


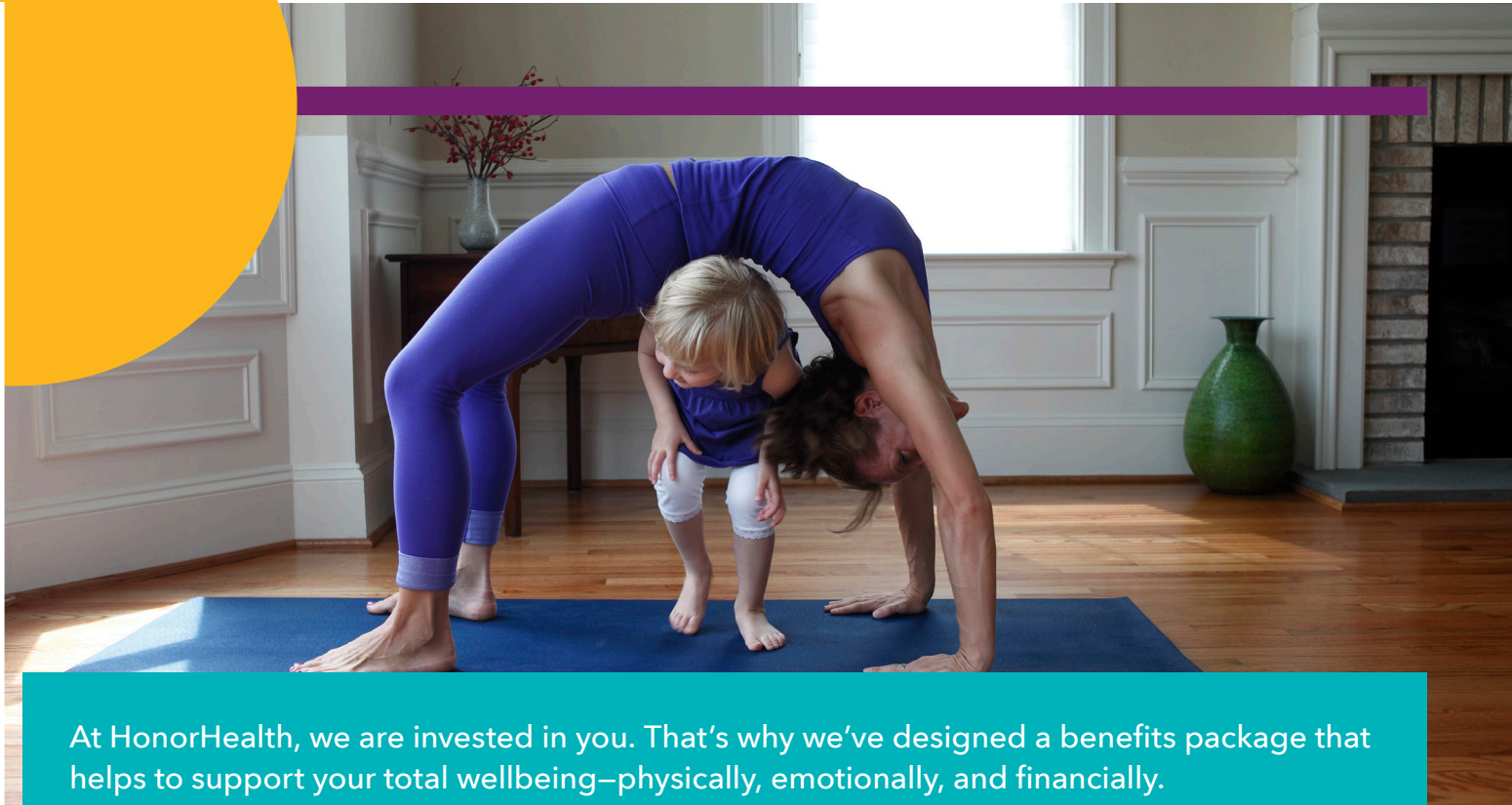
2024



**BENEFITS  
GUIDE**

**HONORHEALTH<sup>®</sup>**

**BENEFIT PLANS EFFECTIVE**  
JANUARY 1-DECEMBER 31, 2024



At HonorHealth, we are invested in you. That’s why we’ve designed a benefits package that helps to support your total wellbeing—physically, emotionally, and financially.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2024 plan year (January 1–December 31, 2024). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

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# 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.

If you are a new hire, you will be contacted by a Benefits Educator within your first 30 days to review benefits and assist with enrollment.

## 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 (please allow up to two pay periods for deductions to start)

## 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
- Prepaid legal services
- Voluntary life insurance
- Financial planning
- Identity theft insurance (benefit active 24 hours after enrollment)

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

- Voluntary critical illness insurance
- Voluntary accident insurance
- Hospital indemnity insurance
- 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

## Dependent Eligibility

**As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:**

- **Your spouse or partner:** This includes your legal spouse, civil union partner, or domestic partner.
- **Your child(ren):** This includes 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) as well as disabled children of any age who are physically or mentally unable to care for themselves. The disability must have begun prior to age 26 and the dependent must have been on the plan before reaching age 26. 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 [honorhealthbenefits.com](https://honorhealthbenefits.com). HonorHealth contributions toward the premium for a domestic partner are a taxable benefit to the employee.

**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.**



## Enrollment

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

- Within 30 days of joining HonorHealth as a new employee.
- During the annual benefits enrollment period.
- Within 30 days of a qualifying life event.

**The choices you make at this time will remain in place through December 31, 2024**, unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

**If you are a new hire, log into the [Staff Member Self-Service portal](#) to enroll in benefits.**

## Changing Your Benefits

Due to IRS regulations, once you have made your elections for 2024, you cannot change your 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:**

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

If you experience a qualifying life event, please download a qualifying life event enrollment form at [honorhealthbenefits.com/eligibility-enrollment/enrollment/](https://honorhealthbenefits.com/eligibility-enrollment/enrollment/).

To request a benefits change, please download a qualifying life event form at [honorhealthbenefits.com/eligibility-enrollment/enrollment/](https://honorhealthbenefits.com/eligibility-enrollment/enrollment/), notify a benefit educator, or email [employee.benefits@honorhealth.com](mailto: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.

# Medical Benefits

AmeriBen | myameriben.com | 602-231-8855

Health Plan Care Navigator | hhepcarenavigator@icphealth.com | 480-210-5255

HonorHealth offers three medical plan options.

The table below summarizes the key features of the medical plan options. Please refer to the tables on page 6 and 7 for additional plan details.

| Summary of Covered Benefits   | Coordinated Care Plan   | Standard Plan  | Health Savings Account Plan (HDHP)  |
|---|---|--|---|
| <b>Network coverage</b>   | <p>You will pay less by choosing an HonorHealth and Innovation Care Partners (ICP) provider. Services provided by BlueCross BlueShield of Arizona (BCBSAZ) providers 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.</p> <p>If you are enrolled in the Coordinated Care Plan or Health Savings Account Plan (HDHP), most services must be rendered with an HonorHealth or an ICP provider to be covered</p> |  |   |
| <b>Traveling or living outside of Arizona</b>   | You have access to the Private Healthcare Systems (PHCS) Healthy Directions Network. The plan pays the <b>HonorHealth</b> rate for the service provided.  | You have access to the PHCS Healthy Directions Network. The plan pays the <b>BCBSAZ</b> rate for the service provided. | You have access to the Private Healthcare Systems (PHCS) Healthy Directions Network. The plan pays the <b>HonorHealth</b> rate for the service provided.  |
| <b>HonorHealth contributes money into an account to help you pay for out-of-pocket expenses</b> | No.   | No.  | Yes, HonorHealth will match your HSA contribution up to \$500 for employee-only coverage or \$1,000 for all other coverage levels. If you make \$150,000+, you are not eligible for an HSA match. |
| <b>Pay for health care with pre-tax dollars</b>   | You can fund a health care flexible spending account (FSA).   | You can fund a health care flexible spending account (FSA).  | You can fund a health savings account (HSA) and limited purpose health care FSA.  |
| <b>Plan has a deductible</b>  | Yes. However, most services have a set copay amount that you pay for services.  | Yes. However, most services have a set copay amount that you pay for services.   | Yes. You must meet the plan's deductible before most services are covered.  |
| <b>How you pay for your portion of services</b>   | <p>You pay copays for most services within the HonorHealth Network.</p> <p>For all inpatient and outpatient hospital services, you pay coinsurance (a percentage of the total cost) after you meet your deductible.</p>   |  | <p>After you meet your deductible, you pay coinsurance (a percentage of the total cost) for all services in the HonorHealth network.</p>  |
| <b>Plan pays 100% for preventive care<sup>1</sup></b>   | Yes, as long as you see an HonorHealth/ICP provider.  | Yes, as long as you see an HonorHealth/ICP provider or BCBSAZ provider.  | Yes, as long as you see an HonorHealth/ICP provider.  |

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

# Medical Benefits

The HonorHealth Employee Benefit Plans offer benefits in the Innovation Care Partners network and the BlueCross BlueShield of Arizona network. See page 8 to learn how the networks work.

The table below summarizes the benefits of each medical plan—where copays are noted, there may be additional coinsurance that applies. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits   | Coordinated Care Plan  |                                 | Standard Plan  |                                 | Health Savings Account Plan (HDHP)  |                                 |
|---|--|---------------------------------|--|---------------------------------|---|---------------------------------|
|   | Innovation Care Partners Network/HonorHealth                     | BlueCross BlueShield of Arizona | Innovation Care Partners Network/HonorHealth                   | BlueCross BlueShield of Arizona | Innovation Care Partners Network/HonorHealth  | BlueCross BlueShield of Arizona |
| <b>Plan Year Deductible</b><br>Individual/Family  | \$500/\$1,000  |                                 | \$500/\$1,000  |                                 | \$3,200/\$6,400   |                                 |
| <b>The amount that HonorHealth contributes to help you pay for out-of-pocket expenses</b>                       | N/A  |                                 | N/A  |                                 | Employee-only: Up to \$500 <sup>1</sup> ;<br>All other coverage levels:<br>Up to \$1,000 <sup>1</sup> |                                 |
| <b>Out-of-Pocket Maximum</b><br>Individual/Family   | Includes deductible, copays, and coinsurance                     |                                 |  |                                 |   |                                 |
|   | \$5,000/\$10,000   |                                 | \$6,450/\$12,900   |                                 | \$6,450/\$12,900  |                                 |
| <b>Preventive Care</b>  | Plan pays 100%   | Not covered <sup>2</sup>        | Plan pays 100%   | Plan pays 100%                  | Plan pays 100%  | Not covered                     |
| <b>Physician Services</b>   |  |                                 |  |                                 |   |                                 |
| Primary Care Physician  | \$25 copay   | Not covered <sup>2</sup>        | \$25 copay   | \$40 copay                      | 20% after ded.  | Not covered <sup>2</sup>        |
| Specialist  | \$50 copay   | Not covered <sup>3</sup>        | \$60 copay   | \$125 copay <sup>4</sup>        | 20% after ded.  | Not covered <sup>3</sup>        |
| Urgent Care   | \$35 copay   | \$60 copay                      | \$35 copay   | \$60 copay                      | 20% after ded.  | 20% after ded.                  |
| <b>Outpatient Lab/X-Ray</b>   |  |                                 |  |                                 |   |                                 |
| Lab Services  | \$20 copay   | \$20 copay                      | \$20 copay   | \$20 copay                      | 20% after ded.  | 20% after ded.                  |
| X-Ray/Ultrasound  | \$20 copay   | 50%                             | \$20 copay   | 25%                             | 20% after ded.  | 20% after ded.                  |
| MRI, MRA, CT, PET   | \$150 copay  | Not covered                     | \$200 copay  | \$200 copay, then 50%           | 20% after ded.  | Not covered                     |
| <b>Hospital Services</b>  |  |                                 |  |                                 |   |                                 |
| Inpatient   | 20% after ded.   | Not covered                     | 15% after ded.   | 50% after ded.                  | 20% after ded.  | Not covered                     |
| Outpatient  | 20% after ded.   | Not covered                     | 15% after ded.   | 50% after ded.                  | 20% after ded.  | Not covered                     |
| <b>Emergency Room</b>   | \$250 copay  |                                 | \$300 copay  |                                 | 20% after ded.  |                                 |
| <b>Physical and Occupational Therapy</b><br>Prior authorization required after 20 visits                        | \$20 copay   | \$20 copay                      | \$20 copay   | \$20 copay                      | 20% after ded.  | 20% after ded.                  |
| <b>Alternative Care</b><br>I.E. Chiropractic and Acupuncture. Refer to Plan Document for full list of services. | 25% up to \$1,000, then plan pays 10%<br>All services combined   |                                 | 25% up to \$1,000, then plan pays 10%<br>All services combined |                                 | 25% up to \$1,000, then plan pays 10%<br>All services combined  |                                 |
| <b>Behavioral Health</b>  | Magellan network only. Out-of-network coverage is not available. |                                 |  |                                 |   |                                 |
| Inpatient Therapy   | 20% after ded.   |                                 | 15% after ded.   |                                 | 20% after ded.  |                                 |
| Outpatient Therapy  | \$20 copay   |                                 | \$20 copay   |                                 | 20% after ded.  |                                 |

(1) Based on employee contributions. If you make \$150,000+, you are not eligible for the HonorHealth HSA match. (2) **Except pediatric primary care.** (3) Must obtain approval for care outside HonorHealth and ICP. (4) ICP/HonorHealth copay if specialty not in HonorHealth network. (5) In the case of life- or limb-threatening emergencies, out-of-network emergency room services will be covered at the in-network level. Copay waived if admitted, then inpatient deductible and coinsurance will apply.

# Medical Benefits

OptumRx | [optumrx.com](https://optumrx.com) | 844-368-9854

## Prescription Benefits

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

| Summary of Covered Benefits            | Coordinated Care Plan                               |   | Standard Plan                                       |   | Health Savings Account Plan                         |   |
|--|---|---|---|---|---|---|
|  | Innovation Care Partners Network/HonorHealth        | BlueCross BlueShield of Arizona                     | Innovation Care Partners Network/HonorHealth        | BlueCross BlueShield of Arizona                     | Innovation Care Partners Network/HonorHealth        | BlueCross BlueShield of Arizona                     |
| <b>30-Day Prescription</b>             |   |   |   |   |   |   |
| Generic Maintenance <sup>1</sup>       | \$0 copay   | \$0 copay   | \$0 copay   | \$0 copay   | Deductible, then:<br>\$0 copay                      | Deductible, then:<br>\$0 copay                      |
| Tier 1                                 | \$10 copay<br>(member pays lesser of cost or copay) | \$10 copay<br>(member pays lesser of cost or copay) | \$15 copay<br>(member pays lesser of cost or copay) | \$15 copay<br>(member pays lesser of cost or copay) | \$15 copay<br>(member pays lesser of cost or copay) | \$15 copay<br>(member pays lesser of cost or copay) |
| Tier 2                                 | 30% (\$30 min. up to \$80 max)                      | 30% (\$30 min. up to \$80 max)                      | 35% (\$40 min. up to \$100 max)                     | 35% (\$40 min. up to \$100 max)                     | 35% (\$40 min. up to \$100 max)                     | 35% (\$40 min. up to \$100 max)                     |
| Tier 3                                 | 60% (\$100 min.; no max)                            | 60% (\$100 min.; no max)                            | 60% (\$125 min.; no max)                            | 60% (\$125 min.; no max)                            | 60% (\$125 min.; no max)                            | 60% (\$125 min.; no max)                            |
| Specialty                              | 30% (\$50 min. up to \$100 max)                     | 30% (\$50 min. up to \$100 max)                     | 30% (\$60 min. up to \$150 max)                     | 30% (\$60 min. up to \$150 max)                     | 30% (\$60 min. up to \$150 max)                     | 30% (\$60 min. up to \$150 max)                     |
| <b>90-Day Prescription<sup>2</sup></b> |   |   |   |   |   |   |
| Generic Maintenance <sup>1</sup>       | \$0 copay   | \$0 copay   | \$0 copay   | \$0 copay   | Deductible, then:<br>\$0 copay                      | Deductible, then:<br>\$0 copay                      |
| Tier 1                                 | \$25 copay  | \$25 copay  | \$37.50 copay                                       | \$37.50 copay                                       | \$37.50 copay                                       | \$37.50 copay                                       |
| Tier 2                                 | 30% (\$75 min. up to \$200 max)                     | 30% (\$75 min. up to \$200 max)                     | 35% (\$100 min. up to \$250 max)                    | 35% (\$100 min. up to \$250 max)                    | 35% (\$100 min. up to \$250 max)                    | 35% (\$100 min. up to \$250 max)                    |
| Tier 3                                 | 100%  | 100%  | 100%  | 100%  | 100%  | 100%  |

(1) HonorHealth covers generic preventive prescriptions for anti-depressants and four critical disease states: cardiac, asthma, hypertension, and diabetes. (2) All 90-day maintenance medications must be filled at a Walgreens pharmacy or through Optum mail order. Maintenance medications will not be covered if filled at any other pharmacy.

## Medical 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, which means you don't pay taxes on the amount you pay for coverage.

| Full-Time Employees<br>(60-80 hours) | Coordinated Care Plan | Standard Plan | Health Savings Account Plan |
|--------------------------------------|-----------------------|---------------|-----------------------------|
|                                      | Biweekly              | Biweekly      | Biweekly                    |
| <b>Employee Only</b>                 | \$44                  | \$200         | \$24                        |
| <b>Employee + Spouse</b>             | \$207                 | \$447         | \$113                       |
| <b>Employee + Child(ren)</b>         | \$94                  | \$211         | \$51                        |
| <b>Employee + Family</b>             | \$271                 | \$550         | \$148                       |

| Part-Time Employees <sup>1</sup><br>(32-59 hours) | Coordinated Care Plan | Standard Plan | Health Savings Account Plan |
|---|-----------------------|---------------|-----------------------------|
|   | Biweekly              | Biweekly      | Biweekly                    |
| <b>Employee Only</b>                              | \$134                 | \$449         | \$73                        |
| <b>Employee + Spouse</b>                          | \$458                 | \$897         | \$250                       |
| <b>Employee + Child(ren)</b>                      | \$222                 | \$471         | \$121                       |
| <b>Employee + Family</b>                          | \$581                 | \$1,133       | \$318                       |

(1) If you are a part-time employee and have not worked enough hours to deduct premium amounts due, an invoice will be sent to you to pay for your premium costs.

Note: Premiums withheld from 24 pay periods. Full-time employees who make less than \$21.02 per hour (\$43,740 annually) are eligible for a Health Reimbursement Account (HRA) if they are enrolled in the Coordinated Care plan and a dental plan. Full-time employees with salaries > \$150,000 will pay an additional \$25 per pay period.

# MEDICAL INSURANCE

## 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<br>HonorHealth Network   | BCBSAZ Network Coverage for Some<br>Services Only   | Private Healthcare Systems (PHCS)<br>Healthy Directions Network  |
|---|---|--|
| <p>Includes all HonorHealth hospitals, facilities, practices, and urgent care centers. It also includes physicians within the network, Innovation Care Partners.</p> <p>You will pay less out of your pocket when you choose an HonorHealth provider.<br/> <b>For a list of HonorHealth physicians, go to <a href="http://icphealth.com/physician-search">icphealth.com/physician-search</a>, email <a href="mailto:hhepcarenavigator@icphealth.com">hhepcarenavigator@icphealth.com</a>, or call 480-210-5255.</b></p> | <p>The BCBSAZ network includes physicians and facilities throughout Arizona.</p> <p>You will pay more out of your pocket when you choose a BCBSAZ provider.<br/> <b>To find a BCBSAZ physician or facility, visit <a href="http://azblue.com/chsnetwork">azblue.com/chsnetwork</a>.</b></p> | <p><b>Coverage for this network is only available if you are traveling or living outside Arizona.</b></p> <p><b>Find a provider at <a href="http://multiplan.com/search">multiplan.com/search</a>.</b></p> |

For pre-certification, please contact Innovation Care Partners Network at 800-250-6647.

## Prescription Drug Benefit

When you enroll in an HonorHealth medical plan, prescription drug coverage is automatically provided through OptumRx. You can fill your 30-day prescriptions at participating pharmacies such as Safeway, Walgreens, Wal-Mart, CVS, and Target, or you may choose to use mail order. To order by mail through OptumRx, please visit [optumrx.com](http://optumrx.com), or download the Mail Order form at [honorhealthbenefits.com](http://honorhealthbenefits.com).

### 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 [optumrx.com](http://optumrx.com) to find your actual out-of-pocket cost for your preferred and non-preferred brand medications.

### HONORHEALTH OPTUMRX WALGREENS90 PROGRAM

The HonorHealth OptumRx Walgreens90 program saves you money by requiring that you fill maintenance medications in a 90-day supply. Maintenance medications must be filled through OptumRx mail order or at a Walgreens retail pharmacy. 90-day maintenance medications filled at any other pharmacies and 30-day maintenance medications will not be covered. To fill your 90-day prescriptions, visit your local Walgreens or go to [walgreens.com](http://walgreens.com) to find the location closest to you. Or try OptumRx mail order. Visit [optumrx.com](http://optumrx.com) or call 844-368-9854, TTY 711 to get started.

### GENERIC MAINTENANCE PREVENTIVE PRESCRIPTIONS

HonorHealth covers generic preventive prescriptions for four critical disease states: cardiac, asthma, hypertension, and diabetes. Generic maintenance medications for these disease states are covered 100% under all plans. Remember, the Health Savings Account plan requires you to meet your deductible first before these generic prescriptions are covered 100%. Anti-depressants are also covered 100% through this Generic Maintenance Preventive list.

### INJECTABLE FERTILITY PRESCRIPTIONS

Injectable fertility treatment prescriptions (i.e. Follistim, Ganirelix, Lupron, Menopure, and Pregnyl)\* must be dispensed through the HonorHealth Specialty Pharmacy in order to be covered. Your provider should contact the medical management administrator, Innovation Care Partners (ICP) to request prior authorization if applicable.

\*Please note that covered prescriptions may change throughout the year. Confirm with your doctor and ICP which prescriptions are covered.



# Medical Benefits

## Are You Covering Your Spouse and/or Children?

If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount). An individual within the family will need to meet his/her individual deductible before the plan begins to pay; the same rule applies to the out-of-pocket maximum.

## Preventive Care

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.



Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.



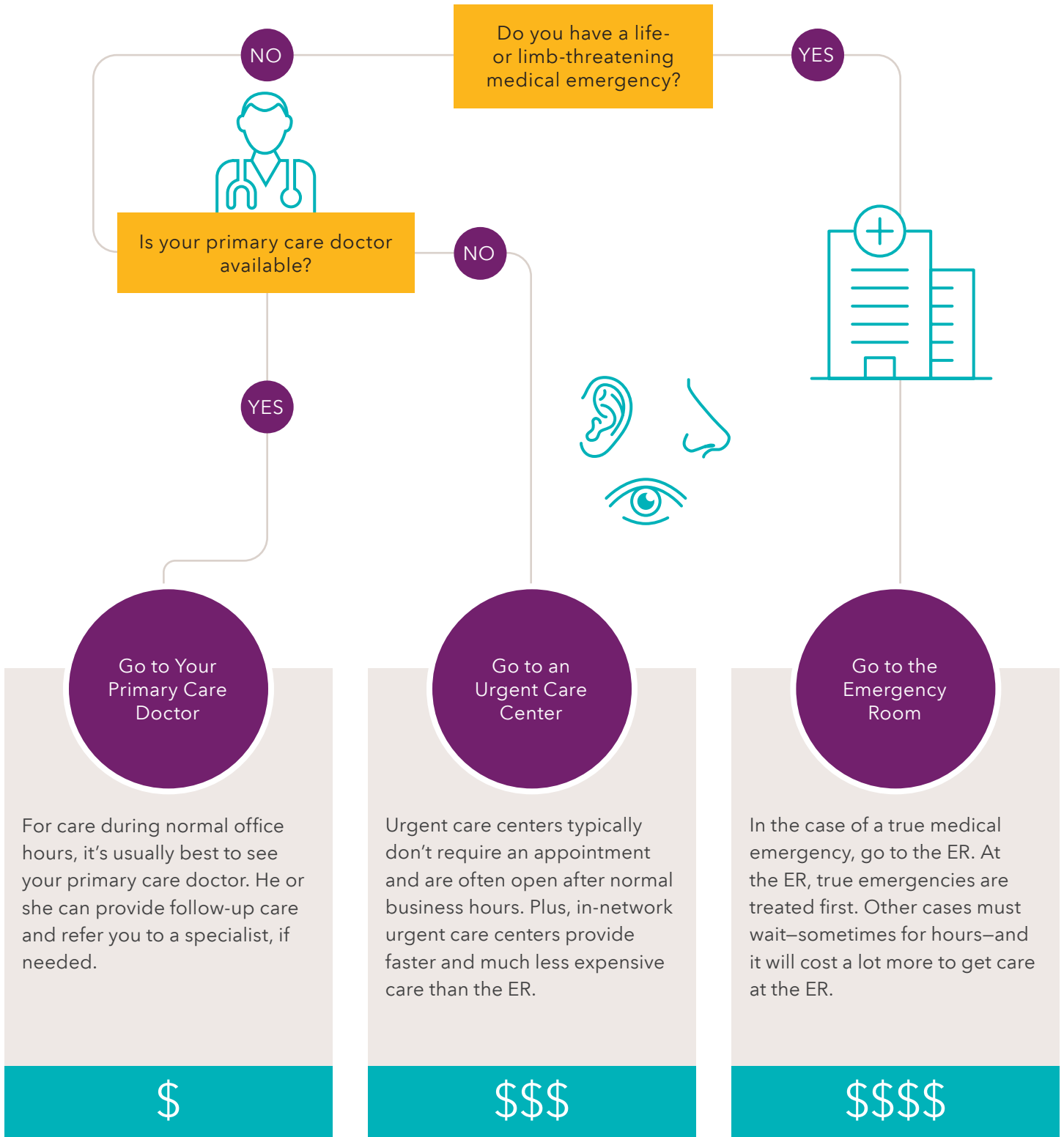
Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

**Learn more about preventive care at [myameriben.com](https://myameriben.com).**

# Medical Benefits

## Know Where to Go for Care

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



# Dental Benefits

Delta Dental of Arizona | [deltadentalaz.com](http://deltadentalaz.com) | 602-938-3131

Employers Dental Services (EDS) | [mydentalplan.net](http://mydentalplan.net) | 800-722-9772

HonorHealth offers four dental insurance plan options through Delta Dental and EDS.

- The **Delta Dental Base Plan**, **Delta Dental Buy-Up Plan**, and **Delta Dental Enhanced Plan** offer in- and 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 PPO network provider. Locate a Delta Dental network provider at [deltadentalaz.com](http://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 [mydentalplan.net](http://mydentalplan.net) (plan: 300N).

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount the plan pays. Please refer to the official plan documents for additional information on coverage and exclusions.

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

## Dental 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, which means you don't pay taxes on the amount you pay for coverage.

| Level of Coverage            | Delta Dental Base Plan     |                            | Delta Dental Buy-Up Plan   |                            | Delta Dental Enhanced Plan |                            | EDS HMO Plan               |                            |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                              | 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) |
| <b>Employee Only</b>         | \$10                       | \$13                       | \$18                       | \$20                       | \$23                       | \$26                       | \$3                        | \$4                        |
| <b>Employee + Spouse</b>     | \$21                       | \$28                       | \$39                       | \$42                       | \$50                       | \$55                       | \$6                        | \$9                        |
| <b>Employee + Child(ren)</b> | \$21                       | \$28                       | \$40                       | \$43                       | \$50                       | \$56                       | \$7                        | \$11                       |
| <b>Employee + Family</b>     | \$35                       | \$46                       | \$67                       | \$76                       | \$81                       | \$92                       | \$8                        | \$13                       |

Note: Premiums withheld from 24 pay periods.

# Vision Benefits

VSP | vsp.com | 800-877-7195

UnitedHealthcare | myuhcvision.com | 800-638-3120

HonorHealth offers two vision insurance plans through VSP and UnitedHealthcare.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

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

| Summary of Covered Benefits   | VSP Vision Plan                                      |                       | UnitedHealthcare Vision Plan                         |                       |
|---|--|-----------------------|--|-----------------------|
|   | In Network   | Out of Network        | In Network   | Out of Network        |
| <b>Eye Exam</b><br>(Every 12 months)  | \$25 copay   | Plan pays up to \$45  | \$10 copay   | Plan pays up to \$40  |
| <b>Standard Plastic Lenses</b><br>(Every 12 months)                           | \$30 copay   | Plan pays up to \$30  | \$30 copay   | Plan pays up to \$40  |
| <b>Frames</b><br>(Every 12 months)  | Plan pays up to \$130 <sup>1</sup> + 20% off balance | Plan pays up to \$70  | Plan pays up to \$130 + 30% off balance <sup>2</sup> | Plan pays up to \$45  |
| <b>Contact Lenses</b><br>(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. (2) An additional 30% discount may apply over balance. See the UHC benefit summary for more information.

## Vision 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, which means you don't pay taxes on the amount you pay for coverage.

| Level of Coverage            | VSP Vision Plan | UnitedHealthcare Vision Plan |
|------------------------------|-----------------|------------------------------|
| <b>Employee Only</b>         | \$3.46          | \$2.97                       |
| <b>Employee + Spouse</b>     | \$6.92          | \$5.53                       |
| <b>Employee + Child(ren)</b> | \$7.42          | \$6.91                       |
| <b>Employee + Family</b>     | \$11.85         | \$9.67                       |

Note: Premiums withheld from 24 pay periods.

# Budgeting For Your Care

HonorHealth offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

When you put money into a pre-tax account, you can save up to 20%\* on your care and increase your take home pay. This is because you don't pay tax on your contributions.

## Enrolled in the Health Savings Account Plan (HDHP)?

Health Savings Account

Consider funding a health savings account (HSA).

- **HonorHealth will match your HSA contributions up to (see below)\*\*:**
  - » Individual—\$500
  - » Family—\$1,000
- Roll over all funds each year
- Invest funds for long-term savings
- Spend funds penalty-free after age 65



## Enrolled in the Coordinated Care or Standard Plan?

Health Care Flexible Spending Account

Consider funding a health care flexible spending account. If you fund an HSA, you cannot fund a health care FSA.

- No HonorHealth contribution
- You may roll over up to \$640 each year



## Enrolled in the Health Savings Account Plan (HDHP)?

Limited Purpose Flexible Spending Account

Consider funding a limited purpose flexible spending account. You can choose to fund both a limited purpose FSA and an HSA.

- No HonorHealth contribution
- You may roll over up to \$640 each year
- Dental and vision expenses only



## Paying for child or elder care expenses?

Dependent Care Flexible Spending Account

You may fund a dependent care flexible spending account.

- No HonorHealth contribution
- No roll over allowed
- Dependent care expenses only



\*Percentage varies based on your tax bracket.

\*\*If you make \$150,000+, you are not eligible for the HonorHealth HSA match.

# Health Savings Account

HealthEquity | [healthequity.com](https://healthequity.com) | 866-346-5800

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 savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

## HonorHealth Contribution

If you enroll in the HDHP, HonorHealth will help you save by contributing to your account.\*

- **Employee-only:** Up to \$500 annually
  - **All other coverage levels:** Up to \$1,000 annually
- HonorHealth contributions are deposited on each pay day (up to 24 pay periods), provided you are also contributing.

\*If you make \$150,000+, you are not eligible for the HonorHealth HSA match.

## 2024 IRS HSA Contribution Maximums

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

- **Individuals:** \$4,150
- **All other coverage levels:** \$8,300

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

## HSA Eligibility

**You are eligible to fund an HSA if:**

- You are enrolled in the HDHP.

**You are NOT eligible to fund an HSA if:**

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- 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.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact The Employee Benefits Department.

## Maximize Your Tax Savings with an HSA



### Spend

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



### Save

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



### Invest

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

# Flexible Spending Accounts

WEX | [wexinc.com](http://wexinc.com) | 866-451-3399

HonorHealth offers three flexible spending account (FSA) options through WEX.

## Health Care FSA (not allowed if you fund an HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

**The health care FSA maximum contribution is \$3,200 for the 2024 calendar year.**

## Limited Purpose Health Care FSA (if you fund an HSA)

If you fund an HSA, you can also fund a limited purpose health care FSA. The limited purpose health care FSA can only be used for dental and vision expenses.

**The limited purpose health care FSA maximum contribution is \$3,200 for the 2024 calendar year.**

## Dependent Care FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

**You may contribute up to \$5,000 to the dependent care FSA for the 2024 plan 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 2024 plan year.**

## How To Use An FSA

1

### Contribute

Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2

### Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at [wexinc.com](http://wexinc.com). Keep all receipts in case WEX requires you to verify the eligibility of a purchase.

3

### Use it or lose it

Use your FSA funds before the end of the year—any funds in excess of \$640 will be forfeited. This does not apply to the dependent care FSA—no roll over allowed.

# Life and AD&D Benefits

The Hartford | thehartford.com | 866-223-1674

HonorHealth’s comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. You have the option to purchase additional voluntary life insurance.

## Basic Life and AD&D Insurance

HonorHealth automatically provides basic life and AD&D insurance to all benefits-eligible 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.

**It is important to keep your beneficiary information up to date.** For instructions on how to update your beneficiary information, visit [honorhealthbenefits.com/financial/insurance](https://honorhealthbenefits.com/financial/insurance). Please make sure your address and beneficiaries are also up to date in Staff Member Self Service.

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

## Voluntary Life and AD&D Insurance

HonorHealth provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through The Hartford.

You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents. Voluntary life rates are age-banded. Benefits will reduce to 50% at age 70, 30% at age 75, and 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 The Hartford.

- **Employee:** 1, 2, 3, 4, or 5x your base annual salary up to the guarantee issue of \$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

\*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.

## 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<br>Per \$1,000 of coverage | Spouse Biweekly Rate<br>Per \$1,000 of coverage | Child Per Pay Period Rate   |
|-------|---|---|---|
| <30   | \$0.021   | \$0.033   | \$5,000 of coverage:<br>\$0.38 per pay period<br><br>\$10,000 of coverage:<br>\$0.75 per pay period |
| 30-34 | \$0.024   | \$0.048   |   |
| 35-39 | \$0.027   | \$0.053   |   |
| 40-44 | \$0.039   | \$0.060   |   |
| 45-49 | \$0.054   | \$0.085   |   |
| 50-54 | \$0.076   | \$0.125   |   |
| 55-59 | \$0.126   | \$0.225   |   |
| 60-64 | \$0.190   | \$0.340   |   |
| 65-69 | \$0.328   | \$0.645   |   |
| 70+   | \$0.580   | \$0.655   |   |

Note: Premiums withheld from 24 pay periods. Rate increase will become effective the month in which you move to a new age bracket.



# Disability Benefits

Matrix/Reliance Standard | [matrixabsence.com](https://matrixabsence.com) | 877-202-0055

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

You are eligible for these benefits the first of the month following one year of service in a benefits-eligible position.

## Short-Term Disability Insurance

HonorHealth automatically provides short-term disability (STD) insurance through Matrix/Reliance Standard to all benefits-eligible employees **AT NO COST**. 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 STD 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 STD period.

- **Benefit:** 40% of base monthly pay up to \$20,000
- **Elimination period:** 180 days
- **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 Long-Term Disability 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 20% of base monthly pay up to \$20,000 (for a combined LTD benefit equal to 60% of base monthly pay)
- **Elimination period:** 180 days
- **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

# Financial Protection Benefits

Voya | voya.com | 877-236-7564

HonorHealth offers the following voluntary benefits to support your financial wellbeing.

## 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                            |

Note: Premiums withheld from 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.**

| Age   | Employee Rate |          |          | Spouse Rate |          |          | Child Rate |          |          |
|-------|---------------|----------|----------|-------------|----------|----------|------------|----------|----------|
|       | \$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   | \$0.70     | \$1.40   | \$2.80   |
| 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  |            |          |          |
| 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 |            |          |          |

Note: Premiums withheld from 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).

# Financial Protection 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                                      |

Note: Premiums withheld from 24 pay periods.

For additional information regarding accident insurance, critical illness insurance, whole life insurance or hospital indemnity, call 480-583-4588 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. Allstate Identity Protection 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. Allstate Identity Protection 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                                   |

Note: Premiums withheld from 24 pay periods. This benefit is active 24 hours after enrollment.

## Prepaid Legal Services

MetLife Legal Plan is your provider for prepaid legal and financial services. Through the MetLife Legal program, you can receive telephone and office consultations for a variety of matters with any MetLife Legal attorney. The cost is \$9.75 per pay period (biweekly).

**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 MetLife 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 [libertymutual.com/honorhealth](https://libertymutual.com/honorhealth).

### Pet Health Care Coverage

MetLife offers customizable health care coverage for dogs, cats, birds, rabbits, ferrets, pocket pets, and reptiles. For more information and to enroll in pet insurance, visit [metlife.com/info/honorhealth](https://metlife.com/info/honorhealth).

- Access tele-vet visits
- No exclusions due to animal's age,
- hereditary/genetic conditions
- No claim forms
- No waiting period
- Customizable deductibles
- Customizable 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. The cost for this benefit is \$10 per pay period (biweekly).

For more information, contact Blakely Walters at 480-776-5897 or visit [blakelywalters.com](https://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.

# Education Benefits

HonorHealth encourages all employees to participate in continuing education programs. Many programs are coordinated through the Professional 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 (PolicyStat ID# 12231234) or contact the tuition assistance program team at [tuitionassistance@honorhealth.com](mailto:tuitionassistance@honorhealth.com).

# 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 PolicyStat ID# 8671431, 8671141.

| Length of Service | Earned PTO                    | 2024 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                        | 2024 Max Accrual |
|-------------------|-----------------------------------|------------------|
| All               | 0.0333/2.664 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 PolicyStat ID# 8671431, 8671141.

# Retirement

Empower | [empower.com/honorhealth](https://empower.com/honorhealth) | 877-778-2100

HonorHealth offers a 403(b) retirement security plan and Roth IRA plan, which is administered by Empower (Formerly known as Prudential Financial).

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% in the 403(b) plan. Please allow up to two pay periods for deductions to start.

If you do not want to contribute to your 403(b) you will need to log into your account at [empower.com/honorhealth](https://empower.com/honorhealth), click on Register Now and create an ID and password. Once logged in, go to Quick Actions-Change Contributions to change your contribution to 0%. You must complete this action within 30 days of hire date or you will be auto-enrolled.

- HonorHealth will contribute \$1 to your account for every \$1 you contribute (up to 4% of your eligible pay).<sup>1</sup>
- 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 may also “roll in” money from another “qualified” retirement plan at any time.

## How the 403(b) Retirement Security and Roth IRA Plans Work

- You contribute to the 403(b) retirement security plan through convenient payroll deductions.
  - » **403(b):** 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.
  - » **Roth IRA:** You contribute post-tax money.
- Your contributions and their earnings grow tax-free until you withdraw your money from the plan (excluding Roth IRA as this is already taxed). 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.
- If you are an HonorHealth employee hired January 1, 2022, or later, the employer contribution will be vested after completion of 3 years of service with HonorHealth.
- It’s easy to save. 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.

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

(1) The match on the 403(b) plan and Roth IRA plan is 4% combined.



# Employee Assistance Program

ComPsych | [guidanceresources.com](https://guidanceresources.com) | 866-676-3524

Assistance is always available for you. The employee assistance program (EAP) services are provided **AT NO COST** to you and your household through GuidanceResources.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **three free face-to-face** visits per person, per issue, per year with a licensed counselor.



## Tools and Resources

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



## Care Options

Find child and elder care to support you and your family's day-to-day needs.



## Legal and Financial Guidance

Receive guidance for buying a home, planning for retirement, budgeting, and more.



## Support All Year

Connect with a mental health professional about addiction, family, and individual counseling.

### When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with HonorHealth and access to the EAP is completely confidential.

Access your EAP by calling 866-676-3524 or visiting [guidanceresources.com](https://guidanceresources.com) and use the web ID: HonorHealth.

## Behavioral Health Services

Magellan Health | [magellanascend.com](https://magellanascend.com) | 800-424-4138

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.

# Contacts

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: 480-583-4588 (8 a.m. to 5 p.m. MST)  
 Fax: 480-882-5802

Health Plan Care Navigator  
 Phone: 480-210-5255

[hhepcarenavigator@icphealth.com](mailto:hhepcarenavigator@icphealth.com)

[employee.benefits@honorhealth.com](mailto:employee.benefits@honorhealth.com)

[honorhealthbenefits.com](http://honorhealthbenefits.com)—Access plan documents such as Summary Plan Descriptions, compliance notices, and more.

| Provider/Plan   | Phone Number                 | Website   |
|---|------------------------------|---|
| <b>Medical   AmeriBen</b>   | 602-231-8855                 | myameriben.com  |
| <b>Medical Networks  </b><br>HonorHealth Physicians<br>BlueCross BlueShield of Arizona<br>PHCS Healthy Directions Network<br>(out of state network) |                              | icphealth.com/physician-search<br>azblue.com/chsnetwork<br>multiplan.com/search |
| <b>Prescription Drugs   OptumRx</b>   | 844-368-9854                 | optumrx.com   |
| <b>Behavioral Health Services   Magellan</b>  | 800-424-4138                 | magellanascend.com  |
| <b>Employee Assistance Program   ComPsych</b>   | 866-676-3524                 | guidanceresources.com<br>(web ID: HonorHealth)                                  |
| <b>Dental  </b><br>Delta Dental of Arizona<br>Employers Dental Services (EDS)   | 602-938-3131<br>800-722-9772 | deltadentalaz.com<br>mydentalplan.net   |
| <b>Vision  </b><br>VSP<br>UnitedHealthcare (Spectera) Vision Plan   | 800-877-7195<br>800-638-3120 | vsp.com<br>myuhcvision.com  |
| <b>Health Savings Account   HealthEquity</b>  | 866-346-5800                 | healthequity.com  |
| <b>Flexible Spending Accounts   WEX</b>   | 866-451-3399                 | wexinc.com  |
| <b>Life Insurance   The Hartford</b>  | 866-223-1674                 | thehartford.com   |
| <b>Disability Insurance   Matrix/Reliance Standard</b>  | 877-202-0055                 | matrixabsence.com   |
| <b>Financial Protection Benefits   Voya</b><br>Critical Illness, Accident, and Hospital Indemnity<br>Whole Life Insurance                           | 877-236-7564<br>888-238-4840 | voya.com<br>Claims: voya.com/claims   |
| <b>Identity Theft Insurance  </b><br>Allstate Identity Protection   | 800-789-2720                 | myaip.com/honorhealth   |
| <b>Legal Services   MetLife</b>   | 800-423-0300                 | legalplans.com<br>(password: metlaw)  |
| <b>Auto and Home Insurance   Liberty Mutual</b>   | 800-699-2723                 | libertymutual.com/honorhealth   |
| <b>Pet Insurance   MetLife</b>  | 800-GET-MET8                 | metlife.com/info/honorhealth  |
| <b>Financial Planning   Blakely Walters</b>   | 480-776-5897                 | blakelywalters.com  |
| <b>403(b) Retirement Plan   Empower</b>   | 877-778-2100                 | empower.com/honorhealth   |

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 © 2024 Getty Images. All rights reserved.