The Christ Hospital Health Network

2027

Team Member Benefits Guide

EVERYTHING IT TAKES

SO EVERYONE CAN THRIVE

Welcome to Your 2027 Open Enrollment
October 1 - October 31, 2026

At The Christ Hospital Health Network, we are committed to supporting the health and well-being of our team members and their families because when you thrive, we all thrive.

This guide highlights your 2027 benefit options, important updates, and key enrollment deadlines. Open Enrollment is your opportunity to review your benefits and choose the coverage that best meets your needs.

What's New for 2027

Simplified Medical Coverage

We've streamlined our medical offerings from 6 plans to 3 plans to make benefits decisions easier while preserving choice.

2027 Medical Plan Options:

- The Christ Hospital Health Network Exclusive Provider Organization (EPO)
- United Healthcare's Preferred Provider Organization (PPO)
- United Healthcare's High-Deductible Health Plan (HDHP)

Expanded Pediatric and Behavioral health providers for Tier 1 Coverage (all three medical plans)

Increased Benefit Value

Dental Enhancements

- Buy-Up Plan annual maximum increased from $1,500 to $2,000
- Buy-Up Plan added additional major services; implants and crowns coverage
- Core and Buy-Up Plans now include Enhanced Benefits for Special Healthcare Needs and Evidence-Based Dentistry

Vision Enhancement

- EyeMed Buy-Up Plan frame allowance increased from $150 to $200

Enhanced Financial Protection

More Life Insurance Coverage

- Supplemental Life Insurance maximum increased from $1.5M to $2.5M
- For this Open Enrollment only, the supplemental life insurance Guaranteed Issue (GI) amount increased from $250,000 to $500,000, creating a unique opportunity to increase your coverage without completing an Evidence of Insurability (EOI) questionnaire.

Expanded Disability Protection

- Long-Term Disability monthly maximum increased from $10,000 to $15,000

Open Enrollment Checklist

□ Review the onsite support schedule

□ Choose Your NEW 2027 Medical Plan

Remember: Medical coverage will NOT automatically roll over for 2027.

□ Compare new medical plan options
□ Add eligible dependents
□ Remove ineligible dependents
□ Enroll in coverage, make changes, or waive coverage
□ Elect or update life insurance coverage
□ Review and update beneficiary information
□ Enroll in Flexible Spending Accounts (FSA)

Remember: FSA elections do NOT carry over from year to year. A new election is required annually.

□ Review Other Benefits & Personal Information

□ Review HSA contribution elections
□ Confirm beneficiary designations are current
□ Verify dependent information is accurate
□ Update personal contact information in TCHHNPoint if needed.

How to enroll?

https://TCHHN.benefitsinfo.com/enroll-now
Enroll over the phone:1-201-383-2870
Scan the QR code

When is the deadline?

Your elections must be submitted by **October 31st** for 2027 coverage

Eligibility

Enrollment in the TCHHN Benefits Programs are 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 and Vision
- **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 part-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 as well as an annual ACA review. 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 myTCHHNbenefits.com.

Who you can cover

Eligible Dependents

You may cover:

- Spouse or domestic partner, who does not have employer provided coverage available
- Children up to age 26
- Adopted, stepchildren, and children under legal guardianship up to age 26
- Unmarried children over age 26 who are permanently disabled

Dependents can only be added during enrollment or after a qualifying life event.

Coverage Options

Choose the coverage level that fits your family:

- Team Member Only
- Team Member + 1
- Team Member + 2 or More

Dependent Verification

New dependents must be verified within **60** days of enrollment. More information on the dependent verification requirements and the list of required documents can be found on the Verify Dependents page of myTCHHNbenefits.com.

Qualified Life Events (QLE)

Changing Benefits After Open Enrollment

You can only change benefit elections during the year if you experience a Qualified Life Event (QLE). Changes must be reported to Human Resources within 30 days of the event.

Qualified Life Events

Examples include marriage, divorce, birth/adoption of a child, or loss of other coverage. Eligible events allow you to update your benefit elections outside the Open Enrollment period.
Miss the 30-day deadline? You'll need to wait until the next Open Enrollment period unless another Qualified Life Event occurs.

Birth of a child	Add your child within **30 days**. Dependent verification required. Update SSN when available.
Marriage	Add your spouse to your benefits within **30 days** of your marriage date. A copy of your marriage certificate is required.
Loss of Coverage	Change benefits within **30 days.** Proof of coverage loss required. Dependent verification required for added dependents.
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. If you move to PRN status, your medical coverage remains active through the end of the calendar year at Part-Time rates. If you do not want coverage, you must take action to cancel it.
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.

Check your Dependents

Families change over time. Do you need to add or remove a dependent from your coverage? Make sure you're paying only for who you are covering in 2027.

Be sure to review your dependents and make any updates when you enroll.

Designate Beneficiaries

Retirement Plan Beneficiaries
Take Action!
Do you have a beneficiary listed in your Fidelity retirement Account?
Login today at NetBenefits.com/AtWork or call 1-800-343-0860

Health Savings Account (HSA) Plan Beneficiaries
Don't Forget to login to your Optum Financial HSA Account to update optum.com or call 866-234-8913

Medical Plan Comparison

		The Christ Hospital Health Network Exclusive Provider Organization (EPO)	United Healthcare High Deductible Health Plan (HDHP)			United Healthcare Preferred Provider Oganization (PPO)		
		Tier 1 TCHHN	Tier 1 TCHHN	Tier 2 UHC national network	Tier 3 Out-of-Network	Tier 1 TCHHN	Tier 2 UHC national network	Tier 3 Out-of-Network
Plan Featutes								
+Annual Deductible (Individual/+1/Family)	Embedded	$1,000 / $1,500* / $2,000*	$2,000 / $4,000^ / $4,000^	$5,500 / $11,000^ / $11,000^	$5,500 / $11,000^ / $11,000^	$1,000 / $1,500** / $2,000**	$3,000 / $4,750** / $5,500**	$3,000 / $4,750** / $5,500**
++Annual Out-of-Pocket Maximum (Individual/+1/Family)	Embedded	$3,000 / $5,625* / $7,500*	$3,500 / $5,625^ / $7,500^	$8,500 / $13,250^ / $17,000^	$8,500 / $13,250^ / $17,000^	$3,000 / $5,625** / $7,500**	$8,500 / $13,250** $17,000**	$8,500 / $13,250** / $17,000**
Annual TCHHN HSA Contribution (Individual/Family)		Not eligible	$500 / $1,000			Not eligible		
Co-insurance		80%	80%	70%	50%	80%	70%	50%
YOUR COSTS FOR CARE								
Preventive Care		Covered in Full	Covered in Full	Covered in Full	Not Covered	Covered in Full	Covered in Full	Not Covered
Primary Care Physician (PCP) Including Pediatricians		$10 copay	20% co-insurance	30% co-insurance	50% co-insurance	$25 copay	$50 copay	50% co-insurance
Specialist Visit		$25 copay	20% co-insurance	30% co-insurance	50% co-insurance	$45 copay	$65 copay	50% co-insurance
Urgent Care		$50 copay	20% co-insurance	30% co-insurance	50% co-insurance	$50 copay	$50 copay	50% co-insurance
Telemedicine		PCP: $10 Specialist: $25	PCP: $15 Specialist: $45			PCP: $15 Specialist: $45		
Emergency Transportation		20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance	20% co-insurance
Emergency Room		$300 copay / waived if admitted	20% co-insurance			20% co-insurance		
Inpatient Hospital (per stay)		20% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance
Outpatient Surgery		20% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance
Mental Health Office Visits		Covered in Full	0%, co-insurance	10% co-insurance	30% co-insurance	Covered in Full	$25 copay	30% co-insurance
Mental Health Inpatient / Outpatient		20% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance
Inpatient / Outpatient Labs & X-Rays		20% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance	20% co-insurance	30% co-insurance	50% co-insurance

+Tier 1 deductible applies to Tier 2
++Out-of-pocket maximums include deductibles, coinsurance, medical and prescription drug co-payments
*EPO plan: Each individual member on EE + 1 or Family plans will be capped at $1,000 for deductibles; and $3,000 for Out-of-pocket maximums
**PPO plan: Each individual member on EE + 1 or Family plans will be capped at $1,000 Tier 1 / $3,000 on Tiers 2 and 3 for deductibles; and $3,000 Tier 1 / $8,500 on Tiers 2 and 3 for Out-of-pocket maximums
^HDHP plan: Each individual member on EE + 1 or Family HDHP plans will be capped at $3,500 Tier 1 and up to $4,000 family max; and $3,500 Tier 1 / $8,500 on Tiers 2 and 3 for the out-of-pocket maximum

Bi-weekly Medical Premiums

TCHHN invests in your health by paying a substantial portion of the total cost of your medical coverage. Your portion of the premium is deducted from your paycheck on a pre-tax basis.

Your medical plan rates are based on your Full-Time or Part-Time employment status and your participation in the Know Your Numbers Wellness Program, which may qualify you for Diamond rates. Part-Time Rates can be found on page 20.

DIAMOND RATES Know Your Numbers completed (Full Time)	TCHHN Exclusive Provider Organization **(EPO)**		United Healthcare Preferred Provider Organization **(PPO)**		United Healthcare High Deductible Health Plan **(HDHP)**	
Coverage Type	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**
Team Member Only	$384.23	$61.16	$338.03	$87.37	$363.99	$39.15
Team Member + 1	$707.86	$131.83	$613.71	$188.33	$658.29	$102.97
Team Member + 2 or more	$994.41	$201.44	$854.45	$287.77	$922.07	$162.43

The difference between Diamond and Bronze rates is participation in the **Know Your Numbers Program**.
If you completed the program in 2026 or were a new hire after July 1, 2026, you'll receive Diamond rates in 2027.
Questions about your participation please reach out to our Workforce Wellness Team at 513-263-8699 or WorkforceWellness@TheChristHospital.com.

BRONZE RATES Know Your Numbers not completed (Full Time)	TCHHN Exclusive Provider Organization **(EPO)**		United Healthcare Preferred Provider Organization **(PPO)**		United Healthcare High Deductible Health Plan **(HDHP)**	
Coverage Type	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**
Team Member Only	$313.47	$131.92	$260.90	$164.90	$291.10	$112.04
Team Member + 1	$602.38	$237.31	$505.38	$296.64	$559.74	$201.52
Team Member + 2 or more	$873.17	$322.68	$738.87	$403.35	$818.39	$266.12

Imputed Income

If you cover a **domestic partner** the TCHHN-paid portion of your partner's coverage will be reported as imputed income, meaning it is added to your taxable earnings even though you do not receive additional pay.

NEW FOR 2027: The Christ Hospital Health Network's Exclusive Provider Organization (EPO) Plan

When it comes to your healthcare, quality matters. That's why we're excited to introduce The Christ Hospital Health Network EPO Plan, a new medical plan option built around the physicians, specialists, hospitals, and care teams you know and trust.

Why Consider the EPO Plan?

- Access to trusted Christ Hospital Health Network providers
- Lower team member paycheck contributions and out-of-pocket costs
- Coordinated, connected care across the health system
- Dedicated in-house Benefits Concierge support

Whether you're managing a chronic condition, scheduling preventive care, or seeking treatment when unexpected healthcare needs arise, the EPO Plan makes it easier to access high-quality care while helping you save on healthcare costs.

Exclusive EPO Plan Feature: More Than a Health Plan. A concierge Support Team Behind You.
A dedicated in-house Benefits Support Team. **One Team. One Contact. One Experience.**
Available January 1, 2027

One Contact for:

- Network Provider assistance
- Benefits questions
- Claims support
- Care Navigation
- Benefits concierge services

Is the EPO Plan Right for You?

The EPO is a great choice if you:

- Prefer recieving care from our health system providers
- Want lower deductibles and copays
- Value coordinated healthcare experience
- Are looking for a plan that helps maximize your healthcare dollars
- You and your dependents live and work within our service area

Take advantage of the care you help provide. Everyday, our physicians, nurses, and care teams are committed to delivering exceptional care to our communities. Now through TCHHN EPO Plan, team members and their families can enjoy a health plan designed to help them access that same high-quality care while keeping healthcare cost affordable.

Your Health. Your Providers. Your Best Value.

Choose the Christ Hospital Health Network's EPO Plan during Open Enrollment.

Important to Know

The EPO Plan provides coverage through designated providers and facilities within our health system network. To receive the highest level of benefits, participants must generally receive care from EPO network providers, except in the case of emergency services.
Please review plan documents carefully for complete eligibility, coverage, and network details.

TCHHN Exclusive Provider Organization (EPO)	
PLAN FEATURES	
Annual Deductible (Individual/+1/Family)	$1,000 / $1,500 / $2,000
Annual Out-of-Pocket Maximum (Individual/+1/Family)	$3,000 / $5,625 / $7,500
Annual HSA Team Member Contribution (Individual/Family)	Not eligible
Co-insurance	80%
YOUR COSTS FOR CARE	
Preventive Care	Covered in Full
Primary Care Physician (PCP)	$10 copay
Specialist Visit	$25 copay
Urgent Care	$50 copay
Emergency Room	$300 copay /copay waived if admitted
Inpatient Hospital (per stay)	20% co-insurance
Outpatient Surgery	20% co-insurance
Mental Health Office Visits	Covered in Full
Mental Health Inpatient / Outpatient	20% co-insurance
Outpatient Surgery	20% co-insurance
Inpatient / Outpatient Labs & X-Rays	20% co-insurance
FInd a provider: https://www.thechristhospital.com/providers/	

Pediatrics and Behavioral Health Providers
New for 2027 All three medical plans will cover United Healthcare Choice Plus network providers as Tier 1.

Important to Know
The EPO Plan provides coverage through designated providers and facilities within our health system network. To receive the highest level of benefits, participants must generally receive care from EPO network providers, except in the case of emergency services.
Please review plan documents carefully for complete eligibility, coverage, and network details.

United Healthcare's PPO and HDHP Options

Choosing the right medical plan depends on your healthcare needs, budget, and preferred providers. Review the PPO and HDHP options below to understand how each plan works and which coverage may be the best fit for you and your family.
You can choose from two UHC plans:

UHC PPO Plan- Pay copays for many services before meeting your deductible.
UHC High Deductible Health Plan (HDHP) - Pay the full cost of most services until you meet your deductible, then the plan begins sharing costs.

UHC's PPO Plan
Highest payroll premium, lower deductible.

- For certain health care services you pay only a copay.
- Services subject to a copay will not be subject to the deductible.
- You pay nothing for eligible preventive care when using providers in the Tier 1 or Tier 2 network.
- For services that require coinsurance, once you meet the deductible, the plan will pay a percentage of the cost for the remainder of the calendar year for eligible expenses.
- If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the calendar year.

UHC's HDHP
Lowest payroll premium, highest dedutible.

- Pay the full cost of most services until you meet your deductible, then the plan begins sharing costs.
- You will have the opportunity to enroll in a Health Savings Account (HSA) that enables you to pay for eligible medical expenses tax-free. You can use the money in your HSA to help pay your out-of-pocket maximum, which includes your deductible, coinsurance and prescription costs as well as dental and vision related expenses.
- You pay nothing for eligible in-network preventive care when using providers in Tier 1 or Tier 2 network.
- You pay the full cost for medical and prescription expenses until you reach your annual deductible.
- Once the deductible is met, you pay co-insurance for non-preventive medical and prescription expenses.
- If your out-of-pocket costs reach the annual out-of-pocket maximum, the plan pays 100% for eligible expenses the remainder of the calendar year.

How the Plans are alike

- Same United Healthcare Choice Plus national network.
- Covers and excludes the same plan provisions.
- Fully covered in-network preventive care—no copay, deductible or coinsurance.
- Same wide range of eligible services, including comprehensive prescription drug coverage.
- Same coinsurance percentage, based on the provider network you use.
- Protection from the catastrophic financial effects of a serious illness or injury.

Both plans have a tiered network. Your cost depends on which tier your provider is in. You will pay the least by using TCHHN providers and hospitals, referred to as Tier 1.

TIER 1

Tier 1
TCHHN Providers and Hospitals
Local network of high performing providers and hospitals with richer benefits and the lowest costs for services.

Tier 2
In-Network United Healthcare
A larger national network with slightly higher out-of-pocket expenses.

Tier 3
Out-of-Network
Out-of-network providers with the highest member cost share.

Least Expensive → **Most Expensive**

Find a Provider | The Christ Hospital
TheChristHospital.com/providers

Prescription Drug Coverage

PHARMACY BENEFITS
The Christ Hospital Health Network partners with Alluma to help team members and their families get the medications they need while providing tools, support, and resources to manage prescription costs and make informed healthcare decisions. Alluma partners with Express Scripts® and Accredo to provide access to a national pharmacy network, home delivery services, and a comprehensive prescription drug formulary. **Prescription drug coverage is the same under all three plans.**

What You Need to Know
Find Covered Medications
Your pharmacy benefit includes a formulary, which is a list of covered medications. Drugs are grouped into tiers based on clinical effectiveness, safety, and value. In general, lower-tier medications, such as generics, offer the most cost savings.
https://www.allumaco.com/members

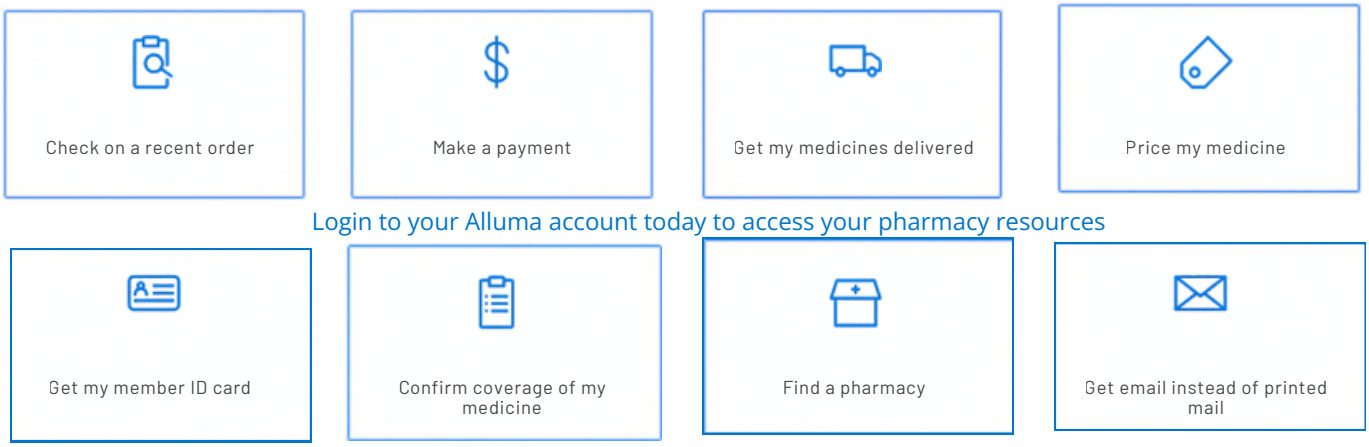
Use In-Network Pharmacies
To maximize your benefits and lower your out-of-pocket costs, use an in-network pharmacy and drugs from the generic or preferred lists. Most major retail pharmacies participate in the network. You can also compare medication pricing and locate participating pharmacies through the Alluma member portal.
https://www.allumaco.com/members

Compare Prescription Costs
Medication costs can vary between pharmacies.
Alluma provides tools to:
- Compare pharmacy pricing
- Review lower-cost alternatives when appropriate
- Better understand your prescription costs before filling a medication

Need Help?
Customer Service is available 24 hours a day, 7 days a week. Call the number on the back of your prescription ID card **(877) 557-9659** for assistance with:
- Prior authorizations
- Specialty medications
- Prescription coverage questions
- Pharmacy benefit support

	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

Note: With the EPO and PPO plans you start paying co-insurance and co-pays right away. The High Deductible Health Plan, you pay the full cost until the plans Tier 1 embedded deductible is met.
*Preventive drugs, as defined under the Affordable Care Act (ACA), will be covered by the plans at 100% when received from an in-network pharmacy with a valid prescription.



Enrollment Tip
Before filling a new prescription, check pricing through the Alluma member portal and use an in-network pharmacy and generic and preferred formulary options to maximize your benefits and potentially reduce your costs.

Alluma

Know Your Options When You Need Care

You have several affordable and convenient options for immediate care. Keep this chart handy to help you make a smart choice the next time you need medical care. You may save time and money.

Where to Go		Reason for Visit	Average Cost	Average Wait
Non-Emergency Care				
Virtual Visits/ Telemedicine	Access to care via phone, online video or mobile app whether you are home, work or traveling; medications can be prescribed. **24 hours a day, 7 days a week**	»Allergies »Cough/cold/flu »Rash »Stomachache	**$**	**2-5 minutes**
Doctor's Office	Generally, the best place for routine preventive care; established relationship; able to treat based on medical history. **Office hours vary**	»Infections »Sore and strep throat »Vaccinations »Minor injuries, sprains and strains	**$**	**15-20 minutes**
Urgent Care				
Urgent Care	When you need immediate attention; walk-in basis is usually accepted. **Generally includes evening, weekend and holiday hours**	»Sprains and strains »Minor broken bones »Small cuts that may require stitches	**$$**	**15-30 minutes**
Emergency Care				
Hospital ER	Life-threatening or critical conditions; trauma treatment; multiple bills for doctor and facility. **24 hours a day, 7 days a week**	»Chest pain »Difficulty breathing »Severe bleeding »Blurred or sudden »Loss of vision »Major broken bones	**$$$$**	**4+ hours depending on severity**

Team Member Clinic

Convenient, quality, fast care for common, same-day needs

WHO IS ELIGIBLE?

The Christ Hospital Health Network team members are welcome to this benefit, regardless of their benefits eligibility.

TREATMENT FOR:

- Allergy symptoms & colds
- Ear infections and sore throats
- Fever and high blood pressure
- Minor cuts and burns
- Skin conditions
- Upper respiratory concerns

SCHEDULE AN APPOINTMENT

Visit the **MYTCHHN** or call **765-494-0111**

Location & Contact

2123 Auburn Ave., Suite 232 Cincinnati, OH 45219

Phone
513-724-WALK (9255)

Fax
513-585-4856

Hours of Operation
Monday - Wednesday
11:30 a.m. – 2:30 p.m.
Friday: 6:30 a.m. – 8:00 a.m.

Health Savings Account (HSA) for Participants Enrolled in the High-Deductible Health Plan (HDHP)

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket healthcare expenses with pretax dollars – now or in the future. Once you're enrolled in the HSA, you'll receive a debit card from Optum Financial to pay for your eligible expenses. Your HSA can also be used for the expenses of your spouse and eligible dependents, even if they are not covered by the HDHP medical plan.

TCHHN contributes + You contribute + account balance rolls over each year + start/stop/change your pre-tax payroll contribution at anytime!
Health Savings Account (HSA) administrator: Optum Financial
Login to your account: https://www.optumbank.com/health-savings-accounts.html
Customer Service: 866-234-8913

How a Health Savings Account (HSA) Works

Eligibility

You must be enrolled in the UHC High Deductibe Health Plan (HDHP)

Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS annual maximum of **$4,500** if you enroll only yourself, or **$9,000** if you enroll in family coverage. You can make an additional $1,000 catch-up contribution if you are age 55 or older.

TCHHN's Contribution

$500 ($19.23 per pay) for team member only coverage | $1,000 ($38.46 per pay) for all other coverage tiers

Eligible Expenses

The HSA covers medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. If you elect both an HSA and an FSA at the same time, the FSA will be Limited Purpose, meaning it covers dental and vision expenses only. See the FSA section of this Benefit Guide for more information on the Limited Purpose FSA.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.

Remaining Funds

Money left in your HSA at the end of the year will roll over to the next year – you'll never lose your HSA dollars. If you leave the company or retire, you can take your HSA with you, and continue to pay and save for future eligible health care expenses.

You can START - STOP - CHANGE your pre-tax HSA contribution at anytime!

The Triple Tax Advantage

1. Tax-Free Payroll Contributions: Money goes in pre-tax.
2. Tax-Free Growth: Interest, dividends, and capital gains compound completely untaxed
3. Money comes out 100% tax-free for qualified medical expenses.

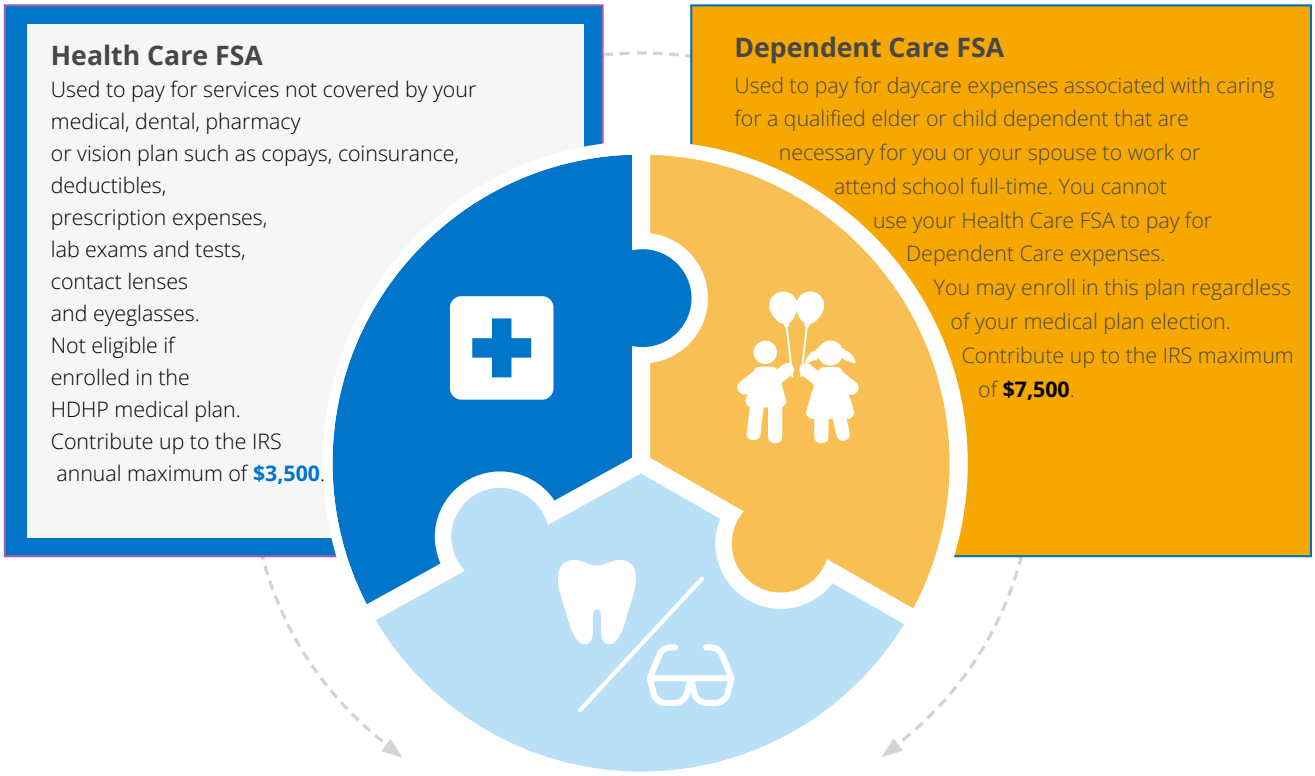
Flexible Spending Accounts (FSA)

The Flexible Spending Accounts (FSAs), provided by Optum Financial, allow you to save money on taxes and pay eligible expenses with pre-tax dollars.
There are three types of FSAs – the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA.

Important FSA Reminder

Use It or Lose It

Flexible Spending Account funds are subject to IRS rules. Be sure to carefully estimate your annual expenses when enrolling. Unused funds will be forfeited if not used by the deadline.
Don't forget: Submit all eligible claims by March 31, 2028 for expenses incurred during the 2027 plan year.



Health Care FSA

Used to pay for services not covered by your medical, dental, pharmacy or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses. Not eligible if enrolled in the HDHP medical plan. Contribute up to the IRS annual maximum of **$3,500**.

Dependent Care FSA

Used to pay for daycare expenses associated with caring for a qualified elder or child dependent that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses. You may enroll in this plan regardless of your medical plan election. Contribute up to the IRS maximum of **$7,500**.

Limited Purpose FSA

Used if you are enrolled in the HDHP medical plan; it works the same way as the standard Health Care FSA. However, you may only use it to pay for eligible **vision** and **dental** expenses. Contribute up to the IRS annual maximum of **$3,500**.

Dental Plans

Step 1: Choose Your Dental Coverage

Select either the Core Plan or Buy-Up Plan. The Core Plan provides up to $750 in annual benefits. The Buy-Up Plan provides up to $2,000 in annual benefits and includes orthodontia coverage for eligible dependents.

Step 2: Decide Whether to Add Employer-Funded Dental Dollars

The optional **+Plus** feature includes a TCHHN-funded Dental HRA that can help pay eligible out-of- pocket dental expenses. The Dental HRA does not change your dental coverage. It simply provides additional TCHHN-funded dollars in an Optum Financial Account that you can used to reimburse your eligible out-of-pocket dental expenses.

① Choose Your Dental Coverage
- Core Plan
- Buy-Up Plan

+

② Do you need extra dental dollars? If yes, the +Plus option to add an HRA account might be for you

The dentist you see can save you money!

You have access to Delta Dental's **two** networks of dentist in addition to out-of-network coverage.
Visit deltadental.com or call 800-524-0149 to find a provider

CORE Plan	PPO Network	Premier Network	Out-Of-Network *
Calendar Year Maximum	$750.00	$750.00	$750.00
+Deductible	$50 Single / $150 Family	$50 Single / $150 Family	$50 Single / $150 Family
Preventive / Diagnostic	100%	90%	90%
Basic Services	90%	80%	80%
Major Services	50%	50%	50%
Orthodontia	not covered		

BUY-UP Plan	PPO Network	Premier Network	Out-Of-Network *
Calendar Year Maximum	$2,000.00	$2,000.00	$2,000.00
Deductible	$50 Single / $150 Family	$50 Single / $150 Family	$50 Single / $150 Family
Preventive / Diagnostic	100%	90%	90%
Basic Services	90%	80%	80%
Major Services (NEW for 2027 includes implants & crowns)	60%	60%	60%
Orthodontia	50% (Dependents 19 and under)		

+Deductible doesn't apply to exams, preventative procedures, brush biopsy or x-rays
***Out-of-network coverage may result in balance billing. If your dentist charges more than the plan's allowable amount, you pay the difference.**

HRA

Health Reimbursement Account (HRA)	How Much Will TCHHN Contribute?
Team Member Only	Full-Time: $150 (Core) / $250 (Buy-Up) Part-Time: $100 (Core) / $200 (Buy-Up)
Team Member +1	Full-Time: $275 (Core) / $475 (Buy-Up) Part-Time: $225 (Core) / $375 (Buy-Up)
Team Member +2 or More	Full-Time: $450 (Core) / $800 (Buy-Up) Part-Time: $400 (Core) / $650 (Buy-Up)

Is the Dental HRA Right for You?

Consider adding the Dental HRA if you expect expenses such as:
- Crowns
- Root canals
- Dentures
- Bridges
- Oral surgery
- Orthodontia expenses (if enrolled in the Buy-Up Plan)

You may not need the Dental HRA if you generally receive only routine preventive care such as cleanings, exams, and X-rays.

2027 Bi-weekly rates	CORE PLAN		CORE **+ PLUS HRA** PLAN		BUY-UP PLAN		BUY-UP + **PLUS HRA** PLAN	
Coverage Type	TCHHN Pays	You Pay	Annual TCHHN HRA contribution	You Pay	TCHHN Pays	You Pay	Annual TCHHN HRA contribution	You Pay
Team Member Only	$5.79	$4.74	$150.00	$10.53	$9.57	$7.83	$250.00	$17.39
Team Member + 1	$11.60	$9.49	$275.00	$20.07	$19.14	$15.66	$475.00	$33.93
Team Member + 2 or more	$19.13	$15.65	$450.00	$32.96	$31.57	$25.83	$800.00	$56.60

Part-Time rates can be found on page 21.

Dental Plan Administrator: Delta Dental Customer Service: 800-524-0149 login to your dental account: deltadentaloh.com
Health Reimbursement Account (HRA) administrator: Optum Financial
Login to your account: optumbank.com/health-reimbursement-arrangements.html
Customer Service: 866-234-8913

Vision Plans

Choose between the Core and Buy-Up Vision Plans, both administered by EyeMed, with access to a large provider network, comprehensive vision coverage, and additional savings on hearing and laser vision correction services.

New for 2027
TAKE ADVANTAGE OF HEALTHY EYES!
Healthy Eyes Benefit Both plans provide enhanced support for members with diabetes and children under age 19, including:

- Additional retinal screening benefits
- Extra diagnostic testing every six months for members with Type 1 or Type 2 diabetes
- An additional eye exam for covered children under age 19

Select Network • in-network costs shown below

EyeMed Base Option

Exam frequency	Once every calendar year
Exam copay / OON	$25 copay • up to $35
Frame frequency	Every other calendar year
Frame allowance	$130 allowance • 20% off balance over allowance • out-of-network up to $65
Lenses	Once every calendar year • standard lenses $0 copay
Contact lens allowance	$115 • OON up to $92
Medically necessary contacts	Paid in full in-network

EyeMed Buy-Up

Exam frequency	Once every calendar year
Exam copay / OON	$10 copay • up to $35
Frame frequency	Once every calendar year
Frame allowance	$200 allowance • 20% off balance over allowance • out-of-network up to $100
Lenses	Once every calendar year • standard lenses $0 copay
Contact lens allowance	$150 • OON up to $120
Medically necessary contacts	Paid in full in-network

SHARED VALUE Premium progressive lenses: $0 copay with 20% off retail price less a $120 allowance • Standard lenses and common lens options are $0 copay in-network.

RESOURCES & SAVINGS

Hearing care	Amplifon Network: up to 66% off hearing aids 1.877.203.0675
Laser vision	U.S. Laser Network: 15% off retail or 5% off promotional price 1.800.988.4221
EyeMed administrator	eyemed.com • Customer Service: 866-723-0514

BI-WEEKLY RATES

Full Time & Part Time	BASE / CORE	BUY-UP
Team Member Only	$4.29	$8.00
Team Member + 1	$8.15	$15.18
Team Member + 2 or more	$11.97	$22.31

Benefits, exclusions, limitations, and allowances may vary by state. The certificate governs. Members may receive either contacts and frame, or frames and lens services.

Life and AD&D

Basic Life and Accidental Death and Dismemberment (AD&D)

Fully paid by TCHHN

While no one likes to think about death, having **Basic Life Insurance and Accidental Death & Dismemberment (AD&D) coverage** ensures your loved ones are financially protected if something happens to you. It's a simple but important way to provide peace of mind. TCHHN automatically provides and pays the full cost of coverage.

Group Term Basic Life (TCHHN provided)	
Part-Time Team Members (.5 - 7.4999 FTE)	1 time your annual earnings up to $1 million
Full-Time Team Members (.75 - 1.0 FTE)	1.5 times your annual earnings up to $1 million
Management & Medical Residents	2 times your annual earnings up to $1 million
Vice President & Physicians	3 times your annual earnings up to $1 million

Supplemental Life	
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

Supplemental AD&D	
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)

Evidence of Insurability (EOI)

When you elect Supplemental Life Insurance coverage for yourself or Spouse Life Insurance, you may be required to provide "Evidence of Insurability." In other words, before the insurance company will cover you, you must show them proof that you are a good candidate for insurance by completing a health questionnaire.

If you elect coverage beyond guaranteed issue of $500,000 you will need to provide EOI.

Don't forget to designate a beneficiary

Designating a beneficiary ensures your life insurance benefits go to the person or people you intend. It's a simple but important step to help protect your loved ones and avoid delays in receiving the benefit.

Visit MyTCHHNbenefits.com

TAKE ACTION

Disability Insurance

If you have a serious injury or illness that keeps you from working, how will you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

100% TCHHN Paid!

Short-Term Disability (STD)

Pregnancy, a scheduled surgery, or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

STD is provided **at no cost to you.** You are automatically covered as a full-time team member – no enrollment is needed.

Short-Term Disability Eligibility (Part-time and Full-Time Team Members)	Benefit Amount
Minimum of 180 days of employment, but less than 1 year	First week PTO. Up to 6 additional weeks of 60% base pay,
1 year to 5 years	First week PTO. Up to 6 additional weeks of 80% base pay, then up to 6 additional weeks at 60% of base pay
5 years of more	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% base pay

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

Part-time and Full-time Team Members	1 - 3 Years of Service	3 - 5 Years	5+ Years of Service
Birth Parent	6 weeks	8 weeks	12 weeks
Non-Birth Parent	2 weeks	2 weeks	2 weeks

Long-Term Disability (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to a non-work-related illness or injury. This coverage is coordinated with other benefits you may receive while disabled, such as Social Security and Worker's Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply.

LTD is provided **at no cost to you after 1 year of service;** TCHHN pays the full cost. You are automatically covered as a full-time team member and no enrollment is needed.

Monthly Benefit	60% of base monthly salary up to $15,000 after 1 year of service
Elimination Period	180 days of disability
Benefit Duration	Until you are no longer considered disabled, or you reach Social Security Normal Retirement Age (SSNRA), whichever comes first

Questions on Short-Term, Long-Term and Paid Parental leave contact Disability@TheChristHospital.com or 513-585-4555

Voluntary Benefits

Voluntary benefits provide cash payments directly to you to help with life's unexpected health events and related expenses.

ACCIDENT INSURANCE

Cash benefits paid directly to you after a covered accident.

- May help with related expenses such as lost income, child care, deductibles, and co-pays
- Pays in addition to other coverage
- No health questions or pre-existing-condition limitations
- Wellness-screening benefit of $50 once per benefit year per covered person
- Child coverage available to age 26
- Coverage pays for accidents that occur off the job

KEY DETAILS
Covers accidents that occur off the job.

CRITICAL ILLNESS INSURANCE

Cash benefit paid directly to you after diagnosis of a covered condition.

- Team member coverage choices from $10,000 to $40,000 in 10,000 increments
- Spouse coverage available from $10,000 to $40,000 if team member coverage is elected
- No medical questions asked
- Child benefit is 50% of the elected team member benefit and eligible children are covered from birth to age 26
- $50 wellness/preventive health benefit per benefit year from team member, spouse, and child
- Includes Health Navigator Help Line for guidance on health needs and medical billing questions
- Covered conditions include examples such as heart atteruation, 0% organ failure, paralysis, and certain childhood conditions, subject to certificate definitions and requirements.

KEY DETAILS
Cash benefit paid directly to you after diagnosis of a covered condition.

HOSPITAL INDEMINITY INSURANCE

Cash benefits paid directly to you for covered hospital stays due to sickness, accidents, routine procedures, complications, pregnancy, newborn complications, mental and nervous disorders, or substance abuse.

- No medical questions to answer and guaranteed issue coverage
- Helps with related expenses such as lost income, child care, deductibles, and co-pays
- Child coverage available to age 26

Low and High plans include first-day hospital or ICU benefits, daily hospital and ICU confinement benefits, rehabilitation benefits, emergency medical treatments, and a $50 wellness screening benefit per insured per benefit year.

Comparison of key benefits:

LOW PLAN

- First-day hospital: $750/day
- Hospital confinement: $100/day
- ICU confinement: $200/day, up to 31 days

HIGH PLAN

- First-day hospital: $1,000/day
- Hospital confinement: $200/day
- ICU confinement: $300/day, up to 31 days

WHY CONSIDER VOLUNTARY BENEFITS?

These policies provide cash directly to you and can help with expenses not covered by your medical plan.

These are limited benefit policies and do not provide basic hospital, basic medical, or major medical insurance. Benefits are subject to eligibility, certificate terms, limitations, exclusions, and applicable state variations. Refer to the certificates or contact your benefit administrator for complete details.

Other Voluntary Benefits

Fully paid by You

Voluntary benefits give you the **freedom to personalize your coverage** with added protection that fits your life. These optional plans can help fill gaps, cover unexpected costs, and give you extra peace of mind—on your terms.

Identity Fraud Protection

If you enroll in LegalShield, you can also bundle IDShield services with it. Unfortunately, identity theft is on the rise, but identity theft monitoring can help outsmart criminals by preventing fraud, detecting fraudulent activity on a daily basis, and resolve identity theft issues you may face.

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 benefits while living to cover assisted living and other long term care cost.

Legal Services

When you enroll in LegalShield's voluntary benefit program, you will get access to experienced attorneys that can help you with any legal issue such as:

» Legal Advice/Consultation on unlimited personal issues

» Will Preparation

» Moving Traffic Violation Assistance

» Trial Defense

» And so much more!

Pet Benefit Solutions

Keep your pets healthy while helping manage veterinary expenses.

Wishbone Pet Insurance

70% reimbursement on eligible vet care, a $250 deductible, and coverage available through any U.S. veterinarian. Accident & Illness and Preventive Care options available.

Total Pet Plan

A veterinary discount program offering savings on care, prescriptions, and more. Rates: $11.75/month for one pet or $18.50/month for 2+ pets.

See plan materials for eligibility, exclusions, and coverage details.
To find a participating vetrinarian:
https://www.wishbone.pet/

Employee Assistance Program (EAP)

No matter what's going on in your life, Life Matters is here to help.

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. Life Matters is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges.

Confidential Counseling on Personal Issues

Your Team member Assistance Program (EAP)® is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant™ is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- » Depression
- » Marital and family conflicts
- » Job pressures
- » Stress and anxiety
- » Alcohol and drug abuse
- » Grief and loss

Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- » Divorce and family law
- » Debt obligations
- » Landlord and tenant issues
- » Real estate transactions
- » Bankruptcy
- » Criminal actions
- » Civil lawsuits
- » Contracts

Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- » Saving for college
- » Getting out of debt
- » Retirement planning
- » Tax questions
- » Estate planning

Go to mylifematters.com on the web or your mobile device and enter the password to access resources, educational information, and self-service options. Services provided directly by LifeMatters are free.

If you are referred to outside resources, you will be advised about your costs, if any.

For more information, call LifeMatters at 1-800-634-6433 or visit mylifematters.com — password TCHHN1

TEXT "Hello" to 61295

Call LifeMatters® toll-free anytime. 1-800-634-6433
Assistance with Life, Work, Family, and Wellbeing

24/7/365 TDD and language translation services are available

Call collect to 262-574-2509 if outside of North America

If you need to talk, the 988 Lifeline is here.

At the 988 Suicide & Crisis Lifeline, we understand that life's challenges can sometimes be difficult. Whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to, our caring counselors are here for you. You are not alone.

Retirement Savings

Planning for retirement starts with saving today. The Christ Hospital Health Network's 403(b) Retirement Savings Plan makes it easy to build your financial future through convenient payroll deductions and valuable TCHHN matching contributions.

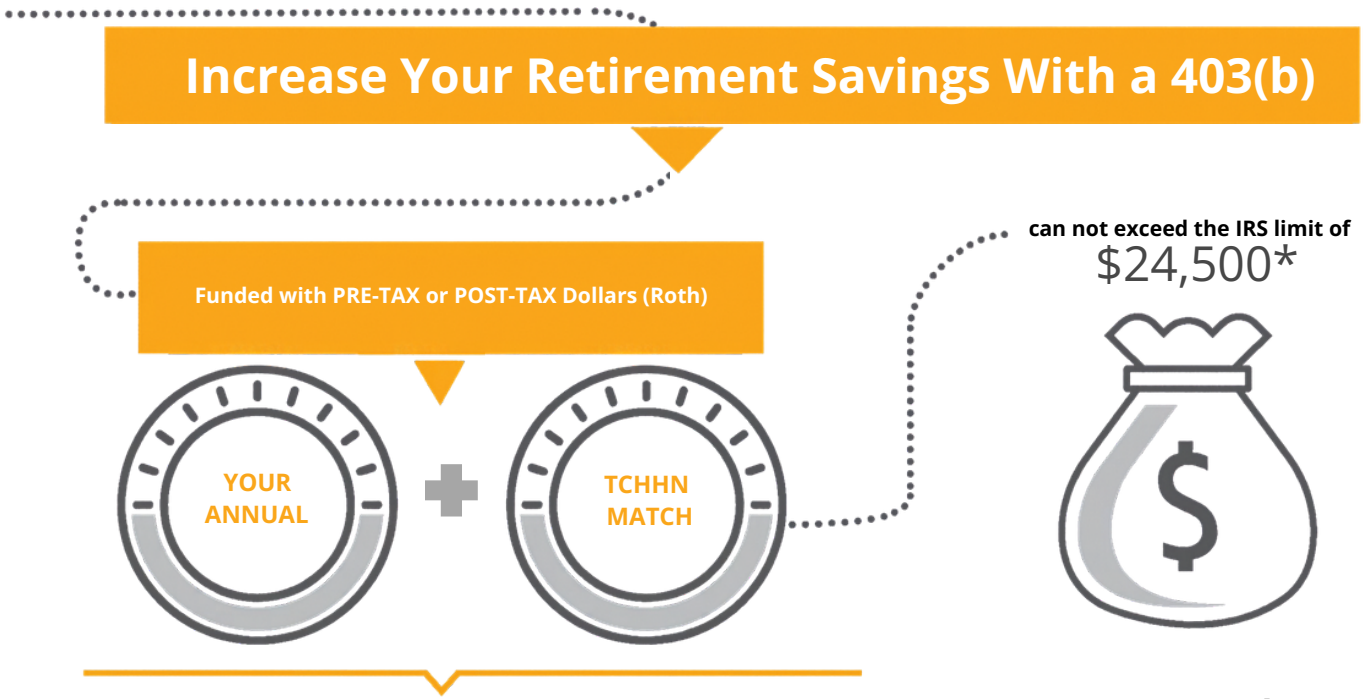
Plan Highlights

- Eligible to participate upon hire
- After 45 days of employment, you are automatic enrollment at 3% of pay unless you elect a different amount or opt out
- The Christ Hospital Health Network matches 50¢ for every $1 you contribute, up to 6% of pay
- Choose between Pre-Tax and Roth contribution options
- Catch-up and Enhanced Catch-up contributions available for team members age 50+
- Access investment options, planning tools, and educational resources through Fidelity

Maximize Your Savings: Contributing at least 6% of your pay allows you to receive the full TCHHN match, helping your retirement savings grow faster.

Vesting: You are always 100% vested in your own contributions. TCHHN matching contributions become fully vested after three years of service.

Enrollment Tip: Even small contributions can make a big difference over time. Increasing your contribution by just 1% each year can help you build greater retirement savings while taking advantage of employer matching dollars.



Catch-up Contributions**

Eligible Age	Amount
50+	Additional $8,500*
60 – 63	Additional of the greater of $10,000* or 150% of the 2027 catch-up limit
Enhanced Catch-up (age 60 – 63)	$11,750*

» The age used in determining catch-up eligibility is the age of the participant on the last day of the calendar year

*Limits are accurate as of the time of publication, subject to change.
**Mandatory Roth catch-up for High Earners: Beginning in 2027, if you earned $150,000* or more in FICA wages in the prior year (indexed for inflation), any catch-up contributions you make to your 403(b) must be made as Roth contributions (post-tax).

TCHHN Match

Team Member Contribution	TCHHN Matching Contribution
1%	.50%
2%	1%
3%	1.5%
4%	2%
5%	2.5%
6%	3%
7% or more	3%

Vesting refers to your ownership of the money in your 403(b).
» You are vested in the 403(b) match after 3 years of service.

The plan is managed by Fidelity. Enroll, or opt-out, at **www.Netbenefits.com** or by calling 800-835-5095

Turning 65? Understand Your Medicare Options

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

Call Alliant Medicare Solutions at 1-877-888-0165 to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.
Your guide to Medicare
https://neb.alliant.com/your-guide-to-medicare/full-view.html

Need Help?

Coverage	Contact	Phone	Website
Medical	UMR (Division of UHC)	888-438-8124	umr.com
PCP Referral Line	TCHHNHN	513-585-3000	thechristhospital.com/physician
Prescription Drug Coverage	Alluma	877-557-9659	allumaco.com
Health Savings Account (HSA)	Optum Financial	866-234-8913	optum.com
Flexible Spending Accounts (FSA)	Optum Financial	800-243-5543	optum.com
Medicare Support	Alliant Medicare Solutions	1-877-888-0165	alliantmedicaresolutions.com
Dental	Delta Dental	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	SunLife	866-806-3619	sunlife.com/us
Short Term Disability	TCHHN Disability Team	513-585-4555	email: disability@thechristhospital.com
Long Term Disability	SunLife	866-806-3619	sunlife.com/us
Accident Insurance	SunLife	866-806-3619	sunlife.com/us
Critical Illness Insurance	SunLife	866-806-3619	sunlife.com/us
Hospital Indemnity Insurance	SunLife	866-806-3619	sunlife.com/us
Team member Assistance Program	**LifeMatters**	**Call: 800-634-6433 Text: "Hello" to 61295**	**www.eap.mylifematters.com**
Home, Renters, Auto Insurance	Farmers	800-438-6381	TCHHNhn.benefitsinfo.com
Identity Theft	Norton LifeLock	800-607-9174	norton.com/benefitplans
Legal Assistance Program	LegalShield	888-807-0407	email: membersupport@legalshieldcorp.com
Pet Insurance	Pet Benefit Solutions	800-891-2565	petbenefits.com/land/ thechristhospital
403(b) & 457(b) Retirement	Fidelity	800-343-0860	NetBenefits.com/AtWork

Bi-weekly Full-time and Part-time Rates

Imputed Income

If you cover a **domestic partner** the TCHHN paid portion of your partner's coverage will be reported as imputed income, meaning it is added to your taxable earnings even though you do not receive additional pay.

Diamond Full-Time Medical Rates	TCHHN Exclusive Provider Organization **(EPO)**		United Healthcare's Preferred Provider Organization **(PPO)**		United Healthcare's High Deductible Health Plan **(HDHP)**	
Coverage Type	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**
Team Member Only	$384.23	$61.16	$338.03	$87.37	$363.99	$39.15
Team Member + 1	$707.86	$131.83	$613.71	$188.33	$658.29	$102.97
Team Member + 2 or more	$994.41	$201.44	$854.45	$287.77	$922.07	$162.43

Bronze Full-Time Medical Rates	TCHHN Exclusive Provider Organization **(EPO)**		United Healthcare's Preferred Provider Organization **(PPO)**		United Healthcare's High Deductible Health Plan **(HDHP)**	
Coverage Type	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**
Team Member Only	$313.47	$131.92	$260.90	$164.90	$291.10	$112.04
Team Member + 1	$602.38	$237.31	$505.38	$296.64	$559.74	$201.52
Team Member + 2 or more	$873.17	$322.68	$738.87	$403.35	$818.39	$266.12

Diamond Part-Time Medical Rates	TCHHN Exclusive Provider Organization **(EPO)**		United Healthcare's Preferred Provider Organization **(PPO)**		United Healthcare's High Deductible Health Plan **(HDHP)**	
Coverage Type	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**
Team Member Only	$361.01	$84.38	$304.88	$120.54	$343.69	$59.44
Team Member + 1	$666.20	$173.49	$554.20	$247.84	$619.14	$142.12
Team Member + 2 or more	$934.83	$261.02	$769.33	$372.88	$868.41	$216.08

Bronze Part-Time Medical Rates	TCHHN Exclusive Provider Organization **(EPO)**		United Healthcare's Preferred Provider Organization **(PPO)**		United Healthcare's High Deductible Health Plan **(HDHP)**	
Coverage Type	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**	TCHHN Pays	**You Pay**
Team Member Only	$303.93	$141.46	$223.33	$202.08	$269.31	$133.82
Team Member + 1	$586.77	$252.92	$440.71	$361.31	$517.71	$243.55
Team Member + 2 or more	$849.00	$346.85	$646.72	$495.50	$761.59	$322.92

Full-Time Dental Rates	CORE PLAN		CORE + PLUS HRA PLAN		BUY-UP PLAN		BUY-UP + PLUS HRA PLAN	
Coverage Type	TCHHN Pays	You Pay	Annual TCHHN HRA contributions	You Pay	TCHHN Pays	You Pay	Annual TCHHN HRA contributions	You Pay
Team Member Only	$5.79	$4.74	$150.00	$10.53	$9.57	$7.83	$250.00	$17.39
Team Member + 1	$11.60	$9.49	$275.00	$20.07	$19.14	$15.66	$475.00	$33.93
Team Member + 2 or more	$19.13	$15.65	$450.00	$32.96	$31.57	$25.83	$800.00	$56.60

Part-Time Dental Rates	CORE PLAN		CORE + PLUS HRA PLAN		BUY-UP PLAN		BUY-UP + PLUS HRA PLAN	
Coverage Type	TCHHN Pays	You Pay	Annual TCHHN HRA contributions	You Pay	TCHHN Pays	You Pay	Annual TCHHN HRA contributions	You Pay
Team Member Only	$4.60	$5.94	$100	$9.78	$7.59	$9.80	$200	$17.38
Team Member + 1	$9.20	$11.88	$225	$20.54	$15.19	$19.62	$375	$34.04
Team Member + 2 or more	$15.18	$19.60	$400	$34.78	$25.05	$32.35	$650	$57.35

Full-Time & Part-Time Vision Rates	**Base /Core Plan**	**Buy-Up Plan**
Team Member Only	$4.29	$8.00
Team Member + 1	$8.15	$15.18
Team Member + 2 or More	$11.97	$22.31

This document provides a summary of the employer's benefit program and is not a Summary Plan Description (SPD) or official plan document. Your rights and obligations are defined by the official plan documents, which take precedence in case of conflicts or ambiguities. The employer reserves the right to review, change, or terminate the plan or its benefits at any time, for any reason, without prior notice.