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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.
Our mission to create healthier communities extends to 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 the well-being pages on InsideCHI
- You can learn about and manage the various aspects of your benefits at http://home.catholichealth.net/wellbeing

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

Call the HR/Payroll Connection Contact Center at 844-450-9450, open Monday - Friday 8 a.m. - 8 p.m. EST

Your Best Self Starts Here

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 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 InsideCHI > Rewards > HR/Payroll Connection > My Information (Workday). The well-being pages on InsideCHI are available 24/7, providing information for you to learn about your benefit options.

If you have trouble enrolling, contact the HR/Payroll Connection Contact Center at 844-450-9450.

Watch for Annual 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 Enrollment as it approaches.

If your life changes, your benefits can change, too
If you have a job status change or 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 InsideCHI > Rewards > HR/Payroll Connection > My Benefits. Search for Life Event Policy in the Find an Answer box. You can also call the HR/Payroll Connection Contact Center at 844-450-9450.

Don’t forget: Name a beneficiary…and keep it updated
- Retirement savings plans — go to NetBenefits.com/atwork
- Life insurance — go to InsideCHI > Rewards > HR/Payroll Connection > 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

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

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.

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.

When Coverage Begins...

For These Benefits...

<table>
<thead>
<tr>
<th>Date of hire</th>
<th>401(k) Plan, 457(b) Plan (if eligible)</th>
<th>Business Travel Accident Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Assistance Program (EAP)</td>
<td>Tuition Assistance</td>
</tr>
<tr>
<td>First day of the month following 30 days of employment</td>
<td>Medical</td>
<td>Opt-out Credit*</td>
</tr>
<tr>
<td></td>
<td>Voluntary Benefits</td>
<td>Wellness Program</td>
</tr>
<tr>
<td></td>
<td>- Group Accident</td>
<td>Spending Accounts</td>
</tr>
<tr>
<td></td>
<td>- Group Critical Illness</td>
<td>Life and AD&amp;D Insurance*</td>
</tr>
<tr>
<td></td>
<td>- Identity Theft Protection</td>
<td>Adoption Assistance</td>
</tr>
<tr>
<td></td>
<td>Dental</td>
<td>Pay in Lieu of Benefits</td>
</tr>
<tr>
<td></td>
<td>Vision</td>
<td></td>
</tr>
<tr>
<td>After 90 days of employment</td>
<td>Paid Time Off (PTO) or Annual Leave</td>
<td></td>
</tr>
<tr>
<td>First day of the month following 90 days of employment</td>
<td>Extended Illness Bank (EIB) or Sick Leave Program</td>
<td>Long-Term Disability*</td>
</tr>
</tbody>
</table>

*Available to employees regularly scheduled to work 48+ hours per two-week pay period.
<table>
<thead>
<tr>
<th>Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Integrated Medical Plan</strong></td>
</tr>
<tr>
<td><strong>Medical networks:</strong></td>
</tr>
<tr>
<td>• Enhanced clinically integrated network (CIN): Rainier Health Network</td>
</tr>
<tr>
<td>• In-network: Blue Cross Blue Shield of Illinois Network</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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 the well-being pages on InsideCHI.

<table>
<thead>
<tr>
<th></th>
<th>INTEGRATED CORE</th>
<th>INTEGRATED BASIC</th>
<th>INTEGRATED HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enhanced (CIN) Network</td>
<td>In-Network</td>
<td>Enhanced (CIN) Network</td>
</tr>
<tr>
<td>CHI Contribution to the Health Savings Account (HSA)*</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>$600 Individual/$1,200 Family (spread across all pay periods) Plus, wellness incentive dollars earned if you participate in the CHI Wellness Program. You may put before-tax dollars into this account up to IRS limits: $3,550 Individual/$7,100 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.</td>
</tr>
<tr>
<td>Employee Contribution to the Health Savings Account (HSA)*</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

### Deductible – The amount you pay for certain covered services before the plan begins to pay its share

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum – The most you pay for covered expenses in a year, including deductibles, copays and coinsurance</strong></td>
<td><strong>Calendar Year Out-of-Pocket Maximum</strong></td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>Individual</td>
<td>$6,000</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$6,000</td>
</tr>
<tr>
<td>Preventive Care Services</td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
</tbody>
</table>

### Copay – A fixed dollar amount you pay each time you receive certain covered services

<table>
<thead>
<tr>
<th></th>
<th>Office Visit – Primary Care</th>
<th>Office Visit – Specialist</th>
<th>Emergency Room Visit (waived if admitted)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$10 copay (no deductible)</td>
<td>$25 copay (no deductible)</td>
<td>$175 copay (no deductible)</td>
</tr>
<tr>
<td></td>
<td>20% coinsurance (no deductible)</td>
<td>25% coinsurance (no deductible)</td>
<td>$200 copay (no deductible)</td>
</tr>
<tr>
<td></td>
<td>$20 copay (no deductible)</td>
<td>$35 copay (no deductible)</td>
<td>$200 copay (after deductible)</td>
</tr>
<tr>
<td></td>
<td>30% coinsurance (no deductible)</td>
<td>35% coinsurance (no deductible)</td>
<td>$200 copay (after deductible)</td>
</tr>
<tr>
<td></td>
<td>15% coinsurance (after deductible)</td>
<td>20% coinsurance (after deductible)</td>
<td>$200 copay (after deductible)</td>
</tr>
<tr>
<td></td>
<td>25% coinsurance (after deductible)</td>
<td>25% coinsurance (after deductible)</td>
<td>$200 copay (after deductible)</td>
</tr>
</tbody>
</table>

* 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.
<table>
<thead>
<tr>
<th>Health Plans (continued)</th>
<th>INTEGRATED CORE</th>
<th>INTEGRATED BASIC</th>
<th>INTEGRATED HDHP/HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Care Visit</strong></td>
<td>Enhanced (CIN) Network</td>
<td>In-Network</td>
<td>Enhanced (CIN) Network</td>
</tr>
<tr>
<td>$50 copay (no deductible)</td>
<td>$75 copay (no deductible)</td>
<td>$75 copay (no deductible)</td>
<td>$100 copay (no deductible)</td>
</tr>
<tr>
<td><strong>Ambulance</strong> * (medically necessary)</td>
<td>100% covered (no deductible)</td>
<td>100% covered (no deductible)</td>
<td>100% covered (after deductible)</td>
</tr>
<tr>
<td><strong>Inpatient and Outpatient Care/Services</strong></td>
<td>10% coinsurance (no deductible)</td>
<td>25% coinsurance (after deductible)</td>
<td>15% coinsurance (no deductible)</td>
</tr>
<tr>
<td><strong>Chiropractor</strong> (20 visit limit per person per year)</td>
<td>10% coinsurance (no deductible)</td>
<td>25% coinsurance (after deductible)</td>
<td>15% coinsurance (no deductible)</td>
</tr>
<tr>
<td><strong>Therapy — Physical, Occupational, Speech and Massage</strong> (30 visit limit per person per year, does not apply to enhanced network)</td>
<td>10% coinsurance (no deductible)</td>
<td>25% coinsurance (after deductible)</td>
<td>15% coinsurance (no deductible)</td>
</tr>
<tr>
<td><strong>Mental and Nervous Outpatient Office Visit</strong></td>
<td>$10 copay (no deductible)</td>
<td>20% coinsurance (no deductible)</td>
<td>$20 copay (no deductible)</td>
</tr>
<tr>
<td><strong>Inpatient and Outpatient Facility</strong></td>
<td>10% coinsurance (no deductible)</td>
<td>25% coinsurance (after deductible)</td>
<td>15% coinsurance (no deductible)</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td>10% coinsurance (no deductible)</td>
<td>25% coinsurance (after deductible)</td>
<td>15% coinsurance (no deductible)</td>
</tr>
</tbody>
</table>

*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:
CHI Health Specialty Pharmacy
855-267-9234
chihealth.com/specialty-pharmacy

Mail Order Pharmacy Administered By:
Franciscan Pharmacy St. Anthony (mail order)
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.

<table>
<thead>
<tr>
<th></th>
<th>Generic</th>
<th>Preferred Brand Formulary</th>
<th>Non-Preferred Brand Non-Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHI Pharmacy (Franciscan Pharmacies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail 30-day Prescription</td>
<td>$5 copay</td>
<td>15% coinsurance ($20 min/$55 max)</td>
<td>25% coinsurance ($32.50 min/$80 max)</td>
</tr>
<tr>
<td>Mail Order 90-day Prescription</td>
<td>$12.50 copay</td>
<td>15% coinsurance ($50 min/$87.50 max)</td>
<td>25% coinsurance ($80 min/$162.50 max)</td>
</tr>
<tr>
<td>OptumRX Pharmacy Network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail 30-day Prescription</td>
<td>$10 copay</td>
<td>30% coinsurance ($40 min/$110 max)</td>
<td>50% coinsurance ($65 min/$160 max)</td>
</tr>
</tbody>
</table>

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.

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 CHI mail order pharmacy or a CHI pharmacy. You can fill a new maintenance medication prescription up to three times at a retail pharmacy before you are required to use CHI mail order or a CHI 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 (Weight Watchers) for Diabetes
CHI helps cover a portion of the fees
- Weight Watchers’ 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 Weight Watchers section for eligibility and enrollment information.
Health Plans (continued)

**Dental Plan**

<table>
<thead>
<tr>
<th>Network:</th>
<th>Preferred Dentist Program Plus (PDP Plus)</th>
<th>Administered By:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MetLife</td>
</tr>
<tr>
<td></td>
<td></td>
<td>metlife.com</td>
</tr>
<tr>
<td></td>
<td></td>
<td>888-865-6873</td>
</tr>
</tbody>
</table>

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](http://metlife.com) or visit the [well-being](http://well-being) pages on InsideCHI.

<table>
<thead>
<tr>
<th></th>
<th>PPO OPTION</th>
<th>CORE OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MetLife Dentist</td>
<td>Non-MetLife Dentist</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50 per Individual/ $150 per Family</td>
<td>$50 per Individual/ $150 per Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>100% covered</td>
<td>100% covered*</td>
</tr>
<tr>
<td>Basic Restorative Services</td>
<td>10% coinsurance (after deductible)</td>
<td>20% coinsurance* (after deductible)</td>
</tr>
<tr>
<td>Major Restorative Services</td>
<td>40% coinsurance (after deductible)</td>
<td>50% coinsurance* (after deductible)</td>
</tr>
<tr>
<td>Orthodontia Services</td>
<td>50% coinsurance</td>
<td>50% coinsurance*</td>
</tr>
<tr>
<td>Temporomandibular Joint (TMJ)</td>
<td>50% coinsurance</td>
<td>50% coinsurance*</td>
</tr>
<tr>
<td><strong>Maximum Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum (per person)</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum (per person)</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Temporomandibular Joint (TMJ) Lifetime Maximum (per person)</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

*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.*
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 the well-being pages on InsideCHI. 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.

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>No charge</td>
</tr>
</tbody>
</table>

### Exam (with dilation, as needed)

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $39</td>
</tr>
</tbody>
</table>

### Frames

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150 allowance; 80% of charge over $150</td>
</tr>
</tbody>
</table>

### Standard Plastic Lenses

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15 copay</td>
</tr>
</tbody>
</table>

- Single Vision
- Bifocal
- Trifocal
- Standard Progressive Lens
- Premium Progressive Lens

### Lens Options

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15</td>
</tr>
</tbody>
</table>

- UV Treatment
- Tint (solid and gradient)
- Standard Plastic Scratch Coating
- Standard Polycarbonate
- Standard Polycarbonate (kids under age 19)
- Standard Anti-Reflective Coating
- Polarized
- Other Add-ons and Services

### Contact Lens Fit and Follow-up

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $40</td>
</tr>
</tbody>
</table>

- For Standard Contact Lens
- For Premium Contact Lens

### Contact Lenses

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$130 allowance; 85% of charge over $130</td>
</tr>
</tbody>
</table>

- Conventional
- Disposable
- Medically Necessary

### Laser Vision Correction

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>15% off retail price or 5% off promotional price</td>
</tr>
</tbody>
</table>

(Lasik or PRK from U.S. Laser Network)

### Additional Pairs Benefit

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% off complete pair eyeglass purchase</td>
</tr>
</tbody>
</table>

(after funded benefit has been used)

### Frequency

<table>
<thead>
<tr>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

- Exam
- Lenses or Contact Lenses
- Frames
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 the *well-being* pages on InsideCHI.

<table>
<thead>
<tr>
<th>Health Plans (continued)</th>
<th>Administered By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending Accounts</td>
<td>HealthEquity</td>
</tr>
<tr>
<td></td>
<td>healthequity.com/ed/chi</td>
</tr>
<tr>
<td></td>
<td>866-212-4634</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits of Each Option</th>
<th>Health Savings Account (HSA)</th>
<th>Health Care Flexible Spending Account (FSA)</th>
<th>Limited Purpose Health Care FSA</th>
<th>Dependent Day Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
<td>Contributions are before-tax. Money used toward eligible expenses is tax-free.</td>
<td>Can be used in addition to your HSA. Contributions are before-tax. Money used toward eligible expenses is tax-free.</td>
<td>Contributions are before-tax. Money used toward eligible expenses is tax-free.</td>
</tr>
<tr>
<td>Enrollment</td>
<td>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.</td>
<td>You may choose to participate annually if you are not contributing to an HSA.</td>
<td>You may choose to participate annually if you are contributing to or receiving employer contributions to an HSA.</td>
<td>You may choose to participate annually.</td>
</tr>
<tr>
<td>CHI Annual Contributions</td>
<td>$600 individual/$1,200 family plus wellness incentive dollars if you participate in the CHI Wellness Program</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Contributions</td>
<td>You may elect to contribute to the account. You may start/stop/change contributions at any time during the year.</td>
<td>You make an annual election to contribute each pay period. You cannot change your election except for a qualified life event.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Health Plans (continued)

<table>
<thead>
<tr>
<th>IRS Annual Contribution Limits</th>
<th>Health Savings Account (HSA)</th>
<th>Health Care Flexible Spending Account (FSA)</th>
<th>Limited Purpose Health Care FSA</th>
<th>Dependent Day Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,550 employee only coverage or $7,100 all other coverage levels (includes your contributions, our contributions and any wellness contributions you may receive) Additional $1,000 if age 55 or older</td>
<td>$2,700</td>
<td>Expenses listed in IRS Publication 502. Dental and vision expenses immediately; eligible medical expenses only after you meet your HDHP/HSA plan deductible.</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

#### Eligible Expenses
- Medical, dental and vision expenses listed in IRS Publication 502

#### 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.
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 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 April 1.

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 the well-being pages on InsideCHI 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 the well-being pages on InsideCHI.
Your Benefits at a Glance

### Wellness

**Wellness Program**
home.catholichealth.net/wellbeing  

**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 the well-being pages on InsideCHI.

**WW® (Weight Watchers)**
Employer ID: 14346820  

**Administered By:**
WW  
wellness.weightwatchers.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 enrolled under the CHI Wellness Program.

WW gives you more flexibility and freedom than ever before. Their new WW Freestyle™ program makes deciding what to eat much easier. It encourages you to move for pleasure (not just because you should) and it gives you the skills to help you think differently about yourself.

**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. Go to https://wellness.weightwatchers.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.**

<table>
<thead>
<tr>
<th>Allstate Benefits Group Accident</th>
<th>Administered By:</th>
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<tbody>
<tr>
<td></td>
<td>Allstate Benefits</td>
</tr>
<tr>
<td></td>
<td>allstatevoluntary.com/chi</td>
</tr>
<tr>
<td></td>
<td>866-709-3890</td>
</tr>
</tbody>
</table>

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

You also receive a lump-sum payment for these covered services and treatments:
- Ambulance
- Emergency care
- Outpatient surgery
- Cuts/lacerations
- Eye injuries
- Coma
- Broken teeth
- 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:

<table>
<thead>
<tr>
<th>Potential Medical Expenses</th>
<th>Deductibles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copays</td>
</tr>
<tr>
<td></td>
<td>Hospital bills</td>
</tr>
<tr>
<td></td>
<td>Prescription costs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential Unexpected Non-Medical Expenses</th>
<th>Child care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Credit card payments</td>
</tr>
<tr>
<td></td>
<td>Car payments</td>
</tr>
<tr>
<td></td>
<td>Travel to an out-of-town hospital or treatment facility</td>
</tr>
</tbody>
</table>

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.

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

Benefits can be paid a second time if a covered person is diagnosed with the same illness 12 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)

<table>
<thead>
<tr>
<th>PrivacyArmor Identity Theft Protection</th>
<th>Administered By:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>InfoArmor</td>
</tr>
<tr>
<td></td>
<td>infoarmor.com/chi</td>
</tr>
<tr>
<td></td>
<td>800-789-2720</td>
</tr>
</tbody>
</table>

Each year, more than 15 million Americans are victims of identity theft. PrivacyArmor Identity Theft 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 InfoArmor’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.
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:

\[
\begin{align*}
&100\% \text{ on the first } 1\% \text{ of eligible pay you contribute} \\
&\text{plus} \\
&50\% \text{ on the next } 5\% \text{ of eligible pay you contribute} \\
&= 3.5\% \text{ of eligible pay deposited into your account}
\end{align*}
\]

**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 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 $125,000 (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 learn new skills for your current position or a future one.

- Employees regularly scheduled to work **48+ hours** per two-week pay period: up to $3,000 (per year)
- Employees regularly scheduled to work **32 to 47 hours** per two-week pay period: up to $1,500 (per year)

For more information, go to the *well-being* pages on InsideCHI.

#### 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, go to the *well-being* pages on InsideCHI.

<table>
<thead>
<tr>
<th>Employee Assistance Program</th>
<th>Administered By:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Beacon Health Options</strong></td>
</tr>
<tr>
<td></td>
<td>achievesolutions.net/chi</td>
</tr>
<tr>
<td></td>
<td>877-679-3819</td>
</tr>
</tbody>
</table>

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, go to the *well-being* pages on InsideCHI.
**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, you cannot make a change during the year unless the change is due to a life event.

**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](http://www.perksatwork.com). Click “Register for Free,” then sign up with your CHI employee ID.

For more information, go to the well-being pages on InsideCHI.