTED INJURIES**

**AccidentAdvance, underwritten by Transamerica Life Insurance Company, can help protect you and your family in the event of unanticipated medical bills when someone is hurt.**

George enrolls himself, his wife, and his kids in the accident insurance offered at the car dealership where he works. He and his wife even joke that since she is such a klutz, they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches, and a joke his wife will never let him live down. But it could've been worse — without insurance, it would have been no laughing matter.

## GET BENEFITS TO SPEND ON WHAT YOU NEED

George's health insurance pays for many of his medical expenses, but he still has co-pays and a high deductible. And there are other costs: for one, he doesn't make commissions for sales on the days he misses work.

Because he has accident insurance, he has financial help without dipping into family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting him use them where and how they're most needed.

## FLEXIBILITY TO MEET YOUR NEEDS

George gets specific amounts for his emergency care (including X-rays and physician care received within 96 hours of the accident), follow-up visits, and physical therapy while recovering. Plus, George would have received additional help had he needed an ambulance, initial hospitalization, or intensive care. See brochure for in-depth information about what benefits are paid for specific injuries or procedures.

## HELP PROTECT YOURSELF AND YOUR FAMILY

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy may help provide extra peace of mind. Eligible dependent children can keep their insurance through age 25.

## HASSLE-FREE ONLINE CLAIMS PROCESS

Our easy-to-navigate website allows you to update your information, keep track of your policies, submit claims, and more from your PC or mobile device.

This is a brief summary of AccidentAdvance® Accident Insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](http://tebcs.com).

## PRODUCT HIGHLIGHTS

- Pays benefits directly to you
- Family options available
- Payroll-deducted premiums



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**Customer Service:**  
888-763-7474



**TRANSAMERICA®**

Module 1 Accident Emergency Treatment		5.00 Units	
<b>Accident Emergency Treatment Benefit</b> For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		\$125	
<b>Major Diagnostic Examination Benefit</b> For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$200	
<b>Dislocation Benefit</b> Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Dislocated Joint</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Hip	\$4,000	\$1,350
	Knee or Shoulder	\$1,350	\$550
	Collar Bone	\$2,150	\$400
	Ankle or Foot (except toes)	\$1,350	\$400
	Lower Jaw	\$1,350	\$700
	Wrist or Elbow	\$1,100	\$550
	Toe or Finger	\$300	\$150
<b>Fractures Benefit</b> For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Fractured Bone</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Coccyx	\$700	\$350
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$1,700	\$850
	Hip	\$5,000	\$1,700
	Leg	\$2,100	\$1,700
	Nose, Heel or Fingers	\$1,700	\$350
	Ribs	\$3,350	\$350
	Skull	\$2,700	\$1,000
	Toes	\$700	\$350
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$2,000	\$850
	Vertebrae, Pelvis	\$850	\$850
	Vertebral Processes	\$3,350	\$500

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid.  
No other dislocation or fracture benefit is paid.



## Product Details

Module 2 Follow-Up Visits and Physical Therapy		5.00 Units
<b>Accident Follow-Up Treatment Benefit</b> Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$50
<b>Physical Therapy Benefit</b> For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$50
Module 3 Initial Accident Hospitalization		5.00 Units
<b>Initial Accident Hospitalization Benefit</b> Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$1,500
<b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$300
	Air Ambulance	\$1,500
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		2.50 Units
<b>Accidental Death Benefit</b> Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per insured person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
<b>Common Carrier Accidental Death</b> For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		\$75,000
<b>Automobile Accidental Death</b> If the insured person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$55,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$50,000
not wearing a seat belt.		\$37,500
<i>Benefits are not payable if an insured person was driving without a valid drivers' license</i>		
<b>Other Accidental Death</b> Other than those described above.		\$25,000
<b>Transportation of Remains Benefits</b> For transporting remains to a mortuary near the insured person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$1,000

## Product Details

### Additional Benefits for Accidental Death

If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be insured under this rider.

<b>Surviving Child Educational Benefit</b> Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.		<b>\$2,000</b>
<b>Licensed Day Care Center Benefit</b> Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.		<b>\$750</b>
<b>Career Enrichment Benefit</b> Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.		<b>\$2,000</b>
<b>Accidental Dismemberment Benefits</b> Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.	One or more fingers or toes	<b>\$1,250</b>
	One eye, hand, foot, arm or leg	<b>\$5,000</b>
	Two eyes, hands or feet	<b>\$12,500</b>
	Speech <u>or</u> hearing in both ears	<b>\$12,500</b>
	Two arms or two legs	<b>\$12,500</b>
	Speech <u>and</u> hearing in both ears	<b>\$25,000</b>
	Both arms and both legs	<b>\$25,000</b>
Total dismemberment benefits per insured person per accident will not exceed:		<b>\$25,000</b>
<b>Accident Hospital and ICU Income Rider (Form No. CRHICU00)</b> <b>5.00 Units</b>		
<b>Accident Hospital Income Benefit</b> For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		<b>\$125</b>
<b>Accident ICU Benefit</b> For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		<b>\$375</b>

## Product Details

Expanded Benefits Rider (Form No. CREXPB00)		10.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
<b>Burns</b> Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	<b>Second-degree burns of body surface:</b> At least 25%, but not more than 35%	\$600
	More than 35%	\$1,500
	<b>Third-degree burns of body surface:</b> 6 through 10 square centimeters	\$1,500
	10 through 25 square centimeters	\$4,000
	25 through 35 square centimeters	\$9,000
	more than 35 square centimeters	\$12,000
<b>Lacerations</b> Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	\$40
	Single laceration less than 7.6 centimeters	\$80
	Lacerations 7.6 to 20 centimeters	\$300
	Lacerations over 20 centimeters	\$600
<b>Eye Injury</b>	With surgical repair	\$400
	Non-surgical removal of foreign body by physician	\$70
<b>Emergency Dental Work</b>	One or more broken teeth repaired with crowns	\$300
	One or more broken teeth resulting in extractions	\$80
<b>Brain Concussion</b> Must be diagnosed by a physician within 96 hours of the accident.		\$200
<b>Coma</b> Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$15,000
<b>Paralysis</b> Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$15,000
	Paraplegia (paralysis of lower limbs)	\$7,500
<b>Tendons, Ligaments and/or Rotator Cuffs</b> Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000
<b>Ruptured Discs and/or Torn Knee Cartilage</b> Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with: No repair	\$200
	One repair	\$500
	Two or more repairs	\$1,000

## Product Details

<b>Major Surgery</b> For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$1,500
<b>Appliance</b> For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		\$200
<b>Prosthetic Devices</b> For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	\$750
	Two or more prosthetic devices	\$1,500
<b>Blood, Plasma and Platelets</b> Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$400
<b>Transportation</b> Benefit is payable for up to 2 round trips to the hospital per accident per insured person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or insured person's residence.		\$600
<b>Family Lodging Benefit</b> Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the insured person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.		\$150

## Product Details

Rates					Ver 3.0.OH.0.00
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I 24 Hour	Weekly	\$3.75	\$4.98	\$5.86	\$7.26

*\*HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Issue State: Ohio  
Rate generation date: November 8, 2017



## Limitations and Exclusions

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We will not pay benefits for losses caused by or as a result of an insured person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

## Termination of Insurance

Subject to the Portability Option, insurance on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for insurance;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel insurance.

The insurance on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's insurance terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent insurance;
- the date the employee sends us a written notice to cancel insurance on a dependent.

## Extension of Benefits

Whenever termination of insurance under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the insured person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the insured person is no longer hospitalized or receiving treatment.

## Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue your insurance.

## Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

## Limitations and Exclusions

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### Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this insurance. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.

### GROUP BENEFITS DISCLOSURE POLICY

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

### COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).





## Whole Life Insurance

Employers want to provide employees with a benefits package that fits their ever-changing needs. With its guaranteed premiums, benefits, and values, as well as the option to insure your entire family, Boston Mutual's whole life insurance can help complete your benefit package.

Life changes...so it may be time to review how much coverage you have and consider what your family might need if something should happen. Whether you're just starting out at your first job, or nearing retirement, whole life insurance should be an integral part of your financial plan.

Just like Boston Mutual has always been there for our policyholders, whole life coverage will always be there to provide you and your family protection and security for the future.

### HIGHLIGHTS



**Affordable**



**Flexible**



**Worldwide coverage**



**Portable**

### Benefits

- Available for you, your spouse, children, and grandchildren.
- Guaranteed coverage with no medical questions, up to certain amounts.
- You select the amount of insurance you need and how much you can afford.
- Payroll deduction makes payment easy.
- Your payment amount will stay the same, even if you change employment or retire.
- Builds cash value.
- Annual statements provide current policy value information.
- Paid up options, based on accrued cash values.

*Our Whole Life workplace insurance is an endowment at age 95 policy, which means the face value would be paid to the insured, if living, at age 95.*

### Guarantees

- Premium** – As long as you continuously pay your premiums, the cost of your life insurance policy can never go up.
- Cash Value** – The cash value illustrated at the time of purchase are guaranteed as long as your coverage stays in force\*.
- Interest Rate** – This policy provides a 3% guaranteed credited interest rate on accruing cash values.
- Portability** – Even if your employer changes, you can arrange to pay us directly and keep your coverage.
- Coverage Issued** – Employees and their spouses who are actively at work for a minimum of 20 hours per week can purchase this insurance up to certain limits, despite past or present health problems.
- Additional Purchase** – If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guaranteed issue limit at future approved enrollments (subject to product and payroll deduction availability).

\* The actual cash value may be decreased by loans or withdrawals.

see other side

## Additional features that may be available to you ...

- **Accidental Death Benefit** – doubles or triples the amount paid in the event of accidental death. This benefit pays an additional amount equal to the basic coverage to the beneficiary if the insured is killed accidentally. If accidental death occurs while the insured is a passenger on a bus, plane, train or any other common carrier, this benefit pays the accidental death benefit as above but will also pay an additional benefit of the basic coverage (up to \$100,000).
- **Children's Insurance Benefit** – covers all eligible natural children, stepchildren, or legally adopted children from age 15 days through age 25.
- **Payor Waiver of Premium** – pays premiums on the employee, spouse, or dependent's policy or policies in the event the payor (employee) becomes totally disabled before age 60.

*Not all riders will be available for purchase as they are options made available to you by your employer in their benefits offering. Riders are not approved in all states.*

*For specific information – speak to your Boston Mutual representative.*

## My interests today are ...

Name	Face Amount	Premium	Face Amount	Premium	Face Amount	Premium

Pay Frequency:

☐ Weekly

☐ Bi-Weekly

☐ Semi-Monthly

☐ Monthly



FAMILY MATTERS. NO MATTER WHAT.®

120 Royall Street, Canton, MA 02021 | 800.669.2668 | [www.bostonmutual.com](http://www.bostonmutual.com)

*Policies underwritten by Boston Mutual Life Insurance Company. This information is not intended to be a complete description of the insurance coverage available. For complete details of coverage and availability, please refer to the policy form or contact your Boston Mutual representative.*

# If you're sidelined, will your bank account be disabled?

Help protect your income with Unum's Individual Short Term Disability Insurance.

## Income protection that works when you can't

Jill was spring cleaning and took a bad fall off a ladder. She needed surgery and time off work to heal. Her Short Term Disability Insurance helped her pay the bills while she was recovering.

## A disability can come out of nowhere

- Every **10** minutes, over **750** Americans suffer an injury severe enough to seek medical help.<sup>1</sup>
- Most injuries are **not work-related**, and therefore **not covered** by workers' compensation.<sup>2</sup>
- Approximately **90% of all disabilities** are **caused by illnesses** rather than accidents.<sup>3</sup>



## Disability benefits to help keep your account up and running

Individual Short Term Disability Insurance can pay you a percentage of your monthly salary if you become injured or ill due to a covered off-the-job disability or covered pregnancy.

You can choose monthly benefit amounts from \$400 to \$5,000. You can use it any way you choose.



### MY CHECKLIST

Expenses that you may choose to cover with your disability benefits:

- ☐ Mortgage/rent
- ☐ Transportation (*gas, car payments, repairs*)
- ☐ Utilities (*electric, water, cable, Internet*)
- ☐ Child care/elder care
- ☐ College expenses
- ☐ Loans/credit card debt

## How to apply

To learn more, watch for information from your employer.



# Get the coverage you need.

Individual Short Term Disability Insurance is offered to all eligible employees ages 17 to 69\* who are actively at work. You decide if it's right for you.

## Reasons to buy this coverage at work

- You own the policy so you can keep it even if you leave the company or retire. Unum will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- Your policy is guaranteed renewable, until age 72, as long as you pay the premiums on time.
- Affordable premiums are based on your age on the policy effective date and are deducted from your paycheck.

## Get the options you need

### Benefit period

If you become disabled, this is the maximum amount of time you can receive benefits for a covered disability.

### Elimination period

This is the number of days that must pass between your first day of a covered disability and the day you can begin to accrue your disability benefits.

### Benefit amount

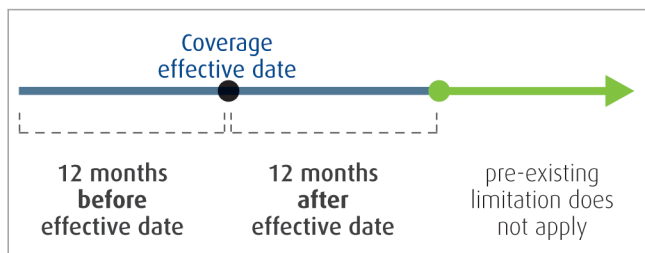
Choose a monthly benefit between \$400 and \$5,000 for an off-the-job illness or injury disability. Coverage of up to 60%\*\* of your gross monthly salary may be offered.

## Features that add value

**A waiver of premium** — Included at no extra charge for covered injuries and illnesses. It means you don't have to pay your premiums after 90 days of total disability or the elimination period (whichever is longer). They'll be waived as long as the disability continues, up to the maximum benefit period.

## Policy provisions

**Pre-existing condition limitation** — If you have a pre-existing condition within a 12-month<sup>†</sup> period before your coverage effective date, benefits will not be paid for a disability period if it begins during the first 12 months<sup>††</sup> the policy is in force.



A pre-existing condition is a condition for which symptoms existed (within 12 months before your coverage effective date) that would cause a person to seek treatment from a physician or for which a person was treated or received medical advice from a physician, or took prescribed medicine. The determination on whether your condition qualifies as pre-existing will be based on the date of disability and not the date you notify Unum.

**Pregnancy<sup>#</sup>** — Is considered the same as any other covered illness after the policy has been in effect for 9 months. The available monthly benefits will be paid upon fulfillment of the elimination period. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered sickness, subject to the pre-existing condition limitation.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a green card to receive coverage.

VT and CA policies will automatically receive the Mental Illness Rider. The coverage will be provided at 100% of the base amount. The maximum benefit period is 24 months.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

\* In CA and NY, the issue age is 17 to 64.

\*\* Coverage in CA, HI, NJ, RI and NY is limited to 40%.

† Six-month period applies to ID and NV.

†† Six-month period in Texas if 65 years old or older.

# Nine-month giving birth exclusion is not applicable in KS, MT and OK.

1,2 National Safety Council, "Injury Facts" (2017).

3 Council for Disability Awareness, "2014 Long-Term Disability Claims Review" (2014). Represents over 75% of the commercial disability insurance marketplace.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee  
In New York, underwritten by: First Unum Life Insurance Company, New York, New York

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to policy forms L-21776, L-21820-CA, FUL-21776 and FUL-21841 or see your Unum representative.

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# ECIP

*Employee  
Critical  
Illness plus*

## Employee Critical Illness Plus

*Financial Protection for the Unexpected*



- Includes Cancer Benefit
- Initial Occurrence
- Additional Occurrence
- Reoccurrence
- Spouse Coverage Available
- Child Coverage at No Additional Cost
- Health Screening Benefit

*Protection for the  
Unexpected!*



**THIS IS A LIMITED BENEFIT POLICY**

Approved for use in: OH

BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 Royall Street • Canton, MA 02021

## THE FACTS – ACCORDING TO MEDICAL STATISTICS

- Over 1.6 million new cancer cases are expected to be diagnosed in 2012.<sup>1</sup>
- Cancer survival rates continue to improve. The 5-year survival rate for all cancers diagnosed between 2001 and 2007 is now 67%. However cancer is the second most common cause of death in the US, accounting for nearly 1 in every 4 deaths.<sup>1</sup>
- Each year, 785,000 Americans will have a new coronary attack, 470,000 will have a recurrent attack.<sup>2</sup>
- On average, someone in the US has a stroke every 40 seconds.<sup>2</sup>

<sup>1</sup> Cancer Facts & Figures 2012 - American Cancer Society

<sup>2</sup> Heart and Stroke Statistical Update - 2012 American Heart Association

## ELIGIBILITY

### INDIVIDUAL ELIGIBILITY

All full-time employees, as defined by the master policy are eligible. If an employee is eligible, his/her spouse ages 18-69, is eligible for coverage.

### SPOUSE COVERAGE AVAILABLE

The employee may elect to apply for spouse coverage. Benefit amounts for the spouse are 50% of the employee amount. If the employee does not meet the underwriting requirements, the spouse may still be eligible for coverage. Spouse means a person of the opposite or same sex recognized as the insured's spouse/partner under the laws of the state.

### CHILDREN COVERAGE AT NO ADDITIONAL CHARGE

Each eligible child is covered at 25% of the primary insured amount at no additional charge. The definition of children may vary by state. Please review your certificate carefully.

### EFFECTIVE DATE OF COVERAGE

Coverage is effective on the date the application is signed, provided that the employee is actively at work and premiums for the coverage are paid.

### PORTABILITY

The coverage is portable providing your coverage has been in force for 1 month after your certificate date and the group contract remains in force. Coverage will be continued at the same premium and coverage amounts then in force.

## PLAN BENEFITS

### INITIAL OCCURRENCE BENEFIT

Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. Employee benefit amounts are available from \$5,000 to \$50,000.

### ADDITIONAL OCCURRENCE BENEFIT

If an insured collects benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the benefit amount for each additional illness provided the occurrences are separated by at least 6 months.

### RE-OCCURRENCE BENEFIT

If an insured collects benefits for a covered condition and is later diagnosed with the same condition, we will pay the benefit again provided that the two dates of diagnosis are separated by at least 6 months. (12 months treatment free for Cancer/Carcinoma in situ).

Covered Specified Critical Illnesses	Percent of Benefit Amount
Cancer	100%
Carcinoma in situ	30%
Skin Cancer	\$300 one-time (lifetime)
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of Sight/Speech/Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%

Eligible Children are also covered for the following childhood Specified Critical Illnesses at 25% of the employee benefit amount:

- Cerebral Palsy
- Cleft Lip or Palate
- Down Syndrome
- Cystic Fibrosis
- Spina Bifida

All covered conditions are subject to the definitions found in the employee's certificate.



# ECIP *Employee Critical Illness plus* Tobacco/No Tobacco Premium Rates

**RATES INCLUDE THE FOLLOWING:** Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion, Age 70 Reduction and the \$75 Health Screening Benefit Rider. Spouse is eligible to apply for 50% of the employee amount. Includes 25% benefit for eligible children.

## Employee Non-Tobacco Rates

## Face Purchase - Weekly Premiums

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.05	\$1.58	\$2.11	\$2.64	\$3.17	\$3.70	\$4.23	\$4.77	\$5.30	\$5.83
30-39	\$1.47	\$2.41	\$3.36	\$4.30	\$5.25	\$6.20	\$7.14	\$8.09	\$9.04	\$9.98
40-49	\$2.25	\$3.98	\$5.71	\$7.44	\$9.17	\$10.90	\$12.64	\$14.37	\$16.10	\$17.83
50-59	\$3.47	\$6.43	\$9.38	\$12.34	\$15.29	\$18.24	\$21.20	\$24.15	\$27.11	\$30.06
60-69	\$5.53	\$10.54	\$15.54	\$20.55	\$25.56	\$30.57	\$35.58	\$40.58	\$45.59	\$50.60
* 70 +	\$10.54	\$20.55	\$30.57	\$40.58	\$50.60	NA	NA	NA	NA	NA

## Employee Tobacco Rates

## Face Purchase - Weekly Premiums

Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.23	\$1.95	\$2.67	\$3.38	\$4.10	\$4.81	\$5.53	\$6.24	\$6.96	\$7.67
30-39	\$2.00	\$3.47	\$4.95	\$6.43	\$7.90	\$9.38	\$10.86	\$12.34	\$13.81	\$15.29
40-49	\$3.54	\$6.57	\$9.59	\$12.61	\$15.64	\$18.66	\$21.68	\$24.71	\$27.73	\$30.75
50-59	\$5.97	\$11.41	\$16.86	\$22.31	\$27.75	\$33.20	\$38.65	\$44.09	\$49.54	\$54.98
60-69	\$10.14	\$19.77	\$29.39	\$39.01	\$48.64	\$58.26	\$67.88	\$77.51	\$87.13	\$96.76
* 70 +	\$19.77	\$39.01	\$58.26	\$77.51	\$96.76	NA	NA	NA	NA	NA

\* Benefit amounts for individuals who are age 70 and over and applying for coverage have already been reduced by 50%.

## Spouse Non-Tobacco Rates

## Face Purchase - Weekly Premiums

Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$0.78	\$1.05	\$1.32	\$1.58	\$1.85	\$2.11	\$2.38	\$2.64	\$2.91	\$3.17
30-39	\$0.99	\$1.47	\$1.94	\$2.41	\$2.88	\$3.36	\$3.83	\$4.30	\$4.78	\$5.25
40-49	\$1.38	\$2.25	\$3.12	\$3.98	\$4.85	\$5.71	\$6.58	\$7.44	\$8.31	\$9.17
50-59	\$2.00	\$3.47	\$4.95	\$6.43	\$7.90	\$9.38	\$10.86	\$12.34	\$13.81	\$15.29
60-69	\$3.02	\$5.53	\$8.03	\$10.54	\$13.04	\$15.54	\$18.05	\$20.55	\$23.06	\$25.56

## Spouse Tobacco Rates

## Face Purchase - Weekly Premiums

Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$0.88	\$1.23	\$1.59	\$1.95	\$2.31	\$2.67	\$3.02	\$3.38	\$3.74	\$4.10
30-39	\$1.26	\$2.00	\$2.73	\$3.47	\$4.21	\$4.95	\$5.69	\$6.43	\$7.17	\$7.90
40-49	\$2.03	\$3.54	\$5.05	\$6.57	\$8.08	\$9.59	\$11.10	\$12.61	\$14.12	\$15.64
50-59	\$3.24	\$5.97	\$8.69	\$11.41	\$14.14	\$16.86	\$19.58	\$22.31	\$25.03	\$27.75
60-69	\$5.33	\$10.14	\$14.95	\$19.77	\$24.58	\$29.39	\$34.20	\$39.01	\$43.83	\$48.64

## Health Screening Benefits

We will pay a \$75 benefit if an insured has any one of the covered screening tests after the 30 day waiting period. This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the policy remains in force. This benefit is payable for the covered employee (and spouse if spouse coverage is included). This benefit is not paid for dependent children. The covered health screening tests include:

### Health Screening Test is defined as:

1. Stress test on a bicycle or treadmill
2. Fasting blood glucose test
3. Blood test for triglycerides
4. Lipid Panel (total cholesterol count)
5. Bone marrow testing
6. CA 15-3 (blood test for breast cancer)
7. CA 125 (blood test for ovarian cancer)
8. CEA (blood test for colon cancer)
9. Chest X-ray
10. Electrocardiogram (EKG)
11. Colonoscopy
12. Flexible sigmoidoscopy
13. Hemocult stool analysis
14. Mammography/Breast Ultrasound
15. Pap smear (including ThinPrep Pap Test)
16. PSA (blood test for prostate cancer)
17. Serum Protein Electrophoresis (blood test for myeloma)
18. Thermography
19. Oral Cancer screening using ViziLite OraTest or other similar test
20. Biopsy for Skin Cancer

## LIMITATIONS & EXCLUSIONS

### BENEFIT REDUCTION

Specified Critical Illness benefits are reduced by 50% starting age 70.

### WAITING PERIOD

This coverage contains a 30 day Waiting Period. This means no benefits are payable for any Insured who has been diagnosed with a Specified Critical Illness during the Waiting Period. The Waiting Period starts on the Certificate Application Date. The Waiting Period is shown on the Certificate Schedule. If an Insured is first diagnosed during the Waiting Period, you may elect to void the Certificate from the beginning and receive a full refund of premium.

### PRIOR HISTORY OF CANCER

No benefits are payable for Cancer or Carcinoma in Situ if the Insured was previously diagnosed before this Certificate was in force and, after the previous diagnosis, the Insured has not gone 12 months without Treatment before a new diagnosis of Cancer/Carcinoma in situ is made.

### PRE-EXISTING CONDITIONS LIMITATION *(Not applicable to Insureds with a Prior History of Cancer or Carcinoma in Situ - See PRIOR HISTORY OF CANCER)*

This plan contains a Pre-existing Condition Limitation. If a Pre-existing Condition results in a Specified Critical Illness claim during the first 180 days, starting from the Certificate Application Date, no benefits will be payable for that claim.

Pre-existing Condition means a sickness or physical condition which, within 180 days prior to the Certificate Application Date, resulted in medical advice or Treatment.

We will not pay benefits for any condition or Illness starting within the Pre-existing Condition Period from the Certificate Application Date which is caused by, contributed to, or resulting from a Pre-existing Condition. A claim for benefits for loss starting after the Pre-existing Condition Period from the Application Date of an Insured will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition Period.

There are no benefits payable for any Specified Critical Illness where the date of diagnosis is prior to the Effective Date of this policy or diagnosed during the 30 day waiting period. *(The pre-existing conditions limitation does not apply to newborn or adopted dependent children.)*

### EXCLUSIONS

We won't pay for a loss due to:

1. Intentionally self inflicted injury or action while sane or insane.
2. Suicide or attempted suicide while sane or insane.
3. Substance Abuse, except for substance abuse innocently sustained at the hands of a Doctor.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.

### ADDITIONAL INFORMATION

You have the right to return the Certificate within ten (10) days of its delivery and have the premium refunded if, after examination of the Certificate, You are not satisfied for any reason.

Coverage may not be continued for any of the following reasons:

- a. You failed to pay any required premium;
- b. the Group Policy terminates.

The rates shown can be changed annually. The Company will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

**THIS INSURANCE PROVIDES BENEFITS FOR THE SPECIFIED CRITICAL ILLNESSES LISTED.  
IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.**

**If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare.**

**To be eligible for benefits, the date of diagnosis must be after the 30 day waiting period  
and while this coverage is in force.**

*Underwritten by:*



**BOSTON MUTUAL LIFE INSURANCE COMPANY**

120 Royall Street • Canton, Massachusetts 02021 • [www.bostonmutual.com](http://www.bostonmutual.com)

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