

**EVERYTHING
IT TAKES**
SO EVERYONE CAN THRIVE

2026 *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, 2026. 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 thrive when you thrive. Your dedication makes it possible for us to live 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 regularly review our benefits to ensure they're competitive, comprehensive, and designed to support you and your family. Our goal is to offer a package that's easy to understand, easy to access, and affordable.

Check out "What's New for 2026" on the next page to learn about this year's updates. The rest of this guide will help you choose the benefits that work best for you.

All team members are strongly encouraged to actively enroll during Annual Enrollment. If you take no action during Annual Enrollment, your HSA and FSA elections will be \$0 in 2026; all other benefits will roll over at the same coverage levels. If you were on a TCHHN PCP plan in 2025, you will automatically be moved to the TCHHN Preferred plan in 2026 unless you make an active election during Annual Enrollment. To enroll, benefits-eligible team members will use the Zevo platform again this year.

You are encouraged to speak with a Prepare Benefits Counselor to learn more about the benefit changes. Team members on the TCHHN PCP plans are strongly encouraged to meet with a Benefits Counselor or watch the TCHHN Preferred Plans Lunch & Learn to ensure they understand the plan design changes.

As part of Annual Enrollment, you'll complete a Household Needs Assessment (11 quick questions) that will help identify whether you qualify for coverage that could improve your benefits and lower costs. Based on your responses, a benefits advisor from our partner Benefits All In may reach out to offer extra support in reducing your healthcare expenses.

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

WHAT'S NEW FOR 2026

REVIEW THIS SECTION TO LEARN ABOUT **WHAT'S NEW** FOR 2026

We regularly review our benefits to ensure we are providing a strong benefit package for our team members. You'll find details in this 2026 Benefits Guide. If you have questions, please [schedule an appointment](#) with a Benefits Counselor.

✓ MEDICAL PLAN UPDATES

PLAN DESIGN:

- TCHHN PCP plans will be replaced with TCHHN Preferred Plans. The plans are similar but include a few important design changes. Please watch the TCHHN Preferred Plan Lunch & Learn or speak to a Benefits Counselor to learn more.
- Core PPO plan Tier 2 and 3 deductibles will increase by \$500 per coverage level.
- Basic HDHP and Standard HDHP plans will allow telehealth copays—even before you meet your deductible. We've added telehealth copays to Tier 2 so team members can take full advantage of this benefit.

NEW PHARMACY BENEFIT MANAGER (PBM): Starting in 2026, we are changing from MedImpact to Alluma as the Pharmacy Benefits Manager for all medical plans. Alluma will handle claims processing for prescription benefits, and will offer tools and guidance to help reduce your prescription costs. This change will eliminate the need for us to partner with RxResults and Paydhealth.

ID CARDS: All team members who enroll in medical coverage will receive a new ID card for 2026.

✓ NEW BUY UP PLUS DENTAL PLAN WITH HRA

For 2026, we're pleased to offer the Buy-Up *Plus* Dental Plan. Like the Core *Plus* Plan, the Buy-Up *Plus* Plan includes a Health Reimbursement Account (HRA) with a TCHHN contribution to help cover your out-of-pocket dental costs.

✓ MEDICAL, DENTAL, AND VISION PREMIUMS

We're pleased to report no rate increases for dental or vision in 2026. The TCHHN Preferred medical plan will see a very small increase; the other medical plans will see rate increases consistent with market trends. Details on plan options and costs can be found in this Benefits Guide.

✓ NEW HEALTH PAYMENT ACCOUNT (HPA)

TCHHN has partnered with Paytient to help you pay medical, dental, vision, and prescription expenses over time (up to 12 months at zero interest) through payroll deductions.

✓ HSA, FSA, AND HRA VENDOR CONSOLIDATION

To make it easier to manage your account, all accounts will be managed through Optum Financial. No new login is needed—just use your existing UMR account login to access all your benefits in one place.

✓ 2026 IRS LIMITS

HEALTH SAVINGS ACCOUNT (HSA)

- Team member only coverage: you will have the opportunity to contribute \$100 more per year, up to a maximum of \$4,400 to your HSA in 2026.
- All other coverage levels: you will have the opportunity to contribute \$200 more per year, up to a maximum of \$8,750 in 2026.
- If you are age 55 or older in 2026, you may contribute an additional \$1,000 to your HSA.

FLEXIBLE SPENDING ACCOUNTS (FSA)

- The primary FSA change for 2026 is to the Dependent Care Flexible Spending Account limit, which is increasing to \$7,500—a \$2,500 increase from prior years.
- You may contribute up to a maximum of \$3,400 to your Health Care FSA or your Limited Purpose FSA in 2026.

✓ ATTEND THE 2026 BENEFITS FAIR

Our third 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. Everyone who attends (in-person and virtually) will receive an entry to the Annual Enrollment raffle.

✓ VIRTUAL LUNCH & LEARNS

You are invited to join us for virtual Lunch & Learns from October 6th - 24th. The Lunch & Learns are 30 minutes or less and provide more in-depth information on a variety of benefit topics. Team members will have the opportunity to ask questions related to the benefits presented. Recordings will be placed on mytchbenefits.com for those who cannot attend. Team members will receive a raffle entry for each Lunch & Learn they watch. [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 your total Full-Time Equivalent (FTE):

- **FULL-TIME:** 0.75 – 1.0 FTE of 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
- **ACA-ELIGIBLE TEAM MEMBERS:** Eligible to receive medical insurance at full-time rates and contribute to HSA/FSA, regardless of FTE status

If your employment status changes, your benefit eligibility will be reviewed at that time. For more information on how a change in employment status affects your benefits, please see the “Benefit Information for Position Changes” tip sheet on the Team Member Resources page of mytchbenefits.com.

** The hours listed are approximate based on what your FTE represents. Your benefit eligibility status is determined by your FTE. Your actual hours worked are only used to determine ACA status.*

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 2026, 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 Annual Enrollment is **January 1, 2026**.

NEW HIRES

New team members must enroll in benefits **within 30 days** from your hire date. If you don’t enroll, you’ll only have coverage for TCHHN-paid plans like Basic Life, Short-Term Disability, and Long-Term Disability. Once enrolled, your choices stay in place for the full plan year unless you experience a qualifying life event.

ELIGIBLE DEPENDENTS

Eligible dependents may include your spouse/domestic partner and children.

- **No duplicate coverage:** A spouse/domestic partner or child can only be covered once under TCHHN benefits (no dual coverage if both parents work here).
- **Spouses/domestic partners:** If your spouse/domestic partner* has medical insurance available through their own employer, they are not eligible for the TCHHN medical plan. They may still enroll in dental, vision, and some other non-medical benefits.
- **Children:** Eligible children include biological, adopted, or those under legal guardianship. Coverage ends at age 26 unless the child has a documented mental or physical disability, in which case coverage may continue. Some benefits may have different child age requirements.
- **Dependents of Medicare-enrolled team members:** If you are Medicare-eligible, you have the option to enroll in Medicare, waive TCHHN medical coverage, and still enroll your spouse/domestic partner or children on the TCHHN medical plan.

**If you cover a domestic partner under your TCHHN medical, dental, or vision plan, the value of that coverage is considered imputed income and will be included in your taxable income.*

VERIFY YOUR DEPENDENTS

To enroll your spouse/domestic partner or children in coverage, you will need to provide verification documents. A list of documents is available at mytchbenefits.com/take-action/verify-dependents. After making your benefit elections, upload your required documents through the Zevo platform.

HOW TO ENROLL

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

DECIDE WHICH PLANS ARE RIGHT FOR YOU

Choosing benefits can be complicated and time-consuming. To help you explore your options and feel more confident in your choices, TCHHN offers Prepare Benefits and myVoyage decision-support services at no cost to you.

Next Step: Enroll for Benefits in Zevo

Once you've reviewed your options with a Prepare Benefits Counselor and/or on myVoyage, log in to Zevo to make your final benefit elections.

PREPARE BENEFITS

Talk with a Prepare Benefits Counselor

- Schedule a one-on-one phone or video appointment.
- Get personalized guidance based on your needs and questions.
- Review your options together and receive step-by-step support in choosing the best plan for you and your family.
- See page 34 of this guide for more information.

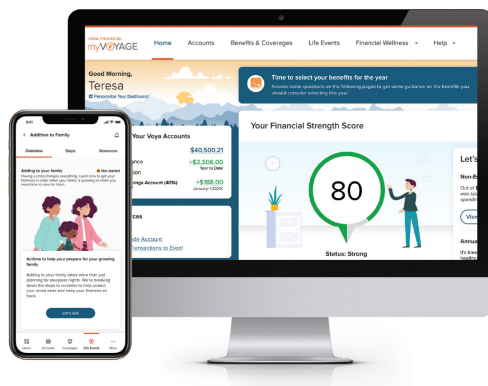
MYVOYAGE

myVoyage from Voya

- Log in anytime to review your current benefits.
- Compare plan options side by side.
- Estimate your costs and see how different choices might fit your budget.
- Access helpful resources to guide your decision-making.

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 FOR BENEFITS

Enroll in all 2026 benefits using the Zevo platform with assistance from Prepare Benefits Counselors. Follow these steps:

1

Review this guide to make sure you understand the options for the 2026 plan year.

2

Speak with a Prepare Benefits Counselor to learn about TCHHN'S 2026 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 2026. You will also receive new ID cards for any other plan you enroll in for the first time in 2026.



EVERYTHING IT TAKES

HEALTH BENEFITS

MEDICAL COVERAGE

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

MEDICAL TERMS

- **PREMIUMS:** The amount TCHHN and you pay for your benefits. Your share is deducted from your biweekly paycheck on a pre-tax basis. You pay premiums even if you do not use your benefits.
- **DEDUCTIBLES:** The amount you pay each year for certain non-preventative services before your plan starts covering costs.
 - » HDHP Plans: You pay 100% of healthcare expenses until your deductible is met.
 - » PPO Plans: You pay 100% of healthcare expenses until your deductible is met, except for services covered by a co-pay.
- **COINSURANCE:** The percentage of covered health services you pay after meeting your deductible.
- **CO-PAY:** A fixed amount you pay for a covered service. Generally applies to PPOs. For HDHPs, co-pays apply to prescriptions only, after meeting the deductible.
- **OUT-OF-POCKET MAXIMUM:** The most you'll pay for covered medical and prescription drug expenses in a plan year. Once reached, the plan typically pays 100% of eligible expenses.
- **ALLOWED AMOUNT:** The maximum your plan will pay for a covered health care service.
- **BALANCE BILLING:** When an out-of-network provider bills you for the difference between their charge and what 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 traditional insurance.
- Your premium cost per paycheck is lower, but you pay more out-of-pocket healthcare expenses before the plan starts paying its share of the costs. (You pay less each pay period but more at the time of service).

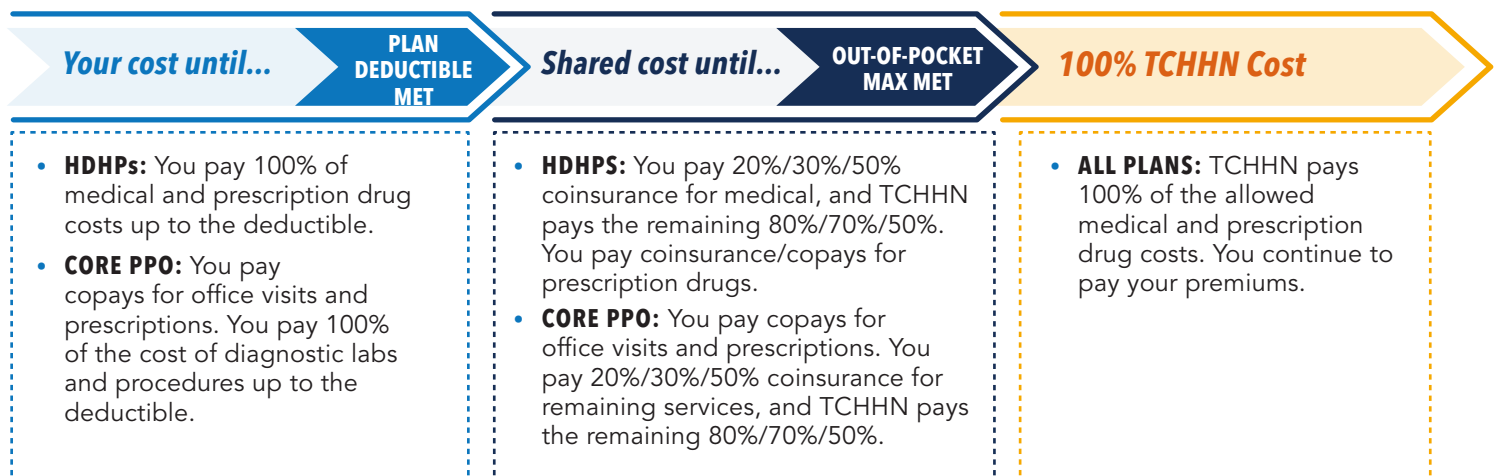
PREFERRED PROVIDER ORGANIZATION (PPO)

- A more traditional type of medical plan with a lower deductible than an HDHP.
- Your premium cost is higher per paycheck, but you pay less out-of-pocket healthcare expenses before the plan starts covering its share of the costs. (You pay more each pay period but less when you receive care).

HOW YOU AND TCHHN SHARE COSTS

TCHHN and you pay your medical/pharmacy premiums throughout the year.

TCHHN and you pay your medical/pharmacy costs as you obtain care throughout the year...



MEDICAL COVERAGE

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

Our team members have diverse medical care and coverage needs. Please take a moment to review this Benefits Guide to choose the medical plan that works best for you.

YOUR MEDICAL PLAN OPTIONS

TCHHN offers six medical plans, but it's helpful to think of them as three plans—each with a base plan design and a TCHHN Preferred plan design.

BASIC HDHP	STANDARD HDHP	CORE PPO
TCHHN PREFERRED BASIC HDHP	TCHHN PREFERRED STANDARD HDHP	TCHHN PREFERRED CORE PPO

SELECTING YOUR MEDICAL PLAN

TCHHN offers both HDHP and PPO plans, giving you flexibility to choose a plan that meets your needs.

	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 for every pay period you 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.

BASE PLAN DESIGNS VS. TCHHN PREFERRED PLAN DESIGNS

With each of our medical plans, you can choose between the Base or TCHHN Preferred design. Selecting a TCHHN Preferred plan lowers your medical premiums, but you and your dependents must use a Tier 1 provider for preventive, general, and certain specialist care. This requirement does not apply to pediatricians, urgent care visits, and other specialists.

	BASE PLAN DESIGN	TCHHN PREFERRED PLAN DESIGN
MEDICAL PLAN NAMES	Basic HDHP, Standard HDHP, Core PPO	TCHHN Preferred Basic HDHP, TCHHN Preferred Standard HDHP, and TCHHN Preferred Core PPO
PREMIUMS	Higher	Lower
PRIMARY CARE PROVIDER (PCP)	See any provider in UnitedHealthcare's Choice Plus network	Provider must be Tier 1
PEDIATRICS	See any provider in UnitedHealthcare's Choice Plus network	See any pEDIATRICIAN in UnitedHealthcare's Choice Plus network
WOMEN'S HEALTH	See any provider in UnitedHealthcare's Choice Plus network	Provider must be Tier 1 (Note: this includes gynecologists)
HEART, VASCULAR, MUSCULOSKELTAL	See any provider in UnitedHealthcare's Choice Plus network	Provider must be Tier 1
SPECIALISTS NOT LISTED ABOVE	See any provider in UnitedHealthcare's Choice Plus network	See any provider in UnitedHealthcare's Choice Plus network
EMERGENCY & URGENT CARE RETAIL CLINICS	See any provider in UnitedHealthcare's Choice Plus network	See any provider in UnitedHealthcare's Choice Plus network

REMEMBER! Choosing the TCHHN Preferred Plan Design can save you **hundreds of dollars** per year on premiums. Your exact savings will depend on your medical plan, election tier, and whether you qualify for Diamond or Bronze premiums.

IN-NETWORK VS. OUT-OF-NETWORK MEDICAL COVERAGE

All six medical plans include three tiers of providers. The plans allow you to see providers in all three tiers, but you will receive the **highest level of coverage and lowest out-of-pocket costs** when you use Tier 1 and Tier 2 providers.

- **TIER 1:** TCHHN'S premier network, including TCHHN providers and select local partners.
- **TIER 2:** All other providers in the UnitedHealthcare Choice Plus national network (excluding Tier 1 providers).
- **TIER 3:** Out-of-network providers. You can still see these providers, but coverage is limited, with separate deductibles, higher coinsurance, and higher out-of-pocket maximums.

	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 providers in the UnitedHealthcare Choice Plus 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 deductible than Tier 1 Reduced by all in-network costs	Higher deductible 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! If you stick with Tier 1 or Tier 2 providers, every dollar you spend goes toward the same limits on what you pay each year—so you'll reach your cap on costs more quickly.



CHOOSING A PRIMARY CARE PROVIDER

Building a relationship with a Primary Care Provider (PCP) is important. Your PCP is the doctor you'll see most often for annual check-ups, screenings, and everyday health needs. They are trained to spot potential health issues early, help prevent or manage long-term conditions, and coordinate care with specialists. Having a PCP can also reduce unnecessary emergency room visits and save you money.

REMEMBER! If you selected the TCHN Preferred option, you and your dependents **MUST** see a Tier 1 primary care provider for preventive and general care needs, unless a child is seeing a pediatrician.

FIND A TCHN NETWORK PROVIDER

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

BENEFITS ALL IN

TCHN partners with Benefits All In (BAI) to give you extra support with your employee benefits by reviewing your plan and suggesting the best coverage options. They may proactively reach out with alternative benefit options based on your enrollment survey and claims data.

BAI can also help you navigate benefits after a life event, such as marriage, birth of a child, a new medical diagnosis, Medicaid, Medicare, death of a family member, or loss of employment.

Contact BAI at any time. Their services are free for all team members and their tax dependents.

TURNING AGE 65?

If you or a covered family member is approaching age 65, BAI can guide you through your Medicare options and answer your questions. They'll also compare your current TCHN medical plan with Medicare alternatives to help you find the best fit.



CONTACT BAI

Your dedicated TCHN BAI contact:

Anna Rucker
arucker@benefitsallin.com
 phone: 513-991-6138

NEW FOR 2026: PAYTIENT

WHEN YOU NEED A LITTLE EXTRA TIME TO PAY FOR CARE

Paytient provides team members¹ with a \$1,500 spending limit to pay medical, dental, vision and pharmacy expenses² over time—without interest or fees.

1. **Check your eligibility:** Simply provide your estimated income and expenses to see if you qualify for the Paytient card, without credit impact.
2. **Get the care you need:** Access care you might have delayed or skipped, with upfront costs no longer standing in your way.
3. **Select your custom plan:** Choose a repayment plan that fits your budget and spread the cost over 12 months—without interest.



CONTACT PATIENT

email: hello@patient.com
 phone: 573-206-9147

¹ Subject to approval

² The Paytient card works with providers in approved merchant categories, including select online merchants. Providers self-select their categories, which may not be categorized as expected. These categories vary by Sponsor. Check approved categories on my.paytient.com or the Paytient app. Some purchases must be made at specific points of sale, like pharmacy check-outs.

Note: The card cannot be used for health insurance premiums.

The Paytient Visa Credit Card is issued by Commerce Bank, Member FDIC.

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	\$2,000	\$2,000	
TEAM MEMBER +1	\$6,000*	\$12,000	\$12,000	\$4,000*	\$9,000	\$9,000	\$1,500	\$2,750	\$2,750	
TEAM MEMBER +2 OR MORE	\$6,000*	\$12,000	\$12,000	\$4,000*	\$9,000	\$9,000	\$2,000	\$3,500	\$3,500	
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 PREFERRED	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 ⁺
BASE PLAN DESIGN	PREVENTIVE CARE	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered	No Charge	No Charge	Not Covered
	PRIMARY CARE VISITS	20%	30%	50%	20%	30%	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%
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 one person in the family pays \$3,400 toward their Tier 1 deductible, they can start paying coinsurance for Tier 1 expenses, even if the family deductible hasn't been reached. Once the Tier 1 family deductible is met, all family members can begin paying coinsurance for Tier 1 services.

** 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 Preferred Option unless provided by a UnitedHealthcare Choice Plus Network Pediatrician.

TELEMEDICINE COVERAGE

For 2026, Basic HDHP and Standard HDHP plans will allow telehealth copays even before you meet your deductible. We've also added telehealth copays to Tier 2 so team members can take full advantage of this benefit. The chart below provides a comparison of key coverage features and costs.

BASIC HDHP, STANDARD HDHP, CORE PPO			
	TIER 1	TIER 2	TIER 3
ALL BASE PLAN DESIGNS (INCLUDES OFFICE CHARGE ONLY)			
PRIMARY CARE	\$15 copay	\$25 copay	50%
PEDIATRICIAN	\$25 copay	\$25 copay	50%
SPECIALIST	\$45 copay	\$65 copay	50%
BEHAVIORAL HEALTH	Covered 100%	\$15 copay	50%
ALL TCHHN PREFERRED PLAN DESIGNS (INCLUDES OFFICE CHARGE ONLY)			
PRIMARY CARE	\$15 copay	Not covered	Not covered
PEDIATRICIAN	\$25 copay	\$25 copay	Not covered
SPECIALIST	\$45 copay	\$65 copay	Not covered
BEHAVIORAL HEALTH	Covered 100%	\$15 copay	50%

PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is the same under all six 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: With PPO plans, you start paying coinsurance and copays right away. With HDHP plans, you pay the full cost for services until the medical plan's Tier 1 embedded deductible is met.

NEW PHARMACY BENEFITS MANAGER: ALLUMA

Starting in 2026, we will change from MedImpact to Alluma as the pharmacy benefits manager for all medical plans. Alluma will handle claims processing, and will provide cost-saving tools that eliminate the need for RxResults and Paydhealth.



LEARN MORE

Visit allumaco.com or call 877-557-9654.

PRIOR AUTHORIZATION

Some prescriptions require prior authorization, meaning they are reviewed before being filled. This ensures you receive the appropriate medication and the most cost-effective option. Reviews are handled by Alluma and usually take about two business days. If you have questions about prior authorization, please contact the number on your medical ID card.

2026 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, 2025, or was hired or became benefits-eligible after January 1, 2025.

BASIC HDHP + TCHHN PREFERRED PLAN DESIGN					
	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	\$353.61	\$16.90	\$317.19	\$53.32	-
TEAM MEMBER +1	\$639.87	\$60.54	\$547.06	\$153.35	\$329.90
TEAM MEMBER +2 OR MORE	\$885.12	\$111.25	\$787.10	\$209.27	\$329.90
BASIC HDHP + BASE PLAN DESIGN					
	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	\$347.88	\$22.63	\$292.85	\$77.66	-
TEAM MEMBER +1	\$619.34	\$81.07	\$495.08	\$205.33	\$329.90
TEAM MEMBER +2 OR MORE	\$847.42	\$148.95	\$716.18	\$280.19	\$329.90
STANDARD HDHP + TCHHN PREFERRED PLAN DESIGN					
	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	\$355.69	\$38.01	\$284.92	\$108.78	-
TEAM MEMBER +1	\$643.44	\$99.97	\$547.76	\$195.65	\$349.71
TEAM MEMBER +2 OR MORE	\$901.39	\$157.70	\$800.72	\$258.37	\$349.71
STANDARD HDHP + BASE PLAN DESIGN					
	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	\$342.80	\$50.90	\$248.04	\$145.66	-
TEAM MEMBER +1	\$609.56	\$133.85	\$481.42	\$261.99	\$349.71
TEAM MEMBER +2 OR MORE	\$847.92	\$211.17	\$713.16	\$345.93	\$349.71
CORE PPO + TCHHN PREFERRED PLAN DESIGN					
	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	\$333.78	\$81.66	\$261.33	\$154.11	-
TEAM MEMBER +1	\$607.23	\$176.01	\$506.01	\$277.23	\$367.80
TEAM MEMBER +2 OR MORE	\$846.51	\$268.94	\$738.49	\$376.96	\$367.80
CORE PPO + BASE PLAN DESIGN					
	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	\$306.09	\$109.35	\$209.10	\$206.34	-
TEAM MEMBER +1	\$547.59	\$235.65	\$412.02	\$371.22	\$367.80
TEAM MEMBER +2 OR MORE	\$755.35	\$360.10	\$610.71	\$504.74	\$367.80

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 2025 and newly hired team members are eligible to receive the Diamond level medical premium discount in 2026.

HEALTH SAVINGS ACCOUNT (HSA)

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

If you enroll in the Basic HDHP or Standard HDHP, you can open a Health Savings Account (HSA). An HSA lets you save money tax-free to pay for current or future healthcare expenses for yourself or your eligible dependents. Your HSA balance is yours to keep—it rolls over from year to year and stays with you if you retire or leave TCHHN.

2026 HSA CONTRIBUTION LIMITS

	TOTAL IRS CONTRIBUTION LIMITS FOR HSA	BASIC HDHP	STANDARD HDHP	
		YOUR MAX VOLUNTARY CONTRIBUTIONS*	TCHHN CONTRIBUTIONS	YOUR MAX VOLUNTARY CONTRIBUTIONS*
TEAM MEMBER	\$4,400	\$4,400	\$19.23 per pay period (\$500 annually)	\$3,900
TEAM MEMBER +1 OR MORE	\$8,750	\$8,750	\$38.46 per pay period (\$1000 annually)	\$7,750

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



HSA ELIGIBILITY

To open 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 is an HSA-qualified plan)
- Be enrolled in a traditional Healthcare FSA in 2026
- Have received Veterans Administration (VA) medical benefits in the past three months
- Be claimed as a dependent on someone else's tax return

HSA ELIGIBLE EXPENSES

Money withdrawn from your HSA is tax-free when used for qualified healthcare expenses. If you use it for non-qualified expenses, you may owe income tax and penalty tax. See IRS Publication 502 at [irs.gov](https://www.irs.gov) for details.



LEARN MORE

Visit optum.com or call 866-234-8913.

MORE ABOUT THE HSA

BUILD TAX-FREE SAVINGS FOR HEALTHCARE

- You don't pay taxes on the money you contribute through payroll deductions, your withdrawals for eligible healthcare expenses, or the interest you earn on your account.
- You're in control—change your contribution level whenever you need to, as often as you'd like.
- We encourage you to consult a tax advisor for IRS rules and tax implications.

EMPLOYER CONTRIBUTIONS (STANDARD HDHP ONLY)

- If you enroll in the Standard HDHP, TCHHN contributes to your HSA. To receive this contribution, you must contribute at least \$5 per paycheck to your HSA.
- TCHHN does not contribute to HSAs under 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 out-of-pocket payments (up to your available account balance).

EARN INTEREST AND INVEST FOR THE FUTURE

- Your HSA is interest-bearing. Once it 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 \$3,400 pre-tax in 2026 (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 \$3,400 pre-tax in 2026 (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 \$7,500 in 2026 (\$3,750 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 to pay for eligible expenses. Depending on the expense, you may need to submit receipts or other documentation to Optum Financial, the FSA administrator.

- For most claims with UMR Medical, Delta Dental and EyeMed Vision, receipts aren't required because TCHHN has direct claims feeds in place, but it is a best practice to save your receipts.
- Dependent Care FSA claims must be submitted using an Optum Financial claim form and must include the provider's signature and Tax ID or Social Security Number.

WHEN ARE MY FSA FUNDS AVAILABLE?

- **Healthcare FSA and Limited Purpose FSA:** Your full annual contribution is available at the start of the plan year.
- **Dependent Care FSA:** Funds are available after you contribute each pay period.

USE IT OR LOSE IT!

FSAs are "use it or lose it" accounts. You will forfeit any 2026 claim amount if you do not submit for reimbursement by **March 31, 2027**. Your 2027 claims may NOT be paid with any remaining 2026 FSA balance.

If you leave TCHHN during 2026, the final date you may use your FSA account is your last day of employment.



LEARN MORE

Visit [optum.com](https://www.optum.com). You can also visit [irs.gov](https://www.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 **FOUR DENTAL PLAN OPTIONS – BUY-UP, BUY-UP PLUS, CORE, AND CORE PLUS.**

All four dental plans allow you to see providers in Delta Dental's PPO network, their Premier network, or an out-of-network provider. You'll get the highest level of benefits and lowest out-of-pocket costs with a PPO network provider. Find which network a specific provider is in by visiting deltadentaloh.com/findadentist.

- In-network coverage is based on negotiated fees, so you'll never be billed more than that amount.
- Out-of-network coverage is based on reasonable and customary (R&C) charges. You may have to pay the difference between R&C and the provider's billed amount.
- The coinsurance percentages show the percent of covered charges paid by the plan after the deductible has been met.

2026 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

NEW DENTAL PLAN FOR 2026

BUY-UP PLUS DENTAL PLAN – SAME COVERAGE AS BUY-UP DENTAL PLAN, BUT INCLUDES HRA –	
TCHN ANNUAL HRA CONTRIBUTION*	\$250 Team Member / \$475 Team Member +1 / \$800 Team Member +2 or more

* HRA contributions are prorated starting on the first of the month following or matching your coverage effective date. The amount you're eligible for will be available as of your coverage effective date.

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

CORE PLUS DENTAL PLAN – SAME COVERAGE AS CORE DENTAL PLAN, BUT INCLUDES HRA –	
TCHN ANNUAL HRA CONTRIBUTION*	\$150 Team Member / \$275 Team Member +1 / \$450 Team Member +2 or more

* HRA contributions are prorated starting on the first of the month following or matching your coverage effective date. The amount you're eligible for will be available as of your coverage effective date.

2026 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	\$16.41	\$9.01	\$7.40	-
TEAM MEMBER +1	\$32.83	\$18.01	\$14.82	\$16.42
TEAM MEMBER +2 OR MORE	\$54.15	\$29.70	\$24.45	\$16.42

BUY-UP PLUS DENTAL PLAN	TOTAL BIWEEKLY PREMIUM	TCHHN'S BIWEEKLY COST	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$17.33	\$0.00	\$17.33	-
TEAM MEMBER +1	\$33.75	\$0.00	\$33.75	\$16.42
TEAM MEMBER +2 OR MORE	\$55.07	\$0.00	\$55.07	\$16.42

CORE DENTAL PLAN	TOTAL BIWEEKLY PREMIUM	TCHHN'S BIWEEKLY COST	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$10.33	\$5.66	\$4.67	-
TEAM MEMBER +1	\$20.67	\$11.34	\$9.33	\$10.34
TEAM MEMBER +2 OR MORE	\$34.10	\$18.70	\$15.40	\$10.34

CORE PLUS DENTAL PLAN	TOTAL BIWEEKLY PREMIUM	TCHHN'S BIWEEKLY COST	YOUR BIWEEKLY COST	IMPUTED INCOME FOR DOMESTIC PARTNER
TEAM MEMBER	\$11.14	\$0.00	\$11.14	-
TEAM MEMBER +1	\$21.38	\$0.00	\$21.38	\$10.24
TEAM MEMBER +2 OR MORE	\$34.67	\$0.00	\$34.67	\$10.24

MORE ABOUT THE DENTAL HEALTH REIMBURSEMENT ACCOUNT (HRA)

TCHHN offers an HRA as part of the Buy-Up Plus and Core Plus Dental Plans. An HRA is an **employer-funded account** that lets team members use these tax-free funds for covered dental expenses. If you enroll in the Buy-Up Plus or Core Plus Dental plans, you are choosing to pay the full cost of your dental premiums and have your TCHHN employer contribution go to the Dental HRA. You may use the HRA funds for expenses such as:

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

Important: Just like the FSA, the HRA funds are “use it or lose it.” Your 2026 claims must be submitted by March 31, 2027. Your 2027 claims cannot be paid with unused 2026 funds.

The HRA is administered by Optum Financial. You will not receive a debit card. To receive your Dental HRA reimbursement, log in to your Optum Financial account and submit your itemized receipt and proof of payment.



LEARN MORE

Visit mytchbenefits.com or go to Delta Dental of Ohio at deltadentaloh.com for dental plan questions and optum.com for questions about the Dental HRA.

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 through EyeMed’s Select network, as well as from out-of-network providers. You typically pay more if you choose an out-of-network provider. To find in-network providers, visit eyemed.com. Member costs for In-Network services are shown below.

2026 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

2026 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 the **HEALTHY EYES** benefit, which provides:

- A retinal imaging exam with a \$15 co-pay (instead of just a discount)
- Extra office visits, and diagnostic testing every six months for members with Type 1 or Type 2 diabetes
- 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.

We offer wellness programs and support resources to help you work toward or maintain a healthy lifestyle. These resources are available year-round, offering preventive care and other assistance whenever you need it. Visit mytchbenefits.com to see our latest programs.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP, provided through LifeMatters, is a free, confidential resource to help support you and your family. Each year, you and each of your eligible family members have access to three in-person counseling sessions and unlimited virtual counseling sessions.

Beyond counseling, LifeMatters offers practical tools to make life a little easier, including:

- **Articles, webinars, and resources** to support your well-being.
- **Locating convenience services** to help with your day-to-day chores—everything from pet sitters to home maintenance to school searches and more!
- **Exclusive discounts** on a wide range of products and services. Just select the *Discount Center* tile on the website to explore your savings opportunities.



CONNECT WITH LIFEMATTERS

Connect with a counselor 24/7/365.

- **LOGIN:** eap.mylifematters.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 Wellright wellness portal. Wellright offers tools and resources to help you understand your personal health risks and support your progress toward mental, spiritual, physical, nutritional, and financial goals.

If you are a benefits eligible team member, visit the Wellright portal to complete your Know Your Numbers requirements. Check out the [Wellright Guide](#) on the TCHHN benefits site to learn more and set up your Wellright account.



NEST JOB AND LIFE COACH

TCHHN has partnered with Cincinnati Works to provide a program that helps team members overcome barriers and achieve their personal and professional goals. Team members can participate in a variety of life-enhancing programs for FREE during work hours, including:

- **Confidential, one-on-one coaching** to navigate life's challenges and set goals
- **Financial coaching**
- **Support services** for childcare, transportation, housing, stress management, and access to a healthy food pantry
- **Career development opportunities** including job shadowing, 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 to connect with other team members who share similar experiences and backgrounds. Groups meet periodically for learning and development opportunities, community service projects, and peer support. Each TMRG is sponsored by a member of the TCHHN executive team, providing guidance and encouragement to help the group thrive. Scan the QR code to learn more about the TMRGs, including:

- **COPE RESOURCE GROUP:** 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:** Mentoring, professional development, and promoting an equitable work environment
- **EMERGING PROFESSIONALS RESOURCE GROUP:** Brings individuals from diverse backgrounds together with allies to build up emerging professionals, voice concerns, and provide support
- **VETERANS & MILITARY RESOURCE GROUP:** Supports military and veteran team members, with a focus on veteran recruitment, experience, engagement, and career development
- **GREEN TEAM:** Drives actionable improvements in sustainability and recycling at TCHHN



EMPLOYEE EMERGENCY ASSISTANCE FUND

The Employee Emergency Assistance Fund helps team members during times of crisis when personal resources are insufficient. This fund is made possible through The Christ Hospital Foundation and the generosity of our donors, to support 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 of Newport, KY, to offer team members a convenient way to enjoy healthy meals delivered to the main campus. There's no commitment—simply place your order by noon on Sunday, and Clean EatZ will deliver your meals on Tuesday.



MEAL CREDITS

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



TAKE ADVANTAGE OF FOOD TRUCK FRIDAYS!

A food truck offering healthy options visits TCHHN campus every Friday. The food trucks rotate between the AOCs and the CBO to make it easier to grab a healthy meal.

A newborn baby is lying in a clear plastic hospital bassinet. A hand is gently holding the baby's hand. The baby is wearing a grey onesie. The bassinet has a warning label on the side. The background is blurred, showing a hospital setting.

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 designed to help ensure financial security for you and your family. TCHHN provides Basic Life insurance and give you the option to add Supplemental Life and AD&D coverage.

ARE YOUR BENEFICIARIES UP-TO-DATE?

Select your beneficiaries when enrolling in benefits, and update them anytime throughout the year. Visit tchhn.benefitsinfo.com to add or change your beneficiaries.

BASIC LIFE INSURANCE

You automatically receive Basic Life Insurance, providing protection for your loved ones in case of 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 additional protection, you may purchase Supplemental Life Insurance through payroll deductions. Certain coverage amounts can be elected without providing 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 yourself and your family. Supplemental AD&D provides coverage for the loss of life, sight, hearing, speech, or the use of limb(s) due to 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, and for details on Evidence of Insurability and guaranteed issue provisions.

Federal tax laws require TCHHN to report the cost of company-paid life insurance over \$50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or suffer a serious injury or physical disability. For Supplemental Life Insurance, you may need to complete an EOI medical questionnaire to determine whether you or your spouse is insurable for the selected coverage amounts. If required, the questionnaire will be provided to you.

DISABILITY COVERAGE

TCHHN PROVIDES **DISABILITY INSURANCE** TO PROTECT YOUR INCOME DURING AN ILLNESS OR INJURY.

The loss of income due to illness or disability can create serious financial hardship for you and your family. TCHHN's disability insurance programs help replace a portion of your income when you're unable to work, allowing you to continue paying bills and meet your financial obligations during this challenging 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 at least one year of service. LTD provides coverage if 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 details about 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. Disability Insurance questions 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 for team members welcoming a new child through birth or adoption. Parental leave allows new parents to adjust to life with their expanded family while easing some 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)

TCHHN offers generous PTO because we understand the importance of a healthy work-life balance. Team members have the opportunity to accrue over four weeks of PTO in their first year, which can be used for vacation, sick days, and holidays. Your annual PTO hours are based on 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 ROLL OVER UP TO **128 HOURS** OF UNUSED PTO

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



LEARN MORE

More information about PTO accruals and a copy of our 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 helps you work toward your retirement goals. TCHHN matches 50% of the first 6% of eligible pay you contribute to the Plan.



HOW THE 403(b) RETIREMENT SAVINGS PLAN WORKS

YOUR CONTRIBUTIONS

You can contribute up to **75% of your eligible pay** through pre-tax or Roth (post-tax) contributions. The type of contributions you choose depends on your financial goals and circumstances.

- The 2026 maximum contribution is \$24,500.
- If you are 50 or older in 2026, you may make additional catch-up contributions up to \$8,000.
- If you are 60-63 in 2026, you may make a “super” catch-up contribution up to \$11,250.

All of your contributions (pre-tax and Roth) count toward the IRS maximum.

If you made more than \$150,000 in 2025, all catch-up contributions must be Roth.

TCHHN MATCHING CONTRIBUTIONS

TCHHN **matches 50% of the first 6% of your eligible pay** that you contribute to the Plan. Eligible pay includes taxable compensation excluding fringe benefits and severance pay.

Note: Physicians, residents, fellows, interns, and student or temporary team members may contribute to the Plan but are not eligible for TCHHN matching contributions.

ELIGIBILITY

All team members are eligible to participate in TCHHN’S 403(b) Retirement Savings Plan.

ENROLLING IN THE PLAN

You’ll receive an email notification and enrollment kit once you’re eligible. If you don’t receive this within 30 days of your hire date, please contact Fidelity.

Once enrolled, you can set your contribution and investment elections by calling Fidelity or logging into your NetBenefits account. If you don’t enroll within 45 days of your hire date, you’ll be automatically enrolled in the Plan.

AUTOMATIC ENROLLMENT

Automatic enrollment is a simple way to get you started in the Plan. If you haven’t enrolled within 45 days of your hire date, you’ll be automatically enrolled at a 3% pre-tax contribution rate.

Each January, this contribution increases by 2% until it reaches 7% of pay. You may change your contribution rate or opt out at any time.



INVESTMENT ELECTIONS

You choose how to invest your contributions from the variety of investment options offered in the Plan. When making your selections, consider your goals, retirement timeline, and risk tolerance.

Log in to your NetBenefits account at netbenefits.com/atwork to explore your investment options.

VESTING

"Vesting" refers to your ownership of the money in your Plan account.

- You are always 100% vested in your own contributions and related earnings.
- You earn a year of vesting service for each calendar year in which you're credited with at least 1,000 hours of service.
- You become fully vested in TCHHN matching contributions after three years of vesting service.

IRS LIMITS

The IRS sets annual limits on eligible pay and contribution amounts. They review and update these limits each year.

2026 IRS LIMITS*

COMPENSATION	\$360,000
CONTRIBUTION	\$24,500
ANNUAL CATCH-UP CONTRIBUTION**	\$8,000
"SUPER" CATCH-UP CONTRIBUTION***	\$11,250

* Subject to IRS regulations.

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

***If you are age 60-63, you may make a "super" catch-up contribution each year.



NEED HELP?

Our dedicated Fidelity representatives are here to help you:

- Decide how much to contribute
- Explore investment options
- Reach other financial goals, like budgeting or paying off debt.

You can schedule a free, one-on-one appointment 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
- Visit the *Planning* page on NetBenefits for additional resources.



HAVE YOU NAMED A BENEFICIARY?

Make sure you've designated a beneficiary for your 403(b) Account and your Life and AD&D insurance policies. Your beneficiary(ies) will receive your 403(b) account balance and your Life and AD&D benefits in the event of your death. It's important to review and update your beneficiary information regularly.

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 A VARIETY OF **VOLUNTARY BENEFITS** TO SUPPORT YOU AND YOUR FAMILY'S NEEDS.

When you elect Voluntary Benefits, you pay the full cost, with premiums deducted right from your paycheck. These benefits are portable, so you can keep your coverage even if you leave TCHHN, as long as you continue to pay your premiums on time. Learn more about the Voluntary Benefits described in this guide at tchhn.benefitsinfo.com.

ELIGIBILITY FOR CHUBB VOLUNTARY BENEFITS

If you work 0.5 FTE or more, you're 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, and current team members can enroll or make changes during Annual Enrollment.

HOSPITAL INDEMNITY INSURANCE (CHUBB)

Hospital Indemnity Insurance provides cash benefits to help with the costs of a hospital stay. You can use the money for expenses your medical plan doesn't cover—like co-pays, deductibles, and coinsurance—or for everyday needs such as mortgage payments, rent, groceries, or childcare. Premiums are conveniently paid through payroll deduction.

	PLAN 1	PLAN 2	BI-WEEKLY PREMIUMS	PLAN 1	PLAN 2
HOSPITAL ADMISSION BENEFIT	\$500	\$1,000	TEAM MEMBER	\$8.04	\$15.24
ADDITIONAL HOSPITAL ADMISSION BENEFIT*	\$500	\$1,000	TEAM MEMBER + SPOUSE	\$16.08	\$30.36
HOSPITAL CONFINEMENT BENEFIT	\$50/day	\$100/day	TEAM MEMBER + CHILDREN	\$12.24	\$23.28
ADDITIONAL HOSPITAL CONFINEMENT BENEFIT*	\$50/day	\$100/day	FAMILY	\$20.28	\$38.40
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.

ACCIDENT INSURANCE (CHUBB)

Accident Insurance pays you cash benefits if you're injured and need treatment—whether at a doctor's office, urgent care, ER, or through telemedicine. You can use the money however you choose, from covering medical costs to everyday expenses. Premiums are paid through payroll deduction.

EXAMPLE: HOW ACCIDENT INSURANCE WORKS				BI-WEEKLY PREMIUMS	GOLD	PLATINUM
If your child breaks a leg at soccer practice here's how benefits may stack up:				TEAM MEMBER	\$1.57	\$2.91
AMBULANCE	\$300	CRUTCHES	\$100	TEAM MEMBER + SPOUSE	\$3.24	\$6.07
ER VISIT	\$200	PHYSICAL THERAPY	\$250	TEAM MEMBER + CHILDREN	\$3.35	\$6.25
X-RAY	\$200	FOLLOW-UP VISITS	\$200	FAMILY	\$4.20	\$7.83
FRACTURE	\$1,000	TOTAL PAYMENT	\$2,250			

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 your family financially if something happens to you. Your loved ones receive cash benefits upon your death, and you can also use the benefit while living to help cover assisted living or other long term care costs.

- **LEVEL PREMIUMS:** Your rates will never increase and are guaranteed to age 100. After that, no more premiums are due, and coverage can continue to age 121.
- **LEVEL DEATH BENEFIT:** 100% of the benefit is guaranteed for at least 25 years or until age 70, providing coverage while you need it most—during your working years.
- **LIVING BENEFITS:** If you become chronically ill, you can receive 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 RIDER:** If you use your LTC benefits, this rider restores at least 50% of your original life coverage (up to \$50,000) so your death benefit isn't reduced permanently.

Premiums are paid through payroll deduction.

CRITICAL ILLNESS INSURANCE (CHUBB)

Critical Illness Insurance provides financial protection if you're diagnosed with a covered condition, such as heart attack, stroke, kidney failure, major organ transplant, or invasive cancer. Benefits are paid as a lump sum, no matter what other insurance you have.

- **LEVEL PREMIUMS:** Choose coverage of up to \$30,000 in \$5,000 increments. Your lump-sum benefit can be used however you like.
- **TRIPLE BENEFIT:** Receive up to three times the face amount for each person you cover.
- **RECURRENCE BENEFIT:** If a covered illness returns after being treatment-free for at least six months (12 months for cancer), you can receive 100% of the face amount again.
- **WELLNESS BENEFIT:** Be proactive about your health and receive \$50 for completing covered preventive health exams and screenings.

Premiums are paid through payroll deduction.

NOTE! The list of preventative services that qualifies for the wellness benefits includes immunizations, routine eye exams, routine physicals, and well child/preventative exams from birth through age 18.

LEGAL PLANS (LEGALSHIELD)

All team members are eligible to enroll in LegalShield. New hires have 30 days from their start date to enroll, and current team members can enroll or make changes during Annual Enrollment.

You can choose the **BASE LEGAL PLAN** or the **ENHANCED LEGAL PLAN**. Both plans include:

- **DIRECT ACCESS TO A PROVIDER LAW FIRM:** Unlimited legal consultation and advice, with attorney responses within 4 business hours.
- **DOCUMENT REVIEW AND PREPARATION:** Attorney assistance with wills, trusts, and other common legal documents.
- **COURT REPRESENTATION:** Representation for legal matters such as traffic tickets and more.
- **LETTERS AND PHONE CALLS:** Attorneys can send letters or make calls on your behalf to resolve legal matters.
- **MOBILE APP:** Call your provider law firm directly and upload or prepare documents for quick review.

Team members with 0.5 FTE or higher have premiums deducted through payroll. Team members with less than 0.5 FTE are billed directly.

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 them healthy and happy is a priority. All team members are eligible, and coverage can be canceled at any time.

We offer two ways to protect your pet's health and your finances.

- **WISHBONE PET INSURANCE:** Traditional pet insurance that reimburses 70% of veterinary care, with deductibles starting at \$250. Team members pay Wishbone directly for coverage.
- **TOTAL PET PLAN:** Provides discounts on prescriptions, products, and veterinary care, with premiums 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, and coverage can be canceled at any time. Easy-to-use security features help protect your personal information from malware, hackers, and other cyber threats on up to 10 devices.

Team members can choose from two plans:

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

Premiums are paid through payroll deduction.

HOME, AUTO, AND RENTERS INSURANCE (FARMERS INSURANCE)

All team members are eligible for exclusive employee-only discounts on property insurance. You can apply to insure your home, auto, other property, and/or personal liability. Premiums are paid through payroll deduction, and coverage can be canceled at any time.



ENTER TO WIN!

SCAN HERE FROM
10/1/2025 -10/31/2025
TO ENTER THE TCHN
ANNUAL ENROLLMENT RAFFLE



EVERYTHING IT TAKES

ENROLLMENT DETAILS

ENROLLMENT DETAILS

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

WHERE TO ENROLL FOR BENEFITS

- **Paytient and 403(b) Retirement Plan:** Enroll directly through the Paytient and Fidelity websites or apps.
- **All Other TCHHN Benefits:** Enroll on the Zevo platform. Your 2026 benefit options will be listed in Zevo, and you'll also be able to review what you elected in 2025. Zevo will guide you through the enrollment process as you make your benefit choices for you and your family.

CURRENT TEAM MEMBERS

Annual Enrollment is your chance to review and change your benefits for the upcoming year. For 2026, your 2025 elections will carry over, unless you enroll in a different plan during the Annual Enrollment period. **HSA and FSA contributions do not carry over and must be elected every year.**

We encourage you to speak with a Prepare Benefits Counselor to learn about 2026 benefit changes and enhancements. Once you've learned about your options and considered your needs, you'll be ready to make your benefit selections. Log in to Zevo to review your elections and name your beneficiaries.

NEW TEAM MEMBERS

New team members have 30 days from their hire date to elect medical, HSA/FSA, dental, vision, supplemental life and AD&D, hospital indemnity, critical illness, accident, term life with LTC, and legal plan coverage. You can also enroll in home and auto insurance, pet insurance, and identity protection.

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 help you enroll for the coverage that's best for you and your family.

- The Prepare Benefits team will be on-site for Annual Enrollment; year-round call center support is available.
- 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

Set up an appointment with a Benefits Counselor, who can:

- Explain your benefit options
- Help you make voluntary benefits elections
- Guide you through enrollment on the Zevo platform

Note: You will need your TCHHN username and password to access Zevo on a computer or mobile device.



EFFECTIVE DATE OF COVERAGE

FOR NEW TEAM MEMBERS

Most plans become effective the first of the month following your hire date. If you're hired on the first of the month, coverage begins on your hire date.

FOR CURRENT TEAM MEMBERS

For elections made during Annual Enrollment, most plans become effective January 1.

QUALIFYING LIFE EVENT CHANGES

An appointment with a Prepare Benefits Counselor is required for all Qualifying Life Events.

EVENT	ACTION REQUIRED	RESULTS IF ACTION NOT TAKEN
MARRIAGE	- 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.	You will not be able to add your spouse until the next Annual Enrollment.
DIVORCE	The former spouse must be removed within 30 days of the divorce. A copy of the divorce decree is required.	Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
BIRTH OR ADOPTION OF CHILD	- 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.	You will not be able to add the new dependent until the next Annual Enrollment.
DEATH OF SPOUSE OR DEPENDENT	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.	You could pay a higher premium than required and may overpay for coverage.
SPOUSE/DEPENDENT GAINS OR LOSES HEALTH BENEFITS	- 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.	You will not be able to make changes to your elections until the next Annual Enrollment.
LOSS OF COVERAGE FROM SPOUSE'S HEALTH PLAN	- 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.	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	Make elections within 30 days of date of hire. Dependent verification documentation is required if adding dependents.	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)	Make elections within 30 days of eligibility change. Dependent verification documentation is required if adding dependents.	You and your dependents are not eligible until the next Annual Enrollment.
CHANGE IN RATE ELIGIBILITY (I.E. FULL-TIME TO PART-TIME)	No action needed. Your rates will automatically change. Please note a change in rate eligibility is an opportunity to change your plan elections.	N/A
TERMINATION	No action required on your part. COBRA information will be sent to your home.	If you do not receive a COBRA notice within 30 days of your last day of coverage, contact Chard Snyder at 888-993-4646.

NOTE: If you switch to PRN status and have enough hours to be ACA-eligible, your medical insurance and HSA/FSA will **not** automatically be cancelled.

CONTACTS

USI BENEFITS RESOURCE CENTER

TCHHN offers USI's Benefit Resource Center (BRC) to help with a wide range of benefit questions and issues. The BRC team can help you with plan decisions, eligibility, finding in-network providers, Medicare basics, and more. They can also assist with claims problems, appeals, escalations and resolutions.

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)	UnitedHealthcare Choice Plus Network	888-438-8124	umr.com
PCP REFERRAL LINE	TCHHN	513-585-3000	thechristhospital.com/physician
PRESCRIPTION DRUG	Alluma	877-557-9659	allumaco.com
DECISION SUPPORT TOOL	myVoyage	-	voya.com/myvoyage
HEALTH SAVINGS ACCOUNT (HSA)	Optum Financial	866-234-8913	optum.com
FLEXIBLE SPENDING ACCOUNTS (FSA)	Optum Financial	800-243-5543	optum.com
HEALTH PAYMENT ACCOUNT (HPA)	Paytient	573-206-9147	email: hello@paytient.com
DENTAL	Delta Dental of Ohio	800-524-0149	deltadentaloh.com
DENTAL HRA	Optum Financial	800-243-5543	optum.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@voya.com claimscenter.voya.com
SHORT TERM DISABILITY INSURANCE	TCHHN	513-585-4555	email: disability@thechristhospital.com
LONG TERM DISABILITY INSURANCE	Voya	888-305-0602	email: claims@disabilityrms.com claimscenter.voya.com
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.