About the Essential Assist Medical Plan

Our Mission at Trinity Health calls us to treat the entire well-being of those in our care – and that includes our colleagues. To increase access to health care and treatment for all our colleagues, Trinity Health offers the Essential Assist medical benefit plan, with an employer-funded health reimbursement account (HRA).

The Essential Assist medical plan is structured the same as the Essential Plan option, but it includes a Trinity Health credited HRA that is established to assist eligible colleagues with paying for their medical and prescription drug costs.

Who Is Eligible?

You are eligible for the Essential Assist medical plan if you:

- Are a full- or part-time benefits-eligible colleague at the time of Open Enrollment (the annual period when colleagues may change their health benefits) or become newly benefits eligible; and
- Meet certain income requirements based on your household income and the size of your family (see below).

When Can I Enroll?

Eligible colleagues may apply for the Essential Assist medical plan during Open Enrollment or initial benefits eligibility. Assuming you remain eligible, you will need to recertify your eligibility each year during the annual Open Enrollment period. **This plan does not automatically carry over year to year.**

How the Essential Assist Medical Plan Works

At the beginning of the year, Trinity Health credits the following amount to a HRA:

- $1,000 (Individual Coverage Level) or
- $2,000 (Other Coverage Levels)

You choose when and how to use the HRA funds for qualified medical and prescription expenses. You will receive a debit card from HealthEquity. Claims are not processed automatically, and you **must** either pay out of pocket with your debit card or submit for reimbursement. After you use all the money in your HRA, you share any additional eligible expenses in accordance with the medical plan’s applicable deductible, co-payment or co-insurance. All colleague cost share (deductible, co-payments, and co-insurance) will accumulate towards your out-of-pocket maximum.

The out-of-pocket maximum is the most you will pay for eligible medical expenses during the plan year. If at the end of the year, you have a credit remaining in your HRA and you recertify and qualify for the Essential Assist medical plan at the next annual Open Enrollment period, the credit will rollover. There is no maximum to the amount that can rollover from year to year as long as you remain eligible to enroll in the Essential Assist medical plan. If you experience a qualified status change that requires a different coverage level (for example, you change from the Individual Coverage Level to a Family Coverage Level as a result of the birth of a baby or marriage), an additional prorated amount will be credited to your HRA upon your notification to Human Resources. In the event
you experience a qualified status change event in which you remove a dependent from the Essential Assist medical plan coverage due to ineligibility, Trinity Health will **not** reduce your HRA balance.

**Note:** The Essential Assist medical plan with HRA does not apply to dental or vision plan coverage. Any remaining money in the HRA is forfeited if you leave Trinity Health.

### Essential Assist Medical Plan Income Guidelines

<table>
<thead>
<tr>
<th>Family Size*</th>
<th>Annual Family Income** Must Be Less Than…</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>$43,740.00</td>
</tr>
<tr>
<td>2</td>
<td>$59,160.00</td>
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<tr>
<td>3</td>
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<tr>
<td>7</td>
<td>$136,260.00</td>
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<tr>
<td>8***</td>
<td>$151,680.00</td>
</tr>
</tbody>
</table>

**Notes**

* Family size is based on the number of exemptions (yourself, spouse, dependents) reported on your most recent federal tax return.

** Based on 2023 IRS guidelines and the adjusted gross income amount indicated on your most recent federal income tax form 1040.

*** Use eight even if your family size is greater.

### How to Apply for the Essential Assist Medical Plan

If you think you might qualify for the Essential Assist Plan you should first enroll in the medical plan that you think will be best for you – either the Traditional, Health Savings or Essential Plan. Then apply for the Essential Assist Plan by following the steps below.

1. Complete the **certification statement below**, and submit it along with a copy of your **most recent federal income tax Form 1040**, as follows:
   
   a. Submit documents to your local Benefit / HR representative.

2. The Benefit / HR representative will review your documents and confirm your eligibility. Once your eligibility is confirmed the Benefit / HR representative will move you into the Essential Assist medical plan option even if you elected a different medical plan option during Open Enrollment or initial eligibility.

3. **Be sure to complete your application process prior to Nov. 24, 2023 for Open Enrollment or 30 days from your initial benefit eligibility date.**
Colleague Certification Statement for the Essential Assist Medical Plan

By submitting an application to participate in the Essential Assist medical plan option for the 2024 plan year (Jan.1, 2024 through Dec. 31, 2024), I understand and agree that, if my application is approved, I and my eligible dependents, if applicable, will be automatically enrolled in the Essential Assist medical plan effective Jan.1, 2024, or my initial benefit eligibility date, even if I elected a different medical plan option during the Enrollment period. I further understand and agree that enrollment in the Essential Assist medical plan is automatic and irrevocable upon approval of my application and cannot be changed during the 2024 plan year without a qualifying event. I also understand that, in order to participate in the Essential Assist medical plan for any plan year after the 2024 plan year, I will need to recertify my eligibility during Open Enrollment for that plan year.

__________________________________________
Colleague Name (Please print)                     Employee ID

__________________________________________
Colleague Signature                             Date

__________________________________________
Human Resources Signature                       Date

Note: Any misrepresentation of material fact or false information provided as part of this certification is subject to the terms and conditions outlined in the appropriate Human Resource Policies and Procedures manual and can result in disciplinary action up to and including termination of employment.

Any dispute over eligibility for the Essential Assist medical plan option under the Trinity Health Welfare Benefit Plan is subject to the final and binding determination of the Plan Administrator in the Plan Administrator’s sole discretion. If you have any questions about the Trinity Health Welfare Benefit Plan and/or the Essential Assist medical plan, please contact your Human Resources department. Trinity Health reserves the right to modify or terminate the Trinity Health Welfare Benefit Plan and the Essential Assist medical plan option at any time. Income guidelines will be reviewed annually for possible revision.