





EMPLOYEE BENEFITS

Benefit plans effective January 1, 2020-December 31, 2020





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THE HONORHEALTH BENEFITS PACKAGE

Benefits are an integral part of the overall total rewards package provided by HonorHealth. Within this Benefits Guide, you will find important information on the benefits available to you for the 2020 plan year (January 1, 2020, through December 31, 2020). Please take a moment to review the benefits HonorHealth offers to determine which plans are best for you.

This guide contains only general and summary information; it should not be considered a replacement for master plan documents. Every care is taken to ensure the accuracy of the information in this guide; however, in the event of any conflict, certificates of coverage or master plan documents will govern.

BENEFITS ELIGIBILITY

Full-time and part-time employees are eligible for benefits. Full-time employees must work between 60-80 hours per pay period, and part-time employees must work between 32-59 hours per pay period.

The date you become eligible for coverage is listed below. Your first day of work refers to the first day you are actively at work in a benefits-eligible position, whether you are newly hired or your work hours were increased.

Available on your first day of work:

- Auto and home insurance
- Pet insurance
- Employee assistance program (EAP)

- Employee discounts
- Paid time off/paid sick time
- 403(b) retirement security plan

Available on the first day of the month following your first day of work:

- Medical
- Dental
- Vision
- Flexible spending accounts (FSAs)
- Health savings account (HSA)
- Life and AD&D insurance

- Voluntary critical illness insurance
- Voluntary accident insurance
- Prepaid legal services
- Hospital indemnity insurance
- Identity theft insurance
- Voluntary life and whole life insurance

Available after six months of employment:

Tuition assistance

Available on the first day of the month following one year of employment:

- Company paid short- and long-term disability insurance
- Voluntary long-term buy-up insurance
- Purchasing Power

M DEPENDENT ELIGIBILITY

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse or domestic partner*.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age, if the disability began prior to age 26, who are physically or mentally unable to care for themselves.

You are required to provide proof of your dependents' eligibility, such as a birth certificate or marriage license, within 30 days of your benefit eligibility date in order for your dependents to have coverage.

^{*}Both you and your domestic partner must sign an affidavit stating that you meet the qualifying criteria, and you must provide proof of qualification. Download the appropriate forms from the Employee Benefits site at **www.honorhealthbenefits.com**. HonorHealth contributions toward the premium for a domestic partner are a taxable benefit to the employee.

ENROLLMENT

You can sign up for benefits or change your benefits elections at the following times:

- Within 30 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- Within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31, 2020. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

If you are a new hire, log into the Staff Member Self-Service portal to enroll in benefits. If you experience a qualifying life event, please download a qualifying life event enrollment form at www.honorhealthbenefits.com/eligibility-enrollment/enrollment/.

CHANGING YOUR BENEFITS DURING THE YEAR

HonorHealth allows you to pay your portion of the medical, dental, and vision plan costs, and contribute to the FSAs and/or HSA, on a pre-tax basis. Due to IRS regulations, once you have made your elections for the plan year, you cannot change these benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:



To request a benefits change, notify a benefits educator or email employee.benefits@honorhealth.com within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may be required to provide proof of the life event such as a birth certificate, marriage license, or other proof of qualifying life event.

HonorHealth offers three medical plan options. Before you enroll in medical coverage, take some time to review how each plan option works.

The table below summarizes the key features of the medical plan options. Please refer to the tables on page 6 for additional plan details.

Summary of Covered Benefits	Coordinated Care Plan	Standard Plan	Health Savings Account Plan (HDHP)			
Network coverage	You will pay less by choosing an HonorHealth network provider. Services provided by BlueCross BlueShield of Arizona (BCBSAZ) are also covered but may be limited by plan choice. There is no out-of-network coverage unless you are traveling or living outside of Arizona or if you experience a life- or limb-threatening emergency.					
Traveling or living outside of Arizona	You have access to the Private Healthcare Systems (PHCS) Healthy Directions Network. The plan pays the HonorHealth rate for the service provided.	ss to the PHCS ns Network. The C CBSAZ rate for e provided.				
HonorHealth contributes money into an account to help you pay for out-of-pocket expenses	No.	No. No.				
Pay for health care with pre-tax dollars	You can fund a health care flexible spending account (FSA).	You can fund a health care FSA.	You can fund a health savings account (HSA) and limited purpose health care FSA.			
Plan has a deductible	There is no deductible.	re is no deductible. There is no deductible.				
How you pay for your portion of services	You pay copays for most services within the HonorHealth Network. Coinsurance (a percentage of the total cost) applies to more comprehensive services. After you meet you deductible, you percentible, you percent					
Plan pays 100% for preventive care ¹	Yes, as long as you see a HonorHealth Provider.					

For services listed as A or B rated on the U.S. Preventative Services Task Force list.

The coinsurance amounts listed reflect the amount you pay. Refer to the official plan documents for additional information on coverage and exclusions.

Summary of	Coordinate	d Care Plan	Standa	rd Plan	Health Savings Account Plan (HDHP)	
Covered Benefits	Innovation Care Partners/ HonorHealth	BlueCross BlueShield of Arizona	Innovation Care Partners/ HonorHealth	BlueCross BlueShield of Arizona	Innovation Care Partners/ HonorHealth	BlueCross BlueShield of Arizona
Plan Year Deductible Individual/Family	None	None	None	None	\$2,600/	′\$5,200¹
Out-of-Pocket Max			Includes deductible, c	opays, and coinsurance		
Individual/Family	\$5,000/	\$10,000	\$6,450/	\$12,900	\$6,450/	\$12,900
Preventive Care	Plan pays 100%	Not covered ²	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services Primary Care Physician Specialist Urgent Care	\$20 copay \$50 copay \$25 copay	Not covered ² \$125 copay ³ \$25 copay	\$20 copay \$60 copay \$25 copay	\$40 copay \$125 copay ⁴ \$25 copay	10% 10% N/A	20% 20% 20%
Outpatient Lab/X-Ray Laboratory Services X-Ray, Ultrasound MRI, MRA, CT, PET	\$10 copay \$10 copay \$100 copay, then 20%	\$10 copay 50% Not covered	\$15 copay \$15 copay \$150 copay, then 15%	\$15 copay 25% \$200 copay, then 50%	10% 10% 10%	10% 10% 50%
Hospital Services ⁵ Inpatient Outpatient	\$150 copay per day, up to 5 days \$150 copay	Not covered	\$200 copay per day, up to 5 days \$200 copay	\$400 copay per day for 5 days, then 50% \$400 copay, then 50%	10%	50% 50%
Emergency Room ⁶	\$250 copay	\$250 copay	\$300 copay	\$300 copay	20%	20%
Physical and Occupational Therapy 40 visit max per calendar year	\$20 copay	\$20 copay	\$20 copay	\$20 copay	20%	20%
Alternative Care I.E. Chiropractic and Acupuncture. Refer to Plan Document for full list of services.	75% up to \$1,000, then Plan pays 10% All services combined		75% up to \$1,000, then Plan pays 10% All services combined		75% after deductible up to \$1,000, then Plan pays 10% All services combined	
30-Day Prescription Drug Supply Generic Maintenance Tier 1 Tier 2 Tier 3 Specialty	\$0 cc \$4 cc 30% (\$30 min 60% (\$100 30% (\$50 min	opay up to \$80 max)	\$5 copay \$15 copay 35% (\$40 min up to \$100 max) 60% (\$125 min, no max)		\$5 copay \$7 copay 35% (\$40 min up to \$100 max) 60% (\$125 min, no max) 30% (\$60 min up to \$150 max)	
90-Day Prescription Drug Supply Generic Maintenance Tier 1 Tier 2	\$0 cc \$10 c 30% (\$75 min	opay opay	30% (\$60 min up to \$150 max) \$15 copay \$37.50 copay 35% (min \$100 up to \$250 max)		\$15 copay \$17.50 copay 35% (\$100 min up to \$250 max)	

⁽¹⁾ If you elect employee + spouse, employee + child(ren), or family coverage, an individual deductible of \$2,800 will apply to each covered member of the family (capped at family amount). (2) Except pediatric primary care. (3) \$50 copay if specialty not in HonorHealth network. (4) \$60 copay if specialty not in HonorHealth network. (5) For room and board only; coinsurance may apply. See SPD for details. (6) In the case of life- or limb-threatening emergencies, out-of-network emergency room services will be covered at the in-network level.



Medical Insurance Costs

Listed below are the per pay period costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Full-Time Employees (60 to 80 hours)	Coordinated Care Plan	Standard Plan	Health Savings Account Plan (HDHP)	
(60 to 60 nours)	Biweekly	Biweekly	Biweekly	
Employee Only	\$32.50	\$151.00	\$32.50	
Employee + Spouse	\$160.50	\$339.00	\$160.50	
Employee + Child(ren)	\$67.50	\$159.50	\$67.50	
Employee + Family	\$209.50	\$416.00	\$209.50	

Part-Time Employees (32 to 59 hours)	Coordinated Care Plan	Standard Plan	Health Savings Account Plan (HDHP)	
(32 to 59 nours)	Biweekly	Biweekly	Biweekly	
Employee Only	\$104.00	\$341.00	\$104.00	
Employee + Spouse	\$356.00	\$707.00	\$356.00	
Employee + Child(ren)	\$173.00	\$357.00	\$173.00	
Employee + Family	\$452.00	\$858.00	\$452.00	

Note: There are 24 pay periods per year.

Understanding the Networks

To get the most value out of your medical plan, it is important to know if your provider is in the network.

Innovation Care Partners	BCBSAZ Network Coverage for	Private Healthcare Systems (PHCS)
HonorHealth Network	Some Services Only	Healthy Directions Network
Includes all HonorHealth hospitals, facilities, practices, and urgent care centers. It also includes physicians within the network, Innovation Care Partners. You will pay less out of your pocket when you choose an HonorHealth provider. For a list of HonorHealth physicians, go to www.innovationcarepartners. com/physiciansearch.	The BCBSAZ network includes physicians and facilities throughout Arizona. You will pay more out of your pocket when you choose a BCBSAZ provider. To find a BCBSAZ physician or facility, visit www.azblue.com/chsnetwork.	Coverage for this network is only available if you are traveling or living outside Arizona. Find a provider at www.multiplan.com/search.

Prescription Drug Benefit

When you enroll in an HonorHealth medical plan, prescription drug coverage is automatically provided through OptumRx. You can fill your prescriptions at participating pharmacies such as Avella, Safeway, Walgreens, Wal-Mart, CVS, and Target, or you may choose to use mail order.

Dispense as Written

A dispense as written (DAW) penalty may be applied to your prescription cost if you fill a preferred or non-preferred drug that has an available generic substitute. You will pay the difference in cost between the two drugs along with the applicable coinsurance.

Register at **www.optumrx.com** to find your actual out-of-pocket cost for your preferred and non-preferred brand medications.

Behavioral Health Services

Magellan Health provides in-network services and coordination of care for all behavioral health benefits. To get started, call a Magellan Health care manager at 800-424-4138. The care manager coordinates and guides all of your care. You may be referred to a network provider for mental health or substance abuse services. Visit **www.honorhealthbenefits.com** for more benefit information.



If you enroll in the Health Savings Account Plan (HDHP), you may be eligible to open and fund a health savings account (HSA) through HealthEquity. An HSA is a personal savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

If you contribute to an HSA, HonorHealth will help you save by matching your contribution up to the following amounts:

Employee-only coverage: \$1,300
 All other coverage tiers: \$2,600

HonorHealth contributions are deposited at the end of each payroll period (up to 24 pay periods), provided you are also contributing.

2020 IRS HSA Contribution Maximums

Contributions to an HSA (including the HonorHealth contributions) cannot exceed the IRS allowed annual maximums.

Individual: \$3,550
All other tiers: \$7,100

If you are age 55+ by December 31, 2020, you may contribute an additional \$1,000.

HSA Eligibility

You are eligible to contribute to an HSA if:

• You are enrolled in the Health Savings Account Plan (HDHP).

You are NOT eligible to contribute to an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement account.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have received Veterans Administration Benefits in the last three months (unless the condition for which you received care was service related).

Refer to IRS Publication 969 for details. Note: You cannot use your HSA dollars for your domestic partner's expenses unless that individual is your tax-code dependent. HSA dollars can be used for all tax-code dependents even if they are not covered on a HonorHealth medical plan.

Get a Discount on Health Care Expenses

When you spend your HSA dollars, it's like using a 20% off coupon for your health care expenses.* That is because you don't pay taxes on your HSA contributions. For example, when you receive a \$400 bill from your primary care provider and you pay with your HSA, you are saving between \$80 and \$100 dollars based on your tax rate.

*Percentage varies based on your tax bracket.

Maximize Your Tax Savings with an HSA



Use your HSA dollars today to pay for qualified medical expenses such as: deductibles, doctor's office visits, dental expenses, eye exams, and prescription expenses.



Use your HSA to prepare for the unexpected. An HSA allows you to save and roll over money from year to year. The money in the account is always yours, even if you change health plans or jobs.



The money in your HSA can be invested and grown taxfree. After you reach age 65, your HSA dollars can be spent penalty free on any expense.

M DENTAL INSURANCE

HonorHealth offers four dental insurance plans.

- The Delta Dental Base Plan, Delta Dental Buy-Up Plan, and Delta Dental Enhanced Plan offer inand out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a Delta Dental network provider at www.deltadentalaz.com.
- The EDS HMO Plan offers in-network coverage only. You must designate a primary dentist to oversee your care. Any in-progress treatment you or your dependents are currently receiving, such as orthodontia, is not covered. To find a provider in the EDS network, visit www.mydentalplan.net (plan: 300N).

The table below summarizes the key features of the dental plans. The amounts listed below reflect the percentages covered by the dental plans.

Summary of Covered	Delta Dental Base Plan		Delta Dental Buy-Up Plan		Delta Dental Enhanced Plan		EDS HMO Plan
Benefits	PPO Dentist	Premier Dentist	PPO Dentist	Premier Dentist	PPO Dentist	Premier Dentist	In Network Only
Plan Year Deductible Individual/Family	\$50/\$150		\$50/\$150		\$50/\$150		\$0/\$0
Plan Year Benefit Max	\$1,	500	\$2,000 \$4,000		000	N/A	
Preventive Care Two exams and cleanings per year	Plan pays 100% (deductible waived)	80% (deductible waived)	Plan pays 100% (deductible waived)	80% (deductible waived)	Plan pays 100% (deductible waived)	80% (deductible waived)	You pay a copay for
Basic Services Fillings, extractions, root canals	80%	50%	80%	50%	100% after deductible	80% after deductible	each covered procedure.
Major Services Bridges, inlays, onlays, dentures	50%	Not covered	50	%	80% after deductible	80% after deductible	Refer to the official plan documents
Orthodontia Services	Not co	vered	50%		N/A		for more
Orthodontia Lifetime Max	N,	/A	\$2,5	500	N/	'A	information.

Dental Insurance Costs

Listed below are the per pay period costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Dental	Delta Dental Dental Base Plan		Delta Dental Buy-Up Plan		Delta Dental Enhanced Plan		EDS Dental Plan	
Coverage Level	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)
Employee Only	\$5.23	\$7.85	\$10.78	\$16.17	\$16.47	\$24.73	\$1.97	\$2.84
Employee + Spouse	\$13.22	\$19.83	\$27.23	\$40.85	\$41.64	\$54.56	\$4.22	\$6.12
Employee + Child(ren)	\$13.77	\$20.65	\$28.38	\$42.57	\$43.38	\$55.61	\$5.60	\$8.13
Employee + Family	\$24.58	\$36.87	\$50.64	\$75.96	\$77.43	\$92.43	\$6.52	\$9.47

Note: There are 24 pay periods per year.



VISION INSURANCE

HonorHealth offers two vision insurance plans. Both plans offer in- and out-of-network benefits. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP provider at **www.vsp.com** or a UnitedHealthcare provider at **www.myuhcvision.com**.

The table below summarizes the key features of the vision plans. Refer to the official plan documents for additional information on coverage and exclusions.

Summary of	VSP Visi	ion Plan	UnitedHealthcare Vision Plan		
Covered Benefits	In Network Out of Network		In Network	Out of Network	
Eye Exam (every 12 months)	\$25 copay	Plan pays up to \$45	\$10 copay	Plan pays up to \$40	
Standard Plastic Lenses (every 12 months)	\$30 copay	Plan pays up to \$30	\$30 copay	Plan pays up to \$40	
Frames (every 12 months)	Plan pays up to \$130¹ + 20% discount on balance	Plan pays up to \$70	Plan pays up to \$130 + 20% discount on balance	Plan pays up to \$45	
Contact Lenses (every 12 months in lieu of standard plastic lenses)	Up to \$60 copay, then plan pays up to \$130	Plan pays up to \$105	\$30 copay, then plan pays up to \$130	Plan pays up to \$105	

⁽¹⁾ Plan pays up to \$150 for featured frame brands.

Vision Insurance Costs

Listed below are the per pay period costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Vision Coverage Level	VSP Vision Plan	UnitedHealthcare Vision Plan
Employee Only	\$3.46	\$2.58
Employee + Spouse	\$6.92	\$4.79
Employee + Child(ren)	\$7.42	\$5.99
Employee + Family	\$11.85	\$8.37

Note: There are 24 pay periods per year.

FLEXIBLE SPENDING ACCOUNTS

HonorHealth offers three flexible spending account (FSA) options—the health care FSA, the limited purpose health care FSA, and the dependent care FSA—which allow you to pay for eligible expenses with pre-tax dollars. You decide how much to contribute to each FSA on a calendar year basis up to the maximum allowable amounts. The FSAs are administered by Discovery Benefits. Log into your account at **www.discoverybenefits.com**.



Health Care FSA (not allowed if you contribute to an HSA)

The health care FSA allows you to set aside money to pay for eligible out-of-pocket expenses, such as copays and other health-related expenses that are not paid by the medical, dental, or vision plans.



The health care FSA maximum contribution is \$2,750 for the 2020 calendar year.



Limited Purpose Health Care FSA (if you contribute to an HSA)

If you contribute to an HSA, you are not eligible to contribute to a health care FSA. However, you can contribute to a limited purpose health care FSA which can only be used to reimburse dental and vision expenses.



The limited purpose health care FSA maximum contribution is \$2,750 for the 2020 calendar year.



Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by care provider).

You may contribute up to \$5,000 to the dependent care FSA for the 2020 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2020 calendar year.



THINGS TO CONSIDER BEFORE CONTRIBUTING TO AN FSA:

- For the health care FSA, at the end of the plan year, you can roll over \$500 from your health care FSA to use in future years. Any amount in excess of \$500 on January 1, 2021, will be forfeited. This also applies to limited purpose health care FSA.
- Dependent care FSA dollars are use it or lose it (no roll over allowed).
- You cannot take income tax deductions for expenses you pay with your FSA(s).
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a
 qualifying life event.
- If you leave HonorHealth, your FSA ends on the last day of your employment.

LIFE AND AD&D INSURANCE

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, HonorHealth provides basic life and AD&D insurance to all benefitseligible employees **at no cost**. You have the option to purchase additional voluntary life insurance.

BENEFICIARY DESIGNATIONS

Please be sure to keep your beneficiary information up to date.

Basic Life and AD&D Insurance

HonorHealth automatically provides basic life and AD&D insurance through Excess Risk to all benefitseligible employees **at no cost**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit.

• **Employee benefit:** 1x base annual salary up to a maximum of \$200,000 (minimum of \$25,000)

Voluntary Life and AD&D Insurance

HonorHealth provides you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children through The Hartford. You must purchase additional coverage for yourself in order to purchase coverage for your spouse and/or dependents. Voluntary life and AD&D rates are age-banded (listed below). Benefits will reduce to 50% at age 70, to 30% at age 75, and to 20% at age 80.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Reliance Standard.

- **Employee:** 1, 2, 3, 4, or 5x your base annual salary up to \$1,500,000; guarantee issue: \$500,000
- **Spouse or domestic partner*:** \$10,000 increments, not to exceed \$50,000 or 100% of the employee's election, whichever is less
- Dependent children: \$5,000 or \$10,000, not to exceed 100% of the employee's election

Voluntary Life and AD&D Insurance Costs

Listed below are the rates for voluntary life and AD&D insurance. The amount you pay for voluntary life and AD&D insurance is deducted from your paycheck on a post-tax basis.

Voluntary Life and AD&D Rates					
Age	Employee Biweekly Rate Per \$1,000 of coverage	Spouse Biweekly Rate Per \$1,000 of coverage	Child Per Pay Period Rate		
<30	\$0.021	\$0.033			
30-34	\$0.024	\$0.048			
35-39	\$0.027	\$0.053			
40-44	\$0.039	\$0.063	Per \$5,000 of coverage:		
44-49	\$0.054	\$0.100	\$0.38 per pay period		
50-54	\$0.076	\$0.158	Per \$10,000 of coverage:		
55-59	\$0.126	\$0.243	\$0.75 per pay period		
60-64	\$0.190	\$0.370			
65-69	\$0.328	\$0.655			
70+	\$0.580	\$0.655			

^{*}If your spouse/domestic partner is also a benefits-eligible employee of HonorHealth, you cannot make a life insurance coverage election for him or her.

DISABILITY INSURANCE

Short-Term Disability Insurance

HonorHealth provides short-term disability (STD) insurance through Matrix/Reliance Standard to all benefits-eligible employees **at no cost** after 12 months of employment. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated short-term disability plans.

• Benefit: 60% of base weekly pay

Elimination period: 7 days for sickness or injury

Benefit duration: Up to 180 days in a rolling 12-month period

Long-Term Disability Insurance

HonorHealth automatically provides long-term disability (LTD) insurance through Matrix/Reliance Standard to all benefits-eligible employees **at no cost**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the short-term disability period. Staff employees are eligible for LTD benefits after one year of service.

• Benefit: 60% of base monthly pay up to \$15,000

• Elimination period: 6 months

- **Benefit duration:** Social security normal retirement age or defined in insurance certificate dependent upon age at inception
- Pre-existing condition exclusion: 3/12; benefits will not be paid for any disability for which you received
 medical treatment, care, or consultation for during the 3 months preceding your effective date until you
 have been covered under the policy for 12 months

Voluntary LTD Insurance

HonorHealth provides you the option to purchase voluntary LTD insurance through Matrix/Reliance Standard. Staff employees are eligible to purchase voluntary LTD benefits after one year of service.

- **Benefit:** An additional $6^{2/3}$ % of base monthly pay up to \$15,000 (for a combined LTD benefit equal to $66^{2/3}$ % of base monthly pay)
- Elimination period: 6 months
- **Benefit duration:** Social security normal retirement age or defined in insurance certificate dependent upon age at inception
- **Pre-existing condition exclusion:** 3/12; benefits will not be paid for any disability for which you received medical treatment, care, or consultation for during the 3 months preceding your effective date until you have been covered under the policy for 12 months

SECOND SERVICESSERVICES SERVICES SERVICE

Accident Insurance

Designed to supplement your medical plan coverage, accident insurance pays specific benefit amounts for expenses resulting from covered non-work-related injuries or accidents. Hospitalization, physical therapy, intensive care, and emergency transportation are some of the out-of-pocket expenses that are covered by this plan. Coverage is available for you, your spouse, and/or your child(ren).

Biweekly rates are shown in the chart below.

Accident Insurance Coverage Level	Accident Insurance Biweekly Rates*		
Employee Only	\$6.65		
Employee + Spouse	\$9.91		
Employee + Child(ren)	\$12.55		
Employee + Family	\$15.81		

^{*}Taken over 24 pay periods.

Critical Illness Insurance

Critical illness insurance provides cash benefits if you are diagnosed with a covered critical illness, such as cancer, a heart attack, or a stroke. More importantly, the plan helps you focus on recuperation instead of the costs of medical and personal bills. Cash benefits are paid directly to the insured upon diagnosis of a covered critical illness. Coverage is available for you, your spouse, and/or your child(ren).

Biweekly rates are shown in the chart below.

Critical Illness Insurance Biweekly Rates*									
٨٥٥	Employee Rate			Spouse Rate			Child Rate		
Age	\$10,000	\$20,000	\$30,000	\$10,000	\$20,000	\$30,000	\$5,000	\$10,000	\$20,000
<25	\$2.45	\$4.25	\$6.05	\$2.45	\$4.25	\$6.05			
25-29	\$2.70	\$4.75	\$6.80	\$2.70	\$4.75	\$6.80			
30-34	\$3.00	\$5.35	\$7.70	\$3.00	\$5.35	\$7.70			
35-39	\$3.60	\$6.55	\$9.50	\$3.60	\$6.55	\$9.50			
40-44	\$5.25	\$9.85	\$14.45	\$5.25	\$9.85	\$14.45			
44-49	\$7.90	\$15.15	\$22.40	\$7.90	\$15.15	\$22.40	\$0.70	\$1.40	\$2.80
50-54	\$11.90	\$23.15	\$34.40	\$11.90	\$23.15	\$34.40			
55-59	\$17.95	\$35.25	\$52.55	\$17.95	\$35.25	\$52.55			
60-64	\$24.80	\$48.95	\$73.10	\$24.80	\$48.95	\$73.10			
65-69	\$32.05	\$63.45	\$94.85	\$32.05	\$63.45	\$94.85			
70+	\$42.05	\$83.45	\$124.85	\$42.05	\$83.45	\$124.85			

^{*}Taken over 24 pay periods.

Whole Life Insurance

Whole life insurance protects your family for an entire lifetime. Whole life insurance can build cash value that you can use while you are still alive. You can have the added financial protection that you and your family may need during times of uncertainty at an affordable premium. The policy is owned by you, so you can keep your coverage even when you retire or change jobs. As long as the premium continues to be paid, your rate is guaranteed never to increase and your benefit can never decrease! Coverage is available for you, your spouse, and/or your child(ren).

SECTION BENEFITS

Hospital Indemnity Insurance

Hospital indemnity insurance provides financial assistance to enhance your current coverage. It helps you avoid utilizing your savings or having to borrow to cover out-of-pocket costs that health insurance was never intended to cover. Hospital indemnity insurance can help with expenses, such as transportation, meals for family members, and childcare, or with time away from work during a hospital stay. Coverage is available for you, your spouse, and/or your child(ren). Biweekly rates are shown in the chart below.

Hospital Indemnity Insurance Coverage Level	Hospital Indemnity Insurance Biweekly Rates*
Employee Only	\$11.40
Employee + Spouse	\$23.46
Employee + Child(ren)	\$17.41
Employee + Family	\$29.47

^{*}Taken over 24 pay periods.

For additional information regarding accident insurance, critical illness insurance, whole life insurance or hospital indemnity, call 877-768-7182 or visit a benefit educator at your campus.

Identity Theft Insurance

Identity Theft insurance can provide peace of mind with proactive monitoring for the most damaging types of fraud. InfoArmor monitors your credit through TransUnion, Equifax, and Experian and also monitors things like financial transactions and social media reputation. It will also send you a monthly credit score and a credit report each year from TransUnion. InfoArmor has a generous Under Roof/Under Wallet definition of eligibility, meaning that anyone living under your roof (Under Roof) or anyone you support financially (Under Wallet) is eligible for coverage.

Identity Theft Insurance Coverage Level	Identity Theft Insurance Biweekly Rates*
Employee Only	\$4.97
Employee + Family	\$8.97

^{*}Taken over 24 pay periods.

Prepaid Legal Services

Hyatt Legal Plan is your provider for prepaid legal and financial services. Through the Hyatt Legal program, you can receive telephone and office consultations for a variety of matters with any Hyatt Legal attorney. The cost is \$19.50 per month.

Legal representation includes such matters as:

- Real estate advice
- Family law
- Traffic offenses
- Consumer protection

- Juvenile matters
- Legal document preparation and review
- Estate planning and other financial issues

For additional information, contact Hyatt Legal Plans' Client Service Center at 800-821-6400.

OTHER BENEFITS

Auto and Home Insurance

The auto and home insurance plans offer low group rates through Liberty Mutual Group. You may elect this benefit at any time and you may pay its premiums through payroll deductions. Contact Liberty Mutual at 800-699-2723 or visit **www.libertymutual.com/honorhealth**.

Pet Health Care Coverage

United Pet Care (UPC) offers health care coverage for dogs, cats, birds, rabbits, ferrets, pocket pets, and reptiles. For more information, visit **www.unitedpetcare.com**.

- No exclusions due to animal's age, pre-existing conditions, hereditary/genetic conditions
- No claim forms

- No waiting period
- No deductibles
- No annual dollar maximum limitations

Financial Planning Benefit

Blakely Walters offers a financial planning benefit for you and your family. Receive three (3) meetings in person or remotely per year. Get help with setting financial goals, retirement planning, budgeting, college savings, and more. This benefit includes your own secure planning website to help you organize and analyze your finances in one place. For more information, contact Blakely Walters at 480-776-5897 or visit **www.blakelywalters.com**.

Childcare and Learning Centers

HonorHealth provides outstanding care and learning opportunities for employees' children. HonorHealth provides access to two centers Monday through Friday.

- If you would like more information about the childcare center located near Scottsdale Shea Medical Center or a tour of the building, call 480-323-4630.
- If you would like more information about the learning center located near John C. Lincoln Medical Center or a tour of the building, call 602-943-3731.

Employee Assistance Program

The employee assistance program (EAP) provides help for everyday issues that may affect you and your family like job pressures, relationships, retirement planning, or personal impact of grief, loss or a disability. The EAP offers valuable benefits, including confidential access to counselors, referrals to resources and community services, self-assessment tools through interactive web services, and more.

Services include up to three face-to-face counseling sessions. Legal and financial counseling are also available by telephone during business hours. For assistance, call 800-964-3577 or go online to **www.guidanceresources.com** (company/organization: HLF902; company name: ABILI).

EDUCATION BENEFITS

HonorHealth encourages all employees to participate in continuing education programs. Many programs are coordinated through the Workforce Development Department and are related to patient care, skill improvement, safety, management development, and career planning.

Tuition Assistance

If you are interested in returning to school, consider applying for the tuition assistance benefit. For more information, including program eligibility, please see the tuition assistance program policy (#HR1369) or contact the tuition assistance program team at 480-587-5360.

PAID TIME OFF AND PAID SICK TIME

All regular and seasonal, full- and part-time employees (exclusive of temporary and per diem staff) are eligible to earn paid time off (PTO) based on length of service and regular hours paid.

Each pay period, all eligible employees will accrue PTO hours. This accrued time may be used for holidays, vacation, personal business, short-term personal illness, and family needs. Accrued PTO hours may be utilized as the employee elects, subject to departmental staffing requirements and supervisory approval. Note: For further information regarding the HonorHealth PTO and PST policy, please refer to policy #HR1324.

Length of Service	Earned PTO	2020 Max Accrual	
0-2 years	0.069/5.52 hours a pay period	240 hours	
3-6 years	0.088/7.04 hours a pay period	260 hours	
7-9 years 0.100/8.00 hours a pay period		280 hours	
10-14 years 0.108/8.64 hours a pay period		300 hours	
15+ years 0.115/9.20 hours a pay period		320 hours	

Amounts represent estimates based on 80 accruable hours per pay period throughout the year. Part-time employees' PTO accruals are pro-rated based on hours worked per pay period. PTO will stop accruing until the accrued hours fall below the maximum cap level.

Employees will also be eligible to receive up to 40 hours of paid sick time (PST) per accrual cycle.

Length of Service	Earned PST	2020 Max Accrual
All	0.03333/2.67 hours per pay period	40 hours

Note: PST is earned on hours worked only. For further information regarding the HonorHealth's PTO and PST, please refer to policy HR#1324.



403(b) RETIREMENT SECURITY PLAN

The earlier you start saving, the larger your nest egg will be when you are ready to retire. Putting a little away with each paycheck with pre-tax dollars will help you reach your retirement goals without feeling the pinch on your budget.

With the 403(b) Retirement Security Plan

- As a new hire, you are auto-enrolled at 2%.
- You can change your contribution elections any time.
- You can cancel or resume your contribution at any time.
- You have a variety of investment options.
- You are vested 100% from day one.

How the 403(b) Retirement Security Plan Works

- You contribute to the 403(b) retirement security plan through convenient payroll deductions.
- You contribute pre-tax money-that is, money you invest before taxes are calculated on your pay. This means you'll owe less to the IRS.
- Your contributions and their earnings grow tax-free until you withdraw your money from the plan.
 Because you have more money working for you, it grows faster-specifically because you won't pay taxes on your investments every year like you would with other types of accounts.
- At the time you begin contributing, HonorHealth will match dollar-for-dollar up to 4% of your eligible compensation.
- It's easy to save. When you enroll, you decide how much you want to save, as little as 2% or as high as 50% of your base earnings, up to the maximum set by the IRS.

How to Get Started in the 403(b) Retirement Plan

Quick Join, a mobile optimized tool, allows employees to enroll into retirement planning from their smart phone or tablet. For individuals on the go, Quick Join allows users to skip the registration step and simply enroll by providing their social security number, date of birth and zip code.

Visit www.retirement.prudential.com/quickjoin to enroll.

Note: If you are a new hire, you are auto-enrolled at 2%.

IMPORTANT CONTACT INFORMATION

If you have any questions regarding your benefits or the material contained in this guide, please contact the Employee Benefits Department.

HonorHealth Benefits Educators

Phone: 877-768-7182 option 5 (8 a.m. to 5 p.m. MST)

Fax: 480-882-5802

Email: employee.benefits@honorhealth.com Website: www.honorhealthbenefits.com

Provider/Plan	Contact Number	Website
Medical-AmeriBen	602-231-8855	www.myameriben.com
Medical Networks— HonorHealth Physicians BlueCross Blue Shield of Arizona PHCS Healthy Directions Network		www.innovationcarepartners.com/physiciansearch www.azblue.com/chsnetwork www.multiplan.com/search
Prescription Drugs-OptumRx	844-368-9854	www.optumrx.com
Specialty Prescription Drugs— Avella Specialty Pharmacy	877-546-5779	www.avella.com
Behavioral Health Services Magellan Health Services	800-424-4138	www.magellanassist.com
Health Savings Account-HealthEquity	866-346-5800	www.healthequity.com/
Dental – Delta Dental of Arizona Employers Dental Services (EDS)	602-938-3131 602-248-8912	www.deltadentalaz.com www.mydentalplan.net
Vision- VSP UnitedHealthcare Visions Plan	800-877-7195 800-638-3120	www.vsp.com www.myuhcvision.com
Flexible Spending Accounts— Discovery Benefits	866-451-3399	www.discoverybenefits.com
Life Insurance-The Hartford	866-223-1674	www.thehartfordatwork.com
Disability Insurance Matrix/Reliance Standard	877-202-0055	www.matrixabsence.com
Financial Protection Benefits-Voya Critical Illness, Accident, and Hospital Indemnity Insurance Whole Life Insurance	877-236-7564 888-238-4840	www.voya.com claims: www.voya.com/claims
Identity Theft Insurance-InfoArmor	480-302-6701	www.infoarmor.com
Prepaid Legal Services-Hyatt Legal Plan	800-423-0300 or 800-821-6400	www.legalplans.com (password: metlaw)
Auto and Home Insurance–Liberty Mutual	800-699-2723	www.libertymutual.com/honorhealth
Pet Insurance-United Pet Care	602-266-5303	www.unitedpetcare.com
Financial Planning-Blakely Walters	480-776-5897	www.blakelywalters.com
403(b) Retirement Security Plan –Prudential Financial	877-778-2100	www.prudential.com/quickjoin

This summary of benefits is not intended to be a complete description of the terms and HonorHealth insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although HonorHealth maintains its benefit plans on an ongoing basis, HonorHealth reserves the right to terminate or amend each plan, in its entirety or in any part at any time. Images © 2019 Getty Images. All rights reserved.