

BENEFITS GUIDE



July 2026-June 2027

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Explore Your
Benefits](#)



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Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children aged 26 or older who meet certain criteria may continue your health coverage. (Contact Benefits department for assistance with this.)

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month, following 30 days of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective July 1 of current year.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, or child
- Loss of other coverage under another plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Benefits@sunhealth.org within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Team Members can log in to UKG to submit their new hire or open enrollment benefits.



Medical

We are proud to offer you a choice of two medical plans through **Aetna** that provide comprehensive medical and prescription drug coverage. These plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Traditional Copay Plan

These plans give you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ These plans pay the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- ▶ **The deductible and Out-of-Pocket are based on a calendar year**

HDHP with HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- ▶ **The deductible and Out-of-Pocket are based on a calendar year**



Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses. If you are enrolled in a high deductible health plan, your health savings account is administrated through **Inspira Financial**.

Here's how the HSA works:

You contribute pre-tax funds to the HSA through automatic payroll deductions.

HSA Contribution Limit	2026
Team Member Only	\$4,400
Family (Team Member + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

HSA limits are based on calendar year (January - December) and is set by the IRS.

You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Eligibility Requirements:

- Be at least 18 years old,
- Be covered under a qualified HDHP, and not covered by any other health plan, Medicare, AHCCCS, or TRICARE
- Cannot be claimed as a dependent on another person's tax return. For more information, visit [here](#).

For a complete list of qualified health care expenses, visit [here](#).

Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

With an HSA account, Team Members can start, stop, &/or change your HSA contributions at any time throughout the year. For assistance and/or questions, please reach out to Benefits@sunhealth.org.

Medical (cont)

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

- 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.

Contact your Wellness Champion with questions about the wellness program!

Scan Here for
More Information!



Broad vs Banner Network

When picking between the two plans, & coverage level, you will now need to choose between the Aetna Broad and Aetna Banner networks. See below for more information on the differences between the two networks!

Banner|Aetna is the brand name for health plans offered through a collaboration between Banner Health and Aetna Health Insurance Company. These plans are only available in Arizona and focus on providing coordinated, cost-effective care through Banner Health's network. In contrast, Aetna's Broad Network gives members access to a wider range of doctors and hospitals across the state, offering more flexibility. While Broad Network plans offer more provider choices, Banner|Aetna plans may offer lower costs and better care coordination.

For more information on the Banner Aetna network see below

- [Performance vs Broad Network](#)
- [Performance Network Coverage Area](#)
- [Broad Network Coverage Area](#)

To see if your provider is In-Network, please utilize the links below

- [Banner-Aetna Performance network \(Open Access POS II\):](#)
- [Banner-Aetna Broad network \(Open Access POS II\):](#)
- [Aetna Broad network \(Choice POS II\):](#) *applies only to those Team Members that reside outside of the state of AZ*



Medical (Continued)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).
This can be found on our Team Member portal at <https://team.sunhealth.org/benefits-snapshot>

Key Medical Benefits	Traditional Copay	QHDHP
	Banner or Broad Network	Banner or Broad Network
Deductible (per calendar year)		
Individual / Family	\$3,000 / \$6,000	\$3,500 / \$7,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$6,000 / \$12,000	\$3,500 / \$7,000
Coinsurance	Plan 80% / Member 20%	Deductible
Covered Services		
Office Visits (physician / specialist)	\$25 / \$50	Deductible
Virtual Visits	HealthJoy at No Cost	HealthJoy at No Cost
Routine Preventive Care	No Charge	No charge
Outpatient Diagnostic (lab / X-ray)	\$20 Copay	Deductible
Complex Imaging	Deductible, then 20%	Deductible
Emergency Room (life & limb only)	\$200 Copay	Deductible
Urgent Care Facility	\$75 Copay	Deductible
Inpatient Hospital Stay	Deductible, then 20%	Deductible
Outpatient Surgery	Deductible, then 20%	Deductible
Prescription Drugs (Tiers)		
Retail Pharmacy (30-day supply)	\$5 / \$20 / \$40	Deductible
Specialty (30-day supply)	20% Copay with \$300 maximum	Deductible
Mail Order (90-day supply)	\$10 / \$40 / \$80	Deductible

Aetna Embedded Programs

[24-Hour Nurse Line](#)

The 24-Hour Nurse Line can provide valuable information and help you avoid a trip to the emergency room (ER). And that can be a real time and money-saver.

Plus, you'll be able to make smarter health decisions because you'll have trusted information – right at your fingertips.

[Enhanced Maternity](#)

Exciting changes are coming your way. And with the Aetna Enhanced Maternity Program, you can count on us to support you throughout your entire pregnancy journey. The program is included in your Aetna plan. So rest assured, you're getting support and resources at no extra cost to you.

[Aetna Ecosystem](#)

No two health journeys are alike. That's why the Banner|Aetna Ecosystem, or "Eco," offers a range of in-person and virtual programs and services to help eligible members* achieve their health goals.

[Diabetes Info](#)

Did you know that you can reverse type 2 diabetes, prediabetes, and obesity just by making changes to the food you eat? Your care team will teach you how to adjust your food choices to help you lose weight and rely less on expensive diabetes medications, like insulin. Your health coach will help you build and stick to a plan that works for your health needs, food preferences, and lifestyle. By changing what you eat, you can reduce your blood sugar and regain control of your life.

[Helping you Reach your Health Goals](#)

At Banner|Aetna, health is personal and defined by more than just the absence of illness. Being proactive with your health means seeing your doctor regularly, even if you're not sick. We care about the whole person (body, mind and spirit) and believe that everyone deserves to feel the joy of achieving their best health. We are committed to helping you reach your health goals.

[LifeMart Member Discount Program](#)

Give your budget a boost and bank big savings on major brands and everyday needs. LifeMart is your association's way of saying thanks for your hard work and helping you keep more of your paycheck.

[BannerAetna Minute Clinic](#)

MinuteClinic makes it easy for members to get the care they need, when and where they need it. Employees can get access to all covered MinuteClinic services at no cost* – not just preventive care.

What is Paytient?

Paytient allows employees to pay any medical, dental, vision and veterinary expense over time, interest FREE!

How it works:

- Paytient picks up your payments
- On your terms
- Payroll-Deducted
- Doesn't affect personal credit
- **\$1,000** line of credit



Why should I use Paytient?

For many Americans, a surprise \$400 expense can be financially stressful. Your employer is working with Paytient to help improve the affordability of out-of-pocket medical, dental, vision, or vet bills.

How do I use Paytient?

Download the Paytient app and you have access to a **\$1,000** line of credit. You are able to use as much or as little of this money as you wish by using the virtual VISA payment card within the app to pay for medical, dental, vision, or vet care. Simply show your phone at the checkout and then select the number of paychecks for repayment. Interest-free.

Where can I use Paytient?

At any medical, dental, vision or veterinary healthcare facility that accepts VISA.

Who decides the payment plan?

You do. After the health care facility runs your virtual card, you decide how many paychecks to split that transaction up into.

Benefit is eligible for those Team Members that are actively enrolled in medical coverage as of July 1, 2026.

Dental

We are proud to offer you a choice of dental plans through Ameritas. These plans offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network. **Your dental now includes a rollover feature and has preventative plus.** The following is a high-level overview of the coverage available.

Key Dental Benefits	Dental Plan	
	Base Plan	Buy-Up Plan
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Basic, and Major Services combined)		
Per Individual	\$1,000	\$1,500
Covered Services		
Preventive Services	0%	0%
Basic Services	80% (Plan) / 20% (Member)	80% (Plan) / 20% (Member)
Major Services	50% (Plan) / 50% (Member)	60% (Plan) / 40% (Member)
Orthodontia	Not Covered	50%, \$1,500 Lifetime Max



Dental Rewards: This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Preventative Plus: With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

Vision



We are proud to offer you a vision plan through VSP. This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network. The following is a high-level overview of the coverage available.

Key Vision Benefits	VSP Vision Plan	
	In-Network	Out-Of-Network
Exam (once every 12 months)	\$10 Copay	Up to \$45
Materials Copay	\$10 Copay	-
Lenses (once every 12 months)	\$10 Copay	Up to \$50
Single Vision	\$10 Copay	Up to \$30
Bifocal	\$10 Copay	Up to \$50
Trifocal	\$10 Copay	Up to \$65
Frames (once every 12 months)	\$0 Copay, \$150 allowance, 20% off balance over \$150 Walmart/Sams \$150 & Costco \$80	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses) ¹	Conventional: \$130 Allowance	Up to \$105

1.Fitting & Evaluation: Up to \$60 Copay

Two Ways to Save on Hearing Benefits

SoundCare Through Ameritas

Things to know

No deductible: You pay no deductible for hearing exams, hearing aids or hearing aid maintenance.

Exams: Your plan provides an allowance per benefit period for a comprehensive hearing exam.

Hearing aids: Your plan pays a percentage of the hearing aid cost.

- The maximum benefit available per ear increases each year you're on the plan up to year three. Check your maximum benefit amount in your member account.
- Five years after using your hearing aid coverage, you are re-eligible for the benefit at the top level.
- A reduced benefit is available after three years if your current hearing aids can no longer correct your hearing.
- All benefits assume no break in coverage.



Hearing health is important at every stage of life and can significantly impact overall well-being. Recognizing that hearing loss can occur at any age, adopting preventive measures is essential. Explore our comprehensive wellness tips to maintain and protect your hearing.



TruHearing Through VSP **TruHearing**

In addition to great pricing, TruHearing provides you with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models
- Access to a national network of more than 7,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Here's how it works:

Contact TruHearing.

Call 877.396.7194. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

vsp exclusive
member extras

Save Up to 60% on Brand-Name Hearing Aids

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

Cost of Benefits- Employee Rate Per Pay Period

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please note your medical rates based on your choice of network.

Medical

Coverage Tier	Employee Rate per Pay Period			
	Traditional Copay Plan (Banner)	QHDHP (Banner)	Traditional Copay Plan (Broad)	QHDHP (Broad)
Employee Only	\$70.50	\$53.92	\$113.56	\$96.98
Employee + Spouse	\$257.12	\$223.94	\$343.24	\$310.06
Employee + Child(ren)	\$201.55	\$171.69	\$279.06	\$249.20
Family	\$385.68	\$335.91	\$514.86	\$465.09

Dental

Coverage Tier	Employee Rate per Pay Period	
	Base	Buy-Up
Employee Only	\$2.63	\$11.36
Employee + Spouse	\$17.86	\$28.68
Employee + Child(ren)	\$18.08	\$27.02
Family	\$43.32	\$53.26

Vision

Coverage Tier	Employee Rate per Pay Period
Employee Only	\$5.74
Employee + Spouse	\$9.18
Employee + Child(ren)	\$9.37
Family	\$15.10

Deductions: Premium Deductions taken out of 24 pay periods between July 1 & June 30th.

Flexible Spending Accounts

SunHealth provides you with an opportunity to participate in our flexible spending account (FSAs) administered through Inspira Financial. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2026, you may contribute up to \$3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Day Care FSA

For 2026, you may contribute up to \$7,500 (per family) to cover eligible dependent care expenses (\$3,750 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

If any funds remain in your Healthcare FSA account at the end of the year, you can rollover up to \$680 to the following year.

Rollover funds are limited each year.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

Scan here to visit the FSA Store!



Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through **Mutual of Omaha**

Benefit Amount	
Team Member	1x annual salary, minimum \$30,000, maximum \$200,000

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through **Mutual of Omaha** for yourself and your eligible family members. Age reductions do apply.

Benefit Option		Guaranteed Issue
Team Member	\$10,000 increments to a max of 10x annual salary up to \$500,000	Up to 10x annual salary, maximum \$150,000
Spouse	\$5,000 increments up to \$150,000 max, not to exceed 100% Team Member benefit	\$30,000
Child(ren)	\$10,000 benefit	\$10,000

Note: Team Members must elect supplemental coverage for themselves in order to elect coverage for a spouse or child(ren). Spouse coverage terminates at age 70

Benefit Reduction Schedule

At Age:	Benefit Reduce to:
65	65%
70	40%
75	25%

Active Team Members: During the open enrollment period, if you are currently insured, you can elect up to \$20K for yourself and up to \$10K for spouse without having to do the Evidence of Insurability (EOI) form, but the total amounts can't surpass the guaranteed issue amount.

Voluntary Term Life and AD&D

Age Band	Team Member Rate per \$1,000	Spouse Rate per \$1,000	All Children rate per \$1,000
<25	\$0.065	\$0.072	\$0.124
25 - 29	\$0.065	\$0.072	
30 - 34	\$0.081	\$0.081	
35 - 39	\$0.091	\$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	\$1.271	\$1.270	
70 - 74	\$2.070		
75 - 79	\$3.129		
80 - 84	\$3.129		
85 - 89	\$3.129		
90 - 100	\$3.129		

A \$0.02 cost will be included with the Voluntary Life rate. AD&D will be included with your Voluntary Term election. Not a separate election

During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability.

Late Entrants, if the amounts you wish to elect are over the guaranteed issue amounts, you will have to complete the Evidence of Insurability (EOI) form, which is then reviewed by Mutual of Omaha for approval. Contact Benefits@sunhealth.org with any questions.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through **Mutual of Omaha**.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	8 th Day of Accident or Sickness
Maximum Benefit Duration	12 Weeks
Pre-Existing Condition	3/6

Voluntary Long-Term Disability

Provided at an affordable group rate through **Mutual of Omaha**.

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90 th Day of Accident or Sickness
Maximum Benefit Duration	RBD to SSNRA
Pre-Existing Condition	12/12

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000. But with critical illness insurance through **Mutual of Omaha**, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

	Benefit
Team Member	Elect in increments of \$5,000 with a maximum of \$20,000
Spouse	Elect in increments of \$5,000 with a maximum of \$20,000. Cannot exceed 100% of Team Member's coverage amount.
Children	50% of Team Member's benefit up to a maximum of \$10,000

Accident Insurance



Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills. When your medical bill arrives, you'll be relieved you have accident insurance on your side. . Your Voluntary Accident Benefit is provided through **Mutual of Omaha**.

	Benefit
Accident Coverage	24 Hours
Wellness Benefit	\$50
Emergency Room	\$300
Urgent care center	\$225
Ambulance (Ground / Air)	\$300 / \$1,500

Hospital Indemnity

Hospital stays can be costly—even with health insurance. Hospital indemnity insurance provides a cash benefit if you're admitted for a covered illness or injury. You can use the money however you need, like covering deductibles, household bills, or recovery expenses. It's extra financial support when you need it most. You must be admitted to the hospital for a certain amount of hours to qualify. Your Voluntary Hospital Indemnity Benefit is provided through **Mutual of Omaha**.

	Benefit
Hospital Admission	\$500
ICU	\$1,000
Daily Confinement	Hospital: \$100/day ICU:\$200
Health Screening Benefit	\$50 per year per covered member

Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.

****Critical Illness, Accident Insurance, and Hospital Indemnity all include a \$50 health screening benefit**

Cost of Benefits- Worksite

Your contributions toward the cost of benefits are automatically deducted from your paycheck after taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Critical Illness

Age Band	Team Member Monthly rates per \$1,000
<30	\$0.35
30 - 39	\$0.51
40 - 49	\$1.00
50 - 59	\$2.11
60 - 69	\$4.54
70 - 79	\$8.68
80 - 99	\$13.24

Hospital Indemnity

Team member	Team member + Spouse	Team Member + Child(ren)	Team member + Family
\$14.60	\$32.16	\$20.28	\$40.58

Accident Insurance

Team member	Team member + Spouse	Team Member + Child(ren)	Team member + Family
\$7.58	\$12.38	\$16.44	\$22.20

Note: Tables for Hospital Indemnity and Accident are reflecting monthly rates. Divide by 2 to get rates per pay period.

Deductions: Premium Deductions taken out of 24 pay periods between July 1 & June 30th.

HealthJoy: Mission Control for Your Employee Benefits

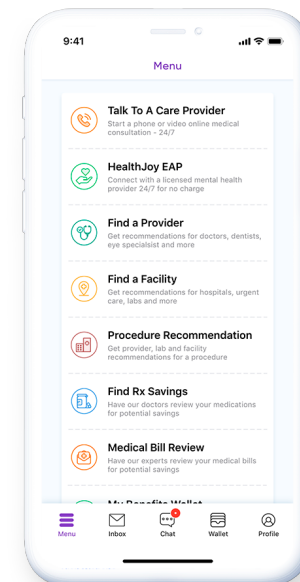
HealthJoy is a comprehensive healthcare navigation platform designed to simplify the employee benefits experience and empower users to make informed healthcare decisions. Through its intuitive mobile app, HealthJoy connects users with a virtual healthcare concierge, helps them find in-network providers, manage medical bills, and access telemedicine and other cost-saving services. By streamlining healthcare navigation and improving benefit utilization, HealthJoy reduces confusion, lowers costs, and enhances overall employee satisfaction and well-being.

- ▶ Consult with an online medical professional
- ▶ Live healthcare concierges
- ▶ Researched provider & facility recommendations
- ▶ Find lower-cost medication
- ▶ Check bills for errors
- ▶ Schedule appointments

HealthJoy online Medical
Consultations at No Cost



SCAN ME



HEALTHJOY: Online Medical Consultations

- ▶ 1,250 Credentialed Providers
- ▶ Average Wait Time - 8 Minutes
- ▶ 94% of patients are successfully treated
- ▶ Prescriptions, including short term refills, are sent to local pharmacies that you choose
- ▶ NCQA accredited in credentialing, in accordance with the strictest quality standards.

- ▶ Access and understand you benefits
- ▶ On-demand LIVE help
- ▶ Make smart choices
- ▶ Save time and money
- ▶ Chat or phone
- ▶ 24/7/365

HealthJoy is only
available to those
who enroll in the
Medical Coverage

All-In-One Benefit Access & Guidance



ONLINE MEDICAL
CONSULTATIONS



HEALTHCARE
CONCIERGE



RX SAVINGS
REVIEW



MEDICAL BILL
REVIEW



BENEFITS
WALLET

HealthJoy's EAP Through Curalinc



At some point in our lives, we can all use some help. **Healthjoy**

EAP is a confidential

Resource that helps you deal with life's challenges and the demands that come with balancing home and work.

- Anxiety
- Depression
- Marriage and relationship problems
- Grief and loss substance abuse
- Anger management
- Work-related pressures
- Stress



What is Included?

- 3 EAP sessions per employee, per year
- Benefits Wallet
- RX Savings
- Appointment Booking
- Find Care
- Broadcaster



1-888-731-3327

In-the-moment support
from a licensed clinician
24/7/365



Email

Send a question to
support@mysupportportal.com



Ask the expert

Request information or
resources based
on topic or concern



Navigator

Emotional fitness
assessment and
care guidance



Short code

Text 'support'
to 51230



Textcoach®

Personalized coaching
on desktop or mobile



Animo

Digital behavioral
health to improve your
emotional fitness



Digital group support

Attend an anonymous
group support session

HealthJoy is only
available to those
who enroll in the
Medical Coverage



1-888-731-3327



eap.healthjoy.com

EAP Through Mutual of Omaha



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Enhanced EAP Services:

- Employee Family Clinical Services
- Counseling options
- Exclusive Provider Network
- Access to services 24/7/365
- Employee Family Legal Services
- Employee Family Financial Services
- Employee Family Work / Life Services
- Online Services

What's Included:

- Assistance for you or a household family member
- Up to three (3) sessions with a counselor, per year, per household
- Unlimited toll-free phone access 24/7/365

Visit the Employee Assistance Program website to view timely article and resources on a variety of financial, well-being, behavioral and mental health topics.
Mutualofomaha.com/eap or call us: 1-800-316-2796.

Pet Insurance

United Pet Care is the affordable pet health savings plan that works for all pets.

For less than \$20/month per pet, save 20-50% on every visit to an in-network primary care vet. With UPC you'll get your savings instantly, and every pet qualifies regardless of age, breed, or pre-existing conditions.



To learn more, visit unitedpetcare.com/members and enroll to save for the lifetime of your pet, not just while you're with your employer!

What's Included?

- 20-50% savings at an in-network primary care veterinarian
- Free 24/7 virtual care for quick pet answers and emergency triage
- Up to 87% savings on prescriptions with a human equivalent
- Savings on mobile care, grooming, boarding, and more!

UPC Monthly rates	
First Pet	\$17.50
Each Additional Pet	\$16.50

Enroll Today!

To start saving on your pet's healthcare, follow these 5 simple steps:

1. Visit unitedpetcare.com/enroll and enter your information
2. Check "Yes" when asked if you're enrolling through a benefits plan and select your employer/group.
3. Review your plan rates and select your Primary Care Vet using the search tool.
4. Finalize your information and add your pet information in your UPC member portal.
5. Save your ID card from the portal and show it at your selected vet to start saving!

Enroll Today!



unitedpetcare.com



877-872-8800



info@unitedpetcare.com

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.

2026 401k Contribution Limits \$24,500

- Participants 50-59 & 64+ can save an additional \$8,000 (total of \$32,000)
- Participants that are 60-63 can save an additional \$11,250 (total of \$35,570)

Please visit our Retirement Planning page on the Team Member portal for more information via this link: <https://team.sunhealth.org/401k>

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 services 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	All	Unlimited
2 - 5	< 2	20 days
5 - 10	2 to 5	25 days
10+	5 or more	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.

Additional Benefits

Wellbeing Program

Sun Health is thrilled to continue to offer a comprehensive team member Wellbeing Program 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.



Vibrant Life Choices (VLC) Program

As part of Sun Health's commitment to *Vibrant Living*, team members can take charge of their health with a guided wellness program designed to support their goals, improve energy, and enhance overall well-being – all with the flexibility Sun Health team members deserve.

Your journey is unique – and it should feel empowering, not overwhelming. Vibrant Life Choices gives you science-backed guidance, gentle accountability, and stress-reducing tools so you can make sustainable choices with confidence.

You get a personalized wellness plan – just for you and as a Team Member, signing up for membership in this program you are eligible for a discount.

For more detailed information about this amazing program, please visit the Vibrant Life Choices Employee enrollment page link: <https://team.sunhealth.org/vlc/>

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

Tuition Reimbursement/Scholarship

We are committed to supporting your personal and professional development. If you qualify for the tuition reimbursement program, then you can receive financial assistance for tuition reimbursement or other scholarship opportunities towards your degree or certification program at an accredited university or technical institute. Scan the QR code to find out more information.



Workplace Wellness

SunHealth offers these incredible wellness benefits to all team members.

- Lifestyle change programs (digital Diabetes Prevention Program and Chronic Disease Prevention Program)
- Diabetes Self-Management Program
- Team member massage discount
- 6 free Nutrition consultations with a registered dietitian
- Prizes and insurance premium incentives for wellbeing program participants



Ultimate Kronos Group

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.

- 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.



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?".

Team Member Portal

The Team Member Portal is your 24/7 resource page where you can 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!



Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical-Arizona Employees	Aetna	1-866-830-5701	www.aetna.com
Medical-Out of State Employees	Aetna	1-877-204-9186	www.aetna.com
Dental	Ameritas	1-800-487-5553	www.ameritas.com
Vision	VSP	1-800-877-7195	www.vsp.com
Group Life AD&D	Mutual of Omaha	1-800-228-7104	www.mutualofomaha.com
Disability Insurance	Mutual of Omaha	1-800-228-7104	www.mutualofomaha.com
Accident, Critical Illness, Hospital Indemnity	Mutual of Omaha	1-800-228-7104	www.mutualofomaha.com
Health Savings Account / Flexible Spending Account	Inspira	1-844-729-3539	www.Inspirafinancial.com
HealthJoy	HealthJoy	1-877-500-3212	www.healthjoy.com
HealthJoy EAP	HealthJoy EAP	1-877-731-3327	mygroups.healthjoy.com/eap
Mutual of Omaha EAP	Mutual of Omaha	1-800-316-2796	Mutualofomaha.com/eap
Pet Insurance	United Pet Care	1-877-872-8800	www.unitedpetcare.com
Retirement Plans (401k/Roth 401k)	Fidelity	1-800-421-3844	www.netbenefits.com

Questions?

If you have additional questions, you may also contact:

Kristen Venditte
benefits@sunhealth.org
 Cell: 602.980.1800 (calls &/or texts)

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

