



2024-2025 TEAM MEMBER BENEFITS GUIDE

Table of Contents

WELCOME	3
UKG/TEAM MEMBER PORTAL	4
OPEN ENROLLMENT	5
Who is Eligible	5
Qualified Life Event Change	5
MEDICAL PLAN	6
PRESCRIPTION PLAN	7
AETNA ID CARDS & PROVIDER SEARCH	8
VIRTA	9
ON DEMAND CARE - 98POINT6	10
DENTAL PLAN	11
VISION PLAN	12
HEALTH SAVINGS ACCOUNT	13
FLEXIBLE SPENDING ACCOUNTS	15
BASIC & VOLUNTARY LIFE / ACCIDENTAL DEATH & DISMEMBERMENT	16
VOLUNTARY SHORT-TERM DISABILITY	17
VOLUNTARY LONG-TERM DISABILITY	17
CRITICAL ILLNESS INSURANCE	19
ACCIDENT INSURANCE	21
NY LIFE ADDITIONAL BENEFITS	22
RETIREMENT PLAN	23
PAID TIME OFF	23
WORKPLACE WELLNESS	24
ADDITIONAL BENEFITS	25
Pet Healthcare	25
Wellbeing Program	25
Wellbeing Incentive	25
The Employee Association Program	25
NetSpend	25
Meal Discount Program	27
Tuition Reimbursement	27
CONTACTS & RESOURCES	28
TERMS TO KNOW	29
NOTES	34



Welcome to Your Benefits

Sun Health offers a comprehensive benefits package that protects individual health, wellbeing, and financial security.

We are committed to all team members and believe that our success is due, in large part, to the efforts of our most valued resource, our team members.

This communication summarizes Sun Health's benefit plans that are effective July 1, 2024 through June 30, 2025.



Ultimate Kronos Group (UKG)

Team members can log into UKG to submit their new hire, open enrollment, or life event benefits electronically. Team members will also utilize UKG to access and update their personal information, submit direct deposit changes, time off requests, and view/edit timesheets.



WORKFORCE READY

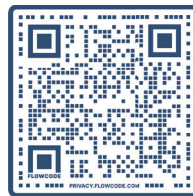
A screenshot of the UKG login interface. It includes a "Username" field with a person icon, a "Password" field with a lock icon, a blue "LOGIN" button, and a link for "Forgot your password?".

- Register using your Social Security Number and Date of Birth.
- Confirm your address and dependent information.
- Enroll in benefit plans or elect to decline coverage.
- Make sure to add or update your beneficiaries.



Team Member Portal

The Team Member Portal is your 24/7 resource page where you are able to access important information from any device at any time such as:



- Benefit Guide & Enrollment Instructions
- Wellness Program Tools, Lunch & Learn classes, & resources
- Policies, Procedures, & Team Member Handbook
- Tuition Reimbursement, Scholarship Opportunities, & more!



Open Enrollment

Open Enrollment this year takes place **May 15, 2024 - May 29, 2024**. During open enrollment you have the opportunity to make new benefit plan elections for the upcoming 2024 -2025 plan year for the following benefits:

- Medical
- Dental
- Vision
- Health Savings Account (those on the HDHP plan)
- Flexible Spending Accounts (FSA) – Health Care & Dependent Care
- Company Paid Basic Life Insurance & AD&D
- Voluntary Life Insurance & AD&D
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Critical Illness
- Accident Insurance
- & More



Who is Eligible

All full-time team members working a minimum of 30 hours per week are eligible for coverage. You can also add coverage for your legal spouse and your dependent children up to age 26. Newly hired team members become eligible for coverage the first of the month following 30 days of full-time employment.

Qualified Life Event

During the year, you are only allowed to make changes to your coverage if you experience a qualified life event change. Examples of these changes in status are:

- Marriage
- Legal Separation
- Divorce
- Birth of a child
- Adoption
- Legal custody of a child
- Death
- Loss or gain of coverage



You must submit a qualified life event through UKG and send required documentation to Benefits@sunhealth.org **within 31 days**. Reach out to Benefits@sunhealth.org for questions as well.

DESCRIPTION OF COVERAGE	AETNA HDHP PLAN		AETNA BASE PLAN		AETNA BUY-UP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual ♦ Family) Family deductible can be met by any combination of the family members.	\$3,200 ♦ \$6,400	\$4,000 ♦ \$8,000	\$3,000 ♦ \$7,500	\$5,000 ♦ \$15,000	\$2,500 ♦ \$5,000	\$3,000 ♦ \$6,000
Coinsurance (on allowed amount)	80% ♦ 20%	50% ♦ 50%	70% ♦ 30%	50% ♦ 50%	80% ♦ 20%	50% ♦ 50%
Out-of-Pocket Maximum (Individual ♦ Family)	\$3,500 ♦ \$7,000	\$7,000 ♦ \$14,000	\$6,000 individual; two member max	\$25,000 individual; two member max	\$4,000 individual; three member max	\$10,000 individual; three member max

Note: Out-of-Network costs may exceed OOP maximum due to billed charges over allowable amount.

	In-Network	Out-of-Network	Banner In-Network	Out-of-Network	Banner In-Network	Out-of-Network
Preventive Care	100% Covered	50% after deductible	100% Covered	50% after deductible	100% Covered	50% after deductible
Office Visit Non-Preventive	20% after deductible	50% after deductible	\$30 ♦ \$50	50% after deductible	\$25 ♦ \$40	50% after deductible
98point6 - Virtual Visit	20% after deductible	50% after deductible	\$0	50% after deductible	\$0	50% after deductible
Lab & X-Ray	20% after deductible	50% after deductible	\$20 Copay	50% after deductible	\$20 Copay	50% after deductible
Major Diagnostic (MRI ♦ PET ♦ CT)	20% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Hospitalization	20% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room Copay waived if admitted	20% after deductible	20% after deductible	\$200 Copay	\$200 Copay	\$150 Copay	\$150 Copay
Urgent Care	20% after deductible	50% after deductible	\$75 Copay	50% after deductible	\$75 Copay	50% after deductible

Please note: The deductibles and out-of-pocket maximums on each plan are administered on a calendar year basis. Use in-network providers by going to banner.aetna.com and select the Aetna | Banner Open Access POS II Network

DESCRIPTION OF COVERAGE	AETNA HDHP PLAN	AETNA BASE PLAN	AETNA BUY-UP PLAN
Team Member Only	\$55.00	\$59.18	\$168.33
Team Member + Spouse	\$213.88	\$232.63	\$349.80
Team Member + Child(ren)	\$183.32	\$211.31	\$326.42
Team Member + Family	\$290.26	\$317.16	\$500.90

A wellness incentive is available for those participants that meet the points criteria of the wellness program.

- The wellness credit is \$30 for a team member and \$30 for a spouse per month and is credited to your premiums or into your HSA account for those electing the High Deductible Health Plan.
- Team members must meet the wellness criteria and submit documentation to HR by the 20th of each month to begin receiving the premium discount for the Base/Buy-Up medical plans or the employer funds into the Health Savings Account if enrolled in the HDHP plan.
- Team members as well as their spouses must participate in the Wellness Program and earn 30 points each in order to receive the medical plan contribution discount (\$30 discount for team member participation & additional \$30 discount for spouse participation can be earned) or the employer funded Health Savings Account (HSA) contribution (\$360 deposit for team members only or \$720 for spouses participation annually). Team members and spouses are eligible to participate. Only team members are eligible to receive other program prizes.



Prescription Plan

	HDHP PLAN	BASE PLAN	BUY-UP PLAN
Retail	Subject to deductible first, then \$5, \$20, or \$40 copay	\$5 ♦ \$20 ♦ \$40	\$5 ♦ \$20 ♦ \$40
Specialty	Subject to deductible first, then 20% coinsurance (plan pays 80%) with a \$300 maximum per prescription	20% coinsurance with a \$300 maximum per prescription	20% coinsurance with a \$300 maximum per prescription
Mail Order	Subject to deductible first, then \$10, \$40, or \$80 copay	\$10 ♦ \$40 ♦ \$80	\$10 ♦ \$40 ♦ \$80

Here are some useful tips to help you get off to a healthy start when you join the pharmacy plan:

- How you access care or fill a prescription may change. Check to make sure your pharmacy is in the Banner Aetna network and reference the Aetna Pharmacy Drug Guide for associated costs.
- To receive your prescriptions by mail for a 90 day mail order supply of chronic condition medications, enroll in the CVS Caremark mail service pharmacy program.

Login to the Aetna member portal or download the app for access to these features:

- Estimate medication drug costs
- Find an in-network pharmacy
- Learn about medication information and side effects
- Refill a prescription
- Enroll in mail order for home delivery

AETNA MOBILE APP



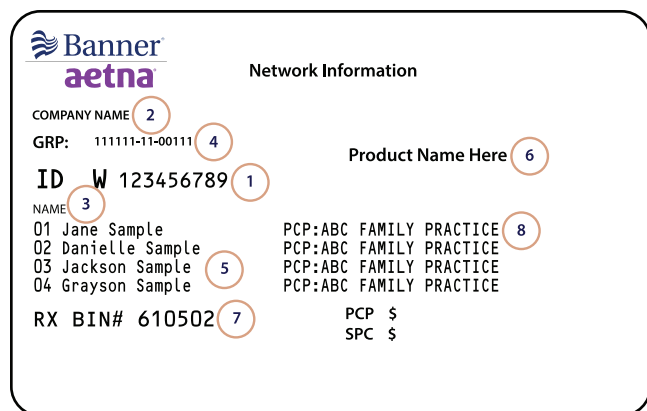
To get started, visit:
banneraetna.com or text
"ONTHEGO" to 90156 to
download their app



Aetna ID Cards & Provider Search

Access Your ID Cards

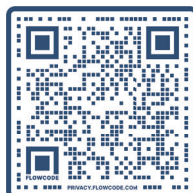
Your member ID card is your passport to accessing care. Keep it with you and know how to read it. Here is a sample ID card:



- 1 Your member ID
- 2 Company name
- 3 Your two-digit identifier and your name
- 4 Your group number
- 5 Dependents' two-digit identifier(s) and names
- 6 Name of your health plan (use this when searching the provider directory)
- 7 Your pharmacy information
- 8 Your PCP information, if you have selected one

Provider Search

- Scan the QR code with the camera app on your mobile phone
- Click "Find a Doctor"



Login to your BannerAetna account for details on your benefits at banneraetna.com. As a first time user It's easy to register. If you don't have your Member ID, then use your Social Security Number.



- Either search by logging in as a member or continue as a guest by typing in the zip code, city or state, and the range of miles.

The image shows two screenshots of the provider search interface. The left screenshot is for "Already a member?" and includes a "Login to Secure Site" button, a "Not registered yet?" link, and a "Register Now" button. It also lists reasons to register, such as finding coverage information online, and shows a list of benefits: "Get results for your plan", "View cost estimates", and "Select a primary care doctor". The right screenshot is for "Continue as a guest" and includes a text input field for location (zip, city, county or state), a "Traveling?" note, a "Look within" slider (set to 25 Miles), and a "Search" button.

Join the movement to reverse type 2 diabetes

Virta, offered by Banner | Aetna, uses the research-backed combination of nutritional ketosis, medical supervision, and one-on-one health coaching. You also get all the supplies you need for biomarker tracking, access to a private patient community, and curated recipes, food guides, and meal plans!

Our program can help you:

- ⬇ Lower blood sugar
- ⬇ Decrease medications
- ⬇ Reduce A1c
- ⬇ Lose weight
- ⬇ Lower triglycerides

How ours is different?

- ❌ No calorie counting
- ❌ No fasting
- ❌ No exercise
- ❌ No medication
- ❌ No surgery

Who is Banner|Aetna Virta program for?

Virta is available to Banner | Aetna members and their adult dependents between the ages of 18 and 79 enrolled in one of Sun Health's medical plans. This benefit is currently being offered to those with type 2 diabetes.

What's the cost?

There is no copay or out-of-pocket cost for the treatment—the cost of Virta is fully covered for those who qualify!

Learn more at VirtaHealth.com/Join/BannerAetna





On-Demand

Whether you're feeling unwell or have a health-related question, simply sign on and start a visit whenever you're ready. No appointment needed.



Text Based

Connect with a 98point6 doctor right from your phone. Get treatment for a cough at work or get care for your child's stomach pain while at a weekend barbecue.



Quality Care

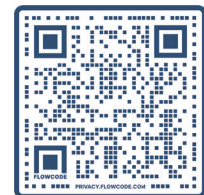
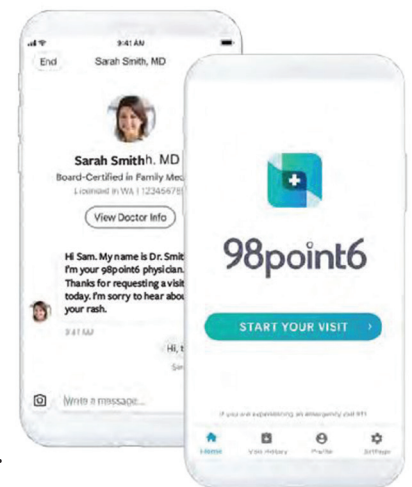
U.S. based, board certified 98point6 doctors diagnose, treat, prescribe medication, order labs as appropriate, and follow up.



24/7

Virus in the middle of the night or itchy rash over the weekend? Get immediate, non-emergency care around the clock – even after hours and on holidays.

Scan the QR code below with the camera app on your mobile phone to download the 98point6 app and get started today!



Conditions commonly treated through a virtual visit:

- | | | |
|---------------------------|-----------------------|------------------|
| ■ Bladder infection | ■ Diarrhea | ■ Pink eye |
| ■ Urinary tract infection | ■ Fever | ■ Rash |
| ■ Bronchitis | ■ Migraine/ headaches | ■ Sinus problems |
| ■ Cold/flu | | ■ Sore throat |

Most visits take about 10-15 minutes and your doctor can write a prescription that you can pick up at your local pharmacy if needed.

Sun Health offers you two dental plan options through Aetna. You can choose from the Base plan or the Buy-Up plan. No ID is required for this benefit, login to the Aetna mobile app to access your digital ID card.

DESCRIPTION OF COVERAGE	BASE	BUY-UP
Annual Maximum	\$1,000	\$1,500
Deductible (Basic & Major Services)	\$50/\$150	\$50/\$150
Waived for Preventive	Yes	Yes
Preventive	100%	100%
Basic	80%	80%
Major	50%	60%
Orthodontia	Not Covered	No Deductible/ 50%, \$1,500 Lifetime Max

Implants will be covered under major coverage for the Buy-Up plan option.

Please note: The deductibles and out-of-pocket maximums on each plan are administered on a calendar year basis.

RATES - PER PAYCHECK	BASE	BUY-UP
Team Member Only	\$2.92	\$11.64
Team Member + Spouse	\$21.45	\$29.10
Team Member + Child(ren)	\$19.76	\$29.10
Team Member + Family	\$44.88	\$52.38



Sun Health offers a comprehensive vision plan through VSP. This plan provides you and your family coverage for routine eye exams, materials, and even contact lenses. See the chart for more details on this plan.

DESCRIPTION OF COVERAGE	VSP IN-NETWORK	OUT-OF-NETWORK
Exam (every 12 months)		
Eyeglass Exam Copay	\$10 Copay	Up to \$45
Frames (every 24 months)		
Standard	\$0 Copay; \$130 allowance; 20% off balance over \$130	Up to \$70
Standard Lenses (12 months)		
Single Vision Lenses	\$10 Copay	Up to \$30
Bifocal Lenses	\$10 Copay	Up to \$50
Progressive Lenses Copay	Standard: \$0; Premium: \$95-\$105; Custom: \$150-\$175	Up to \$50
Contact Lenses (12 months)		
Medically Necessary	100%	Up to \$210
Conventional & Disposable Lenses	\$130 Allowance	Up to \$105
Standard Fitting	Up to \$60	Not Covered

*The Essential Medical Eye Care Benefit includes additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more for a \$20 copay per exam.

Visit vsp.com/offers for VSP Exclusive Member Extras

RATES - PER PAYCHECK	
Team Member Only	\$4.38
Team Member + Spouse	\$7.01
Team Member + Child(ren)	\$7.15
Team Member + Family	\$11.53



WHAT IS AN HSA?



A **Health Savings Account (HSA)** is a tax-advantaged savings account through Inspira (formerly known as Payflex), that can be used for your health care expenses. Your contribution comes out of each paycheck on a pre-tax basis, and is deposited into your HSA account for future use.

If you enroll in the high deductible health insurance plan, the health savings account will be through Inspira Financial. The HSA can help provide some security for your health care costs and limit out-of-pocket expenses. To shop at the HSA Store for guaranteed eligibility on 2500+ products, visit hsastore.com.

Advantages of an HSA

Health Savings Accounts (HSA's) offer triple tax benefits:

- Your contributions to the savings account are made on a pre-tax basis which lowers your taxable income
- You earn interest tax-free
- You can withdraw funds tax free for any qualified healthcare expenses

HSA Contribution Limits

INDIVIDUAL
\$4,150

FAMILY
\$8,300

CATCH UP 55+ \$1,000

Sun Health wants to help you get started on saving towards your future healthcare expenses. We will contribute the following amounts annually to your HSA account when you earn the qualifying amount of points by participating in the Wellbeing program and are enrolled in the HDHP medical plan:

- \$360 for an Individual
- \$720 for a Family

The annual (January - December) contribution limits for 2024 are \$4,150 for an Individual and \$8,300 for those with Family coverage. If you are over the age of 55, you can deposit an additional \$1,000 which is called a "catch up" benefit. To change your contributions throughout the year reach out to Benefits@sunhealth.org.

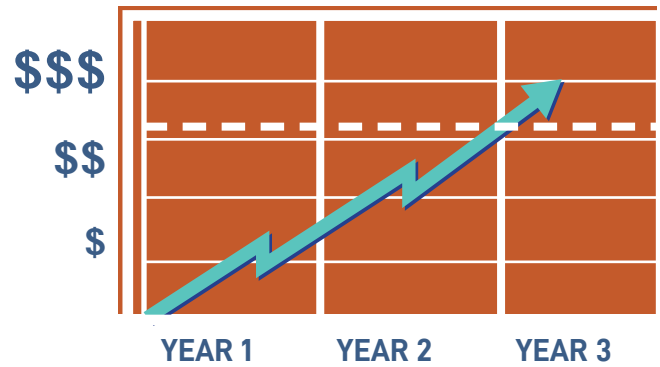


Build For The Future

HSA's enable you to build an incredible financial resource for health care stability.

The huge tax advantages and rollover policies of an HSA make it ideal for anyone looking to take control of their health care finances.

Consumers who are between the ages of 55 and 65 also have the opportunity to make additional "catch-up" contributions to the fund. Increased access to this fund begins at age 65.

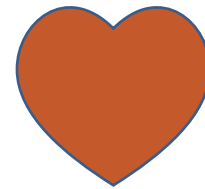


Is an HSA Right For You?

HSA's can be very cost effective, but it is important to understand how they work.

An HSA is a good option for someone who is looking to save long term. If you have a high deductible health insurance plan and are able to come up with a reasonable estimate of your health care expenses each year, you could potentially save a great deal of money with an HSA.

If you have a chronic condition but know your annual expenses and are able to budget enough money to cover your health care costs, an HSA could also be beneficial.



Eligibility

You can enroll in an HSA if:

- You are covered under a qualified HDHP and not covered by any other health plan, Medicare, AHCCCS, or TRICARE.
- Contributions to an HSA must stop if you enroll in Medicare. However, you can keep the money in your HSA and use it to pay for medical expenses tax-free.
- You are not claimed as a dependent on someone else's tax return.



Flexible Spending Accounts

SELECT YOUR FSA ACCOUNTS

- Health Care Flexible Spending Account
- Dependent Care Expense Account
- Administered through Inspira Financial (inspirafinancial.com)



Health Care Flexible Spending Account

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. If any funds remain in your Health Care FSA at the end of the current plan year, you carry over up to \$640 into the subsequent year. To shop the FSA Store for guaranteed eligibility on 2500+ products, visit fsastore.com.

Examples of Eligible Expenses:

- Coinsurance and copayments
- Laboratory fees
- Contraceptives
- Licensed practical nurses
- Crutches
- Orthodontia
- Dental expenses
- Orthopedic shoes
- Dentures
- Oxygen
- Diagnostic expenses
- Prescription drugs
- Eyeglasses, including exam fee
- Psychiatric care
- Handicapped care and support
- Psychologist expenses
- Nutrition counseling
- Routine physical
- Hearing devices and batteries
- Seeing-eye dog expenses
- Hospital bills
- Prescribed vitamin supplements (medically necessary)
- Deductible amounts



Dependent Care Expense Account

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses". Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year, will be forfeited.

2024 Maximum Contributions

Health Care Flexible Spending Account	\$3,200 max
Dependent Care Expense Account	\$5,000 max

You must make elections annually during Open Enrollment or when you are first eligible.

Life Insurance / AD&D



Basic Life and AD&D - Company Paid

Sun Health provides Basic Life and AD&D coverage through New York Life at no cost to you! Your beneficiary will receive 1x your annual salary, minimum \$30,000, maximum \$200,000. Any amount over \$50,000 is taxable income.

REVIEW YOUR LIFE INSURANCE POLICY

It is important that you have a beneficiary on record. If your beneficiary changes due to a life event (e.g., marriage or divorce), please be sure to update your beneficiary information online through UKG.



Voluntary Life and AD&D and Dependent Life

Life Benefit	TEAM MEMBER	SPOUSE	DEPENDENT
Life Amount	<ul style="list-style-type: none"> Choice of \$10,000 increments Not to exceed 5 times your annual salary (rounded to the next \$10,000) Team members age 70 maximum benefit is \$50,000 	<ul style="list-style-type: none"> Choice of \$5,000 increments Not to exceed 2.5 times your annual salary (rounded to the next \$5,000) Not to exceed 50% of the team member's benefit amount 	<ul style="list-style-type: none"> Birth to 6 months: \$500 6 months to age 26: \$10,000
Minimum Amount	\$10,000	\$5,000	\$500 or \$10,000
Maximum Amount	\$500,000	\$150,000	\$500 or \$10,000
Annual Enrollment Period (if you are currently insured)	Increase by two units of \$10,000	Increase by two units of \$5,000	N/A
Benefit Reduces	35% at age 65, an additional 25% at age 70, an additional 15% of original amount at age 75.	35% upon team member's attainment of age 65. Benefits terminate at team member's age 70 or retirement, whichever occurs first.	N/A
Guaranteed Issue	\$150,000	\$30,000	N/A

VOLUNTARY LIFE & AD&D

AGE	Per Pay Period Rate per \$1,000	
	EE	SP
<20	\$0.065	\$0.072
20-24	\$0.065	\$0.072
25-29	\$0.065	\$0.072
30-34	\$0.073	\$0.081
35-39	\$0.081	\$0.090
40-44	\$0.130	\$0.144
45-49	\$0.211	\$0.234
50-54	\$0.316	\$0.351
55-59	\$0.470	\$0.522
60-64	\$0.770	\$0.855
65-69	\$1.053	\$1.270
70-74	\$1.669	NA
75+	\$3.129	NA
EE/SP/CH Vol AD&D \$0.020		
Child Life \$0.124		

You and your spouse's premiums are calculated separately and both are based on the team member's age, therefore using the same rate factors from the table.

To calculate your full premium based on your election, find your monthly rate based on your age as of your effective date. Multiply this rate by your desired coverage amount, in units. For example, if you were 25 and wanted to elect \$50,000 in coverage the calculation would be $\$0.065 \times 50 = \3.25

Active Team Members

During Annual Enrollment, if you are currently insured, you can elect two \$10,000 increments for yourself and two \$5,000 increments for your spouse as long as the total benefit does not exceed the Guaranteed Issue Amount.

New Hires - Now is the Time to Enroll!

If you are a new hire eligible to elect benefits, you are entitled to choose voluntary life coverage for you and your spouse up to the Guaranteed Issue Amount, without providing evidence of insurability (EOI). See the plan document for all Guaranteed Issue details.

Disability Insurance



Voluntary Short-Term Disability Insurance

Short-Term Disability insurance is offered through New York Life Group Benefit Solutions. The plan benefit is **60% of your base weekly covered earnings** up to a maximum of **\$1,000 per week**.

Benefits begin on the **8th day after the elimination period** due to accidental injury or sickness. Benefits can continue for up to **13 weeks**. To submit a claim, call 888-842-4462.



Voluntary Long-Term Disability Insurance

Long-Term Disability insurance is offered through New York Life Group Benefit Solutions. The plan benefit is **60% of your base monthly covered earnings** up to a maximum of **\$5,000 per month**. Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and excludes commissions, bonuses, overtime pay, shift differential pay, or any other earnings. The benefits begin after a **90 day waiting period**. To submit a claim, call 888-842-4462.

Pre-existing Condition Limitation for Short-Term & Long-Term Disability Insurance

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

What's More Likely?

Many workers think these events are more likely than becoming disabled during their careers. But here's the actual odds:



.0000004%

Winning
Mega
Millions



.02%

Being
struck by
lightning



1%

IRS
Audit



3%

Having
Twins



25%

Becoming
Disabled



Could you pay the bills if you weren't working?
Less than 1/4 of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly 70% of workers that apply to Social Security Disability Insurance are denied.



Disability Insurance



VOLUNTARY SHORT-TERM DISABILITY

Monthly Rate:
Per \$10 of Weekly Benefit
\$0.430

VOLUNTARY LONG-TERM DISABILITY

AGE	Monthly Rate per \$100 of Monthly Benefit
<29	\$0.316
30-34	\$0.410
35-39	\$0.573
40-44	\$0.714
45-49	\$1.357
50-54	\$2.024
55-59	\$2.703
60-64	\$5.581
65-69	\$4.399
70-74	\$1.697
75+	\$1.837

How to Calculate Your Short-Term Disability Monthly Cost:

Step 1: Divide your annual salary by 52 to calculate your weekly covered earnings.

Step 2: Multiply this amount by 60%. For example, 60% would be .60. Now, you have your gross weekly benefit.

Step 3: Use the Monthly rate in the corresponding chart. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit (\$1,000), whichever is less.

Step 4: Divide the total by 10. The result is your Monthly cost.

Step 5: Multiply the total by 12 and divide by 24.

$$\begin{aligned}
 & \$ \frac{\text{weekly covered earnings}}{\text{weekly covered earnings}} \times \frac{0.60}{\text{benefits package}} \times \frac{0.430}{\text{premium rate}} / 10 \\
 & = \$ \frac{\text{monthly premium}}{\text{monthly premium}} \times 12/24 = \$ \frac{\text{per pay check}}{\text{per pay check}}
 \end{aligned}$$

How to Calculate Your Long-Term Disability Monthly Cost:

Step 1: Divide your annual salary by 12 to calculate your monthly earnings.

Step 2: Multiply this amount by 60%. For example, 60% would be .60. Now, you have your gross monthly benefit.

Step 3: Find your monthly rate in the corresponding chart. Multiply this rate by your gross monthly benefit or the maximum gross monthly benefit (\$5,000), whichever is less.

Step 4: Divide the total by 100. The result is your Monthly cost.

Step 5: Multiply the total by 12 and divide by 24.

$$\begin{aligned}
 & \$ \frac{\text{monthly covered earnings}}{\text{monthly covered earnings}} \times \frac{0.60}{\text{benefits package}} \times \frac{\text{premium rate}}{\text{premium rate}} / 100 \\
 & = \$ \frac{\text{monthly premium}}{\text{monthly premium}} \times 12/24 = \$ \frac{\text{per pay check}}{\text{per pay check}}
 \end{aligned}$$

Critical Illness Insurance

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

This Critical Illness insurance policy from Aetna can help cover unexpected costs of a covered critical illnesses – such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

While major medical insurance may pay for a good portion of the costs associated with critical illness, there are a lot of expenses that are not covered – from deductibles and copays to living expenses.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



Examples of Critical Illnesses Include:

- Cancer (including skin and non-invasive)
- Heart attack (myocardial infarction)
- Stroke
- Sudden cardiac arrest
- Coronary artery bypass surgery
- Kidney failure (end-stage renal failure)
- Bone marrow transplant (stem cell transplant)

The benefits will be paid when you are diagnosed with a covered Critical Illness. Unless otherwise indicated.

Team Member

Face amount: \$10,000, \$15,000, \$20,000

Spouse

Face amount: 50% of EE face amount

Benefit amount: 50% of EE benefit amount

Child(ren)

Face amount: 50% of EE face amount

Benefit amount: 50% of EE benefit amount

How Critical Illness Coverage Works:



Register on the My Aetna Supplemental app or the member portal at myaetnasupplemental.com to view plan documents, submit and track claims, and sign up for direct deposit.

CRITICAL ILLNESS NON-TOBACCO RATES

	EE	EE+SP	EE+CH	FAM
FACE AMOUNT \$10,000				
<25	\$2.34	\$4.45	\$2.34	\$4.45
25-29	\$2.81	\$5.15	\$2.81	\$5.15
30-34	\$3.67	\$6.43	\$3.67	\$6.43
35-39	\$4.85	\$8.20	\$4.85	\$8.20
40-44	\$6.69	\$10.96	\$6.69	\$10.96
45-49	\$8.78	\$14.10	\$8.78	\$14.10
50-54	\$12.56	\$19.79	\$12.56	\$19.79
55-59	\$17.53	\$27.26	\$17.53	\$27.26
60-64	\$25.55	\$39.31	\$25.55	\$39.31
65-69	\$35.42	\$54.13	\$35.42	\$54.13
70+	\$51.33	\$78.01	\$51.33	\$78.01

CRITICAL ILLNESS TOBACCO RATES

	EE	EE+SP	EE+CH	FAM
FACE AMOUNT \$10,000				
<25	\$2.47	\$4.64	\$2.47	\$4.64
25-29	\$3.08	\$5.55	\$3.08	\$5.55
30-34	\$4.26	\$7.32	\$4.26	\$7.32
35-39	\$6.10	\$10.09	\$6.10	\$10.09
40-44	\$9.31	\$14.90	\$9.31	\$14.90
45-49	\$13.44	\$21.11	\$13.44	\$21.11
50-54	\$20.96	\$32.42	\$20.96	\$32.42
55-59	\$31.74	\$48.63	\$31.74	\$48.63
60-64	\$49.26	\$74.96	\$49.26	\$74.96
65-69	\$71.68	\$108.64	\$71.68	\$108.64
70+	\$98.26	\$148.60	\$98.26	\$148.60

FACE AMOUNT \$15,000

<25	\$3.01	\$5.58	\$3.01	\$5.58
25-29	\$3.70	\$6.61	\$3.70	\$6.61
30-34	\$4.96	\$8.50	\$4.96	\$8.50
35-39	\$6.72	\$11.13	\$6.72	\$11.13
40-44	\$9.46	\$15.25	\$9.46	\$15.25
45-49	\$12.58	\$19.92	\$12.58	\$19.92
50-54	\$18.21	\$28.39	\$18.21	\$28.39
55-59	\$25.61	\$39.51	\$25.61	\$39.51
60-64	\$37.57	\$57.47	\$37.57	\$57.47
65-69	\$52.28	\$79.56	\$52.28	\$79.56
70+	\$76.04	\$115.24	\$76.04	\$115.24

FACE AMOUNT \$15,000

<25	\$3.20	\$5.86	\$3.20	\$5.86
25-29	\$4.11	\$7.21	\$4.11	\$7.21
30-34	\$5.85	\$9.83	\$5.85	\$9.83
35-39	\$8.61	\$13.97	\$8.61	\$13.97
40-44	\$13.39	\$21.16	\$13.39	\$21.16
45-49	\$19.58	\$30.44	\$19.58	\$30.44
50-54	\$30.80	\$47.34	\$30.80	\$47.34
55-59	\$46.93	\$71.57	\$46.93	\$71.57
60-64	\$73.13	\$110.95	\$73.13	\$110.95
65-69	\$106.66	\$161.34	\$106.66	\$161.34
70+	\$146.43	\$221.13	\$146.43	\$221.13

FACE AMOUNT \$20,000

<25	\$3.68	\$6.71	\$3.68	\$6.71
25-29	\$4.59	\$8.07	\$4.59	\$8.07
30-34	\$6.26	\$10.57	\$6.26	\$10.57
35-39	\$8.60	\$14.07	\$8.60	\$14.07
40-44	\$12.24	\$19.53	\$12.24	\$19.53
45-49	\$16.39	\$25.74	\$16.39	\$25.74
50-54	\$23.86	\$36.99	\$23.86	\$36.99
55-59	\$33.69	\$51.76	\$33.69	\$51.76
60-64	\$49.58	\$75.63	\$49.58	\$75.63
65-69	\$69.13	\$105.00	\$69.13	\$105.00
70+	\$100.74	\$152.46	\$100.74	\$152.46

FACE AMOUNT \$20,000






<25	\$3.93	\$7.09	\$3.93	\$7.09
25-29	\$5.13	\$8.87	\$5.13	\$8.87
30-34	\$7.44	\$12.34	\$7.44	\$12.34
35-39	\$11.11	\$17.85	\$11.11	\$17.85
40-44	\$17.48	\$27.42	\$17.48	\$27.42
45-49	\$25.71	\$39.77	\$25.71	\$39.77
50-54	\$40.65	\$62.26	\$40.65	\$62.26
55-59	\$62.11	\$94.51	\$62.11	\$94.51
60-64	\$96.99	\$146.93	\$96.99	\$146.93
65-69	\$141.64	\$214.03	\$141.64	\$214.03
70+	\$194.61	\$293.65	\$194.61	\$293.65










It is important to budget for life's unexpected moments, because you never know when you might be on your way to the emergency room. This can leave you with a flurry of unexpected high cost bills.

That's where Accident Insurance can help. In the event of a covered accident, the plan pays you cash benefits quickly to help pay for the costs associated with out-of-pocket expenses and bills that major medical insurance may not take care of.





Aetna's Accident Insurance covers expenses for things like:

-  Ground Ambulance Rides (\$300)
-  Hospital Stay Non ICU Admission (\$2,000)
-  Appliances - Major (\$200); Minor (\$100)
-  X-Ray/ Lab (\$50)
-  Emergency Room/Hospital (Initial Visit \$150)

Benefits include:

-  A Wellness Benefit for covered preventive screenings
-  Coverage for certain serious conditions, such as coma and paralysis
-  Transportation and Lodging Benefits
-  An Accidental-Death Benefit
-  An Emergency Room Treatment Benefit
-  A Dismemberment Benefit
-  A Rehabilitation Unit Benefit

Features:

-  Benefits are paid directly to you (unless you choose otherwise).
-  Coverage is available for you, your spouse or registered Domestic Partner, and your dependent children.
-  Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
-  Fast claims payment. Most claims are processed in about four business days.

The benefits will be paid when you receive covered treatment for a covered Accident. Unless otherwise indicated, all benefits and limitations are per covered person.

RATES - PER MONTH	
Team Member Only	\$9.63
Team Member + Spouse	\$16.83
Team Member + Child(ren)	\$18.69
Team Member + Family	\$25.66

Register on the My Aetna Supplemental app or the member portal at myaetnasupplemental.com to view plan documents, submit and track claims, and sign up for direct deposit.

How Accident Insurance Works:

1

You select Accident Insurance

2

You injure your leg in a covered accident and go to the hospital by ambulance

3

The ER doctor diagnoses a fracture and treats you

4

You hobble out of the hospital on crutches

5

Aetna Financial pays your benefit

NY Life Additional Benefits



Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with the Employee Assistance & Wellness Support program. It can help you and your family find solutions and restore your peace of mind. Visit guidanceresources.com Web ID: NYLGBS or call (800) 344-9752 for more information on all the resources below

Employee Assistance & Wellness Support Program

You and your family members have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Life Assistance Program provides a maximum of three sessions, per issue, per year.

- **FamilySource:** You have access to family care service specialists that provide customized research, educational materials, and prescreened referrals for childcare, adoption, elder care, education, and pet care.
- **Well-Being Coaching:** To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.
- **FinancialConnect:** You and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS™ (CFP®), and other financial professionals to help guide you.
- **LegalConnect:** This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft.
- **GuidanceResources:** When you need information quickly to help handle life's challenges, you can visit guidanceresources.com. You have access to articles, podcasts, videos, slideshows, on-demand trainings, and "Ask the Expert" which provides personal responses to your questions.

NYL GBS Secure Travel

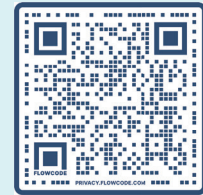
Take advantage of a worldwide travel assistance program including pre-trip planning, help while traveling, and emergency support for trips more than 100 miles from home. To access program benefits from the United States and Canada, call (888) 226-4567. From all other locations, call collect at (202) 331-7635. Please indicate that you are a member of the NYL GBS Secure Travel program and group #57.

Survivor Assurance for Beneficiaries

We offer NYL GBS Survivor Assurance with NYL GBS Life and Accidental Death and Dismemberment (AD&D) plans. This program provides support for beneficiaries when they need it most, including a free, interest-bearing account for claim payments of \$5,000 or more.



**24/7
confidential
access**



To get started
scan the QR code.

Retirement Plans

Sun Health believes in investing in your future which is why we participate in auto-enrollment of team members and offer immediate vesting.



Team Member Contributions

All new team members, age 21 and older, are enrolled in the 401(k) at a pre-tax contribution rate of 5% after a 30 day waiting period. The plan allows you to save for retirement through a traditional contribution, which reduces your current taxable income and grows tax-deferred; or a Roth contribution, which is not tax-deductible but allows you to take tax-free withdrawals at retirement.

2024 401k Contribution Limits

\$23,000

If you are 50 or older, you can contribute an extra \$7,500 for a total of \$30,500



Employer Contributions

You are eligible to receive an employer match as soon as you begin contributing. The employer contribution is a fully-vested Safe Harbor match \$1.00 per \$1.00 up to the first 3% and \$.50 on the next \$1.00 to 2% of considered compensation. If you contribute 5%, Sun Health will contribute 4%.

Paid Time Off (PTO)

Sun Health encourages and supports healthy behavior, like taking time off from work to stay well balanced. Our Paid Time Off and Paid Sick Time program helps keep our team members both physically and mentally healthy. Sun Health strongly encourages all team members to utilize their paid time off.

For Exempt Team Members PTO is deposited to a PTO bank of hours based on years of service to applicable members. PTO deposit occurs on the date of hire and at the beginning of each new calendar year. Remaining balances at the end of the year are not rolled over into the following year.

EXEMPT STAFF	YEARS OF SERVICE	PTO
Director Level and Above	All	Unlimited
All Other Exempt Staff	< 2	20 days
	2 to 5	25 days
	5 or more	30 days

Non-Exempt Team Members hired as full-time (FT) or regular part-time (RPT) will accrue PTO hours starting from their date of hire. Team Members are able to keep a max of 240 hours in their PTO bank.

YEARS OF SERVICE	PTO ACCRUED PER HOUR	PTO ACCRUED PER YEAR
0 < 2	0.0538	112 hours/14 days
2 < 5	0.0692	144 hours/18 days
5 < 10	0.0962	200 hours/25 days
10+	0.1154	240 hours/30 days

Paid Sick Days

All team members are front loaded paid sick time (PST) according to their employment status on their date of hire and annually on or around January 1st thereafter. Sun Health will deposit up to 40 PST hours per year for Full-Time and Regular Part-Time team members annually. 20 PST hours per year for Non-Benefited Part-Time, PRN, Seasonal, and other team members.

Workplace Wellness



Sun Health offers these amazing wellbeing benefits to all team members:

- Lifestyle Change Programs (digital Diabetes Prevention Program & Chronic Disease Prevention Program)
- Diabetes Self-Management Program
- Team Member discounts on Massages
- FREE 6 Nutrition Consultations with a Registered Dietitian
- Prizes and insurance premium incentives for Wellbeing Program participants



Visit the Employee Portal at Employees.SunHealth.org and click the “Wellbeing” tab or scan the QR Code for more information about these programs.

Contact your Wellbeing Champion for more information today!

La Loma Village & Administration (Director of Total Rewards)
Leilani.Anderson@SunHealth.org

The Colonnade
Michael.Consalo@SunHealth.org

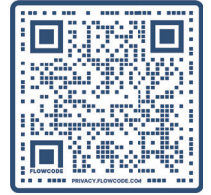
Grandview Terrace
Tina.Parra@SunHealth.org

Additional Benefits



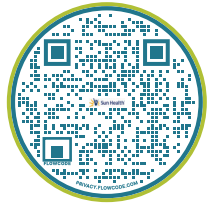
Pet Healthcare

United Pet Care offers a pet healthcare program that includes preventive, diagnostic, surgical, emergency, and special areas of care. In-office medications are also included. You are able to enroll in this program any time during the year. Please refer to the Team Member Portal or scan the QR code to enroll.



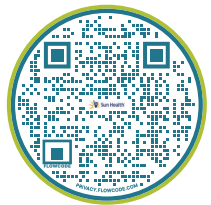
Wellbeing Program

Sun Health is thrilled to continue to offer a comprehensive team member Wellbeing Program in 2024 to team members and their spouse. Remember that you are able to decide which challenges you feel ready, willing, and able to complete. You are able to choose and complete up to 3 challenges per month, and for each completed challenge your name will be entered into the monthly drawing for a gift card. Incentive points can be earned by participation in the wellbeing challenges and activities. The points can be used towards incentive rewards throughout the year. If you have any questions, please don't hesitate to contact the Wellbeing Champions at each of the locations.



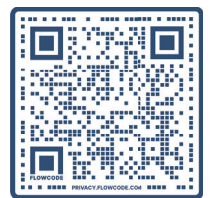
Wellbeing Incentive

Team members as well as their spouses must participate in the Wellness Program and earn 30 points each in order to receive a medical plan contribution discount (\$30 discount for team member participation & an additional \$30 discount for spouse participation can be earned) or employer funded Health Savings Account (HSA) contribution (\$360 deposit for team members only or \$720 for spouses participation annually). Team members and spouses are eligible to participate. Only team members are eligible to receive other program prizes.



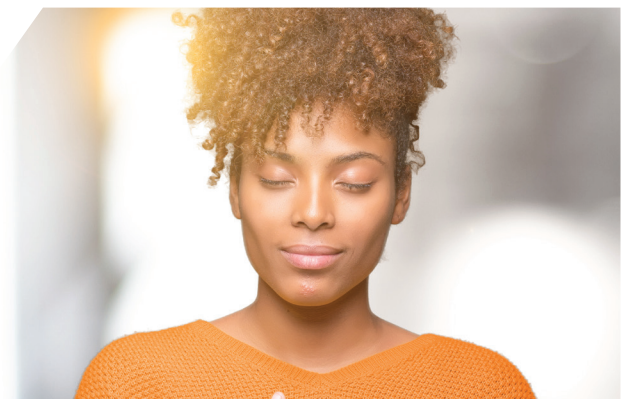
The Employee Association Program

The Employee Association was originally formed in 2008 to aid Sun Health Communities' team members in time of need. Through the Better Together campaign, this association provides monetary assistance to team members in their greatest time of need.



NetSpend

NetSpend is a wonderful benefit that gives you access to your earned wages without having to wait. If you need a little money to get you through until payday, NetSpend is the perfect solution for that situation. For more information on how to access these funds, see the details on the next page.



Additional Benefits continued

NetSpend

You earned it.

Use it when you need it.



On-demand access to your earned wages

Have your accrued wages transferred to any debit card or bank account, on demand, with no obligation to change your direct deposit!



Surcharge-Free
ATMs



Pay Bills
Online



Fee-Free Bank
Withdrawals



Cash Back with
Payback Rewards™



Fee-Free POS
Transactions



Text or Email Alert
After Transactions

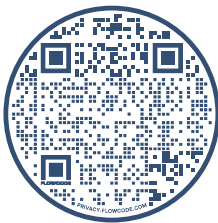
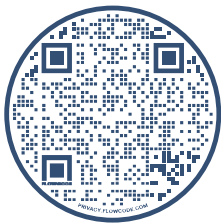


Spending
Tracker



Mobile Check
Load

Scan Here to Download the Net Spend App



How to Receive Your Funds



With an eligible payroll card or deposit account, you can typically get your money within minutes. Expedited Transfer fee is waived!



Your money can be transferred to your bank account via ACH at no cost, in just 2-5 business days. Possibly sooner!



Your money can be transferred to your bank account via ACH at no cost, in just 2-5 business days. Possibly sooner!

Additional Benefits continued

Meal Discount Program

Team members are eligible to purchase meals and receive a 30% discount off food items including:

- Grab and Go items
- Bottled beverages

Team members who bring in their own cups have access to free fresh brewed coffee or fountain drinks. Cups may not be more than 16 ounces. The meal and drink discount only applies at the following dining establishments:

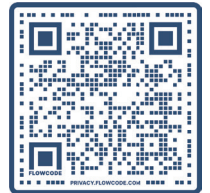
- Grandview Terrace: The Marketplace
- La Loma Village: The Atrium and the Cups Café
- The Colonnade: The Bistro & Club Solé

The following details also apply to this discount:

1. Team members are required to have their ID Badge.
2. The discount does not apply to any already discounted meal specials.
3. The discount does not apply to guests of team members.

Tuition Reimbursement and Scholarship Opportunities

We are committed to supporting your personal and professional development. If you qualify, you can receive financial assistance through tuition reimbursement and other scholarship opportunities towards your degree or certification program at an accredited college, university or technical institute. Sun Health is constantly working with education partners in our community to provide our team members with education opportunities. More information can be found by scanning the QR code.



Contacts & Resources

VENDORS

Open Enrollment	UKG		UKG Login: secure4.saashr.com/ta/6144183.login
Benefits Consultant	Jamison Davis Brown & Brown	602-977-3802	Jamison.Davis@bbrown.com
Medical	Banner Aetna	1-855-586-6957	banneretna.com
Pharmacy	Banner Aetna	1-888-792-3862	banneretna.com
Virtual Care	98point6		98point6.com/banner-aetna-members
Health Savings Account	Inspira Financial	1-844-729-3539	inspriefinancial.com
Flexible Spending Accounts - Health & Dependent Care	Inspira Financial	1-844-729-3539	inspriefinancial.com
Dental	Banner Aetna	1-877-238-6200	banneretna.com
Vision	VSP	1-800-877-7195	vsp.com
Life and Disability (Service & Claims)	New York Life Group Benefit Solutions (NYL GBS)	888-842-4462	mynylqbs.com
Critical Illness Insurance Accident Insurance	Aetna	1-800-607-3366	myaetnasupplemental.com
Employee Assistance & Wellness Support	New York Life Group Benefit Solutions (NYL GBS)	800-344-9752	guidanceresources.com Web ID: NYLGBS
401(k) Retirement Plan	Fidelity - NetBenefits	1-800-421-3844	netbenefits.com
Tuition Reimbursement & Scholarship Opportunities			employees.sunhealth.org/education-opportunities/
Team Member Support	Employee Association		employees.sunhealth.org/employee-association/
Team Member Discounts	Employee Network	480-768-0837	employeenetwork.com CompanyCode: SunHealth
Pet Healthcare	United Pet Care	1-877-872-8800	unitedpetcare.com/sunhealthsl

BENEFITS RESOURCES

Director of Total Rewards	623-777-2604	For benefit related questions, reach out to Benefits@sunhealth.org For general questions, reach out to TSC@sunhealth.org
Total Rewards Specialist	602-980-1800	
Scholarship Coordinator	623-471-7981	

About this booklet. This booklet highlights important features of Sun Health's benefits. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.

Terms to Know

Accidental Death & Dismemberment (AD&D) – A type of life insurance policy that provides benefits to beneficiaries in the event of a loss due to accidental death or dismemberment.

Accident Insurance: Pays you benefits for specific injuries and events resulting from a covered accident. Benefit amounts vary depending on the type of injury and care received.

Calendar Year: A period of 12 months beginning on January 1st and ending on December 31st.

Coinsurance: This is the percentage of a covered health care expense that you pay, usually after you've met your deductible. For example, if the plan pays 80% of an expense, the other 20% is your coinsurance.

Copay: This is a flat-dollar amount you pay for a certain service. Normally, you're expected to pay your copay at the time you receive the service (for example, when you go to the doctor).

Copayment: The fixed fees as shown in the medical benefits summary which generally are paid to the provider at the time services are provided.

Critical Illness Insurance: Pays a lump-sum benefit if you are diagnosed with a covered illness or condition such as a heart attack, stroke, or cancer.

Deductible: The amount of covered health care expenses you pay out of your own pocket before the plan begins to pay part of your expenses. PPO plans usually have a calendar-year deductible that applies to most covered expenses.

Dependent: An individual in the employee's family who is enrolled as a covered participant under the Plan. You must meet the Dependent eligibility requirements to be eligible.

Eligible Expenses: The services and supplies eligible for reimbursement under your medical plan.

Face Amount: The face amount (for Critical Illness) is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits.

Flexible Spending Account: A Flexible Spending Account allows you to contribute pre-tax money to use for certain non-medical expenses, such as eligible dental or vision care. Participating in a Flexible Spending Account will save you money on taxes.

Formulary: A list of prescription drugs covered by a health plan.

Health Savings Account (HSA): A special account, tied to a Health Plan, where you contribute money on a pre-tax basis to use for health care expenses, including the deductible. Participating in an HSA or FSA will save you money on taxes.

Guaranteed Issue: The voluntary life plan offers a guaranteed amount of coverage when you are first eligible without the need to answer any medical questions or take medical exams. If you apply for an amount greater than the Guaranteed Issue or after you are initially eligible, the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health.

In-Network Provider: Doctors, hospitals, labs, and other healthcare facilities that belong to a plan network. In most circumstances, you will pay less for your care when you use in-network providers.

Terms to Know

Life Insurance: A financial tool indemnifying against the loss of a particular person (the insured). A policy under which the insurance company promises to pay a death benefit upon the death of the person insured. This helps provide your family with additional financial resources should you pass away prematurely.

Long-Term Disability: Offers you additional protection if you are disabled and unable to work for an extended amount of covered time.

Out-of-Network Provider: Health and Dental care providers who aren't members of a network. In most circumstances, you'll pay more for your care if you use an out-of-network provider than you would if you got the same services from an in-network provider.

Out-of-Pocket Maximum: A benefit that protects you from having to pay extremely high medical costs in one calendar year. After you reach your out-of-pocket maximum, your medical plan pays 100% of your covered medical expenses for the rest of that calendar year (copays and service-specific deductibles may still be required).

Open Enrollment Period: The period of time established by the employer as the time when Participants and their Dependents may enroll for coverage. The Open Enrollment Period occurs at least once every Plan Year.

Plan Year: The 12-month period beginning at 12:01 am on the first day of the initial term (July 1) or any renewal term and ending at midnight of that term. (June 30th)

PPO (Preferred Provider Organization): A medical or dental care network plan that gives you the option to get care from an in-network provider or an out-of-network provider.

Premium: The amount that must be paid for a health insurance plan by the covered employee, the employer, or that is shared by both.

Primary Care Provider (PCP): A physician who provides continuing general health services and acts as a first point of contact before referring a patient to a specialist.

Prior Authorization: For pre-planned surgical services and hospital stays, it is strongly recommended to call Allegiance/CIGNA for notification of upcoming services. This enables Allegiance/CIGNA to work with providers and hospitals to ensure appropriate care and billing take place. Failure to get prior authorization for these services can result in a reduction of benefits paid.

R&C (Reasonable & Customary) Charges and Fees: This term refers to the current range of fees charged for a particular service by providers in a geographic area. If you use out-of-network providers and your doctor or dentist charges more than the R&C charges in your area, you will have to pay the difference. Also, amounts you pay above the R&C charges don't count toward your out-of-pocket limit.

Short-Term Disability: Helps if you are temporarily disabled for a short period of time.

Wellness Program: Comprehensive health program designed to maintain a high level of well being through proper diets, light exercises, stress management, and illness prevention.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility -

ALABAMA - Medicaid	COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHIP+)
Website: myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHIP+: hcpf.colorado.gov/child-health-plan-plus CHIP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): mycohibi.com/ HIBI Customer Service: 1-855-692-6442
ALASKA - Medicaid	FLORIDA - Medicaid
The AK Health Insurance Premium Payment Program Website: myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx	Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS - Medicaid	GEORGIA - Medicaid
Website: myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
CALIFORNIA - Medicaid	INDIANA - Medicaid
Website: Health Insurance Premium Payment (HIPP) Program dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov Fax: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: in.gov/medicaid/ Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: chfs.ky.gov/agencies/dms	Medicaid Website: dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: medicaid.la.gov or ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740 TTY: Maine relay 711	Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html HIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA-Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: hhs.nd.gov/healthcare Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: medicaid.utah.gov/ CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: scdhhs.gov Phone: 1-888-549-0820	Website: dhhr.wv.gov/bms/mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: dss.sd.gov Phone: 1-888-828-0059	Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493	Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

[illegible]

[illegible]



Sun Health®