



**Catholic Health
Initiatives**

Imagine better health.®

Your Benefits at a Glance



**CHI Franciscan
Employees -
Tacoma, WA**

Effective January 1, 2021

well-being

imagine
your **Best Self**

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Please refer to the appropriate plan documents or contracts for full benefit details, exclusions and limitations. This Benefits at a Glance document only provides a summary of the applicable provisions of the benefit plans described herein. The plans are governed by the terms of written plan documents. If the terms in this Benefits at a Glance conflict with or are inconsistent with the plan documents or contracts, then the plan documents or contracts will prevail.



Benefits that work for you!

We want you to come to work every day with peace of mind — knowing you and your family’s total well-being is protected. Your benefits, from affordable health care to a robust retirement plan, help to take care of you — physically, emotionally, financially, socially and spiritually.

Use this guide to better understand the benefits available to you and your family.

Questions? We Can Help

Visit MyBenefits found on EmployeeCentral

- You can learn about and manage the various aspects of your benefits at home.commonspirit.org/employeecentral/mybenefits

See your Summary Plan Descriptions

The details about the benefit plans are in your summary plan descriptions:

- Retirement savings plans — go to NetBenefits.com/atwork
- Health and welfare plans — go to **EmployeeCentral > MyBenefits > Benefit Resources > Plan Information**

Call the CommonSpirit Health Benefits Contact Center at 844-450-9450, select Option 1, Open Monday – Friday 6 a.m. – 5 p.m. PT.

Benefits for you and your family

Your pursuit of being your best self begins with choosing coverage that benefits your life. With all the options we offer, you can choose the right benefits to meet your needs.

From taking care of your health and well-being to having peace of mind that you’re financially protected, we offer comprehensive plans. Some, such as the medical plan, cover a range of services. Others, such as the voluntary benefits, supplement your coverage needs.

Flip through this guide to see the benefits of working at CHI.

What You Need to Know

New to CHI? Had a change in your life? Preparing for Annual Benefit Enrollment? Act quickly so you're covered.

If you're new to CHI or you need to change your benefits because of a qualifying life event, **you have 31 days** from your hire date or life event to enroll in or change your coverage. Please don't miss this opportunity so you and your family have the benefits that you need.

Make your elections online at **EmployeeCentral > MyBenefits > Manage My Benefits**. **MyBenefits found on EmployeeCentral** are available 24/7, providing information for you to learn about your benefit options.

If you have trouble enrolling, contact the CommonSpirit Health Benefits Contact Center at 844-450-9450, select Option 1, Open Monday – Friday 6 a.m. – 5 p.m. PT.

Watch for Annual Benefit Enrollment each fall

This is your only chance each year to change your benefits coverage unless you have a qualifying life event. You will receive information about Annual Benefit Enrollment as it approaches.

If your life changes, your benefits can change, too

If you have a job status change or a life event, such as a marriage, you can change some benefits and add your new spouse within 31 days after the life event. When the life event includes the birth or adoption of a child, you can make benefit changes and add the child within 60 days after the event.

For the qualifying life event policy, go to EmployeeCentral > Find an answer > Keyword: Life Event Policy. You can also call the CommonSpirit Health Benefits Contact Center at 844-450-9450, select Option 1.

Don't forget: Name a beneficiary...and keep it updated

- Retirement savings plans — go to **NetBenefits.com/atwork**
- Life insurance — go to **EmployeeCentral > My Benefits**
- Health savings account — go to **healthequity.com/ed/chi**
- Critical illness *and/or* accident — go to **allstatevoluntary.com/chi**

We are paperless!

You can access your summary plan descriptions and annual legal notices online:

- Retirement savings plans — go to **NetBenefits.com/atwork**
- Health and welfare plans — **EmployeeCentral > MyBenefits > Benefit Resources > Plan Information**

For more information

Please refer to the appropriate plan documents or contracts for full benefit details, exclusions and limitations. This Benefits at a Glance document only provides a summary of the applicable provisions of the benefit plans described herein. The plans are governed by the terms of written plan documents. If the terms in this Benefits at a Glance conflict with or are inconsistent with the plan documents or contracts, then the plan documents or contracts will prevail.

Who's Eligible for Benefits?

Great benefits await you and your family.

Read below to find out which benefits you're eligible for and when coverage begins.

Employees

- Employees regularly scheduled to work **48+ hours** per two-week pay period: Eligible for all benefits
- Employees regularly scheduled to work **32 to 47 hours** per two-week pay period: Eligible for all benefits except life and AD&D insurance, the long-term disability plan and opt-out credit

Medical and dental premiums are based on regularly assigned hours (FTE).

Family members

You can enroll family members who qualify:

- One adult family member: Your spouse or a legally domiciled adult (LDA)*
- Dependent children up to age 26
- Disabled children of any age who are unmarried and financially dependent on you and were covered by this plan or other group medical coverage as a disabled dependent prior to reaching age 26

Adding dependents?

You will need to provide documentation, such as a marriage certificate or signed legally domiciled adult (LDA)* affidavit, confirming eligibility. Unconfirmed dependents are ineligible for all benefits.

You can only purchase supplemental life insurance for you and your spouse. (LDAs are not eligible.)

* A legally domiciled adult (LDA) is an individual over age 18, unmarried, living in the same principal residence as you for at least six months and is either in an ongoing, exclusive and committed relationship with you, shares basic living expenses and is financially interdependent of you OR your blood adult relative who meets the definition of your tax dependent, as defined by the IRS.

When Coverage Begins...	For These Benefits...
Date of hire	<ul style="list-style-type: none"> • 401(k) Plan, 457(b) Plan (if eligible) • Employee Assistance Program (EAP) • Business Travel Accident Insurance • Tuition Assistance
First day of the month following 30 days of employment	<ul style="list-style-type: none"> • Medical • Voluntary Benefits <ul style="list-style-type: none"> - Group Accident - Group Critical Illness - Identity Protection • Dental • Vision • Opt-out Credit* • Wellness Program • Spending Accounts • Life and AD&D Insurance* • Adoption Assistance • Pay in Lieu of Benefits
After 90 days of employment	<ul style="list-style-type: none"> • Paid Time Off (PTO) or Annual Leave
First day of the month following 90 days of employment	<ul style="list-style-type: none"> • Extended Illness Bank (EIB) or Sick Leave Program • Long-Term Disability*

*Available to employees regularly scheduled to work 48+ hours per two-week pay period.

Health Plans

Integrated Medical Plan

Medical networks:

- Enhanced clinically integrated network (CIN): Rainier Health Network
- In-network: Blue Cross Blue Shield of Illinois Network

Administered By:

Blue Cross Blue Shield of Illinois

bcbsil.com/chi
866-776-4244

Rainier Health Network

rainierhealthnetwork.com

You have options for your care

We offer three medical plan options:

- Integrated Core Plan
- Integrated Basic Plan
- Integrated High Deductible Health Plan/Health Savings Account (HDHP/HSA)

All options have three levels of coverage based on the provider you choose for services:

- **Enhanced network:** The enhanced network includes our facilities throughout the country that have partnered with local doctors to create what we call clinically integrated networks, or CINs. You will receive the highest level of benefits if you see a CIN provider.
- **In-network:** You will receive the in-network benefit level if you see a medical provider from the Blue Cross Blue Shield of Illinois network. By using in-network providers, you receive discounted coverage, but not as discounted as the enhanced network.
- **Out-of-network:** Providers who are not in our CIN or the Blue Cross Blue Shield of Illinois network are considered out-of-network providers. You may see an out-of-network provider, but you may pay more out of pocket because there is no contracted rate for these providers.

Comparing the three plan options

- All options cover preventive care at 100%.
- For most other services, you pay a percentage of the cost and then the plan pays its portion. For some services, you have to meet the deductible before the plan starts to pay.
- All options have the same networks of doctors, hospitals and facilities.
- Pharmacy copays and coinsurance are the same for all options, but the medical deductible applies to pharmacy coverage in the HDHP/HSA option only. Once you meet the HDHP/HSA deductible, the plan helps cover your prescription costs. You pay only the copay or coinsurance amounts.
- A health savings account (HSA) is available with the HDHP/HSA option. You can save money toward current or future health care expenses. If interested, go to the Spending Account section to learn more about the HSA.

Health Plans (continued)

The following shows the enhanced and in-network benefit levels and your costs. For out-of-network coverage, see the Medical Plan Comparison Charts on **MyBenefits found on EmployeeCentral**.

	INTEGRATED CORE		INTEGRATED BASIC		INTEGRATED HDHP/HSA	
	Enhanced (CIN) Network	In-Network	Enhanced (CIN) Network	In-Network	Enhanced (CIN) Network	In-Network
The amounts listed in this chart are the amounts you will pay when receiving services.						
CHI Contribution to the Health Savings Account (HSA)*	Not applicable		Not applicable		\$600 Individual/\$1,200 Family (spread across all pay periods) Plus, wellness incentive dollars earned if you participate in the CHI Wellness Program.	
Employee Contribution to the Health Savings Account (HSA)*	Not applicable		Not applicable		You may put before-tax dollars into this account up to IRS limits: \$3,600 Individual/\$7,200 Family Additional \$1,000 if age 55 or older The total of your contributions, CHI contributions and any wellness incentive contributions combined cannot exceed the IRS limits.	
Deductible – The amount you pay for certain covered services before the plan begins to pay its share						
Annual Deductible						
Individual	\$0	\$1,500	\$0	\$2,500		\$2,800
Family	\$0	\$3,000	\$0	\$5,000		\$5,600
Out-of-Pocket Maximum – The most you pay for covered expenses in a year, including deductibles, copays and coinsurance						
Calendar Year Out-of-Pocket Maximum						
Individual	\$3,000	\$6,000	\$4,000	\$6,600	\$4,000	\$6,450
Family	\$6,000	\$12,000	\$8,000	\$13,200	\$8,000	\$12,900
Preventive Care Services	100% covered		100% covered		100% covered	
Copay – A fixed dollar amount you pay each time you receive certain covered services						
Coinsurance – The percentage of the cost that you pay for other covered services						
Office Visit – Primary Care	\$10 copay (no deductible)	20% coinsurance (no deductible)	\$20 copay (no deductible)	30% coinsurance (no deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Office Visit – Specialist	\$25 copay (no deductible)	25% coinsurance (no deductible)	\$35 copay (no deductible)	35% coinsurance (no deductible)	20% coinsurance (after deductible)	25% coinsurance (after deductible)
Emergency Room Visit (waived if admitted)	\$175 copay (no deductible)		\$200 copay (no deductible)		\$200 copay (after deductible)	

* The Integrated HDHP/HSA Plan includes the health savings account feature which lets you save before-tax dollars toward your medical expenses. You can learn more about the health savings account later in the Spending Account section.

Health Plans *(continued)*

	INTEGRATED CORE		INTEGRATED BASIC		INTEGRATED HDHP/HSA	
	Enhanced (CIN) Network	In-Network	Enhanced (CIN) Network	In-Network	Enhanced (CIN) Network	In-Network
The amounts listed in this chart are the amounts you will pay when receiving services.						
Urgent Care Visit	\$50 copay (no deductible)	\$75 copay (no deductible)	\$75 copay (no deductible)	\$100 copay (no deductible)	\$75 copay (after deductible)	\$100 copay (after deductible)
Ambulance* (medically necessary)	100% covered (no deductible)		100% covered (no deductible)		100% covered (after deductible)	
Inpatient and Outpatient Care/Services	10% coinsurance (no deductible)	25% coinsurance (after deductible)	15% coinsurance (no deductible)	35% coinsurance (after deductible)	15% coinsurance (after deductible)	25% coinsurance (after deductible)
Chiropractor (20 visit limit per person per year)	10% coinsurance (no deductible)	25% coinsurance (after deductible)	15% coinsurance (no deductible)	35% coinsurance (after deductible)	15% coinsurance (after deductible)	25% coinsurance (after deductible)
Therapy — Physical, Occupational and Speech (30 visit limit per person per year, does not apply to enhanced network)	10% coinsurance (no deductible)	25% coinsurance (after deductible)	15% coinsurance (no deductible)	35% coinsurance (after deductible)		25% coinsurance (after deductible)
Mental and Nervous Outpatient Office Visit	\$10 copay (no deductible)	20% coinsurance (no deductible)	\$20 copay (no deductible)	30% coinsurance (no deductible)	15% coinsurance (after deductible)	20% coinsurance (after deductible)
Inpatient and Outpatient Facility	10% coinsurance (no deductible)	25% coinsurance (no deductible)	15% coinsurance (no deductible)	35% coinsurance (no deductible)		25% coinsurance (after deductible)
Other Covered Services	10% coinsurance (no deductible)	25% coinsurance (after deductible)	15% coinsurance (no deductible)	35% coinsurance (after deductible)		25% coinsurance (after deductible)

* Most ambulance services are out of network. You may be billed for amounts over the allowed charges.

Health Plans (continued)

Pharmacy Plan

Administered By:

OptumRx

optumrx.com

855-524-0383

Specialty Pharmacy Administered By:

CommonSpirit Health Specialty Pharmacy

888-294-8348

dignityhealth.org/arizona/locations/stjosephs/services/pharmacy

Home delivery Pharmacy Administered By:

Franciscan Pharmacy St. Anthony (home delivery)

253-530-2066

All medical options have the same prescription drug copays and coinsurance.

They differ in how the deductible works for pharmacy.

- If you have the **Integrated Core Plan** or **Integrated Basic Plan**, you will pay the copays and coinsurance even if you have not met your medical plan deductible.
- If you have the **Integrated HDHP/HSA Plan**, you will pay the full cost of prescription drugs until you meet the medical plan deductible. The cost of your prescriptions applies to the deductible.

All copays and coinsurance apply to the medical plan in-network out-of-pocket maximum.

PRESCRIPTION LEVELS

The amounts listed in this chart are the amounts you will pay for prescriptions.

	Generic	Preferred Brand Formulary	Non-Preferred Brand Non-Formulary
Note: The medical plan deductible is the amount you pay for certain covered services before the plan begins to pay its share. If you have the Integrated HDHP/HSA plan, you will pay the full cost of your prescription drugs until you meet the medical plan deductible.			
CommonSpirit Health Pharmacy (Franciscan Pharmacies)			
Retail 30-day Prescription	\$5 copay	15% coinsurance (\$20 min/\$55 max)	25% coinsurance (\$32.50 min/\$80 max)
Home Delivery 90-day Prescription	\$12.50 copay	15% coinsurance (\$50 min/\$87.50 max)	25% coinsurance (\$80 min/\$162.50 max)
OptumRX Pharmacy Network			
Retail 30-day Prescription	\$10 copay	30% coinsurance (\$40 min/\$110 max)	50% coinsurance (\$65 min/\$160 max)

Please note:

- If you fill a brand-name prescription when there is a generic equivalent available, you will pay the brand-name prescription coinsurance plus the difference between the generic and brand-name amount.
- Maintenance prescriptions, such as blood pressure medication, must be filled using the CommonSpirit Health Home Delivery Pharmacy or a CommonSpirit Health Pharmacy. You can fill a new maintenance medication prescription up to three times at a retail pharmacy before you are required to use CommonSpirit Health Home Delivery Pharmacy or a CommonSpirit Health Pharmacy.

Health Plans *(continued)*

Opt-out Credit

You may opt-out of our medical and/or dental coverage and have a credit added to your paycheck for these benefits. The credit is \$25 per pay for waiving medical and \$5 per pay for waiving dental.



Help for Managing Diabetes

Livongo Diabetes Care Program

Free to you as part of the CHI Medical Plan

- Livongo advanced blood glucose meter
- Unlimited strips and lancets
- One-on-one coaching about nutrition or lifestyle changes

To get started, visit start.livongo.com or call the Livongo Team at 800-945-4355.

Use registration code: CHI

WW (formerly Weight Watchers) for Diabetes

CHI helps cover a portion of the fees

- Proven weight-loss approach
- Tailored support for special dietary and exercise considerations
- Guidance from a Certified Diabetes Educator (CDE)

Studies show losing 5% body weight can reduce blood sugar levels.

See the WW section for eligibility and enrollment information.

Health Plans (continued)

Dental Plan	Administered By:
Network: Preferred Dentist Program Plus (PDP Plus)	MetLife metlife.com 888-865-6873

You can choose from two comprehensive dental plan options through MetLife: PPO and Core. Both options cover preventive and diagnostic services at 100%. You can go to any dentist, but your costs are lower when you see a Preferred Dentist Program Plus (PDP Plus) network provider. For more information or to find a PDP Plus network provider, go to metlife.com or visit **MyBenefits found on EmployeeCentral**.

	PPO OPTION		CORE OPTION
	MetLife Dentist	Non-MetLife Dentist	MetLife and Non-MetLife Dentist
The coinsurance amounts listed in this chart are the amounts you will pay when receiving services.			
Deductible – The amount you pay before the plan begins to pay its share			
Annual Deductible (only applies to basic and major services)		\$50 per Individual/ \$150 per Family	\$50 per Individual/ \$150 per Family
Coinsurance – The percentage you pay for an eligible service – the plan pays the balance			
Preventive and Diagnostic Services	100% covered	100% covered*	100% covered*
Basic Restorative Services	10% coinsurance (after deductible)	20% coinsurance* (after deductible)	50% coinsurance* (after deductible)
Major Restorative Services	40% coinsurance (after deductible)	50% coinsurance* (after deductible)	50% coinsurance* (after deductible)
Orthodontia Services	50% coinsurance	50% coinsurance*	50% coinsurance*
Temporomandibular Joint (TMJ)	50% coinsurance	50% coinsurance*	50% coinsurance*
Maximum Benefits – The most the plan will pay per covered person – annually or in a lifetime			
Annual Maximum (per person)		\$1,500	\$1,000
Orthodontia Lifetime Maximum (per person)		\$1,500	\$1,000
Temporomandibular Joint (TMJ) Lifetime Maximum (per person)		\$500	\$500

*The coinsurance for a non-MetLife dentist is applied to the reasonable and customary (R&C) fee which is based on the community average fees for a dentist's typical charges, as determined by MetLife. MetLife's reimbursement to the dentist may be lower than what the dentist charges. The dentist may bill you for the remaining balance.

Health Plans *(continued)*

Vision Plan
Network: SELECT

Administered By:
EyeMed
eyemedvisioncare.com
866-299-1358

Our vision plan, administered through EyeMed, ensures optimal eye health for you and your family. Coverage is available for services received out-of-network, but you receive the greatest benefit when you go to an EyeMed SELECT network provider.

For out-of-network benefits, see the vision chart on **MyBenefits found on EmployeeCentral**. To find an EyeMed network provider, go to **eyemedvisioncare.com** and choose the SELECT network.

The amounts listed in this chart are the amounts you will pay when receiving services, unless otherwise noted.

	In-Network
Exam (with dilation, as needed)	No charge
Retinal Imaging	Up to \$39
Frames	\$150 allowance; 80% of charge over \$150
Standard Plastic Lenses	
Single Vision	\$15 copay
Bifocal	\$15 copay
Trifocal	\$15 copay
Standard Progressive Lens	\$80 copay
Premium Progressive Lens	\$80 copay; \$120 allowance; 80% of charge over \$120
Lens Options	Additional Costs
UV Treatment	\$15
Tint (solid and gradient)	\$15
Standard Plastic Scratch Coating	\$0
Standard Polycarbonate	\$40
Standard Polycarbonate (kids under age 19)	\$0
Standard Anti-Reflective Coating	\$45
Polarized	20% off retail price
Other Add-ons and Services	20% off retail price
Contact Lens Fit and Follow-up (after comprehensive eye exam)	
For Standard Contact Lens	Up to \$40
For Premium Contact Lens	10% off retail
Contact Lenses	
Conventional	\$130 allowance; 85% of charge over \$130
Disposable	\$130 allowance; 100% of charge over \$130
Medically Necessary	\$0
Laser Vision Correction (Lasik or PRK from U.S. Laser Network)	15% off retail price or 5% off promotional price
Additional Pairs Benefit (after funded benefit has been used)	40% off complete pair eyeglass purchase 15% off conventional contact lenses
Frequency	
Exam	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frames	Once every 12 months

Health Plans *(continued)*

Spending Accounts

Administered By:

HealthEquity

healthequity.com/ed/chi

866-212-4634

To help you save for eligible health care and dependent day care expenses, we offer a variety of spending accounts through HealthEquity. Contributions you make to a spending account are before-tax dollars, saving you money.

There are important things you need to know before enrolling in a CHI Spending Account. Read this section for this important information. You can learn even more about the spending accounts on **MyBenefits found on EmployeeCentral**.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	Limited Purpose Health Care FSA	Dependent Day Care FSA
Benefits of Each Option	Contributions are before-tax. Money used toward eligible expenses is tax-free. Savings grow tax-free. You can invest your savings when it reaches a certain limit.	Contributions are before-tax. Money used toward eligible expenses is tax-free.	Can be used in addition to your HSA. Contributions are before-tax. Money used toward eligible expenses is tax-free.	Contributions are before-tax. Money used toward eligible expenses is tax-free.
Enrollment	We open an account for you if you enroll in the HDHP/HSA Medical Plan. Per IRS regulations, you are not eligible to contribute to an HSA if you enroll in either a non-HDHP plan or Medicare.	You may choose to participate annually if you are not contributing to an HSA.	You may choose to participate annually if you are contributing to or receiving employer contributions to an HSA.	You may choose to participate annually.
CHI Annual Contributions	\$600 individual/\$1,200 family plus wellness incentive dollars if you participate in the CHI Wellness Program	Not applicable		
Your Contributions	You may elect to contribute to the account. You may start/ stop/change contributions at any time during the year.	You make an annual election to contribute each pay period. You cannot change your election except for a qualified life event.		

Health Plans (continued)

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	Limited Purpose Health Care FSA	Dependent Day Care FSA
IRS Annual Contribution Limits	\$3,600 employee only coverage or \$7,200 all other coverage levels (includes your contributions, our contributions and any wellness contributions you may receive) Additional \$1,000 if age 55 or older	\$2,750		\$5,000 (\$3,000 if you make more than \$130,000 in total pay; \$2,500 if married and filing separately)
Minimum Annual Election	Not Applicable	\$100		
Eligible Expenses	Medical, dental and vision expenses listed in IRS Publication 502	Expenses listed in IRS Publication 502. Dental and vision expenses immediately; eligible medical expenses only after you meet your HDHP/HSA plan deductible.	Expenses listed in IRS Publication 503. Eligible dependent day care expenses for dependent children under age 13 or dependents of any age who are unable to care for themselves.	
Withdrawals	You will be issued a debit card* to pay for eligible expenses, or you can submit a claim for reimbursement.			You must submit a claim for reimbursement.
Unused Funds	Unused funds stay in your account from year to year. You may use them for eligible expenses now or save them to use in the future.	Use it or lose it: Unused funds DO NOT stay in your account from year to year. You must submit your current year's claims by March 31 of the following calendar year. Claims incurred January 1 of the current year through March 15 of the following year may be applied to the current year's claims. You will forfeit any remaining funds after March 31.		

*The HSA debit card is separate from the debit card issued for other spending accounts.

A note about wellness dollars

When you take part in the CHI Wellness Program, you can earn incentive dollars for making healthy choices. If you enroll in the HDHP/HSA medical plan, you can choose to have your incentive dollars deposited into your HSA. If you enroll in our other medical plan, you can choose to have your incentive dollars deposited into a health incentive account. You can then use this money toward eligible health care expenses similar to an FSA. **The money in your incentive account will roll over year-to-year as long as you remain enrolled in the medical plan and have a balance of \$2.00 or more in the account. Accounts with balances less than \$2.00 will no longer be rolled over.**

Health Plans (continued)**Spending Accounts****Administered By:****HealthEquity**

healthequity.com/ed/chi

866-212-4634

There are limits to the amount you can contribute

The IRS limits the amount that can be contributed to spending accounts. For HSAs, all contributions combined — yours, ours and any wellness incentive dollars you may receive — count toward these limits. You should consider all contributions when electing the amount you want to contribute so you do not go over the annual IRS limits to your HSA.

Employees age 65 or turning age 65 next year

You are not eligible to contribute to an HSA if you enroll in Medicare. If you have funds in an existing HSA, you may still use the funds to pay for eligible expenses for you or your dependents. If you are not yet age 65 but your spouse is, you may contribute up to the individual limit in the HSA.

Special notes for Annual Benefit Enrollment

- You have to take action and enroll every year to contribute to an FSA or HSA.
- If you enroll in the Integrated HDHP/HSA medical plan for next year and you currently have a health care FSA, use all the money in your FSA by December 31. If you have an FSA balance on January 1, you will not be able to access the funds in your HSA until after the middle of April.
- If you are enrolled in the HDHP/HSA medical plan, and are not eligible for a HSA (e.g. you are enrolled in Medicare or your spouse has a healthcare FSA), you may elect a healthcare FSA and you will not receive the employer HSA contribution.

Convenience of one debit card for multiple accounts

Because some spending accounts share the same HealthEquity debit card and funds either roll over year-after-year (HSA and Health Incentive Account) or are forfeited at the end of the year (FSAs and Health Care Assistance Program), HealthEquity applies expenses to your spending accounts in the following order:

1. Health Care Assistance Program*
2. Health Care FSA
3. Health Incentive Account (if applicable)

The HSA has its own debit card.

* The Health Care Assistance Program can help cover some of your medical bills if you are a full-time employee who meets household income requirements. Visit **MyBenefits found on EmployeeCentral** to find out more, including how and when to apply.

Important to Know

- When you use your spending account for an expense, the IRS requires that you submit proof, such as a receipt or itemized bill, to Health Equity to verify the purchase as a qualified expense. (The process is referred to as substantiation.)
- If you fail to submit proof to HealthEquity, they will have to suspend your spending account debit card (excludes the health savings account card). Your card will be reactivated when you later submit proof.
- If you fail to submit proof by the final deadline for the year, CHI will have to consider your unsubstantiated expenses as taxable income and take the applicable taxes from your paycheck the following year.
- It's important you save all receipts and itemized bills.

For detailed information about the card suspension process, visit **MyBenefits found on EmployeeCentral**.

Wellness

Wellness Program

home.commonspirit.org/employeecentral/mybenefits/vp

Administered By:

Virgin Pulse
833-721-4094
support@virginpulse.com

The CHI Wellness Program is a free, voluntary program. It includes a variety of wellness tools and activities, so you can achieve your best self.

The program is available to*:

- You, if **eligible** for or **enrolled** in the CHI Medical Plan.
- Your spouse, if they are **enrolled** in the CHI Medical Plan.

With the Wellness Program, you can:

- **Connect to tools and resources:** From lifestyle coaching and wellness workshops to health trackers, fitness club discounts and health challenges, the CHI Wellness Program helps you stay motivated as you work toward your goals.
- **Earn rewards and gain support:** Beyond the benefits of great health, you can earn rewards in the program. You can track your progress toward your goals on the wellness website, which is provided by Virgin Pulse, our wellness partner.

*Certain groups may not be eligible for this program, please call your local HR for questions on eligibility.

For more information about the Wellness Program, visit **MyBenefits found on EmployeeCentral**.

WW® (Weight Watchers)

Employer ID: 14346820

Administered By:

WW
chi.ww.com
866-204-2885

CHI has partnered with WW to cover most of the monthly membership fees. The program is available to employees and spouses eligible under the CHI Wellness Program.

You have three ways to participate, based on your needs: Digital + Workshop, Digital, and WW for Diabetes. Choose the program that works best for you.

If you're eligible, CHI will cover a portion of your monthly membership fees, so you'll pay only:

- \$19 a month for Digital + Workshop
- \$8 a month for Digital
- \$14 a month for WW for Diabetes

If you or your eligible spouse are thinking it is time to lose some weight, give WW a try. Visit chi.ww.com. Use **14346820** as your **Employer ID** to create your WW account.

WW Enrollment Assistance Customer Service Number: 866-204-2885

Please note that the amount paid by CHI is taxable. You will be taxed on that amount on your paychecks.

Voluntary Benefits

Voluntary benefits increase your protection from the financial challenges that can come with serious health issues or identity theft. They include two supplemental health plans, one for accident and one for critical illness, and an identity theft protection plan. These plans can complement your other benefits.

Accident and critical illness coverage are not a replacement for your full comprehensive medical coverage. These benefits are a supplement to your current medical plan.

Allstate Benefits Group Accident

Administered By:

Allstate Benefits

allstatevoluntary.com/chi

866-709-3890

Accidents can happen at any time, anywhere:

- Your child is hurt playing a sport or on the school playground.
- You get hurt doing home repairs or on vacation.
- You fall down the stairs.

If you or a covered family member are injured in an accident and require medical care, even with medical coverage, your out-of-pocket costs can add up. Accident coverage can help by providing a payment to you if you experience a covered accident. There isn't any waiting period to satisfy and your payment is in addition to any other insurance you may have.

You can choose to enroll in accident coverage for you, your spouse/legally domiciled adult and your eligible children. Coverage is guaranteed — you will not have to answer any health questions.

The policy provides 24-hour protection that will pay a lump-sum benefit for over 150 covered accidents and injuries sustained both on and off the job, including:

- Fractures
- Dislocations
- Burns
- Skin grafts
- Concussions
- Cuts/lacerations
- Eye injuries
- Coma
- Broken teeth

You also receive a lump-sum payment for these covered services and treatments:

- Ambulance
- Emergency care
- Outpatient surgery
- Physical Therapy, occupational or speech therapy
- Medical testing

Voluntary Benefits (continued)**Allstate Benefits Group Critical Illness****Administered By:****Allstate Benefits**

allstatevoluntary.com/chi

866-709-3890

A critical illness affects your health and your finances, and it can happen to your family at any time. But, you can be ready with critical illness coverage. It helps pay for costs associated with a heart attack, stroke or other covered serious illness, as defined by the policy. This coverage provides a lump-sum payment directly to you to help manage your expenses so you can focus on recovery.

In addition to any other insurance you may have, critical illness coverage can be used to help pay for related, but unplanned, expenses such as:

Potential Medical Expenses	Deductibles Copays Hospital bills Prescription costs
Potential Unexpected Non-Medical Expenses	Child care Credit card payments Car payments Travel to an out-of-town hospital or treatment facility

You choose either \$15,000 or \$30,000 in coverage, plus you may choose coverage for your eligible spouse/legally domiciled adult and children at 50% of your elected benefit amount. If you decide to enroll your eligible children, they are covered at no additional cost. Coverage is guaranteed — you will not have to answer any health questions.

Your critical illness policy will pay a lump-sum benefit to you for the following conditions. The actual benefit amount paid will be a percent of your elected coverage amount, based on the condition.

100%	Heart attack Cancer – internal or invasive Benign brain tumor Major organ transplant, including heart Loss of sight, speech or hearing Coma	Occupational HIV Stroke End stage renal failure Paralysis Alzheimer’s disease Parkinson’s disease
25%	Coronary artery bypass surgery/graft Carcinoma in situ (cancer)	

Benefits can be paid a second time if a covered person is diagnosed with the same illness 6 months or more after the first diagnosis.

In addition, if you receive an eligible wellness service for preventive care or for detection of a covered critical illness, Allstate will pay out a \$75 wellness benefit (per insured person, per calendar year).

Critical illness coverage is portable — you can keep your policy even if you change jobs or leave CHI (including retirement). A critical illness policy, in addition to your major medical plan, can help provide financial protection for you and your eligible family members.

Voluntary Benefits (continued)**Identity Protection Pro Plus****Administered By:****Allstate**

MYAIP.com/CommonSpiritHealth

800-789-2720

Each year, more than 15 million Americans are victims of identity theft. Identity Protection Pro Plus helps protect your identity and, if you become a victim, can help with fraud response and identity restoration.

Enjoy peace of mind, financial reassurance and time-saving expertise with Allstate's comprehensive identity protection plan, which includes:

- Identity and credit monitoring
- Credit scores and reports
- Threshold monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Wallet protection
- Password protection
- Digital exposure report
- Privacy advocate remediation
- \$1,000,000 identity theft insurance policy
- Solicitation reduction and IdentityMD

Life Insurance Plans**Life and Accidental Death and Dismemberment (AD&D) Insurance
Business Travel Accident Insurance**

In the event something happens to you, we provide:

- **Employee basic life and AD&D:** One times your base pay, up to \$750,000
- **Business travel accident:** Three times your base pay, up to \$750,000

You can purchase additional life and AD&D for you and your family:

- **You:** Increments of \$10,000, up to \$750,000 (combined basic and supplemental life)
- **Spouse:** Increments of \$10,000, up to \$200,000 (coverage over \$50,000 requires proof of good health, known as evidence of insurability)
- **Children:** Increments of \$2,000, up to \$20,000

Newly eligible? This is the best time to enroll! You can select coverage for yourself up to three times your base pay or \$500,000 (whichever is less) without needing proof of good health (evidence of insurability).

After your initial eligibility, you will have to provide proof of good health (evidence of insurability) to be approved for additional coverage for yourself or your spouse.

Disability Plans

Extended Illness Bank (EIB) or Sick Leave Program

The extended illness bank or sick leave program will help replace your income if a sickness or injury prevents you from working your scheduled hours. The programs also cover you if you need to take time off from work to care for a qualifying family member for illness or injury.

Long-Term Disability

Long-term disability may provide a monthly benefit if, after 90 days, you're still unable to work due to illness or injury.

- Hourly/non-exempt employees: 50% of base pay, up to \$10,000 (per month)
- Salaried/exempt employees: 60% of base pay, up to \$10,000 (per month)

Long-term disability doesn't pay benefits for a pre-existing condition if:

- You received medical treatment for that condition within three months of your coverage starting
- The condition causes a disability within 12 months after your coverage begins

Time Off

Paid Time Off (PTO) or Annual Leave

The time off program, which includes holidays, helps you balance your personal needs with work life. See applicable policy for details.



Retirement Program

401(k) Retirement Savings Plan

Administered By:

Fidelity Investments
netbenefits.com/atwork
800-343-0860

We designed the 401(k) Retirement Savings Plan (the “401(k) Plan”) with your security and flexibility in mind. You have options in how you choose to save for your retirement:

- **Before-tax contributions** — You put off paying taxes until you withdraw your account balance at retirement.
- **Roth after-tax contributions** — You pay taxes now and have your earnings grow tax deferred. Withdrawals are tax-free at retirement for qualified distributions.

You choose if you want to make before-tax or Roth after-tax contributions, or both!

The IRS limits the amount that may be contributed to your account each year.

If you forget to enroll, we’ll remember for you!

The 401(k) Plan is one of your most important benefits. So, we’ll automatically enroll you in the Plan at a 4% before-tax contribution rate. Remembering to increase your contributions each year is also important. So, we’ll automatically increase yours by 1% annually, up to a maximum of 10%. You may choose to opt out of the Plan, increase or decrease your contributions or opt out of the annual auto increase feature at any time.

Our Company Match

After you’ve worked 1,000 paid hours in your first year (or any calendar year thereafter), we’ll start to match your before-tax and Roth after-tax contributions with each payroll.

Our match equals:

100% on the first 1% of eligible pay you contribute
plus
50% on the next 5% of eligible pay you contribute
= 3.5% of eligible pay deposited into your account

Consider contributing at least 6% to receive the full company match

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

We’ll help you save even more

Each year, we’ll make an additional contribution to your 401(k) Plan account equal to 2.5% of your eligible pay (minimum contribution of \$1,000), regardless if you contribute or not.

To receive this contribution, you must be:

- Eligible for this portion of the Plan
- Paid for 1,000 retirement-eligible hours in the calendar year
- Employed on the last business day of the year

The annual employer contribution (including \$1,000 minimum) will only be paid to your account if you meet the eligibility requirements each year. The \$1,000 minimum does not apply in the year of hire, if retiring after age 65, or if transferring from a different benefit level.

Retirement Program *(continued)*

There's a waiting period before the money becomes yours.

Once you have three years of service (with at least 1,000 hours paid each calendar year), you are fully vested in the company matching contributions, annual employer contributions and any earnings on them. This means the money is fully yours.

You are always 100% vested in your own contributions to the 401(k) Plan, as well as any earnings on them.

Note: Employer contributions cannot be made on pay over the IRS compensation limit. Contact Fidelity Investments or visit [irs.gov](https://www.irs.gov) for the most up-to-date limits.

Your level of matching and annual employer contributions may vary based on your employer. Please review your specific enrollment guide or summary plan description for details.

457(b) Plan

Administered By:
Fidelity Investments
netbenefits.com/atwork
 800-343-0860

To help you reach your retirement goals, we offer another way to save — the 457(b) Plan (if eligible). This is a tax-deferred savings plan where you can make additional salary deferrals over the current contributions to the 401(k) Retirement Savings Plan.

We recommend that you invest in the 457(b) Plan only after you contribute the maximum to your 401(k) Retirement Savings Plan.

Important! The 457(b) Plan is a non-qualified deferred compensation plan available to highly compensated employees whose current annualized base pay exceeds last year's compensation guidelines of \$130,000 (as defined by the IRS). Any contributions you make to this plan are assets of the corporation, subject to potential claims by creditors of the corporation in the case of insolvency.



Additional Benefit Options

Tuition Assistance

To help you reach your career goals, we offer tuition assistance so you can further your education or learn new skills that will help you in your current position or prepare for a future one with CHI.

For more information, visit **EmployeeCentral**.

Adoption Assistance

If you're considering adoption, we want to help by reimbursing some of the costs you pay to adopt a child.

- Employees regularly scheduled to work **48+ hours** per two-week pay period: up to \$4,000 (per adopted child)
- Employees regularly scheduled to work **32 to 47 hours** per two-week pay period: up to \$2,000 (per adopted child)

For more information, visit **MyBenefits found on EmployeeCentral**.

Employee Assistance Program

Administered By:

Beacon Health Options
 achievesolutions.net/chi
 877-679-3819

Life can get tough, even overwhelming at times. If you find yourself navigating a personal or work-related challenge, remember the EAP can help! It's a confidential service through Beacon Health Options.

You and your family can receive up to five free sessions per issue. You also receive unlimited access to online resources for help with issues, such as:

- Stress
- Parenting
- Adolescent behavioral problems
- Adolescent substance use disorder
- Marital difficulties
- Financial concerns
- Stage of life difficulty (early adult, midlife, retirement)
- Depression
- Anxiety
- Grief and loss
- Legal problems
- Substance use disorder
- Caregiving issues
- Accident or trauma

For more information, visit **MyBenefits found on EmployeeCentral**.

Additional Benefit Options (continued)**Pay in Lieu of Benefits**

If you select pay in lieu of benefits for the coming year, you agree to accept pay in lieu of enrolling in benefits, including paid time off benefits. Once elected, the only mid-year change that can be made is to drop pay in lieu of benefits due to a qualified life event. Following your initial benefit election, adding pay in lieu can only happen during Annual Benefit Enrollments.

Programs that Are Waived

Medical
 Dental
 Vision
 Employee basic life insurance and AD&D
 Supplemental life insurance and AD&D
 Spouse and child life insurance
 Long-term disability
 All paid time off programs

Programs Not Waived

Flexible spending accounts
 Business travel accident insurance
 401(k) Retirement Savings Plan
 Tuition reimbursement
 Adoption assistance
 Employee Assistance Program
 Bereavement time off with pay
 Leaves of absence
 Savings bonds
 Group accident
 Group critical illness
 Identity theft protection

To be eligible for pay in lieu of benefits, you must have health plan coverage through another source (e.g., your spouse's employer).

Discount Program

Our discount program helps make your life easier by saving you time and money with access to discounts and rewards for over 30,000 brands. You can save on purchases like diapers, groceries, home items, electronics, travel, and more.

Activate your account today at perksatwork.com. Click "Register for Free," then sign up with your CHI employee ID.

For more information, visit **MyBenefits found on EmployeeCentral**.