

MercyOne Genesis

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 Sharepoint 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

- **Molly Coats**, Director, Total Rewards Benefits & Well-being
- **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 60 or more hours per pay period **OR**
 - Part-time budgeted for 40-59.99 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 Sharepoint.
 - **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)

- Beginning Jan. 1, 2025, medical benefits will be administered by Blue Cross Blue Shield of Michigan (BCBSM)
- All current medical plans, will sunset Dec. 31, 2024
- Three (3) medical plans will be offered with new names:

Standard (similar to Blue Advantage HMO)

- You pay more each paycheck but less at the time of service
- Choose this plan if you are interested in a lower deductible and flat dollar copays at the time you use your insurance

Classic (similar to Alliance Select HDHP PPO)

- You pay less each paycheck, but more at the time of service until you meet your deductible
- Choose this plan to contribute to the HSA, and maximize your tax advantage as you save for current and future health care expenses

Core (similar to Blue Advantage HDHP HMO)

- You pay the least amount each paycheck, but more at the time of service
- Choose this plan if you are interested in lower payroll contributions
- You receive annual employer contribution in an HSA based on your coverage level
- Choose this plan to contribute to the HSA, and maximize your tax advantage as you save for current and future health care expenses

Three medical network tiers

- Each plan offers three network tiers
- Your network tiers are not changing; however, tier 1 will expand
- Colleagues receive the highest benefit when using the Tier 1 network and a market-competitive benefit when you use the Tier 2 network
- Colleagues receive the lowest benefit when using the Tier 3 network

TIER 1	Trinity Health network facilities and aligned providers — highest benefit
TIER 2	Medical plan's in-network providers (i.e., BCBSM) (excluding providers/facilities in Tier 1 or Tier 3)
TIER 3	<u>Other BCBSM in-network providers not in Tier 1 or Tier 2, such as:</u> Unity Point Physicians and Facilities Mississippi Valley Surgery Center Metro MRI Rock Valley PT QC Kidney Center (full list on MyBenefits thru Sharepoint)— lowest benefit



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, ENT, etc.)
- All services may not be available at Tier 1, however, when combined, Tier 1, Tier 2, and Tier 3 provide a comprehensive network of services
- When available, using Tier 1 providers has many benefits
 - Reduces out-of-pocket expenses,
 - Supports Trinity Health as an organization
 - Helps minimize the rising cost of health care for all of us

Medical benefits

Administered by Blue Cross Blue Shield of Michigan (BCBSM)

Network changes - effective Jan. 1, 2025

- 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 thru Sharepoint
- All three (3) plans will be PPOs under BCBSM
- The Classic plan (HDHP PPO) will no longer cover out-of-network providers
 - If you are currently in this plan, 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 thru Sharepoint.
 - 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 thru Sharepoint.
- City of Hope (formerly known as **Cancer Treatment Centers of America**) and **Mayo Clinic** are not covered facilities

Medical benefits

Administered by Blue Cross Blue Shield of Michigan (BCBSM)

Limit changes – effective Jan. 1, 2025

- Preventive visits
 - Preventive visits will remain 100% covered, however some new limits will apply

Service	Plan	Current	Eff. 1/1/25
Gynecological Exam	Standard (similar to HMO) Core (similar to HDHP HMO) Classic (similar to HDHP PPO)	All plans: 1 per calendar year	All plans: 2 per calendar year
Pap Smear	Classic (similar to HDHP PPO)	Classic: <i>unlimited</i>	All plans: 1 per calendar year
Mammography Screen	Classic (similar to HDHP PPO)	Classic: <i>unlimited</i>	All plans: 1 per calendar year
Prostate Specific Antigen (PSA) Screening	Standard (similar to HMO) Core (similar to HDHP HMO) Classic (similar to HDHP PPO)	All plans: covered 1 per calendar year, <i>no age limit</i>	All plans: 1 per calendar year, beginning 40 years of age

Medical benefits

Administered by Blue Cross Blue Shield of Michigan (BCBSM)

- Home Health Care, Skilled Nursing, and Private Duty Nursing
 - Effective Jan. 1 Home Health Care, Skilled Nursing, and Private Duty Nursing will have new yearly limits
 - Home Health Care – 120 visits per year
 - Skilled Nursing – 120 visits per year
 - Private Duty Nursing – 120 visits per year

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, 2025, contraceptives and sterilization will no longer be 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+
- Benefits being added under the medical coverage:
 - Teladoc - virtual visits
 - Spring Health – EAP (6 sessions)
 - Acupuncture – 10 visits per calendar year
 - Wigs
 - Hospitalist, anesthesiologists, internists, pathologists, ER physicians, and neonatologists (HAIRPEN)

Medical benefits

Administered by Blue Cross Blue Shield of Michigan (BCBSM)

What is staying the same

- Plan Design - some examples include
 - Deductibles will remain the same
 - Coinsurance/Copays will remain the same
 - Out-of-Pocket maximum amounts will remain the same
 - Emergency Medical cost share (ER, urgent care, ambulance)
 - Facility and Professional Diagnostic Services (imaging and diagnostic tests (lab, x-rays))
 - Hospital care cost share (inpatient)
- Medical Premiums
 - Will remain the same for all enrollment levels **except**, employee/child(ren)
 - Employee/child(ren) will have a decrease in premiums of 11%

Prescription drug plan

Pharmacy benefits

Administered by OptumRx

- Effective Jan. 1, 2025, MercyOne 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.

Pharmacy benefits

Administered by OptumRx

Plan design will stay similar with some slight changes

Highlights	Network Tier	Standard (similar to Blue Advantage HMO)	Classic (similar to Alliance Select HDHP PPO)	Core (similar to Blue Advantage HDHP HMO)
Rx Deductible (single/family)	All	\$100/\$300	\$3,500/\$7,000 Combined with medical deductible	\$2,000/\$3,200 Combined with medical deductible
Out of Pocket Maximum, including deductible, copays and Rx (single/family)	Drug Only OOPM	\$6,000/\$12,000	\$6,550/\$13,100 combined with medical OOPM	\$4,250/\$7,000 combined with medical OOPM
Retail/Mail Order Pharmacy Rx (34-day supply)	Generic (Tier 1)	Drug deductible then 30% coins (\$0 min \$100 max)		
	Brand Formulary (Tier 2)	Drug deductible then 40% coins (\$10 min \$200 max)		
	Brand Non-Formulary (Tier 3)	Drug deductible then 60% coins (\$20 min , no max)		
	Obesity Medications	Drug Deductible then 60% coinsurance (\$20 min, no max)		
	Specialty Drugs Generic/Preferred/BioSimilar	Drug deductible then 40% (\$50 min/\$500 max) purchased from FirstMed (locklist) or OptumRx if not available through FirstMed		
	Specialty Drugs Non-Preferred	Drug deductible then 60% (\$100 min/\$1,000 max) purchased from FirstMed (locklist) or OptumRx if not available through FirstMed		
Retail/Mail Order Rx (90-day supply)	Generic	3X retail copay, drug deductible and 30% coinsurance, (\$0 min/\$300 max)		
	Brand Formulary	3X retail copay, drug deductible and 40% coinsurance, (\$30 min/\$600 max)		
	Brand Non-Formulary	3X retail copay, drug deductible and 60% coinsurance, (\$60 min/ no max)		
	Obesity Medications	Drug Deductible then 60% coinsurance, (\$60 min, no max) GLP-1's excluded from 90 days		
	Specialty Drugs Generic/Preferred/Biosimilars only at First Med Pharmacy	3X retail copay, drug deductible and 40% coinsurance, (\$150 min/\$1,500 max)		
	Specialty Drugs Non-Preferred only at First Med Pharmacy	3X retail copay, drug deductible and 60% coinsurance, (\$300 min/\$3,000 max)		

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 Core (similar to Blue Advantage HDHP HMO) and Classic (similar to Alliance Select HDHP PPO) medical plans
- 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 the Core (similar to Blue Advantage HDHP HMO) HSA 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)
 - \$750 single
 - \$1,500 family
- The Classic (similar to Alliance Select HDHP PPO) HSA will remain an employee only contribution account
- 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 Core (similar to Blue Advantage HDHP HMO) and Classic (similar to Alliance Select HDHP PPO) medical plans 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)/Holiday

- PTO will be administered as a replacement of hours normally worked
- Six core holidays:
 - New Year's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Christmas Day



Short-Term Disability (STD)

- Income Replacement
- Benefit Duration: Up to 90 days, after 7-day elimination period

Long-Term Disability (LTD)

- Employer-Paid Income Replacement (available after 90 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.
- PTO years of service will transition

What's changing?

- Exempt use of PTO time
- Short-Term disability elimination period
- Long-Term disability

Refer to the benefits guide for more details

Short-Term Disability (STD)

Administered by The Hartford

Short-Term Disability (STD)

	Employees	Providers	Director +
Employer Paid	No (voluntary)	No (voluntary)	Yes
Income Replacement	60% of base pay	60% of base pay	100% of base pay
Weekly Maximum	\$2,000	\$4,000	Not applicable
Elimination Period	7 days (PTO/unpaid if PTO unavailable)	7 days (PTO/unpaid if PTO unavailable)	7 days (PTO/unpaid if PTO unavailable)
Benefit Duration	90 days	90 days	90 days

Long-Term Disability (LTD)

Administered by The Hartford

Long-Term Disability (LTD)

	Employees	Providers	Director +
Employer Paid	Yes	Yes	Yes
Income Replacement	60% of base pay	70% of base pay	70% of base pay
Monthly Maximum	\$10,000	\$15,000	\$15,000
Elimination Period	90 days or exhaustion of STD	90 days or exhaustion of STD	90 days or exhaustion of STD
Benefit Duration	Up to Social Security Normal Retirement Age	Up to Social Security Normal Retirement Age	Up to 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, the cost estimator tool will be available mid Nov.
 - 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 need a temporary ID card for medical and/or prescription before one is mailed to you, please refer to the job aid on MyBenefits thru Sharepoint

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 \$1.5m, 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 Core (similar to Blue Advantage HDHP HMO) or the Classic (similar to Alliance Select HDHP PPO) medical plans, 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

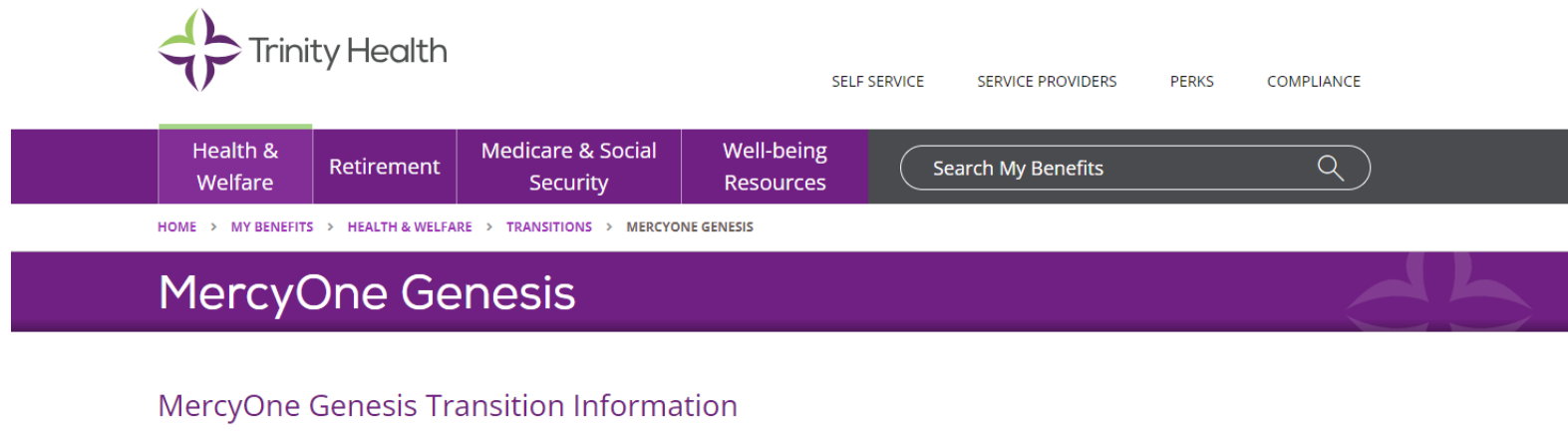
Next steps and resources

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

- On **Sharepoint** there will be a link to the **MyBenefits** web page
 - This is a temporary web page to house benefit information until MercyOne Genesis goes live in Workday
 - 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



Retirement

Today we will...

- Highlight what is staying the same and what is changing
- Share what to expect next
- Provide information about how to enroll
- Share Key Dates to begin your contributions

Saving for retirement is a partnership



What is staying the same?

➤ Eligibility

All Genesis Health, GenVentures, and Crescent Laundry colleagues are eligible to make an election to contribute to the Plan at any time.

➤ Colleague 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 colleague 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.

➤ Employer Match

If eligible, you will receive an employer matching contribution according to the same formula applicable today under the Genesis Health retirement plan – that is, at the same level as you do today.

➤ 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 are always 100% vested in your own pre-tax and Roth contributions. Your vesting service earned under the Genesis Health retirement plans prior to Jan. 1, 2025, will transfer to the Trinity Health 401(k) Retirement Savings Plan. The same vesting schedule applicable to your Genesis Health retirement plan matching contributions today will apply after Dec. 31, 2024.

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 is changing?

➤ Your Retirement Savings Plan Participation

Beginning with your first pay date on Jan. 3, 2025, all Genesis Health, GenVentures, and Crescent Laundry colleagues will begin participation in the **Trinity Health 401(k) Retirement Savings Plan** (the “Trinity Health 401(k) Plan”). Also, beginning Jan. 1, 2025, the Genesis Health retirement plans will be frozen to new entrants and no future contributions will be deposited.

➤ The Plan Recordkeeper

- **Fidelity Investments** is the recordkeeper of the Trinity Health 401(k) Plan.
- Colleague contributions and employer matching contributions will be funded to an account established for you in the Trinity Health 401(k) Plan at Fidelity.

➤ Eligibility for Matching Contributions

- 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.

What is changing?(continued)

➤ 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 to 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 first joining the Trinity Health 401(k) Plan; and,
- Annually in January.

➤ Loans

You may generally have only one loan outstanding at any one time in the Trinity Health 401(k) Plan. The amount of the loan you may take is the lesser of 50% of your vested account balance or \$50,000. Loan repayments will be automatically deducted from your earnings each pay period. You must pay off any existing/outstanding loans before you may take out a new loan from the Plan, even if a prior loan was initiated from a Genesis Health retirement plan.

- **Important Note:** *Remember to continue to make your loan repayments, if applicable, to the Genesis Health retirement plans at Transamerica to keep your loan in good standing after your plan participation transitions in Jan. 2025.*

What to expect next...

Colleagues participating in either or both the Genesis Health retirement plans can expect the following to occur upon your transition to the Workday platform:

➤ **The Genesis Health retirement plans will freeze effective Dec. 31, 2024.**

Your contributions will end with your final pay date from Genesis Health, GenVentures, and/or Crescent Laundry. Your contributions through this date will be recognized for purposes of crediting any employer matching contributions you are eligible to receive.

➤ **You may continue to monitor, review, and make changes as needed to your investment allocations and contact information on your Genesis Health retirement plans at Transamerica.**

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).

What to expect next... (continued)

- **The change in your retirement plan participation is not a distributable event from the retirement.**

The distribution rules as provided in the Genesis Health retirement plans continue to apply. This means that you may elect 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.

- **All your prior vesting service earned under the Genesis Health retirement plans will be credited as vesting service under the Trinity Health 401(k) Plan.**

Additionally, any future vesting service earned while working at Trinity Health MercyOne (or any Trinity Health entity/affiliate) will be credited under both your Genesis Health retirement plans at Transamerica and your Trinity Health 401(k) Plan at Fidelity.

- **You will become a participant in the Trinity Health 401(k) Plan effective with your first pay date in Jan. 2025, which will occur on the Workday platform.**

You will receive information from Fidelity on or around Nov 25, 2024, when your account is established. The notifications will provide you with information about the Trinity Health 401(k) Plan and automatic enrollment. The notice will also provide instructions on how to register your account and enroll in the Trinity Health 401(k) Plan.

How to Enroll in the Trinity Health 401(k) Plan with Fidelity

Your contribution elections, investment elections, and beneficiary designation from the Genesis Plans will not map over to the Trinity Health 401(k) Plan. **You will need to make new elections and designations under the Trinity Health 401(k) Plan.**

Enroll	<p>You may enroll on or after Nov. 25, 2024. If you do not make an election, you will be automatically enrolled with a contribution rate of 2% (pre-tax) on or around Jan. 10, 2025.</p> <ul style="list-style-type: none">• Log into your account at www.NetBenefits.com or call Fidelity at 1-800-343-0860.• Download the NetBenefits app:<ul style="list-style-type: none">• Apple Device: Text Nbapp to 343-898• Android: Text Nbplay to 343-898
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. 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.

Key Dates to begin your contributions

Date	Action
Nov. 25– Dec. 25, 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)
Jan. 3, 2025	<ul style="list-style-type: none">• First pay date that your contributions will be deferred from your earnings (if enrolled by Dec. 25)• 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 any time or move the balances in your account to other investments at any time.• 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 health care providers 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 plan each pay period

Deductible

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

Coinsurance

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

Medical key terms you may hear

Copay

- The fixed amount you pay for covered health care service

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

Explanation of Benefits (EOB)

- A summary of health care 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 health care 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)	Dependent Care FSA (DCFSA)
What health plan can this be used with?	Core Classic	Standard	Any or no medical plan
Who contributes to this account?	Trinity Health and Colleague (optional)	Colleague only	Colleague only
What are the annual contribution limits?	\$4,300 single \$8,550 family	Minimum \$130 Maximum \$3,200	\$5,000
Are the contributions taken out on a pre-tax basis?	✓	✓	✓
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

Spending Accounts comparison

	Health Savings Account (HSA)	Healthcare FSA (HCFSA)	Dependent Care FSA (DCFSA)
Do unused funds carry over to the next year?	✓	✓ Until March 15	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 childcare or adult dependent care
When are funds available to use?	As contributions are made	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