



2026
TRINITY HEALTH
Benefits Guide



WELCOME TO YOUR **2026 Benefits Guide**

Thank you for being part of Trinity Health. You are part of a national Catholic health system with an enduring legacy and steadfast Mission to transform and heal the communities we serve.

Your daily effort makes our long-term success possible, and because of this, we are committed to rewarding you with pay and benefits that meet your needs and support our culture.

This 2026 Benefits Guide outlines the Total Rewards that Trinity Health proudly provides. 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. Take the time to review all the benefits that Trinity Health offers.

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.

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Trinity Health Total Rewards

Total Rewards include your compensation, health and well-being benefits, retirement plan, and other benefits. Trinity Health Total Rewards align with our Mission, Core Values and Culture. The Trinity Health Total Rewards program was created to support and care for the diverse needs of our colleagues, to provide comprehensive, consistent and market-based rewards, and to offer colleagues meaningful choices. Here is a summary of key features:



Compensation programs offered by Trinity Health

- Market-based compensation
- Established minimum wage



Comprehensive health and well-being benefits

To support the diverse medical, family and financial needs of our colleagues, Trinity Health provides medical, dental and vision plan options. You are also eligible for Basic Life and Accidental Loss of Life and Severe Injury insurance (also known as Accidental Death and Dismemberment (AD&D)) provided by Trinity Health.



Meaningful retirement benefits

The Trinity Health Retirement Savings Plan is offered to support you in reaching your savings goals for retirement. Trinity Health will match:

- **100%** of your deferred contributions dollar-for-dollar up to 3% of pay, PLUS
- **50%** on the next 7% of pay. Trinity Health's maximum match is 6.5%, subject to IRS limits.



Time away from work and additional benefits

Once you are eligible, Trinity Health provides you with benefits to support you when you need time away from work as well as a comprehensive benefits package.

TOTAL REWARDS INCLUDES		
HEALTH, WELL-BEING & TIME AWAY	RETIREMENT	COMPENSATION
• Medical and Prescription Drug • Dental • Vision • Flexible Spending Accounts (FSAs) • Basic Life and AD&D Insurance • Supplemental Life Insurance • Supplemental AD&D Insurance • Dependent Life Insurance • Short- and Long-term Disability / Income Protection • Time Off - may include Paid Time Off, Vacation, Sick Time and Holidays • Well-being Initiative – Colleague Discounts – Mental Well-being Benefit	• 401(k) or 403(b) Retirement Savings Plan – Colleague pre-tax and Roth contributions – Trinity Health matching contributions	• Market-based Compensation • Trinity Health Minimum Wage

Who Is Eligible

Eligible Individual	Definition
Colleague	Full-time colleagues budgeted for 64 or more hours per pay period or part-time colleagues budgeted for 32 or more hours per pay period (64 or more budgeted hours per pay period for short-term disability and 64 or more budgeted hours per pay period for long-term disability).
Spouse/Eligible Adult	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. If an eligible adult qualifies as a tax dependent, you must complete the Non-Spouse Eligible Adult Dependent Certification form posted on the MyBenefits website each year in order to receive pre-tax deductions. If the form is not submitted, the deductions will be post-tax. For 2026, you must submit the Certification form by the documentation deadline.
Dependent Children	Dependent children are eligible for coverage through the end of the month 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. They are: • 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. NOTE: Children of eligible adults may be covered only if their eligible adult is covered.

New Hires

New hires are eligible for benefits on the first day of employment, and have 30 days from their start date to enroll in benefits.

Adding Family Members

If you're adding eligible family members to your benefit plan during 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 to Human Resources by the documentation deadline.

If you don't submit the required documentation by the documentation deadline, your dependents will not be enrolled in coverage for 2026, 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 45 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.

To view the complete eligibility rules and documentation requirements for you and your family visit <https://www.trinity-health.org/my-benefits/>.

Can I make enrollment changes mid-year?

A qualifying life event (or life status change) is a change in a life or job situation that makes someone eligible to enroll in benefits outside of the annual Open Enrollment period. Common examples of life status changes are birth/adoption of a child, marriage, divorce, or a job change.

You have 30 days from your event date (60 days for a birth/adoption) to make changes to your elections and submit dependent documentation (if applicable). The 30 day enrollment period begins the day after the event date and is considered day one.

Examples

- You get married on March 1. The day after the event date is March 2 (day one). You will have until March 31 (day 30) at 11:59 p.m. to elect your benefits and provide dependent documentation.
- A baby is born on June 1. The day after the event date is June 2. You will have until July 31 (day 60) at 11:59 p.m. to elect your benefits and provide dependent documentation.

How to Enroll

Step-by-step instructions

1. Log on to Alight: **worklife.alight.com/trinityhealth/** and enter your username and password.
2. Select **“Start Annual Enrollment”** under your **“To-Dos.”**
3. To enroll or make changes to a benefit, click the **“View/Change”** button. Select the coverage tier and plan. Click the blue **“Continue”** button.
4. If you elect to cover a new dependent, you will be required to add that family member as a dependent or beneficiary. Click the **“Add a Person”** button, enter the requested demographic information and then assign them to the benefit plan. Once you have made your elections, click the blue **“Continue”** button.
5. Each benefit will be marked with a green thumbs up. To proceed, click the blue **“Continue”** button.
6. Confirm your elections and enter your initials at the top of the page to acknowledge. Click the blue **“Complete Enrollment”** button.
7. Select **“View”** for a confirmation of your elections.



SmartSelect Decision Support Tool

Need help deciding which medical plan best meets the needs of you and your family? SmartSelect provides personalized support to educate and assist you to make better health plan decisions, recommend a plan based on expected future health care usages, and increases your understanding of benefit offerings. To use the SmartSelect tool, **click here**.

Medical Coverage

Trinity Health is offering you the Traditional Plan for 2026. The plan is administered by Aetna and supports our clinically integrated network structure.

The Traditional Plan offers these two tiers so you can pay less by receiving care from in-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.

Mayo Clinic and City of Hope Comprehensive Care and Treatment Centers (formerly Cancer Treatment Centers of America) 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.

Please Note

In limited situations where an in-network provider is not available, please reach out to your medical plan administrator for review to see if you qualify for an exception based on a network deficiency.

For a qualified medical emergency, an emergency room (ER) visit will be subject to Tier 1 cost share regardless of the tier in which you seek care, and the ER co-pay will be waived if you are admitted.

Provider Search Tool

Aetna

- aetnaresource.com/n/Trinity-Health
- Click *Find a Doctor*

About the Medical Plans

Access to Care

Tier 1 is considered an incentive benefit and does not include all services; however, when combined, Tier 1 and Tier 2 provide a comprehensive network of all services including adult and pediatric primary care, OB/GYN, hospital-based physicians (including radiologists, pathologists, hospitalists, etc.) and high-volume specialties (including cardiology, gastro, ENT, etc.). Tier 1 provides an incentive to choose a Trinity Health facility or physician when able.

Where to Seek Care

Our Trinity Health Colleague Health Plan is committed to supporting you on your well-being journey. **CLICK HERE** to review information on where to seek care and the resources available to you and your covered family members.

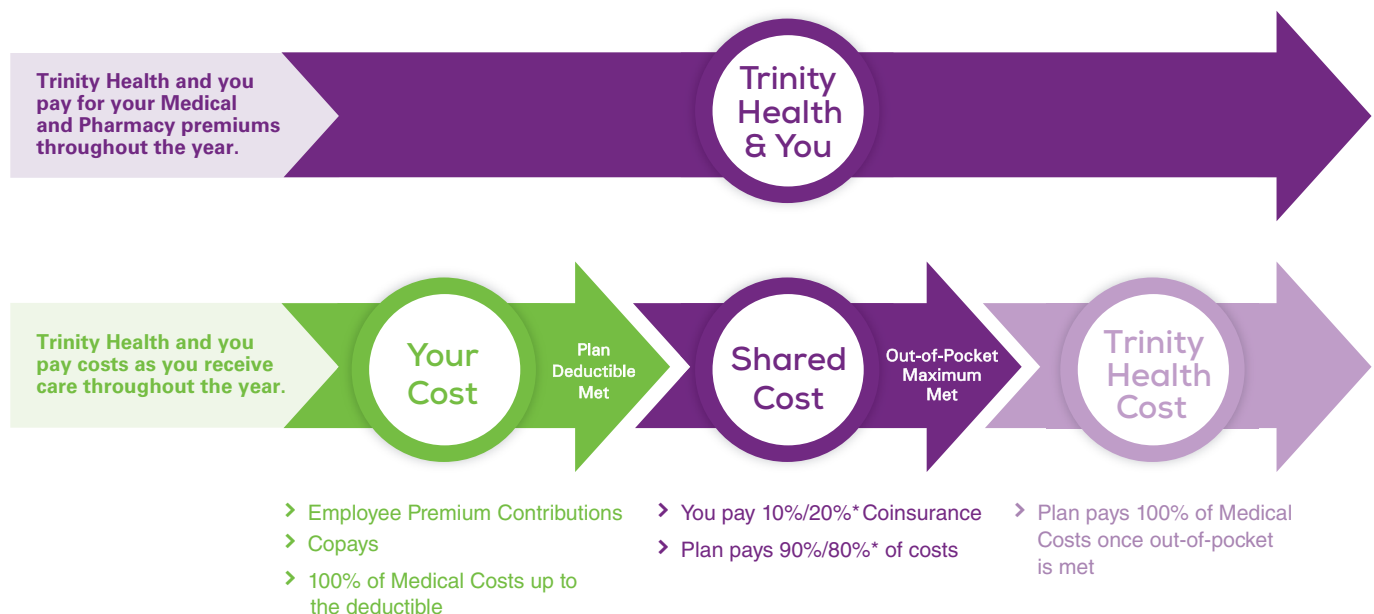
Medical Terms To Know

- **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



Medical and Pharmacy Plan Highlights

For more information about your medical and pharmacy plan options, visit <https://www.trinity-health.org/my-benefits/>.

Medical Plan Highlights	Network Tier	Traditional Plan
Annual deductible (Individual / Family)	Tier 1	\$500 / \$1,000
	Tier 2	\$1,000 / \$2,000
Coinsurance	Tier 1	10%*
	Tier 2	20%*
Preventive care	Tier 1	0% no deductible
	Tier 2	0% no deductible
Office visit (PCP/Specialist/Virtualhealth ¹)	Tier 1	\$20 / \$30
	Tier 2	\$30 / \$40
Urgent care visit	Tier 1 and Tier 2	0% after \$35 copay
Emergency room	Tier 1, Tier 2, and out-of-network	0% after \$200 copay (waived if admitted)
Inpatient admission	Tier 1	None*
	Tier 2	\$500*
Inpatient admission (thru Emergency Room)	Tier 1, Tier 2, and out-of-network	10% Subject to Tier 1 deductible
Outpatient surgical services	Tier 1	\$50*
	Tier 2	\$100*
Out-of-pocket maximum (Individual / Family)	Tier 1	\$3,000 / \$6,000
	Tier 2	\$5,250 / \$10,500
Retail Pharmacy		
Prescription drug 34 day supply	Generic	\$10
	Brand formulary	20% (\$30 min, \$100 max)
	Brand non-formulary	40% (\$60 min, \$150 max)
OptumRx Home Delivery or Retail		
90 day supply	Generic	\$25
	Brand formulary	20% (\$75 min, \$250 max)
	Brand non-formulary	40% (\$150 min, \$375 max)
		Out-of-pocket maximum based on Tier 2

*Subject to deductible and coinsurance.
¹Virtual visits through your medical plan administrator's partner are subject to the Tier 2 office visit cost share of your medical plan. If your PCP or other providers offer virtual visits, these will be covered at the applicable tier level cost share. In-network behavioral health visits, both virtual and in-person, will be subject to the Tier 1 cost share.

Paying for Medical and Pharmacy Coverage

Contribution levels for the medical and pharmacy plans are based on the Social Security taxable wage base (\$176,100 for 2025, 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 2026 plan year, you earn \$176,100 or more, you will pay a higher premium contribution per pay period for your medical insurance.

Full Time	Traditional Plan		
	Full Incentive	1 - Person Incentive	No Incentive
Your per pay period cost			
For colleagues earning less than the 2025 SSTWB [‡] - Level 1			
Colleague only	\$87.03	N/A	\$112.03
Colleague plus spouse/eligible adult	\$191.47	\$216.47	\$241.47
Colleague plus child(ren)	\$134.90	N/A	\$159.90
Colleague plus family	\$239.34	\$264.34	\$289.34
For colleagues earning the 2025 SSTWB or more [‡] - Level 2			
Colleague only	\$130.55	N/A	\$155.55
Colleague plus spouse/eligible adult	\$287.21	\$312.21	\$337.21
Colleague plus child(ren)	\$202.35	N/A	\$227.35
Colleague plus family	\$359.01	\$384.01	\$409.01

Part Time	Traditional Plan		
	Full Incentive	1 - Person Incentive	No Incentive
Your per pay period cost			
For colleagues earning less than the 2025 SSTWB [‡] - Level 1			
Colleague only	\$435.17	N/A	\$435.17
Colleague plus spouse/eligible adult	\$957.37	\$957.37	\$957.37
Colleague plus child(ren)	\$674.51	N/A	\$674.51
Colleague plus family	\$1,196.71	\$1,196.71	\$1,196.71
For colleagues earning the 2025 SSTWB or more [‡] - Level 2			
Colleague only	\$435.17	N/A	\$435.17
Colleague plus spouse/eligible adult	\$957.37	\$957.37	\$957.37
Colleague plus child(ren)	\$674.51	N/A	\$674.51
Colleague plus family	\$1,196.71	\$1,196.71	\$1,196.71

[‡]The 2025 Social Security taxable wage base (SSTWB) is \$176,100 and includes productivity pay, if applicable.

How do the Incentives work?

For more information on how to achieve Full and 1-Person incentives, see the Colleague Well-being section for more details.

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. To find an in-network physician or provider, visit

<https://www.aetnaresource.com/n/Trinity-Health>.

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, visit <https://mytrinityhealth.sharepoint.com/sites/SO-WorkdayHelp>.

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.

Prescriptions available at a Trinity Health pharmacy

Remember, purchasing your medications at a Trinity Health pharmacy may save you money. Also, you can fill prescriptions for up to a 90-day supply of your medications. To find a list of Trinity Health pharmacies, please visit the MyBenefits website.

Get help with Medicare

If you or a family member are approaching or have reached Medicare eligibility, Alight Retiree Health Solutions can offer access to individual Medicare plans, such as Medicare Supplement, Medicare Advantage and Prescription Drug plans that help pay for services and costs not fully covered by Original Medicare. Call Alight at 877-216-3711 (TTY 711), Monday – Friday, 8 am – 8 pm Central Time, or use their interactive plan recommendation tool at retiree.alight.com/trinityhealth. Refer to the *Medicare & You* handbook, available at medicare.gov, for a comprehensive overview of Medicare Parts A and B. Alight's services are provided to you at no additional cost. You only pay for the coverage you select.

For more information, please **click here** to visit our Medicare and Social Security Resource Page.

Colleague Well-being

At Trinity Health, we are committed to supporting the health and well-being of our colleagues and their families. Colleagues are at the center of everything we do. That's why *Colleague Well-being* is at the core of our colleague experience strategy and encompasses seven dimensions of well-being: **spiritual, mental, social, vocational, emotional, physical, and financial**. Our colleague well-being strategy includes an integrated suite of activities, tools, and benefits that support us in achieving our unique well-being goals. It is designed to help us make small, everyday changes, focused on areas you want to improve the most!

All colleagues are invited to participate in the well-being opportunities. Visit the Colleague Well-being Sharepoint Site for the most up-to-date well-being resources for you and your family. This link contains monthly highlights, upcoming events and links to our well-being vendor partners.



To get started, please visit the Colleague Well-being Sharepoint Site at mytrinityhealth.sharepoint.com/sites/SO-ColleagueWellbeing

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. 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 Mental and Emotional Well-being Resources

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 and Coaching powered by Spring Health

Colleagues and their household members each have access to six free counseling sessions and six free coaching appointments per calendar year.

trinityhealth.springhealth.com | 1-855-629-0554
work-life code: trinityhealth



Virtual Support Groups and Educational Webinars powered by Spring Health

Access virtual support groups that help you work through life's challenges together or join a live webinar to learn about a variety of mental well-being topics.

trinityhealth.springhealth.com



Self-Guided Video Courses

Video courses on Mindfulness and Self-Awareness.

trinity-health.org/well-being

Download the app to your phone at the App Store or Google Play: search **Personify Health**



National Suicide Prevention Lifeline

The Lifeline is available nationwide and provides 24/7 free and confidential support.

Call or text **988**. You can also chat with a member of the Lifeline team by visiting 988lifeline.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.

Colleague Health Plan Well-being Incentive

Each year, medically enrolled colleagues and spouses/eligible adult dependents have an opportunity to maintain the lower per pay period cost for medical coverage by completing and tracking healthy-living and well-being activities. The Colleague Health Plan Well-being Incentive is only **one component** of colleague well-being at Trinity Health.

Here's how the 2026 Colleague Health Plan Well-being Incentive Program works:

- 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 your account at trinity-health.org/well-being or on the mobile app.**
- 3 **Earn points by completing program activities.**
Points earned within each 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 in the following quarter.**

Quarter	2026 Dates	Premium change date
Q1	Jan. 1 - Mar. 31	Pay including May 1, 2026
Q2	Apr. 1 - Jun. 30	Pay including Aug. 1, 2026
Q3	Jul. 1 - Sept. 30	Pay including Nov. 1, 2026
Q4	Oct. 1 - Dec. 31	Pay including Feb. 1, 2027

- 5 **Those who do not complete Level 4 by the quarterly deadline will not 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).

Take Action



All four quarters of 2026 will be actionable for the lower per pay period cost for medical coverage.

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 each subsequent quarter.

If you feel that you are unable to complete the well-being 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 trinity-health.org/well-being or by calling 1-855-491-8781.

New hires and colleagues with a benefits effective date Jan. 2, 2026 or later

Colleagues with a medical benefit effective date after Jan. 1 will pay the lower per pay cost for medical coverage through the remainder of the calendar year.

For more information on dates and activities, visit your Personal Well-being Platform at trinity-health.org/well-being or call 1-855-491-8781.

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	\$3.25	\$16.27	\$2.32	\$11.60
Colleague plus spouse/eligible adult	\$6.51	\$32.55	\$4.64	\$23.21
Colleague plus child(ren)	\$7.32	\$36.62	\$5.22	\$26.11
Colleague plus family	\$10.58	\$52.89	\$7.54	\$37.72

*Preventive services do not count toward annual maximums.

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, visit <https://www.trinity-health.org/my-benefits/>.

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 the MyBenefits website for additional information.			
Elective				
Necessary				
Additional pair of eyeglasses or contact lenses	Up to 20% discount	Up to 20% discount	Up to 20% discount	Up to 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	\$6.43		\$3.26	
Colleague plus spouse/eligible adult	\$13.34		\$5.98	
Colleague plus child(ren)	\$13.99		\$6.29	
Colleague plus family	\$19.72		\$8.68	

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.

For more information about your vision care plan options, visit <https://www.trinity-health.org/my-benefits/>.

Health Care and Day Care / Dependent Care Flexible Spending Accounts

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

	Health Care FSA	Day Care / Dependent Care FSA
How much can I contribute?	Before-tax dollars in any amount between \$130 and \$3,300 (Trinity Health uses the 2025 IRS limit)	Before-tax dollars in any amount between \$130 and \$6,000.* Consult with a tax advisor to discuss contribution limits if married and your partner is also offered a DCFSA.
What expenses will it cover?	Eligible health care products and services used by you and/or your eligible dependents. Examples include: • 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 For a list of expenses that are eligible for HCFSAs reimbursement, visit the MyBenefits website.	Expenses for the care of your eligible dependents (child under age 13 or qualifying adult incapable of self-care) while you work: • Babysitting or au pair services • Before and after-school programs • Day care and nursery school • Pre-school programs • Elder care services A DCFSA covers eligible care expenses for your dependents while you work. Medical expenses for your dependents should NOT be contributed to the DCFSA.
When do I have to spend the money?	Contributions made to the HCFSAs during the 2026 calendar year can be used for claims with dates of service between Jan. 1, 2026* and Mar. 15, 2027.	Contributions made to the DCFSA during the 2026 calendar year can be used for claims with dates of services between Jan. 1, 2026** and Dec. 31, 2026. NOTE: You cannot incur day care / dependent care expenses or submit for reimbursement during a leave of absence.
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.

* Colleagues making \$155,000 or more in 2025 may be subject to a decrease in the maximum contribution due to required regulatory non-discrimination testing completed in 2026.

**For mid-year enrollments, this date will be your effective date of coverage.

Reminders:

- You must make HCFSAs and/or DCFSA elections for 2026 during open enrollment. **Your prior year elections will NOT carry forward.**
- HCFSAs and DCFSA claims for the 2026 plan year must be postmarked by Mar. 31, 2027.
- If you choose to contribute to the HCFSAs for the first time in 2026, 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 HCFSAs even if you do **not** elect coverage in a Trinity Health medical plan.

For more information about your FSA benefits and to obtain a list of eligible expenses, visit <https://www.trinity-health.org/my-benefits/>.

How to use your remaining 2025 HCFSAs funds

If you contributed to the HCFSAs in 2025 and have funds remaining on Dec. 31, 2025, you can use the funds for claims incurred between Jan. 1, 2026 and Mar. 15, 2026. Claims must be submitted by Mar. 31, 2026. The only way to use your remaining 2025 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 2026 funds.

Life Insurance

Colleague life insurance options

If eligible, you receive employer-provided basic life/Accidental Loss of Life and Severe Injury Benefits (also known as Accidental Death and Dismemberment (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	NOTE: The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2026.

Costs for colleague supplemental life are based on your age as of Jan. 1, 2026, and will be available when you enroll online.

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	NOTE: The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2026.

¹ Costs for spouse/eligible adult life insurance coverage are based on your age as of Jan. 1, 2026, and will be available when you enroll online.

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

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

Accidental Loss of Life and Severe Injury Benefit (also known as AD&D)

Accidental Loss of Life and Severe Injury Benefits covers you in the case of an accidental loss of motion, sight, limb, or life.

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. 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 benefits enrollment process or anytime throughout the year. Beneficiary(ies) designated for Basic Life Insurance apply to any Employee Supplemental Life Insurance elections.

Time Away From Work

The Time Away From Work benefit includes sick time, holidays, short-term disability and long-term disability.

Short-term disability/Income protection

Short-term disability (STD) pays a benefit if you are unable to work because of a qualified injury or illness. **NOTE:** this is an employer provided benefit. No election is required to receive this benefit. Colleagues otherwise covered by statutory disability plans may not be eligible for this offering.

Amount of benefit	60% of base pay
When benefits begin	After a 7 calendar day elimination period following an injury or illness
How long benefits continue	Up to 180 days
Use of sick time	Full-time colleagues are required to use sick time for days scheduled to work during the first 7 calendar days.

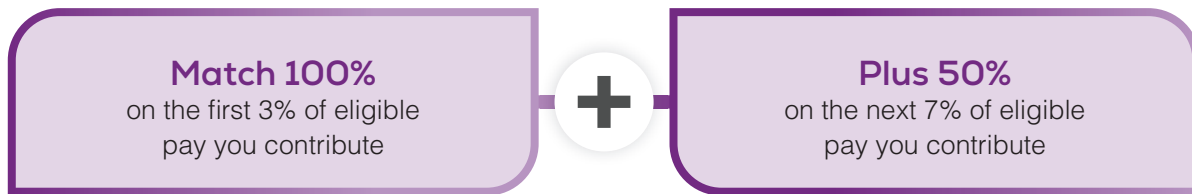
Long-term disability/Income protection

Long-term disability (LTD) pays a benefit if you are unable to work for a long period of time because of a qualified injury or illness. You have the option to elect more LTD coverage through a "buy-up" election during benefits enrollment.

Amount of employer-provided benefit	60% of base pay
When benefits may begin	After 180 days days of disability
How long benefits continue	Benefits continue until you are able to return to work, are deemed no longer disabled, or until social security retirement age or older, depending on when the disability begins.

Retirement Benefit

Saving for Retirement is a partnership. The Trinity Health Retirement Savings Plan is offered to support you in reaching your savings goals for retirement. Trinity Health will match up to 10% of your voluntary contributions as follows:



This means if **you contribute up to 10%** of your eligible pay, **Trinity Health will contribute up to 6.5%**, up to IRS contribution and pay limits.

How To Participate

- 1 ENROLL**
 Your Plan account will be established with Fidelity Investments within 7 business days of your hire date at which point you may enroll and enter your contribution election to begin saving under the Plan by logging into your account at netbenefits.com or calling Fidelity at 800-343-0860. If you do not make an election, you will be automatically enrolled in the Plan with a contribution rate of 2%, 35 days after your hire date. You may change your contribution election at any time.

- 2 INVEST**
 You decide how much to contribute, and you decide where to invest your contributions from the investment options offered under the Plan. If you do not have an investment election, your future contributions will be invested in the target date fund that has a target retirement date closest to the year you might retire and assumes a retirement age of 65.

- 3 DESIGNATE BENEFICIARY**
 You may review your online accounts at Fidelity. Remember to make your beneficiary election. If you do not have a named beneficiary at the time of your death, your beneficiary will be your spouse. If you do not have a named beneficiary at the time of your death and you do not have a spouse, your beneficiary will default to your estate.

Elect Your Retirement Plan Beneficiary!

It is important that you periodically review your beneficiary elections to ensure that they are up to date.

You must make a separate beneficiary election for each Retirement Plan at Fidelity. Your Retirement Plan and other benefits, such as life insurance, each require its own beneficiary designation. Updating one beneficiary does not automatically update the other. To update your beneficiary designations, log on to your account at netbenefits.com and access your "Profile & Settings" on the top right-hand side of the Home page to view and make changes.

Eligibility

All colleagues are eligible to participate in the Trinity Health Retirement Savings Plan.

Vesting

Vesting means you have earned a right to the Plan benefits. You earn a year of vesting service for each calendar year you are credited with at least 1,000 hours of service. You will be vested in your Trinity Health employer matching contribution accounts after you have completed three years of vesting service or at age 65 while actively employed at a Trinity Health entity. You are always fully vested in the money you contribute to the Plan, and earnings thereon.

Limits

The IRS limits the amount of pay that can be included in determining your benefit and the amount of contributions you can make annually. Colleagues who are age 60, 61, 62, or 63 on Dec. 31, 2026, can take advantage of the Super Catch-Up Contribution, which allows for catch-up contributions up to \$11,250 (higher than the regular catch-up of \$7,500).

2025 IRS Limits*

\$23,500	maximum annual employee contribution
\$11,250	annual Super Catch-Up Contribution if you are age 60-63 on Dec. 31, 2025
\$7,500	annual catch-up contribution if you are age 50 or older (and not age 60-63 on Dec. 31, 2025)
\$350,000	IRS compensation limit

*The IRS reviews these limits annually. The 2026 limits were not available at the time this Benefits Guide was published.

Effective Jan. 1, 2026, colleagues aged 50 or older earning over \$145,000 in 2025 may only make catch-up contributions as after-tax Roth contributions.



For questions contact Fidelity Investments at **1-800-343-0860** or **netbenefits.com**. You may contact Fidelity Investments to initiate rollovers into the Trinity Health Retirement Savings Plan and discuss strategies to consolidate your retirement accounts.

More about...

Your Contributions

You may defer a portion of your earnings as either pre-tax or Roth contributions or a combination of both pre-tax and Roth contributions. All contributions (pre-tax and Roth) are included in the calculation of the employer matching contribution. Contribution elections may be changed at any time during the year.

Automatic Enrollment

Automatic enrollment is a convenient way to assist you with enrolling in the Plan. The Plan automatically enrolls you at 2% (pre-tax) if an election is not made to contribute into the Plan. You are notified at least 35 days in advance of the automatic enrollment period and have an opportunity to opt out or change contribution elections at any time. Automatic enrollment occurs when colleagues are newly hired and annually in January.

Annual Increase Program (AIP)

AIP allows you to voluntarily elect to gradually increase your savings rate by 1% each year. You may use the "annual increase" feature to gradually increase your savings rate and match opportunity, and grow your account. Once you sign up, you don't have to think about it. The annual increase to your contribution election will happen automatically. You may choose to opt out of this program at any time.

Fidelity Tools

Trinity Health is committed to providing a meaningful retirement benefit that supports colleagues. Fidelity offers many tools to help you achieve your retirement savings goals, short-term savings goals, planning for unexpected events in life, and managing overall finances. These are just a few of the Fidelity programs available through the Trinity Health Retirement Savings Plan:

- Personalized Planning and Advice
- Financial Wellness Check-Ups
- When To Claim Social Security
- Improving Your Credit Score

Well-being Resources

Trinity Health provides these additional well-being options:



Colleague Discounts (Perkspot)

Free access for you and your family to exclusive discounts at many national and local merchants.

Visit trinity.perkspot.com/login



Mental Well-being Benefit (Spring Health)

Colleagues and household members (age 6+) each have access to six free therapy sessions per calendar year, six free coaching sessions per calendar year, personalized care, diverse providers, self-guided wellness exercises, medication management, work-life services, and more.

Visit trinityhealth.springhealth.com (*work-life code*: trinityhealth)



Weight Management Reimbursement Benefit

Reimbursement for behavioral and nutritional counseling services for the purposes of non-surgical weight loss or weight management. Colleagues and enrolled family members are eligible.

For More Information

We hope this benefits guide has provided you and your family with all of the information you need to make your benefit elections. In addition to completing your enrollment, please remember to review and update your personal information, such as your address, phone number, marital status and emergency contacts as necessary. You may update your personal information at any time throughout the year.

Open Enrollment Presentation

In addition to having in person meetings, we will have ongoing communication and access to a presentation about the 2026 Benefits. 2026 Open Enrollment will be another Passive Enrollment in that you are not required to do anything online and will receive the same elections you have for 2025 Medical, Dental, Vision, Life Insurance and AD&D. However, if want to add or drop benefits, or have Flex accounts in 2026, this Open Enrollment is the time to make such changes.

- Open Enrollment will begin October 23, 2025 and end at midnight on November 6, 2025.
- Enrollment site at the Alight: worklife.alight.com/trinityhealth

Plan Type	Benefits Contact Information		
	Contact	Phone	Website
Medical	Aetna	800-544-5108	https://www.aetnaresource.com/n/Trinity-Health
Telehealth	Aetna (Teladoc Health)	800-835-2362	www.teladoc.com/aetna
Prescription	OptumRx	855-540-5950	www.optumrx.com/oe_trinityhealth/landing
Dental	Delta Dental of Michigan	800-524-0149	www.deltadentalmi.com/trinityhealth
Life Insurance	The Hartford	855-532-7880	
Leave of Absence / Disability	The Hartford	855-532-7880	www.thehartford.com/mybenefits https://mytrinityhealth.sharepoint.com/sites/SO-TH-LOA/SitePages/Home.aspx
Flexible Spending Accounts	HealthEquity	877-924-3967	www.healthequity.com
Vision	United Healthcare	800-638-3120	www.myuhcvision.com
Mental Well-being	Spring Health	855-629-0554	http://trinityhealth.springhealth.com
Medicare	Alight Retiree Health Exchange	877-216-3711 (TTY 711)	https://retiree.alight.com/trinityhealth

Important Reminders

Benefit elections are final for 2026

Remember, the benefits you elect will be in effect from Jan. 1 through Dec. 31, 2026. The choices you make now are final for 2026, 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 to Human Resources 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.

For more information on qualified family status changes, visit <https://www.trinity-health.org/my-benefits/>.

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, visit <https://www.trinity-health.org/my-benefits/>. If you are unable to access the HIPAA privacy notice online or would like a paper copy, contact your Human Resources representative to request a paper copy by mail.

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, visit <https://www.trinity-health.org/my-benefits/>. If you are unable to access any SBC or Plan document online, contact your Human Resources representative to request a paper copy by mail.

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 your Human Resources representative.

Additional Notices

NOTICE REGARDING WELLNESS PROGRAM

The 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 enrolled in a participating medical and prescription drug program (a “group health plan”) offered by your 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 choose to participate in the Well-being Program will receive an incentive of lower-cost group health plan coverage for completing a voluntary HRA and/or other activities. If a colleague’s spouse/eligible adult dependent is also enrolled in the Trinity Health group health plan, the colleague will receive 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 receive 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 lower-cost 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.

NOTE: The requirement to complete Well-being Program activities to receive an incentive of lower-cost group health plan coverage for a plan year does not apply to colleagues who first become benefits eligible during a plan year.

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 Colleague Health Plan Well-being Incentive Program 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 members' healthcare. By enrolling in a Trinity Health group health plan, you understand that the plan will provide services to manage care for you and your dependents. These services may be provided through independent third-party administrators, through clinically integrated networks of hospitals, physicians, and other health care providers, or through other professionals and healthcare providers, including those affiliated with Trinity Health. The persons providing these services will have access to your personal health information—including health information you disclose through wellness programs and well-being activities—not only for treatment purposes 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 may receive your personally identifiable health information 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 Colleague Health Plan Well-being Incentive Program consumer support line at 855-491-8781.

NOTICE REGARDING THE TRINITY HEALTH RETIREMENT SAVINGS PLANS

This notice includes additional information about the Trinity Health Retirement Savings Plans and supplements the information provided in the Retirement pages of this Trinity Health Benefits Guide.

- For colleagues covered by a collective bargaining agreement, please contact your union leadership representative for information about Retirement Plans included in this Benefits Guide and its impact on you.
- Participants contributing in the Sisters of Providence 403(b) PROSPER plan on September 15, 2012, will receive both the core contribution and service-based matching contribution beginning shortly following the first calendar year pay period and are not subject to the hours requirements.
- Legacy Trinity Health colleagues (west/mid-west) who were actively employed and vested as of June 30, 2010, and whose age plus years of benefit service was 60 points or greater as of June 30, 2010, will receive both the core contribution and service-based matching contribution beginning shortly following the first calendar year pay period and are not subject to the hours requirements.

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. Please refer to the summary plan descriptions and official plan documents for more details concerning these benefits. If there is any conflict, the official plan and program documents will govern. Trinity Health reserves the right to modify or terminate its benefit plans and programs at any time.

To view the summary plan descriptions and certificates of coverage, visit AskHR or, if your Health Ministry has not yet transitioned to the Trinity Health Human Resources Service Center, the MyBenefits site at trinity-health.org/my-benefits. For any plan or program in which you participate, you may request a printed copy of the summary plan description, any certificate of coverage, and/or the official plan documents from your employer or from the Trinity Health Human Resources Shared Services at 20555 Victor Parkway, Livonia, MI 48152. There is no charge for printed copies.

All Trinity Health group health plans provide care coordination, care management, utilization review, and referral services to help manage members' healthcare. By enrolling in a Trinity Health group health plan, you understand that the plan will provide services to manage care for you and your dependents. These services may be provided through independent third-party administrators, through clinically integrated networks of hospitals, physicians, and other health care providers, or through other professionals and healthcare providers, including those affiliated with Trinity Health. The persons providing these services will have access to your personal health information—including health information you disclose through wellness programs and well-being activities—not only for treatment purposes 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 Experiencing Poverty

We stand with and serve those experiencing poverty,
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.