



EVERYTHING IT TAKES

SO EVERYONE CAN FEEL VALUED

2025 *Full-Time Team Member*
Benefits Guide

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The information in this booklet reflects the terms of the benefit plans as in effect Jan. 1, 2025. Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable policy issued by the carrier will take precedence if there is a difference between the provisions therein and those of this document.



WELCOME

At The Christ Hospital Health Network, we know that we thrive when our team members thrive. Your hard work and dedication allow us to achieve our mission:

TO IMPROVE THE HEALTH OF OUR COMMUNITY AND CREATE PATIENT VALUE BY PROVIDING EXCEPTIONAL OUTCOMES AND THE FINEST EXPERIENCES, ALL IN AN AFFORDABLE WAY.

We are continually reviewing our benefits to ensure that we are providing the most comprehensive program of competitive benefits to attract and retain the best team members. We strive to support the needs of our team members and their dependents by providing a benefit package that is easy to understand, easy to access, and affordable.

Be sure to review “What’s New for 2025” on the next page in this guide to learn more about the changes to our benefits. The remainder of this guide will help you choose the benefits that are right for you and your family.

Beginning in 2025, all benefits-eligible team members will use the Zevo platform to enroll in **ALL** benefits. Team members must complete the Annual Enrollment process, even if you want to keep your current coverage. Team members are encouraged to speak with a Prepare Benefits Counselor to learn more about the benefit changes and enhancements.

When you speak with a Prepare Benefits Counselor, you will be asked to complete a Household Needs Assessment (HNA). The HNA is 11 simple questions about you and your family that will help identify if you are eligible for any other healthcare coverage options that could improve your health coverage while decreasing your out-of-pocket costs. Based on your responses, Benefits All In, our new partner, may reach out to you to see if they can assist you in reducing your healthcare costs.

NOTE! Overviews of our benefit plans are available on our benefits website at mytchbenefits.com.

WHAT'S NEW FOR 2025

REVIEW THIS SECTION TO LEARN ABOUT **WHAT'S NEW** FOR 2025

TCHHN is continually reviewing our benefit offerings to ensure that we are providing a strong benefit package to our team members. For more details about TCHHN'S benefits, please review the remainder of this 2025 Benefits Guide. If you have questions after reviewing this guide, refer to the "For More Information" section at the end of this guide.

✓ ONE WEBSITE TO ENROLL IN ALL BENEFITS

This year, you will use the Zevo platform to enroll in ALL benefits through Prepare Benefits. Your Prepare Benefits Counselor can help make your benefit elections for you. Remember, you must enroll in the HSA and the FSAs each year, as your prior elections will NOT rollover.

✓ MEDICAL PLAN UPDATES

PLAN DESIGN: With the exception of marginal adjustments to the Core PPO plan Tier 1 deductibles, there will not be any other plan design changes.

NEW PARTNERS: Beginning in 2025, the medical plans will be in the United Healthcare ChoicePlus network and administered by UMR. Visit umr.com or download the UMR app and search the UnitedHealthcare Choice Plus Network to find a provider near you.

ID CARDS: All team members who enroll in medical coverage will receive a new ID card for 2025.

✓ NEW CORE PLUS DENTAL PLAN WITH HRA

TCHHN is offering a third dental plan option in 2025. The new Core Plus Dental Plan includes a Health Reimbursement Account (HRA) which will be funded by TCHHN. All TCHHN team members who enroll in the Core Plus Dental Plan will have the HRA to reimburse you for out-of-pocket dental expenses incurred in 2025.

✓ LIFE, AD&D, AND LTD PLANS MOVING TO VOYA

During Annual Enrollment, team members will be able to elect any level of coverage up to the guaranteed issue amount without completing an Evidence of Insurability (EOI) form.

- If you have previously been denied life insurance, you can still enroll in Supplemental Life coverage for 2025 if you enroll during Annual Enrollment.
- Beginning in 2025, full-time team members are defined as .75 – 1.0 FTE (work 30+ hours/week).
- Beginning in 2025, part-time team members are now defined as .5 – .7499 FTE (work 20 – 29.99 hours/week).
- All team members need to update their beneficiary information during Annual Enrollment.

✓ MEDICAL, DENTAL, AND VISION PREMIUMS

We're pleased to announce that there will be no rate increases for vision in 2025. The medical and dental plans will have minor rate increases. Details on plan options and costs can be found within this Benefits Guide.

✓ 2025 IRS LIMITS

HEALTH SAVINGS ACCOUNT (HSA)

- You will have the opportunity to contribute \$150 more per year, up to a maximum of \$4,300 (including the TCHHN contribution of \$500) to your HSA in 2025, if you have team member only coverage.
- For all other coverage levels, you will have the opportunity to contribute \$250 more per year, up to a maximum of \$8,550 (including the \$1,000 TCHHN contribution).
- If you are age 55 or older in 2025, you may contribute an additional \$1,000 to your HSA.

FLEXIBLE SPENDING ACCOUNTS (FSA)

- You will have the opportunity to contribute an additional \$100, up to a maximum of \$3,300, to your Health Care FSA or your Limited Purpose FSA.

✓ ATTEND THE 2025 BENEFITS FAIR

Our second annual Benefits Fair will be held on October 3rd from 10:00 a.m. – 2:00 p.m. in the Centennial Pavilion on Main Campus. A virtual option will also be available from 11:30 a.m. – 12:30 p.m.

✓ BENEFITS ROADSHOWS

You are invited to join us for a Benefits Roadshow. We will review the benefits available and highlight what's new for 2025. We will also demonstrate how to enroll using the Zevo platform. Virtual and in-person options will be available.

[Click here](#) to view the full schedule.

ELIGIBILITY

UNDERSTAND **WHO IS ELIGIBLE** FOR TCHHN BENEFITS AND WHEN **BENEFIT COVERAGE** BEGINS.

WHO CAN ENROLL

Enrollment in the TCHHN Benefits Program is based on the following guidelines:

- **FULL-TIME:** 0.75 – 1.0 FTE or 30+ hours/week
- **PART-TIME:** 0.5 – 0.7499 FTE or average of 20 – 29.99 hours/week
- **SUPPLEMENTAL STAFFING POOL (SSP):** Eligible for Medical, Dental, Vision, and Flexible Spending Account (FSA)
- **PRN TEAM MEMBERS:** .01 – .4999 FTE. Only eligible to participate in the 403(b) Retirement Savings Plan

If your employment status changes, benefit eligibility is reevaluated at the time of the employment status change.

WHEN COVERAGE BEGINS

Annual Enrollment lasts from October 1 – October 31. If you do not make changes to your coverage within the enrollment time period, your current coverage (if any) will continue. However, if you want to participate in any of the following benefits in 2025, you must actively enroll in them during Annual Enrollment:

- Healthcare FSA, Limited Purpose FSA, Dependent Care FSA
- Health Savings Account (HSA)

REMEMBER! The effective date for benefits you elect during enrollment is **January 1, 2025**.

NEW HIRES

Newly hired team members must enroll in benefits **within 30 days** from your date of hire. If you don't enroll within this time period, you will not have benefits coverage except for plans and programs that are fully paid by TCHHN, such as Basic Life, Short Term Disability and Long Term Disability. When you enroll, all elections are in effect for the entire plan year and can only be changed during Annual Enrollment, unless you experience a qualifying life event.

ELIGIBLE DEPENDENTS

Eligible dependents include your spouse or domestic partner* and children up to age 26, although some benefits may have different child age requirements. Children and your spouse/domestic partner may only be covered once on TCHHN benefits (i.e. no dual coverage if both parents work at TCHHN).

- If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children of yours or your legal spouse/domestic partner can be covered as long as they are your biological or adopted children, or you have legal guardianship of them.
- If your spouse/domestic partner* has access to medical insurance through his or her employer, they are not eligible for coverage on the TCHHN medical plan. However, coverage is available to them on other benefit options, such as dental or vision.
- If a team member is Medicare-eligible and would like to enroll in a Medicare benefit but still has a spouse/domestic partner or children to provide coverage for, TCHHN will allow the spouse/domestic partner or children to remain covered under the TCHHN medical plan until the spouse/domestic partner becomes Medicare-eligible or the children age off the plan.

*If your domestic partner is covered under your Medical, Dental, or Vision plan provided by TCHHN, the value of the benefit must be included in your taxable income, known as Imputed Income.

VERIFY YOUR DEPENDENTS

If you'd like to enroll your spouse/domestic partner or children in coverage, you will need to provide verification documents before they can be added to any TCHHN coverage. Visit mytchbenefits.com/take-action/verify-dependents for a list of the documents you'll need to provide. After you complete your benefits elections, upload your dependent verification documents on the Zevo platform.

HOW TO ENROLL

FOLLOW THESE STEPS TO ENROLL IN ALL TCHHN BENEFITS ON THE ZEVO PLATFORM.

myVOYAGE

NEW FOR 2025! MYVOYAGE DECISION SUPPORT TOOL

TCHHN offers a wide variety of benefit options for you and your family so that you can customize the benefits package that works best for you. We know that it can be difficult to compare all options. With that in mind, we are introducing MyVoyage to help simplify your Annual Enrollment experience and beyond.

MyVoyage is a digital workplace benefits and savings platform that brings your benefits and accounts into one easy-to-use tool. It helps you connect all of your benefits and financial decision making. Your benefits and retirement accounts are all pre-loaded on the platform.

During Annual Enrollment, MyVoyage provides access to a personalized benefits guidance experience to help you with your health insurance benefits, emergency savings, and retirement strategies while factoring in your household situation. MyVoyage personalized enrollment guidance delivers:

- Integrated benefits selection experience
- Personalized, data-driven, household-level guidance, and
- Actionable education

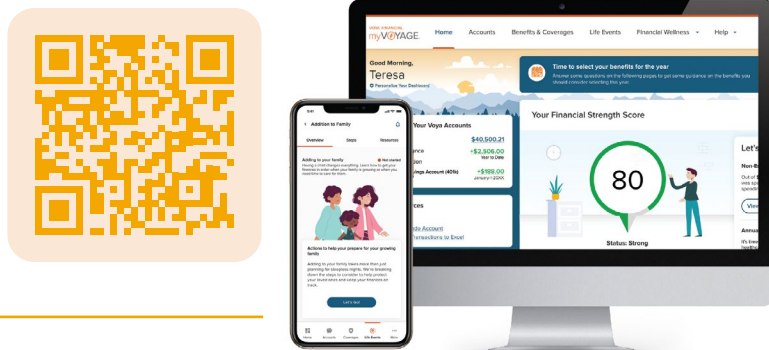
TAKE ADVANTAGE OF ALL THAT MYVOYAGE OFFERS

MyVoyage also offers a complete view of your financial picture to help you manage your health and financial well-being during Annual Enrollment or any time. You can:

- Access Voya accounts and add external accounts to get a view of your financial wellness
- View your benefits coverage and set and track financial goals
- Use the desktop and mobile app with one login

LEARN MORE

Visit go.voya.com/myvoyage on your desktop or access the MyVoyage app in the App Store or in the Google Play Store. You can also scan the below QR code.



ENROLL IN YOUR BENEFITS WITH ZEVO

NEW FOR 2025! Enroll in all 2025 benefits using the Zevo platform. Follow these steps:

- 1 Review this guide to make sure you understand the options for the 2025 plan year.
- 2 Speak with a Prepare Benefits Counselor to learn about TCHHN'S 2025 benefits.
- 3 Enroll in all your benefits on the Zevo benefits platform. Make sure everything is correct before you hit **Submit**.
Your Prepare Benefits Counselor can help you with your enrollment.
- 4 Upload any required dependent verification documentation on the Zevo platform.
- 5 You will receive new medical ID cards if you enroll in any of the TCHHN medical plans in 2025. You will also receive new ID cards for any other plan you enroll in for the first time in 2025.



EVERYTHING IT TAKES

HEALTH BENEFITS

THINGS TO KNOW

AS YOU REVIEW THE MEDICAL BENEFITS, BE SURE TO UNDERSTAND THE **MEDICAL TERMS & CONCEPTS** BELOW.

MEDICAL TERMS

- **PREMIUMS:** The amount that TCHHN and you pay for your benefits. Your share of your medical premiums comes out of your biweekly paycheck on a pre-tax basis. You pay the premium amounts even if you do not use the benefits.
- **DEDUCTIBLES:** The amount you pay each year for certain non-preventative services before the plan begins to pay. For HDHP Plans, you pay 100% of the cost for medical and prescription drugs until you meet your deductible. For PPO Plans, you pay 100% of your medical expenses until you meet the deductible, except services covered by a co-pay.
- **COINSURANCE:** Percentage of covered health services you must pay after you have paid your deductible in full.
- **CO-PAY:** The fixed amount you pay for a covered service. In general, co-pays are available for PPOs. For HDHPs, co-pays apply to prescription drugs after you meet the deductible.
- **OUT-OF-POCKET MAXIMUM:** The most you pay for covered medical and prescription drug expenses during a plan year. Once you pay your out-of-pocket maximum, the plan will typically cover eligible expenses at 100%.
- **ALLOWED AMOUNT:** The maximum amount a plan will pay for a covered health care service.
- **BALANCE BILLING:** Occurs when an out-of-network provider bills you for the difference between the amount they charge for their service and the amount that your insurance approves.



WHAT IS A HDHP VERSUS A PPO PLAN?

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

- A type of medical plan with a higher deductible than a traditional insurance plan.
- Your per pay period cost is lower, but you pay more health care costs before the plan starts to pay its share. You pay less each pay period and more at the time of service.

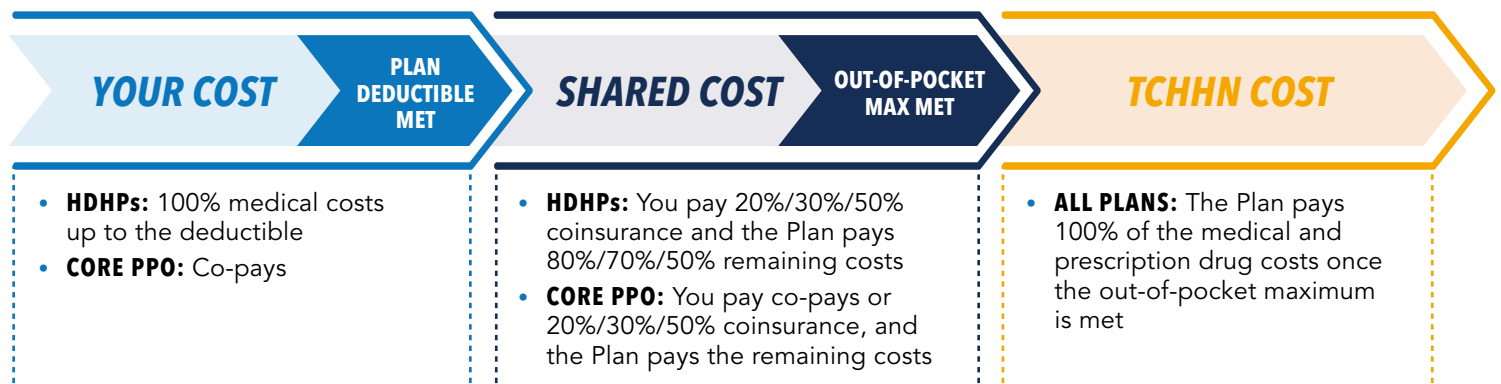
PREFERRED PROVIDER ORGANIZATION (PPO)

- A more traditional type of medical plan with a lower deductible than the HDHP.
- Your per pay period cost is higher, but you pay less health care costs before the plan starts to pay its share. You pay more each pay period and less at the time of service.

HOW YOU AND THE CHRIST HOSPITAL HEALTH NETWORK SHARE COSTS

TCHHN AND YOU PAY FOR YOUR MEDICAL & PHARMACY PREMIUMS THROUGHOUT THE YEAR.

TCHHN AND YOU PAY COSTS AS YOU RECEIVE CARE THROUGHOUT THE YEAR.



MEDICAL COVERAGE

TCHHN OFFERS YOU **SIX MEDICAL PLAN OPTIONS.**

Our team members have diverse needs for themselves and their loved ones. Please take time to review this Benefits Guide to determine the best medical plan for you and your family.

YOUR MEDICAL PLAN OPTIONS

TCHHN offers you six (6) different medical plans to choose from, but it's easier to think of it as three plans with a TCHHN PCP and Non-PCP Option.

BASIC HDHP

STANDARD HDHP

CORE PPO

TCHHN PCP BASIC HDHP

TCHHN PCP STANDARD HDHP

TCHHN PCP CORE PPO

SELECTING YOUR MEDICAL PLAN

TCHHN offers both High Deductible Health Plans (HDHP) and a Preferred Provider Organization Plan (PPO). The variety of the plan offerings give you the ability to choose the type of plan that works best for you and your loved ones.

	BASIC HDHP	STANDARD HDHP	CORE PPO
PREMIUMS (YOUR COST)	Lowest cost per paycheck but you pay more at time of service until you meet your deductible	Higher cost per paycheck than Basic HDHP but lower cost than Core PPO	Highest cost per paycheck but you pay less at time of service
DEDUCTIBLES	Highest	Lower than Basic HDHP but higher than Core PPO	Lowest
OUT-OF-POCKET MAXIMUMS	Highest	Lower than Basic HDHP but higher than Core PPO	Lowest
HEALTH SAVINGS ACCOUNT (HSA)	Available but there is no TCHHN contribution	Available with a TCHHN contribution if you also contribute	Not Available
FLEXIBLE SPENDING ACCOUNT (FSA)	Available*	Available*	Available
DOCTOR'S VISITS	Billed at full rate until you meet your deductible	Billed at full rate until you meet your deductible	Flat co-pay amounts
PREVENTIVE CARE	100%	100%	100%
PRESCRIPTION DRUGS	Billed at full rate until you meet your deductible	Billed at full rate until you meet your deductible	Prescription drugs do not have a deductible

*Limitations may apply. See the Flexible Spending Account section in this Benefits Guide for more details.

TCHHN PCP AND NON-PCP OPTIONS

Each medical plan offers you the ability to select the TCHHN PCP Option or the Non-PCP Option. If you choose to enroll in the TCHHN PCP Option, you will receive a discount on your medical premiums. By electing the TCHHN PCP option, you and your dependents agree to use a TCHHN Primary Care Physician (PCP) for your preventative and general care needs. This commitment does not apply to specialists, pediatricians, or urgent care centers.

	TCHHN PCP OPTION	NON-PCP OPTION
MEDICAL PLANS	Basic HDHP, Standard HDHP, and Core PPO	Basic HDHP, Standard HDHP, and Core PPO
PREMIUMS	Lower	Higher
PREVENTATIVE AND GENERAL CARE VISITS	Family & Internal Medicine covered ONLY if in TCHHN network. Pediatricians covered if in TCHHN or United Healthcare ChoicePlus network Family & Internal Medicine outside the TCHHN network and Pediatricians outside the United Healthcare ChoicePlus network are NOT covered	All visits covered if using in-network providers (TCHHN or United Healthcare ChoicePlus network providers) Cost based on network tier
CLINIC, URGENT CARE, AND SPECIALIST VISITS	No difference Cost based on network tier	No difference Cost based on network tier



REMEMBER! The annual savings for selecting the TCHHN PCP Option instead of the Non-PCP Option is **hundreds of dollars** per year based on the medical plan you select, your election tier, and whether you qualify for Diamond or Bronze premiums.

COMPARING IN-NETWORK AND OUT-OF-NETWORK COVERAGE

All six (6) medical plans have three (3) tiers. The medical plans allow you to see providers in all three tiers, but you will receive the highest level of coverage by using a Tier 1 or Tier 2 provider.

- TIER 1:** TCHHN'S premier network and includes TCHHN providers and select local partners.
- TIER 2:** All other providers in United Healthcare ChoicePlus national provider network (excluding providers included in Tier 1).
- TIER 3:** All providers who are not considered in-network. You may still see these providers and receive some coverage. Tier 3 has separate deductibles and out-of-pocket maximums and higher coinsurance than in-network providers.

	TIER 1 (IN-NETWORK)	TIER 2 (IN-NETWORK)	TIER 3 (OUT-OF-NETWORK)
PROVIDERS	TCHHN and local partners (e.g. Cincinnati Children's)	All remaining provider's in United Healthcare ChoicePlus network	Providers that are not included in Tier 1 or Tier 2
COINSURANCE	20%	30%	50%
DEDUCTIBLES	Lowest Deductible Reduced by all in-network costs	Higher than Tier 1 Reduced by all in-network costs	Higher than Tier 2 Not reduced by Tier 1 or Tier 2 costs
OUT-OF-POCKET MAXIMUMS	Lowest Out-of-Pocket Reduced by all in-network costs	Higher than Tier 1 Reduced by all in-network costs	Higher than Tier 2 Not reduced by Tier 1 or Tier 2 costs



REMEMBER! As long as you see providers who are **Tier 1 or Tier 2**, your deductibles and out-of-pocket maximums for both tiers will reduce by the amount you pay for services.



CHOOSING A PRIMARY CARE PROVIDER

Developing and maintaining a relationship with your Primary Care Provider (PCP) is important because they are the doctor you see for most services, including annual check-ups and health screenings.

PCPs are trained to recognize any health problems you may have and help you prevent and/or manage any serious, long-term health conditions. Your PCP can also help you avoid costly trips to the emergency room and help you coordinate specialist care.

REMEMBER! If you selected the TCHHN PCP Option of your medical plan, you and your dependents **MUST** see a TCHHN PCP provider for preventive and general care needs, unless a child is seeing a pediatrician.

FIND A TCHHN NETWORK PROVIDER

- Visit thechristhospital.com/physician
- Call the Primary Care Referral Line at **513-585-3000**

BENEFITS ALL IN

We have partnered with Benefits All In (BAI) to enhance your employee benefits and ensure you have an exceptional health insurance experience. BAI helps you adjust when a life event occurs. The BAI team of experts can prepare you for any upcoming changes or qualifying life events. They can also review your current health insurance plan and advise you on the best coverage options for you and your family. BAI can help with these life events and more:

- Marriage
- Birth of a child
- Attaining age 65
- New medical diagnosis
- Death of a family member
- Medicaid
- Veterans' Affairs
- Tricare
- Loss of employment

BAI will reach out to you to see if they can work to find an alternative benefit option that is better for you. They receive team member information from a survey taken during Annual Enrollment and claims data files. You can also reach out to BAI directly. BAI services are free at all times to team members and their tax dependents.

TURNING AGE 65?

If you or a covered family member is turning age 65, BAI can help you navigate through your Medicare options and answer any questions you may have. They can also compare your current TCHHN medical plan with the best Medicare alternatives for you.



CONTACT BAI

Anna Rucker is the dedicated TCHHN contact at BAI. Get in touch with her by email at arucker@benefitsallin.com or by phone at **513-991-6138**.

MEDICAL PLAN COMPARISON

The chart below provides a comparison of key coverage features and costs. The coinsurance percentages shown are the percent of covered charges you pay after the deductible has been met. You will pay that percent of covered charges until you meet the out-of-pocket maximum for the year, and then the plan will pay 100% for the remainder of the year. The coverage level is based on your provider's tier. Visit mytchbenefits.com to search for your provider.

BASIC HDHP				STANDARD HDHP			CORE PPO			
IN-NETWORK TIER 1		TIER 2	OUT-OF-NETWORK TIER 3	IN-NETWORK TIER 1		OUT-OF-NETWORK TIER 3	IN-NETWORK TIER 1		OUT-OF-NETWORK TIER 3	
DEDUCTIBLES										
TEAM MEMBER	\$3,000	\$6,000	\$6,000	\$2,000	\$4,500	\$4,500	\$1,000	\$1,500	\$1,500	
TEAM MEMBER +1	\$6,000*	\$12,000	\$12,000	\$4,000*	\$9,000	\$9,000	\$1,500	\$2,250	\$2,250	
TEAM MEMBER +2 OR MORE	\$6,000*	\$12,000	\$12,000	\$4,000*	\$9,000	\$9,000	\$2,000	\$3,000	\$3,000	
PRESCRIPTION DRUG	Combined with TCHHN Tier 1 deductible			Combined with TCHHN Tier 1 deductible			None			
OUT-OF-POCKET MAXIMUMS**										
TEAM MEMBER	\$4,200	\$7,500	\$7,500	\$3,500	\$7,500	\$7,500	\$3,000	\$7,500	\$7,500	
TEAM MEMBER +1	\$8,400	\$12,000	\$12,000	\$5,625	\$11,250	\$11,250	\$5,625	\$11,250	\$11,250	
TEAM MEMBER +2 OR MORE	\$12,600	\$15,000	\$15,000	\$7,500	\$15,000	\$15,000	\$7,500	\$15,000	\$15,000	
PRESCRIPTION DRUG	Combined with TCHHN Network out-of-pocket max			Combined with TCHHN Network Out-of-pocket max			Combined with TCHHN Network Out-of-pocket max			
TCHHN HSA CONTRIBUTIONS										
TEAM MEMBER	Not eligible			\$19.23/pay period (\$500 annually)			Not eligible			
TEAM MEMBER +1 OR MORE	Not eligible			\$38.46/pay period (\$1000 annually)			Not eligible			
MEDICAL COVERAGE DETAILS										
TCHHN PCP OPTION	PREVENTIVE CARE	No Charge	Not Covered ⁺	Not Covered	No Charge	Not Covered ⁺	Not Covered	No Charge	Not Covered ⁺	Not Covered
	PRIMARY CARE VISITS	20%	Not Covered ⁺	Not Covered ⁺	20%	Not Covered ⁺	Not Covered ⁺	\$25 co-pay	Not Covered ⁺	Not Covered ⁺
NON-PCP OPTION	PREVENTIVE CARE	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered
	PRIMARY CARE VISITS	20%	35%	50%	20%	35%	50%	\$25 co-pay	\$50 co-pay	50%
PEDIATRIC VISITS		20%	20%	50%	20%	20%	50%	\$25 co-pay	\$25 co-pay	50%
SPECIALIST VISITS		20%	30%	50%	20%	30%	50%	\$45 co-pay	\$65 co-pay	50%
TELEMEDICINE		\$15 co-pay	30% ⁺	50% ⁺	\$15 co-pay	30% ⁺	50% ⁺	\$15 co-pay	\$15 co-pay	50%
MENTAL HEALTH OFFICE VISITS		0%	10%	30%	0%	10%	30%	\$0 co-pay	\$25 co-pay	50% ⁺
OUTPATIENT SURGERY		20%	30%	50%	20%	30%	50%	20%	30%	50%
INPATIENT HOSPITAL (PER STAY)		20%	30%	50%	20%	30%	50%	20%	30%	50%
EMERGENCY ROOM		20%	20%	20%	20%	20%	20%	20%	20%	20%
LABS AND X-RAYS		20%	30%	50%	20%	30%	50%	20%	30%	50%

* If an individual pays \$3,300 towards the deductible on Tier 1, they can begin paying coinsurance for Tier 1 expenses, even if the family deductible hasn't been met. Once the Tier 1 family deductible has been met, all members can begin paying coinsurance for Tier 1 expenses.

** Out-of-pocket maximums includes deductible, coinsurance, medical and prescription drug co-payments.

⁺ Primary care visits outside the TCHHN Network are not covered under the TCHHN PCP Option unless provided by a United Healthcare ChoicePlus Network Pediatrician.

PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is the same under all six (6) medical plan options.

	RETAIL: 30 DAY SUPPLY	RETAIL: 90 DAY SUPPLY	MAIL ORDER: 90 DAY SUPPLY
PREVENTIVE*	No Charge	No Charge	No Charge
GENERIC	25% coinsurance; \$40 max co-pay	25% coinsurance; \$120 max co-pay	25% coinsurance; \$105 max co-pay
BRAND FORMULARY	25% coinsurance; \$75 max co-pay	25% coinsurance; \$225 max co-pay	25% coinsurance; \$205 max co-pay
NON-FORMULARY	50% coinsurance; \$100 max co-pay	50% coinsurance; \$300 max co-pay	25% coinsurance; \$300 max co-pay
SPECIALTY	50% coinsurance; \$225 max co-pay	50% coinsurance; \$450 max co-pay	Not Available

* Preventive drugs, as defined under the Affordable Care Act (ACA), will be covered by this plan at 100% when received from an In-Network Pharmacy with a valid written prescription.

Note: PPO plans go straight to coinsurance and copays. Team members on HDHP plans pay full price until Tier 1 deductible is met.

PRIOR AUTHORIZATION

Sometimes prescriptions require a prior authorization. This means before the prescription is filled, it will go through a review to ensure that you are receiving the appropriate medication and that the most cost-effective version of the prescription is being used. These reviews are conducted by either MedImpact or an independent third party made up of physicians and other medical professionals; they usually take about two business days.

If you have questions about prior authorizations, please contact MedImpact at **888-678-7771**.

PAYDHEALTH SPECIALTY DRUG SAVINGS PROGRAM

TCHHN wants to help you and your family make good choices about your health and save money whenever possible. As part of the MedImpact pharmacy program, we've teamed up with Paydhealth to bring you their Select Drugs and Products program. This helps lower your healthcare costs by seeking sources of alternate funding for select specialty drugs.

If you are taking a specialty drug, or need to take one in the future, a Paydhealth program case coordinator will contact you. Your case coordinator will tell you about the program requirements and will help you with the enrollment process.

THINGS TO KNOW



Enrollment in the program provides an opportunity to substantially reduce your specialty drug out-of-pocket costs – in many cases to no cost at all, which could save you thousands of dollars per year.



You must enroll in the program to receive these benefits. Otherwise, your specialty medications will not be covered. This means you would have to pay the full cost of the specialty drug.



All specialty drugs on the Select Drugs and Products list require review. To find a list of specialty drugs available, visit the prescription drug page at mytchbenefits.com.



WHAT IS A SPECIALTY DRUG?

Specialty drugs are high-cost medications that treat rare, complex, and chronic health conditions. These drugs may require special handling.

2025 MEDICAL PLAN BIWEEKLY PREMIUM COSTS

You and TCHHN share the cost of your medical benefits. TCHHN pays a generous portion of the total cost and you pay the remainder through payroll deductions. Your specific cost is based on your status (Full-Time or Part-Time), your wellness tier, and the plan and coverage level you selected. Diamond rates apply to anyone who completed the Know Your Numbers requirements by August 31, 2024, or was hired or became benefits-eligible after January 1, 2024.

BASIC HDHP + TCHHN PCP OPTION					
	TCHHN'S COST DIAMOND PREMIUM	YOUR BIWEEKLY COST DIAMOND PREMIUM	TCHHN'S COST BRONZE PREMIUM	YOUR BIWEEKLY COST BRONZE PREMIUM	IMPUTED INCOME DOMESTIC PARTNER
TEAM MEMBER	\$324.55	\$16.41	\$289.19	\$51.77	-
TEAM MEMBER +1	\$585.77	\$58.78	\$495.67	\$148.88	\$303.59
TEAM MEMBER +2 OR MORE	\$808.90	\$108.01	\$713.74	\$203.17	\$303.59
BASIC HDHP + NON-PCP OPTION					
	TCHHN'S COST DIAMOND PREMIUM	YOUR BIWEEKLY COST DIAMOND PREMIUM	TCHHN'S COST BRONZE PREMIUM	YOUR BIWEEKLY COST BRONZE PREMIUM	IMPUTED INCOME DOMESTIC PARTNER
TEAM MEMBER	\$320.39	\$20.57	\$270.36	\$70.60	-
TEAM MEMBER +1	\$570.85	\$73.70	\$457.89	\$186.66	\$303.59
TEAM MEMBER +2 OR MORE	\$781.50	\$135.41	\$662.19	\$254.72	\$303.59
STANDARD HDHP + TCHHN PCP OPTION					
	TCHHN'S COST DIAMOND PREMIUM	YOUR BIWEEKLY COST DIAMOND PREMIUM	TCHHN'S COST BRONZE PREMIUM	YOUR BIWEEKLY COST BRONZE PREMIUM	IMPUTED INCOME DOMESTIC PARTNER
TEAM MEMBER	\$325.40	\$36.90	\$256.69	\$105.61	-
TEAM MEMBER +1	\$587.07	\$97.06	\$494.18	\$189.95	\$321.83
TEAM MEMBER +2 OR MORE	\$821.52	\$153.11	\$723.79	\$250.84	\$321.83
STANDARD HDHP + NON-PCP OPTION					
	TCHHN'S COST DIAMOND PREMIUM	YOUR BIWEEKLY COST DIAMOND PREMIUM	TCHHN'S COST BRONZE PREMIUM	YOUR BIWEEKLY COST BRONZE PREMIUM	IMPUTED INCOME DOMESTIC PARTNER
TEAM MEMBER	\$316.03	\$46.27	\$229.88	\$132.42	-
TEAM MEMBER +1	\$562.45	\$121.68	\$445.96	\$238.17	\$321.83
TEAM MEMBER +2 OR MORE	\$782.66	\$191.97	\$660.15	\$314.48	\$321.83
CORE PPO + TCHHN PCP OPTION					
	TCHHN'S COST DIAMOND PREMIUM	YOUR BIWEEKLY COST DIAMOND PREMIUM	TCHHN'S COST BRONZE PREMIUM	YOUR BIWEEKLY COST BRONZE PREMIUM	IMPUTED INCOME DOMESTIC PARTNER
TEAM MEMBER	\$303.03	\$79.28	\$232.69	\$149.62	-
TEAM MEMBER +1	\$549.89	\$170.88	\$451.61	\$269.16	\$338.46
TEAM MEMBER +2 OR MORE	\$765.39	\$261.11	\$660.52	\$365.98	\$338.46
CORE PPO + NON-PCP OPTION					
	TCHHN'S COST DIAMOND PREMIUM	YOUR BIWEEKLY COST DIAMOND PREMIUM	TCHHN'S COST BRONZE PREMIUM	YOUR BIWEEKLY COST BRONZE PREMIUM	IMPUTED INCOME DOMESTIC PARTNER
TEAM MEMBER	\$282.90	\$99.41	\$194.73	\$187.58	-
TEAM MEMBER +1	\$506.54	\$214.23	\$383.30	\$337.47	\$338.46
TEAM MEMBER +2 OR MORE	\$699.14	\$327.36	\$567.65	\$458.85	\$338.46

KNOW YOUR NUMBERS PROGRAM: OPEN TO ALL TCHHN TEAM MEMBERS AND **100% FREE** TO PARTICIPATE!

Team members who completed the Know Your Numbers Program in 2024 and newly hired team members are eligible to receive the Diamond level medial premium discount in 2025.

HEALTH SAVINGS ACCOUNT (HSA)

TCHHN OFFERS YOU THE OPTION TO **OPEN AN HSA** IF YOU ENROLL IN THE **BASIC HDHP** OR THE **STANDARD HDHP**.

A Health Savings Account is used with the Basic HDHP or Standard HDHP and allows you to save money tax-free to pay for current or future health care costs for you and/or your eligible dependents. Your HSA balance is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave The Christ Hospital Health Network.

2025 HSA CONTRIBUTION LIMITS

	TOTAL IRS ALLOWED HSA CONTRIBUTIONS	BASIC HDHP	STANDARD HDHP	
		YOUR MAX VOLUNTARY CONTRIBUTIONS*	TCHHN CONTRIBUTIONS	YOUR MAX VOLUNTARY CONTRIBUTIONS*
TEAM MEMBER	\$4,300	\$4,300	\$19.23 per pay period (\$500 annually)	\$3,800
TEAM MEMBER +1 OR MORE	\$8,550	\$8,550	\$38.46 per pay period (\$1000 annually)	\$7,550

* If you are age 55 or older, you can contribute an additional \$1,000 in catch-up contributions to your HSA.



HSA ELIGIBILITY

To establish and contribute to an HSA, you cannot:

- Have government-sponsored coverage, such as Medicare, Medicaid, or TRICARE,
- Be covered through a non-HSA qualified medical plan, such as a spouse's health plan (unless it's an HSA-qualified plan),
- Be enrolled in a traditional Healthcare FSA in 2025,
- Have received Veterans Administration (VA) medical benefits in the last three months, or
- Be claimed as a dependent on another tax return.

HSA ELIGIBLE EXPENSES

Your HSA withdrawals are tax-free if they are used to pay for qualified healthcare expenses. You may pay income tax and penalty tax if you take withdrawals for ineligible expenses. See IRS Publication 502 at [irs.gov](https://www.irs.gov) for details.



LEARN MORE

Visit learninglounge.pncbenefitplus.com or call **844-356-9993**.

MORE ABOUT THE HSA

BUILD TAX-FREE SAVINGS FOR HEALTHCARE

- You don't pay taxes on the amount you contribute through payroll deductions, the amount you withdraw for eligible expenses, and the interest you earn on the account.
- We encourage you to consult with a tax advisor for IRS rules and tax implications related to the HSA.

RECEIVE EMPLOYER CONTRIBUTIONS (STANDARD HDHP ONLY)

- TCHHN will contribute to your HSA if you are enrolled in the Standard HDHP. You must select an HSA contribution amount of at least \$5 per paycheck to receive TCHHN'S HSA contribution.
- TCHHN does not contribute to your HSA if you enroll in the Basic HDHP.

USE IT LIKE A BANK ACCOUNT

- Pay for eligible expenses for yourself and your family with your HSA debit card, or
- Reimburse yourself for payments you've made for eligible expenses (up to the available balance in your account).

EARN INTEREST AND INVEST FOR THE FUTURE

- Once your interest-bearing HSA reaches a minimum balance, you can invest in a variety of no-load mutual funds.

FLEXIBLE SPENDING ACCOUNT (FSA)

TCHHN OFFERS YOU **THREE PRE-TAX FLEXIBLE SPENDING ACCOUNTS.**

HEALTHCARE FSA

You are eligible to contribute to a Healthcare FSA if you elect the Core PPO Plan, waive medical coverage, or you enroll in one of the HDHPs and **DO NOT** contribute to an HSA.

EXPENSES	CONTRIBUTION
Pay for eligible medical, prescription, dental and vision expenses, such as plan deductibles, co-pays and coinsurance.	Contribute up to \$3,300 pre-tax in 2025 (subject to IRS regulations).

LIMITED PURPOSE FSA

You are eligible to contribute to the Limited Purpose FSA if you enroll in the Basic or Standard HDHP and the HSA.

EXPENSES	CONTRIBUTION
Pay for eligible dental, vision, and preventative expenses.	Contribute up to \$3,300 pre-tax in 2025 (subject to IRS regulations).

DEPENDENT CARE FSA

You are eligible to contribute to the Dependent Care FSA for your eligible dependents while you work. Your eligible dependents include children under age 13 or qualifying adults incapable of self-care.

EXPENSES	CONTRIBUTION
Pay for eligible dependent care expenses, such as daycare for a child or adult.	Contribute up to \$5,000 in 2025 (\$2,500 if you are married filing separately).



HOW DO I SPEND MY FSA MONEY?

When you enroll in a Healthcare FSA or Limited Purpose FSA, you will receive a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to Chard Snyder, the FSA administrator.

- TCHHN has established claims feeds for your UMR Medical, Delta Dental and EyeMed Vision insurance so that you don't generally have to submit substantiation for those claims.
- Dependent Care claims must be submitted using a Chard Snyder claim form and must include a signature and Tax ID or Social Security Number from the daycare facility or sitter.

WHEN ARE MY FSA FUNDS AVAILABLE?

You can access your entire Healthcare FSA and Limited Purpose FSA annual contribution amount from the beginning of the plan year. Your Dependent Care FSA funds are available to use after each pay period contribution has been made.

USE IT OR LOSE IT!

FSAs are "use it or lose it" accounts. You will forfeit any 2025 claim amount if you do not submit for reimbursement by **March 31, 2026**. Your 2026 claims may NOT be paid with any remaining 2025 FSA balance.

If you leave TCHHN during 2025, the final date you may use your FSA account is your last date of employment.



LEARN MORE

Visit chard-snyder.com. You can also visit irs.gov and find *IRS Publication 502* for information on Healthcare FSAs and *IRS Publication 503* for Dependent Care FSAs.

DENTAL COVERAGE

TCHN OFFERS YOU **THREE DENTAL PLAN OPTIONS** – THE **CORE PLAN**, THE **CORE PLUS PLAN**, AND THE **BUY-UP PLAN**.

All three dental plans allow you to receive your dental services from Delta Dental's PPO network, their Premier network or an out-of-network provider. The highest level of benefits (and lowest out-of-pocket costs) will always be with a provider in the PPO network. You can determine the network of each provider by visiting deltadentaloh.com/findadentist.

In-network coverage is based on negotiated fees, and you will never be billed more than that amount. Out-of-network coverage is based on reasonable and customary (R&C) charges. If you see an out-of-network dentist, you may be billed the difference between the R&C charges and the actual charged amount. The coinsurance percentages show the percent of covered charges you pay after the deductible has been met.

2025 DENTAL PLAN COMPARISONS

BUY-UP DENTAL PLAN	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE (PER PERSON/PER FAMILY)	\$50 single / \$150 family	\$50 single / \$150 family	\$50 single / \$150 family
CALENDAR-YEAR MAXIMUM	\$1,500 per person	\$1,500 per person	\$1,500 per person
PREVENTIVE / DIAGNOSTIC SERVICES	100% no deductible	90% no deductible	90% after deductible
BASIC SERVICES	90% after deductible	80% after deductible	80% after deductible
MAJOR SERVICES	60% after deductible	60% after deductible	60% after deductible
ORTHODONTIA (LIMITED TO ELIGIBLE DEPENDENTS UNDER AGE 19)	50% to a \$1,500 lifetime maximum per child	50% to a \$1,500 lifetime maximum per child	50% to a \$1,500 lifetime maximum per child
CORE DENTAL PLAN	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE (PER PERSON/PER FAMILY)	\$50 single / \$150 family	\$50 single / \$150 family	\$50 single / \$150 family
CALENDAR-YEAR MAXIMUM	\$750 per person	\$750 per person	\$750 per person
PREVENTIVE / DIAGNOSTIC SERVICES	100% no deductible	90% no deductible	90% after deductible
BASIC SERVICES	90% after deductible	80% after deductible	80% after deductible
MAJOR SERVICES	50% after deductible	50% after deductible	50% after deductible
ORTHODONTIA	Not covered	Not covered	Not covered

NEW DENTAL PLAN FOR 2025

CORE PLUS DENTAL PLAN	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE (PER PERSON/PER FAMILY)	\$50 single / \$150 family	\$50 single / \$150 family	\$50 single / \$150 family
CALENDAR-YEAR MAXIMUM	\$750 per person	\$750 per person	\$750 per person
PREVENTIVE / DIAGNOSTIC SERVICES	100% no deductible	90% no deductible	90% after deductible
BASIC SERVICES	90% after deductible	80% after deductible	80% after deductible
MAJOR SERVICES	50% after deductible	50% after deductible	50% after deductible
ORTHODONTIA	Not covered	Not covered	Not covered
ANNUAL HRA CONTRIBUTION*	\$150 Team Member / \$275 Team Member +1 / \$450 Team Member +2 or more		

*HRA contribution will be prorated based on the first of the month following or coinciding with your coverage effective date. The full amount that you are eligible for will be available as of your coverage effective date.

2025 DENTAL BIWEEKLY PREMIUM COSTS

BUY-UP DENTAL PLAN	TOTAL BIWEEKLY PREMIUM	TCHHN'S BIWEEKLY COST	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$16.24	\$8.84	\$7.40	-
TEAM MEMBER +1	\$32.49	\$17.67	\$14.82	\$16.25
TEAM MEMBER +2 OR MORE	\$53.59	\$29.14	\$24.45	\$16.25
CORE DENTAL PLAN	TOTAL BIWEEKLY PREMIUM	TCHHN'S BIWEEKLY COST	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$10.22	\$5.55	\$4.67	-
TEAM MEMBER +1	\$20.46	\$11.13	\$9.33	\$10.24
TEAM MEMBER +2 OR MORE	\$33.75	\$18.35	\$15.40	\$10.24
CORE PLUS DENTAL PLAN	TOTAL BIWEEKLY PREMIUM	TCHHN'S BIWEEKLY COST	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$11.68	\$0.00	\$11.68	-
TEAM MEMBER +1	\$21.84	\$0.00	\$21.84	\$10.16
TEAM MEMBER +2 OR MORE	\$35.13	\$0.00	\$35.13	\$10.16

MORE ABOUT THE DENTAL HEALTH REIMBURSEMENT ACCOUNT (HRA)

TCHHN is offering an HRA as part of the Core Plus Dental Plan. An HRA is an employer-funded account that allows team members to use these tax-free funds for covered dental expenses.

Each team member who enrolls in the Core Plus Dental Plan will pay the full cost of their dental coverage. TCHHN's contribution will be made into the HRA, and team members may use these funds to cover dental expenses such as:

- Deductibles and coinsurance,
- Balance billing,
- Bundled preventive services, and
- Other out-of-pocket dental expenses (excluding cosmetic dental services).

Just like the FSA, the HRA funds are "use it or lose it" accounts. You will forfeit any 2025 claim amount if you do not submit for reimbursement by **March 31, 2026**. Your 2026 claims may **NOT** be paid with any remaining 2025 HRA balance.

The HRA is administered by Chard Snyder. If a team member uses the HRA for bundled preventive services, Chard Snyder may require supporting documentation. Team members should keep dental receipts with their records in case it is required to support HRA reimbursements.



LEARN MORE

Visit mytchbenefits.com or go to Delta Dental of Ohio at deltadentaloh.com.

VISION COVERAGE

TCHN OFFERS YOU **TWO VISION PLAN OPTIONS** – THE **CORE PLAN** AND THE **BUY-UP PLAN**.

Both the Core and Buy-up Plans cover vision services by providers in EyeMed’s Select network as well as out-of-network providers. You may pay more if you receive care from an out-of-network provider. You can locate in-network providers by visiting eyemed.com. In-Network member costs are shown below.

2025 VISION PLAN COMPARISONS

	CORE VISION PLAN	BUY-UP VISION PLAN
EXAMS	\$25 co-pay (once per 12 months)	\$10 co-pay (once per 12 months)
LENSES	\$0 co-pay (once per 12 months)	\$0 co-pay (once per 12 months)
FRAMES	\$0 co-pay / \$130 allowance 20% off balance over \$130 (once per 24 months)	\$0 co-pay / \$150 allowance 20% off balance over \$150 (once per 12 months)
CONTACT LENSES (INSTEAD OF GLASSES)	\$0 co-pay / \$115 allowance	\$0 co-pay / \$150 allowance

2025 VISION BIWEEKLY PREMIUM COSTS

CORE VISION PLAN	TOTAL BIWEEKLY PREMIUM	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$4.29	\$4.29	-
TEAM MEMBER +1	\$8.15	\$8.15	\$3.86
TEAM MEMBER +2 OR MORE	\$11.97	\$11.97	\$3.86
BUY-UP VISION PLAN	TOTAL BIWEEKLY PREMIUM	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$7.29	\$7.29	-
TEAM MEMBER +1	\$13.84	\$13.84	\$6.55
TEAM MEMBER + 2 OR MORE	\$20.34	\$20.34	\$6.55

TAKE ADVANTAGE OF HEALTHY EYES!

- Both vision plans include a **HEALTHY EYES** benefit, which provides:
- A retinal imaging exam with a \$15 co-pay rather than a discount
 - A diabetic benefit that allows an extra office visit and diagnostic testing once every 6 months for those with Type 1 or Type 2 diabetes, and
 - An additional eye exam for children under age 19.



LEARN MORE

Visit mytchbenefits.com or go to EyeMed at eyemed.com.



EVERYTHING IT TAKES

WELLBEING BENEFITS

WELLBEING AND TEAM MEMBER SUPPORT

TCHHN OFFERS YOU A VARIETY OF **PLANS AND PROGRAMS** TO SUPPORT YOU AND YOUR FAMILY.

Our wellness programs and employee support resources are designed to help you maintain or move towards a healthy lifestyle through preventive care and other assistance when you need it. The listed resources are accessible all year round. Visit mytchbenefits.com to see current programming.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is a confidential service provided through LifeMatters that offers assistance for everyday concerns at no cost to you. You and your eligible family members have access to three in-person counseling sessions as well as unlimited virtual counseling sessions each year.

In addition to traditional counseling services, the EAP provides you with articles, webinars, and tools for improving your life. LifeMatters also offers:

- Convenience services to help you with the day-to-day chores that occupy your spare time – everything from pet sitters to home maintenance to school searches and more!
- Discounts to help you find savings on a variety of services and products. Select the *Discount Center* tile on the website to learn more.



CONNECT WITH LIFEMATTERS

You can connect with a counselor 24/7/365.

- **LOGIN:** lifematters.com
(sign in using the password TCHHN1)
- **CALL:** 800-634-6433
- **TEXT:** Text "Hello" to 61295
- **APP:** Download the LifeMatters app from the Apple store or Google Play



WELLRIGHT WELLNESS PORTAL

All team members have access to TCHHN'S wellness portal, Wellright. Wellright has tools and resources you can use to learn about your personal health risks and support your progress toward your mental, spiritual, physical, nutritional, or financial goals.

If you are a benefits eligible team member, go to the Wellright portal to complete your Know Your Numbers requirements. Visit the Wellright Guide on the TCHHN benefits site to learn more and set up a Wellright account.



NEST JOB AND LIFE COACH

TCHHN has partnered with Cincinnati Works to provide a program to remove barriers that get in the way of our team members achieving their dreams. Team members may participate in a wide range of life enhancing programs for FREE during work hours. Programs include:

- Confidential, one-on-one coaching to work through life's challenges and set goals
- Financial coaching
- Support services to assist with childcare, transportation and housing challenges, stress management, and access to a healthy food pantry
- Opportunities to learn and shadow a range of jobs to build your career along with educational classes, online offerings, and certifications

To learn more, please contact Andre Boomer at Andre.Boomer@TheChristHospital.com or call **513-607-4384**.



TEAM MEMBER RESOURCE GROUPS (TMRG)

Team Member Resource Groups are a great way for team members to meet other team members with similar experiences and backgrounds. Groups meet periodically for learning/development opportunities, community service projects, and to support each other as they grow with TCHHN. Every TMRG is sponsored by a member of the TCHHN executive team, providing encouragement and support to the growth and development of the group. Scan the QR code to learn more about the TMRGs, including the below:

- **COPE RESOURCE GROUP:** Platform and support network for team members coping with physical and/or mental traumas
- **PRIDE +:** Safe space and support network for our team members and the LGBTQ+ community
- **BLACK EXCELLENCE UNITED (BE "U"):** Safe space and support network for Black team members
- **empowerHER:** Focus on mentoring, professional development, and an equitable work environment
- **EMERGING PROFESSIONALS RESOURCE GROUP:** Brings individuals from a variety of backgrounds together with allies to build up emerging professionals, voice concerns, and provide support
- **VETERANS & MILITARY RESOURCE GROUP:** Supports team member military/veteran personnel while focusing on veteran recruitment, experience, engagement, and career development
- **GREEN TEAM:** Drives actionable improvement to TCHHN efforts around sustainability and recycling



EMPLOYEE EMERGENCY ASSISTANCE FUND

The Employee Emergency Assistance Fund is designed to support team members during times of crisis for which the team member is unable to manage and other financial resources are found to be inadequate. The Christ Hospital Foundation and our generous donors help to fund this program for you, our healthcare heroes.

For additional information, please contact Rev. Doug Mitchell at **513-585-1247**.



CLEAN EATZ MEAL DELIVERY

TCHHN has partnered with Clean Eatz, based in Newport, KY, to give team members an opportunity to order healthy meals and have them delivered to main campus. There is no commitment; team members simply order their meals by noon on Sunday and Clean Eatz will deliver them on Tuesday.



MEAL CREDITS

TCHHN FANS and EVS team members with perfect attendance during the 2-week pay period will receive a \$5 café credit for every 8 hours worked up to 10 meal credits per pay period (\$50 value).



TAKE ADVANTAGE OF FOOD TRUCK FRIDAYS!

A food truck with healthy options visits TCHHN campus each Friday. The food truck rotates between the AOCs and the CBO.

A newborn baby is lying in a wooden crib, wearing a grey onesie. A person's hand is visible, holding a striped cloth near the baby's head. The crib has a warning label on the side. The background is blurred, showing a person's legs in patterned pants.

EVERYTHING IT TAKES

FINANCIAL BENEFITS

GROUP TERM LIFE AND AD&D INSURANCE

TCHHN OFFERS YOU **LIFE INSURANCE OPTIONS** TO PROTECT YOU AND YOUR FAMILY.

Your benefits include programs to help ensure financial security for you and your family. TCHHN provides you with Basic Life insurance and the ability to add Supplemental Life and AD&D coverage.

ARE YOUR BENEFICIARIES UP-TO-DATE?

Select your beneficiaries when enrolling in benefits. Visit tchhn.benefitsinfo.com to add or change your beneficiaries at any time throughout the year.

BASIC LIFE INSURANCE

You automatically receive Basic Life insurance so that you can protect those you love from the unexpected. TCHHN pays the full cost of this benefit.

PART-TIME TEAM MEMBER (.5-.74999 FTE)	1 times your annual earnings up to \$1 million maximum
FULL-TIME TEAM MEMBER (.75 OR GREATER FTE)	1.5 times your annual earnings up to \$1 million maximum
MANAGEMENT & MEDICAL RESIDENTS	2 times your annual earnings up to \$1 million maximum
VICE PRESIDENTS & PHYSICIANS	3 times your annual earnings up to \$1 million maximum

SUPPLEMENTAL LIFE INSURANCE

For added protection, you may purchase Supplemental Life insurance that you pay for through payroll deductions. Certain coverage amounts can be elected without any evidence of insurability (EOI).

TEAM MEMBER SUPPLEMENTAL LIFE	Up to 5 times your annual earnings up to \$1.5 million maximum
SPOUSE/DOMESTIC PARTNER SUPPLEMENTAL LIFE	\$10,000 / \$25,000 / \$50,000 / \$75,000 / \$100,000 flat amounts
CHILD SUPPLEMENTAL LIFE (AGES 0 TO 25)	\$5,000 / \$10,000 flat amounts

NOTE: Total spouse and child Supplemental Life coverage may not exceed 100% of the combined Basic and Supplemental coverage of the team member.

SUPPLEMENTAL AD&D INSURANCE

You may also purchase Accidental Death & Dismemberment (AD&D) insurance for you and your family. Supplemental AD&D provides coverage for the loss of your life, sight, hearing, speech, or use of your limb(s) in an accident. Benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.

TEAM MEMBER SUPPLEMENTAL AD&D	\$50,000 – \$250,000 in \$50,000 increments
SPOUSE/DOMESTIC PARTNER SUPPLEMENTAL AD&D	50% of your coverage amount (if no children covered)
CHILD SUPPLEMENTAL AD&D (AGES 0 TO 25)	15% of your coverage amount for each child if no spouse or domestic partner covered (may not exceed \$37,500 per child)
FAMILY SUPPLEMENTAL AD&D (SPOUSE/DOMESTIC PARTNER/CHILDREN COMBINED)	40% of your coverage amount for spouse / 10% of your coverage amount for each child (may not exceed \$37,500 per child)



LEARN MORE

Visit mytchbenefits.com for Supplemental Life and AD&D bi-weekly rates, as well as information on EOI and guaranteed issue provisions.

Federal tax laws requires TCHHN to report the cost of company-paid life insurance in excess of \$50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled. You may have to complete an EOI medical questionnaire to determine whether you or your spouse is insurable for supplemental life insurance amounts. If required, one will be provided to you.

DISABILITY COVERAGE

TCHHN OFFERS YOU **DISABILITY INSURANCE** COVERAGE TO HELP PROTECT YOU DURING AN ILLNESS OR INJURY.

The loss of income due to illness or disability can cause serious financial hardship for you and your family. Our disability insurance programs work together to replace a portion of your income when you're unable to work. The disability benefits you receive help you to continue paying your bills and meet your financial obligations during this difficult time.

SHORT-TERM DISABILITY

To be eligible for Short-Term Disability, you must have been a part-time or full-time team member at TCHHN for a minimum of 181 days. TCHHN pays the full cost of this benefit.

YEARS OF CONTINUOUS SERVICE	BENEFIT AMOUNT
COMPLETION OF NEW HIRE INTRODUCTORY PERIOD AND 180 DAYS OF EMPLOYMENT, BUT LESS THAN 1 YEAR	First week PTO. Up to 6 additional weeks at 60% of base pay
1 YEAR BUT LESS THAN 5 YEARS	First week PTO. Up to 6 additional weeks of 80% of base pay, then up to 6 additional weeks at 60% of base pay
5 OR MORE YEARS	First week PTO. (If you have grandfathered sick bank hours, you may use for the first week.) Up to 13 additional weeks of 80% of base pay, then up to 12 additional weeks at 60% of base pay

LONG-TERM DISABILITY

To be eligible for Long-Term Disability (LTD), you must be a full-time team member with a minimum of one year of service. LTD is offered to provide coverage in the event you become unable to work due to a non-work-related illness or injury. TCHHN pays the full cost of this benefit. See the Certificate of Coverage for benefit duration.

MONTHLY BENEFIT	60% of your base monthly salary up to \$10,000
ELIMINATION PERIOD	180 days of disability
BENEFIT DURATION	Until you're no longer considered disabled, or you reach Social Security Normal Retirement Age (SSNRA), whichever comes first



LEARN MORE

More information on disability coverage can be found on mytchbenefits.com/benefit-options/disability. Questions regarding this program may be directed to Disability@TheChristHospital.com or 513-585-4555.

PARENTAL LEAVE & PAID TIME OFF

TCHHN OFFERS YOU **PARENTAL LEAVE** AND **PAID TIME OFF**.

PAID PARENTAL LEAVE

TCHHN offers fully paid parental leave team members who are welcoming a new child to their home through birth or adoption. Parental leave enables new parents to adjust to life with their newly expanded family while relieving a portion of the financial stress that can accompany this life event. The amount of leave for birth parents is based upon years of service. Non-birth parents who meet the eligibility requirements are eligible for two (2) weeks of paid parental leave.

	1-3 YEARS OF SERVICE	3-5 YEARS OF SERVICE	5+ YEARS OF SERVICE
BIRTH PARENT MOTHER WHO GIVES BIRTH	6 weeks	8 weeks	12 weeks
NON-BIRTH PARENT* PARENT WHO IS WELCOMING A NEW CHILD THROUGH A BIRTH OR ADOPTION	2 weeks	2 weeks	2 weeks

*Non-birth parent is defined as a non-birth mother, father, or adoptive parent.



LEARN MORE

More information on our fully paid parental leave program can be found on mytchbenefits.com. Questions regarding this program may be directed to Disability@TheChristHospital.com or 513-585-4555.

PAID TIME OFF (PTO)

We recognize the importance of having a healthy work-life balance, which is why TCHHN offers a generous PTO policy that allows team members the opportunity to accrue over four weeks of PTO within their first year of employment. PTO can be used for vacation, sick days, and holidays. The maximum amount of PTO hours allowed is determined by your employment status and years of service.

	1 YEAR OF SERVICE	5 YEAR OF SERVICE	10 YEAR OF SERVICE	15 YEAR OF SERVICE
NON-EXEMPT LEVEL	175 hours	216 hours	216 hours	256 hours
MANAGER, SUPERVISOR AND EXEMPT EMPLOYEE LEVEL	216 hours	216 hours	256 hours	256 hours
SENIOR EXECUTIVE OFFICER, VICE PRESIDENT, AND DIRECTOR LEVEL	256 hours	256 hours	256 hours	256 hours

PTO ROLLOVER

NON-EXEMPT TEAM MEMBERS CAN ROLLOVER UP TO **128 HOURS** OF UNUSED PTO

EXEMPT TEAM MEMBERS CAN ROLLOVER UP TO **40 HOURS** OF UNUSED PTO.



LEARN MORE

More information about PTO accruals and a copy of the PTO policy can be found at mytchbenefits.com/benefit-options/pto.

RETIREMENT SAVINGS

TCHHN PARTNERS WITH YOU TO SAVE FOR YOUR **RETIREMENT**.

Your TCHHN 403(b) Retirement Savings Plan (Plan) provides you support in reaching your savings goals for retirement. TCHHN matches 50% of the first 6% of contributions you make to the Plan.



HOW THE 403(b) RETIREMENT SAVINGS PLAN WORKS

YOUR CONTRIBUTIONS

You can contribute up to **75% of your eligible pay** in pre-tax or Roth (post-tax) contributions to your account each year. The maximum contribution for 2025 is \$23,500. The type of contributions you make will depend on your financial goals and circumstances.

All contributions (pre-tax and Roth) count toward the IRS maximum. If you are age 50 or older, you may make additional catch-up contributions — up to \$7,500.

TCHHN MATCHING CONTRIBUTIONS

The Christ Hospital Health Network **matches 50% of the first 6% of eligible pay** you contribute to the Plan. Eligible pay includes taxable compensation excluding fringe benefits and severance pay. Physicians, residents, fellow, interns, and student and temporary team members may contribute to the Plan but are not eligible for TCHHN matching contributions.

ELIGIBILITY

All team members are eligible for TCHHN'S 403(b) Retirement Savings Plan.

ENROLLING IN THE PLAN

You should receive an email notification, along with an enrollment kit, once you become eligible to enroll. If you don't receive a notification within 30 days of your hire date, please contact Fidelity.

Once you enroll, you may make your contribution election and your investment elections by calling Fidelity or logging into your NetBenefits Account. If you do not enroll in the Plan within 45 days from your hire date, you will be automatically enrolled in the Plan.

AUTOMATIC ENROLLMENT

Automatic enrollment is a convenient way to assist you with enrolling in the Plan. New hires who do not enroll in the Plan within 45 days from their hire date are automatically enrolled in the Plan at 3% (pre-tax).

The initial 3% contribution is automatically increased by 2% every January, up to a maximum of 7% of pay. All team members have the opportunity to opt-out or change their election at any time.



INVESTMENT ELECTIONS

You decide where to invest your contributions from the variety of investment options offered under the Plan. It's important to carefully consider your investment goals, retirement timeframe, and risk tolerance when deciding how to invest your plan contributions.

Log in to your NetBenefits account at netbenefits.com/atwork to learn more about your investment options.

VESTING

Vesting refers to your ownership of the money in your Plan account. You earn a year of vesting service for each calendar year you are credited with at least 1,000 hours of service. You become fully vested in your TCHHN matching contributions once you have completed three years of vesting service. You are always fully vested (100%) in the money you contribute to the Plan and the related earnings.

IRS LIMITS

The IRS limits the amount of pay that can be included in determining your benefit and the amount of contributions you can make annually. The IRS reviews these limits annually.

2025 IRS LIMITS*	
COMPENSATION	\$350,000
CONTRIBUTION	\$23,500
ANNUAL CATCH-UP CONTRIBUTION**	\$7,500

*Subject to IRS regulations.
**If you are age 50 or older, you may make an additional catch-up contribution each year.



NEED HELP?

Our dedicated Fidelity representatives can help you determine how much to contribute, explain the different investment options, and assist with other financial goals such as creating your first budget or paying off debt. Team members can schedule one-on-one appointments with a Fidelity representative. The appointments are free and customized to meet your needs. Appointments are available in-person, by phone, or virtually. To schedule an appointment:

- Visit the *Retirement* page on mytchbenefits.com.
- Call **866-811-6041** to speak to a Fidelity Planning Consultant, or visit the *Planning* page on NetBenefits for additional assistance.



HAVE YOU NAMED A BENEFICIARY?

Be sure you've selected a beneficiary for your 403(b) Account and any Life and Accident insurance policies. Your beneficiary(ies) will receive the value of your 403(b) Account balance and your Life and AD&D benefits upon your death. It's important to designate a beneficiary for your 403(b) Plan and your Life and AD&D insurance policies and keep that information up-to-date.

403(B) PLAN	netbenefits.com/atwork
LIFE AND AD&D INSURANCE	tchhn.benefitsinfo.com

A photograph of a woman with long blonde hair, wearing a light blue surgical mask and a white hospital gown with a green and black geometric pattern. She is being held from behind by a person in a blue scrubs top, whose face is partially visible on the right. The woman is looking towards the camera with a slight smile. The background is blurred, showing what appears to be a hospital setting.

EVERYTHING IT TAKES

VOLUNTARY BENEFITS

VOLUNTARY BENEFITS

TCHHN OFFERS YOU A VARIETY OF **VOLUNTARY BENEFITS** TO MEET THE NEEDS OF YOU AND YOUR FAMILY.

With Voluntary Benefits, you pay the full cost for the benefits you elect. Your premiums can be paid via payroll deduction. The benefits are portable, which means you can take the coverage with you if you leave TCHHN, and coverage cannot be canceled as long as premiums are paid as due. More information about the Voluntary Benefits listed in this guide can be found at tchhn.benefitsinfo.com.

ELIGIBILITY FOR CHUBB VOLUNTARY BENEFITS

Team members with an FTE of 0.5 or higher are eligible for Hospital Indemnity, Accident, Term Life with Long Term Care, and Critical Illness Insurance. Coverage is available for you, your spouse/domestic partner, and your children. New hires have 30 days from their date of hire to enroll in these benefits. Existing team members can enroll or make changes during Annual Enrollment.

HOSPITAL INDEMNITY INSURANCE (CHUBB)

Hospital Indemnity Insurance can help with the financial burdens associated with hospital stays. You can use the cash benefits to pay for expenses that your medical insurance doesn't cover, such as co-pays, deductibles, and coinsurance. You can also use the funds to pay for daily expenses, such as mortgage or rent, groceries, or childcare expenses. Premiums are paid through payroll deduction.

	PLAN 1	PLAN 2
HOSPITAL ADMISSION BENEFIT	\$500	\$1,000
ADDITIONAL HOSPITAL ADMISSION BENEFIT*	\$500	\$1,000
HOSPITAL CONFINEMENT BENEFIT	\$50/day	\$100/day
ADDITIONAL HOSPITAL CONFINEMENT BENEFIT*	\$50/day	\$100/day
HOSPITAL CONFINEMENT ICU	\$100/day	\$200/day
ADDITIONAL HOSPITAL CONFINEMENT ICU*	\$100/day	\$200/day
WELLNESS BENEFIT	\$50	\$50

*Additional benefit provided when the hospital is part of TCHHN.

BI-WEEKLY PREMIUMS	PLAN 1	PLAN 2
TEAM MEMBER	\$8.04	\$15.24
TEAM MEMBER + SPOUSE	\$16.08	\$30.36
TEAM MEMBER + CHILDREN	\$12.24	\$23.28
FAMILY	\$20.28	\$38.40

ACCIDENT INSURANCE (CHUBB)

Accident Insurance provides coverage if you are accidentally injured and need treatment, whether you go to a physician's office, urgent care center, emergency room, or telemedicine appointment. You can use your cash benefit however you choose — to help with everyday living expenses, pay your out-of-pocket medical costs, or replace lost income. Premiums are paid through payroll deduction.

EXAMPLE: HOW ACCIDENT INSURANCE WORKS If your child breaks a leg at soccer practice here's how benefits may stack up:			
AMBULANCE	\$300	CRUTCHES	\$100
ER VISIT	\$200	PHYSICAL THERAPY	\$250
X-RAY	\$200	FOLLOW-UP VISITS	\$200
FRACTURE	\$1,000	TOTAL PAYMENT	\$2,250

BI-WEEKLY PREMIUMS	GOLD	PLATINUM
TEAM MEMBER	\$1.57	\$2.91
TEAM MEMBER + SPOUSE	\$3.24	\$6.07
TEAM MEMBER + CHILDREN	\$3.35	\$6.25
FAMILY	\$4.20	\$7.83

This example is for illustrative purposes and should not be compared to an actual claim. Whether an injury is covered depends on the circumstances of the loss. Refer to the certificate of insurance for terms and conditions.

TERM LIFE W/ LONG TERM CARE (CHUBB)

LifeTime Benefit Term helps protect you and your family if you are no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that can be used any way they choose, or you can use your benefit before you die to help pay for assisted living or other long term care.

- **LEVEL PREMIUMS:** Life Insurance premiums will never increase and are guaranteed to age 100. Thereafter, no additional premium is due, and coverage can continue to age 121.
- **LEVEL DEATH BENEFIT:** The death benefit is 100% guaranteed while the policy is in force for the longer of 25 years or age 70, providing coverage while it is needed the most – during your working years.
- **LIVING BENEFITS:** If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care (LTC) up to a lifetime maximum of 50 months. This money can be used for everyday expenses such as your mortgage or rent, childcare expenses, family debt, and more
- **DEATH BENEFIT RESTORATION:** If you accelerate your life coverage for LTC benefits, this rider restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based, up to \$50,000.

Premiums are paid through payroll deduction.

CRITICAL ILLNESS INSURANCE (CHUBB)

Critical Illness Insurance can help provide financial protection in the event of a covered critical illness diagnosis. Common covered illnesses include heart attack, stroke, renal (kidney) failure, major organ transplant, and invasive cancer.

The benefit is paid as a lump sum regardless of any other insurance you have.

- **LEVEL PREMIUMS:** You can elect up to \$30,000 in coverage (in \$5,000 increments). The benefit is paid in a lump sum, and you can use your money however you choose.
- **TRIPLE BENEFIT:** You can receive up to 3 times the face amount for each person you choose to cover.
- **RECURRENCE BENEFIT:** If a lump sum benefit is paid and there is a recurrence, you can receive 100% of your face amount, as long as you were treatment free for at least 6 months (12 months for cancer).
- **WELLNESS BENEFIT:** Be proactive with preventive care. This benefit pays you \$50 for undergoing a covered health screening test.

Premiums are paid through payroll deduction.

NOTE! For 2025, the list of preventative services that qualifies for the wellness benefits has been expanded to now include immunizations, routine eye exams, routine physicals, and well child/preventative exams from birth through age 18.

LEGAL PLANS (LEGALSHIELD)

There are two legal plans that you can choose and they both cover a variety of services. All team members are eligible for this benefit. New hires have 30 days from their date of hire to enroll. Existing team members can enroll or make changes during Annual Enrollment. You can choose from the **BASE LEGAL PLAN** or the **ENHANCED LEGAL PLAN**. Both plans include:

- **DIRECT ACCESS TO A DEDICATED PROVIDER LAW FIRM:** Unlimited legal consultation and advice; an attorney will respond within 4 business hours.
- **DOCUMENT REVIEW AND PREPARATION:** An attorney can help you review and prepare common legal documents for wills, trusts, and more.
- **COURT REPRESENTATION:** Representation for legal matters such as traffic tickets and more.
- **LETTERS AND PHONE CALLS:** Letters and phone calls can be made on your behalf to resolve legal matters.
- **MOBILE APP:** Call your provider law firm directly and you can upload/prepare documents for fast legal review.

Team members with an FTE of 0.5 or higher will have their premiums paid through payroll deduction. Team members whose FTE is less than 0.5 will be billed directly.

LEGALSHIELD PREMIUMS

LEGALSHIELD PREMIUMS	
BASE LEGAL PLAN	\$14.50/month
ENHANCED LEGAL PLAN	\$17.50/month (Includes contested divorce coverage)



PET PROTECTION (PET BENEFIT SOLUTIONS)

Pets are part of your family, and keeping your pets happy and healthy is a top priority. All team members are eligible for this benefit. The benefit can be canceled at any time.

We are pleased to offer two options to help protect your pet's health and your finances.

- **WISHBONE PET INSURANCE:** This is a traditional pet insurance plan that provides 70% reimbursement on your pet's veterinary care with deductibles as low as \$250. Team members pay Wishbone directly for this coverage.
- **TOTAL PET PLAN:** This plan provides discounts on prescriptions, products, and veterinary care. Premiums will be paid through payroll deduction.

	WISHBONE	TOTAL PET PLAN
DEDUCTIBLES, COPAYS, AND COINSURANCE	✓	
DISCOUNTS ON VETERINARY CARE, PRODUCTS, AND PRESCRIPTIONS		✓
24/7 PET TELEHEALTH	✓	✓
LOST PET RECOVERY ASSISTANCE	✓	✓
COVERS PRE-EXISTING CONDITIONS		✓
MONTHLY COSTS	Varies	One Pet: \$11.75 Family Plan: \$18.50

IDENTITY PROTECTION (NORTON LIFELOCK BENEFIT SOLUTIONS)

Identity Protection helps safeguard you and your family against identity theft. All team members are eligible for this benefit. The benefit can be canceled at any time. The easy-to-use security features help you to proactively protect personal information against malware, hackers, and other cyber threats on up to 10 devices.

Team members have two plans to choose from:

- **BENEFIT ESSENTIAL**
- **BENEFIT PREMIER PLUS**

Premiums will be paid through payroll deduction.

HOME, AUTO, AND RENTERS INSURANCE (FARMERS INSURANCE)

You can receive exclusive employee-only discounts on your property insurance. All team members are eligible for this benefit. The benefit can be canceled at any time. You can apply to insure your auto, home, other property, and yourself against personal liability. Premiums will be paid through payroll deduction.



EVERYTHING IT TAKES

ENROLLMENT DETAILS

ENROLLMENT DETAILS

AS YOU PREPARE TO ENROLL, LEARN MORE ABOUT **ZEVO**, **PREPARE BENEFITS**, AND QUALIFYING **LIFE/WORK EVENTS**

ENROLL IN ALL BENEFITS ON ZEVO

For 2025, team members will enroll in all TCHHN benefits on the Zevo platform. All benefits (other than the 403(b) Plan) will be listed in Zevo to allow you to see what you elected in 2024. Zevo will guide you through the enrollment process as you make your 2025 benefits elections for you and your family.

EXISTING TEAM MEMBERS

Annual Enrollment is your opportunity to review and change your benefit elections for the upcoming year. All eligible team members must complete the Annual Enrollment process, even if you want to keep your current coverage.

Team members are highly encouraged speak with a Prepare Benefits Counselor to learn more about the benefit changes and enhancements. After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. All team members will need to log on to the Zevo platform this year to name beneficiaries and review their benefit elections.

NEW TEAM MEMBERS

New team members have 30 days from date of hire to elect medical insurance, HSA/FSA, dental, vision, supplemental life insurance elections, hospital indemnity, critical illness, accident insurance, lifetime benefit with LTC, and legal plans. You can also enroll in home and auto insurance, pet insurance, and identity protection.



EFFECTIVE DATE OF COVERAGE

FOR NEW TEAM MEMBERS

The effective date of coverage for most plans is the first of the month following your date of hire. The effective date of coverage for team members hired on the first of the month is your date of hire.

FOR EXISTING TEAM MEMBERS

After enrolling during Annual Enrollment, the effective date of most plans is January 1 annually.

PREPARE BENEFITS

Prepare Benefits offers a best-in-class learning experience for all plan options. Benefits counselors are available to explain how each plan works and can complete enrollments in coverage that work best for you and your family.

- The Prepare Benefits team will be on-site for Annual Enrollment and call center support will be provided year-round.
- Visit the TCHHN Benefits Enrollment Center to learn more about current offerings and to schedule an appointment to discuss options: tchhn.benefitsinfo.com.



SCHEDULE A PERSONALIZED BENEFITS COUNSELOR APPOINTMENT

Schedule an appointment with a Benefits Counselor. Your Benefits Counselor can:

- Help you better understand the benefit options available
- Make your voluntary benefits elections
- Help you enroll on the Zevo platform

Note: You will need your TCHHN username and password to access the system through a computer or your mobile phone.

QUALIFYING LIFE EVENT CHANGES

Your coverage effective date will be the day of the event.

EVENT	ACTION REQUIRED	RESULTS IF ACTION NOT TAKEN
MARRIAGE	<ul style="list-style-type: none"> New spouse must be added to your elections within 30 days of the marriage date. A copy of the marriage certificate must be attached when submitting your change. Dependent verification documentation is required when adding dependents. A completed <i>Dependent Insurance Inquiry Form</i> will also be required if adding your spouse to the medical plan. 	<ul style="list-style-type: none"> You will not be able to add your spouse until the next Annual Enrollment.
DIVORCE	<ul style="list-style-type: none"> The former spouse must be removed within 30 days of the divorce. A copy of the divorce decree is required. 	<ul style="list-style-type: none"> Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
BIRTH OR ADOPTION OF CHILD	<ul style="list-style-type: none"> The new dependent must be enrolled in your elections within 30 days of the birth or adoption, even if you already have family coverage. Dependent verification documentation is required when adding dependents. Once you receive the SSN, be sure to update your child's information. 	<ul style="list-style-type: none"> You will not be able to add the new dependent until the next Annual Enrollment.
DEATH OF SPOUSE OR DEPENDENT	<ul style="list-style-type: none"> Remove your spouse or dependent from your elections within 30 days from the date of the death. A copy of the death certificate is required. 	<ul style="list-style-type: none"> You could pay a higher premium than required and may overpay for coverage.
SPOUSE/DEPENDENT GAINS OR LOSES HEALTH BENEFITS	<ul style="list-style-type: none"> Add or drop health benefits from your elections within 30 days of the event date. A letter from the employer or insurance company showing covered members, type of coverage lost/gained, and effective date of the loss/gain must be attached when submitting your life event. Dependent verification documentation is required when adding dependents. A completed <i>Dependent Insurance Inquiry Form</i> will also be required if adding your spouse to the medical plan. 	<ul style="list-style-type: none"> You will not be able to make changes to your elections until the next Annual Enrollment.
LOSS OF COVERAGE FROM SPOUSE'S HEALTH PLAN	<ul style="list-style-type: none"> Change your elections within 30 days from the loss of coverage. A letter from the employer or insurance company showing covered members, type of coverage lost, and effective date of the loss must be attached when submitting your life event. Dependent verification documentation is required when adding dependents. A completed <i>Dependent Insurance Inquiry Form</i> will also be required if adding your spouse to the medical plan. 	<ul style="list-style-type: none"> You will be unable to enroll in the benefits until the next Annual Enrollment.

WORK-RELATED EVENT CHANGES

Your coverage effective date will be the first of the month following or coinciding with the day of the event.

EVENT	ACTION REQUIRED	RESULTS IF ACTION NOT TAKEN
NEW HIRE	<ul style="list-style-type: none"> Make elections within 30 days of date of hire. Dependent verification documentation is required if adding dependents. 	<ul style="list-style-type: none"> You and your dependents are not eligible until the next Annual Enrollment.
CHANGE IN BENEFITS ELIGIBILITY (I.E. PRN TO PART-TIME/FULL-TIME/SSP)	<ul style="list-style-type: none"> Make elections within 30 days of eligibility change. Dependent verification documentation is required if adding dependents. 	<ul style="list-style-type: none"> You and your dependents are not eligible until the next Annual Enrollment.
CHANGE IN RATE ELIGIBILITY (I.E. FULL-TIME TO PART-TIME)	<ul style="list-style-type: none"> No action needed. Your rates will automatically change. Please note a change in rate eligibility is an opportunity to change your plan elections. 	<ul style="list-style-type: none"> N/A
TERMINATION	<ul style="list-style-type: none"> No action required on your part. COBRA information will be sent to your home. 	<ul style="list-style-type: none"> If you do not receive a COBRA notice within 30 days of your last day of coverage, contact Chard Snyder at 888-993-4646.

CONTACTS

USI BENEFITS RESOURCE CENTER

TCHHN is offering USI's Benefit Resource Center (BRC) to help you with a wide variety of benefit information and issues. The BRC can help with benefit plan decisions, eligibility and claims problems with carriers, claims appeals, escalations and resolutions, medicare basics, finding in-network providers and more.

The BRC Benefits Specialists are available Monday - Friday from 8:00 a.m. to 5:00 p.m. EST and CST. Contact the BRC by email at BRCMidwest@usi.com or by phone at **855-874-0829**.

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
PREPARE BENEFITS TEAM	Prepare Benefits	-	email: EnrollAssist@preparebenefits.com tchhn.benefitsinfo.com
USI BENEFITS RESOURCE CENTER	USI	855-874-0829	email: BRCMidwest@usi.com
HEALTHCARE RESOURCES	Benefits All In	513-991-6138	email Anna Rucker: arucker@benefitsallin.com
MEDICAL CLAIM ADMINISTRATION	UMR (a division of UnitedHealthCare)	888-438-8124	umr.com
MEDICAL NETWORK & PROVIDER FINDER (FILTER RECOGNITIONS/TIER ON 'TIER 1' TO SEE TCHHN NETWORK PROVIDERS)	United HealthCare ChoicePlus Network	888-438-8124	umr.com
PCP REFERRAL LINE	TCHHN	513-585-3000	thechristhospital.com/services/employees
PRESCRIPTION DRUG	MedImpact	888-678-7771	MedImpact.com
DECISION SUPPORT TOOL	myVoyage	-	go.voya.com/myvoyage
SPECIALTY MEDICATION FUNDING	Paydhealth	877-869-7772	-
HEALTH SAVINGS ACCOUNT (HSA)	PNC	844-356-9993	pncbenefitplus.com
FLEXIBLE SPENDING ACCOUNTS (FSA)	Chard Snyder	888-993-4646	chard-snyder.com
DENTAL	Delta Dental of Ohio	800-524-0149	deltadentaloh.com
DENTAL HRA	Chard Snyder	888-993-4646	chard-snyder.com
VISION	EyeMed	866-723-0514	eyemed.com
COBRA CONTINUATION	Chard Snyder	888-993-4646	chard-snyder.com
LIFE AND AD&D INSURANCE	Voya	800-955-7736	email: claims@voyacom voyacom/claims
SHORT TERM DISABILITY INSURANCE	TCHHN	513-585-4555	email: disability@thechristhospital.com
LONG TERM DISABILITY INSURANCE	Voya	888-305-0602	email: claims@disabilityrms.com voyacom/claims
ACCIDENT INSURANCE	CHUBB	866-445-8874	tchhn.benefitsinfo.com/chubb-benefits
CRITICAL ILLNESS INSURANCE	CHUBB	866-445-8874	tchhn.benefitsinfo.com/chubb-benefits
HOSPITAL INDEMNITY INSURANCE	CHUBB	866-445-8874	tchhn.benefitsinfo.com/chubb-benefits
LIFE WITH LONG TERM CARE	CHUBB	855-241-9891	tchhn.benefitsinfo.com/chubb-benefits
LEGAL PLAN	LegalShield	888-807-0407	email: membersupport@legalshieldcorp.com
AUTO, HOME, RENTERS INSURANCE	Farmers	800-438-6381	tchhn.benefitsinfo.com
PET INSURANCE	Pet Benefit Solutions	800-891-2565	petbenefits.com/land/thechristhospital
IDENTITY PROTECTION	Norton Lifelock	800-607-9174	norton.com/benefitplans
RETIREMENT	Fidelity	800-343-0860	NetBenefits.com/AtWork
TOTAL VALUE TEAM (FOR QUESTIONS ABOUT PTO)	TCHHN	513-263-1500	email: TotalValue@thechristhospital.com



This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by The Christ Hospital Health Network ("TCHHN"). It is not a legal plan document and does not imply a guarantee of employment, hours, or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, actual plan provisions are contained in Plan Documents, agreements of insurance, and the respective Summary Plan Descriptions ("SPD"). The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail. TCHHN may implement new or different plans, procedures, and policies, should it choose to do so, at any time. Additionally, TCHHN may modify, revoke, suspend, terminate, or change any or all of its plans, procedures, and policies, including without limitation, those in this policy and in the formal documents, in whole or in part, at any time, retroactively or prospectively, and with or without prior notice to team members. TCHHN's interpretation of its plans, procedures, and policies, both in this policy and in the formal documents, is final and binding. These policies will be implemented in accordance with the letter and the spirit of federal, state, and local laws and regulations.