



MercyOne Genesis to System Office

Total Rewards and Well-Being Colleague Information

October 2024

Reflection

**“When we strive to
become better than we
are, everything around
us becomes better too.”**

— Paulo Coelho

Housekeeping items

- The line will remain muted
- Any benefit related questions should be submitted using the Q&A function. Please use your name (not anonymous). This will allow us to reach back out to you if your question did not get answered during the session
- If you have a specific or personal question, please send to GenesisHRSS@trinity-health.org (email address not available until after 11/18)
- This session is being recorded and will be shared on MyBenefits for those that were unable to attend live
- You may access the recording via the same hyperlink that you used to join the webinar
- If you are having audio issues, please try headphones or turning on your closed captions. Closed captions can be found in the “More” menu on the top, then “Language and Speech”, then “Show Live Captions”.

Agenda

- Introduction to Trinity Health Total Rewards presenters
- Trinity Health's guiding principles for Total Rewards
- Health & Well-being eligibility
- Health & Well-being benefits
- Spending accounts
- Time away from work benefits
- What to expect
- Next steps and resources
- Retirement benefits

Trinity Health Total Rewards presenters

- **Jené Allen**, CHRO, System Office Human Resources
- **Melissa Nussbaumer**, Consultant, Total Rewards Benefits & Well-being
- **Leslie Ruth**, Sr. Consultant, Total Rewards Benefits & Well-being
- **Lisa O'Rourke**, Manager, Total Rewards Retirement

Trinity Health's guiding principles for Total Rewards

Total Rewards guiding principles



- Support and incorporate principles related to Catholic Social Teaching
- Align with Trinity Health's Mission, Values and Culture, and support sustainment of Ministry initiatives
- Support the mobility of colleagues within the organization, as well as portability outside of the system
- Provide a competitive Total Rewards package to attract and retain talent and to maintain a competitive position in our markets
- Incorporates principles of shared accountability between colleague and employer

Summary of Trinity Health's Total Rewards

Health and Well-Being

- Medical and Prescription Drug
- Health Savings Account (HSA)
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Basic Life and AD&D Insurance
- Short-Term Disability
- Long-Term Disability
- Mental Well-being
- Paid Time Off/Sick Leave/Holidays
- Well-being Initiative



Retirement

- 403(b) Retirement Savings Plan* (for not-for-profit entities)
- 401(k) Retirement Savings Plan* (for-profit entities)

*Both plans include colleague pre-tax and Roth contributions in addition to employer matching contributions



Voluntary Insurance (colleague paid)

- Supplemental Life Insurance
- Supplemental AD&D Insurance
- Dependent Life Insurance
- Group Legal Plan
- Pet Insurance
- Identity/Theft Insurance
- Critical Illness Insurance
- Auto/Homeowners Insurance
- Accident Insurance
- Hospital Indemnity
- Whole Life Insurance
- Student Loan Forgiveness (Fiducius)



Compensation

Health & Well-being eligibility

Colleague and dependent eligibility

- **Colleague**
 - Full-time budgeted for 64 or more hours per pay period **OR**
 - Part-time budgeted for 40-63.99 hours per pay period
- **Eligible Adult**
 - Spouse (pre-tax) – IRS definition **OR**
 - Eligible Adult (pre-tax or post-tax) – shares permanent residence and is financially interdependent to colleague
- **Dependent Children** - covered up to end of plan year in which they turn 26, or after if they meet certain disability criteria
 - Eligible regardless of marital status, student status, residency or financial dependency
 - Natural, legally adopted or children for whom you/eligible adult are the court-appointed guardian
 - Children of a non-spouse Eligible Adult may be covered only if their Eligible Adult is covered

Dependent verification

- The Trinity Health colleague benefit plan requires documentation of eligibility for any family members to be added to the plan. Examples of documentation include marriage certificate, certificate of birth, etc., a full list of documentation requirements can be found on MyBenefits.
 - **Family members will not be added to the plan until documentation is received and approved by Trinity Health**
 - If you do not provide documentation of eligibility by the documentation deadline, your family members will not be enrolled in coverage, and you will have to wait until the next annual open enrollment or experience a qualifying event
- **Please begin to gather your documents now** to ensure timely enrollment
- You will be prompted to submit your documents during the enrollment process

NOTE: dependent documentation is only needed 1x during initial enrollment. Once verified, dependent(s) will be considered verified for future years

Health & Well-being benefits

Medical benefits

Administered by Blue Cross Blue Shield of Michigan (BCBSM)



Traditional Plan

-
- 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 the insurance



Health Savings Plan

(High Deductible Health Plan with Health Savings Account)

-
- Pay less each paycheck, but more at the time of service until you meet your deductible
 - Receive annual seed money in an HSA based on enrollment tier
 - Choose this plan to contribute to the HSA, and maximize your tax advantage as you save for current and future health care expenses



Essential Plan

(Health Reimbursement Account available for qualified colleagues)

-
- Pay the least amount each paycheck, but more at the time of service
 - **Essential Assist plan, including HRA with annual seed money based on enrollment tier, available for colleagues who meet certain income requirements (more information on the next slide)**
 - Choose this plan if you are interested in lower payroll contributions

Essential Assist plan eligibility & HRA use

- Same plan design as Essential Plan; lowest per pay contribution
- Requires colleague to apply for assistance
- Assistance is provided by Trinity Health through a Health Reimbursement Account (HRA):
 - \$1,000 single / \$2,000 family
- **Must** either pay out of pocket expenses with debit card or submit for reimbursement; works like a Health Care FSA
- To use for any medical and/or prescription drug expenses

Family Size	Annual Family Income Must be less than ...
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
7	\$142,020
8+	\$158,160

Colleagues must re-apply each year
Coverage does NOT carry over

Essential Assist plan design

- Higher out-of-pocket costs at time of service compared to Traditional Plan
- Family deductible met by more than 1 family member
- May enroll in Health Care Flexible Spending Account, but not the Health Savings Account

Highlights	Tier 1	Tier 2
Annual Deductible (Individual/Family)	\$1,250 / \$2,500	\$2,750 / \$5,500
HRA Contribution (Ind/Fam)	\$1,000 Individual / \$2,000 Family	
Out-of-pocket max	\$4,000 / \$8,000	\$6,000 / \$12,000
Inpatient copay	\$0	\$500
Outpatient Surgical copay	\$50	\$100
Member Coinsurance, including office visit (*after deductible)	20%*	30%*
Rx – retail (34 days) <ul style="list-style-type: none"> • Generic • Brand formulary • Brand non-formulary • Obesity medications 	\$10 25% (\$30 min, \$100 max) 50% (\$60 min, \$170 max) 50% (\$60 min, \$400 max)	
Rx – mail (90 days) <ul style="list-style-type: none"> • Generic • Brand formulary • Brand non-formulary • Obesity medications 	\$25 25% (\$75 min, \$250 max) 50% (\$150 min, \$425 max) 50% (\$150 min, \$1,000 max)	



Essential Assist plan - continued

Once you are active in Workday and the HR4U colleague portal, you can learn more about the Essential Assist and complete the electronic application within the HR4U colleague portal

Requirement would include a copy of your most recent Federal Income Tax Form 1040 or 1040EZ **no later than Jan. 30, 2025**

<https://hr4u.trinity-health.org>

(available week of Dec. 15, 2024)

NOTES:

- The Essential Assist medical plan with HRA does not apply to dental or vision plan coverage
- Funds will transfer over year to year, IF you remain enrolled and are approved the following year
- Any remaining money in the HRA is forfeited if you leave Trinity Health
- Short video link: [Essential Assist Plan](#) [3 minutes, 5 seconds]

Network tiers

- Each plan offers two network tiers and offers choice in where to seek care
- You receive the highest benefits when you use the Tier 1 network and a market-competitive benefit when you use the Tier 2 network
- There is no coverage when seeking care outside of Tier 1 and Tier 2, except for limited exceptions (e.g., emergency care, network gap)

Tier Level	Definition
Tier 1	Trinity Health network facilities and aligned providers Highest/incentive benefit (lowest deductibles, copays)
Tier 2	Medical plan administrator's in-network providers (e.g. Aetna, BCBSM) Market-competitive benefit

When combined,
Tier 1 and Tier 2
provide a
comprehensive
network of services

Understanding provider networks



- 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, etc.)
- All services may not be available at Tier 1
- When combined, Tier 1 and Tier 2 provide a comprehensive network of services
- When available, using Tier 1 providers has many benefits:
 - Reduced out-of-pocket expenses
 - Supports Trinity Health as an organization
 - Helps minimize the rising cost of healthcare for all of us (shared responsibility)

Medical benefits

Administered by Blue Cross Blue Shield of Michigan (BCBSM)

Network changes - effective Jan. 1

- MercyOne Genesis will now be part of the Trinity Health network as Tier 1, **additionally** all Trinity Health providers and/or facility nationwide will be considered Tier 1
- You can search for a provider in-network online by using the provider search tool flyer found on MyBenefits
- All three (3) plans will be PPOs under BCBSM
- If you are currently in the HDHP PPO and have received care from an out-of-network provider between 9/1/23-12/31/24 and are planning to receive care from that provider in 2025, you will be eligible to receive Transition of Care (TOC) for up to 90 days. **A letter and a form will be mailed to your home address mid Nov., to complete and submit to BCBSM.** You can obtain the form on MyBenefits
- If you have a need to seek services from a provider that is not available within your current Tier 1, Tier 2, or Tier 3 network and meets specific criteria, you may request a network deficiency. This form can be found on MyBenefits
- City of Hope (formerly known as **Cancer Treatment Centers of America**) and **Mayo Clinic** are not covered facilities

2025 medical plan design

Highlights	Network Tier	Traditional Plan	Health Savings Plan	Essential Plan
Deductible (single/family)	1	\$500 / \$1,000	\$1,750 ² / \$3,500	\$1,250 ² / \$2,500
	2	\$1,000 / \$2,000	\$2,750 ² / \$5,500	\$2,750 ² / \$5,500
HSA/HRA Contribution		N/A	HSA Single: \$650 HSA Family: \$1,300	HRA Single: \$1,000 ¹ HRA Family: \$2,000 ¹
Coinsurance (patient pays)	1	10%	10%	20%
	2	20%	20%	30%
Out of Pocket Maximum including deductible, copay and Rx (single/family)	1	\$3,000 / \$6,000	\$3,100 / \$6,200	\$4,000 / \$8,000
	2	\$5,250 / \$10,500	\$5,500 / \$11,000	\$6,000 / \$12,000
Preventive Care	1, 2	0%, no deductible	0%, no deductible	0%, no deductible
Office Visits	1	PCP \$20 copay; Specialist \$30 copay	10% coinsurance	20% coinsurance
	2	PCP \$30 copay; Specialist \$40 copay	20% coinsurance	30% coinsurance

¹ HRA is only available to colleagues who participate in the Essential Assist plan.

² The individual deductible only applies to those enrolled in colleague-only coverage for the Health Savings Plan and Essential Assist Plans. For all other coverage levels, the full family deductible must be met even if only one person in the family is receiving care.

Medical benefits

Administered by Blue Cross Blue Shield of Michigan (BCBSM)

Covered/not covered changes – effective Jan. 1, 2025

- Contraceptives and Sterilization
 - Effective Jan. 1 contraceptives and sterilization are not covered under the Trinity Health medical plans unless deemed medically necessary
 - This is due to our Catholic Religious Guidelines
 - However, because of ACA medical and Rx providers are required to cover them
 - Through BCBSM, you can enroll (at no additional cost) in the Contraceptive Accommodation (CA) Limited Choice program and receive a separate ID card for these services. You must be enrolled in a medical plan to apply for this card. Your coverage will be effective on the date your Trinity Health's group health plan coverage is effective
 - Through OptumRx you will be automatically enrolled and sent a card, male or female, age 13+
- Highlighted benefits:
 - Teladoc - virtual visits
 - Spring Health – EAP (6 sessions)
 - Acupuncture – 10 visits per calendar year
 - Wigs
 - Hospitalist, anesthesiologists, internists, pathologists, ER physicians, and neonatologists (HAIRPEN)

Prescription drug plan

Pharmacy benefits

Administered by OptumRx

- Effective Jan. 1, 2025, Genesis will adopt the OptumRx formulary and HDHP Preventative Drug List (PDL)
- Any member disrupted due to quantity limits, prior authorizations (PA), medication exclusions, etc. will receive a letter in early Nov.
 - We encourage any colleague who receives a letter that requires a new PA, be sure they have enough medication on hand at the end of December to allow enough time to have their PA approved.
- Differences to call out – effective Jan. 1, 2025
 - Dispense as written (DAW) –
 - Members will be required to fill a generic when a generic is available. If a member chooses to fill a prescription as written instead of the available generic, the member will pay the cost difference between the generic cost and the brand medication cost.
 - Nicotine cessation – Health care Reform: \$0 copay for 6 months, then applicable copay tier
 - Erectile Dysfunction (ED)/Contraceptives – not covered
 - Obesity medications, including GLP1's – covered
 - Diabetic - preferred brand for insulin products will be Humalog instead of Novalog
 - Those with an insulin prescription will receive a mailing after the first of the year with details on how to obtain a free meter
 - RxDME – all prescription related DME will need to be ran through your prescription card, i.e. strips, lancets, etc.

2025 prescription plan design

Highlights	Network Tier	Traditional Plan	Health Savings Plan	Essential Plan
Retail Rx (34-day supply)	Generic	\$10 copay	20% coinsurance	\$10 copay
	Brand Formulary	20% coinsurance (min \$30 / max \$100)		25% coinsurance (min \$30 / max \$100)
	Brand Non Formulary	40% coinsurance (min \$60 / max \$150)		50% coinsurance (min \$60 / max \$170)
	Obesity Meds	40% coinsurance (min \$60 / max \$400)		50% coinsurance (min \$60 / max \$400)
Home Delivery Rx (90-day supply)	Generic	\$25 copay	20% coinsurance	\$25 copay
	Brand Formulary	20% coinsurance (min \$75 / max \$250)		25% coinsurance (min \$75 / max \$250)
	Brand Non Formulary	40% coinsurance (min \$150 / max \$375)		50% coinsurance (min \$150 / max \$425)
	Obesity Meds	40% coinsurance (min \$150 / max \$1,000)		50% coinsurance (min \$150 / max \$1,000)

Health Savings Plan

Member cost share is 100% until deductible is met, then 20% coins

Member can use HSA dollars for prescription

Qualified generic preventive drugs and asthma/diabetes classes covered 100%, not subject to deductible as outlined in supporting documents

Live Your Whole Life



Colleague Health Plan well-being incentives

What you can earn each quarter

Trinity Health colleagues and their spouse/eligible adult dependents who are enrolled in a Trinity Health medical plan have the opportunity to maintain the lower per pay cost for medical coverage by participating in the Colleague Health Plan Well-being Incentive activities.* See chart below for more information.

	Q1	Q2	Q3	Q4
Dates	January 1– March 31	April 1– June 30	July 1– September 30	October 1– December 31
Action	Earn 5,000 points by March 31	Earn 5,000 points by June 30	Earn 5,000 points by September 30	Participate in company challenge or choice engagement
Colleague Health Plan Well-being Incentive	Maintain lower per pay cost for medical coverage through Q2	Maintain lower per pay cost for medical coverage through Q3	Maintain lower per pay cost for medical coverage through Q4	

Helpful Tips



- **Daily engagement** activities like Healthy Habits and regularly tracking your activity or sleep will also help you accumulate points quickly.
- In Q4, continue to have fun participating and making progress toward your well-being goals! **No action is necessary during Q4 to maintain the incentive.**
- Visit **Rewards** under the Home tab of your [Live Your Whole Life Connect Portal account](#) to see a complete list of the point-earning opportunities in one place.
- Look for **high-earning activities** such as the *health assessment*, which you can complete to earn 2,500

*Colleague Health Plan Well-being Incentive is \$15 for each individual (colleagues and spouse/eligible adult) enrolled in a participating medical plan. Points start fresh each quarter.

Dental plans

Dental benefits

Administered by Delta Dental of Michigan

Two Dental Plan Options:



In-Network Highlights	High Plan	Standard Plan
Network(s)	Premier and PPO	Premier and PPO
Deductible	\$25/\$50	\$50/\$100
Annual maximum (non-ortho)	\$1,750	\$1,500
Preventive care	100% covered	100% covered
Basic restorative services	80% after deductible	60% after deductible
Major restorative services	60% after deductible	50% after deductible
Orthodontics	50%	Not covered
Orthodontics lifetime max	\$1,500	Not covered

Vision plans

Vision benefits

Administered by United Healthcare

Two Vision Plan Options:



In-Network Highlights	High Plan	Standard Plan
Vision exam	100% covered	\$10 copay
Lenses	100% covered for: <ul style="list-style-type: none">• Standard, Deluxe, Premium, Platinum Progressive, Photochromic and Polycarbonate lenses• Standard scratch-resistant, standard anti-reflective, ultraviolet and edge coating• Tints	100% covered for: <ul style="list-style-type: none">• Polycarbonate lenses• Standard scratch-resistant coating
Frames	\$50 wholesale allowance \$150 retail allowance	\$50 wholesale allowance \$150 retail allowance
Contact lenses (in lieu of eyeglasses) <ul style="list-style-type: none">• Necessary• Elective (selection)• Elective (non-selection)	<ul style="list-style-type: none">• 100% covered• 100% covered (up to 8 boxes)• \$200 allowance	<ul style="list-style-type: none">• 100% covered• 100% covered (up to 6 boxes)• \$175 allowance

Life and accidental death & dismemberment (AD&D)

Life and Accidental Death & Dismemberment (AD&D) benefits

Administered by The Hartford

Trinity Health paid

Basic Life Insurance

1x annual base salary
(max \$1.5 million)



Basic AD&D

1x annual base salary
(max \$1.5 million)

Colleague paid

Supplemental Life and AD&D

1x to 8x annual base salary
(max \$1.5 million)



Spouse Life

\$10,000, \$20,000,
\$50,000, \$80,000 or
\$100,000

Child Life

\$5,000,
\$10,000
or \$20,000

Voluntary insurance

Voluntary insurance

Administered by Aon

A menu of voluntary insurance are available for colleagues to purchase:



- Group Legal Plan
- Pet Insurance
- Identity/Theft Insurance
- Critical Illness Insurance
- Auto/Homeowners Insurance
- Accident Insurance
- Hospital Indemnity
- Whole Life Insurance
- Student Loan Forgiveness (Fiducius)

Spending Accounts

Trinity Health - Health Savings Account (HSA)

Administered by Health Equity

- Included with Health Savings medical plan
- Use it to pay for current or future health care costs
- HSAs are a great way to save on taxes:
 - No taxes on the amount contributed through payroll deductions
 - No taxes on the amount withdrawn for qualified expenses
 - No taxes on the interest earned in the account (up to amounts set by federal law)
- Trinity Health will make an employer contribution to HSAs after the first pay date of the year based on the coverage level elected (contribution amounts are prorated after the first pay of the year)
 - \$650 single
 - \$1,300 family
- Any HSA money not used during the year is carried over, without any limits
- Change the amount contributed through payroll deductions at any time during the plan year
- HSA money is yours to keep — even if you change jobs or retire



Health Savings



Trinity Health – Health Care Flexible Spending Accounts (HCFSA)

Administered by Health Equity

Health Care



- Colleague can contribute a minimum amount of \$130 up to a maximum amount of \$3,200 for plan year 2025
- Pay for eligible health care expenses, such as medical, prescription drugs, dental and vision
- Contributions are deducted before taxes from colleagues' biweekly paycheck
- You can use a variety of payment options to access your HCFSA savings. These include the Health Equity Health Card, Pay my Provider, Pay me Back, or by using the Mobile application
- **Funds may be used for expenses through Mar. 15 immediately following the plan year (Dec. 31)**
- Any money not requested for reimbursement by Mar. 31 following the plan year will be forfeited
- Participants in the Health Savings medical plan are not eligible for the Health Care FSA

Trinity Health – Dependent Care Flexible Spending Accounts (DCFSA)

Administered by Health Equity

Dependent Care



- Colleague can contribute a minimum amount of \$130 up to a maximum amount of \$5,000 for plan year 2025
- Pay for eligible dependent care expenses for eligible dependents, such as day care and elder care services
- Contributions are deducted before taxes from colleagues' biweekly paycheck
- Health Equity does not issue a card for the DCFSA
- You can use a variety of payment options to access your DCFSA savings. These include the Pay my Provider, Pay me Back, or by using the Mobile application.
- **Funds may be used for expenses during the plan year (through Dec. 31)**
- Any money not requested for reimbursement by Mar. 31 following the plan year will be forfeited

Time away from work benefits

Time away from work

Paid Time Off (PTO)

- Accrued (Program A)
- Drop-In (Program B)



Holiday

- Six core holidays, plus one floating holiday:
 - New Year's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Christmas Day
 - Floating Holiday

Short-Term Disability (STD)

- Employer-Paid Income Replacement
- Benefit Duration: Up to six months, after 7-day elimination period

Long-Term Disability (LTD)

- Employer-Paid Income Replacement (available after 180 days or STD is exhausted) up to monthly maximum
- Benefit Duration: Up to Social Security Normal Retirement Age

What's staying the same?

- Year-to-date PTO balances will transition, if you are close to the new bank maximum PTO payouts will apply – more information will be provided in the FAQs
- PTO years of service will transition

What's changing?

- Holiday benefit is not included in PTO
- Exempt use of PTO time
- Short-Term disability
- Long-Term disability

Refer to the benefits guide for more details

Time away from work programs

Your management level determines your specific time away from work benefits

Management level can be found under your "Job Details" in Workday

Program A

Supervisors, Coordinators and All Other Positions
(excluding Program B management levels)

Program B

Directors, Managers and Advanced Practice Clinicians

Paid Time Off (PTO) and Holiday benefit

	Program A		Program B
PTO Allowance (pro-rated based on full-time equivalent (FTE) status)	Years of Service	Annual Accrual (Hours)	Drop-in time 216 hours (front loaded; prorated for new hires / newly eligible)
	Less than 1	Up to 144	
	1 – 4	168	
	5 – 9	192	
	10 – 14	216	
	15+	240	
Maximum Accrual	Accrue PTO on up to 80 hours per pay period based on hours paid		Not applicable
Bank Maximum	1.5x annual accrual		May carry over up to 40 hours of unused time to following plan year, not cumulative
Holidays	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Floating Day		

Disability – short term and long term

Administered by The Hartford

Short-Term Disability (STD)

	Program A	Program B
Employer Paid	Yes	Yes
Income Replacement	60% of base pay	100% of base pay
Monthly Maximum	Not applicable	Not applicable
Elimination Period	7 days (PTO/unpaid if PTO unavailable)	7 days (paid incidental sick)
Benefit Duration	6 months	6 months

Long-Term Disability (LTD)

	Program A	Program B
Employer Paid	Yes	Yes
Income Replacement	60% of base pay	70% of base pay
Monthly Maximum	\$10,000	\$15,000
Elimination Period	6 months	6 months
Benefit Duration	Social Security Normal Retirement Age	Social Security Normal Retirement Age

What to expect

What to expect:

- Your current annual elections for 2024 will be effective until the end of the year, **Dec. 31, 2024**.
- If you enroll by **Jan. 30, 2025**, and submit any required documentation, your coverage will be retroactive back to **Jan. 1, 2025**.
- **Medical and prescription drug coverage**
 - If you elect medical/prescription drug coverage, you will receive new cards
 - Blue Cross Blue Shield of Michigan for medical
 - If you wish to have a medical contraceptive card, you must call BCBSM to request information about enrollment
 - OptumRx for prescription drug - To estimate the cost of a prescription, click [here](#) to access the prescription drug cost estimator tool
 - OptumRx contraceptive card
- **Dental coverage**
 - Delta Dental of Michigan does not issue ID cards
- **Vision coverage**
 - United Healthcare does not issue ID cards
- If you wish to print out an ID card for dental or vision or a temporary ID card for medical and/or prescription before one is mailed to you, please refer to the job aid on MyBenefits

What to expect:

life and accidental death & dismemberment (AD&D) benefits

Colleague Paid Life Insurance

- Supplemental
 - 1-8x annual base salary
 - Guarantee Issue is 3x up to \$1.0m, anything over 3x **will require a Personal Health Application (PHA)**
- AD&D
 - 1-8x annual base salary
- Spouse
 - \$10k, \$20k, \$50k, \$80k, \$100k
- Child
 - \$5k, \$10k, \$20k

What to expect:

voluntary insurance

- Eligibility for voluntary insurance will be effective **Jan. 1, 2025**
- To enroll in voluntary insurance, colleagues must call Aon at 866.251.9529, M-F 8:00am-5:00pm ET
- If you currently have a voluntary insurance policy, you will receive communication from that vendor with an option to continue on direct bill

What to expect:

spending accounts

- **Health Savings Account (HSA)**
 - If you enroll in the Health Savings medical plan, you will receive a new card from Health Equity
- **Health Care Flexible Spending Account (FSA)**
 - If you enroll in a health care flexible spending account, you will receive a new card from Health Equity
 - *If you are currently enrolled in FSA, funds may be used through Mar. 15, 2025. Any money not requested for reimbursement from Advantage Administrators by Mar. 31, 2025, will be forfeited*
- **Dependent Care Spending Account (DCFSA)**
 - Health Equity does not issue cards for a dependent care spending account
 - *If you are currently enrolled in DCFSA, funds may be used for expenses through Dec. 31, 2024. Any money not requested for reimbursement from Advantage Administrators by Mar. 31, 2025, will be forfeited*
- **Limited Purpose Account (LPA)**
 - The LPA will sunset Dec. 31, 2024
 - *If you are currently enrolled in LPA, funds may be used through Mar. 15, 2025. Any money not requested for reimbursement from Advantage Administrators by Mar. 31, 2025, will be forfeited*

NOTE: Spending account comparisons can be found in the appendix

What to expect:

PTO cash-out

- PTO cash-out will still be offered through Lawson/Infor Employee Self-Service between Nov. 1–15, for 2025.
- The PTO cash-out option must be completed by **Nov. 15, 2024**, to qualify for the cash-out in Nov. 2025

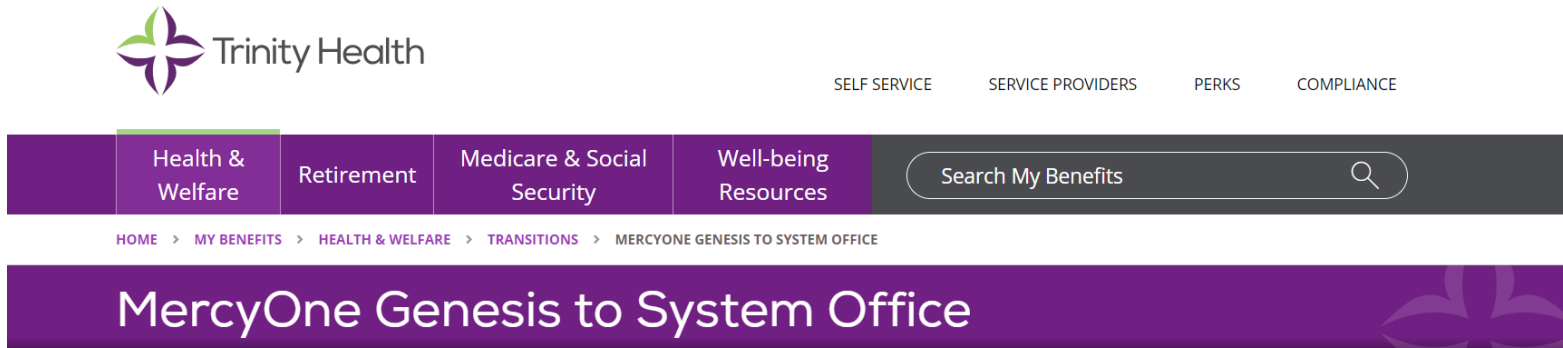
Next steps and resources

Benefit enrollment

- Effective the week of **Dec. 15, 2024**, you will have access to Workday to begin your benefit enrollment
 - An enrollment checklist will be provided closer to the date
 - The **“Integration Event-Day 1 Benefits Eligible”** benefit can be found under **“Awaiting Your Action”** in Workday
 - Elections for 2025 must be made **no later than Jan. 30, 2025**, to ensure coverage is effective for **Jan. 1, 2025**
 - If elections are not made by **Jan. 30, 2025**, you will not have coverage for the remainder of 2025 unless you experience a qualified life event

Resources

- For additional information you can visit the [MyBenefits](#) web page
 - This is a temporary web page to house benefit information
 - Benefits information including communications, this presentation and recording, benefit summaries, benefits guide, retirement information and more
 - MyBenefits web page is available from anywhere you have internet access — work, home or mobile



MercyOne Genesis to System Office Transition Information

Retirement

Today we will...

- Discuss what you can expect regarding your retirement plan benefits.
- Highlight how the Trinity Health Retirement Savings Plan works.
- Share what actions you will need to take and where to go for more information.

What to expect next...

- ✓ **Final contributions** under the Genesis Health retirement plans will be deferred from your earnings on your final Genesis Health paycheck date on Dec. 20, 2024. Your contributions and any employer contributions you are eligible to receive will be credited and deposited into your account with Transamerica. The Genesis Health retirement plans will freeze and no longer allow new participants and contribution deposits, effective Dec. 31, 2024.
- ✓ **Account balances** under the Genesis Health retirement plans will remain with Transamerica. You may continue to manage investment elections, beneficiary designations, and contact information on the Transamerica website and phone center. You may continue to contact Transamerica at 800-755-5801 or log into your account at transamerica.com/portal to make these changes and ask questions about your account(s).

The **Genesis Employer Contribution Plan (401(k))** and the **Genesis Health System Retirement Savings Plan (403(b))** are referred to as "Genesis Health retirement plans".

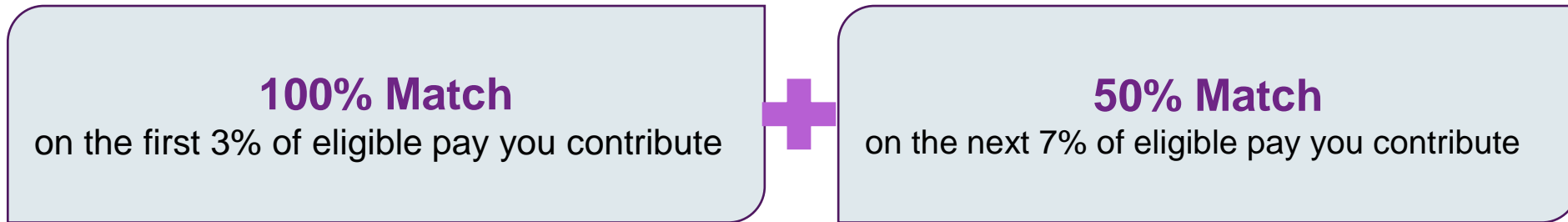
What to expect next...

- ✓ **After your employment transition to the System Office**, you will be eligible to participate in the **Trinity Health 403(b) Retirement Savings Plan** (“Trinity Health 403(b) Plan”). Any vesting service earned under the Genesis Health retirement plans will be credited to you under the Trinity Health 403(b) Plan.
- ✓ **Your transition to the System Office** does NOT prompt a distributable event from the Genesis Health retirement Plans. The distribution rules as provided in the Genesis Health retirement plans continue to apply. This means that you may elect to take a distribution upon the earlier of: (1) Attainment of age 59 ½ ; (2) Termination of employment from Trinity Health MercyOne or any entity or affiliate within Trinity Health; (3) Disability; or (4) Death.

The **Genesis Employer Contribution Plan (401(k))** and the **Genesis Health System Retirement Savings Plan (403(b))** are referred to as “Genesis Health retirement plans”.

Trinity Health 403(b) Plan

Trinity Health will match up to 10% of your voluntary contributions, if eligible. Here is how it works:



This means if **you contribute up to 10%** of your eligible pay, **Trinity Health will contribute up to 6.5% ***

Fidelity Investments is the recordkeeper of the Trinity Health 403(b) Plan. Colleague contributions and employer matching contributions will be funded to an account established for you in the Trinity Health 403(b) Plan at Fidelity.

** IRS contribution and pay limits apply.*

Trinity Health 403(b) Plan

	If you contribute...	Trinity Health will contribute...	And your annual savings will be...*
100% up to 3%	1%	1%	2%
	2%	2%	4%
	3%	3%	6%
<div>+</div> <div>50% on next 7%</div>	4%	3.5%	7.5%
	5%	4%	9%
	6%	4.5%	10.5%
	7%	5%	12%
	8%	5.5%	13.5%
	9%	6%	15%
	10%	6.5%	16.5%

*IRS Limits

All contributions to the Retirement Savings Plan are subject to IRS contribution and pay limitations

- For 2025, your contribution limit is \$23,500
- If you are age 50 or over, the catch-up contribution limit is \$7,500 so you can contribute \$31,000
- The IRS pay limit is \$350,000

Match Eligibility Requirement

- Colleagues who are budgeted to work at least 1,560 hours (0.75 full-time employee or 0.75 FTE) will receive an employer matching contribution each pay period in which they are contributing to the Plan.
- Colleagues who are budgeted to work less than 1,560 hours will receive an employer matching contribution each pay period after working 1,000 hours in a calendar year. All year-to-date (YTD) contributions and pay will be included in the matching calculation (match true-up).
- Colleagues who are budgeted to work less than 1,560 hours and who do not work 1,000 hours in a calendar year will not be eligible to receive an employer matching contribution for that calendar year.

Colleague contributions

- You may contribute a portion of your earnings as either pre-tax or Roth contributions or a combination of both pre-tax and Roth contributions – up to 75% of your earnings.
- You may change your contribution rate at any time during the year.
- All contributions (pre-tax and Roth) are included in the calculation of the employer matching contribution.

Pre-Tax Contribution	Roth Contribution
Contributions are made with pre-tax money, delaying taxes until withdrawal, reducing current-year tax liability.	Contributions are made with post-tax dollars, leading to tax-free withdrawals.
Distributions are taxed as ordinary income.	Roth contributions, plus accumulated earnings, will be distributed tax free if the withdrawal is made 5 years or more after January 1 of the calendar year in which the first Roth contribution was made and the withdrawal was made on account of death, disability, or attainment of age 59 ½.

Loans

- If you have adequate assets, you may have one (1) outstanding loan at any one time initiated from your vested account balance.
 - The minimum loan amount is \$1,000.
 - The maximum loan amount is the lesser of 50% of your account balance or \$50,000.
- As an active colleague, your loan payments, if applicable, will be withheld from your bi-weekly paycheck and remitted to Fidelity.

IMPORTANT: If you have an outstanding loan under the Genesis Health retirement plan, you must ***continue to pay on your outstanding loan(s)*** under the Genesis Health retirement plan with Transamerica to keep the loan(s) current and to prevent default.

Vesting

Vesting in a retirement plan means ownership.

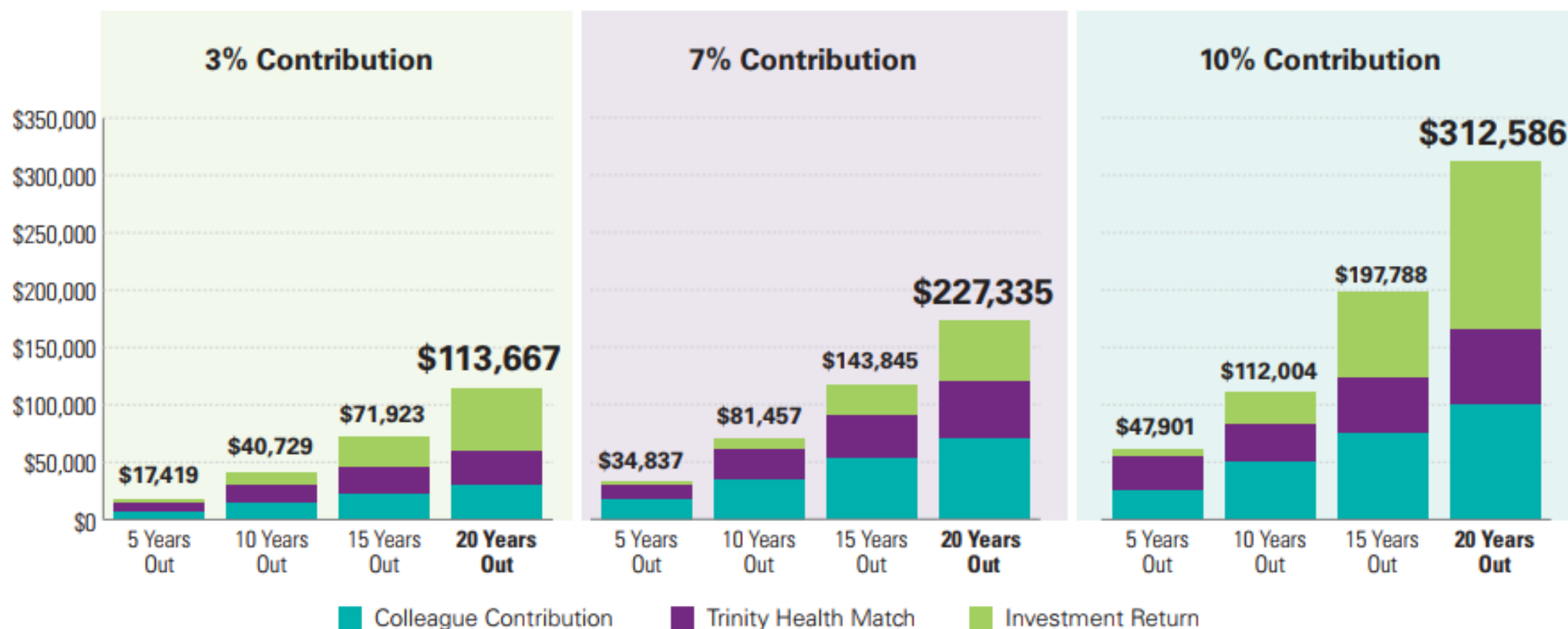
- A colleague who is 100% vested in his or her account balance owns 100% of it and the employer cannot forfeit, or take it back, for any reason.
- You are always 100% vested in your own contributions. However, The Plan requires 3 years of vesting service to “own” and be fully vested (or 100% vested) in your employer contributions funded to your account. One year of vesting service is credited for each calendar year in which you work at least 1,000 hours.

3-Year Cliff Vesting means a colleague must be credited with at least 3 years of vesting service to be 100% vested in their employer contributions. Colleagues who have less than 3 years of vesting service are 0% vesting in their employer contributions.

3-Year Cliff Vesting Schedule	
Vesting Service	Vested %
Less than 3 years	0%
3 years	100%

Remember: Your vesting service earned under the Genesis Health retirement plans will be credited to you under the Trinity Health 403(b) Plan.

How will your savings grow over 20 years?



The models look over a period of 20 years and assume an annual \$50,000 salary and an annual return on investment of 6% (actual returns will vary based on investment mix and performance in individual accounts). These estimates are conservative as they do not include adjustments for salary increases.

Automatic Features

Automatic Enrollment

- Automatic Enrollment is a convenient way to assist you with enrolling in the Trinity Health Retirement Savings Plan. If you do not make an election to contribute, you will be automatically enrolled to contribute at 2% (pre-tax).
- Automatic Enrollment occurs when you first join the Trinity Health 403(b) Plan and each year in January, but only if you are not already contributing.
- You will be notified by Fidelity Investments at least 35 days in advance of automatic enrollment and you always have the option to change your contribution rate or opt out of participation by signing onto your account at NetBenefits.com or by calling Fidelity.

Automatic Increase Program (AIP)

- AIP is an optional feature which allows you to voluntarily elect to gradually increase your savings rate by 1% or more 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.
 - *You should carefully evaluate your ability to continue the auto-increase service in the event of a prolonged market decline, unexpected expenses, or an unforeseeable emergency.*

How to Enroll in the Trinity Health 403(b) Plan with Fidelity

Enroll	<p>You may enroll on or after Nov. 25, 2024. Log into your account at www.NetBenefits.com or call Fidelity at 1-800-343-0860.</p> <p>If you do not make an election, you will be automatically enrolled with a contribution rate of 2% (pre-tax) on or around Dec. 27, 2025.</p> <p>Your contribution elections, investment elections, and beneficiary designation from the Genesis Health retirement plans will not map over to the Trinity Health 403(b) Plan. You will need to make new elections and designations under the Trinity Health 403(b) Plan.</p>
Invest	<p>You decide how much to contribute, and where to invest your contributions from the investment options offered under the Plan.</p> <p>If you do not make 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.</p>
Review	<p>Remember to designate your beneficiary(ies) on all accounts by logging into your account at www.NetBenefits.com or calling Fidelity at 1-800-343-0860.</p> <p>It is important that you designate your beneficiary for the dollars you save.</p> <ul style="list-style-type: none">• 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.

You will receive notifications from Fidelity when your account is established in the Trinity Health 403(b) Plan. The notices will provide information about Trinity Health 403(b) Plan, Automatic Enrollment, and instructions to enroll.

Key Dates to begin your contributions

Date	Action
Nov. 25 - Dec. 18, 2024	<ul style="list-style-type: none">• Log into www.NetBenefits to Enroll• Download the NetBenefits app<ul style="list-style-type: none">• Apple: Text Nbapp to 343-898• Android: Text Nbplay to 343-898• Elect your contribution rate and investment allocations• Designate your beneficiary• Elect to participate in the Automatic Increase Program (optional)
Dec. 27, 2024	<ul style="list-style-type: none">• First pay date that your contributions will be deferred from your earnings (if enrolled by Dec. 18)• If you do not take action to enroll, you will be automatically enrolled at 2% pre-tax and amounts will be deducted from your earnings<ul style="list-style-type: none">• Automatic Enrollment will default your contributions into the Target Date Fund that is aligned with your retirement age 65. You may make your investment elections at anytime or move the balances in your account to other investments at anytime.• You may opt out of making contributions to the plan (elect 0%) or change your contribution rate at any time

Take action on or after Nov. 25, 2024

Fidelity Investments is the recordkeeper for the Trinity Health 403(b) Plan. They offer a customer support center with dedicated Trinity Health plan representatives, a full-service website and a phone application where you may enact changes to your account. Live representatives are also available through a chat function on the website and phone application.



Download the
NetBenefits® app
Text **Nbapp** for Apple devices or
Nbplay for Android
to 343-898



Set a goal with
tools & resources
on NetBenefits



Call **800-343-0860** for
general account
questions.
Call **866-715-5959** for
help with retirement
planning.

Message and Data rates may apply

Appendix

Medical key terms you may hear

Clinically Integrated Networks (CIN)

- Local physicians and healthcare providers that are part of the Tier 1 network
- Focused on helping you access the right care, at the right time, in the right setting so you pay the lowest cost for the care you receive

Colleague per pay contribution

- The amount you pay toward your medical each pay period

Deductible

- The amount you pay for covered healthcare services before your medical plan starts to pay

Coinsurance

- Percentage of costs of a covered healthcare service you pay after you've paid your deductible

Medical key terms you may hear

Copay

- The fixed amount you pay for covered healthcare service

Out-of-Pocket Maximum

- The most you pay during a plan year before your medical plan starts to pay 100 percent of covered healthcare benefits

Explanation of Benefits (EOB)

- A summary of healthcare charges that your health plan sends you after you see a provider or get a service
- It is not a bill
- It is a record of the healthcare you or individuals covered on your policy got and how much your provider is charging your health plan
- If you have to pay more for your care, your provider will send you a separate bill

Spending accounts comparison

	Health Savings Account (HSA)	Healthcare FSA (HCFSA)	Health Reimbursement Account (HRA)	Dependent Care FSA (DCFSA)
What health plan can this be used with?	Health Savings	Traditional Essential Essential Assist <u>or</u> no medical plan	Essential Assist	Any or no medical plan
Who contributes to this account?	Trinity Health and Colleague (optional)	Colleague only	Trinity Health only	Colleague only
What are the annual contribution limits?	\$4,300 single \$8,550 family	Minimum \$130 Maximum \$3,200	\$1,000 single \$2,000 family	\$5,000
Are the contributions taken out on a pre-tax basis?	✓	✓	N/A	✓
What happens to the funds if I leave Trinity Health and have a positive balance?	Yours to keep	Balance is forfeited; but eligible for COBRA continuation	Balance is forfeited; but eligible for COBRA continuation	Balance is forfeited

Spending accounts comparison

	Health Savings Account (HSA)	Healthcare FSA (HCFSA)	Health Reimbursement Account (HRA)	Dependent Care FSA (DCFSA)
Do unused funds carry over to the next year?	✓	✓ Until March 15	✓ If qualification for Essential Assist Plan continues	No Use by Dec 31
What expenses can be paid for with this account?	Qualified medical, dental, vision and future qualified expenses	Qualified medical, dental and vision	Qualified medical and prescription drug	Qualified childcare or adult dependent care
When are funds available to use?	As contributions are made	January 1	January 1	As contributions are made
Will I receive a debit card?	✓	✓	✓	No

Disclaimer

Every effort has been made to provide an accurate summary of information for colleagues in this presentation. Legal documents governing the plans will prevail if there are any inconsistencies or inaccuracies in this material.

If there is a conflict between the information provided and an existing Human Resources policy, benefit plan document or insurance contract; the policy, benefit plan and insurance contract documents will govern the interpretation.

Questions regarding this information should be directed to the local ministry or HR Shared Services team.



Trinity Health