



2022 Benefits

Open Enrollment Guide

October 28 - November 11, 2021



Now is the Time to Enroll in Benefits

Each year, you are given the opportunity to choose the benefits that work best for you and your family situation. This enrollment guide from Trinity Health provides the information you'll need to enroll for next year's benefits.

We encourage you to use this guide to learn about your benefit plan options, decide on the levels of coverage that are right for you and your family, and compare costs before you enroll.

In addition to details about the 2022 benefit plan options, this enrollment guide provides other important information, such as colleague and dependent eligibility requirements, step-by-step instructions on how to enroll, and how to get answers to your questions.

Be sure to take a few minutes to review the premium contributions for each benefit option before making your selections for 2022.

If you have more questions after reading this guide, refer to the "For more information" section to determine where you can go to get answers.

Welcome to Open Enrollment

Trinity Health Of New England - Springfield Market

Trinity Health and Trinity Health Of New England - Springfield Market are pleased to provide you with the information you will need to enroll in benefits. Throughout the rest of this communication, you will see Trinity Health and Trinity Health Of New England - Springfield Market referred to as simply Trinity Health. If you have more questions after reviewing this guide, refer to the "For More Information" section to learn where you can get answers.

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Your Top Tasks for Open Enrollment

Review and make changes to your benefit elections by **Nov. 11, 2021** at 11:59 p.m. EST.

Verify new family members by providing your dependent documentation into [Ann Ferguson](#) or [Cindy Lees](#). Dependent documentation must be submitted **by Nov. 18, 2021**.

Determine if you want to contribute to the Health Savings Account, the Health Care or Dependent Care Flexible Spending Accounts or elect PTO cash-out. **You must make an election if you wish to enroll.**

Determine if you want to participate in the Essential Assist Plan for 2022. **You must apply each year and meet specific income and eligibility guidelines.**

It's also a good time of year to:

- Review and update your beneficiaries.
- Update your personal information by contacting [Ann Ferguson](#) at 413.420.2555 or AFerguson@sisofprov.org or [Cindy Lees](#) at 413-562-3627 or 413-536-9109 or email at clees@provministries.org or clees@genesisspiritualcenter.org.
- Check the eligibility rules.
- Review the Live Your Whole Life section of this guide to learn about resources that will help you maintain your health and incentives on your medical contributions throughout the year.
- If you have an eligible adult who qualifies as a tax dependent, you must complete the Non-Spouse Eligible Adult Dependent Certification form each year in order to receive pre-tax deductions.

DEADLINE DATES YOU NEED TO KNOW

NOV. 11, 2021: Review and make changes to your benefit elections.

NOV. 18, 2021: Send your required dependent documentation to [Ann Ferguson](#) or [Cindy Lees](#) if you are adding family members for 2022. **Provide your application and tax form**, if you are applying for the Essential Assist Plan for 2022.

What's New for 2022





- > Trinity Health's 2022 Open Enrollment period is two weeks this year – **Oct. 28 through Nov. 11, 2021**. Be sure to make your elections and return your enrollment form no later than Nov. 11, 2021.
- > As of Jan. 1, 2022, Trinity Health will no longer cover telehealth/virtual visits at 100%. See the Medical and Pharmacy Plan Highlights page for applicable cost share information.
- > You will have the opportunity to contribute \$50 more per year, up to a maximum of \$3,000 to your Health Savings Account (HSA) in 2022, if you have colleague-only coverage. For all other coverage levels, you will have the opportunity to contribute \$100 more per year, up to a maximum of \$6,000. Trinity Health's contribution amount to your HSA will remain the same as in 2021: \$650 for individual and \$1,300 for all other coverage levels which may be subject to state taxation.

Mental and Emotional Well-being

Our Trinity Health colleagues and their families continue to be our most valuable resource. While well-being is multi-dimensional, mental and emotional well-being has emerged as a top priority throughout the COVID-19 pandemic. Now, more than ever, it is important to focus on our resilience and ensure that our colleagues have the resources they need to manage their overall well-being.

> Additional Live Your Whole Life Mental and Emotional Well-being Resources

Live Your Whole Life is our colleague well-being initiative to inspire well-being in body, mind and spirit. There are a range of tools available, such as virtual support groups, individual counseling, and self-guided video courses to help you better understand, maintain and improve your health and well-being.

 Individual Counseling powered by Carebridge	 Virtual Support Groups powered by Carebridge	 Self-Guided Video Courses	 National Suicide Prevention Lifeline
6 free confidential counseling sessions available in person or through telehealth myliferesource.com 800-437-0911 Trinity Health access code: BKKR5	Online weekly check-ins to assist colleagues with emotional well-being trinity-health.org/lywl to see upcoming Virtual Support Group session Carebridge Connects Resources to watch recorded sessions	Video courses on Mindfulness and Self-Awareness trinity-health.org/lywl Download the app to your phone at the App Store or Google Play: search Virgin Pulse	The Lifeline provides 24/7, free and confidential support 1-800-273-TALK 1-800-273-8255 You can also chat with a member of the Lifeline team by visiting suicidepreventionlifeline.org

> Coverage Under Trinity Health Medical Plan:

- Behavioral health care including inpatient and outpatient mental health care and substance abuse care by Tier 1 & 2 providers is covered at the Tier 1 benefit level.

Your Enrollment Requirements

If you don't make benefit elections by Nov. 11, 2021, you will automatically receive the same elections you had last year for medical, dental, vision, life insurance, AD&D, and disability. Keep in mind:

- If you want to contribute to the Health Savings Account, the Health Care or Dependent Care Flexible Spending Accounts or elect PTO cash-out, you must make an election. Last year's election will **not carry** forward.
- If you want to participate in the Essential Assist Plan for 2022, you must apply each year and meet specific income and eligibility guidelines. We encourage you to enroll in a medical plan during Open Enrollment in the event that you do not meet the Essential Assist Plan requirements for 2022. If you do not choose another plan and/or do not reapply for the Essential Assist Plan, your election will be set to "waive" for the new plan year and you will not have medical coverage. For more information on the Essential Assist Plan, refer to the Paying for Medical and Pharmacy Coverage page.

If you wish to participate in these programs next year you must complete your enrollment by Nov. 11, 2021 at 11:59 p.m. EST.

How to Enroll

Step-by-step instructions

- 1 Complete the Open Enrollment Form and submit to Ann Ferguson, or to Cindy Lees see contact information above.
- 2 If you have questions, please either email or call Ann Ferguson at 413.420.2555 or Cindy LOees at 413-562-3627 or 413-536-9109.
- 3 Be sure to make a copy for your records..

If you do not change or correct your benefit elections by Nov. 11, 2021 at 11:59 p.m. EST, IRS regulations require you to remain in your elections throughout 2022 or until you experience a qualified status change. For more information on qualified status changes, please contact Ann Ferguson.

If you elect the Health Savings Plan

If you do not plan to contribute any additional money beyond what your employer contributes for you, you must elect the Health Savings account with a \$0 annual contribution.

Who Is Eligible

Eligible Individual	Definition
Colleague	Regularly scheduled full- or part-time colleague with 40 or more budgeted hours per pay period.
Spouse/Eligible Adult	<p>You may cover your spouse or Eligible Adult. An Eligible Adult is an adult who resides and has financial interdependence with the colleague, and is not related by blood, adoption or marriage to the colleague.</p> <p>If an eligible adult qualifies as a tax dependent, you must complete the Non-Spouse Eligible Adult Dependent Certification form each year in order to receive pre-tax deductions. If the form is not submitted, the deductions will be post-tax. For 2022, you must submit the Certification form by Nov.18, 2021.</p>
Dependent Children	<p>Dependent children are eligible for coverage through the end of the Plan Year in which they turn age 26, regardless of marital status, student status, residency, financial dependency or other requirements provided they meet all of the following criteria.</p> <p>They are:</p> <ul style="list-style-type: none"> - Your or your spouse/eligible adult's natural children; - Your or your spouse/eligible adult's legally adopted children or children placed with you or your eligible adult for adoption; or - Children for whom you or your spouse/eligible adult are the court-appointed legal guardian. - Not otherwise covered under the Plan or any other group health plan offered by the Employer. <p>NOTE: Children of eligible adults may be covered only if their eligible adult is covered.</p>

New Hires

New hires are eligible for benefits on the first day of the month on or after 30 days of employment.

For a copy of the complete eligibility rules and documentation requirements for you and your family contact Ann Ferguson.

Adding Family Members

If you're adding eligible family members to your benefit plan during open enrollment who have not been on Trinity Health's benefits before, you're required to provide written documentation (for example, marriage certificate or birth certificate) verifying their dependent status by providing the appropriate documents to Ann Ferguson by Nov.18, 2021. **If you don't submit the required documentation by Nov.18, 2021, your dependents will not be enrolled in coverage for 2022, and you'll be required to wait until next year's open enrollment period to add them to the plan** – provided they remain eligible, and you provide documentation verifying their dependent status at that time. To confirm who is eligible to be added to coverage, please see the "Who Is Eligible" section above. Dependents currently enrolled in Trinity Health benefits do not need to be reverified.

In order for your dependent(s) to be covered, you are required to provide a Social Security Number for each dependent age one or older.

Please note, you have the option to purchase coverage for your spouse/eligible adult and dependents. If you and your spouse/eligible adult or dependent(s) both work for Trinity Health, and are benefits eligible, you cannot elect dual coverage (enrolled as a colleague and a dependent). In addition, only one of you will be able to elect coverage for your child(ren). If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.

Medical Coverage

Trinity Health is offering you three medical plan options during open enrollment: the Traditional Plan, the Health Savings Plan, and the Essential Plan. All three plans are administered by Aetna and support our clinically integrated network structure.

Each plan offers these three tiers so you can pay less by receiving care from network providers.

- **Tier 1**, or the Trinity Health network providers, are facilities or physicians aligned with our organization that provide you with the lowest deductibles, coinsurance and copays. The Clinically Integrated Network includes these Tier 1 physicians who work to improve the health of our colleagues and the communities in which they live and work. For services unavailable through Trinity Health network providers, select Aetna providers will be available at the Tier 2 benefit level.
- **Tier 2** includes select Aetna providers (facilities and physicians) not listed under Tier 1. Tier 2 providers can save you money, but not as much as using our Tier 1 network.
- **Tier 3** providers are out-of-network and this Tier provides the lowest level of coverage. You can use these facilities and physicians for care, but you will pay the most out of your pocket when you do. **Mayo Clinic is considered a Tier 3 provider.**

Did You Know?

On average, **85%** of Trinity Health colleagues have access to at least two Tier 1 primary care providers within the following distance from their home address:

- **Five miles** if they reside in urban areas
- **10 miles** if they reside in suburban areas
- **25 miles** if they reside in rural areas

Cancer Treatment Centers of America and affiliated hospitals are not covered providers.

By using Tier 1 providers, you're not only reducing your out-of-pocket expenses, you're also supporting Trinity Health as an organization. Since the cost of medical premiums is shared by you and Trinity Health, using Tier 1 providers helps to minimize the rising cost of health care for all of us.

You may search for Tier 1 providers and locations online. Verify with the Tier 1 location prior to your visit to ensure Tier 1 benefits. Please note the online provider search tool will only return independent Tier 1 facilities. Please inquire with your local Tier 1 hospital for any outpatient services such as labs, radiology or therapy.

Selecting the Plan that's right for you

Review your medical plan options below to find the one that fits your needs.

 <h3>Traditional Plan</h3>	 <h3>Health Savings Plan</h3> <p>High Deductible Health Plan (HDHP) with Health Savings Account (HSA)</p>	 <h3>Essential Plan</h3> <p>Assist plan with Health Reimbursement Account (HRA) if you qualify</p>
<ul style="list-style-type: none"> › Pay more each paycheck, but less at the time of service › Choose this plan if you are interested in lower costs at the time you use insurance 	<ul style="list-style-type: none"> › Pay less each paycheck, but more at the time of service until you meet your deductible › Receive annual employer contribution in an HSA based on coverage level › Choose this plan to contribute to the HSA, and maximize your tax advantage as you save for current and future health care expenses 	<ul style="list-style-type: none"> › Pay the least amount each paycheck, but more at the time of service › Choose this plan if you are interested in lower payroll contributions › Essential Assist plan, including HRA with annual employer contribution based on coverage level, available for colleagues who meet certain income requirements

About the Medical Plans

Access to Care

Trinity Health's goal with the Tier 1 network is to include adult/pediatric primary care, OB/GYN, hospital-based physicians (radiologists, pathologists, hospitalists, etc.), and high-volume specialties (cardiology, gastro, ENT, etc.). The majority of services should be available in Tier 1, however, some services may only be available at the Tier 2 level. Our intent is to ensure access to all services within Tier 1 or Tier 2 networks.

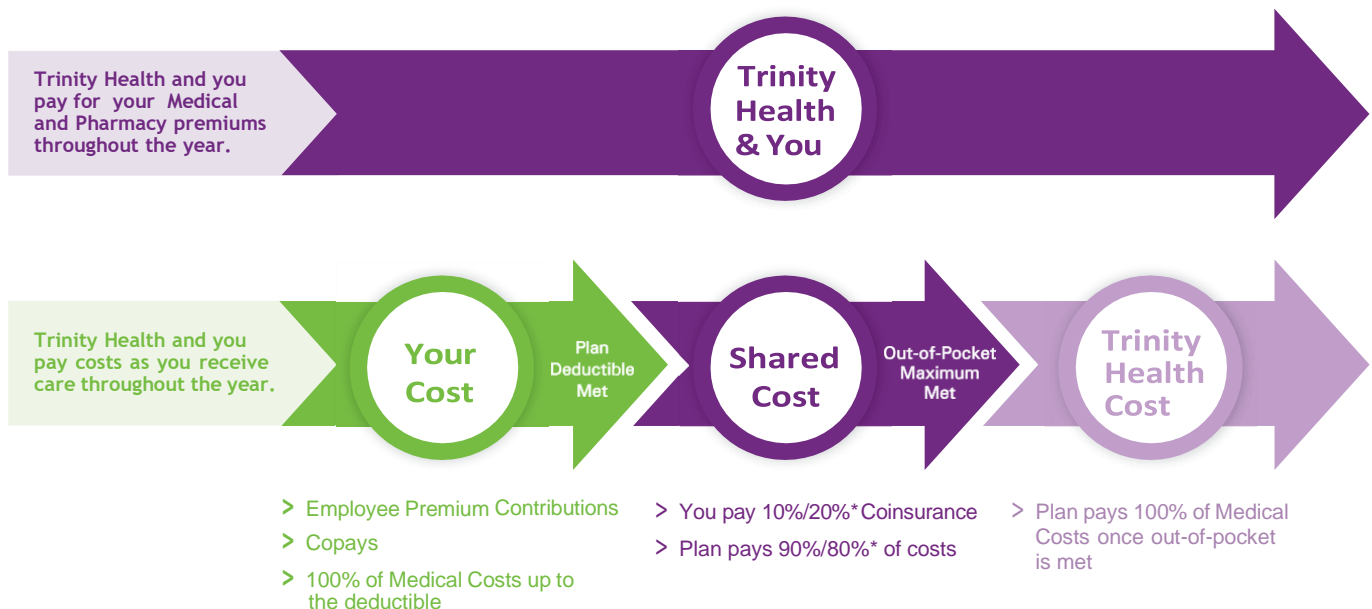
Medical Terms To Know

- **Clinically Integrated Networks** – local physicians and health care providers that have partnered with Trinity Health's Health Ministries to deliver services to colleagues. They are focused on helping you access the right care, at the right time, in the right setting. All providers are part of the Tier 1 network, so you pay the lowest cost for the care you receive.
- **Premiums** – the amount paid for your medical plan. Trinity Health pays a portion of your medical plan premiums and you pay a portion which is deducted from each of your paychecks.
- **Deductibles** – the amount you pay for covered health care services before your medical plan starts to pay. Typically, you pay only a copayment or coinsurance for covered services once you pay your deductible.
- **Coinsurance** – percentage of costs of a covered health care service you pay after you've paid your deductible.
- **Copay** – the fixed amount you pay for covered health care services.
- **Out-of-Pocket Maximum** – the most you pay during a plan year before your medical plan starts to pay 100 percent of covered health benefits.

Understanding your out-of-pocket medical costs

You may be wondering how Trinity Health and you share medical and pharmacy costs each year. The graphic below shows how costs are shared for both premiums and coverage. Keep in mind, your costs will vary depending on the plan and the network you access at the time of service.

How Trinity Health & You Share Medical & Pharmacy Costs



* Dependent on the Trinity Health Medical Plan selected and the cost share for Tier 1 facilities or physicians.

Medical and Pharmacy Plan Highlights

Your medical and pharmacy plan options.

Medical Plan Highlights	Network Tier	Traditional Plan		Health Savings Plan ¹		Essential Plan				
Trinity Health-funded account (Individual / Family)	All Tiers	N/A		HSA: \$650 / \$1,300		HRA: \$850 / \$1,700 (Essential Assist Plan Only)				
Annual deductible (Individual / Family)	Tier 1	\$250 / \$500		\$1,500 / \$3,000		\$1,000 / \$2,000				
	Tier 2	\$750 / \$1,500		\$2,500 / \$5,000		\$2,500 / \$5,000				
	Tier 3	\$1,500 / \$3,000		\$3,500 / \$7,000		\$4,000 / \$8,000				
Coinsurance	Tier 1	10%*		10%*		20%*				
	Tier 2	20%*		20%*		30%*				
	Tier 3	40% R&C*		40% R&C*		40% R&C*				
Preventive care	Tier 1	0% no deductible		0% no deductible		0% no deductible				
	Tier 2	0% no deductible		0% no deductible		0% no deductible				
	Tier 3	40% R&C*		40% R&C*		40% R&C*				
Office visit (PCP/Specialist/Virtual health)	Tier 1	\$20 / \$30		10%*		20%*				
	Tier 2	\$30 / \$40		20%*		30%*				
	Tier 3	40% R&C*		40% R&C*		40% R&C*				
Virtual health visits - all other (Teladoc, Amwell, MDLive)	All Tiers	\$30 / \$40		20%*		30%*				
Urgent care visit	All Tiers	0% after \$35 copay		10%*		20%*				
Emergency room	All Tiers	0% after \$100 copay (waived if admitted)		10%* Subject to Tier 1 deductible		0% after \$100 copay (waived if admitted)				
Inpatient admission	Tier 1	None**		None**		None**				
	Tier 2	\$500**		\$500**		\$750**				
	Tier 3	\$1,000**		\$1,000**		\$1,000**				
Inpatient admission (thru Emergency Room)	All Tiers	10% Subject to Tier 1 deductible		10% Subject to Tier 1 deductible		20% Subject to Tier 1 deductible				
Outpatient surgical services	Tier 1	\$50**		None**		\$50**				
	Tier 2	\$100**		\$100**		\$100**				
	Tier 3	\$200**		\$200**		\$200**				
Out-of-pocket maximum (Individual / Family)	Tier 1	\$2,500 / \$5,000		\$2,600 / \$5,200		\$3,500 / \$7,000				
	Tier 2	\$4,750 / \$9,500		\$5,000 / \$10,000		\$5,500 / \$11,000				
	Tier 3	\$9,500 / \$19,000		\$7,000 / \$14,000		\$9,000 / \$18,000				
Prescription drug 34 day supply	Generic	Trinity Health Owned Pharmacy	\$8	Retail Pharmacy	\$10	Trinity Health Owned Pharmacy	\$8	Retail Pharmacy	\$10	
		Brand formulary	16% (\$24 min, \$64 max)	20% (\$30 min, \$80 max)	16% after deductible [†] , 0% after out-of-pocket max	20% after deductible [†] , 0% after out-of-pocket max	20% (\$24 min, \$64 max)	25% (\$30 min, \$80 max)		
		Brand non-formulary	32% (\$48 min, \$80 max)	40% (\$60 min, \$100 max)			40% (\$48 min, \$96 max)	50% (\$60 min, \$120 max)		
	90 day supply	Generic	Trinity Health Owned Pharmacy	\$24	OptumRx Home Delivery	\$25	Trinity Health Owned Pharmacy	\$24	OptumRx Home Delivery	\$25
			Brand formulary	16% (\$72 min, \$192 max)	20% (\$75 min, \$200 max)	16% after deductible [†] , 0% after out-of-pocket max	20% after deductible [†] , 0% after out-of-pocket max	20% (\$72 min, \$192 max)	25% (\$75 min, \$200 max)	
			Brand non-formulary	32% (\$144 min, \$240 max)	40% (\$150 min, \$250 max)			40% (\$144 min, \$288 max)	50% (\$150 min, \$300 max)	
		Out-of-pocket maximum based on Tier 2		Deductible and out-of-pocket based on Tier 1		Out-of-pocket maximum based on Tier 2				

¹The individual deductible and individual out-of-pocket maximum only apply to those enrolled in colleague-only coverage for the Health Savings Plan. For all other coverage levels, the full family deductible and family out-of-pocket maximum must be met even if only one person in the family is receiving care.

*Reasonable and Customary (R&C), subject to deductible.

**Subject to deductible and coinsurance.

[†]Select, generic preventive drugs are covered at 100% and are not subject to the annual deductible. See the HR4U colleague portal for the complete list of eligible drugs.

Paying for Medical and Pharmacy Coverage

Contribution levels for the medical and pharmacy plans are based on the Social Security taxable wage base (\$142,800 for 2021, indexed annually) to ensure our benefit plan cost-sharing model is appropriately aligned with our colleagues' income levels. The amount you pay for medical and pharmacy coverage is based on your annual base salary (your base rate of pay times your budgeted hours) and your participation in the Well-Being programs. If at any time during the 2022 plan year, you earn \$142,800 or more, you will pay a higher premium contribution per pay period for your medical insurance.

Full Time	Traditional Plan			Health Savings Plan			Essential Plan		
	Full	1 - Person	No	Full	1 - Person	No	Full	1 - Person	No
Your per pay period cost	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive
For colleagues earning less than the 2021 SSTWB[‡] - Level 1									
Colleague only	\$57.33	N/A	\$72.33	\$39.62	N/A	\$54.62	\$24.31	N/A	\$39.31
Colleague plus spouse/eligible adult	\$157.65	\$172.65	\$187.65	\$116.22	\$131.22	\$146.22	\$80.24	\$95.24	\$110.24
Colleague plus child(ren)	\$111.07	N/A	\$126.07	\$81.88	N/A	\$96.88	\$56.53	N/A	\$71.53
Colleague plus family	\$197.06	\$212.06	\$227.06	\$145.28	\$160.28	\$175.28	\$100.30	\$115.30	\$130.30
For colleagues earning the 2021 SSTWB or more[‡] - Level 2									
Colleague only	\$71.66	N/A	\$86.66	\$52.83	N/A	\$67.83	\$36.47	N/A	\$51.47
Colleague plus spouse/eligible adult	\$189.18	\$204.18	\$219.18	\$145.28	\$160.28	\$175.28	\$106.99	\$121.99	\$136.99
Colleague plus child(ren)	\$133.28	N/A	\$148.28	\$102.36	N/A	\$117.36	\$75.38	N/A	\$90.38
Colleague plus family	\$236.47	\$251.47	\$266.47	\$181.60	\$196.60	\$211.60	\$133.73	\$148.73	\$163.73

Part Time	Traditional Plan			Health Savings Plan			Essential Plan		
	Full	1 - Person	No	Full	1 - Person	No	Full	1 - Person	No
Your per pay period cost	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive
For colleagues earning less than the 2021 SSTWB[‡] - Level 1									
Colleague only	\$108.92	N/A	\$123.92	\$87.17	N/A	\$102.17	\$68.08	N/A	\$83.08
Colleague plus spouse/eligible adult	\$271.15	\$286.15	\$301.15	\$220.83	\$235.83	\$250.83	\$176.53	\$191.53	\$206.53
Colleague plus child(ren)	\$191.04	N/A	\$206.04	\$155.58	N/A	\$170.58	\$124.37	N/A	\$139.37
Colleague plus family	\$338.94	\$353.94	\$368.94	\$276.03	\$291.03	\$306.03	\$220.66	\$235.66	\$250.66
For colleagues earning the 2021 SSTWB or more[‡] - Level 2									
Colleague only	\$123.25	N/A	\$138.25	\$100.38	N/A	\$115.38	\$80.24	N/A	\$95.24
Colleague plus spouse/eligible adult	\$302.68	\$317.68	\$332.68	\$249.88	\$264.88	\$279.88	\$203.27	\$218.27	\$233.27
Colleague plus child(ren)	\$213.25	N/A	\$228.25	\$176.05	N/A	\$191.05	\$143.22	N/A	\$158.22
Colleague plus family	\$378.35	\$393.35	\$408.35	\$312.35	\$327.35	\$342.35	\$254.09	\$269.09	\$284.09

[‡]The 2021 Social Security taxable wage base (SSTWB) is \$142,800 and includes productivity pay, if applicable.

Need help with your health care costs?

You may be eligible for the Essential Assist Plan ("Assist Plan") if you meet certain income requirements. It is the same as the Essential Plan, but includes a Trinity Health-funded Health Reimbursement Account (HRA) to help you pay for your health care costs at the time of service. To participate in the Assist Plan, you must apply and meet specific income and eligibility guidelines. To learn more, contact Ann Ferguson. Be sure to provide a copy of your most recent Federal Income Tax Form 1040 or 1040EZ by Nov.18, 2021.

NOTE: If you think you qualify for the Assist Plan, you should elect the medical plan you think will be best for you – which could be the Traditional Plan, the Health Savings Plan, or the Essential Plan. If you qualify for the Assist Plan, you will be moved to the Assist Plan. Otherwise, you will remain in the plan you elected during open enrollment.

How do the Incentives work?

For more information on how to achieve Full and 1-Person incentives, see the Live Your Whole Life section for more details.

More about the Health Savings Plan

The Health Savings Plan is a consumer-driven health plan which gives you the opportunity to participate in a plan where your health care costs are more closely determined by your decisions.

How the Health Savings Plan works:

First

You pay the full cost of medical and prescription expenses until you reach the annual deductible. **(Note: preventive care services and certain preventive 90-day generic prescriptions do not require you to meet the deductible).**

Second

Once you meet the deductible, you pay coinsurance until you reach the out-of-pocket maximum. A combined deductible means the full family deductible must be met even if only one person in the family is receiving care. Coinsurance begins once the combined deductible has been met.

Third

Once you reach the out-of-pocket maximum, Trinity Health pays 100% of all remaining eligible expenses during the year.

Keep in mind, the plan pays 100% for certain generic prescription drugs, diabetes and asthma drugs before your deductible is met.

For more information about the Health Savings Plan, including the Health Savings Account (HSA), visit www.healthequity.com or <https://hr4u.trinity-health.org>.

How the Health Savings Account (HSA) works

When you enroll in the Health Savings Plan, you automatically have a Health Savings Account (HSA) administered by HealthEquity to help you pay for current or future health care costs. Trinity Health will make a full contribution to your account in January based on the coverage level you elect. In addition, you can also contribute to this account up to IRS limits:

Coverage Level	Trinity Health Contributions†	Your Voluntary Contributions*†	Total IRS Allowed HSA Contributions
Colleague only	\$650	\$3,000	\$3,650
All other coverage levels	\$1,300	\$6,000	\$7,300

*If you are 55 or older, you can contribute an additional \$1,000 in catch-up contributions to your HSA.

†May be subject to state taxation.

Questions about the HSA

How do I get an HSA? To be eligible for the HSA, you must enroll in the Health Savings Plan. In addition, you cannot have coverage under another non-high deductible health plan, such as Medicare, TRICARE, or coverage through a spouse's health plan.

Who can use funds in my HSA? You and your dependents can pay for medical, dental, vision and pharmacy expenses with funds in your HSA. Dependents must be claimed on your tax return. (Note: Children under the age of 26 may not qualify to use HSA funds depending on their annual income and other factors, see IRS website for details.)

Why would I contribute to my HSA? Contributions to the HSA are a great way to save on taxes. With the HSA, you do not pay taxes on the amount you contribute through payroll deductions, the amount you withdraw for medical expenses, and the interest you earn in the account (up to amounts set by federal law)†. We encourage you to consult with a tax advisor for IRS rules and tax implications related to an HSA. Keep in mind that you can change the amount you contribute to your HSA at any time during the plan year.

How can I use the money in my HSA? You may use the HSA to pay for qualified medical, dental, vision and pharmacy expenses now and during retirement for you and your qualified dependents.

How do I pay for medical expenses with my HSA? When you receive eligible health care services, you can pay for those services with your HSA debit card, or through several online and smartphone app options. You'll receive more information about your payment options if you enroll in the Health Savings Plan with the HSA.

What happens if I don't use all the money in my HSA each year? Any money you do not use during the year is carried over, without any limits. Remember, you own the money in your HSA and it is yours to keep – even when you change jobs or retire.

Can I enroll in the Health Care Flexible Spending Account (HCFSA) if I have an HSA? When you enroll in the Health Savings Plan that includes the HSA, you will not have access to the health care flexible spending account (HCFSA). However, the HSA may be seen as having more advantages over the HCFSA including:

- The opportunity to carry over savings from year to year – you do not forfeit any amount in your HSA at the end of the plan year. If you are currently enrolled in the HCFSA for 2021 and you elect the HSA for 2022, you must utilize your HCFSA funds by Dec. 31, 2021. **If you carry over any HCFSA balance into 2022, you will be unable to receive employer HSA contributions or your colleague HSA contributions until April 1, 2022;**
- Contributions of up to \$7,300 in tax-free HSA dollars each year (the HCFSA maximum is \$2,750);
- Your HSA dollars are saved in a bank account that may earn interest.

†May be subject to state taxation.

Live Your Whole Life

At Trinity Health, we believe that staying healthy – in body, mind and spirit – supports our ability to care for ourselves, our families and those we serve. Through Trinity Health’s Live Your Whole Life well-being initiative, you and your covered spouse or eligible adult have access to tools and resources to help you better understand, maintain and improve your health and well-being. Additionally, you and your covered spouse or eligible adult can complete the Live Your Whole Life incentive activities to maintain the lower per pay cost for medical coverage throughout the plan year.

Here’s how this year’s program will work:

- 1 All colleagues start the plan year with the Full Incentive amounts (lower per pay cost for medical coverage).** Note: See the box to the right to understand the options for Full and 1-Person Incentives.
- 2 Log into or register for your Live Your Whole Life account at <https://www.trinity-health.org/lywl> or on the mobile app.**
- 3 Earn points by completing program activities.** Points earned within a quarter accumulate to drive progress to higher levels of the game.
- 4 Complete Level 4 of the quarterly game by earning a total of 5,000 points each quarter to maintain a lower per pay cost for medical coverage.**
 - > **Q1:** Jan. 2 – Mar. 31, 2022
 - > **Q2:** Apr. 1 – Jun. 30, 2022
 - > **Q3:** Jul. 1 – Sept. 30, 2022
 - > **Q4:** Oct. 1 – Dec. 31, 2022 – Complimentary Quarter: All members automatically awarded 5,000 points
- 5 Those who complete Level 4 by the quarterly deadline will maintain their incentive.**

Incentive Structure

There are separate incentive amounts for colleagues and spouse/eligible adult. If both you and your spouse/eligible adult complete four levels in each quarter, you will maintain the Full Incentive amounts. If only one of you completes all four levels in each quarter, you will only maintain a 1-Person Incentive amount. (See the section “Paying for Medical and Pharmacy Coverage” for contribution rates with Full and 1-Person Incentives).

Need another chance to earn your Full Incentives?

The game resets each quarter with a new opportunity to maintain or regain your Full Incentive amounts. If you do not complete Level 4 by the Quarter 1 deadline, you will have the opportunity to regain your Full Incentive amounts by completing Level 4 in Quarter 2, and again in Quarter 3.

If you feel that you are unable to complete the Live Your Whole Life incentive activities by the deadline(s) due to extenuating circumstances (e.g., medical hardship, military deployment), you may request an exception. For your exception request to be reviewed, you must complete the form and return it prior to the end of each quarter. You can find exception forms at <https://www.trinity-health.org/lywl> or by calling 855-491-8781.

For more information on dates and activities, please visit the Live Your Whole Life website at <https://www.trinity-health.org/lywl> or call 855-491-8781.

More About the Medical and Pharmacy Plans

Choose your Primary Care Physician (PCP)

Maintaining a relationship with your PCP is important because they are trained to recognize any health problems you may have. A PCP is the doctor you see for most services, including annual check-ups. Your PCP can also help you identify and meet your health goals and help you prevent serious, long-term health conditions. And, by following their preventive recommendations, they can help keep your health care costs low. Trinity Health encourages you to select and develop a relationship with a PCP. **If you are electing a Trinity Health medical plan for the first time in 2022, you and your covered dependents will be required to select a PCP between Jan. 1 through Jan. 31, 2022.** Be sure to indicate your PCP through the Aetna online portal. If no PCP is indicated, the Plan will auto-assign based on claim history, Tier 1 physician within a 25 mile radius of your home, or Tier 2 physician within a 25 mile radius of your home.

Be a smart health care consumer

As you know, the cost of high-quality health care continues to increase each year. Being a smart consumer means getting the best price on something you need, whether it's a new car or health care.

Being a smart health care consumer doesn't mean you should avoid trips to the doctor – it means making the best decisions about *when* to go to the doctor. Regular checkups can improve your health and extend your life. By getting the recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Plus, preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because generally, it's covered by your medical plan. For more information on preventive care benefits, view the plan Evidence of Coverage and Summary of Benefits documents.

An easy way to be a smart health care consumer is to choose a Trinity Health Tier 1 provider when you or a family member needs medical care. Besides receiving excellent care at our own facilities, you receive the highest level of benefits while paying the lowest available copayment and coinsurance amounts.

Maintenance Medications

Our prescription drug plan requires that you receive your maintenance medications* in 90-day supplies through a nearby Trinity Health onsite pharmacy, a local CVS pharmacy or OptumRx home delivery. Once you reach your plan limit (initial fill and 2 refills) for filling 30-day supplies at a retail pharmacy, you will pay the full cost of your medications if you do not move your prescription to one of the long-term options listed above.

*A maintenance medication is a long-term medication taken regularly for chronic conditions or long-term therapy.

Specialty Medications

Specialty medications are required to be filled at either a Trinity Health owned pharmacy or OptumRx Specialty pharmacy. Please note that select medications are required to be filled at Trinity Health Pharmacy Services only. Any member currently filling one of the selected medications will receive or will have received direct communication to their home at the time of the required transition.

Prescriptions available at our Trinity Health pharmacy

Remember, purchasing your medications at our Trinity Health pharmacy may save you money. Also, you can fill prescriptions for up to a 90-day supply of your medications. Please contact the specific pharmacy for hours of operation. Our Trinity Health pharmacy:

- **The Community Pharmacy At Mercy Medical Center**
299 Carew St | Springfield, MA 01102
Ph: 413-452-6337

Dental Coverage

You have a choice between two Delta Dental of Michigan plan options: the High plan and the Standard plan. Our plans utilize the Delta Premier and PPO networks. Visit www.deltadentalmi.com for providers in your area.

Dental Plan Highlights	High Plan		Standard Plan	
	Participating Dentist	Nonparticipating Dentist	Participating Dentist	Nonparticipating Dentist
Annual deductible				
Individual/Family	\$25/\$50	\$50/\$100	\$50/\$100	\$100/\$150
Class I - Preventive services	100% covered (\$0 colleague cost)	100% covered (Usual and Customary rates apply)	100% covered (\$0 colleague cost)	100% covered (Usual and Customary rates apply)
Class II - Basic services	20% after deductible	20% after deductible	40% after deductible	40% after deductible
Class III - Major restorative services	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Class IV - Orthodontics	50% after deductible	50% after deductible	Not covered	
Maximums				
Per person annual (non-orthodontics)	\$1,750	\$1,250	\$1,500	\$1,000
Per person lifetime (orthodontics)	\$1,500	\$1,500	Not applicable	Not applicable
Your per pay period cost	Full-time	Part-time	Full-time	Part-time
Colleague only	\$7.28	\$10.56	\$4.50	\$6.81
Colleague plus spouse/eligible adult	\$16.39	\$22.94	\$10.28	\$14.91
Colleague plus child(ren)	\$18.43	\$25.81	\$11.57	\$16.77
Colleague plus family	\$26.63	\$37.28	\$16.71	\$24.23

NOTE: When you receive services from a non-participating dentist, you will be responsible for the difference between what your dentist charges and the Delta Dental non-participating dentist fee. Fluoride treatments are covered once every 12 months up to age 19. Bitewing x-rays are covered once every 12 months.

For more information about your dental plan options or about Delta Dental, view your plan documents.

Vision Care Coverage

You have a choice between two UnitedHealthCare vision plan options: the High plan and the Standard plan. Visit www.myuhcvision.com for providers in your area.

UHC Vision Plan Highlights	High Plan		Standard Plan	
	In-network	Out-of-network (reimbursement schedule)	In-network	Out-of-network (reimbursement schedule)
Benefit frequency	Calendar year	Calendar year	Calendar year	Calendar year
Vision exam	Covered in full	Up to \$40	\$10 copayment	Up to \$40
Pair of lenses				
Single vision		Up to \$40		Up to \$40
Bifocal	\$0 copayment	Up to \$60	\$0 copayment	Up to \$60
Trifocal		Up to \$80		Up to \$80
Lenticular		Up to \$80		Up to \$80
Frames	\$150 retail allowance	Up to \$45	\$150 retail allowance	Up to \$45
Covered frame	at retail locations		at retail locations	
Non-covered frame				
Contact lenses (in lieu of eyeglasses)	Contact lens coverage is provided under the plan and may vary dependent on the type of contact lenses prescribed. Please see the benefit summary on My Benefits for additional information.			
Elective				
Necessary				
Additional pair of eyeglasses or contact lenses	20% discount	20% discount	20% discount	20% discount
Additional lens options	The following lens options are covered in full: standard scratch-resistant coating, standard basic and high-end progressive lenses, standard polycarbonate lenses, standard anti-reflective coating, UV, tints, photochromic, Transitions®, edge coating		The following lens options are covered in full: standard scratch-resistant coating, standard polycarbonate lenses	
Your per pay period cost				
Colleague only	\$6.24		\$3.17	
Colleague plus spouse/eligible adult	\$12.95		\$5.81	
Colleague plus child(ren)	\$13.59		\$6.11	
Colleague plus family	\$19.14		\$8.43	

Children's Eye Care Program

Dependent children, under the age of 13, are able to receive a second eye exam each calendar year. If a covered child experiences a prescription change of .5 diopter or greater, the enhanced benefit also provides for an additional pair of glasses. Copays for the exam and glasses still apply. This benefit ends on the covered child's 13th birthday.

Health Care and Dependent Care Flexible Spending Accounts

You have the opportunity to set aside before-tax money to offset eligible health care or dependent care expenses. There are two different types of Flexible Spending Accounts – a Health Care Flexible Spending Account (HCFSA) and a Dependent Care Flexible Spending Account (DCFSA).

	Health Care Flexible Spending Account (HCFSA)	Dependent Care Flexible Spending Account (DCFSA)
How much can I contribute?	Before-tax dollars in any amount between \$130 and \$2,750	Before-tax dollars in any amount between \$130 and \$5,000
What expenses will it cover?	<p>Eligible health care products and services used by you and/or your eligible dependents. Examples include:</p> <ul style="list-style-type: none"> • Vision care, including eyeglasses, contact lenses and saline solution • Dental care, both preventive and restorative • Orthodontia • Physical therapy, counseling, or psychological services • Chiropractic care and acupuncture • Copayments, coinsurance and deductibles • Prescribed Over-the-Counter (OTC) medications <p>For a list of expenses that are eligible for HCFSA reimbursement, visit https://hr4u.trinity-health.org.</p>	<p>Expenses for the care of your eligible dependents (child under age 13 or qualifying adult incapable of self-care) while you work:</p> <ul style="list-style-type: none"> • Babysitting or au pair services • Before and after-school programs • Day care and nursery school • Pre-school programs • Elder care services <p>A DCFSA covers eligible care expenses for your dependents while you work. Medical expenses for your dependents should NOT be contributed to the DCFSA.</p>
When do I have to spend the money?	Contributions made to the HCFSA during the 2022 calendar year can be used for claims with dates of service between Jan. 1, 2022 and Mar. 15, 2023.	Contributions made to the DCFSA during the 2022 calendar year can be used for claims with dates of services between Jan. 1 and Dec. 31, 2022.
How do I access my FSA savings?	You can use a variety of payment options to access your FSA savings. These include the HealthEquity Health Card, Pay my Provider, Pay me Back, or by using the Mobile application.	You can use a variety of payment options to access your FSA savings. These include the Pay my Provider, Pay me Back, or by using the Mobile application.

Reminders:

- **If you choose to enroll in the Health Savings Plan medical plan option**, you cannot enroll in the HCFSA. The Health Savings Account (HSA) works just like the HCFSA but offers additional benefits, such as the opportunity to carry over unused funds, contribute up to \$3,000/individual (\$6,000/family), plus an additional \$1,000 in catch-up contributions if you are age 55 or over, and earn interest on your savings.
- You must make HCFSA and/or DCFSA elections for 2022 during open enrollment. **Your prior year elections will NOT carry forward.**
- HCFSA and DCFSA claims for the 2022 plan year must be postmarked by Mar. 31, 2023.
- If you choose to contribute to the HCFSA for the first time in 2022, a new HealthEquity Card will be mailed to your home. Otherwise, you will only receive a new HealthEquity Card when your current card expires.
- You may contribute to the HCFSA even if you do **not** elect coverage in a Trinity Health medical plan.

How to use your remaining 2021 HCFSA funds

If you contributed to the HCFSA in 2021 and have funds remaining on Dec. 31, 2021, you can use the funds for claims incurred between Jan. 1, 2022 and Mar. 15, 2022. Claims must be submitted by Mar. 31, 2022. The only way to use your remaining 2021 funds during this grace period is to pay for the claim at the time of service and submit your claims to HealthEquity for reimbursement. Do not use your HealthEquity debit card to pay for claims during this period because the card will access 2022 funds.

Life Insurance

Colleague life insurance options

If eligible, you receive employer-provided basic life/AD&D insurance at one times your annual base salary.

In addition, you have the option to purchase supplemental coverage for yourself in the increments shown in the table below. If you purchase colleague supplemental life insurance and you're approved, the premium contributions will be deducted from your paycheck on an after-tax basis.

You will be eligible for will preparation services through The Hartford's EstateGuidance Will Services at no charge. To get started, access The Hartford's EstateGuidance Will Services online at www.estateguidance.com and enter the Trinity Health Web ID "WILLHLF" in the Promotional Code box. Estate Guidance and Will Services will be available as of the effective date of your life insurance policy.

Colleague Life Insurance Plan Highlights (full- and part-time)	
Basic life/AD&D (employer-paid)	One times annual base salary
Supplemental life	One to eight times annual base salary
Supplemental AD&D	One to eight times annual base salary
Maximum amounts (Combined: \$3 million)	Basic life: \$1.5 million Supplemental life: \$1.5 million
Personal Health Applications	Any increase in colleague Supplemental life coverage will require you to complete a Personal Health Application form. NOTE: The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2022.

Costs for colleague supplemental life are based on your age as of Jan. 1, 2022, and will be available when you enroll online. Costs will be updated if your birthday moves you into a new age range rate.

Dependent life insurance options

You have the option to purchase coverage for your dependents (including your spouse, eligible adult or eligible children). You may elect coverage for your dependents without electing coverage for yourself. **If you and your spouse or eligible adult both work for Trinity Health and are benefit eligible, you cannot elect spouse/eligible adult coverage for that individual. Also, only one of you will be able to elect coverage for your child(ren). If your dependent child also works at Trinity Health and is benefit eligible, you cannot elect child life coverage for that individual. If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.**

If you have elected dependent life insurance on your child(ren), you must waive dependent life insurance coverage once your youngest dependent child attains age 26.

Dependent Life Insurance Plan Highlights (full- and part-time)	
Spouse/Eligible Adult life ¹	Child(ren) life ²
Coverage amount	Coverage amount
\$10,000	\$5,000
\$20,000	\$10,000
\$50,000	\$20,000
\$80,000	
\$100,000	

Personal Health Application Any increase in spouse/eligible adult supplemental life coverage will require your spouse/eligible adult to complete a Personal Health Application form. **NOTE:** The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2022.

¹ Costs for spouse/eligible adult life insurance coverage are based on your age as of Jan. 1, 2022, and will be available when you enroll online. Costs will be updated if your birthday moves you into a new age

Are your beneficiaries up-to-date?

You may want to take a moment to review the beneficiary(ies) you have on file for your life coverage in Workday. If you haven't yet designated beneficiary(ies), your life insurance benefits will be paid according to the plan provisions as outlined in the Summary Plan Description.

You may change your beneficiary(ies) during the Open Enrollment process or anytime throughout the year.

Beneficiary(ies) designated for Basic Life Insurance apply to any Employee Supplemental Life Insurance elections.

For more information about your life insurance benefits, visit <https://hr4u.trinity-health.org>.

range rate.

² Child(ren) life insurance costs cover all of your eligible children, and will be available when you enroll online.

Time Away From Work

The time away from work benefit includes paid time off (PTO), holidays, short-term disability and long-term disability. Your management level determines your specific PTO and disability benefits.

	Program A	Program B
Management Level	Supervisors, Coordinators and All Other Positions (excluding Program B management levels)	Senior Officers, Vice Presidents, Directors, Managers and Advanced Practice Clinicians

Paid Time Off/Holidays

Paid time off can be used for vacation, personal, or sick time not covered by disability or salary continuation. Colleagues also receive six core holidays, and one floating holiday.

	Program A		Program B
PTO Allowance (prorated based on full-time equivalent (FTE) accrual)	Years of Service	PTO Hours	Drop in Time 216 hours (front loaded; prorated for new hires/newly eligible)
	<1	Up to 144	
	1-4	168	
	5-9	192	
	10-14	216	
	15+	240	
Maximum Accrual	Accrue PTO on up to 80 hours paid per pay period		No maximum accrual
Bank Accrual	1.5x annual accrual		May carry over up to 40 hours to following plan year, not cumulative
Holidays (8 hours, prorated based on FTE)	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Floating Holiday		New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Floating Holiday

NOTE: Not applicable to Advanced Practice Clinicians who do not receive holidays or time off in their employment agreement.

Disability

Disability insurance pays a benefit for a period of time if you personally are unable to work due to injury or illness. A short-term disability is an illness or injury that prevents you from working for a period of time that is usually six months or less. A long-term disability is an illness or injury that prevents you from working beyond six months.

	Program A		Program B	
	Short-term Disability	Long-term Disability	Short-term Disability	Long-term Disability
Income Replacement	60% of base pay		100% of base pay	70% of base pay
Elimination Period	7 calendar days*	6 months	1st day salary continuation Report to vendor after 7 calendar days for short-term disability coverage	6 months
Benefit Duration	6 months	Social Security Normal Retirement Age	6 months	Social Security Normal Retirement Age

*Period of time that must first be covered by PTO or taken as unpaid time off. **NOTE:** State disability benefits may also apply.

PTO Cash-out (Accrual Plans Only)

You have the option to cash-out a certain amount of your unused PTO each year.

How much time you can cash-out	You can cash-out up to 80 hours. You must maintain a minimum PTO bank of 40 hours.
Electing to cash-out	Election for 2022 may only be made during open enrollment to avoid taxation on the value of your PTO bank. Your election is irrevocable and cannot be changed.
Payment date for cash-out	You will receive your cash-out in the first pay in November 2022.

Voluntary Benefits

In addition to your group benefits, Trinity Health has partnered with The Farmington Company to provide eligible colleagues the opportunity to elect personal insurance plans. Individual policy options include:

- Whole life insurance
- Legal insurance
- Critical illness insurance
- Auto/home insurance
- Pet insurance
- Identity theft insurance
- Hospital indemnity
- Accident insurance
- Student loan relief services (Fiducius)

NOTE: Voluntary benefit deductions appear on your paycheck under one deduction code.

For More Information

We hope this enrollment guide has provided you and your family with the information you need to make your benefit elections for 2022. If you still have questions about your options or the open enrollment process, you can:

- Contact Ferguson at AFerguson@sisofprov.org or 413.420.2555 or Cindy Lees at Genesis or Providence Ministries.

Open Enrollment Resources

Benefits Contact Information			
Plan Type	Contact	Phone	Website
Medical	Aetna	888-982-3862	https://www.aetnaresource.com/n/Trinity-Health
Prescription	OptumRx	855-540-5950	www.optumrx.com
Dental	Delta Dental of Michigan	800-524-0149	www.deltadentalmi.com/trinityhealth
Life Insurance	The Hartford	800-331-7234	
Flexible Spending Accounts	HealthEquity	877-924-3967	www.healthequity.com
Vision	United Healthcare	800-638-3120	www.myuhcvision.com
Health Savings Account	HealthEquity	866-346-5800	www.healthequity.com
Voluntary	Farmington Company	866-251-9529 (Be sure to tell the representative that you are a member of Trinity Health)	https://enroll.farmingtonco.com/signin/TrinityHealth

Important Reminders

Benefit elections are final for 2022

Remember, the benefits you elect during open enrollment will be in effect from Jan. 1 through Dec. 31, 2022. The choices you make now are final for 2022, because open enrollment is your only opportunity during the year to switch medical, dental or vision plan coverage unless you experience a qualified family status change or certain employment status changes.

If you experience a qualified family status change or certain employment status changes and provide any required documentation within 30 days of the event, you will be allowed to make certain benefit changes that are consistent with the status change. For example, if you get married during the plan year, you'll be able to add your spouse to your coverage within 30 days of the marriage.

HIPAA privacy notice is available online

Trinity Health and the Trinity Health Corporation Welfare Benefit Plan (Plan) take the security of colleagues' and family members' Protected Health Information (PHI) very seriously. To access a copy of the Plan's Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice, contact Lynn Ireland or Ann Ferguson.

Medical plan election notification

When you enroll in a Trinity Health medical plan, the medical plan coverage provides benefits through a clinically integrated network of hospitals, physicians, and other health care providers and professionals, including care coordinators and case managers that monitor and coordinate all aspects of your medical care. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain clinically integrated network. When you and your covered dependents receive health care services at facilities or by the colleagues of your employer or a health care provider or professional affiliated with your employer, colleagues of your employer or a health care provider or professional affiliated with your employer will have access to and may use and disclose your and your covered dependents' personal health information to manage and coordinate your care. Any access to and use and disclosure of protected health information will comply with the privacy and security regulations under HIPAA and any applicable state privacy and security laws.

Plan documents and Summary of Benefits and Coverage (SBC) are available online

A Summary of Benefits and Coverage (SBC) provides basic information about a medical plan, comparison examples, and a glossary of terms. To access the SBCs for the medical plan options, the Summary Plan Descriptions and certificates of coverage for the Plan benefits available to you. Contact Ann Ferguson.

Notice: Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires all group health plans that cover mastectomies to provide certain reconstructive surgery and other post-mastectomy benefits. Trinity Health's medical benefit plan provisions are as follows:

- The Trinity Health medical benefit plan will not restrict benefits if you or your eligible dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy.
- Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with your (or your eligible dependent's) physician, and may include:
 - Reconstruction of the breast on which the mastectomy was performed;
 - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - Protheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

Benefits for breast reconstruction may be subject to appropriate plan coverage provisions and limitations, including annual deductible, copayment and coinsurance provisions that are consistent with those established for other benefits under the plan.

If you have any questions about your medical plan provisions relating to the Women's Health and Cancer Rights Act of 1998, contact Ann Ferguson.

Additional Notices

NOTICE REGARDING WELLNESS PROGRAM

The *Live Your Whole Life* Colleague Health Plan Well-being Incentive Program (the "Well-being Program") is a voluntary wellness program available to all colleagues and their spouses/eligible adult dependents, if applicable, who are enrolled in a participating medical and prescription drug program (a "group health plan") offered by the colleagues' Trinity Health employer. The Well-being Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Well-being Program you will be able to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In addition, certain other activities that are intended to help colleagues improve their health or prevent disease are offered under the Well-being Program. You are not required to complete the HRA or participate in any of Well-being Program activities.

However, colleagues who are enrolled in a group health plan offered by their Trinity Health employer and who choose to complete a voluntary HRA and/or other Well-being Program activities will maintain an incentive of a lower per pay cost for the group health plan coverage. If a colleague's spouse/eligible adult dependent is also enrolled in the Trinity Health group health plan, the colleague will maintain the two-person incentive amount if the spouse/eligible adult also completes the Well-being Program activities. If either the spouse/eligible adult or the colleague (but not both) complete the Well-being Program activities the colleague will maintain a one-person incentive amount. Although you (and your spouse/eligible adult dependent, if applicable) are not required to complete the Well-being Program activities, only colleagues (and their spouses/eligible adult dependents, if applicable) who do so will receive the incentive of a lower per pay cost for group health plan coverage throughout the plan year.

Additional incentives of up to \$500 may be available for colleagues and their eligible dependents, enrolled in a standard Trinity Health group health plan (i.e., the Traditional, Health Savings or Essential medical and prescription drug plan), who submit a claim for non-surgical weight loss through HealthEquity. For more information, contact HealthEquity customer service at 877-924-3967.

If you (or your spouse/eligible adult dependent, if applicable) are unable to participate in any of the health-related activities required to earn an incentive, you (or your spouse/eligible adult dependent, if applicable) may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the *Live Your Whole Life* consumer support line at 855-491-8781.

The information from your HRA (if completed) will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Well-being Program, such as condition management, medical management, case management and health and well-being coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Well-being Program and Trinity Health may use aggregate information they collect to design a wellness program based on identified health risks in the workplace, the Well-being Program will never disclose any of your personal

information either publicly or to your employer, except as described in the paragraph below, as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Well-being Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Well-being Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

All Trinity Health group health plans provide care coordination, care management, utilization review and referral services to help manage the healthcare provided to covered members. By enrolling in a Trinity Health group health plan you understand that the plan will provide services to manage each covered member's care. These services may be provided through independent third-party administrators, a clinically integrated network of hospitals, physicians and other healthcare providers, and professionals and other healthcare providers. Your participation in a Trinity Health group health plan means that the persons contracted to provide these services will have access to your personal health information, including health information you disclose through an HRA or other Well-being Program activities. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain clinically integrated networks. Information about your medical treatment at any facility and from any healthcare provider or professional may be accessed and used by individuals who work at a Trinity Health facility or provider (including your employer) participating in a clinically integrated network or the group health plan not only for treatment but also to manage and coordinate your healthcare.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Well-being Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Well-being Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Well-being Program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) third-party administrators, members of a clinically integrated network and other healthcare providers and professionals such as registered nurses, doctors, case managers, medical managers, health coaches, condition managers and the Well-being Program administrator in order to provide you with services under the Well-being Program.

In addition, all medical information obtained through the Well-being Program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the Well-being Program will be used in making any employment decision. Any access to, use or disclosure of your medical information obtained through the Well-being Program will comply with the privacy and security regulations under the Health Insurance Portability and Accountability Act and any applicable state privacy and security laws. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the Well-being Program, we will notify you as soon as possible.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Well-being Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the *Live Your Whole Life* consumer support line at 855-491-8781.

The information provided in this summary is designed to assist you with understanding your options under Trinity Health's welfare benefit plans and programs. It is only an overview and is not intended to be a comprehensive description of the benefit plans and programs available to you. It does not constitute a contract and is not meant to interpret, extend or change any plan or program provisions in any way. The summary plan descriptions and official plan and program documents describe the plans and programs in more detail and you should refer to these documents for answers to your specific questions regarding the plans and programs, including what services are covered by a plan. If there is a discrepancy between printed materials, the official plan and program documents will prevail. Trinity Health retains the right to make changes to or terminate its benefit plans and programs at any time, including making changes to comply with and exercise its options under the Affordable Care Act and other applicable laws.

To view the summary plan descriptions and certificates of coverage, contact Ann Ferguson at AFerguson@sisofprov.org or call 413.420.2555. For any plan or program in which you participate, you also have the right to request a full printed copy of the summary plan description or certificate of coverage or other official plan or program documents from Trinity Health Human Resources Service Center, 20555 Victor Parkway, Livonia, MI 48152. There will be no charge for the printed copies.

All Trinity Health group health plans provide care coordination, care management, utilization review and referral services to help manage the healthcare provided to covered members. By enrolling in a Trinity Health group health plan you understand that the plan will provide services to manage each covered member's care. These services may be provided through independent third-party administrators, a clinically integrated network of hospitals, physicians and other health care providers and professionals ("CIN") and other healthcare providers. Your participation in a Trinity Health group health plan means that the persons contracted to provide these services will have access to your personal health information, including health information you disclose through wellness programs and well-being activities. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain CINs. You may be contacted about your health care by a CIN, including by individuals at a Trinity Health facility or provider who are performing services for the CIN or directly for the group health plan. Information about your medical treatment at any facility and from any healthcare provider or professional may be accessed and used by individuals who work at a Trinity Health facility or provider (including your employer) participating in a CIN or the group health plan not only for treatment but also to manage and coordinate your healthcare. Any access to, use or disclosure of protected health information will comply with the privacy and security regulations under the Health Insurance Portability and Accountability Act and any applicable state privacy and security laws.

Our Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Core Values

Reverence

We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity

We are faithful to who we say we are.

Our Vision

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.