

**2026**

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**EMPLOYEE  
BENEFITS  
HANDBOOK**

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**HOLZER HEALTH SYSTEM**



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# Welcome to Holzer Health System

HOLZER HEALTH SYSTEM STRIVES TO PROVIDE EMPLOYEES WITH COMPETITIVE BENEFITS THROUGH OUR HUMAN RESOURCES BENEFIT ADMINISTRATION.

PLEASE READ THIS GUIDE CAREFULLY TO UNDERSTAND YOUR BENEFIT OPTIONS AND TO ENSURE THAT YOU ENROLL IN THE BENEFITS MOST SUITED FOR YOU AND YOUR FAMILY.

WHILE WE HAVE TRIED TO LIST ALL AVAILABLE BENEFITS, SOME BENEFITS AND INFORMATION MAY NOT BE INCLUDED. INFORMATION, INCLUDING PLAN SUMMARIES ARE LISTED ON HOLZER'S INTRANET SITE UNDER "BENEFITS & HR", "VIEW ALL BENEFITS & HR" AND "BENEFIT FORMS".



In 1910, Dr. Charles E. Holzer Sr. opened a seven-bed hospital in Gallipolis, which has grown into the multi-facility non-profit healthcare system we have today. Dr. Charles E. Holzer Jr. continued his father's leadership, was named Chief of Staff in 1948 and continued in that role until 1989.

For over 100 years, the Holzer name has been woven into the fabric of our community. It all began with a father and

son, each devoted to serving the health needs of his neighbors. Individually their legacies, Holzer Health Systems and the Holzer Clinic, have supported generations of local families. They were always united by a common goal. Today they are united in a common organization.

Together we are Holzer, the largest, strongest healthcare system serving south central Ohio into West Virginia and Kentucky. Brilliant minds from both renowned institutions have joined their efforts to enhance the caliber and scope of service. Our combined resources give us stability for the future and greater opportunity today.

**Welcome to our team!**

# Benefit Enrollments and Changes

Insurance premiums are taken from your paycheck before taxes are calculated (Pre-Tax). This reduces your annual tax burden, but the IRS requires us to follow certain rules during a Plan Year, January through December. Health, dental, vision, and life insurance benefits can only be changed as noted below.

## New Hires

Newly hired employees have 30 days to select their insurance plans.

## Open Enrollment

Benefit-eligible employees can change insurance plans once each year during **Open Enrollment** in October and November. At this time, you can add, cancel, or change your health, dental or vision insurance coverage. Flexible Spending Accounts (FSA) are also adjusted at this time. Changes go into effect on the following January 1<sup>st</sup>.

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*Information regarding Open Enrollment dates and plan changes are communicated by email; it is your responsibility to monitor email for notification, and you will make changes using ADP during the window. Once open enrollment ends, no changes can be made to insurance benefits unless there is a **Life Changing Event**.*

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## Life Changing Event

Outside the Open Enrollment and New Hire periods, employees can only change insurance plans when a **Life Changing Event** occurs for themselves or their dependents. This includes:

- The birth or adoption of a child
- Marriage or divorce
- Death of a dependent
- Loss of current coverage, outside of Holzer
- Becoming newly eligible for coverage, outside of Holzer
- Change in employment status

If you need to change coverage for any of these reasons, contact People Resources within 30 days of the Life Changing Event; no changes can be made after this period.

## Questions

Please call the People Resource Center at 740.446.5105 to speak with a team member.

# Medical Plan

Holzer offers one optional, comprehensive health plan run by **MedBen**.

## Eligibility

You are eligible for health insurance the first of the month following your date of hire. For example, if you start work October 2<sup>nd</sup>, your health insurance starts November 1<sup>st</sup>, and your payments will start with your November paychecks.

## Premiums

Premiums are the amount you pay for health insurance. Holzer covers most of your premium, but each employee is responsible for a share of the total premium, deducted from each bi-weekly paycheck while you are enrolled as noted below:

Covered Individual(s)	Bi-Weekly Cost
Employee Only	\$50.00
Employee + Child(ren)	\$135.00
Employee + Spouse	\$284.45
Family	\$385.17

## Plan Levels:

**Holzer Health System Tier:** is the most economical service level; you receive treatment at a Holzer facility, and the employee discount applies.

**Preferred Provider Network Tier:** is for pre-approved treatment within the Preferred Provider Network, for services not provided by Holzer.

**PPO Network Tier:** is for pre-approved treatment within the PPO Network, for services not provided by Holzer.

**Non-PPO Network Tier:** is for all other providers; it's the least economical tier.

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*If you are unsure if your preferred provider or facility is in the PPO Network, you can visit <http://ohioppoconnect.com/> for details and options to search.*

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## 30 Mile Exception

MedBen plan **Prescription Drug Coverage** is available at Holzer Family Pharmacies.

If you work at a location greater than 30 miles from a Holzer Family Pharmacy location (Gallipolis, Jackson, and Athens), contact People Resources to request an exception to use a closer pharmacy.

## Discounts for Holzer Services

Holzer offers eligible employees and their dependents a discount for services obtained at a Holzer facility. To qualify for the discount, employees and their dependents must be enrolled in either our MedBen policy or have **Comparable Coverage**. *The insured person is responsible for paying all Co-Pays.*

Holzer Service	Employee Discount	Dependent Discount
Outpatient	100%	100%
Inpatient	100%	75%

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*Physician office visit and imaging co-pays are due at the time of service and must be paid to receive the discount. If you have Holzer **MedBen** coverage, your discounts will be automatically applied.*

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### Comparable Coverage

Employees and dependents enrolled in an outside, non-Holzer plan, will receive employee discounts on Holzer services if their health plan is equivalent to Holzer's health plan, called **Comparable Coverage**. These individuals must pay their deductibles and copays prior to receiving the employee discount. Healthcare Marketplace (Obamacare) plans do not qualify.

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*If you have a **Comparable Coverage** plan, you must complete and submit a form requesting an employee discount. The form is on the Holzer Intranet, under **Organization Information > Revenue Cycle > Employee Discount Request Form** (bottom right of page).*

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# Medical Plan Summary

Type of Service	Holzer Health System	Preferred Provider Network (Treatment at pre-approved facility for services not provided at Holzer)	In-Network	Out-of-Network
Discounts	100% Inpatient Employee 75% Inpatient Dependent 100% Outpatient Employee 100% Outpatient Dependent	N/A	N/A	N/A
<b>GENERAL PROVISIONS</b>	Individual - \$0 Family - \$0	Individual - \$1,000 Family - \$4,000	Individual - \$1,000 Family - \$4,000	Individual - \$2,000 Family - \$8,000
• Calendar Year Deductible				
• Calendar Year Out of Pocket Maximum per Individual	\$8,700	\$8,700	\$8,700	Unlimited
• Family	\$17,400	\$17,400	\$17,400	Unlimited
Some services require pre-certification. To avoid the penalty, check your benefit booklet before receiving the service				
<b>HOSPITAL SERVICES</b>				
• Semi-private Room & Board: Services and Supplies: ICU	\$350 – then 20% coinsurance	70% after deductible	60% after deductible	50% after deductible
• <b>Must be Pre-certified</b>				
<b>PHYSICIAN OFFICE VISITS</b> (Office Visit Charge)				
• All other services performed during and office visit including x-ray and lab	\$30 copay – then 20% coinsurance	N/A	NA	N/A
• Imaging (CT/PET scans, MRIs)	20% coinsurance	70% after deductible	60% after deductible	50% after deductible
	\$75 copay – then 20% coinsurance (if billed as preventative, \$0 copay)	70% after deductible	60% after deductible	50% after deductible
Deductible applies to in-office surgeries/injections – Must be Pre-certified				
<b>WELLNESS AND PREVENTIVE CARE</b>				
Routine physicals, well baby exams, immunizations, vision & hearing exams, mammograms, prostate exams and sigmoidoscopy & preventive care labs	\$0 co-pay 100%	70% after deductible	60% after deductible	No Benefit
Screening Colonoscopy	\$0 co-pay 100% (\$300 if screening w/dx)	70% after deductible (\$300 if screening w/dx)	60% after deductible (\$300 if screening w/dx)	No Benefit

PHYSICIAN SERVICES				
In-patient Visits & Surgery <b>Must be Pre-certified</b>	\$350 – then 20% coinsurance	70% after deductible	60% after deductible	50% after deductible
Maternity & Family Birth	Covered at 100%			
OTHER PROFESSIONAL SERVICES				
Outpatient or Lab or X-ray	20% coinsurance	70% after deductible	60% after deductible	50% after deductible
Outpatient Surgery	\$350 – then 20% coinsurance	70% after deductible	60% after deductible	50% after deductible
• <b>Must be Pre-certified</b> Home Infusion Therapy	20% coinsurance	70% after deductible	60% after deductible	50% after deductible
• <b>Must be Pre-certified</b> Durable Medical Equipment	20% coinsurance	70% after deductible	60% after deductible	50% after deductible
• <b>Pre-certified for cost greater than \$500</b> Outpatient Dialysis	\$30 – then 20% coinsurance			
Physical, Occupational Therapy, Speech Therapy - 30 visits per year for each therapy	\$10 – then 20% coinsurance	70% after deductible	60% after deductible	50% after deductible
Diabetic Shoes and Orthotics	\$100 with current limits			
Sleep Studies	\$100 WatchPat			
Chiropractic Care	20% 20 visits per year	No Benefit	No Benefit	No Benefit
X-rays, Physical Therapy, DME in Chiro Office Not Covered				
EMERGENCY ROOM TREATMENT				
<b>ACCIDENT &amp; MEDICAL EMERGENCY</b>				
• Situation within 48 hours (A serious accident or medical condition, if not treated, may result in life threatening situation)	\$300 co-pay (co-pay waived if admitted) – then 20% coinsurance	\$300 co-pay (co-pay waived if admitted)	\$300 co-pay (co-pay waived if admitted)	\$300 co-pay (co-pay waived if admitted)
• ER Physician Charge	20%	80%	80%	80%
	\$300 for facility co-pay (co-pay waived if admitted) (co-pay is not discounted) - then 20% coinsurance	\$300 co-pay + deductible, then 70% (co-pay waived if admitted)	\$300 co-pay + deductible, then 60% (co-pay waived if admitted)	\$300 co-pay + deductible, then 50% (co-pay waived if admitted)
<b>NON-EMERGENCY ILLNESS</b>				
• ER Physician Charge	20%	70% after deductible	60% after deductible	50% after deductible

<ul style="list-style-type: none"> <li>Urgent Care</li> </ul>	\$30 copayment for Office Visit; all else 20% coinsurance	70% after deductible	60% after deductible	50% after deductible
<b>EXTENDED CARE SERVICES – Must be Pre-certified</b>				
<ul style="list-style-type: none"> <li>Skilled Nursing Facility - 30 days/year</li> <li>Inpatient Rehab - 30 days/year</li> <li>Hospice Care - 180 days/year</li> </ul>	\$350 – then 20% coinsurance	70% after deductible	60% after deductible	50% after deductible
<ul style="list-style-type: none"> <li>Home Health Care – 60 visits/year</li> <li>Non-Office Medical Supplies</li> </ul>	\$15- then 20% coinsurance \$50	70% after deductible	60% after deductible	50% after deductible
<b>MENTAL HEALTH CARE/CHEMICAL DEPENDENCY</b>				
Outpatient Mental Health	\$30 – then 20% coinsurance	70% after deductible	60% after deductible	50% after deductible
Psychotherapy, Medication Management Hospital In-patient Physician <b>Must be Pre-certified</b>	Services not available. Please refer to the Ohio PPO Connect directory of providers.	70% after deductible	60% after deductible	No Benefit
<b>PRESCRIPTION DRUG PROGRAM</b>				
<b>30-Day Supply</b>				
Generic < of the copay or cost of the drug				
<ul style="list-style-type: none"> <li>Brand Preferred is &gt; of the copy or 20% of the cost of the drug</li> <li>Brand Non-Preferred &gt; of the copy or 20% of the cost of the drug</li> <li>Specialty Generic &gt; of the copy or 20% of the cost up to \$1000 (prior authorization required)</li> <li>Specialty &gt; of the copy or 20% of the cost up to \$1000 (prior authorization required)</li> <li><b>90-Day Supply</b></li> </ul>	\$10 \$35 \$70 \$150 \$250			
Generic < of the copay or cost of the drug				
<ul style="list-style-type: none"> <li>Brand Preferred &gt; of the copy or 20% of the cost of the drug</li> <li>Brand Non-Preferred &gt; of the copy or 20% of the cost of the drug</li> </ul>	\$30 \$105			
<b>DIABETIC DRUGS THROUGH THE PLAN'S PROGRAM</b>				
\$210				
30-Day Supply if less than \$500				
<ul style="list-style-type: none"> <li>30-Day Supply if greater than \$500</li> <li>60-Day Supply if less than \$1000</li> <li>60-Day Supply if greater than \$1000</li> <li>90-Day Supply if less than \$1500</li> <li>90-Day Supply if greater than \$1500</li> </ul>	\$0 20% up to \$1000 \$0 20% up to \$1000 \$0 20% up to \$1000			
<b>Not Applicable</b>				

## Rx Benefit Preservation Program



## Benefit Preservation Program

Your employer's pharmacy plan now offers **The Benefit Preservation Program (BPP)** to improve patient care and deliver savings on specialty drugs – high-cost prescription medications that treat rare and complex health conditions.

Copay assistance may be available for specialty prescriptions through the **Coupon Accumulator Maximizer Program**. BPP will seek assistance on your behalf for copay assistance from the manufacturer.

When BPP receives notice from the pharmacy and prior authorization is approved, BPP will contact the pharmacy with approval information and verify copay assistance is on file. BPP will continue to monitor copay programs and adjust as needed throughout the year.

BPP coordinates with your plan's specialty pharmacy to make sure your prescription is processed correctly to save you the maximum amount of money. You may see some changes to your copay/coinsurance; however, your out-of-pocket cost will be discounted.

### Questions?

If you have any questions or concerns, contact the Benefit Preservation Program at **877-393-0009** or [help@benefitpreservationprogram.com](mailto:help@benefitpreservationprogram.com).



# Employee Diabetic Program

## Holzer Employee Diabetic Program Information

### What is the Holzer Employee Diabetic Program?

- The Holzer Diabetic Program is a resource available to Holzer employees and their dependents to provide education on diabetes and nutrition. This program can also help with the cost of diabetes medication and testing supplies.

### Who is eligible?

- Available to all Holzer-insured enrollees and their dependents who have been diagnosed with Type 1 diabetes, Type 2 diabetes, or gestational diabetes and have completed the 3-day diabetes educational course.

### What is the benefit?

- Better sugar control and general health
- Co-pays waived on diabetes testing supplies, including lancets and test strips
- Free medication therapy management sessions with a pharmacist
- Free dietary consultations

### Who do I contact for more information?

<u>Questions about...</u>	<u>Contact</u>	<u>Phone Number</u>
Health Insurance Benefits	Human Resources	740.446.5105
Medications	Clinical Pharmacy Office	740.446.5366
Diabetes class, including Registration and class schedule	Diabetes Nurse Educator	740.446.5971



## EMPLOYEE DIABETIC PROGRAM



### ELIGIBILITY

Available to Holzer-insured employees and their dependents who have been diagnosed with Type 1, Type 2, or gestational diabetes



### BENEFIT

Waived co-pays on select diabetes supplies at Holzer Family Pharmacy

MORE INFORMATION &  
CLASS REGISTRATION



SCAN ME

### QUESTIONS?

Contact Noah Searls  
740.446.5366  
nsearls@holzer.org

# Dental Plans

Holzer offers two dental plans: Core and Enhanced; Superior Dental carries both. If you are enrolled, you may call 1.800.762.3159 or access the website at [www.superiordental.com](http://www.superiordental.com) to gain important information about network providers, claims, etc.

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*Insurance cards will be mailed to the enrolled member's home address.*

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## Eligibility Details

You are eligible for dental insurance the first of the month following your date of hire. For example, if you start work October 2<sup>nd</sup>, your health insurance starts November 1<sup>st</sup>, and your payments will start with your November paychecks.

## Premium Information

Premiums are the amount you pay for health insurance. Each employee is responsible for the total premium, deducted from each bi-weekly paycheck while you are enrolled as noted below:

Covered Individual(s)	Core Plan Bi-Weekly Cost	Enhanced Plan Bi-Weekly Cost
Employee Only	\$9.35	\$14.34
Employee + 1	\$17.28	\$26.48
Family	\$30.63	\$46.93

## Dental Health Partners

Dentists at the Dental Health Partners in Jackson, OH are in the Superior Dental network. You and your enrolled family members receive a 20% prompt payment discount on services provided.

# Dental Plan Summary



## Holzer Health System Benefit Period: January 1 through December 31

	SDC Core Plan #519 Plan Pays		SDC Enhanced Plan #1225 Plan Pays	
	In-Network	Non-Network	In-Network	Non-Network
Benefit Period Deductible (applies to Basic and Major services)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Benefit Period Maximum (per member)	\$1,000	\$1,000	\$1,000	\$1,000
Reimbursement Basis	Network Allowable	Network Allowable	Network Allowable	90th Percentile
<b>Preventive Services</b>				
Oral Exams (two per benefit period)	100%	100%	100%	100%
Prophylaxis (cleaning — two per benefit period)	100%	100%	100%	100%
Topical Application of Fluoride (once per benefit period for children under age 15)	100%	100%	100%	100%
Sealants (once per lifetime per tooth for children under age 15)	100%	100%	100%	100%
Space Maintainers (once per lifetime for children under 19)	100%	100%	100%	100%
Bitewing X-rays (four per benefit period)	100%	100%	100%	100%
Full Mouth X-rays or Panoramic Survey (once in five years)	100%	100%	100%	100%
Periapical X-ray (three per benefit period)	100%	100%	100%	100%
Minor Emergency Treatment (temporary relief of pain, bleeding or swelling)	100%	100%	100%	100%
<b>Basic Services</b>				
Specialty Evaluation (one per benefit period)	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Composite or Amalgam Fillings (once per three years per surface)	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Minor Restorative Services (once per three years per surface)	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Repairs (once in two years)	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Extractions	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Endodontics/Pulp Services	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Periodontal Services	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Minor Oral Surgery Services	80% after deductible	80% after deductible	80% after deductible	80% after deductible
General Anesthesia or IV Sedation	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Major Services</b>				
Oral Surgery	Not Covered	Not Covered	50% after deductible	50% after deductible
Crowns, Onlays and Inlays (once every eight years)	Not Covered	Not Covered	50% after deductible	50% after deductible
Bridges (pontics and retainer units — one every eight years)	Not Covered	Not Covered	50% after deductible	50% after deductible
Partial and Complete Dentures (one every eight years)	Not Covered	Not Covered	50% after deductible	50% after deductible
Relines (once in three years)	Not Covered	Not Covered	50% after deductible	50% after deductible
Implants (once per lifetime per tooth)	Not Covered	Not Covered	50% after deductible	50% after deductible

Out-of-network reimbursement based on the allowable in-network fee schedule.- *Core Plan*  
Out-of-network reimbursement based on usual, customary and reasonable charges.- *Enhanced Plan*

Any out-of-network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds the allowable amount for an eligible service.

To review the complete list of covered services, limitations and exclusions, refer to SDC's Evidence of Coverage and the Schedule of Benefits associated with the plan number above.

Benefits listed as of 10/13/25.

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## Frequently Asked Questions

### Can I choose any dentist?

Yes. Your dental plan lets you choose any licensed dentist for services, but you may pay more for a service if you visit a dentist or specialist who does not participate in the SDC network. By staying in the network, you can pay less out of pocket for your dental care and avoid unexpected out-of-network balance billing, which is when an out-of-network dental provider bills for the difference between their fee for a service and our reimbursement amount.

### What is an in-network dentist?

An in-network or participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members.

### How do I find an in-network dentist?

SDC offers one of the largest dental networks in the United States. Find a participating dentist or specialist near you with our Find-A-Dentist search tool at [SuperiorDental.com](http://SuperiorDental.com).

### If my dental office does not recognize the Superior Dental Care name, how can network participation be confirmed?

If a dental office is not familiar with SDC, confirm network participation by referencing "Maximum Care", the name of SDC's national dental network. The Maximum Care logo can be found on the back of your ID card in the claims submission section.

### If my dentist is not a participating network provider, how can they join the network?

If your dentist or specialist does not currently participate in SDC's network, you can refer them to us for network recruiting by completing our Dentist Referral Form at [SuperiorDental.com/find-a-dentist](http://SuperiorDental.com/find-a-dentist) or calling 1-800-801-4915. You are also encouraged to ask your dentist to consider joining SDC's network.

### Is there a waiting period before I can get dental services once I'm enrolled?

No. There are no waiting periods once you enroll in an SDC dental plan. You can use these services as soon as your coverage begins.

### What tools and resources are available to me?

SDC makes it easy to manage your dental plan. Our online member portal, Superior Direct Connect, and our SDC mobile app offer convenient access to your ID card, summary of benefits, claim status, Explanation of Benefits (EOBs) and more. We also offer an Interactive Voice Response (IVR) telephone system available 24/7. Simply call 1-800-801-4915 to verify enrollment, check claim status or order new ID cards, or choose to speak to an SDC Member Services representative during business hours (Monday–Friday, 7:30am–5:00pm EST).

### Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. A pre-determination of benefits will tell you what your out-of-pocket expenses are going to be and what your plan will cover for a specific treatment based on information provided by your dentist. You can ask your dentist to request a pre-determination from SDC for any treatment or service before it is performed. A pre-determination is necessary when a proposed treatment plan exceeds \$400 or includes periodontal treatment. Once your dentist submits a pre-determination form, it will be reviewed by our dental consultants (who are licensed dentists), estimated benefits will be determined, and a document with this information will be mailed to both you and your dentist. Please note that this benefit verification does not guarantee payment. The amount payable is subject to all the contract limitations effective at the time the services are rendered.

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#### Important Details

This information provides an overview of dental benefits. Once a group policy is issued to your employer, Evidence of Coverage and Schedule of Benefits documents will be available to explain your coverage in detail. All dental plans include certain limitations and exclusions.

Benefits will be determined based on the administrative policies and procedures of SDC in accordance with the Schedule of Benefits.

This document is only a partial listing of benefits. This is not a contract of insurance. To review the complete list of covered services, limitations and exclusions, refer to SDC's Evidence of Coverage and the Schedule of Benefits associated with your plan number.

# Vision Plans

VSP is our vision insurance carrier. If you are enrolled, you may call 1.800.877.7195 or access the website at [www.vsp.com](http://www.vsp.com) to gain important information about network providers, claims, etc.

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*There are no insurance cards with VSP. When you contact a VSP network provider to schedule an appointment, information is gathered over the phone and verified with VSP by the provider. Note: Holzer Ophthalmologists are **not** in the network.*

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## Eligibility Details

You are eligible for dental insurance the first of the month following your date of hire. For example, if you start work October 2nd, your health insurance starts November 1st, and your payments will start with your November paychecks.

## Premium Information

Premiums are the amount you pay for health insurance. Each employee is responsible for the total premium, deducted from each bi-weekly paycheck while you are enrolled as noted below:

Covered Individual(s)	Base Plan Bi-Weekly Cost	Buy-up Plan Bi-Weekly Cost
Employee Only	\$7.00	\$8.86
Employee + 1	\$14.00	\$17.72
Family	\$22.54	\$28.53

# Vision Plan Summary



## Make Eye Health a Priority with VSP!

Your health comes first with VSP and Holzer Health System. Take a look at your VSP vision care coverage.



VSP members save an annual average of

**\$489\***

and more when EasyOptions is selected.

### Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.\*\*

## Personalize Your Vision Coverage

Check out VSP EasyOptions on the back page to see how each member can select one covered eyewear upgrade.

### Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

### The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Enroll through your employer today.  
Questions?  
[vsp.com](http://vsp.com)  
800.877.7195 (TTY: 711)

	Get more at preferred in-network doctor locations	



Scan QR code or visit [vsp.com](http://vsp.com) to learn more.

### Using your benefit is easy!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

\*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. \*\*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. \*\*\*Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply. VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business. TrueHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas. To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](http://vsp.com). Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies. ©2025 Vision Service Plan. All rights reserved. VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 136668 VCCM

Classification: Restricted

## Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Holzer Health System. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:  
VSP Signature



BENEFIT	DESCRIPTION	COPAY
<b>Base Coverage with a VSP Doctor</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 for exam and glasses Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$210 Featured Frame Brands allowance</li> <li>\$210 Visionworks or Eyemart Express frame allowance on any frame</li> <li>\$160 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$90 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>	Combined with exam
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	Combined with exam
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
	<p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	
	<p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>	

BENEFIT	DESCRIPTION	COPAY
<b>Buy-Up Coverage with a VSP Provider</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$0 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$250 Featured Frame Brands allowance</li> <li>\$250 Visionworks or Eyemart Express frame allowance on any frame</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$200 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>	\$0
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	\$0
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$80 - \$90 \$120 - \$160 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>VSP EASYOPTIONS*</b>	<p><b>Members can choose one of these upgrades</b></p> <ul style="list-style-type: none"> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance.</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>VSP LIGHTCARE**</b>	<ul style="list-style-type: none"> <li>\$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$0
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
	<p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>	
	<p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> </ul>	

# Life Insurance

SunLife is the plan administrator for the Life and Disability coverage offered to employees, as well as Family Medical Leave Act (FMLA) leave.

## Premium Information

**Employee:** purchase up to five (5) times your annual base salary, in increments of \$10,000, to a maximum of \$1,000,000, at a cost determined by age.

**Spouse:** purchase up to 50% of the amount that you purchase for yourself, in increments of \$5,000, to a maximum of \$250,000, at a cost determined by age. For example: If you purchase \$30,000 worth of life insurance for yourself, you can then purchase up to \$15,000 of life insurance coverage for your spouse.

**Child(ren):** purchase \$10,000 of coverage for as many children as needed for \$3.40 per month per child. You must purchase at least \$20,000 worth of life insurance coverage on yourself to purchase life insurance for a child.

*The amounts above are the guaranteed issue amount, so coverage may be purchased with no health questions. Please contact People Resources to obtain the Evidence of Insurability Form, which must be completed if purchasing an amount over the guaranteed issue.*

## Beneficiary Designation

Beneficiaries are the people who will receive your monies in the event of your death. Beneficiaries can be set up using ADP or by completing a paper form.

**Primary Beneficiary:** A primary beneficiary is the first recipient of your monies. You may choose to list one person who will get 100% or multiple people who will get the funds divided at your discretion.

**Secondary Beneficiary:** Secondary beneficiaries would get the funds if something were to happen to you and your primary beneficiary. You may choose to list one person who will get 100% or multiple people who will get the funds divided at your discretion.

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*Beneficiaries can be set up using ADP or by completing a paper form.*

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## Basic Life Insurance



Even among people who have life insurance, about **1 in 5** say they don't have enough.<sup>1</sup>

▶ **PROTECTS YOUR LOVED ONES.**

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

▶ **HELPS PAY YOUR FINAL EXPENSES.**

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

▶ **PART OF YOUR BENEFIT PACKAGE.**

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

### BENEFITS

For you \*

**1 times** your Basic Annual Earnings, up to a **maximum of \$500,000**. No medical questions asked.

Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.

*\*This coverage includes Accidental Death and Dismemberment insurance.*

HOLZER HEALTH SYSTEM  
All Other Eligible Employees  
POLICY # 902029

Sun Life Assurance Company of Canada

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Basic Life Insurance

# Voluntary Life Insurance



**MORE PROTECTION FOR YOUR LOVED ONES.**

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

**HELPS YOU CLOSE ANY COVERAGE GAPS.**

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

**BENEFITS** (You can purchase this coverage at a group rate.)

<b>For you*</b>	<p>You can choose from <b>\$10,000 to \$1,000,000</b>—in increments of \$10,000 <b>not to exceed 5 times</b> your Basic Annual Earnings. No medical questions asked <b>up to the Guaranteed Issue amount of \$500,000 or 3 times</b> your Basic Annual Earnings, whichever is less.</p> <p>Benefits are reduced at age 65 and may reduce again in subsequent years as noted in your Certificate.</p>
<b>For your spouse*</b>	<p>If you elect coverage for yourself, you can choose from <b>\$5,000 to \$250,000</b>—in increments of \$5,000. No medical questions asked <b>up to the Guaranteed Issue amount of \$50,000.</b></p> <p>The amount you select for your spouse cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate.</p>
<b>For your child(ren)*</b>	<p>If you elect coverage for yourself, you can choose <b>\$10,000.</b> No medical questions asked.</p> <p>The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.</p> <p>A full benefit is payable for a dependent child who is 14 days to 26. A reduced benefit of \$1 is payable for a child from birth to 14 days.</p>

**\*This coverage includes Accidental Death and Dismemberment insurance.**

HOLZER HEALTH SYSTEM

All Eligible . . .

Employees

POLICY #: 902029

Sun Life Assurance Company of Canada

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Voluntary Life Insurance

## Frequently asked questions

### **What is my AD&D benefit?**

We will pay your beneficiaries an Accidental Death insurance amount that matches your Voluntary Life, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries. This plan includes AD&D coverage for your dependents.

### **Do I need to answer any health questions to enroll?**

Yes, if you request an amount higher than the Guaranteed Issue amount. You may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### **Can I access my life insurance if I become terminally ill?**

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### **What happens if I become Totally Disabled?**

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### **How does my beneficiary file a death claim?**

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

1. LIMRA, Facts about Life 2018.

Read the *Important information* section for more details including limitations and exclusions.

## Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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Voluntary Life Insurance

# Employee Rate Sheet

Age and Cost												
Coverage Amounts	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	0.60	0.60	0.80	1.00	1.50	2.30	3.70	5.60	8.90	13.50	22.80	51.30
\$20,000	1.20	1.20	1.60	2.00	3.00	4.60	7.40	11.20	17.80	27.00	45.60	102.60
\$30,000	1.80	1.80	2.40	3.00	4.50	6.90	11.10	16.80	26.70	40.50	68.40	153.90
\$40,000	2.40	2.40	3.20	4.00	6.00	9.20	14.80	22.40	35.60	54.00	91.20	205.20
\$50,000	3.00	3.00	4.00	5.00	7.50	11.50	18.50	28.00	44.50	67.50	114.00	256.50
\$60,000	3.60	3.60	4.80	6.00	9.00	13.80	22.20	33.60	53.40	81.00	136.80	307.80
\$70,000	4.20	4.20	5.60	7.00	10.50	16.10	25.90	39.20	62.30	94.50	159.60	359.10
\$80,000	4.80	4.80	6.40	8.00	12.00	18.40	29.60	44.80	71.20	108.00	182.40	410.40
\$90,000	5.40	5.40	7.20	9.00	13.50	20.70	33.30	50.40	80.10	121.50	205.20	461.70
\$100,000	6.00	6.00	8.00	10.00	15.00	23.00	37.00	56.00	89.00	135.00	228.00	513.00
\$110,000	6.60	6.60	8.80	11.00	16.50	25.30	40.70	61.60	97.90	148.50	250.80	564.30
\$120,000	7.20	7.20	9.60	12.00	18.00	27.60	44.40	67.20	106.80	162.00	273.60	615.60
\$130,000	7.80	7.80	10.40	13.00	19.50	29.90	48.10	72.80	115.70	175.50	296.40	666.90
\$140,000	8.40	8.40	11.20	14.00	21.00	32.20	51.80	78.40	124.60	189.00	319.20	718.20
\$150,000	9.00	9.00	12.00	15.00	22.50	34.50	55.50	84.00	133.50	202.50	342.00	769.50
\$160,000	9.60	9.60	12.80	16.00	24.00	36.80	59.20	89.60	142.40	216.00	364.80	820.80
\$170,000	10.20	10.20	13.60	17.00	25.50	39.10	62.90	95.20	151.30	229.50	387.60	872.10
\$180,000	10.80	10.80	14.40	18.00	27.00	41.40	66.60	100.80	160.20	243.00	410.40	923.40
\$190,000	11.40	11.40	15.20	19.00	28.50	43.70	70.30	106.40	169.10	256.50	433.20	974.70
\$200,000	12.00	12.00	16.00	20.00	30.00	46.00	74.00	112.00	178.00	270.00	456.00	1026.00
\$210,000	12.60	12.60	16.80	21.00	31.50	48.30	77.70	117.60	186.90	283.50	478.80	1077.30
\$220,000	13.20	13.20	17.60	22.00	33.00	50.60	81.40	123.20	195.80	297.00	501.60	1128.60
\$230,000	13.80	13.80	18.40	23.00	34.50	52.90	85.10	128.80	204.70	310.50	524.40	1179.90
\$240,000	14.40	14.40	19.20	24.00	36.00	55.20	88.80	134.40	213.60	324.00	547.20	1231.20
\$250,000	15.00	15.00	20.00	25.00	37.50	57.50	92.50	140.00	222.50	337.50	570.00	1282.50
\$260,000	15.60	15.60	20.80	26.00	39.00	59.80	96.20	145.60	231.40	351.00	592.80	1333.80
\$270,000	16.20	16.20	21.60	27.00	40.50	62.10	99.90	151.20	240.30	364.50	615.60	1385.10
\$280,000	16.80	16.80	22.40	28.00	42.00	64.40	103.60	156.80	249.20	378.00	638.40	1436.40
\$290,000	17.40	17.40	23.20	29.00	43.50	66.70	107.30	162.40	258.10	391.50	661.20	1487.70
\$300,000	18.00	18.00	24.00	30.00	45.00	69.00	111.00	168.00	267.00	405.00	684.00	1539.00
\$310,000	18.60	18.60	24.80	31.00	46.50	71.30	114.70	173.60	275.90	418.50	706.80	1590.30
\$320,000	19.20	19.20	25.60	32.00	48.00	73.60	118.40	179.20	284.80	432.00	729.60	1641.60
\$330,000	19.80	19.80	26.40	33.00	49.50	75.90	122.10	184.80	293.70	445.50	752.40	1692.90
\$340,000	20.40	20.40	27.20	34.00	51.00	78.20	125.80	190.40	302.60	459.00	775.20	1744.20
\$350,000	21.00	21.00	28.00	35.00	52.50	80.50	129.50	196.00	311.50	472.50	798.00	1795.50
\$360,000	21.60	21.60	28.80	36.00	54.00	82.80	133.20	201.60	320.40	486.00	820.80	1846.80
\$370,000	22.20	22.20	29.60	37.00	55.50	85.10	136.90	207.20	329.30	499.50	843.60	1898.10
\$380,000	22.80	22.80	30.40	38.00	57.00	87.40	140.60	212.80	338.20	513.00	866.40	1949.40
\$390,000	23.40	23.40	31.20	39.00	58.50	89.70	144.30	218.40	347.10	526.50	889.20	2000.70
\$400,000	24.00	24.00	32.00	40.00	60.00	92.00	148.00	224.00	356.00	540.00	912.00	2052.00
\$410,000	24.60	24.60	32.80	41.00	61.50	94.30	151.70	229.60	364.90	553.50	934.80	2103.30
\$420,000	25.20	25.20	33.60	42.00	63.00	96.60	155.40	235.20	373.80	567.00	957.60	2154.60
\$430,000	25.80	25.80	34.40	43.00	64.50	98.90	159.10	240.80	382.70	580.50	980.40	2205.90
\$440,000	26.40	26.40	35.20	44.00	66.00	101.20	162.80	246.40	391.60	594.00	1003.20	2257.20
\$450,000	27.00	27.00	36.00	45.00	67.50	103.50	166.50	252.00	400.50	607.50	1026.00	2308.50
\$460,000	27.60	27.60	36.80	46.00	69.00	105.80	170.20	257.60	409.40	621.00	1048.80	2359.80
\$470,000	28.20	28.20	37.60	47.00	70.50	108.10	173.90	263.20	418.30	634.50	1071.60	2411.10
\$480,000	28.80	28.80	38.40	48.00	72.00	110.40	177.60	268.80	427.20	648.00	1094.40	2462.40
\$490,000	29.40	29.40	39.20	49.00	73.50	112.70	181.30	274.40	436.10	661.50	1117.20	2513.70
\$500,000	30.00	30.00	40.00	50.00	75.00	115.00	185.00	280.00	445.00	675.00	1140.00	2565.00

**Age and Cost**

<b>Coverage Amounts</b>	<b>&lt;25</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75+</b>
\$510,000	30.60	30.60	40.80	51.00	76.50	117.30	188.70	285.60	453.90	688.50	1162.80	2616.30
\$520,000	31.20	31.20	41.60	52.00	78.00	119.60	192.40	291.20	462.80	702.00	1185.60	2667.60
\$530,000	31.80	31.80	42.40	53.00	79.50	121.90	196.10	296.80	471.70	715.50	1208.40	2718.90
\$540,000	32.40	32.40	43.20	54.00	81.00	124.20	199.80	302.40	480.60	729.00	1231.20	2770.20
\$550,000	33.00	33.00	44.00	55.00	82.50	126.50	203.50	308.00	489.50	742.50	1254.00	2821.50
\$560,000	33.60	33.60	44.80	56.00	84.00	128.80	207.20	313.60	498.40	756.00	1276.80	2872.80
\$570,000	34.20	34.20	45.60	57.00	85.50	131.10	210.90	319.20	507.30	769.50	1299.60	2924.10
\$580,000	34.80	34.80	46.40	58.00	87.00	133.40	214.60	324.80	516.20	783.00	1322.40	2975.40
\$590,000	35.40	35.40	47.20	59.00	88.50	135.70	218.30	330.40	525.10	796.50	1345.20	3026.70
\$600,000	36.00	36.00	48.00	60.00	90.00	138.00	222.00	336.00	534.00	810.00	1368.00	3078.00
\$610,000	36.60	36.60	48.80	61.00	91.50	140.30	225.70	341.60	542.90	823.50	1390.80	3129.30
\$620,000	37.20	37.20	49.60	62.00	93.00	142.60	229.40	347.20	551.80	837.00	1413.60	3180.60
\$630,000	37.80	37.80	50.40	63.00	94.50	144.90	233.10	352.80	560.70	850.50	1436.40	3231.90
\$640,000	38.40	38.40	51.20	64.00	96.00	147.20	236.80	358.40	569.60	864.00	1459.20	3283.20
\$650,000	39.00	39.00	52.00	65.00	97.50	149.50	240.50	364.00	578.50	877.50	1482.00	3334.50
\$660,000	39.60	39.60	52.80	66.00	99.00	151.80	244.20	369.60	587.40	891.00	1504.80	3385.80
\$670,000	40.20	40.20	53.60	67.00	100.50	154.10	247.90	375.20	596.30	904.50	1527.60	3437.10
\$680,000	40.80	40.80	54.40	68.00	102.00	156.40	251.60	380.80	605.20	918.00	1550.40	3488.40
\$690,000	41.40	41.40	55.20	69.00	103.50	158.70	255.30	386.40	614.10	931.50	1573.20	3539.70
\$700,000	42.00	42.00	56.00	70.00	105.00	161.00	259.00	392.00	623.00	945.00	1596.00	3591.00
\$710,000	42.60	42.60	56.80	71.00	106.50	163.30	262.70	397.60	631.90	958.50	1618.80	3642.30
\$720,000	43.20	43.20	57.60	72.00	108.00	165.60	266.40	403.20	640.80	972.00	1641.60	3693.60
\$730,000	43.80	43.80	58.40	73.00	109.50	167.90	270.10	408.80	649.70	985.50	1664.40	3744.90
\$740,000	44.40	44.40	59.20	74.00	111.00	170.20	273.80	414.40	658.60	999.00	1687.20	3796.20
\$750,000	45.00	45.00	60.00	75.00	112.50	172.50	277.50	420.00	667.50	1012.50	1710.00	3847.50
\$760,000	45.60	45.60	60.80	76.00	114.00	174.80	281.20	425.60	676.40	1026.00	1732.80	3898.80
\$770,000	46.20	46.20	61.60	77.00	115.50	177.10	284.90	431.20	685.30	1039.50	1755.60	3950.10
\$780,000	46.80	46.80	62.40	78.00	117.00	179.40	288.60	436.80	694.20	1053.00	1778.40	4001.40
\$790,000	47.40	47.40	63.20	79.00	118.50	181.70	292.30	442.40	703.10	1066.50	1801.20	4052.70
\$800,000	48.00	48.00	64.00	80.00	120.00	184.00	296.00	448.00	712.00	1080.00	1824.00	4104.00
\$810,000	48.60	48.60	64.80	81.00	121.50	186.30	299.70	453.60	720.90	1093.50	1846.80	4155.30
\$820,000	49.20	49.20	65.60	82.00	123.00	188.60	303.40	459.20	729.80	1107.00	1869.60	4206.60
\$830,000	49.80	49.80	66.40	83.00	124.50	190.90	307.10	464.80	738.70	1120.50	1892.40	4257.90
\$840,000	50.40	50.40	67.20	84.00	126.00	193.20	310.80	470.40	747.60	1134.00	1915.20	4309.20
\$850,000	51.00	51.00	68.00	85.00	127.50	195.50	314.50	476.00	756.50	1147.50	1938.00	4360.50
\$860,000	51.60	51.60	68.80	86.00	129.00	197.80	318.20	481.60	765.40	1161.00	1960.80	4411.80
\$870,000	52.20	52.20	69.60	87.00	130.50	200.10	321.90	487.20	774.30	1174.50	1983.60	4463.10
\$880,000	52.80	52.80	70.40	88.00	132.00	202.40	325.60	492.80	783.20	1188.00	2006.40	4514.40
\$890,000	53.40	53.40	71.20	89.00	133.50	204.70	329.30	498.40	792.10	1201.50	2029.20	4565.70
\$900,000	54.00	54.00	72.00	90.00	135.00	207.00	333.00	504.00	801.00	1215.00	2052.00	4617.00
\$910,000	54.60	54.60	72.80	91.00	136.50	209.30	336.70	509.60	809.90	1228.50	2074.80	4668.30
\$920,000	55.20	55.20	73.60	92.00	138.00	211.60	340.40	515.20	818.80	1242.00	2097.60	4719.60
\$930,000	55.80	55.80	74.40	93.00	139.50	213.90	344.10	520.80	827.70	1255.50	2120.40	4770.90
\$940,000	56.40	56.40	75.20	94.00	141.00	216.20	347.80	526.40	836.60	1269.00	2143.20	4822.20
\$950,000	57.00	57.00	76.00	95.00	142.50	218.50	351.50	532.00	845.50	1282.50	2166.00	4873.50
\$960,000	57.60	57.60	76.80	96.00	144.00	220.80	355.20	537.60	854.40	1296.00	2188.80	4924.80
\$970,000	58.20	58.20	77.60	97.00	145.50	223.10	358.90	543.20	863.30	1309.50	2211.60	4976.10
\$980,000	58.80	58.80	78.40	98.00	147.00	225.40	362.60	548.80	872.20	1323.00	2234.40	5027.40
\$990,000	59.40	59.40	79.20	99.00	148.50	227.70	366.30	554.40	881.10	1336.50	2257.20	5078.70
\$1,000,000	60.00	60.00	80.00	100.00	150.00	230.00	370.00	560.00	890.00	1350.00	2280.00	5130.00

## Spouse Rate Sheet

Coverage Amounts	Age and Cost											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.30	0.30	0.40	0.50	0.75	1.15	1.85	2.80	4.45	6.75	11.40	25.65
\$10,000	0.60	0.60	0.80	1.00	1.50	2.30	3.70	5.60	8.90	13.50	22.80	51.30
\$15,000	0.90	0.90	1.20	1.50	2.25	3.45	5.55	8.40	13.35	20.25	34.20	76.95
\$20,000	1.20	1.20	1.60	2.00	3.00	4.60	7.40	11.20	17.80	27.00	45.60	102.60
\$25,000	1.50	1.50	2.00	2.50	3.75	5.75	9.25	14.00	22.25	33.75	57.00	128.25
\$30,000	1.80	1.80	2.40	3.00	4.50	6.90	11.10	16.80	26.70	40.50	68.40	153.90
\$35,000	2.10	2.10	2.80	3.50	5.25	8.05	12.95	19.60	31.15	47.25	79.80	179.55
\$40,000	2.40	2.40	3.20	4.00	6.00	9.20	14.80	22.40	35.60	54.00	91.20	205.20
\$45,000	2.70	2.70	3.60	4.50	6.75	10.35	16.65	25.20	40.05	60.75	102.60	230.85
\$50,000	3.00	3.00	4.00	5.00	7.50	11.50	18.50	28.00	44.50	67.50	114.00	256.50
\$55,000	3.30	3.30	4.40	5.50	8.25	12.65	20.35	30.80	48.95	74.25	125.40	282.15
\$60,000	3.60	3.60	4.80	6.00	9.00	13.80	22.20	33.60	53.40	81.00	136.80	307.80
\$65,000	3.90	3.90	5.20	6.50	9.75	14.95	24.05	36.40	57.85	87.75	148.20	333.45
\$70,000	4.20	4.20	5.60	7.00	10.50	16.10	25.90	39.20	62.30	94.50	159.60	359.10
\$75,000	4.50	4.50	6.00	7.50	11.25	17.25	27.75	42.00	66.75	101.25	171.00	384.75
\$80,000	4.80	4.80	6.40	8.00	12.00	18.40	29.60	44.80	71.20	108.00	182.40	410.40
\$85,000	5.10	5.10	6.80	8.50	12.75	19.55	31.45	47.60	75.65	114.75	193.80	436.05
\$90,000	5.40	5.40	7.20	9.00	13.50	20.70	33.30	50.40	80.10	121.50	205.20	461.70
\$95,000	5.70	5.70	7.60	9.50	14.25	21.85	35.15	53.20	84.55	128.25	216.60	487.35
\$100,000	6.00	6.00	8.00	10.00	15.00	23.00	37.00	56.00	89.00	135.00	228.00	513.00
\$105,000	6.30	6.30	8.40	10.50	15.75	24.15	38.85	58.80	93.45	141.75	239.40	538.65
\$110,000	6.60	6.60	8.80	11.00	16.50	25.30	40.70	61.60	97.90	148.50	250.80	564.30
\$115,000	6.90	6.90	9.20	11.50	17.25	26.45	42.55	64.40	102.35	155.25	262.20	589.95
\$120,000	7.20	7.20	9.60	12.00	18.00	27.60	44.40	67.20	106.80	162.00	273.60	615.60
\$125,000	7.50	7.50	10.00	12.50	18.75	28.75	46.25	70.00	111.25	168.75	285.00	641.25
\$130,000	7.80	7.80	10.40	13.00	19.50	29.90	48.10	72.80	115.70	175.50	296.40	666.90
\$135,000	8.10	8.10	10.80	13.50	20.25	31.05	49.95	75.60	120.15	182.25	307.80	692.55
\$140,000	8.40	8.40	11.20	14.00	21.00	32.20	51.80	78.40	124.60	189.00	319.20	718.20
\$145,000	8.70	8.70	11.60	14.50	21.75	33.35	53.65	81.20	129.05	195.75	330.60	743.85
\$150,000	9.00	9.00	12.00	15.00	22.50	34.50	55.50	84.00	133.50	202.50	342.00	769.50
\$155,000	9.30	9.30	12.40	15.50	23.25	35.65	57.35	86.80	137.95	209.25	353.40	795.15
\$160,000	9.60	9.60	12.80	16.00	24.00	36.80	59.20	89.60	142.40	216.00	364.80	820.80
\$165,000	9.90	9.90	13.20	16.50	24.75	37.95	61.05	92.40	146.85	222.75	376.20	846.45
\$170,000	10.20	10.20	13.60	17.00	25.50	39.10	62.90	95.20	151.30	229.50	387.60	872.10
\$175,000	10.50	10.50	14.00	17.50	26.25	40.25	64.75	98.00	155.75	236.25	399.00	897.75
\$180,000	10.80	10.80	14.40	18.00	27.00	41.40	66.60	100.80	160.20	243.00	410.40	923.40
\$185,000	11.10	11.10	14.80	18.50	27.75	42.55	68.45	103.60	164.65	249.75	421.80	949.05
\$190,000	11.40	11.40	15.20	19.00	28.50	43.70	70.30	106.40	169.10	256.50	433.20	974.70
\$195,000	11.70	11.70	15.60	19.50	29.25	44.85	72.15	109.20	173.55	263.25	444.60	1000.35
\$200,000	12.00	12.00	16.00	20.00	30.00	46.00	74.00	112.00	178.00	270.00	456.00	1026.00
\$205,000	12.30	12.30	16.40	20.50	30.75	47.15	75.85	114.80	182.45	276.75	467.40	1051.65
\$210,000	12.60	12.60	16.80	21.00	31.50	48.30	77.70	117.60	186.90	283.50	478.80	1077.30
\$215,000	12.90	12.90	17.20	21.50	32.25	49.45	79.55	120.40	191.35	290.25	490.20	1102.95
\$220,000	13.20	13.20	17.60	22.00	33.00	50.60	81.40	123.20	195.80	297.00	501.60	1128.60
\$225,000	13.50	13.50	18.00	22.50	33.75	51.75	83.25	126.00	200.25	303.75	513.00	1154.25
\$230,000	13.80	13.80	18.40	23.00	34.50	52.90	85.10	128.80	204.70	310.50	524.40	1179.90
\$235,000	14.10	14.10	18.80	23.50	35.25	54.05	86.95	131.60	209.15	317.25	535.80	1205.55
\$240,000	14.40	14.40	19.20	24.00	36.00	55.20	88.80	134.40	213.60	324.00	547.20	1231.20
\$245,000	14.70	14.70	19.60	24.50	36.75	56.35	90.65	137.20	218.05	330.75	558.60	1256.85
\$250,000	15.00	15.00	20.00	25.00	37.50	57.50	92.50	140.00	222.50	337.50	570.00	1282.50

## Child Rate

Children can be insured for \$10,000, at a cost of \$3.40 per month.

# Disability Insurance

## Short-Term Disability Insurance

This benefit is administered by SunLife and compensates an eligible employee for time off work for an employee's own health condition.

Short-Term disability is a benefit provided to full-time employees by Holzer, at no cost to the employee.

If you need to miss 3 or more days of work due to your own serious medical condition, surgery, or pregnancy. Short-term disability benefits will begin on the 8th calendar day.

Short-Term disability insurance pays 60% of your salary up to \$2,000 per week.

## Long-Term Disability Insurance

This benefit is administered by SunLife and compensates an eligible employee for time off work for an employee's own health condition after a 90-day elimination period.

Long-Term disability is a benefit provided to all full-time employees (including Post-Acute Care employees) by Holzer, at no cost to the employee.

If you need to be off work due to your own serious medical condition, long-term disability benefits will begin on the 91st calendar day.

Long-Term disability insurance pays 60% of your salary up to \$2,000 per month for hourly/non-exempt employees and up to \$7,000 per month for exempt employees.

# Family Medical Leave Act (FMLA)

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*If you are planning to be off work for three or more consecutive days, you should contact SunLife at 1.877.786.3652 to file for FMLA protection and to inquire about Short-Term Disability. To be eligible, you must be employed for 1 year and have at least 1,250 service hours within that year. **Apply for FMLA if you need to miss 3 or more days of work due to you or a family member's serious medical condition, surgery, or pregnancy.** Call HR at 740.446.5105 for more information.*

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# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



# Short-Term Disability Insurance Plan Summary

## Employer-paid Short-Term Disability insurance<sup>1</sup>



### Benefit Highlights

For all eligible employees of Holzer Health System, Policy # 902029

Short-term disability insurance provides you with a weekly cash benefit to help you pay your bills – mortgage, rent, utilities, childcare, groceries—and keep your life as routine as possible if you are unable to work due to a covered disability (e.g., back injuries, recovery from surgery, or even maternity leave).

Coverage is provided by your employer—at no cost to you!

Benefits	
Weekly benefit (after your claim is approved)	Get a weekly check that replaces 60% of your Total Weekly Earnings, up to \$2,000.
When benefits begin	Benefits begin as soon as 8 days from the date you are unable to work due to an injury and 8 days due to an illness.
Benefits may be paid for	Up to 12 weeks—as long as you are still unable to work due to a covered disability.

Income from other sources could reduce your benefit amount.

### Additional plan features

- This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

#### How Sun Life's Short-Term Disability insurance can help

John was in his early-30s when he started experiencing a sharp pain in his knee—which left him unable to work for a month in order to have surgery and recover.

Fortunately, John took advantage of the opportunity to sign up for Short-Term Disability insurance through work. When he found out he would need surgery, he initiated a claim. Once his paperwork was completed and processed, his claim was approved. He started receiving a weekly benefit after he satisfied the elimination period defined by his policy. John used the benefit to help:

- replace a portion of his income while he was unable to work,
- pay for everyday expenses (e.g., rent or groceries), and
- cover other out-of-pocket medical costs (e.g., co-pays or prescriptions).

Having short-term disability insurance allowed John to focus on his recovery and not his finances.

### Short-term disability<sup>1</sup> Q&A

#### What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim for short-term disability insurance benefits. You will have to wait a certain number of days (see "when benefits begin") for your benefits to begin.

## Employer-paid Long-Term Disability insurance



### Benefit Highlights

For all eligible employees of Holzer Health System, Policy # 902029

All Other Eligible Employees

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses (such as mortgage/rent, utilities, childcare, or groceries) if a covered disability like a back injury or chronic illness takes you away from work for an extended time.

Coverage is provided by your employer—at no cost to you!

Benefits	
Monthly benefit (after your claim is approved)	Get a monthly check that replaces 60% of your Total Monthly Earnings, up to \$2,000.
When benefits begin	Benefits begin as soon as 90 days
Benefits may be paid for	Until you reach the Social Security Normal Retirement Age—as long as you are still unable to work due to a covered disability .

Income from other sources could reduce your benefit amount.

### Additional plan features

- You're covered for injury or sickness 24 hours a day, seven days a week, on or off the job.
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.

#### How Sun Life's Long-Term Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision, and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for long-term disability insurance through work. After his claim was approved, he started receiving monthly benefits after he satisfied the waiting period (elimination period) and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. As part of his transition plan, Mark worked part-time until he was able to work full-time. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having long-term disability insurance allowed Mark to focus on returning to work and not on his finances.

# Paid Time Off

Paid Time Off (PTO) is earned and accumulated by all full-time and part-time employees and allows them to take time off with pay away from their jobs for vacations, sickness, personal absence, and holidays. Please refer to Human Resource Policies 6.12 *Paid Time Off* and 6.03, *Paid Time Off Post-Acute* for the full policy surrounding use of PTO.

## Hourly and Non-Management Salaried PTO Accrual Schedule

0-60 Months	.1000	8.00	39 days (312 Hours)
61-120 Months	.1077	8.62	42 days (336 Hours)
121-180 Months	.1154	9.23	45 days (360 Hours)
181-240 Months	.1230	9.85	48 days (384 Hours)
241+ Months	.1308	10.46	51 days (408 Hours)

## Management PTO Accrual Schedule

0-60 Months	9.85	48 days (384 Hours)
61-120 Months	10.46	51 days (408 Hours)
121-180 Months	11.08	54 days (432 Hours)
181-240 Months	11.69	57 days (456 Hours)
241+ Months	12.31	60 days (480 Hours)

# Flexible Spending Accounts

## Medical Expenses Flexible Spending Account (FSA)

This optional account helps you pay for many healthcare expenses that are not covered by the medical, dental or vision plans with pre-tax dollars. You may contribute up to \$3,300 annually into your Health Care FSA account. Funds in this account can be used to pay for office visit co-pays, deductibles, prescription co-pays, dental expenses, etc., but cannot be used to pay for expenses such as medical plan premiums, memberships to health clubs, or expenses incurred outside of the year of enrollment.

## Dependent Care FSA

This optional account allows you to pay daycare expenses for a qualified dependent/child with pre-tax dollars. This account can be used for children under the age of 13 years and disabled dependents—regardless of age—who are physically or mentally unable to care for themselves. This is an alternative to the tax credit employees may be eligible for on the federal income tax return.

To be eligible for reimbursement, the care provider must provide you with an itemized bill or a paid receipt including the date the services were performed. A cancelled check will not be accepted as documentation.

Enrollment in the medical, dental or vision plans is not required to participate in the FSA. However, it is important to carefully consider how much to contribute to this account. The unused balance will be lost if there are not enough eligible expenses incurred by the end of the plan year.

If you participate in the FSA, you should keep all receipts. If eligible expenses are paid out-of-pocket, a spending account claim form must be completed and submitted with a copy of the receipt or Explanation of Benefits.

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*You can log onto [www.myRSC.com](http://www.myRSC.com) for a complete Summary Plan Description of your FSA benefits.*

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## How long do I have to submit claims?

**Run Out Period:** You will have 120 days from the end of the prior plan year to turn in qualified claims from that plan year. Per Federal Regulations, we cannot process claims from the prior year after the 120-day run out has ended in the following year. Claims must have been incurred in the current plan year for the Run Out Period to apply.

## What will happen if I do not use all my funds in my FSA?

Grace Period: Dates will be announced yearly. Stay tuned via email for more information.

If you do not have claims to turn in toward the run-out period but have funds left from the previous plan year, you are able to turn in claims that are incurred during the grace period to use the remaining funds from the previous year.

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*Holzer Health System gives you every opportunity to use your FSA funds by offering both the 120 day Run Out Period and the Grace Period. Please make a note of the additional opportunities to use your funds.*

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## Retirement

### 403(b) Plan – Employee Contributions

We offer a 403(b)-retirement plan designated for employee contributions. You are eligible to begin contributing on your date of hire.

*Enrollment:* To enroll, you will be required to complete a form that you can obtain from HR or from the Holzer Employee Home Page on the Intranet.

You can contribute as much or as little as you wish to the plan. Additionally, you can choose to contribute a specific percentage of your wages per pay period to the plan, or you can elect a specific dollar amount pay period.

### 401(a) Plan – Employer Contributions

Our 401(a) plan is set up for employer contributions. Employees are eligible to enter the 401(a) Plan once they have been employed at Holzer for twelve (12) months and worked 1,000 hours in that year. Employees can then receive employer contributions, including matching contributions, for each year 1,000 hours are worked, and the employee is employed at the end of the plan year or December 31, unless the employee is retiring or becomes disabled. Holzer matches 50% up to the employee's first 4% contribution. Holzer may also contribute discretionary profit-sharing contributions.

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*Save and plan for your future...Log onto [www.hhsretirement.com](http://www.hhsretirement.com) to get started today!*

---

### Notice of Eligibility to Participate in the 403(b) Plan

Holzer Health System (the “Employer”) maintains the Tax Deferred Annuity Plan (the “Plan”) for its eligible employees.

The Plan allows eligible employees to make salary reduction contributions. These contributions will be invested as directed by the employees, and any gain in the investments will be tax deferred until withdrawn from the Plan.

To enroll in the 403(b) plan, you must complete necessary paperwork, such as a salary reduction agreement (“SRA”). The SRA will only apply to amounts earned after enrolling in the plan. This contribution will continue unless it is modified or revoked in the future. The Employer has established policies that enable you to increase or decrease your contribution or stop your contribution. You may get the necessary enrollment forms from the People Resources Department.

Salary reduction contributions can be made in an amount up to the lesser of 100% of your includible compensation or the IRS deferral limit \$24,500 to all elective deferral plans in which you participate.

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*Those who will be aged 50 to 59 and those 64 and older by December 31, 2026, can make a catch-up contribution of **\$8,000** on top of the **\$24,500** annual limit (**\$32,500** combined).*

*Those who will be aged 60, 61, 62, or 63 by December 31, 2026, can make a catch-up contribution of **\$11,250**, on top of the **\$24,500** annual limit (**\$35,750** combined).*

---

## **Beneficiary Designation**

Beneficiaries are the people who will receive your monies in the event of your death.

**Primary Beneficiary:** The first recipient of your monies. You may choose to list one person who will get 100% or multiple people who will get the funds divided at your pre-determined discretion.

**Secondary Beneficiary:** Would get the funds if something were to happen to you and your primary beneficiary(ies) at the same time. You may choose to list one person who will get 100% or multiple people who will get the funds divided at your pre-determined discretion.

For more information on the plan, investment options and procedures on how you can enroll, contact the People Resources Generalist at 740.446.5105.

## Retirement Quick Start Guide

### Welcome to the Holzer Health System Retirement Program!

When you enroll, you get convenient payroll deduction, multiple investment options and tools and the flexibility to change your contribution amount or investment elections at any time. Read on to get all the details.

	401(a) Profit Sharing Plan	403(b) Plan																								
<b>Participation</b>																										
Eligibility	<p>1 Year of Service &amp; age 18</p> <p>A Year of Service means your first 12 consecutive months with at least 1,000 hours.</p> <p>If you do not work 1,000 hours in your first year of service, a Year of Service is then based on the calendar year (see the Plan's SPD for further details).</p>	Immediately eligible																								
Entry Dates	Immediately following the completion of the eligibility requirements	Date of Hire																								
<b>Contributions</b>																										
Salary Deferrals	Not Permitted	Pre-tax & Roth after-tax contributions permitted Subject to federal limits																								
Catch Up Contributions	Not Permitted	At age 50 Subject to federal limits																								
Holzer Contributions	<p>Discretionary profit sharing contributions</p> <p>Discretionary matching contributions</p> <p>Must work 1,000 hours and be employed on December 31</p>	Not Permitted																								
Rollovers	Permitted	Permitted																								
<b>Features</b>																										
Normal Retirement	Age 62	Age 62																								
Vesting	<p>Always 100% vested in your rollover contributions</p> <p>Any contributions made to your account by Holzer are vested according to the following schedule:</p> <table border="1"> <thead> <tr> <th>Years of Service</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>less than 2</td> <td>0%</td> </tr> <tr> <td>2</td> <td>20%</td> </tr> <tr> <td>3</td> <td>40%</td> </tr> <tr> <td>4</td> <td>66⅔%</td> </tr> <tr> <td>5 or more</td> <td>100%</td> </tr> </tbody> </table>	Years of Service	Percentage	less than 2	0%	2	20%	3	40%	4	66⅔%	5 or more	100%	<p>Always 100% vested in your salary deferrals and rollover contributions</p> <p>Any contributions made to your account by Holzer are vested according to the following schedule:</p> <table border="1"> <thead> <tr> <th>Years of Service</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>less than 2</td> <td>0%</td> </tr> <tr> <td>2</td> <td>20%</td> </tr> <tr> <td>3</td> <td>40%</td> </tr> <tr> <td>4</td> <td>66⅔%</td> </tr> <tr> <td>5 or more</td> <td>100%</td> </tr> </tbody> </table>	Years of Service	Percentage	less than 2	0%	2	20%	3	40%	4	66⅔%	5 or more	100%
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4	66⅔%																									
5 or more	100%																									

### Get Your RISE Score™ at [HHSretirement.com](https://www.hhsretirement.com)

Your Retirement Income Security Evaluation Score (RISE score) measures how prepared you are for financial risks in retirement.

Your score is expressed as a single number, like a credit score, that helps you assess how well you are doing. The higher your score, the more likely you'll be able to achieve a healthy financial outcome.



## YOUR INVESTMENT OPTIONS

The plan offers different approaches to investing. You may choose your investment strategy at any time by going to the investments tab at [HHSretirement.com](https://HHSretirement.com).

- **Target Date Retirement Funds.** Target Retirement Funds are designed to take the confusion out of investing. They provide diversified investment mixes that are appropriate for different target retirement dates. These funds change investments over time, becoming more conservative as you near your retirement date.
- **Custom Investment Portfolio.** You design your own asset allocation. You may choose to invest in any combination of the plan's investment options, which represent a broad range of risk and return characteristics within various asset classes.
- **Self Directed Account (SDA).** You may create your own portfolio with a linked brokerage account. An SDA allows you to invest your Plan assets in a wide range of investments.

## Use the Tools

Take advantage of the tools available on [HHSretirement.com](https://HHSretirement.com) to help you get the most from your plan:

- **Investor Profile Quiz**
- **Financial Resource Center**
- **Calculators and more (look for the green Calculators and Tools sidebar)**

## LOANS

You may borrow up to 50% of your vested account balance up to \$50,000. The minimum loan amount is \$1,000. You may only have one loan outstanding at a time. A loan setup fee may apply. To model or request a loan, log on to [HHSretirement.com](https://HHSretirement.com).

## IN-SERVICE AND HARDSHIP WITHDRAWALS

The plan provides for in-service and hardship withdrawals, which means you may be able to take money from the plan while you are still employed. Details are provided in the Plan Summary or on [HHSretirement.com](https://HHSretirement.com).

## DISTRIBUTIONS

Should you leave employment:

- If your vested account balance does not exceed \$5,000 (including rollover contributions), you may leave your money in the plan or request a lump sum distribution.
- If your vested account balance exceeds \$5,000, you may:
  - Leave your money in the Plan.
  - Take a lump sum distribution.
  - Installments over a period of not more than your assumed life expectancy.
  - Partial withdrawals.
  - The purchase of a different form of annuity.
- Any balance you have in the Plan prior to 7/1/2018 may be subject to different distribution rules.

Consider your distribution options carefully to avoid penalties and taxes. Contact the Milliman Benefits Service Center for assistance.

# Stay in the Know

Get the latest information about your account. From [HHSretirement.com](https://www.hhsretirement.com), enter your email address and cell phone number in the Personal Information section (found under the Profile Icon located at the top right of the screen). In the Milliman Mobile Benefits app, look for the Personal Profile section and select Personal Data. You can request electronic confirmations and notices, including text messages. Plus, you'll need this information on file to access your account if you forget your username or password.



## Simple Steps To Get Started

### ACCESS YOUR ACCOUNT

Visit [HHSretirement.com](https://www.hhsretirement.com) (choose English or Spanish), select Create an Account and follow the prompts to register. Registering is the No. 1 step you can take to protect your retirement money and avoid delays when trying to access your account or withdraw funds.

### DECIDE HOW YOU'D LIKE TO SAVE

With the 403(b) Plan, pre-tax & Roth after-tax contributions are permitted.

### CHOOSE YOUR INVESTMENTS

Specify how to invest your contributions among the investment options.

### NAME A BENEFICIARY

Designate who you want to receive your account balance in the event of your death. Make sure to have your beneficiary's Social Security number handy.

### NEED HELP?

Call the Benefits Service Center at 1.866.767.1212 or use Web Chat on [HHSretirement.com](https://www.hhsretirement.com). Representatives are available Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

## Security Tips

Follow these simple tips to safeguard your account information.

- Create a username that's easy for you to remember but difficult for others to guess.
- Change your password on a regular basis.
- Don't use simple words or personal information for your username or password.

## Withdrawal Lock

Withdrawal Lock is a security feature that "locks down" your account to prevent unauthorized withdrawals. This feature is automatically applied to your account when you register. You'll get a special code in the mail, which you'll need to unlock your account when you're ready to withdraw funds. Keep this code in a safe place! If you lose the code, you'll experience delays when trying to withdraw your money.

## Your Quarterly Account Statement

Milliman will provide your quarterly retirement plan statement through [HHSretirement.com](https://www.hhsretirement.com). You can expect your electronic statements to be available approximately 3 weeks following the end of each calendar quarter. If you enter your email address on [HHSretirement.com](https://www.hhsretirement.com), you will automatically receive a reminder when your statement is available for viewing.

At any time, you have the right to request and obtain a free paper version of your statement. To do this, log in to your account and go to the Profile Icon located at the top right of the screen, then choose the Personal Information option. You may also request a paper statement and/or opt out of electronic delivery by contacting the Milliman Benefits Service Center.

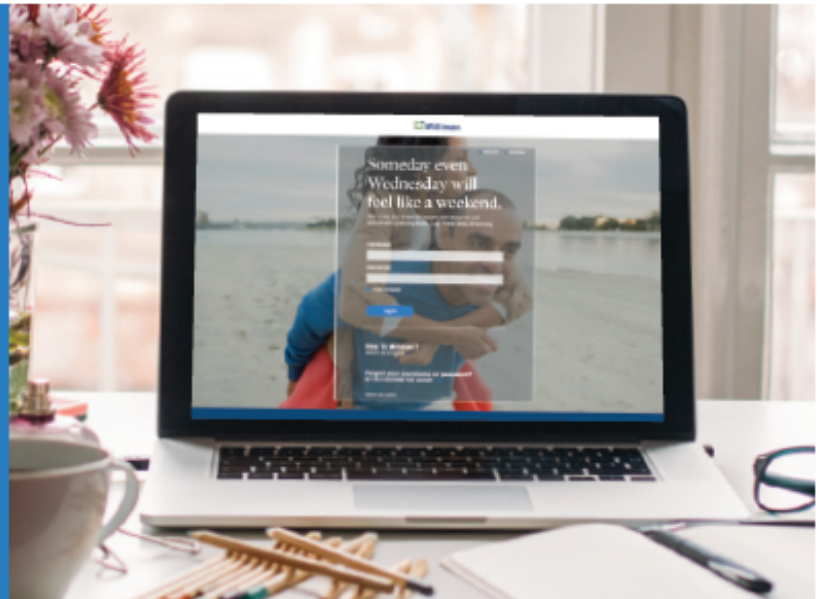


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This brochure is intended to provide a brief review of certain key aspects of the Plan. If there are any discrepancies between the contents of this brochure and the Plan Document, the terms of the Plan shall govern.

# Quick tips to help you access your account

AT MILLIMANBENEFITS.COM



The login process at **MillimanBenefits.com** is designed to protect access to your retirement account information. The steps you will take to log on depend upon whether you are a new user or have already visited the website. To get started, go to **MillimanBenefits.com**. You can access the website in either English or Spanish.

## IF THIS IS YOUR FIRST TIME TO LOG IN, COMPLETE THE **REGISTRATION PROCESS**

- Click "Create an Account" and follow the prompts to begin the registration process.
- Enter your email address. You will receive a verification code. Then, enter the code to continue.
- Using the criteria provided on the website (and in A3 on page 2), create a username and password.
- Select and answer four security questions. See A5 on page 2 for tips on setting up your answers.
- Provide additional contact information.
- Use your new username and password to log in to your account.

Your **MillimanBenefits.com** account security is very important. If you have not already done so, take time to secure your account by logging on and setting up or updating your username, password and security questions.

## IF YOU HAVE PREVIOUSLY LOGGED IN, COMPLETE THE **LOGIN PROCESS**

- Enter your username and password.
- Click "Log In" and follow the prompts.
- For security purposes, you may be asked to provide your contact information or update your username, password and security questions. This part of the process may not be applicable for every login. Ultimately, you will be directed to your account information if your information is accepted.

## IF YOU FORGET YOUR USERNAME OR PASSWORD, **HELP IS AVAILABLE**

- Click "Get Help Accessing Your Account" for assistance.
- Follow the prompts to receive a username reminder or temporary password. This information will be sent to you via email or text if you have provided an email address or cell phone number. If not, this information will be mailed to you.

## Frequently Asked Questions

### Q1. I can't log on because I don't remember my username or password. How can I get help?

**A1.** Click "Get Help Accessing Your Account" from the login page to get help retrieving your username or password. The website will send the requested information by email, text or mail, depending upon what contact data is on file for you.



### Q2. I know my username and password, but they aren't working. Why can't I log in?

**A2.** To enhance website security, Milliman implemented login changes at [MillimanBenefits.com](https://www.milliman.com). If your former username and password do not meet the new criteria, the website will prompt you to update your login information.

### ACCOUNT SECURITY TIP

Activate the "Transaction Lock" feature from the Account Security section (found under the Profile Icon located at the top right of the screen). You'll get a special code, which you'll need to unlock your account when you are ready to withdraw funds.

### Q3. How do I set up a new username and password?

**A3.** Your new username and password:

- Should be 8-12 characters long.
- Can contain any of these nine special characters ! @ # \$ \* ( ) [ ]
- May contain letters and numbers. The password **MUST** include at least one letter and one number.
- Are case-sensitive.
- Cannot be the same.
- Cannot include your Social Security number or date of birth.
- Cannot be your email address.

### Q4. Why do I have to provide my email address and cell phone number when I register?

**A4.** By providing this information, you give Milliman a way to verify that you are accessing your account and conducting transactions.

### Q5. I'm having trouble setting up answers to my security questions. I chose the security question, "What is your favorite food?" and "pizza" was my answer. Why won't the system accept my answer?

**A5.** We all know that everyone loves pizza. However, when responding to a website security question such as, "What is your favorite food?" avoid obvious answers like pizza or hamburger. 1loVePi22A might be a better choice. Whatever your answer, make sure it's one that only you know and someone else might not guess. And make sure it meets the criteria for selecting your four security questions and answers:

- The same question (and answer) may not be used more than one time.
- Answers, which may include upper and/or lower case letters or numbers, are case-sensitive.
- Symbols may not be used in your answers.
- Answers must be 6-40 characters long.

# Tickets At Work



Holzer Health System

**Company Code:** HHSFUN

## Your benefits just got better!

Welcome to the TicketsatWork benefits program, our new provider for discounts to theme parks, attractions and shows nationwide.

## How can I benefit from TicketsatWork?

Through TicketsatWork, you will receive discounts and special access to theme parks and attractions including the Walt Disney World® Resort, Universal Studios®, Las Vegas and New York City shows and performances, Disneyland®, SeaWorld®, Six Flags, and Cirque du Soleil! Also check with TicketsatWork.com for savings on car rentals, hotels, tours and attractions across the US. If you're staying local, save on movie tickets, sporting events, and other special events. And feel free to share the code with friends and family!

## How do I find out what's new?

Once a month, TicketsatWork sends a monthly savings bulletin to your company. Ask about the bulletin today! You can also check back on TicketsatWork.com whenever you want to find the latest deals.

**Enjoy the Savings!**

**MEMBERS  
HAVE MORE  
FUN!**



## HOW CAN I ORDER TICKETS?

- 1) Visit [www.ticketsatwork.com](http://www.ticketsatwork.com).
- 2) Click on the "Become a Member" box at the top of the homepage.
- 3) You will then be prompted to create an account with your email address and company code.
- 4) Or you can place your Order by phone. Call customer service at 800-331-6483. Orders are taken from 8:30am-12am/7 days a week (holidays included). Eastern Standard Time.

# Employee Assistance Program



## Self-help Resources



*A vital benefit to help with everyday issues*

Healthcare workers face daunting challenges: budget crises, government mandates, difficult patient issues, and rapidly changing technology are just a few of the emerging issues. HealthCare EAP offers extensive resources to help healthcare workers deal with these and other professional challenges:

- Patient and Family Challenges
- Workplace Safety and Violence
- Social Media for Healthcare
- Money Saving Tools and Tips for Healthcare Workers
- Cultural Competency and Communication Challenges



**To access this benefit**, you can call the EAP or log on to the website, **[www.HealthCareEAP.com](http://www.HealthCareEAP.com)**, for thousands of articles, videos and tools to help you resolve personal problems or improve your personal or professional life. Find trustworthy information on thousands of topics including:

- Adoption & Child Care
- Personal Finance
- Emotional Wellbeing
- Parenting
- Pets
- Physical Health & Wellness
- Legal Issues
- Loss and Grief
- Stress
- Elder Care & Child Care Locators
- Workplace & Family Violence
- Work-Life Balance
- Wills and Other Legal Forms
- Training & Education

**More benefits than any other EAP.**

**[www.HealthCareEAP.com](http://www.HealthCareEAP.com) • 1-800-252-4555**

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## TO ACCESS THE WEBSITE AND RESOURCES FOR EMPLOYEES

1. Go to [www.HealthCareEAP.com](http://www.HealthCareEAP.com)
2. Click the **Employee and Family login** button.
3. If you have already created a User Name and Password, simply enter that info in the appropriate boxes. **If you have not registered, complete steps (a) & (b).**
  - a) Click on **REGISTER**.
  - b) Fill out the Registration Form to create your own User Name and Password, then click Register.

**\*You only need to register once.**



You'll find an entire library of problem-solving resources including assessments, trainings, videos, tools and calculators such as 2,000+ Harvard Medical School articles

- Thousands of Legal articles
- 800,000 Child/Elder care providers
- Personal Growth programs
- Mental and Physical Health assessments
- Financial tools and calculators
- Career Development information
- 900 Health videos

Plus, important new resources that include:

### CAREGIVER CENTER

A vast array of tools designed to help those providing care for a chronically ill, disabled, or aging family member or friend.

### TRAINING CENTER

Access to over 8,000 personal and professional development trainings and courses in a variety of easy to use formats.

### LOCATORS

Search for child and elder care resources in your local area.

### EMOTIONAL WELLBEING

Identifying a problem is the first step to getting help! Assess your overall emotional wellbeing with screenings for depression, anxiety, drug abuse and more.

### ESI WELLNESS CENTER

Articles, health assessments, courses, videos, and FAQs related to dieting, nutrition, stress, smoking, and physical fitness.

**More benefits than any other EAP.**

[www.HealthCareEAP.com](http://www.HealthCareEAP.com) • 1-800-252-4555

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# Wellness Center

The Holzer Therapy and Wellness Center is a comprehensive wellness center that offers an integrated program of total healthcare services including physical, occupational, speech and massage therapies, individualized health risk assessments and supervised fitness plans.

Membership Enrollment includes a Health Risk Assessment and Biometrics which include Blood Pressure, BMI, body fat analysis, body weight measure, Heart Rate measure, and % blood oxygen. If desired, we can develop an exercise program specific to each member's needs. Log sheets are available and can be kept in a secure file at the Wellness Center for the members convenience.

The Wellness Center features include:

- Hydrotherapy water massage table
- A walking/running track
- State-of-the-art exercise equipment
- Sauna
- Shower and locker area
- Vending services

Membership fees include taxes and use of all Center amenities, including lockers, shower facilities, workout equipment and sauna.

All enrollment amounts have the taxes already built-in, the amount listed is the amount you pay. Membership fees can be automatically withheld from your paycheck.

Employee Pricing		
Membership type	Monthly Rate	Annual Rate
Single	\$16.50	\$198
Single +1	\$25	\$300
Family*	\$30	\$360

*\*Family membership: up to 4 people in the same household. 5+ members add \$10/month*

Visit <https://www.holzer.org/health-wellness/wellness-center/> to learn more.

# Benefit Contacts and Links

Visit these websites to access benefit information, claims information, network provider listings and more.

- **MedBen** - [www.mbaccess.medben.com](http://www.mbaccess.medben.com) - health insurance
- **Ohio PPO Connect** - [www.ohioppoconnect.com](http://www.ohioppoconnect.com) - in network facilities and providers
- **Superior Dental** - [www.superiordental.com](http://www.superiordental.com) - dental insurance
- **VSP** - [www.vsp.com](http://www.vsp.com) - vision insurance

We have listed benefit information on the Holzer Health System intranet site for employees to access benefit summaries, summary plan descriptions, and frequently asked questions.

1. Type <https://employee.holzer.org> into your web browser.
2. Click the Benefits & HR Tab.
3. Click Benefits on the drop-down menu.
4. Choose the benefit that you would like.

Benefit Contact information:

- **People Resources** ext. 5105 or 5189; Fax 5106
- **Stephanie Harbour** ext. 5897 or [sharbour@holzer.org](mailto:sharbour@holzer.org)
- **Cheyenne Spangler** ext. 3949 or [cspangler@holzer.org](mailto:cspangler@holzer.org)
- **Kim Caldwell** ext. 5783 or [kcaldwell@holzer.org](mailto:kcaldwell@holzer.org)
- **Carole Armstrong** ext. 5058 or [carmstrong@holzer.org](mailto:carmstrong@holzer.org) (*Direct HR Contact for Senior Care, Holzer Assisted Living - Jackson, & Holzer Assisted Living - Gallipolis*)

# Using the Timeclock



Swiping Your Badge on the new ADP Timeclock



## Identify the part of your badge to swipe:

- Front Bar Code- do not swipe
- Back Mag Strip- do not swipe
- Back Bar Code- Swipe This!

*The back side of your badge may not match this image, bar code may be on either side.*

## Using the new ADP timeclock:

- Card slot is on right side
- Place badge in top of slot:
  - Picture towards you
  - Back towards wall
  - Back Bar Code on left side
- Swipe down to scan
- Screen will confirm your swipe
- May swipe up if that's easier to do



Card Slot

## Pro Tip:

If your badge looks like this:



Hold it like this to swipe:



If your badge looks like this:



Hold it like this to swipe:




Need help with your badge? Call Human Resources at x5105.

Rev. 07/2024

# Setting Up ADP Access

The ADP self-service application contains information on your paycheck, hours, benefits, and many other employee resources.

## Sign Up with Email or Mobile Phone


1. Go to [www.workforcenow.adp.com](http://www.workforcenow.adp.com)
2. Click on [New user ?](#)  [Create account](#)
3. Select **Find Me**
4. From **Help Us Find You**, select **Email** or **Mobile Phone**
5. You may already have a registration code in your Holzer email account; you can select **"I have a registration code"** then enter the code.
6. Enter email address or mobile phone number to receive a verification code
7. Information must match your hiring paperwork. Once this is confirmed, you will be prompted to enter your identification details.
8. Enter verification code sent to your email or mobile (text or call)
9. If you did not receive a code after submitting your email or mobile, you can select: **Request a New Code**
10. Enter your primary contact information
11. Email address and mobile number are used to receive account notifications and to confirm identity when needed.
12. Select **Create Account**: case sensitive password needs to be entered and confirmed

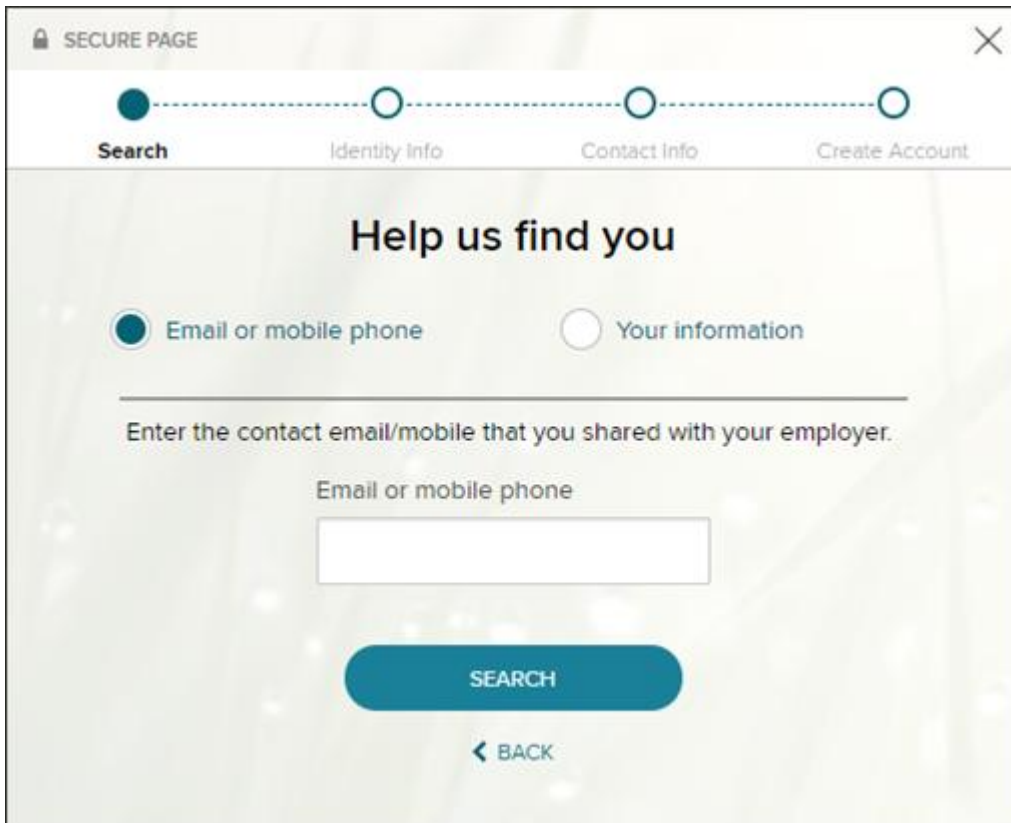


*Scan this QR Code to download the ADP App to your phone.*

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## Sign Up without an Email or Mobile Phone

1. Go to [www.workforcenow.adp.com](http://www.workforcenow.adp.com)
2. Click on [New user ?](#)  [Create account](#)
3. Select **Find Me**
4. On the **Help Us Find You** screen, select **Your Information**, then select **Search**
5. You will enter your personal identity info: First and Last Name, Date of Birth, Country and Social Security Number  
If you receive a message *we cannot find you in our records*, review your entries and try again  
If you are listed under more than one company (many employers use ADP), select **Holzer**
6. Upon successful identification, continue to **create account**



SECURE PAGE

Search Identity Info Contact Info Create Account

## Help us find you

Email or mobile phone  Your information

Enter the contact email/mobile that you shared with your employer.

Email or mobile phone

SEARCH

< BACK

# COBRA

**TO:** All Employees  
**FROM:** Bethany Purkey, VP - People Resources  
**SUBJECT:** Continuation of Coverage Rights under COBRA

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Holzer group health plan (the Plan). This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to other members of your family when you would otherwise lose your group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

## **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

#### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

#### **You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: People Resources Department, Holzer Health System, 100 Jackson Pike, Gallipolis, OH 45631.

## **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### **Disability extension of 18-month period of continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

### **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for

a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

#### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you do not enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer), and COBRA continuation

coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **If You Have Questions**

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### **Keep Your Plan Informed of Address Changes**

To protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan Contact Information**

*MedBen*     [www.mbaccess.medben.com](http://www.mbaccess.medben.com)

#### *Holzer Health System*

People Resources Department

100 Jackson Pike

Gallipolis, OH 45631

Phone: 740-446-5105

# Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act of 1998 (WHCRA) was signed into law on October 21, 1998. The WHCRA, which amends ERISA, requires group health plans that provide coverage for mastectomies to also provide coverage for reconstructive surgery and prostheses following mastectomies.

Because your group health plan offers coverage for mastectomies, WHCRA applies to your plan. The law states that a participant who is receiving benefits, on or after the law's effective date, for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy will also receive coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the policy/plan.

## 2026 Pay Schedule

Pay Period	Pay Period Begins	Pay Period Ends	Pay Date	Pay Period	Pay Period Begins	Pay Period Ends	Pay Date	Pay Period	Pay Period Begins	Pay Period Ends	Pay Date
1	12/15/2025	12/28/2025	1/2/2026	10	4/20/2026	5/3/2026	5/8/2026	19	8/24/2026	9/6/2026	9/11/2026
2	12/29/2025	1/11/2026	1/16/2026	11	5/4/2026	5/17/2026	5/22/2026	20	9/7/2026	9/20/2026	9/25/2026
3	1/12/2026	1/25/2026	1/30/2026	12	5/18/2026	5/31/2026	6/5/2026	21	9/21/2026	10/4/2026	10/9/2026
4	1/26/2026	2/8/2026	2/13/2026	13	6/1/2026	6/14/2026	6/18/2026	22	10/5/2026	10/18/2026	10/23/2026
5	2/9/2026	2/22/2026	2/27/2026	14	6/15/2026	6/28/2026	7/2/2026	23	10/19/2026	11/1/2026	11/6/2026
6	2/23/2026	3/8/2026	3/13/2026	15	6/29/2026	7/12/2026	7/17/2026	24	11/2/2026	11/15/2026	11/20/2026
7	3/9/2026	3/22/2026	3/27/2026	16	7/13/2026	7/26/2026	7/31/2026	25	11/16/2026	11/29/2026	12/4/2026
8	3/23/2026	4/5/2026	4/10/2026	17	7/27/2026	8/9/2026	8/14/2026	26	11/30/2026	12/13/2026	12/18/2026
9	4/6/2026	4/19/2026	4/24/2026	18	8/10/2026	8/23/2026	8/28/2026	27	12/14/2026	12/27/2026	12/31/2026

