



2025

EMPLOYEE BENEFITS

Benefit plans effective January 1, 2025–December 31, 2025

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 2025 plan year (January 1, 2025, through December 31, 2025). Please take a moment to review the benefits HonorHealth offers to determine which plans are best for you.

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 or newly eligible for benefits due to a status change).

Note: You will be contacted by a Benefits Educator within your first 30 days to review benefits and assist with enrollment.

- During the annual benefits open enrollment period.
- Within 30 days of experiencing a qualifying life event.

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. Please make sure your address and beneficiaries are also up to date in Staff Member Self Service.

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.

HONORHEALTH®

MEDICAL BENEFITS

Search for a provider at icphealth.com/honorhealthemployeeplanphysiciansearch.

The primary network is HonorHealth/Innovation Care Partners (ICP), and the secondary network is the UHC Choice Plus national network. There is no coverage for out-of-network, unless it is an emergency.

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.

Summary of Covered Benefits	Coordinated Care Plan		Standard Plan		Health Savings Account Plan (HDHP)	
	Primary Network	Secondary Network	Primary Network	Secondary Network	Primary Network	Secondary Network
Plan Year Deductible Individual/Family	\$500/\$1,000		\$500/\$1,000		\$3,300/\$6,600	
Out-of-Pocket Max Individual/Family	Includes deductible, copays, and coinsurance					
	\$5,000/\$10,000		\$6,450/\$12,900		\$6,450/\$12,900	
Preventive Care	Plan pays 100%	Not covered ¹	Plan pays 100%	Plan pays 100%	Plan pays 100%	Not covered ¹
Physician Services						
Primary Care Physician	\$25 copay	Not covered ¹	\$25 copay	\$40 copay	20% after ded.	Not covered ¹
Specialist	\$50 copay	Not covered ¹	\$60 copay	\$125 copay ²	20% after ded.	Not covered ¹
Urgent Care	\$35 copay	\$60 copay	\$35 copay	\$60 copay	20% after ded.	20% after ded.
Outpatient Lab/X-Ray						
Laboratory Services	\$25 copay	\$25 copay	\$25 copay	\$25 copay	20% after ded.	20% after ded.
X-Ray, Ultrasound	\$25 copay	\$25 copay	\$25 copay	30% after ded.	20% after ded.	20% after ded.
MRI, MRA, CT, PET	20% after ded.	20% after ded.	20% after ded.	30% after ded.	20% after ded.	20% after ded.
Hospital Services						
Inpatient	20% after ded.	Not covered	20% after ded.	30% after ded.	20% after ded.	Not covered
Outpatient	20% after ded.	Not covered	20% after ded.	30% after ded.	20% after ded.	Not covered
Emergency Room³	\$250 copay		\$300 copay		20% after ded.	
Physical and Occupational Therapy Prior authorization required after 20 visits	\$25 copay		\$25 copay		20% after ded.	
Alternative Care⁴ I.E. Chiropractic and Acupuncture. Refer to Plan Document for full list of services.	\$25 copay		\$25 copay		20% after ded.	
30-Day Prescription						
Generic Maintenance ⁵	\$0 copay		\$0 copay		Ded., then \$0 copay	
Tier 1	\$10 copay (member pays lesser of cost or copay)		\$15 copay (member pays lesser of cost or copay)		\$15 copay (member pays lesser of cost or copay)	
Tier 2	30% (\$30 min up to \$80 max)		35% (\$40 min up to \$100 max)		35% (\$40 min up to \$100 max)	
Tier 3	60% (\$100 min, no max)		60% (\$125 min, no max)		60% (\$125 min, no max)	
Specialty	30% (\$50 min up to \$100 max)		30% (\$60 min up to \$150 max)		30% (\$60 min up to \$150 max)	
90-Day Prescription⁶						
Generic Maintenance ⁵	\$0 copay		\$0 copay		Ded., then \$0 copay	
Tier 1	\$25 copay		\$37.50 copay		\$37.50 copay	
Tier 2	30% (\$75 min up to \$200 max)		35% (min \$100 up to \$250 max)		35% (\$100 min up to \$250 max)	

(1) Except pediatric primary care which has a \$25 copay for office visits (Coordinated Care Plan) or 20% after deductible (HDHP). All specialists not available through the Primary Network have a \$50 copay (Coordinated Care Plan) or 20% after deductible (HDHP). (2) Tier 1 copay if specialty not in HonorHealth network. (3) 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. (4) 20 visits per year (combined). (5) HonorHealth covers generic preventive prescriptions for anti-depressants and four critical disease states: cardiac, asthma, hypertension, and diabetes. (6) 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. Note for all plans: Behavioral health services are not covered out of network.

Biweekly Medical Plan Costs	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	\$47	\$142	\$212	\$477	\$25
Employee + Spouse	\$220	\$486	\$475	\$953	\$120	\$266
Employee + Child(ren)	\$100	\$236	\$224	\$500	\$54	\$129
Employee + Family	\$288	\$617	\$584	\$1,203	\$157	\$338

Note: Premiums withheld from 24 pay periods. Full-time employees who make less than \$21.72 per hour (\$45,180 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 more than \$150,000 will pay an additional \$25 per pay period.

DENTAL BENEFITS

HonorHealth offers four dental insurance plans. The coinsurance amounts listed reflect the amount the plan pays. 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
Plan Year Deductible Individual/Family	\$50/\$150		\$50/\$150		\$50/\$150		\$0/\$0
Plan Year Benefit Max	\$1,500		\$2,000		\$4,000		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 each covered procedure. Refer to the official plan documents for more information.
Basic Services Fillings, extractions, root canals	80% after ded.	50% after ded.	80% after ded.	50% after ded.	Plan pays 100%	80% after ded.	
Major Services Bridges, inlays, onlays, dentures	50% after ded.	Not covered	50% after ded.		80% after ded.		
Orthodontia Services	Not covered		50%		Not covered		
Orthodontia Lifetime Max	N/A		\$2,500		N/A		

Biweekly Dental Plan Costs	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	\$11	\$14	\$20	\$22	\$25	\$26	\$3
Employee + Spouse	\$24	\$31	\$43	\$47	\$53	\$55	\$6	\$9
Employee + Child(ren)	\$24	\$31	\$43	\$48	\$53	\$56	\$7	\$11
Employee + Family	\$39	\$51	\$74	\$80	\$87	\$92	\$8	\$13

Note: Premiums withheld from 24 pay periods.

VISION BENEFITS

HonorHealth offers two vision insurance plans. 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 Covered Benefits	VSP Vision Plan		UnitedHealthcare Vision Plan	
	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 \$130 ^{1,2}	Plan pays up to \$70	Plan pays up to \$130 ³	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) 20% discount on balance. (2) Plan pays up to \$150 for featured frame brands. (3) An additional 30% discount may apply over balance. See the UHC benefit summary for more information.

Biweekly Vision Plan Costs	Full-Time and Part-Time	Full-Time and Part-Time
Employee Only	\$3.46	\$2.97
Employee + Spouse	\$6.92	\$5.53
Employee + Child(ren)	\$7.42	\$6.91
Employee + Family	\$11.85	\$9.67

Note: Premiums withheld from 24 pay periods.

PAID TIME OFF AND PAID SICK TIME

Paid time off hours may be used for holidays, vacations, personal business, short-term personal illness and family needs. On-call/per diem staff do not accrue paid time off. Employees will also be eligible to receive up to 40 hours of paid sick time (PST) per accrual cycle.

Service	Earned PTO	2025 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

Service	Earned PST	2025 Max Accrual
All	0.03333/2.67 hours per pay period	40 hours

Note: PST is earned on hours worked only. Some positions may have a different PTO policy with no accrual or rollover. For further information regarding HonorHealth's PTO and PST, please refer to policy #HR1324.

OTHER BENEFITS

Tax-Savings Benefits:

Health Savings Account (HSA)

If you enroll in the HDHP, you may be eligible to fund an HSA. Use an HSA to pay out-of-pocket health care expenses with pre-tax dollars. HonorHealth will match your HSA contributions up to \$500 employee only and \$1,000 all other coverage tiers. If you make \$150,000+, you are not eligible for an HSA match.

Flexible Spending Accounts (FSA)

HonorHealth offers three FSA options to pay for eligible expenses with pre-tax dollars. Maximum contributions are \$3,200 for health care and \$5,000 for day care expenses. \$640 of your health care FSA will rollover from 2025.

Benefits Supported or Matched by HonorHealth:

Basic Life Insurance

1x salary up to \$200,000 (\$25,000 min). Fully paid by HonorHealth.

Retirement Plan

The retirement savings plan is administered by Empower (formerly Prudential). HonorHealth will match up to 4% of your eligible compensation.

Disability Insurance

Company-paid short- and long-term disability insurance is available after one year of employment.

Tuition Assistance

After 6 months of employment, tuition reimbursement is available, up to \$5,250 per year.

Discounted Benefits:

Voluntary Life Insurance

Optional voluntary life insurance for you and your dependents.

Critical Insurance

This benefit pays you a lump sum to use as you want if you're diagnosed with a critical condition.

Accident Insurance

This benefit pays you if you become injured due to an accident.

Whole Life Insurance

This benefit can help replace your family's loss of income or additional expenses due to your death.

Hospital Indemnity Insurance

This benefit can help with your expenses during a hospital stay.

Identity Theft Insurance

This benefit provides proactive fraud monitoring.

Note: This benefit is active 24 hours after enrollment.

Prepaid Legal Services

This benefit provides access to prepaid legal and financial services.

Voluntary Financial Planning Benefit

This benefit provides you with a financial advisor and tools to help with your financial planning needs.

One Pass Select

Employees and dependents enrolled in medical have access to a discount gym network.

Childcare

HonorHealth offers discounted childcare and learning programs.

Pet Insurance

Discounted rates through MetLife.

Fitness Facilities

Employees can use fitness facilities at a discounted or free rate, depending on the location. HonorHealth's fitness locations are now at no cost.

Employee Assistance Program

You, your spouse/domestic partner, and dependents each have access to six therapy or coaching sessions every year at no cost through Lyra.

Credit Union Membership

HonorHealth has partnered with Credit Union West and Alliant Credit Union to offer low-interest rates and convenient access.

Auto and Home Insurance

Discounted rates and payroll deduction are available.

Any questions pertaining to the 2025 benefits, please contact the HonorHealth benefits team at 480-583-4588 or visit go.oncehub.com/HonorHealth to schedule a call with a Benefit Educator.

For help with your medical plan, you can contact the Health Plan Care Navigator at hhepcarenavigator@icphealth.com or 480-210-5255.