Welcome to Summa Health!

summahealth.org
Don’t Wait Until the Last Day!

Enrollment must be completed within 31 days of your benefit eligibility date, which is the first of the month following your hire/transfer date except for house staff residents; which is their date of hire.

Completing Your Enrollment

**Actions You Must Take**

1. **Read** this guide thoroughly to understand your benefit plan choices and bi-weekly deductions.
2. **Complete & Return** all required forms and documents to Summa Health Employee Benefits within 31 days of your benefit eligibility date, which is the first of the month following your hire/transfer date except for house staff residents; which is their date of hire.
3. **Enroll in benefits ASAP!** Enrollment must be completed within 31 days of your benefit eligibility date.
   - New hires must enroll online. See online enrollment instructions on page 27 of this guide.
   - Transferring employees will be mailed a Packet that includes paper benefit enrollment forms.

**Information You Need to Know**

1. **Your benefit elections/changes** take effect on the first of the month following your hire date/transfer date.
2. **Retro-Active Deductions:** As necessary, Employee Benefits will take retro-active deductions for any benefits for which deductions were missed due to timing of your enrollment.
3. **Enrollment Id Cards:**
   - **Medical Plan:** Allow a minimum of 2-3 weeks; SummaCare will mail your cards directly to your home.
   - **Vision Plan:** An ID card is not necessary to obtain services. Contact VSP at 800.877.7195 for information on VSP providers or visit vsp.com.
   - **Dental Plan:** Allow a minimum of 2-3 weeks; Delta Dental will mail your cards directly to your home.
4. **Plan Year:** Your elections and bi-weekly benefit deduction(s) must remain in effect for the entire Plan Year (January 1 through December 31), unless you notify Employee Benefits within 31 days of a qualifying life status event and submit all required information within the designated timeframe. Otherwise, your next opportunity to make changes will be during the Annual Benefit Enrollment held in November to be effective the following January 1. For examples of a qualifying life status event, see page 32 of this Guide.
5. **If you are a Summa Health Medical Group Physician, House Staff Resident or a member of the union Local 2317 (Barberton Campus), you will need to review the Addendums beginning on page 30 for benefit information unique to you.
6. **Medical Plan:** Dependent eligibility verification documents must be sent upon enrollment, but no later than 31 days of the medical coverage effective date. If documents are not received, dependent coverage will be delayed to the first of the month following receipt of the documents.
7. **Complete and apply for the Resident Outside of the Service Area Request Form should you or a covered dependent reside outside of the 20-county service area on a permanent basis, or your dependent child temporarily reside outside of the area while attending full-time school.

**New Hires & Rehires:**

- Enroll online for your benefits; be certain to have the birthdates and Social Security Numbers for your family members available when you enroll.
- Provide copies of verification documents (see Family Member Eligibility Guidelines on page 4 of this Guide for details) for each family member you wish to enroll on your medical plan; submit the document copies to Employee Benefits with your completed Benefit Enrollment/Change Form.
- Complete the Flexible Spending Account (FSA) Enrollment Form if you wish to participate in either the Health Care or Dependent Care FSA.
- Designate your group term life insurance beneficiary via Securian’s secure website. Securian will mail the instructions via letter directly to eligible employee homes.
- Contact SummaCare’s Customer Service at 330.252.5922 to notify them of your primary care physician (PCP) election.
- If you wish to enroll, change, or cancel your existing UNUM Whole Life, Critical Illness, and/or Group Hospital Indemnity Insurance policy(ies) through Summa Health, please contact Summa Health’s Voluntary Benefits Enrollment Call Center at 888.337.3759 for more information.

**Required Forms and Documents Checklist**

Transferring Employees:
- Complete your Benefit Enrollment/Change Form; include the birthdate and Social Security Number for each family member you wish to enroll on your medical plan; submit the document copies to Employee Benefits with your completed Benefit Enrollment/Change Form.
- Complete the Flexible Spending Account (FSA) Enrollment Form if you wish to participate in either the Health Care or Dependent Care FSA.
- Designate your group term life insurance beneficiary via Securian’s secure website. Securian will mail the instructions via letter directly to eligible employee homes.
- Contact SummaCare’s Customer Service at 330.252.5922 to notify them of your primary care physician (PCP) election.
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**Questions?**

- Visit the Human Resources>>Benefits page on Summa@Work
- Email the Employee Benefits Team at summabenefits@summahealth.org
- Call Employee Benefits at 234.312.6262

**ACT NOW!**

**Return ALL completed documents by scanning and emailing to summabenefits@summahealth.org or interoffice mail to Summa Health Employee Benefits, Corporate Office.**
Family Member Eligibility Guidelines

If you newly add a legal spouse or eligible child to your health insurance coverage, you MUST provide the required documentation as noted below ASAP, but within 31 days of your benefit eligibility date. **If your documents are not received, eligible dependent coverage will not begin until the first of the month following receipt of the verified documents.**

<table>
<thead>
<tr>
<th>Special Note: Covering Your Legal Spouse on Your Medical Plan</th>
<th>• Employed spouses who are eligible for group medical coverage through their own employer are not eligible for Summa Health’s medical coverage. • Spouses who are retired, disabled, unemployed, Summa-employed, self-employed, or employed but not eligible for their employer’s group medical plan are eligible for Summa Health’s medical plan.</th>
</tr>
</thead>
</table>

**Spouse**

**Definition: Your legal spouse**

**Required Verification Documents**

- Copy of page 1 of your most current federal tax return (cross out wage information)
- OR
- Copy of marriage certificate AND one of the following:
  - Current joint bank account statement
  - Current joint credit card statement
  - Joint ownership of residence
  - Sharing of household expenses (current utility bill, etc.)
  - Designation of Power of Attorney
  - Designation of one another as sole executor or beneficiary

**Children – Up to Age 26**

**Definition of eligible child:**

- Natural child or step-child
- Adopted child
- Foster child or child under legal guardianship
- Unmarried child age 26 or older who is mentally or physically handicapped; incapacity and dependency must have started prior to the child reaching the limiting age under the Plan

**Required Verification Documents**

- Birth certificate
- Copy of adoption papers
- Copy of custodial papers or legal guardianship papers
- Proof of child’s incapacity and dependency must be furnished

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**Medical & Prescription Insurance Plan**

Summa Health reserves the right to conduct annual dependent audits to confirm dependent eligibility.

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**To ensure timely coverage of family members:**
Submit copies of the documents to Summa Health Employee Benefits ASAP, but within 31 days of your benefit eligibility date to ensure coverage will take effect as expected for your family member(s). Untimely receipt of document(s) will delay dependent coverage.

Scan and email your documents to summabenefits@summahealth.org OR send through interoffice mail to Summa Health Employee Benefits, Corporate Office.
### NewHealthConnect Schedule of Benefits

**NewHealthConnect Summa Health** is a comprehensive medical and prescription plan offered through SummaCare. The plan includes two levels – or Tiers – of coverage to offer you a broader network of providers. Using a Tier 1 physician or hospital/facility will result in lower out-of-pocket expenses.

- **If your legal spouse is eligible for group health insurance through his/her employer, you may not enroll your spouse on your 2019 NewHealthConnect medical plan.**
- **It is your responsibility to notify Employee Benefits should your spouse’s coverage status change at any time.**

#### Bi-Weekly Pre-Tax Deductions

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$60.50</td>
<td>$72.60</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$135.79</td>
<td>$203.69</td>
</tr>
<tr>
<td>You + 1 or 2 Children</td>
<td>$104.46</td>
<td>$156.69</td>
</tr>
<tr>
<td>You + 3 or More Children</td>
<td>$143.48</td>
<td>$215.22</td>
</tr>
<tr>
<td>You + Spouse + 1 or 2 Children</td>
<td>$165.39</td>
<td>$248.09</td>
</tr>
<tr>
<td>You + Spouse + 3 or More Children</td>
<td>$192.95</td>
<td>$289.43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part-Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You Only</td>
<td>$60.50</td>
<td>$72.60</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$135.79</td>
<td>$203.69</td>
</tr>
<tr>
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<td>You + Spouse + 3 or More Children</td>
<td>$192.95</td>
<td>$289.43</td>
</tr>
</tbody>
</table>

### NewHealthConnect Features and Services

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>$0 co-pay through Cornerstone</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>$200 co-pay per visit for all emergency service providers; co-pay waived if admitted to hospital</td>
<td></td>
</tr>
<tr>
<td><strong>Home Healthcare</strong></td>
<td>$0 co-pay for Summa Health at Home</td>
<td>$20 co-pay</td>
</tr>
</tbody>
</table>
| **Inpatient Hospital & Facility Services including maternity stays** | Applies to deductible  
- Single: $750  
- Family: $1,500 | Applies to deductible  
- Single: $1,500  
- Family: $3,000  
Tier 1 hospitals only; out-of-network coverage for emergency care only  
Tier 2 hospitals only; out-of-network coverage for emergency care only  
Weight loss surgery: co-pay $2,850 at Tier 1 facility only  
Applies to deductible  
- Single: $1,500  
- Family: $3,000 |
| **Inpatient Physician Services** | $0 co-pay | $0 co-pay |
| **Lab, X-Ray, Other Diagnostic** | Lab: $25 co-pay  
X-ray/other diagnostic: $55 co-pay  
High-tech Imaging: $100 co-pay | Lab: $35 co-pay  
X-ray/other diagnostic: $70 co-pay  
High-tech Imaging: $300 co-pay |
| **Out-of-Pocket Maximum for the Calendar Year** | Medical & Pharmacy combined  
- Single: $3,000  
- Family: $6,000 | Medical & Pharmacy combined  
- Single: $6,850  
- Family: $13,700 |
| **Outpatient Surgery** | $225 co-pay per visit | $350 co-pay per visit |
| **Physical & Occupational Therapy** | $15 co-pay per visit | $25 co-pay per visit |
| **Physician (PCP) Office Visits (Diagnostic)** | $0 co-pay per visit  
Includes mental health and substance use office visits | $20 co-pay per visit  
Includes mental health and substance use office visits |
| **Preventive Services** | $0 co-pay | $0 co-pay |

**Preventive services include:**
- Well child care visits
- Immunizations
- Specific women’s preventive services
- Adult preventive visits
- Counseling to prevent illness, disease or other health problems
- Preventive lab work, tests and screenings
### Feature/Service Tier 1 Tier 2

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Facility</td>
<td>$0 co-pay</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$35 co-pay per visit</td>
<td>$65 co-pay per visit</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>$15 co-pay per visit</td>
<td>$25 co-pay per visit</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$60 co-pay per visit at any urgent care center</td>
<td></td>
</tr>
<tr>
<td>Vision Care (medical)</td>
<td>$35 co-pay per visit</td>
<td>$65 co-pay per visit</td>
</tr>
<tr>
<td>Vision Care (routine)</td>
<td>$15 co-pay for routine exam</td>
<td>$25 co-pay for routine exam</td>
</tr>
<tr>
<td>Weight Loss Surgery &amp; Treatment</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>$0 co-pay</td>
<td>$0 co-pay</td>
</tr>
</tbody>
</table>

- **Vision Hardware:** Hardware from any provider, glasses or contacts covered every 24 months. The Plan will reimburse for hardware every 24 months as follows:
  - $25 for frames
  - $50 for trifocals
  - $33 for single lenses
  - $58 for contact lenses
  - $45 for bifocals
  - $65 for contact lenses after cataract surgery

  To obtain your reimbursement, submit a copy of your purchase receipt along with the vision claim form (available on Summa@Work) to the SummaCare Claims Department.

  SummaCare provides hardware discounts through EyeMed Vision Care.

- **Weight Loss Surgery & Treatment:** Weight loss surgery (Tier 1 facility only) $2,850 co-pay.
  - Contact the Bariatric Center about covered procedures and services at 330.375.6590.

- **Women’s Health:** $0 co-pay. Includes: well-women’s visits; preventive tests and screenings; contraceptive methods/devices and sterilization; counseling to prevent illness, disease or other health problems; breastfeeding counseling, support and pump.

### Retail Pharmacy

<table>
<thead>
<tr>
<th>Retail Pharmacy</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute, short-term Rx</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
<td>$150 co-pay per 30 day supply</td>
</tr>
<tr>
<td>Maintenance, long-term Rx</td>
<td>$35</td>
<td>$35</td>
<td>$50</td>
<td>$35 co-pay per 30 day supply</td>
</tr>
</tbody>
</table>

### Mail Order Pharmacy Services

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>All SummaCare Network Pharmacies</td>
<td>$15</td>
<td>$15</td>
<td>$20</td>
</tr>
<tr>
<td>Summa Retail Pharmacies</td>
<td>$35</td>
<td>$35</td>
<td>$50</td>
</tr>
<tr>
<td>Other SummaCare Network Pharmacies</td>
<td>$75</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td>MedImpact Direct</td>
<td>$188</td>
<td>$188</td>
<td>$38</td>
</tr>
</tbody>
</table>

### How to Find Your Prescription Drug Tier

Visit summacare.com and on the main page, click “Find your Drug.” You can search the Commercial Prescription Drug Formulary by clicking through My Employer under “What type of plan are you looking for?”

Note that on occasion your prescription may change from one Tier to another so it is important for you to periodically re-visit SummaCare’s website.

### Mail Order through MedImpact Direct

MedImpact Direct offers custom delivery services for your maintenance medications – the ones you take regularly for chronic or long-term conditions. This option gives you flexible payment options, prescription ordering and where prescriptions are delivered. For more information, or to download a form, visit medimpactdirect.com or call toll-free 855.873.8739.

**Special $0 Co-Pay Items**

Under the Affordable Care Act, certain preventive prescription drugs and over-the-counter recommended items & services are required to be covered without cost when prescribed by a healthcare provider as preventive measures. Examples include:
- Aspirin to prevent cardiovascular disease for adults age 45 and older
- Oral fluoride for children ages 6 months through 5 years
- Generic oral contraceptives

**Reminder!** Whether you choose to fill prescriptions through your pharmacy of choice, Summa Retail Pharmacy, or MedImpact Direct; if the cost of your prescription is lower than your co-payment, you only pay the cost of the prescription.
**NewHealthConnect Hospitals and Facilities**

| Tier 1 | Akron Children’s Hospital  
Akon Children’s Hospital Mahoning Valley  
Mercy Medical Center (Canton)  
Crystal Clinic Orthopedic Center (CCOC)  
Summa Health Wadsworth-Rittman Medical Center |
| --- | --- |
| Tier 2 | Mercy Allen Hospital (Lorain)  
Mercy Regional Hospital (Lorain)  
Mercy Willard Hospital (Huron)  
St. Elizabeth Youngstown Hospital (Mahoning)  
St. Elizabeth Boardman Hospital (Mahoning)  
St. Joseph Warren Hospital (Trumbull) |
| University Hospitals | University Hospitals Ahuja Medical Center  
University Hospitals Case Medical Center  
University Hospitals Conneaut Medical Center  
University Hospitals Elyria Medical Center  
University Hospitals Geauga Medical Center  
University Hospitals Geneva Medical Center  
University Hospitals MacDonald Women’s Hospital  
University Hospitals Parma Medical Center  
University Hospitals Portage Medical Center  
University Hospitals Rainbow Babies & Children’s Hospital  
University Hospitals Regional Hospitals – Bedford Campus  
University Hospitals Regional Hospitals – Richmond Campus  
University Hospitals Seidman Cancer Center  
University Hospitals Samaritan Medical Center (Ashland)  
St. John Medical Center (Westlake) |

**Out-of-Network**

There is no out-of-network except for:
- Urgent care and Emergency care.
- Services which have received prior authorization from SummaCare’s Health Services Management Department.

### NewHealthConnect Primary Care Physicians and Specialists

#### How to Find a Tier 1 or Tier 2 Provider

2. Click "Find Your Doctor" on the main page.

#### Tier 1 Providers

<table>
<thead>
<tr>
<th>Primary Care Physicians (PCP)</th>
<th></th>
</tr>
</thead>
</table>
|  • NewHealth Collaborative  
  • NewHealth Collaborative Affiliates |
|  • Akron Children’s Hospital Physicians  
  • Children’s Choice Pediatrics  
  • Pediatrics of Akron  
  • Pioneer Physicians Network  
  • Sheila Rao, M.D. |

<table>
<thead>
<tr>
<th>Specialists</th>
<th></th>
</tr>
</thead>
</table>
|  • NewHealth Collaborative  
  • NewHealth Collaborative Affiliates |
|  • Akron Children’s Hospital Physicians |

#### Tier 2 Providers

<table>
<thead>
<tr>
<th>Primary Care Physicians (PCP)</th>
<th></th>
</tr>
</thead>
</table>
|  • University Hospital  
  • Mercy Health |

<table>
<thead>
<tr>
<th>Specialists</th>
<th></th>
</tr>
</thead>
</table>
|  • University Hospital  
  • Mercy Health |
|  • Other specialists in the Summa Health Network |

#### Out-of-Network

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• None</td>
</tr>
<tr>
<td>• None</td>
</tr>
</tbody>
</table>

### Employee or Dependent with a Residence Outside the Health Plan Network Area

If you or your covered dependent(s) reside outside of the 20-county network service area on a permanent or temporary basis or temporary basis while attending school full-time, coverage may be provided under the NewHealthConnect Summa Health medical plan for 2019.

If you apply, and are approved, for this exception, covered services are provided at the in-network Tier 2 coverage level if an approved network is utilized. The three (3) approved networks are PHCS Healthy Directions, Multiplan or Ohio PPO Connect. Note: The employee and/or dependent residing outside the service area may opt to come into the Tier 1 network at any time to receive the Tier 1 benefit level.

#### How to Find a Tier 2 Provider for Employees or Dependents Outside the Service Area

2. Click “Find Your Doctor” on the main page.
3. Under “What are you looking for?” choose “Through My Employer,” then “Providers Outside the Service Area”.
4. Coverage is provided under the NewHealthConnect Summa Health medical plan for 2019 if you or your dependent(s) reside outside of the 20-county network service area on a permanent basis, or 2) temporarily reside outside of the service area while attending school on a full-time basis.

**Note:**

SummaCare’s website reflects the current status of a network provider. A periodic review of your medical providers is recommended to confirm their continued active status and Tier level. Find the most up-to-date provider information at summacare.com or call SummaCare’s Customer Service at 330.252.5922 or 1.800.753.8429.

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**Summa Health’s 2019 Wellness Works Program**

Connect with others, participate in fun activities and feel the energy!

The Program will focus on forming wellness teams and educating employees about the healthy advantages of participating in certain wellness programs to foster a culture of wellness!

Go to the Wellness Works page on Summa@Work or call 330.375.7385 to learn more about 2019 challenges and initiatives.

It is your responsibility to notify Employee Benefits of a change in residency status for you and/or your applicable family member(s) during the year.

**New Employee Enrollment Guide**
Dental Plans

Delta Dental of Ohio is the largest dental carrier in the dental insurance market. Choose from the Delta Dental Standard Plan or Delta Dental High Plan. Both Plans offer you access to the most extensive network of dentists in the nation through the Delta Dental PPO Network and the Delta Dental Premier Network. Select a dentist from either network; Delta Dental PPO Network providers offer lower out-of-pocket expenses and deeper discounted services.

For more information visit Delta Dental’s website at deltadentaloh.com/summahhealth to search for a network dentist or contact Delta Dental at 800.524.0149.

Full-Time & Part-Time Bi-Weekly Pre-Tax Deductions

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>Delta Dental Standard</th>
<th>Delta Dental High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage by Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Major</td>
<td>30%</td>
<td>60%</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 / $150 – Does not apply to Preventive &amp; Diagnostic or Orthodontic coverage</td>
<td>$50 / $150 – Does not apply to Preventive &amp; Diagnostic or Orthodontic coverage</td>
</tr>
<tr>
<td>Orthodontics: Child</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics: Adult</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Lifetime Orthodontics Maximum</td>
<td>$500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Orthodontics Age Limit</td>
<td>20 for dependent child</td>
<td>20 for dependent child</td>
</tr>
<tr>
<td>Out-of-Network Reimbursement</td>
<td>Claim payments will be based on Delta Dental’s heavily discounted PPO fee schedule regardless of the provider used. You may be responsible for additional charges if you use a Premier or out-of-network provider.</td>
<td>Claim payments will be based on the respective fee schedule depending on the contracting status of the provider. You may be responsible for additional charges if you use an out-of-network provider.</td>
</tr>
</tbody>
</table>

We do dental. Better.
**Feature/Service Delta Dental Standard**

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Delta Dental High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Preventive</td>
</tr>
<tr>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>Brush Biopsy</td>
<td>Preventive</td>
</tr>
<tr>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>X-Rays</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Diagnostic</td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td>Preventive</td>
</tr>
<tr>
<td>Preventive</td>
<td></td>
</tr>
<tr>
<td>Endodontics – root canal</td>
<td>Basic</td>
</tr>
<tr>
<td>Basic</td>
<td></td>
</tr>
<tr>
<td>Periodontics – to treat gum disease</td>
<td>Basic</td>
</tr>
<tr>
<td>Basic</td>
<td></td>
</tr>
<tr>
<td>Periodontal Surgery</td>
<td>Basic</td>
</tr>
<tr>
<td>Basic</td>
<td></td>
</tr>
<tr>
<td>Removal of Bony Impactions</td>
<td>Major</td>
</tr>
<tr>
<td>Major</td>
<td></td>
</tr>
<tr>
<td>Silver Fillings</td>
<td>Basic</td>
</tr>
<tr>
<td>Basic</td>
<td></td>
</tr>
</tbody>
</table>

**Value Added Features**

<table>
<thead>
<tr>
<th>White Fillings</th>
<th>Optional Treatment (posterior teeth only)</th>
<th>White fillings are covered for anterior and/or posterior teeth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-Based Dentistry</td>
<td>Members with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. Member should speak with his/her dentist about treatment.</td>
<td>Members with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. Member should speak with his/her dentist about treatment.</td>
</tr>
<tr>
<td>Implant Coverage</td>
<td>Not covered</td>
<td>Covered – once per tooth in any eight-year period.</td>
</tr>
</tbody>
</table>

**Vision Plan**

VSP, a vision insurance plan, is a national provider of eye-care coverage through participating VSP doctors and out-of-network providers.

Visit VSP’s website at vsp.com to search for a network provider (select “Signature” in the drop-down Doctor Network search field) or call 800.877.7195 for more information.

**Full-Time & Part-Time Bi-Weekly Pre-Tax Deductions**

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>VSP Doctor (In-Network)</th>
<th>Non-VSP Doctor (Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (once every 12 months)</td>
<td>$10 co-pay</td>
<td>$50 maximum after $10 co-pay</td>
</tr>
<tr>
<td>Lenses includes polycarbonate for children (once every 12 months; in lieu of contact lenses)</td>
<td>Single vision $10 co-pay</td>
<td>Single vision $50 maximum after $10 co-pay</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 co-pay</td>
<td>Bifocal $75 maximum after $10 co-pay</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 co-pay</td>
<td>Trifocal $100 maximum after $10 co-pay</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 co-pay</td>
<td>Lenticular $125 maximum after $10 co-pay</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>$10 co-pay</td>
<td>Medically necessary $210 maximum after $10 co-pay</td>
</tr>
<tr>
<td>Elective</td>
<td>$140 maximum</td>
<td>Elective $105 maximum</td>
</tr>
</tbody>
</table>

- $150 retail allowance after $10 co-pay
- 20% off any amount above the retail allowance
- Maximize your benefits with an extra $50 to spend, on top of your $150 allowance, on any frame from a wide selection of featured frame brands. Simply select a featured frame brand in any VSP doctor’s office and the $50 will automatically be applied to your purchase.

**VSP, a vision insurance plan, is a national provider of eye-care coverage through participating VSP doctors and out-of-network providers.**

**Visit VSP’s website at vsp.com to search for a network provider (select “Signature” in the drop-down Doctor Network search field) or call 800.877.7195 for more information.**

**Full-Time & Part-Time Bi-Weekly Pre-Tax Deductions**

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Group Insurance Plans

Disability Plans

Summa Health is proud to provide eligible full-time employees with Short-Term and Long-Term Disability Plans. These plans are automatically provided; no enrollment is required.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Short-Term Disability (STD)</th>
<th>Long-Term Disability (LTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed to provide financial security for you and your family in the event you are unable to work due to a non-occupational short-term illness or injury.</td>
<td>Designed to provide financial security for you and your family in the event you suffer from a long-term disability due to a non-occupational illness or injury and you are determined to be &quot;disabled&quot; under the provisions of the Plan.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Full-time employees after successful completion of 90 days of continuous full-time employment.</th>
<th>Full-time employees after successful completion of the plan's eligible waiting period for coverage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Coverage</td>
<td>STD coverage is a self-insured and self-administered plan provided by Summa Health at no cost to you.</td>
<td>LTD coverage is a fully-insured plan provided by Summa Health at no cost to you.</td>
</tr>
<tr>
<td>Coverage Period</td>
<td>Approved benefits begin on the eighth (8th) day of the illness or injury and continue for up to 25 weeks or until you return to work, whichever is sooner.</td>
<td>Benefits pick up where STD left off beginning after you have been out of work for 180 days up to age 65, under the terms of the Plan. Note: There is a 90-day (vs. 180-day) elimination period for Management-level employees.</td>
</tr>
<tr>
<td>Benefit Amount</td>
<td>Benefits are paid equal to 60% of your regular weekly earnings. Note: If you are a Director, Vice President, Executive or Physician, your benefit equals 100% of your regular weekly earnings up to a maximum period of 90 days or until you return to work, whichever is sooner.</td>
<td>Benefits are paid up to 60% of your monthly earnings to a maximum of $5,000 per month. Note: The monthly maximum benefit may vary based on job classification.</td>
</tr>
</tbody>
</table>

Group Term Life Insurance

Securian Life Insurance Company offers an affordable way to provide financial protection for your loved ones during your working years. Life insurance is simply a way of ensuring your loved ones are taken care of financially should you pass away. You can help safeguard your family if you unexpectedly leave them behind.

Visit Securian’s LifeBenefits website to find many resources to help you understand your personal life insurance needs and determine the right coverage for you and your family. Connect with LifeBenefits at: //LifeBenefits.com/plan/design/SummaHealth.

Common life insurance terms you should be familiar with:

**Accelerated Death Benefit:** If an insured person becomes terminally ill with a life expectancy of 12 months or less, the insured may request early payment of up to 100% of the life insurance amount.

**AD&D:** AD&D is an abbreviation for Accidental Death & Dismemberment. Generally, AD&D pays benefits for an accidental death and the loss of limbs, fingers, toes, sight and permanent paralysis.

Your Summa-provided Basic life policy, as well as any Supplemental life you may purchase, includes AD&D coverage.

**Age Reduction:** At age 65, life insurance starts reducing in face amount by certain percentages. Your life insurance (Basic, Supplemental and Dependent Life) will reduce to 67% of the amount of life insurance in force at age 65, and at age 70, it will reduce again to 45% of the amount of the life insurance in force prior to your first reduction. Contact your designated Employee Benefit Specialist at 234.312.5082 for details.

**Dependent Group Term Life:** Dependent Group Term life offers you peace of mind knowing you'll have financial help if your spouse or a dependent child dies. Employees can purchase Spouse Dependent Life, Child Dependent Life or both.

EOI (Evidence of Insurability): EOI, also known as proof of good health, is the documentation of the employee or spouse’s health in order to be approved for certain levels of coverage.

If EOI is necessary, an applicant must confirm his or her physical fitness in writing through Securian’s online EOI application process. If you have chosen an option that requires EOI, you will be notified by Securian in the mail.

**Group Term Life:** Group term life is a type of life insurance offered to a group by an employer. In most cases, the cost of group coverage is less than individual coverage. If the insured dies during the policy term, the named beneficiary receives the payable death benefit. Group term life builds no cash value and ends when you lose eligibility through your termination/retirement or transfer to a benefit ineligible position.

**Imputed Income:** Employer-provided group term life insurance in excess of $50,000 is considered by the Internal Revenue Service (IRS) to be a benefit that is taxable as income. Summa Health is required to calculate taxable income to be reported on the employee’s W-2. The amount in excess of $50,000 is called imputed income.

**Portability and Conversion:** Summa Health’s Basic Life, Supplemental Life, and Spouse Dependent Life include portability and conversion provisions. Should you lose coverage due to termination, retirement or other circumstances, Securian will notify you of your options to port or convert some, or all, of your group term life insurance.

**Special Notice:** If you and your legal spouse both work for Summa Health and are both eligible for Group Basic Term Life Insurance, you cannot enroll your spouse for Dependent Life. Further, if you and your legal spouse both work at Summa Health and are both eligible for dependent life insurance, only one of you may enroll with Child Life Insurance for your eligible children.

**Supplemental:** Supplemental life can provide additional financial protection for your family. Employees may purchase additional, or Supplemental Life and AD&D insurance to complement their Basic Summa-provided policy.

Supplemental rates are based on your age and will change as your age advances.

**Waiver of Premium:** If you become totally disabled according to the terms of your policy, life insurance premiums may be waived.
Dependent Life

Dependent Life Insurance provides a benefit payment in the event of the death of a spouse or child. Full-time and part-time benefit eligible employees may elect participation; paid fully by the employee at favorable group rates on a post-tax basis. Eligible dependent children include the following:

Who is eligible to be covered?

- Your legal spouse
- Your natural, step, adopted or foster children who depend on you for support and maintenance
- A child that resides with you on a permanent basis for whom you are the legal guardian
- Your child from live birth up to age 26

What Spouse and Child Dependent Life options are available to me?

The options and per-pay (after-tax) deductions are shown below:

Full-time employees, a benefit would be paid equal to:

- Summa Health Executives & Senior Leadership Team Employees: 2 times your base salary to $1,000,000
- Summa Health Vice President Employees: 2 times your base salary to $750,000
- Summa Health Director Employees: 1 times your base salary to $400,000
- Summa Health Management and Physician Employees: 1 times your base salary to $300,000
- Summa Health Non-management: 1 times your base salary up to $50,000
- Summa Health System – Barberton Campus Union Employees: $12,000

Part-time employees, a benefit would be paid equal to $15,000.

Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

Full-time and part-time employees may choose from the amounts below:

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Per-pay Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$0.78</td>
</tr>
<tr>
<td>$25,000</td>
<td>$2.58</td>
</tr>
<tr>
<td>$50,000</td>
<td>$5.16</td>
</tr>
<tr>
<td>$100,000*</td>
<td>$10.33</td>
</tr>
<tr>
<td>Child Coverage Amount</td>
<td>Per-pay Deduction</td>
</tr>
<tr>
<td>$10,000</td>
<td>$0.46</td>
</tr>
<tr>
<td>$25,000</td>
<td>$1.15</td>
</tr>
</tbody>
</table>

*EOI required

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

Benefit-eligible part-time and full-time employees are provided with Basic Life and AD&D coverage at no cost. In the event of your death, your named beneficiaries will receive a payable benefit.

2019 Supplemental Life and AD&D Chart

Supplemental Life and AD&D insurance is available in the amounts shown below. Deductions are taken per-pay on an after-tax basis.

As your age increases over time, you automatically move into the new age bracket with its new cost per pay deductions as follows: If your age increases on a January 1 birth date, the new cost per pay deduction will increase in the same year. If your age increases on January 2, and thereafter, the new cost per pay deduction will increase the following year.

For coverage amounts and associated per-pay deductions for age 65 and over, contact our dedicated life insurance specialist at 234.312.5082.

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Under Age 25</th>
<th>Age 25 – 29</th>
<th>Age 30 – 34</th>
<th>Age 35 – 39</th>
<th>Age 40 – 44</th>
<th>Age 45 – 49</th>
<th>Age 50 – 54</th>
<th>Age 55 – 59</th>
<th>Age 60 – 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000</td>
<td>$0.21</td>
<td>$0.23</td>
<td>$0.27</td>
<td>$0.30</td>
<td>$0.33</td>
<td>$0.47</td>
<td>$0.80</td>
<td>$1.53</td>
<td>$1.66</td>
</tr>
<tr>
<td>$25,000</td>
<td>$0.53</td>
<td>$0.58</td>
<td>$0.68</td>
<td>$0.75</td>
<td>$0.83</td>
<td>$1.18</td>
<td>$2.00</td>
<td>$3.83</td>
<td>$4.15</td>
</tr>
<tr>
<td>$50,000</td>
<td>$1.05</td>
<td>$1.15</td>
<td>$1.35</td>
<td>$1.50</td>
<td>$1.65</td>
<td>$2.35</td>
<td>$4.00</td>
<td>$7.65</td>
<td>$8.30</td>
</tr>
<tr>
<td>$75,000</td>
<td>$1.58</td>
<td>$1.73</td>
<td>$2.03</td>
<td>$2.25</td>
<td>$2.48</td>
<td>$3.53</td>
<td>$6.00</td>
<td>$11.48</td>
<td>$12.45</td>
</tr>
<tr>
<td>$100,000</td>
<td>$2.10</td>
<td>$2.30</td>
<td>$2.70</td>
<td>$3.00</td>
<td>$3.30</td>
<td>$4.70</td>
<td>$8.00</td>
<td>$15.30</td>
<td>$16.60</td>
</tr>
<tr>
<td>$150,000</td>
<td>$3.15</td>
<td>$3.45</td>
<td>$4.05</td>
<td>$4.50</td>
<td>$4.95</td>
<td>$7.05</td>
<td>$12.00</td>
<td>$22.95</td>
<td>$24.90</td>
</tr>
<tr>
<td>$200,000</td>
<td>$4.20</td>
<td>$4.60</td>
<td>$5.40</td>
<td>$6.00</td>
<td>$6.60</td>
<td>$9.40</td>
<td>$16.00</td>
<td>$30.60</td>
<td>$33.20</td>
</tr>
<tr>
<td>$250,000</td>
<td>$5.25</td>
<td>$5.75</td>
<td>$6.75</td>
<td>$7.50</td>
<td>$8.25</td>
<td>$11.75</td>
<td>$20.00</td>
<td>$38.25</td>
<td>$41.50</td>
</tr>
<tr>
<td>$300,000</td>
<td>$6.30</td>
<td>$6.90</td>
<td>$8.10</td>
<td>$9.00</td>
<td>$9.90</td>
<td>$14.10</td>
<td>$24.00</td>
<td>$45.90</td>
<td>$49.80</td>
</tr>
<tr>
<td>$350,000</td>
<td>$7.35</td>
<td>$8.05</td>
<td>$9.45</td>
<td>$10.50</td>
<td>$11.55</td>
<td>$16.45</td>
<td>$28.00</td>
<td>$53.55</td>
<td>$58.10</td>
</tr>
<tr>
<td>$400,000</td>
<td>$8.40</td>
<td>$9.20</td>
<td>$10.80</td>
<td>$12.00</td>
<td>$13.20</td>
<td>$18.80</td>
<td>$32.00</td>
<td>$61.20</td>
<td>$66.40</td>
</tr>
<tr>
<td>$450,000</td>
<td>$9.45</td>
<td>$10.35</td>
<td>$12.15</td>
<td>$13.50</td>
<td>$14.85</td>
<td>$21.15</td>
<td>$36.00</td>
<td>$68.85</td>
<td>$74.70</td>
</tr>
<tr>
<td>$500,000</td>
<td>$10.50</td>
<td>$11.50</td>
<td>$13.50</td>
<td>$15.00</td>
<td>$16.50</td>
<td>$23.50</td>
<td>$40.00</td>
<td>$76.50</td>
<td>$83.00</td>
</tr>
</tbody>
</table>

Life Insurance at Age 65 and Age 70

At age 65, your life insurance (Basic, AD&D, Supplemental and Dependent Life) will reduce to 67% of the amount of life insurance in force prior to age 65. At age 70, your life insurance coverage will reduce to 45% of the amount of life insurance in force prior to your first reduction.

After age 65, there can be no further increases in your life insurance coverage; however, to decrease your amount of coverage during annual enrollment, contact the designated Employee Benefits representative at 234.312.5082.
Voluntary Benefits

Hospital Indemnity Insurance
Unum’s Group Hospital Indemnity Insurance is an added layer of financial protection when you – or covered family members – experience the cost of a hospitalization for a covered accident or illness.

Hospital Indemnity Insurance can complement your health insurance to help you pay for the cost of a hospital stay and could be used to help you pay for out-of-pocket expenses such as co-pays and deductibles. You do not need to be enrolled in Summa Health’s NewHealthConnect medical plan to enroll for Hospital Indemnity Insurance!

What’s included?
• $1,000 for each covered hospital admission – once per calendar year, per insured
• $100 for each day of a covered hospital stay, up to 15 days, once per calendar year, up to a maximum of $1,500.
• The money is paid directly to you – not to a hospital or care provider

Who can get coverage?
Eligible covered family members include:
• You (if you are actively working)
• Your legal spouse (ages 17 – 64)
• Your children (until their 26th birthday, regardless of marital or student status)

What is my cost for coverage?
Hospital Indemnity Insurance can be elected at the following coverage levels and per-pay (after-tax) deductions.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Per-Pay Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee &amp; Spouse</td>
<td>$11.92</td>
</tr>
<tr>
<td>Employee &amp; Children</td>
<td>$15.51</td>
</tr>
<tr>
<td>Employee, Spouse &amp; Children</td>
<td>$26.90</td>
</tr>
</tbody>
</table>

Critical Illness Insurance
A critical illness can impact your family at any time. Unum’s Critical Illness Insurance is designed to help pay for the costs associated with the initial occurrence of a heart attack, stroke or other covered serious illness as defined in the policy.

What benefit will I receive through Critical Illness Insurance?
You are paid a lump sum to help manage your expenses so you can focus on your recovery. In addition to any other insurance you may have, it can be used to help pay for related, but unplanned, expenses such as:

- Deductibles
- Co-pays
- Hospital bills
- Prescription costs
- Child care
- House sitting for the family pet
- Credit card payments
- Car payments
- Travel to an out-of-town hospital or treatment facility

What benefit amounts are available?
You choose your benefit amount from the following. Note that all amounts are guaranteed issue which means that no health questions are asked in order for you to obtain coverage:

<table>
<thead>
<tr>
<th>Benefit Amounts</th>
<th>Available Benefit Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee &amp; Legal Spouse</td>
<td>$5,000 – $30,000* in $1,000 increments</td>
</tr>
<tr>
<td>Dependent Children</td>
<td>25% of the employee benefit</td>
</tr>
</tbody>
</table>

*Maximum Allowable Benefit

Your dependent children are automatically covered at 25% of your elected benefit amount at no additional charge!

What health conditions are covered?
Depending on the benefit amounts you select, your Critical Illness policy would pay a lump sum benefit – a percent of the amount payable – upon the initial occurrence after the policy effective date for the following conditions.

For more information, call Summa Health’s Voluntary Benefits Call Center at 888.317.3759.
Coverage is available to eligible employees who retire or leave your employer as you own the policy. The premium amount chosen, at age issue, and tobacco usage. If you leave your employer, your spouse can keep their own policy.

What policies are available for children?
There are two life coverage options available for your children. You may purchase an individual Whole Life policy, a Child Term Life benefit or both. Individual Child Whole Life coverage can be purchased without purchasing employee or spouse coverage. Each policy covers one child or grandchild. Coverage is available up to $50,000; benefit amounts are based on issue age and premium selected. Your children can keep the policy, even if you leave your employers. Child Term Life Benefit – You must purchase coverage for yourself to add the Child Term Life benefit. Each policy covers all eligible children. Coverage is available from $1,000 to $10,000 and ends when your policy ends or when the last child turns 25. Coverage will be canceled if employee coverage is canceled.

Are there additional features offered?
Additional coverage options included at no extra charge in your Whole Life policy:
- Living Benefit Option Rider – You can request up to 100% of the death benefit amount (to a maximum of $150,000) if you are diagnosed with a medical condition that would be paid to your beneficiaries when you die.
- Long Term Care Rider – Allows you to use the death benefit to pay for long-term care.

What policy premium payment options are available?
You have two different payment choices available to you. When you speak with a Call Center representative, your choices will be explained to you in full.

Other important facts:
*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

Visit NetBenefits.com/Easy or call Fidelity at 800.343.0860 for more information.
Flexible Spending Accounts (FSA)

A Great Way to Save!
A FSA is a type of benefit account that allows you to set aside pre-tax dollars from your paycheck to help pay for eligible out-of-pocket healthcare and dependent care expenses.

Summa Health offers two types of FSA plans:

- **Health Care FSA (HCFSA)**
  Use your FSA monies to pay for co-pays, dental and vision expenses, and deductibles (for example) not otherwise paid under your medical, dental or vision plans.

- **Dependent Care FSA (DCFSA)**
  Use your FSA monies to pay for child daycare expenses for children under age 13 or a tax-eligible dependent that can’t care for him or herself.

Considerations when choosing whether to enroll in an FSA:

- Do you anticipate having out-of-pocket expenses, such as co-pays, dental or vision expenses not paid by your plan?
- Do you currently pay daycare expenses for your children?
- If considering the DCFSA, have you consulted with your Financial Advisor to determine if it is best for your tax situation?
- If enrolling in an FSA, use the contribution calculator at spendingaccounts.info to help determine the appropriate contribution rate/amount to minimize having leftover balances that may be forfeited at the end of the year.

### Plan Feature

<table>
<thead>
<tr>
<th>Health Care FSA (HCFSA)</th>
<th>Dependent Care FSA (DCFSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How It Can Help You</strong></td>
<td>This voluntary benefit is a great way to save on income taxes while you budget for and help offset medical expenses that are not paid by your regular insurance for you and your eligible dependents.</td>
</tr>
</tbody>
</table>
| **How Much You Can Contribute**| For DAY CARE expenses for your children while you work; NOT for dependent medical expenses. To qualify:
  - You and your spouse must work or attend school full-time AND
  - Your child must be under 13 or a tax-eligible dependent that can’t care for him or herself. |
  - Each plan year, you decide how much money you want to set aside for your qualifying out-of-pocket HCFSA expenses through regular bi-weekly pre-tax payroll deductions.
  - The maximum amount you may contribute to the account is based upon IRS-defined limits. For 2019, you may contribute up to a maximum of $2,650 per year per employee.

### Important Deadlines

- **Eligible expenses for 2019 must be incurred by December 31, 2019.**
- **You have until March 31, 2020 (2019 claim run-out period), to file your 2019 claims, as long as you are an active participant as of December 31, 2019.**
- **If your plan coverage terminates prior to December 31, 2019, you have 60 days from the plan termination date to remit your eligible claims for reimbursement.**

### Reimbursement Process

- **During the year, you can use your HCFSA debit card or be reimbursed directly from your HCFSA with tax-free dollars for qualified medical services that are not covered by insurance.**
- **You have access to the full amount you initially elected to contribute for the year, less any paid claims.**

### Examples of Eligible Expenses

- Medical, dental and vision deductibles, co-pays and coinsurance
- Contacts, glasses, frames, laser eye surgery
- Hearing exams
- Chiropractic care
- Orthodontia (braces and retainers)
- Prescription drugs (for non-cosmetic use)

For a complete list of expenses that are eligible for FSA reimbursement, refer to: spendingaccounts.info or call 877.924.3967.

### Important Deadlines

- **During the year, you can be reimbursed directly from your DCFSA with tax-free dollars for qualified dependent care expenses.**
- **Provider’s Social Security number (or taxpayer ID) and receipt may be required.**
- **You will be reimbursed for eligible claims incurred and only up to the amount currently in your account.**

- **Eligible expenses for 2019 must be incurred by December 31, 2019.**
- **You have until March 31, 2020 (2019 claim run-out period), to file your eligible 2019 claims, as long as you are an active participant as of December 31, 2019.**
- **If your plan coverage terminates prior to December 31, 2019, you have 60 days from the plan termination date to remit your eligible claims for reimbursement.**

### Remaining Balance at End of Year

- **Up to $500 of any remaining balance as of December 31, 2019, can be rolled over for use in 2020.**

### Learn More

- **To estimate your expenses and contributions or to learn more about FSAs, visit: wageworks.com or call WageWorks at 877.924.3967.**
- **Visit Wage Work’s website or call 877.924.3967 for more information.**

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**Wageworks**

Visit Wage Work’s website or call 877.924.3967 for more information.
Paid Time Off (PTO) Program

Summa Health recognizes the need for employees to have reasonable amounts of time away from work for personal or family illness, child or elder care issues, vacations, national holidays and personal business. Refer to the PTO schedule below for details. Refer to the PTO schedule below for details or visit Human Resources>>Benefits>>Paid Time Off (PTO) on Summa@Work for more information.

Paid Time Off (PTO) Program

<table>
<thead>
<tr>
<th>PTO Plan – Non-Professional</th>
<th>PTO Plan – Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Service</td>
<td>PTO Factor</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------</td>
</tr>
<tr>
<td>0 &lt; 5</td>
<td>.0808</td>
</tr>
<tr>
<td>5 &lt; 15</td>
<td>.1000</td>
</tr>
<tr>
<td>15 &lt; 20</td>
<td>.1192</td>
</tr>
<tr>
<td>20 +</td>
<td>.1385</td>
</tr>
</tbody>
</table>

Note: Your PTO is aligned with your current position & subject to change if your position changes.

Employee Support Services

Bereavement Leave
As a full-time employee, you may be granted Bereavement Leave to attend the funeral and/or complete family business in the event of the death of an immediate family member. Bereavement Leave may be paid up to a maximum of 24 hours.

Jury Duty Pay
If you are summoned for jury duty, you will be paid for such jury service at your hourly rate, for hours scheduled to work.

Additional Employee Support Services

- Employee Purchase Program through Purchasing Power
- Payroll Direct Deposit
- Ohio HealthCare Federal Credit Union
- Center for Corporate Health/Employee Health Services
- Tobacco-Free Initiative
- Employee activities and discount programs
- Service Awards
- Diversity Advisory Council
- Educational Assistance
- Auto & Home Discounts through Liberty Mutual
- KinderCare discount for child day care

Enrollment Information
As you begin, here are some important things to know.

Are You Ready to Enroll?
You must first activate your Lawson password and create a unique password by contacting Computer Support at 234.312.2222.

Important Items to Remember When You Enroll:

Eligible Family Members
You must first create a record for each family member before you can add him/her to your medical, dental or vision plan(s). This is the first screen you will see when you begin enrollment. Review the Family Member Eligibility Guidelines on page 4 to make sure your family member meets the definition of eligible. When you have finished creating records for your family member(s), select Continue.

Enrollment Order
The system displays the list of each benefit plan for which you are eligible. Select Continue to move forward through the enrollment screens.

Note: Near the end of the enrollment process, the system will display a final summary of your chosen selections and associated costs.

Saving Your Elections
On the final enrollment screen, you will be prompted to select the Save My Elections button. Before you do so, make certain you have selected everything you want and that you have enrolled/attached the correct family member(s) to your medical, dental, and/or vision plan.

When you select Save My Elections, your information is finalized and forwarded to Employee Benefits for final review and processing. Your information will be lost unless you select “Save My Elections”.

Contact Summa Health Employee Benefits at 234.312.6262 if you discover a discrepancy. After you have finalized your information, if you wish to make a change during your enrollment window, you must contact Employee Benefits.

Don’t forget to print and/or email your personal Confirmation Statement when prompted.

Other Actions You May Need to Take to Complete the Enrollment Process
- Medical Coverage: Employees may choose to enroll in the NewHealthConnect plan for eligible children. A spouse may be covered if he/she is ineligible for group medical through his/her own employer.
- Medical Coverage: Family members can only be covered on your NewHealthConnect medical plan if you provide copies of eligibility documents such as a birth certificate, marriage license, joint bank account, etc. See page 4 of this guide for the list of acceptable documents; claims will be pended until required eligibility documents are provided to Employee Benefits.
Newly Hired Employees Enrolling Online
• You have two ways to enroll for benefits – from a work computer or from your home computer.
• You can enroll for your new hire benefits as early as your date of hire/rehire

Helpful Hints
As you move through the enrollment screens, you will see action buttons Add, Continue, Previous and Exit.

Add – Select Add to save chosen selections and to add a family member record
Continue – Select Continue to move forward to the next screen
Previous – Select Previous to move back to the previous screen
Exit – Only use Exit if you wish to stop and exit the online system without saving your chosen selections

NOTE: Use a web browser such as Google Chrome, Mozilla Firefox or Safari. If you are not certain which browsers are supported for Lawson online enrollment, contact Computer Support at 234.312.2222.

1 Enrollment Begins

From a Work Computer
• Open Summa@Work and on the main page, click on Lawson in the Popular Links section on the right of the page.
• You will be directed to the Lawson Sign In page.

From Your Home Computer
• Open an internet web browser and type in the website address: summahealth.org/employeeremote
• When the webpage opens, click Lawson – Employee Self Service under Employee Remote.
• You will be directed to the Lawson Sign In page.

2 The Lawson Sign In Page

On the Sign In screen, click on sso.summahealth.org. You may not always see this box depending on your internet settings. (Figure 1).

On the Login screen, enter your Lawson User Name and Password. If you do not know your user name or password, please call the Computer Support Desk at 234.312.2222 for assistance. (Figure 2)

Click Sign In to enter the Lawson system.

Reset/Update Password: Enter your User Name and your default (old) Password. Then type in your new Password of at least 8 characters in the “New Password” and the “Confirm new password” fields. Confirm by clicking Submit. (Figure 3)

Once you hit Submit, the screen refreshes and you will be taken back to the Login screen where you will enter your User Name and your newly created Password.

3 Entering Lawson Self-Service

From a Work or Home Computer
• Welcome to Lawson Employee Self-Service.
• Enroll for your new hire benefits by selecting New Hire Benefit Enrollment.

You can now begin your enrollment! Make certain you select Save My Elections when prompted. Print and Email your personal Confirmation Statement when prompted, it is your proof of enrollment.
Benefit Addendums

Summa Health Medical Group – Physicians Addendum to the New Employee Enrollment Guide

The following summary represents benefits unique to Summa Health Medical Group physicians. Please refer to your Employment Agreement for additional detail.

Basic Life and Accidental Death & Dismemberment (AD&D)
- Full-time physicians receive Group Term Basic Life/AD&D coverage at one times annual base salary, fully paid by Summa Health, to a maximum of $300,000.
- Part-time physicians receive Group Term Basic Life/AD&D coverage, fully paid by Summa Health, in the amount of $15,000.

Short-term Disability (STD)
STD is available to physician employees who take a medical leave of absence for their own serious health condition that has been approved through Summa Health’s Absence Management department. Upon approval, physicians will be paid STD at 100% for a period not to exceed ninety (90) days. Approved benefits begin on the eight (8th) day of an illness or injury and continue for up to 90 days or until they are determined to be “disabled” under the provisions of the Plan. The LTD coverage, which is fully paid by Summa Health, will provide you a benefit of 60% of your earnings up to a maximum of $12,500 per month for the period of time which you continue to be disabled until you reach the later of your Social Security Normal Retirement Age or the Maximum Benefit Period, in accordance with policy provisions.

Long-term Disability (LTD)
If you are a full-time physician employee, Long-term Disability (LTD) coverage is designed to provide financial security for you and your family in the event that you suffer from a disability lasting longer than 90 days.

Approved benefits begin after you have been out of work for 90 days due to a non-occupational illness or injury and you are determined to be “disabled” under the provisions of the Long Term Disability (LTD) Plan. The LTD coverage, which is fully paid by Summa Health, will provide you a benefit of 60% of your earnings up to a maximum of $12,500 per month for the period of time which you continue to be disabled until you reach the later of your Social Security Normal Retirement Age or the Maximum Benefit Period, in accordance with policy provisions.

SummaMatch 403(b)
After one year of service, physician employees of Summa Health Medical Group receive a match of 50% on the first 6% of each pay they contribute during that year.

Summa Health 457(b)
Employees who are classified as a Vice President or above or a Physician with salaries greater than $200,000 are eligible for the Summa Health 457(b) plan.

Paid Time Off (PTO)
Refer to your Employment Agreement for details.

Plan Eligibility Dates
House staff resident’s benefits are effective immediately upon hire.

Paid Time Off (PTO)
Refer to the Graduate Medical Education Policies and Procedures manual found on the Medical Education onboarding site for details regarding paid time off.

Summa House Staff Residents – Addendum to the New Employee Enrollment Guide

The following summary represents benefits unique to Summa House Staff Residents. Please refer to the 2017-2018 Graduate Medical Education Policies and Procedures Manual for additional detail.

Plan Eligibility Dates
House staff resident’s benefits are effective immediately upon hire.

Paid Time Off (PTO)
Refer to the Graduate Medical Education Policies and Procedures manual found on the Medical Education onboarding site for details regarding paid time off.

Short-term Disability (STD)
House staff residents are ineligible for short-term disability. Refer to the Graduate Medical Education Policies and Procedures manual found on the Medical Education onboarding site for details regarding resident leaves of absence provisions.

Summa Health System – Barberton Campus Union Employees Addendum

The following summary represents benefits unique to Barberton Campus Union employees based on the agreement between Summa Health System – Barberton Campus and Local No. 2317. Please refer to the union agreement for additional detail.

Basic Life and Accidental Death & Dismemberment (AD&D)
Employees receive a Group Term Basic Life/AD&D benefit, fully paid by Summa Health, at $12,000.

Supplemental Life /Accidental Death & Dismemberment (AD&D) Insurance
Employees are eligible to purchase Supplemental (additional) group term life and AD&D in the amount of $12,000.

Spouse and/or Child Dependent Life Insurance
Employees are ineligible for Dependent Life Insurance.

Life Insurance at Age 65 and Age 70
Typically, there is a reduction in life insurance at the age of 65 and age 70; however, there is no life insurance age reduction for Union employees.

Vision Service Plan (VSP)
Employees are eligible for vision and hearing benefits offered through the AFSCME union; therefore, SBH union employees are not eligible for the Vision Service Plan (VSP) benefits.

Hospital Indemnity Insurance
Employees are ineligible for the Hospital Indemnity Insurance plan.
This Guide has been developed to provide Summa employees with a summary of the new employee enrollment process and to illustrate major plan provisions for comparison purposes. For additional information, you should refer to the appropriate plan booklet or Summary Plan Description for a more detailed explanation of services and/or supplies that are covered or excluded.

**Benefit Eligibility**

The information contained in this Guide pertains to full-time and part-time benefit eligible employees in positions of 20 hours per week or greater.

**Coordination of Benefits (COB)**

If a covered family member is also enrolled in another medical plan that is his or her “primary” payor of benefits, then benefits under Summa Health’s medical plan are paid as “secondary”, using the Non-Duplication of Benefits methodology of COB. Under this COB method, the secondary plan calculates its benefit as though it was primary; subtracts the payment already made by the primary plan; and then pays the balance, if any. Benefits payable under a secondary plan are determined on a claim-by-claim basis, with plan deductibles, co-insurance, co-payment and exclusions also being applied. If you have specific questions regarding the COB claims payment process, please contact SummaCare Customer Service at 330.252.5922 or 844.751.0436.

**Making Benefit Changes During the Year**

Outside of the annual enrollment period, you can only make changes to your existing benefits if you experience a qualifying life status event such as: marriage; birth of a baby; divorce; spouse’s loss of coverage; employment or coverage status change for you or your legal spouse; child becoming newly eligible or ceasing to be eligible, etc.

To ensure any benefit coverage changes you wish to make as a result of a qualifying event are permitted, you must take the following action steps.

1. Benefit Enrollment/Change Form – Complete this form, located on Summa@Work, and indicate any changes you wish to make to each benefit plan.
2. Qualifying Event Documentation – Make a copy of the Qualifying Event document (Example: marriage certificate; divorce document; loss of coverage letter; newborn’s birth certificate; etc.)
3. Family Member Verification Documentation – If adding a legal spouse or eligible child to your medical coverage, you must prove his or her relationship to you. Make a copy of the required acceptable verification documents, for each family member, as outlined on page 5 of this Guide.
4. Submit all documents along with your Benefit Enrollment/Change Form to Employee Benefits within 31 days of the Qualifying Life Status Event; scan and email to: summanefits@summahealth.org

**Caution:** Failure to provide all required information as indicated above within the 31-day window will result in 1) a denial of your request and/or 2) delay or denial of coverage for your legal spouse and/or eligible child(ren).

Disclaimer: Summa Health Employee Benefits has made every attempt to ensure the accuracy and reliability of the information provided in this document for educational and information purposes. In case of any conflict between the provisions of the plan(s) and those provided in this document, the provisions of the plan document(s) shall take precedence. For more information, please consult the Summary Plan Description(s) available on Summa@Work or contact Employee Benefits. External website links, provider materials and information are maintained by the vendor; therefore, Summa Health is not responsible, nor does it guarantee, the accuracy, relevance, timeliness, or completeness of any such provider information.
Resident Outside of the Service Area Request Form

Fully complete this form if you, and/or your legal spouse, and/or your dependent child(ren) (up to age 26) are requesting access services using approved networks outside of SummaCare's 20-county service areas.

Please check the following to validate your understanding:

- The person(s) identified below do not live in one of the following SummaCare 20-county service areas for the NewHealthConnect Summa Health medical plan. Service area is exclusive of the following counties: Lake, Geauga, Ashtabula, Cuyahoga, Medina, Portage, Summit, Stark, Trumbull, Mahoning, Wayne, Huron, Erie, Holmes, Sandusky, Ottawa, Lorrain, Ashland, Tuscarawas, and Carroll.

- Covered services for myself and/or my dependents residing outside of the NewHealthConnect Summa Health service area are provided at the in-network Tier 2 coverage level if an approved network is utilized. Approved networks include PHCS Healthy Directions, Multiplan, or Ohio PPO Connect. Note: My dependent or I may opt at any time to come into the Tier 1 network and pay the associated Tier 1 co-pays for services.

- To find a Tier 2 Provider for myself and/or dependent(s) outside of the service area, I will need to: Visit summacare.com, click on the “Find a Doctor or Hospital” icon and select the option “Healthcare Providers Outside of the SummaCare Primary Service Area”. Note: I may also contact SummaCare at 330.252.5922.

- If approved by Employee Benefits, the person(s) listed below will receive coverage at the Tier 2 coverage level, if an approved network is utilized, and are covered for ER and urgent care services only in accordance with the provisions of the plan document.

- Approved coverage will continue for the remainder of the calendar year (12/31) or sooner if my or my dependent(s) residency status changes back to the covered service area. I understand that I will need to submit a new “Resident Outside of the Service Area” form each annual open enrollment period.

Who lives outside of the service area? Please indicate below.

Employee Full Name: ______________________ Date of Birth: ______________________
County: ______________________ State: _______ Resides on a: _______ Permanent basis _______ Temporary basis

Legal Spouse Full Name: ______________________ Date of Birth: ______________________
County: ______________________ State: _______ Resides on a: _______ Permanent basis _______ Temporary basis

Dependent Child Full Name: ______________________ Date of Birth: ______________________
County: ______________________ State: _______ Resides on a: _______ Permanent basis _______ Temporary basis

Dependent Child Full Name: ______________________ Date of Birth: ______________________
County: ______________________ State: _______ Resides on a: _______ Permanent basis _______ Temporary basis

I certify that the above information is true and accurate to the best of my knowledge. Further, I acknowledge that it is my responsibility to ensure access to SummaCare’s approved network in order to receive coverage at the Tier 2 provider level. I understand I am responsible to report to Employee Benefits when I no longer need residence away status.

Employee Signature: ______________________ Date: ____________

Return completed form to Summa Employee Benefits, Corporate Office C3-OR- scan and email to summabenefits@summahealth.org.