

2022 Benefits Guide



CARE FOR YOUR BODY, MIND AND SPIRIT



Multi/FL


Advent Health
feel whole.

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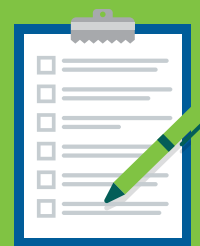
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Benefits Fair

Click here
[virtualfairhub.com/
ahm](https://virtualfairhub.com/ahm) to visit
our virtual benefits fair.

We made it easy!

Click on the benefits in the Table of Contents to go directly to that page. The Resources page has clickable links for additional information from our benefits providers.

Understand the Plans. Get Help from ALEX!

ALEX is an online benefit advisor that can help you understand the different benefit plans and coverage. For example, ALEX can help guide you through the benefits that provide peace of mind and security to potential health setbacks such as disability, life and AD&D insurance, and the retirement plan. Find ALEX on your "My Benefits" tile on the HUB.



Body, Mind and Spirit

At AdventHealth, we're part of something bigger: a community, a commitment and a shared passion to care. Together, we're **greater as a whole**. That's why we're pleased to offer our team members a comprehensive Total Rewards program, including body, mind and spirit benefits to support your **whole person health**.

If you are a new team member your benefits will become effective upon eligibility (dependent upon hire date). Elections made during Annual Enrollment become effective at the beginning of the plan year.



Benefits for Your Body

These benefits help you maintain your physical health through preventive and other medical care. AdventHealth Medical Plans, Tax-Advantaged Accounts, Prescription Drug Coverage and Dental and Vision benefits all fall under this category.



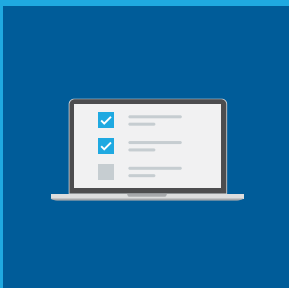
Benefits for Your Mind

These benefits provide peace of mind and security in relation to potential health setbacks as well as retirement planning and college savings. Topics include Disability, Life and AD&D Insurance, Hospital Indemnity, Retirement Plan, College Savings Plan and Special Programs.



Benefits for Your Spirit

These benefits include resources that nourish your overall and spiritual well-being, including our Wellness Program, Paid Days Off, Mental Health offerings and other services included in the Resources for Living Program, Bereavement Program and AdventHealth Team Member Discount Program by Perkspot.



The HUB

We make it easy for you to access your benefits. Log in to Hub.AdventHealth.com and click on the "My Benefits" tile to review current benefit elections, view PDO balance, or report a qualifying life event. Click on the HR Answerlink tile to access other helpful resources by putting "benefit information" in the search bar.

Eligibility

Team Members

You are eligible to participate in the AdventHealth benefit plans if you are a full-time or part-time team member.

New Team Members

As a new team member, you have 10 calendar days from your date of hire, or the date you are in a benefits-eligible position, to enroll in benefits. Your coverage becomes effective upon eligibility (dependent upon hire date) [after an applicable waiting period]. If you do not make your choices as a new hire within the required 10 days, you must wait until the next Annual Enrollment Period to elect coverage, unless you have a qualified life event.

Eligible Dependents*

- Legal spouse
- Children through the end of the month in which they turn 26:
 - Children include natural born children, adopted children, foster children, step-children, any child under a Qualified Medical Child Support Order, or children for whom you are the legal guardian with court filing.
 - Any unmarried child with a mental or physical disability or developmental disability who is incapable of self-support is eligible beyond age 26, provided the condition started before the child reached the age limit, the child had continuous coverage, and the child depends on you for support and maintenance.

**If you elect dependent coverage, you will be required to provide dependent eligibility documentation.*

Dependent Eligibility Verification

To ensure only eligible dependents are on our plans, team members are required to provide appropriate documents before dependents (spouse or children) will be added to any coverage under the AdventHealth benefit plans. All team members who do not provide the correct eligibility documentation will be unable to enroll the dependent(s) in any coverage.

Required documents include:

- Spouses: Marriage certificate containing name of employee, name of the spouse, date of marriage and certifier's signature/official seal and other documentation that reflects current marital status.
- Children: Birth certificate, hospital birth record, naturalization certificate, or consular report of birth abroad containing name of employee or legal spouse, name of the child, and date of birth. A marriage certificate and a court order is required when enrolling step-children if the name of the employee or spouse is not on the child's birth certificate.



Changing Your Benefit Elections

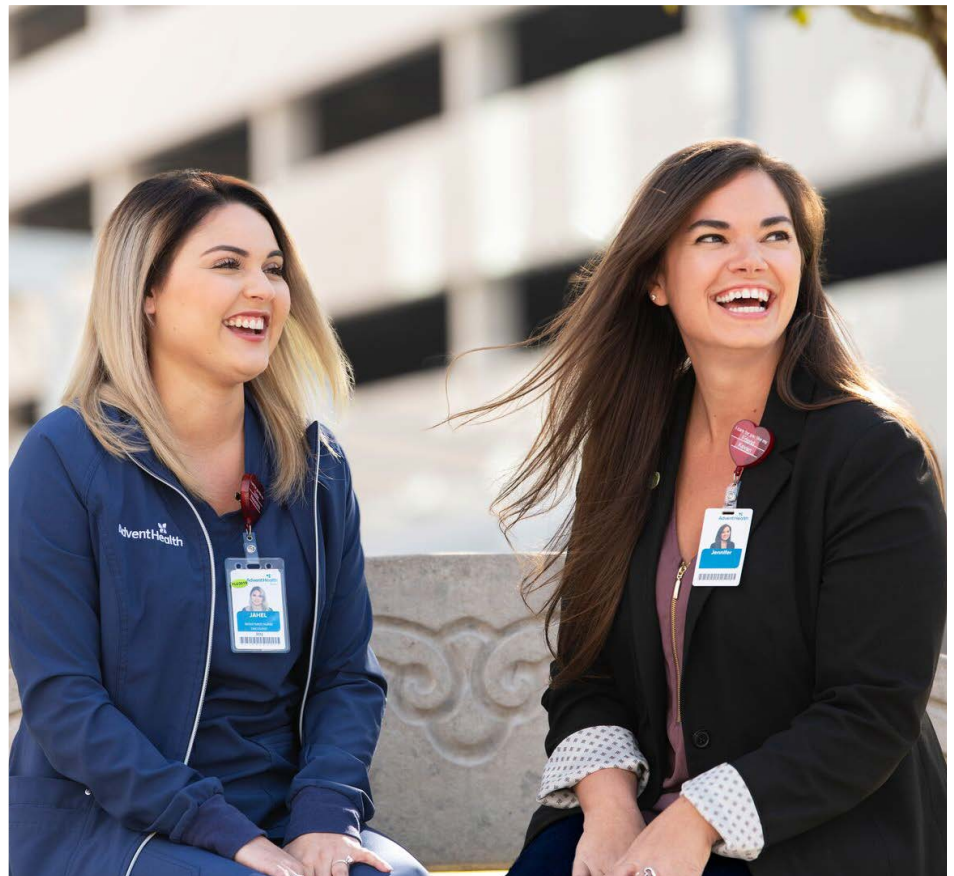
Due to IRS regulations, your benefit choices remain in effect for a full calendar year after an initial enrollment period or the Annual Enrollment Period. However, if you experience a change in life stage or employment status, you may qualify to make certain changes to your elections. If you experience a qualifying life event, you have 30 days from that life event date to report it to AdventHealth. Log on to the HUB and navigate to the My Benefits Life Event tab for more information. Common qualifying life events include, but are not limited to:

- Marriage or divorce
- Birth, adoption or legal custody of an eligible dependent
- Death of a dependent
- Gain or loss of other coverage by you and/or your dependents
- Job status change

NOTE: When you experience a qualifying life event, you may add and/or remove dependents, and add and/or remove coverage that is consistent with the life event. Outside of the Annual Enrollment window or your initial new hire enrollment, team members are not permitted to make changes to active benefit elections mid-year. For example, if you enroll in the Traditional Health Plan, you are not permitted to switch to the Health Savings Plan or vice versa for any reason. This applies to other applicable benefits.

What Happens If You Leave AdventHealth?

If you leave, your benefits are terminated immediately (coverage ends on your last day of work). However, Continuation of Coverage for Medical/Rx is available for up to 12 months. You will receive a packet outlining the details from Payflex that will be mailed to the address we have on file. You will be able to purchase the coverage retroactive to your date of termination. You have 30 days from the date indicated on your Continuation of Coverage letter to submit your application and enroll in Continuation of Coverage.





BODY

These benefits help you maintain your physical health through preventive and other medical care. AdventHealth Medical Plans, Tax-Advantaged Accounts, Prescription Drug Coverage and Dental and Vision benefits all fall under this category.

Understand the Plans. Get Help from ALEX!

Have you tried the **ALEX Benefits Advisor**? ALEX is an online benefit advisor that can help you understand the different benefit plans and coverage. Find **ALEX** on your "My Benefits" tile on the **HUB**.



AdventHealth Medical Plans

You have access to competitive medical benefits that promote preventive care and provide prescription drug coverage.

Your Medical Plan Options

For the 2022 plan year, you can choose between two medical plans: the Traditional Plan and the Health Savings Plan. Both plans cover the same services, including preventive care at 100% and prescription drug coverage, but both have different annual deductible and out-of-pocket amounts. You can view your 2022 health rates on the HUB under the "My Benefits" tab or on the benefits enrollment site when electing initial benefits or reporting a qualifying life event.

	Traditional Plan	Health Savings Plan
Per Paycheck Cost	\$ \$	\$
Out-of-Pocket Costs for Care	\$	\$ \$
Savings Account	Team members enrolled in this plan may contribute to a Medical Flexible Spending Account (FSA) and are not eligible to contribute to the Health Savings Account (HSA)	Team members enrolled in this plan may contribute to a Health Savings Account (HSA) and are not eligible to contribute to the Medical Flexible Spending Account (FSA).

Coverage Levels

You can choose from four levels of coverage:

- Team member only
- Team member + children
- Team member + spouse
- Team member + family

Terms to Know

Deductible

The amount you pay out-of-pocket before the plan begins to pay benefits.

Out-of-Pocket Maximum

The most you could pay each year for medical care and prescription drugs. When you reach this maximum, the plan pays 100% of eligible expenses for the rest of the year.

Coinsurance

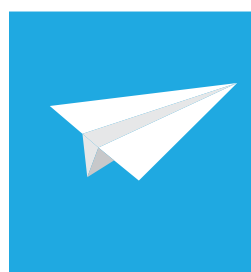
The portion of the total cost that you pay for your health care after you meet the deductible; the plan covers the rest.

Copay

A fixed amount you pay for certain health care services in lieu of a deductible and coinsurance. Copays do not count toward the deductible, but do count toward the out-of-pocket maximum.

Managing Health Care Costs is a Team Effort

AdventHealth is self-insured, meaning we—not an external insurance carrier—pay the insurer's cost for services covered under our plans. That's why we encourage you to use your health plan wisely. Making more informed decisions when you use your coverage and choosing the right ways to get care saves money for both you and AdventHealth. Please refer to **When You Need Medical Attention** in this guide for the right places to get care.



Take me to:
Health Savings Accounts
Medical Flexible Spending Accounts

Benefits At a Glance

Coverage with the Medical Plans

	Health Savings Plan***			Traditional Plan		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Annual Deductible* • Individual • Family	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000	\$500 \$1,000	\$1,000 \$2,000	\$2,000 \$4,000
Coinsurance	You pay 10% of the cost	You pay 20% of the cost	You pay 60% of the cost	You pay 10% of the cost	You pay 20% of the cost	You pay 60% of the cost
Doctor Office Visit (PCP/Specialist)	You pay 10% of the cost	You pay 20% of the cost	You pay 60% of the cost	You pay \$25/\$50	You pay \$40/\$65	You pay 60% of the cost
Retail Prescription Drugs (30-day or less)	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum) 20% of the cost of non-formulary drugs** (\$50 minimum/no maximum) 20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)		Not covered	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum) 20% of the cost of non-formulary drugs** (\$50 minimum/no maximum) 20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)		Not covered
Mail Order Prescription Drugs (90-day)	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum) 20% of the cost of non-formulary drugs** (\$100 minimum/no maximum) 20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)		Not covered	\$10 copay for generic drugs 20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum) 20% of the cost of non-formulary drugs** (\$100 minimum/no maximum) 20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)		Not covered
Annual Out-of-Pocket Maximum • Individual • Family	\$4,000 \$8,150	\$6,000 \$8,150	No Limit No Limit	\$3,000 \$6,000	\$4,000 \$8,000	No limit No limit

* Tier 3 deductibles don't apply to your out-of-pocket maximum.

** Certain "preferred" brand-name drugs are in what's called a "formulary"—a list of brand-name drugs that are preferred over other brand-name drugs that may be prescribed for the same condition. You pay less for formulary drugs than non-formulary drugs. A list of these drugs can be found online at myadventhealthrx.com and may change from time to time.

*** All eligible covered expenses count toward the deductible. The deductible must be met before the Prescription Drug copay applies (certain preventive/generic drugs are not subject to the deductible).



Know Your Network Tiers

You can see any provider you choose, but your costs are less when you see a Tier 1 provider. What you pay for a particular service will depend on which tier that provider is in. Any time you receive care, it is important that you ensure your provider, clinic, or facility is in the desired tier. **As a good health care consumer, you must take this action yourself. It isn't up to your doctor's office to make this determination.**

	Tier 1: In-Network Preferred (Maximum Savings)	Tier 2: In-Network (Standard Savings)	Tier 3: Out-of-Network (Significant Member Cost)
Providers	Providers employed or closely affiliated with AdventHealth	In-Network Aetna providers not in Tier 1	Providers not contracted with Aetna and hospitals and out-patient centers that compete directly with AdventHealth
Cost	\$	\$ \$	\$ \$ \$ Note: If a provider in this tier charges more than the allowed amount (balance billing), you are responsible for paying the difference.

**On some occasions, you may need a provider for specialty care, and you may find that Tier 1 providers do not offer such services. In such cases, you will need to use a Tier 2 provider.*

Visit [Aetna](#) to find providers in your preferred tier.

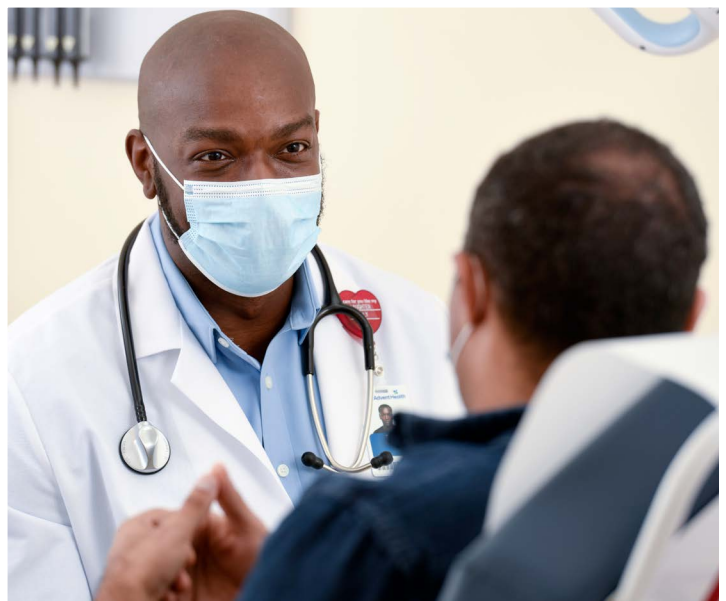
Clinically Integrated Networks

As a health care system, AdventHealth is always exploring new partnerships for the delivery of care. One example is our Clinically Integrated Networks. As these are developed in specific AdventHealth markets, the makeup of the Tier 1 (maximum savings) provider network could change. It is always a good idea to check the provider directory periodically to make sure your providers are in the desired tier.

Balance Billing

In-network providers in Tiers 1 and 2 have agreed to accept contracted rates—the maximum they are allowed to bill for their services. The plan pays part of this allowed amount and you pay the rest. When you use an out-of-network provider, they have not agreed to accept the allowed amounts.

The plan will pay a “usual and customary” amount of the charges, and the provider will collect any remaining balance above that amount from you. This is called “balance billing.” Using an in-network provider protects you from balance billing; using an out-of-network provider does not offer protection from balance billing.



How the Medical Plans Work



**Coverage for preventive services includes screenings, physical exams, immunizations, and counseling services. Please note that these services are not preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. In such cases, copays, coinsurance, and deductibles may apply.*

Important Note: Family Deductibles and Out-of-Pocket Maximums for the Health Savings Plan

If you cover one or more family members, you must meet the total family deductible before coinsurance begins to pay benefits for any family member.

The out-of-pocket maximum works the same way.

Your family must meet the total family out-of-pocket limit in order for the plan to pay 100% of covered medical care.

The individual deductible and individual out-of-pocket maximum are for those team members who only cover themselves.

Health Savings Plan Deductible

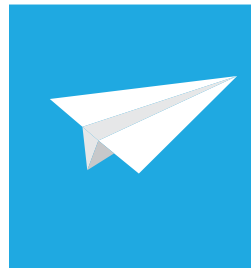
For the Health Savings Plan, the deductible must be met before the prescription drug copay applies (certain generic/preventive drugs are not subject to the deductible). For a complete list of these medications, visit myadventhealthrx.com.

Misplaced or Lost Your ID Card?

To access your digital member ID card, simply log in at Aetna to view or print a copy. You can also call member services at 855-262-0788 to request a new card.

For More Information

Contact Aetna Customer Service at 855-262-0788 or click Aetna to visit your myAHplan site.



Take me to:
Health Savings Accounts
Medical Flexible Spending Accounts

Managing Your Health

Primary Care Physicians

Visiting your primary care physician (PCP) each year has its benefits:

- Receive more wholistic, personalized treatment
- Get help coordinating care with other providers
- Detect, prevent, and treat any potential illness with a provider that understands your medical history and needs

Record Your PCP

When you record your PCP in the Aetna system, you help us manage the AdventHealth Team Member Health Plan and develop our Clinically Integrated Network. Enter your PCP in the Aetna system in four easy steps:

1. Log in to your Aetna Navigator account or follow the prompts to create a username and password at [Aetna](#).
2. Once logged in to your secure account, click on the "Choose/change my primary care doctor" link.
3. Select the appropriate network from the drop down menu – either "Tier 1 Network Preferred" or "Tier 2 In Network". Once you have elected your network, click "Update my view", and you can begin your search for providers.
4. On the next page, you have the option to type your provider's name in the search box at the top, or click on "Medical Doctors & Specialists". You will be able to search for a specific provider or you can look up all PCPs close to your zip code.
5. Once you find the provider you would like to choose, click on the "Make my Primary Care Doctor" link. Be sure to verify that your email address, PCP election, and member information are correct. Then, click "Submit".

Find a PCP

To find a PCP in Tier 1 or Tier 2, visit www.aetna.com/adventhealth.

Important note: You can also use the secure Aetna member website at www.aetna.com or, beginning in 2022, you may use the Aetna mobile app. Access Aetna or our provider directory by visiting www.aetna.com/adventhealth.

In-Touch Care

With Aetna's In-Touch Care Program, you and your family can have ongoing, one-on-one phone calls with a nurse. Your nurse can help you manage your health and develop health action plans. This program is offered at no cost to you.

Aetna's Clinical Nurse team may reach out to you to offer their assistance. If they contact you, accepting the call will help you and your family navigate complex health issues.

When You Need Medical Attention

AdventHealth Video Visits

With AdventHealth Video Visits, doctors can diagnose and treat minor and urgent care needs through face-to-face, online video visits on your smartphone or tablet 24 hours a day, seven days a week—no appointment necessary!

Team members and family members enrolled in the Traditional Plan will have a \$0 copay. Team members and family members enrolled in the Health Savings Plan pay \$59 until the deductible is met. After the deductible is met the \$0 cost share applies. AdventHealth team members without insurance pay \$59.

Download the AdventHealth app to register.



The ER: For Emergencies Only

Go to the ER or call 911 for life- or limb-threatening accidents or illnesses. For non-emergency issues, seek more affordable and efficient ways to get care, like from your PCP, urgent care, or AdventHealth Video Visits. When team members overuse the ER for non-emergency conditions, it can increase the overall cost of coverage and possibly cause an increase to team member copays or pay period medical plan contributions in the future.

Pharmacy Drug Coverage

The pharmacy benefit portion of your health plan is provided by Rx Plus Pharmacy and MedImpact. Rx Plus Pharmacy is a department within AdventHealth that manages your health plan pharmacy benefits and your mail-order pharmacy program. Rx Plus Pharmacy helps lower your costs by using the purchasing power of a large health system to purchase drugs in bulk.

New for 2022:

Team members will receive two ID Cards - one with medical information only and a separate card with pharmacy information only.

MedImpact is a third-party Pharmacy Benefit Management company. They help develop the formulary, determining which drugs will be in the generic, most preferred brand, and less preferred brand tiers. MedImpact also provides the infrastructure to help manage the prescription drug benefits, making it possible for your benefit card to be recognized and used at retail pharmacies across the country.

How do pharmacy benefits work?

The pharmacy benefit component of our health plan allows AdventHealth to provide prescription drug benefits to our covered employees and families while also managing benefit costs for you and for AdventHealth. We encourage the use of effective, lower-cost drugs through a copay structure that results in lower out-of-pocket costs for members when they use generics and preferred “name-brand” drugs. The plan is also structured to encourage the use of mail order through Rx Plus Pharmacy for maintenance medications.

NOTE: Prescription processing information is listed on your medical card.

Using the Mail-Order Pharmacy

To fill a 90-day supply through mail order, register online at myadventhealthrx.com or call 866-943-4535. If you have a prescription currently being filled through a local retail pharmacy, Rx Plus Pharmacy may be able to transfer that prescription. **To order a refill from Rx Plus Pharmacy, you can sign up for the online refill service available at myadventhealthrx.com or call the automated refill line at 866-943-4535 when you reach 30 days of remaining supply.**

Rx Plus Pharmacy now offers automatic refills. To enroll in the program, please visit myadventhealthrx.com or call 866-943-4535 to connect with a pharmacy staff member and get started. Please log in to myadventhealthrx.com for any updates or changes to processes/procedures for your home delivery services through Rx Plus Pharmacy. **Address changes must be updated with Rx Plus Pharmacy.**

MENU | AdventHealth | Rx Plus Pharmacy | Rx Login

Home | First Time User | Refill Requests | Helpful Tips | Contact Us

AdventHealth Rx Plus Pharmacy | 866-943-4535

Rx Plus Pharmacy

An Employee Pharmacy Serving You and Your Family

Important Pharmacy Benefit Details

Your formulary prescription drugs are categorized into tiers, which can be viewed on what is called a “formulary guide,” a list that defines generic, preferred-brand, and non-preferred brand names. The list includes commonly prescribed medications within select classes of drugs. The formulary guide was created and is maintained by MedImpact and is updated quarterly. For complete drug coverage questions, call 866-943-4535.

High-Cost Generic Drugs

Rx Plus Pharmacy partners with MedImpact (AdventHealth's contracted Pharmacy Benefits Manager) to address the issue of “high-cost generics.” The High Cost Generic (HCG) program identifies high-cost generic medications that have clinically appropriate, less expensive generic alternatives, and encourages use of those alternatives. When a high-cost generic drug is determined to have clinically appropriate, less expensive alternatives, the high-cost generic drug is moved to the “preferred brand” category. This category has a higher member copay/coinsurance.

Non-Essential Drugs

Some medications (including generic and brand names) are excluded from the pharmacy benefit coverage due to the availability of less expensive, clinically appropriate prescription and over-the-counter alternatives. If you are prescribed one of these medications, you are responsible for the full cost of the medication (100% member responsibility). Changes to the non-essential drug list are determined by MedImpact and are updated throughout the year. For a current list of these medications, please visit myadventhealthrx.com.

Dispense As Written (DAW) Penalty

If you or your provider request a brand name drug be dispensed when a generic is available, you will incur a higher cost. When a generic is available and you choose to use the brand name drug, you will pay 80% of the total cost of the medication. **NOTE:** DAW costs will not be applied to annual deductibles (HDHP) or out-of-pocket accumulators (PPO and HDHP).

Why Is the Formulary Important?

As a large health care organization, AdventHealth has considerable purchasing power for specific prescription drugs and medications. To ensure savings for you and the AdventHealth medical plan, you are encouraged to follow specific processes and use the designated formulary.

Preventive Drug List

For members in the High Deductible Health Plan (HDHP), medications that are listed on the preventive drug list bypass the deductible requirements and follow the prescription drug copay structure. For a complete list of these medications, please visit myadventhealthrx.com.

Pharmacy Specialty Program

Specialty Rx Program Patients with complex, chronic medical conditions need the necessary care management to monitor their condition. The Pharmacy Specialty Program provides that attention, working one-on-one with the patients and managing their treatment. Patients who utilize the specialty program will work with Rx Plus Pharmacy for their non-specialty medications and Expedien Rx Pharmacy (a specialty division of Rx Plus Pharmacy) for their specialty medications.

Pharmacy Deductibles and Out-of-Pocket Costs The Health Savings Plan

Members in the Health Savings Plan (HDHP), also known as the High Deductible Health Plan (HDHP), have a deductible that must be met before the prescription drug copay structure takes effect. The amount of this deductible depends on the specific plan elected for the benefit cycle and can be met with contributions from medical and pharmacy.

Once your deductible has been met as an individual (for the employee-only plan) or as a family (for employee + spouse &/or dependent), the standard copay structure will take effect. Copay amounts paid once the deductible is met will contribute to the annual out-of-pocket accumulator. Exceptions include costs paid toward DAW medications. DAW costs do not apply toward deductibles OR out-of-pocket accumulators. Once your out-of-pocket accumulator has reached its maximum, eligible prescriptions have a zero-dollar copay.

The Traditional Plan

The Traditional Health Plan (PPO) does not have a deductible amount to be met before the prescription drug copay structure takes effect. Copay amounts paid will contribute to out-of-pocket accumulators except for DAW costs. DAW costs do not apply toward out-of-pocket accumulators. Once your out-of-pocket accumulator has reached its maximum, eligible prescriptions have a zero-dollar copay.

Prescription drug copay/coinsurance structure for mail-order medication is:

- \$10 copay for generic drugs
- 20% of the cost of formulary drugs (\$50 minimum/\$300 maximum)
- 20% of the cost of non-formulary drugs (\$100 minimum/No maximum)
- 20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)

All address changes must be updated with RX Plus Pharmacy directly.

For More Information

Contact Rx Plus Pharmacy at 866-943-4535 Monday through Friday from 8 am to 8 pm EST.

Getting Help with Prescription Costs

If you are having trouble with your out-of-pocket costs for medications, please refer to the following links and see if patient assistance is available. In many cases, there are assistance cards available specific to the medication being prescribed.

NeedyMeds.org

This website provides a comprehensive list of both brand and specialty medications and any assistance that may be available. Qualification guidelines and contact information also are available.

Below are prescription drug resources that may offer additional support.

American Kidney Foundation
800-638-8299
KidneyFund.org

Caring Voice Coalition
888-267-1440
CaringVoice.org

Chronic Disease Fund
972-608-7141
CDFund.org

Healthwell Foundation
800-675-8416
HealthwellFoundation.org

Patient Access Network
866-316-7263
PANFoundation.org

Patient Advocate Foundation
866-512-3861
Copays.org

Patient Services Incorporated
800-366-7741
PatientServicesInc.org



Tax-Advantaged Accounts: Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged account that allows you to reduce your taxable income by paying for qualifying expenses with pre-tax funds. Health Savings Accounts work like a debit account. You can only use what is available in the account.

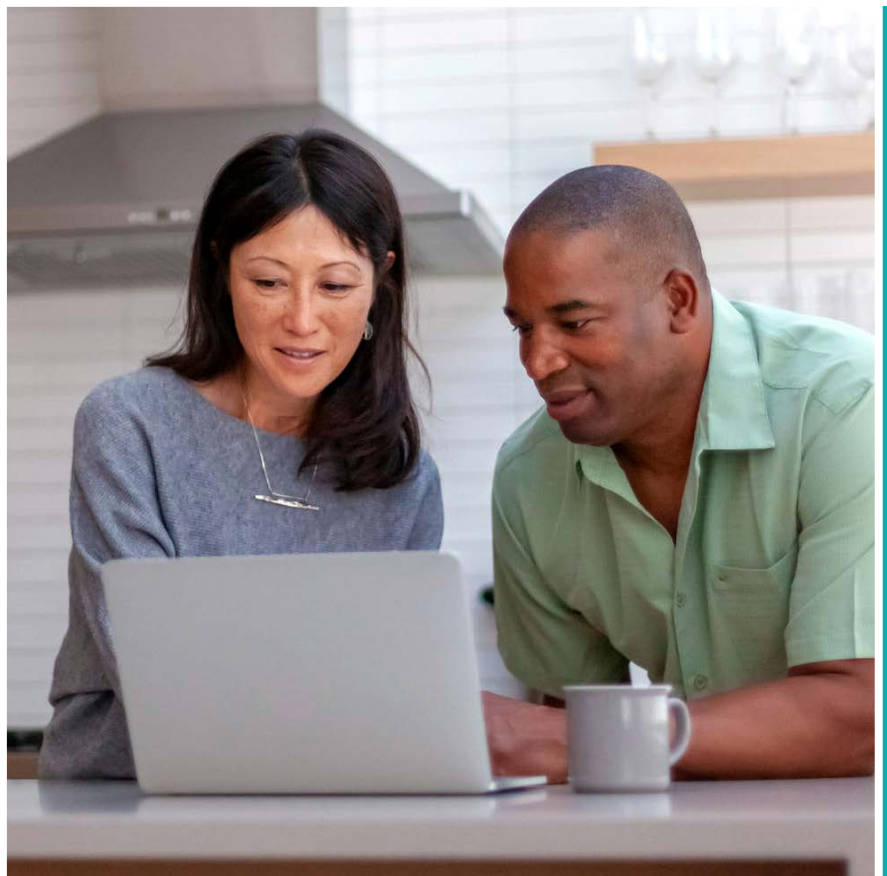
Eligibility

To be eligible for the HSA, you must be enrolled in an IRS-qualified High-Deductible Health Plan (HDHP) like the AdventHealth Health Savings Plan. You must also meet the following requirements:

- You (and your spouse, if you have family coverage) do not have any other health coverage that is not an HDHP.
- You do not have a general Flexible Spending Account or Health Reimbursement Account.
- You are not enrolled in Medicare, Medicaid, or Tricare.
- You are not claimed as a dependent on someone else's tax return.
- You have not received health care from the Veteran's Administration in the past three months.

If you are currently enrolled in the Health Savings Plan (HDHP) and you choose to enroll under the Traditional Health plan, your HSA funds are yours to use but you will no longer be permitted to contribute to your HSA.

Annual contribution limits: Team members enrolled in the Health Savings plan (HDHP) with Team Member Only coverage can contribute up to \$3,650, while team members enrolled in Health Savings Plan (HDHP) coverage with dependents can contribute up to \$7,300. There is also an additional \$1,000 catch-up contribution for those who are or will be age 55 or older in 2022.



HSA Advantages

You can contribute your own money to your HSA. This type of savings account lets you save both short- and long-term and offers many advantages:

- You don't pay taxes on your contributions.
- You don't pay taxes when you use funds for eligible health care expenses (visit [IRS.gov](https://www.irs.gov) for a full list of eligible expenses).
- You can invest your funds once you reach a minimum balance of \$1,000, and any growth is tax-free.
- The funds roll over year after year, and they're always yours to keep, even if you leave AdventHealth.
- You may make changes to your contribution amount at any time.

NOTE: Using HSA funds for nonqualified expenses is permitted; however, you must do the following:

- Claim the amount you spent as income on your taxes
- Pay income tax on it
- Pay a 20% penalty

Shop at the HSA Store!

The HSA Store at [HSAStore.com](https://www.HSAStore.com) is your one-stop destination for tax-free spending with more than 6,000 guaranteed eligible essentials. Shop everyday items from sunscreen to baby care, feminine care products, and fully eligible, over-the-counter medicines from pain relief to cold and flu.

Manage Your HSA with Optum Financial (formerly known as ConnectYourCare)

Visit myoptumfinancial.com/AH to access your account, sign up for text alerts, learn more about HSAs, use savings calculators and read FAQs about these savings tools. You also can download the Optum Financial Mobile app in the app store to access your account anytime, anywhere from your smartphone. If you already have the MyCYC mobile app, there's no need to download a new one. An update will be pushed out to reflect the new Optum Financial brand. If you do not have the mobile app yet, please search for Optum Financial in the app store. Sign up for the Mobile Text Alert service to send text requests to view balances, contributions, and claims.

For More Information on HSAs

Contact Optum Financial (formerly known as ConnectYourCare) at 844-680-5661 or visit myoptumfinancial.com/AH.



Important Tip

Set up direct deposit at myoptumfinancial.com/AH for faster reimbursement directly to your personal bank account.

Tax-Advantaged Accounts: Medical Flexible Spending Account (FSA)

With a Medical Flexible Spending Account, managing your health care budget becomes easy. A Medical Flexible Spending Account allows you to contribute pre-tax funds and use the account to pay for qualifying medical, dental and vision expenses as they occur.

Eligibility

To be eligible to contribute to a Medical Flexible Spending Account, you **cannot** be enrolled in a High Deductible Health Plan (HDHP) like the AdventHealth Health Savings Plan.

Before you elect to contribute, here are some important things to know regarding the Medical Flexible Spending Account:

- In general, you may only set your pre-tax contribution in an FSA during Annual Enrollment or when you first become eligible.
- Unused funds will be forfeited after the last day of the plan year. Estimate your FSA contribution carefully.
- In the event you resign, or your employment is terminated, your medical FSA will be frozen the day following your last active day of employment. Claims incurred following this date will not be eligible for reimbursement through the plan. You have 90 days from the day you are no longer benefits-eligible to submit receipts for claims incurred prior to the date eligibility is lost.

Annual contribution limits: Team members can contribute up to \$2,750.

FSA Advantages

Medical Flexible Spending Accounts work just like a credit card. The account is frontloaded at time of election and the full election amount (up to the annual contribution limit) is available for use. The money you contribute is deducted from each paycheck before taxes (the amount you elected is divided by the number of paychecks left in the calendar year), which lowers your taxable income and means lower taxes for you.

Shop at the FSA Stores!

The FSA Store at [FSAStore.com](https://www.fsastore.com) is your one-stop destination for tax-free spending with over 6,000 guaranteed eligible essentials. Shop everyday items from sunscreen to baby care, newly eligible feminine care products, and fully eligible over-the-counter medicines from pain relief to cold and flu.

Use Your FSA Dollars!

FSA dollars are “use it or lose it”; they don’t roll over year to year. Unused funds will be forfeited if you don’t use them by December 31, 2022 for 2022 claims.

Optum Financial (formerly known as ConnectYourCare)

Visit myoptumfinancial.com/AH to access your account, sign up for text alerts, learn more about FSAs, use savings calculators and read FAQs about these savings tools. You can also download the Optum Financial (formerly known as ConnectYourCare) Mobile app to access your account anytime, anywhere from your smartphone. If you already have the MyCYC mobile app, there's no need to download a new one. An update will be pushed out to reflect the new Optum Financial brand. If you do not have the mobile app yet, please search for Optum Financial in the app store. Sign up for the Mobile Text Alert service to send text requests to view balances, contributions, and claims.

Save Your Receipts

AdventHealth is required by the IRS to help make sure that dollars you have contributed to your FSA are spent appropriately. Our FSA vendor uses a process called substantiation to help AdventHealth ensure those dollars were spent on eligible expenses.

Many nationwide drugstores, wholesale clubs and providers use an inventory approval system (IAS) approved by the IRS that identifies items that are qualified purchases under health care account regulations. This helps automate the substantiation process. However, some merchants/providers may not be on this list or the system may not recognize a purchase or eligible expenses. In these situations, our vendor needs additional information, such as a receipt.

If you receive a request to help substantiate your claim, you will need to provide the requested documentation to keep your account open. Please note that your FSA receipts for medical services must be produced by your health care service provider and contain five pieces of information:

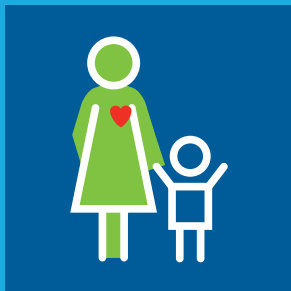
- Patient name
- Date of service
- Provider's name
- Description of service
- Amount charged

For More Information on FSAs

Contact Optum Financial (formerly known as ConnectYourCare) at 844-680-5661 or visit myoptumfinancial.com/AH.

Important Tip

Set up direct deposit at myoptumfinancial.com/AH for faster reimbursement directly to your personal bank account.



Adoption Assistance

Eligibility:

A full-time team member qualifies for adoption assistance on the first day he/she is eligible for benefits. If a team member and their spouse are both employed at AdventHealth, only one team member can utilize the benefit.

HOW IT WORKS:

AdventHealth team members are eligible to receive reimbursement for up to \$10,000, per adoption, for tax-qualified domestic and international adoption-related expenses.

Eligible expenses must be incurred on or after the date of benefit eligibility and the adoption must be finalized to receive reimbursement.

Eligible expenses related to foster adoptions are covered, but expenses in connection with the adoption of a child of an individual's spouse or carrying out a surrogate parenting arrangement are not covered. This is not an all-inclusive list.

For more information on eligibility, adoption coverage, and reimbursable adoption expenses, please contact our Adoption Assistance vendor Optum Financial at 844-680-5661.

Child/Elder Daycare Flexible Spending Account

Child Daycare Flexible Spending Accounts cover expenses related to care for dependent children under the age of 13 or a qualifying relative, spouse or incapacitated child over the age of 13 who's incapable of self-care. This account is not medical care for your children. This account is for expenses related to babysitters, daycares, eldercare, etc. By opening a dependent care Flexible Spending Account, you can set aside pre-tax dollars to pay for expenses such as:

- Babysitters (provided they're not your child under age 19 or someone you claim as a dependent on your tax return)
- Care at licensed nursery schools, summer day camp, and daycare centers
- Household services for the care of an elderly or disabled adult who lives with you

Annual contribution limits: Team members can contribute up to \$5,000 per married couple (\$2,500 if you and your spouse file separate tax returns). If you're single or file head of household, you can contribute up to \$5,000 to your Dependent Flexible Spending Account. This account is funded based on your pre-tax contributions. Only the amount currently in your account is eligible for reimbursement.

Reimbursement Process

To reimburse yourself for dependent care expenses on myoptumfinancial.com/AH:

1. Click on "My Profile."
2. Under Bank Accounts, click on "Direct Deposit Information."
3. Click on "Direct Deposit Information" again to add your current checking/savings account information. This will ensure that all reimbursements will go directly into that account instead of Optum Financial mailing a paper check to your home. With the direct deposit option, Optum Financial generally takes three business days to reimburse you.
4. To create a reimbursement, you will need to click on "Payments & Reimbursements" and then:
 - Enter Service Date, Reimbursement Amount, Service Type, etc.
 - Upload documentation
 - Review documentation
 - Submit documentation

If you are having trouble getting a receipt, you can also access the Dependent Care Form under the "Help & Tools" section of the portal. This form can be completed, signed and submitted in lieu of a receipt when your daycare provider is not able to provide receipts with all the necessary information.

For faster claim submission after setting up direct deposit, take a picture of your receipt and submit it on the Optum Financial Mobile App.



This account is NOT for medical care for your children.

Dental

To promote good dental health, you can choose from three dental plan options to best meet your needs.

Your Dental Plan Options

You have three dental plan options through Delta Dental: the \$50 and \$75 Deductible Plans (PPOs) and the DeltaCare USA Managed Care Plan (DMO). With the two PPO plans, you may see any dentist you choose, but you will pay less when you use a dentist in the Delta PPO network. With the DMO, you can only see in-network providers, but there are no claim forms and your primary dentist coordinates all your care.

Important Information about the DMO Plan

If you enroll in the DMO plan, you will be assigned a contract dentist who coordinates your dental care.

The DMO plan may be a good choice for you if you wish to elect lower-cost dental coverage and you know you will use only designated providers. Once your enrollment is processed, you will receive welcome materials in the mail that will include:

- The name, address and phone number of your selected primary care dentist. Simply call the dental facility to make an appointment
- Your Evidence/Certificate of Coverage (plan booklet)
- An ID card

With the DMO plan, you and all covered family members must see a network provider in the state where you—the team member—reside.* Please note that coverage is currently only available in certain states. If you have a child or spouse who lives out of state, they will not be covered in their state even if dentists in their area work in the network.

You may change your dentist by notifying Delta Dental by phone at 800-422-4232 or online at [DeltaDentalIns.com](https://www.deltadentalins.com).

*DMO providers are currently available in these states: AZ, CA, FL, GA, IL, IN, KS, KY, MA, MD, MO, NC, NK, NV, NY, OH, OR, PA, SC, TN, TX, VA, WI, and WV.

DMO Plan: Extra Benefits

If you enroll in the DMO, you also receive:

- Covered external bleaching
- Intravenous conscious sedation/analgesia coverage
- Extractions covered under orthodontia
- No copays for two cleanings per year and modest copays for additional cleanings
- Hearing aid and Lasik discount program through Delta Dental



Find oral health resources,

including a risk self-assessment tool, quizzes, articles, videos and a subscription to Grin!, the free dental wellness e-magazine, at [MySmileWay.com](https://www.MySmileWay.com).

Preventive Dental Care Is Important

Remember to visit your dentist for your exam and teeth cleaning. You may receive two in-network cleanings free of charge each plan year. Seeing a dentist regularly helps to keep your teeth healthy and allows your dentist to watch for developments that may point to health issues.

If you have one of the Dental PPO Plans (either the \$50 or \$75 deductible), you can have two regular preventive cleanings per calendar year. You can choose when you want to go (it does not have to be exactly six months between cleanings). If you have the DeltaCare USA Managed Care (DMO) plan, you can also have two preventive cleanings a year, but they must be six months apart.

Dental Rates

Coverage levels	Delta Dental PPO 50	Delta Dental PPO 75	DeltaCare USA DMO
<i>What You'll Pay (per pay period)</i>			
Team Member	\$14.46	\$12.82	\$8.27
Team Member +1	\$27.02	\$22.84	\$13.85
Team Member +2 or More	\$48.42	\$40.97	\$20.38

For More Information

- PPO Plans: Call 800-521-2651 or visit DeltaDentalIns.com.
- DeltaCare USA Managed Care: Call 800-422-4234 or visit DeltaDentalIns.com.

Download the Delta Dental app to easily manage your oral health and your dental benefit. With Delta Dental's app, you can view your mobile ID card, search for a provider, view your coverage and claims, and even use a Toothbrush Timer to make sure you're brushing as long as you need!

To download the app on your phone, visit the app store, get it on Google Play, or visit the Delta Dental Mobile App site.



For a list of dentists in your area,

click on DeltaDentalIns.com. We recommend you call your preferred dental office and verify that the dentist is in your plan's network.

How the Dental Plans Work

	Delta Dental PPO 50		Delta Dental PPO 75		DeltaCare USA DMO
Annual Deductible Deductible does not apply to diagnostic and preventive services	\$50/person		\$75/person		No deductibles Copays apply
	\$150/family		\$225/family		No deductibles Copays apply
Annual Maximum Benefit Diagnostic and preventive services do not count toward Annual Maximum	\$1,800		\$1,200		Unlimited
	Delta Dental PPO Dentists*	Non-Delta Dental PPO Dentists*	Delta Dental PPO Dentists*	Non-Delta Dental PPO Dentists*	DeltaCare USA Network Providers ONLY
Diagnostic and Preventive Care (Exams, cleanings, X rays, fluoride treatment, space maintainers)	100%	100%	100%	100%	Up to \$50 copay (two free cleanings per year)
Basic and Restorative Care (Fillings, simple tooth extractions, denture repairs, endodontics [root canals], periodontics [gum treatment] oral surgery and sealants)	80%	80%	60%	60%	Restorative: Up to \$50 copay Periodontics: \$35 to \$240** copay Endodontics: Up to \$335 copay Oral Surgery: Up to \$115 copay
Major Care (Crowns, inlays, onlays and cast restorations)	50%	50%	50%	50%	\$145 to \$355 copay
Orthodontic Lifetime Deductible (Adults and children)	\$50	\$50	\$75	\$75	No deductibles Copays apply
Orthodontic Lifetime Maximum (Adults and children)	\$1,800	\$1,800	\$1,200	\$1,200	No maximum Copays apply
Orthodontic Care	50%	50%	50%	50%	Pre- and post-treatment records copay: \$270 Limited orthodontic copay: child \$1,150; adult \$1,350 Interceptive copay: \$1,150 Comprehensive copay: child \$1,900; adult \$2,100

*Reimbursement is based on PPO contracted fees for PPO dentists; Delta Dental Premier® contracted fees for Premier dentists; Dental dentists and Premier contracted fees for non-Delta.

** Periodontics may be based on number of teeth and/or copay per quadrant.

NOTE: Your shared costs resulting from coinsurance will be lower when using Delta Dental dentists.

Vision

With the Vision plan administered by Vision Service Plan (VSP), you can go to any eye care professional you choose, but if you use a VSP network provider, you'll pay less.

Vision Rates

Coverage Levels	What You'll Pay (per pay period)
Team Member	\$2.73
Team Member + 1	\$5.04
Team Member + 2 or More	\$8.50

Using Your VSP Benefit

1. Register at [VSP.com](https://www.vsp.com).
2. To find a VSP provider, visit [VSP.com](https://www.vsp.com) or call 800-877-7195.
3. At your appointment, tell your provider you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one at [VSP.com](https://www.vsp.com).
4. That's it! VSP will handle the rest. There are no claim forms to complete when you see a VSP provider.

TruHearing Benefit from VSP

VSP members receive a special benefit from TruHearing. You can save up to \$2,400 on a pair of hearing aids with TruHearing pricing. Hearing aid benefits include:

- Three provider visits for fitting, adjustments, and cleanings
- 45-day money back guarantee
- Three-year manufacturer's warranty for repairs, one-time loss and damage issues
- 48 free batteries per hearing aid
- Visit [VSP.TruHearing.com](https://www.vsp.com/truhearing) or call 877-396-7194 to learn more.

Eyeconic Eyewear Store

Eyeconic is an online eyewear store for VSP members. You can visit Eyeconic to purchase eyewear or contact lenses with your VSP insurance—in-network! Visit [Eyeconic.com](https://www.eyeconic.com) and connect your VSP account to the Eyeconic store. You can:

- Browse glasses, sunglasses and contact lenses.
- Upload your prescription and order the eyewear of your choice.
- View tips on shopping for eyewear, including information on contact lens types, frame styles, and more.
- Enjoy 20% savings on glasses and sunglasses from the Eyeconic store—even if you've already used your VSP benefits for the year.



Vision Coverage Details

You pay less when you receive care from a VSP doctor or participating retail chain.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$15	See frame and lenses
Frames	<ul style="list-style-type: none"> \$160 allowance for a wide selection of frames 20% savings on the amount remaining after allowance Or \$90 allowance at Costco® Optical, Walmart or Sam's Club \$180 allowance for featured frame brands 	Included in prescription glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Anti-reflective coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$30 \$0 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$50	Every calendar year
Light Care	<ul style="list-style-type: none"> Instead of prescription glasses or contacts, use the \$160 allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses 	\$15	Every calendar year
Essential Medical Eye Care	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD) Retinal screening for eligible members with diabetes Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members 	\$20 per exam	As needed
Extra Savings	<p>Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to www.vsp.com/specialoffers for details, including a list of featured brands. Claim forms required for out-of-network provider. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</p> <p>Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam.</p> <p>Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</p>		
Your Coverage with Out-of-Network Providers			
Visit www.vsp.com or call 800-877-7195 if you plan to see a provider other than a VSP network provider. Claim forms required for out-of-network provider.			
Exam: up to \$50	Single Vision Lenses up to \$30	Lined Trifocal Lenses up to \$65	Contacts up to \$105
Frame: up to \$70	Lined Bifocal Lenses up to \$50	Progressive Lenses up to \$50	

For More Information

Contact VSP at 800-877-7195 or visit www.vsp.com.



MIND

These benefits provide peace of mind and security in relation to potential health setbacks as well as retirement planning and college savings. Topics include Disability, Life and AD&D Insurance, Hospital Indemnity, Retirement Plan, College Savings Plan and Special Programs.

Understand the Plans. Get Help from ALEX!

Find ALEX in HR Answerlink by searching for “benefit information.”



Disability

If you're unable to work due to illness or injury, short-term and long-term disability can help you replace some of your lost income so you can pay your bills and protect your savings.

Eligibility

Short-term disability coverage is available to all benefit-eligible full-time and part-time team members. Long-term disability is only available for full-time team members. You must be actively at work on the date the coverage takes effect. This means if you happen to be ill or injured and away from work on the date your coverage will take effect, your coverage will not take effect until you return to work for one full day.

Benefits Overview

	Short-Term Disability (STD)	Long-Term Disability (LTD)
When benefits begin	Benefits begin on the first day after an accident, or the 15th day of an illness.*	Benefits begin after 180 days of disability (the elimination period).
Benefit amount	60% of your current weekly base income to a maximum of \$5,000 per week.	The benefit amount is 60% of your monthly earnings, with a maximum monthly benefit of \$6,000**
When Benefits end***	Benefits are payable for up to 24 weeks for an illness and 26 weeks for an accident or injury.*	If disability occurs prior to age 60, benefits are payable until the current Social Security Normal Retirement Age (SSNRA). If disability starts on or after the date you reach 61, benefits are paid for the maximum benefit period listed in the schedule of benefits.

*See the plan document for the complete definition of "accident" and "illness."

**Physicians and other higher-earning individuals may be enrolled in another plan with higher average limits. Review your benefits summary on the HUB for confirmation of your LTD maximum monthly benefit.

***For long-term disability, if you are covered for a year and leave, you may convert to an individual policy and continue coverage for up to one year at the same rate in effect at the time you left, provided you are not disabled, on a leave of absence, or retired when you leave.

Disability Insurance for Your Security

If you elect short- and long-term disability coverage, you'll be increasing the size of your financial "safety net" and helping protect your family in the event you become disabled. Consider disability insurance as an affordable way to create peace of mind for you and your family.

Total Disability

For long-term disability, your premium payments are waived if you are considered totally disabled.

You are considered “totally disabled” if:

- During the first 24 months you can’t make money at your current job or any job because of an illness or injury; or
- After 24 months you can’t work at any “reasonable job,” which is any job where you could make money and that you could reasonably be or become qualified for through education, training, or experience.

Refer to your plan document for complete details.

Partial Disability

You will continue to be paid a disability benefit after you have received benefits under this plan if you are partially disabled and your disability earnings are less than 80% of pre-disability earnings.

Pre-Existing Conditions

No benefits will be paid if you are disabled during the first 12 months for a condition that commenced prior to the effective date and for which you consulted a physician or took prescription drugs within the three consecutive months immediately preceding the effective date; this includes pregnancy.

Team Member Responsibility

All benefit premium payments are the responsibility of the team member while on leave. During your leave, you may receive a letter in the mail outlining premium costs and payment due dates. If you do not submit premiums by the due dates, coverage will be dropped.

Benefit Offset

If you are receiving Social Security and/or Workers’ Compensation payments, the plan will offset those payments up to your benefit maximum. This means benefits may be reduced by the amount of your other benefits.

Mental Disorders/Substance Abuse

The long-term disability plan provides a 24-month maximum benefit unless you are confined to the hospital. The monthly benefit will not be paid beyond the maximum benefit period.

For More Information

Contact New York Life Group Benefit Solutions at 800-852-0682.



Life and AD&D Insurance

Life Insurance and Accidental Death & Dismemberment (AD&D) coverage are designed to protect the ones you love should something unexpectedly happen to you. You automatically receive Life Insurance coverage upon meeting eligibility requirements, and you have the option of electing Supplemental Life and AD&D Insurance.

Term Life Insurance

A term life insurance policy has no cash value buildup. When you enroll in life insurance, you are also enrolling in AD&D coverage. AD&D pays an additional amount equal to your annual salary if death occurs due to an accident. You will need to designate beneficiaries for both products separately.

Full-Time Team Members

You are automatically covered by your employer for Basic Group Life and Accidental Death & Dismemberment (AD&D) insurance in the amount of your base annual salary, subject to a maximum of \$1,000,000 and age reduction rules.

Part-Time Team Members

Your employer pays a portion of the cost for Basic Group Life and AD&D insurance for coverage equal to your annual salary. Annual salary is determined by computing your hourly rate multiplied by standard hours (per pay period) multiplied by 26 pay periods.

Evidence of Insurability

Evidence of Insurability may be required for Basic and Supplemental coverage depending on the amount of coverage elected and your employment status.

How Benefits Are Paid

Benefits are paid upon receipt of appropriate proof of death in the amount of the coverage in effect on the effective date, or the first date thereafter that the covered member is active at work or otherwise not incapacitated. Your beneficiaries may contact HR Shared Services or New York Life Group Benefit Solutions (GBS) to initiate a claim up to 90 days after the date of a loss. The long-form death certificate is required before payment is issued.

Death benefits are payable under the Basic Life plan if you die of any cause. Benefits are payable under the AD&D portion of the plan if your death or dismemberment is the result of an accident. Some exclusions may apply. See your policy.

Update Your Beneficiary

Watch your mail for a letter from New York Life GBS. The letter will provide details on how to review/add or update your beneficiary. Login instructions for the New York Life GBS beneficiary website is published on the HUB via the HR Answerlink tile.

Insurance for Peace of Mind

It's important to think of the AdventHealth Life insurance as your secondary policy. You should consider purchasing your own individual life insurance policy in addition to the coverage we provide.

Supplemental Life and AD&D

Both full-time and part-time team members may purchase more coverage under the Supplemental Life and AD&D plan. Coverage is available in amounts equal to 1, 2, 3, or 4 times your annual rate of basic earnings, subject to a maximum of \$2,000,000 with Evidence of Good Health.

The total Basic and Supplemental maximum is \$3,000,000. Benefits under this plan are paid just as they are under the Basic Life Plan. Death benefits are paid if you die of any cause other than suicide. Suicide is not covered for the first two years of the plan. AD&D benefits are paid if your death or dismemberment is the result of an accident.

Age Reduction Rules

You and/or your spouse's life insurance reduces over time due to age*. Basic and supplemental will be reduced to:

- 65% at age 65
- 50% at age 70

**Age reductions for both team member and spouse coverage are based on the team member's age.*

Evidence of Insurability Rules

Initial Hire

- If electing the four times coverage level
- If electing an amount over \$1,000,000

Late Entrant

- Enrolling in coverage if, at the time of hire or when first eligible, you did not elect to take it
- Requesting an increase of two or more times coverage level on yourself
- If electing four times coverage level
- If electing an amount over \$1,000,000

If you are requesting any of the above or electing coverage after the initial offering, you will need to complete an EOI form. Upon approval, your premium deductions will begin through payroll deductions. Premiums for this coverage must be paid from after-tax dollars, which are withheld every pay period. Federal tax laws require you to pay taxes on the value of life insurance over \$50,000, which is provided by your employer. The value of this extra amount will be added to each of your paychecks and your W-2 statement at the end of the year as "imputed income" for income tax purposes.

Dependent Life Insurance

In addition to the Basic Group and Supplemental Life insurance for yourself, you may purchase Life and AD&D insurance for your spouse and/or children (even if you do not purchase supplemental Life and AD&D coverage for yourself).

Spouse Option

Life coverage for a spouse is available in \$25,000 increments to a maximum of \$50,000 at the initial offering without EOI and coverage up to \$250,000 with EOI. After the initial offering, EOI is required for any increased amount selected. Upon approval from New York Life GBS, your coverage becomes effective, and your contributions will begin through payroll deductions. **The Social Security number for your spouse is required to complete enrollment.**

Children Option

You may select Life coverage for your child(ren) without covering your spouse. No EOI is required and you may cover each of your eligible children, from birth to the last day of the month in which they turn 26 years, in the amount of \$10,000 or \$15,000. **Social Security numbers for your children are required to complete enrollment.**

Voluntary Benefits

AdventHealth is proud to offer a group of comprehensive voluntary benefit plans that provide additional protection for you and your family. These plans are appropriate for all employees but for those enrolling in the Health Savings Plan (HDHP), they are an excellent supplemental option to your health coverage. These plans can provide low-cost financial security to offset your deductible and other out-of-pocket expenses. Explore the Hospital Indemnity, Accident Insurance and Critical Illness plan highlights below to determine what plan(s) are best for you.

Hospital Indemnity

This voluntary plan offers you supplemental coverage in the event of a hospital stay.

Hospital Indemnity Rates

Coverage Levels	What You'll Pay (per pay period)
Team Member	\$6.72
Team Member + Spouse	\$14.97
Team Member + Children	\$11.74
Team Member + Family	\$19.32

How the Plan Works

The plan pays benefits when you have a planned or unplanned stay due to an illness, injury or surgery or are having a baby. The plan pays a lump-sum benefit for in-patient stay and daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses. Your medical plan helps pay providers for services and treatments, but doesn't cover unexpected costs that might come with a stay in the hospital.

This plan pays benefits directly to you, giving you extra cash when you need it most, including an initial hospital admission benefit of \$1,500 (payable one time per plan year) and \$200 per day for each additional day of hospitalization. It can help fill in the gaps, making it a great companion to your major medical plan.

Tools for You

You can find everything you need in one place by accessing the member website: [MyAetnaSupplemental.com](https://www.aetna.com/MyAetnaSupplemental.com). You can see your plan documents, submit and track the status of claims, and even sign up for direct deposit.

File a Claim

Create or log in to your account on the member website: [MyAetnaSupplemental.com](https://www.aetna.com/MyAetnaSupplemental.com). Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If your claim is approved, Aetna will send you a check or deposit your benefits directly into an authorized bank account.

For More Information

This plan is administered by U.S. Enrollment Services for AETNA. Please contact U.S. Enrollment Services at 407-599-5001 or 888-357-0504, or visit the information page at www.usevb.com/AdventHealth.

Accident Insurance

Accidents happen every day. Accident insurance provides cash to help cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance.

Accident insurance provides coverage if you are accidentally injured and need treatment, whether you go to a physician’s office, urgent care center or emergency room or use telemedicine services. There are no restrictions on how your money can be used.

Benefits Include*:

- **First Accident** — You receive \$100 soon after you report your first claim for covered benefits. If you get injured, your claim can begin processing right over the phone so you can get cash fast.
- **Sports Package** — Playing sports can lead to injuries and unwelcome expenses. Your benefit increases by 25%, up to a maximum of \$1,000 per covered person per year, for injuries resulting from participating in organized sports.
- **Telemedicine Services** — You receive \$50 if you receive consultation with a physician for a covered accident via audio or video communication.
- **Rehabilitation Package** — You receive cash benefits for admission, daily confinement and recovery. Whether you’re released to a rehabilitation center following a hospital stay or you recover at home, you receive a daily recovery benefit to help with your transition. Resident/vehicle modification and therapy, including physical, occupational, and speech, also may be covered.
- **Wellness Benefit** — Be proactive with your health with preventive care. This benefit pays you \$50 per covered family member for undergoing a covered health screening test, immunization, eye exam, routine physical or well-child/preventive exam.

**To review the full Schedule of Benefits and find claims information, please visit usevb.com/adventhealth*

Features:

- **Guaranteed issue** — No medical history is required for coverage to be issued.
- **Portable** — You can keep your coverage even if you change jobs or retire.
- **HSA compatible** — You can have this coverage even if you contribute to a Health Savings Account.

Bi-Weekly Premium	LOW	HIGH
Team Member	\$4.45	\$5.91
Team Member + Spouse	\$8.26	\$11.02
Team Member + Children	\$8.75	\$11.91
Team Member + Family	\$12.55	\$17.01



Exclusions & Limitations

This is accident-only insurance. No benefits will be paid for services rendered by a member of the immediate family of a covered person. No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's being intoxicated, participating in an illegal occupation or attempting to commit or actually committing a felony, committing or attempting to commit suicide or intentionally injuring himself or herself, having dental treatment, except for such care or treatment due to injury to sound natural teeth within 12 months of the Covered Accident, being exposed to war or any act of war, or participation in any contest using any type of motorized vehicle.

For More Information

This plan is administered by U.S. Enrollment Services for CHUBB. Please contact U.S. Enrollment Services at 407-599-5001 or 888-357-0504, or visit the information page at usevb.com/AdventHealth.



Critical Illness Rates

Being diagnosed with a critical illness can be overwhelming. Critical Illness coverage pays you directly to help with your bills so you can focus on recovery. Critical Illness rates are fixed based on your age during the plan year your coverage is effective and the elected benefit level.

When a critical illness happens, your health insurance plan may cover some of your medical and hospital costs, but not everything. You and your family need extra protection that closes the financial gap and helps you manage expenses, such as:

- Out-of-pocket medical costs — deductibles, copays, coinsurance, prescriptions, and medical travel
- Everyday costs — rent or mortgage payments, credit card debt, car payments, household necessities, and savings for college and retirement
- Recovery costs — loss of family income, rehabilitation, and child-care or parent-care

10k Benefit Bi-Weekly			20k Benefit Bi-Weekly			30k Benefit Bi-Weekly		
Age	EE/EC	ES/EF	Age	EE/EC	ES/EF	Age	EE/EC	ES/EF
18–29	\$1.92	\$3.12	18–29	\$3.84	\$6.24	18–29	\$5.76	\$9.36
30–39	\$2.40	\$3.84	30–39	\$4.80	\$7.68	30–39	\$7.20	\$11.52
40–49	\$4.32	\$6.72	40–49	\$8.64	\$13.44	40–49	\$12.96	\$20.16
50–59	\$8.64	\$13.20	50–59	\$17.28	\$26.40	50–59	\$25.92	\$39.60
60–69	\$17.28	\$26.16	60–69	\$34.56	\$52.32	60–69	\$51.84	\$78.48
70–79	\$34.56	\$51.84	70–79	\$69.12	\$103.68	70–79	\$103.68	\$155.52
80+	\$44.16	\$66.24	80+	\$88.32	\$132.48	80+	\$132.48	\$198.72

How it Works

When you are diagnosed with a covered condition after the certificate effective date, submit your claim and you will quickly receive a check for the amount of the benefit you selected. It’s that simple. You can use your money however you choose.

Benefits include:

- Wellness — Be proactive with preventive care. This benefit pays you \$50 for undergoing a health screening test, immunization, eye exam, routine physical or well-child/preventive exam.
- Diabetes Service — This benefit will help you modify your behavior upon diagnosis of diabetes by paying a monthly benefit of \$100 for up to six months to help pay for a smoking cessation program, nutrition counseling program or gym membership.
- Breast Cancer Enhancement — Recognizing the physical and emotional trauma of breast cancer, full face amounts are payable even when breast cancer is diagnosed as carcinoma in situ.
- Childhood Conditions — Critical Illness coverage includes coverage for both standard critical illness and childhood conditions
- Best Doctors (physician referrals) — Ask the Expert Hotline provides 24-hour advice from experts about a particular medical condition. In-Department Medical Review offers a full review of diagnosis and treatment plan.

Features:

- Guaranteed issue — No medical history is required for coverage to be issued.
- Portable — You can keep your coverage even if you change jobs or retire.
- HSA Compatible — You can have this coverage even if you contribute to a Health Savings Account.
- No coordination of benefits — Payments are made in addition to any other insurance you may have.
- Waiver of premium — Your premium is waived if you’re totally disabled due to a covered condition.
- No lifetime maximum — If you get sick again with the same or different condition, you’re still covered. There is no total maximum benefit amount to worry about. **Different covered conditions need to be diagnosed at least six months apart.**

Covered Conditions

Pays 100%	Pays 50%	Pays 25%
<ul style="list-style-type: none"> • Benign brain tumor • Burns • Cancer • Coma • End-stage renal failure • Heart attack • Loss of sight, speech or hearing • Major organ failure • Occupational Package* • Paralysis or dismemberment • Stroke <p><i>*Benefits are payable for HIV, Hepatitis B, C, or D, MRSA, rabies, tetanus or tuberculosis when contracted on the job.</i></p>	<ul style="list-style-type: none"> • ALS • Aneurysm (cerebral or aortic) • Multiple sclerosis • Parkinson’s disease • Sudden cardiac arrest 	<ul style="list-style-type: none"> • Alzheimer’s disease • Carcinoma in situ • Coronary artery obstruction • Transient ischemic attack (TIA)

Childhood Conditions
<ul style="list-style-type: none"> • Autism spectrum disorder • Cerebral palsy • Congenital birth defects (such as lung defects, heart defects, spina bifida, cleft lip or palate, limb malformations, development disorders of the brain, born with loss of sight) • Cystic fibrosis • Down syndrome • Gaucher disease • Muscular dystrophy • Sickle cell disease • Type 1 diabetes

Spouse & Child Benefits

- Spouse coverage is 50% of the selected benefit Face Amount
 - Children coverage is 50% of the selected benefit Face Amount
- Exclusions** — No benefits will be paid for losses resulting from injuring oneself intentionally or committing or attempting to commit suicide, whether sane or not, or committing or attempting to commit a felony or engaging in an illegal occupation or activity.

For More Information

This plan is administered by U.S. Enrollment Services for CHUBB. Please contact U.S. Enrollment Services at 407-599-5001 or 888-357-0504, or visit the information page at usevb.com/AdventHealth.

Adventist HealthCare Retirement Plan (AHRP)

AdventHealth offers an excellent retirement plan called the Adventist HealthCare Retirement Plan (AHRP).

Eligibility

All team members are eligible to participate via team member contributions, but only those who have satisfied additional requirements of the plan are eligible to receive the annual employer basic and/or matching contributions. These plan year requirements include, but are not limited to, being at least 18 year of age, earning wages for at least 1,000 benefit eligible hours and, for the basic portion only, being actively employed on December 31st.

How the Plan Works

With the Adventist HealthCare Retirement Plan (AHRP), AdventHealth makes basic cash contributions to an account in your name and also matches a portion of the funds that you voluntarily contribute to your AHRP account.

Employer Basic & Matching Contributions

If eligible, your employer will automatically contribute a retirement benefit to your AHRP account after the close of the plan year by using the following formulas (subject to the provisions of the plan document):

- 2.6% of wages (up to wage limit of \$290,000*)
- An additional 1.5% of wages (for wages between \$142,800** and \$290,000*)
- 50% of the first 4% of wages (up to wage limit of \$290,000*) you voluntarily contribute to the 403(b) plan, which can add as much as an additional 2% of wages to your account

**Based on the 2021 IRS compensation limits*

***Based on the 2021 IRS Social Security Taxable Wage Base Limit*

Team Member Voluntary Contributions

Team members may contribute up to \$19,500/year to their plans (plus an additional \$6,500/year if over the age of 50), or 100% of annual income, whichever amount is less.* Team member contributions to this account occur each pay period.

**Based on the 2021 IRS contribution limits.*

Choice of Traditional and/or Roth

Team members may choose to contribute to a Traditional 403(b) and/or a Roth 403(b), depending on their personal tax preferences.

Traditional 403(b)

Contributions are made on a pre-tax basis; funds grow tax-deferred, and all distributions are taxable when taken during retirement.

Roth 403(b)

Contributions are made on an after-tax basis; funds grow tax-free, and all distributions are non-taxable when taken during retirement.

NOTE: Contributions may be split between both types of plans, but the combined amount may not exceed the IRS limits as listed above. Any employer basic and employer matching contributions you receive are taxable upon distribution, unless previously converted to a Roth. The tax advantages of these plans are based on current 2022 tax law.

Vesting

Although employer basic and matching retirement benefits are deposited into your retirement account, these funds do not belong to you until you complete three years of vesting service. To be granted a year of vesting service, you must be compensated for at least 1,000 hours, including paid days off, in a payroll year. Full-time employment is 2,080 hours per year. When you complete three years of vesting service, you will own all the funds in your AHRP account.

If your employment with AdventHealth ceases before meeting the vesting requirement, employer contributions along with related earnings will be removed from your AHRP account and returned to AdventHealth. You are always vested in the contributions you make.

Additional Savings Opportunity

A deferred compensation 457(b) plan is also available for team members.

In addition to their contributions to the 403(b) plan, if eligible, team members may defer into the 457(b) plan up to another \$19,500/year, or 100% of annual income, whichever amount is less.* Although these deferrals are subject to FICA taxation when made, the funds can grow income tax-deferred until distributed. Team member deferrals to this account occur each pay period.

**Based on the 2021 IRS contribution limits*

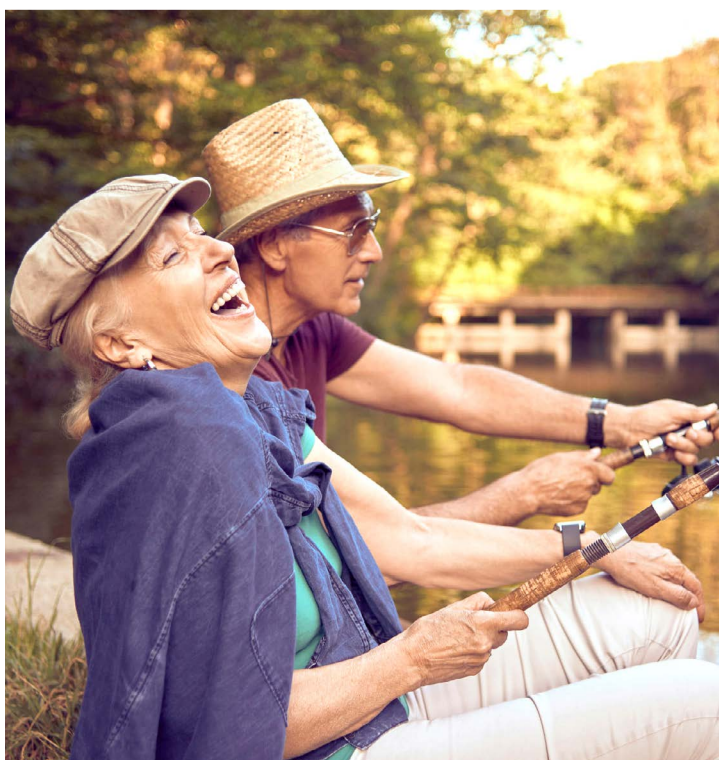
After-Tax 403(b) Contributions

Once team members contribute a minimum of 4% of eligible pay to the traditional or Roth 403(b) plan as described above, additional contributions can be made to the plan on an after-tax basis. If a team member is already contributing the maximum annual amount to the 403(b) plan, these contributions can be made in addition to the traditional or Roth annual IRS contribution limits, with certain restrictions.

Note: Due to the unique features of the 457(b) plan and After-Tax 403(b) contribution opportunity, a personalized meeting with an AHRP representative is necessary prior to electing either of these options.

For More Information

Call the AHRP Retirement Center at 800-730-2477 or click here to visit [ahrp.com](https://www.ahrp.com). For a complete description of the plan provisions, including any limitations and exclusions, log on to the AHRP website for a current copy of the AHRP Summary Plan Description.



College Savings Plan

The BlackRock CollegeAdvantage 529 Plan is an investment vehicle designed to help families save for qualified education expenses. The plan allows investments to grow tax-deferred and be used for expenses like college tuition, books, and room and board. Withdrawals for qualified expenses are free from federal taxes.

Eligibility

Participation in the plan is voluntary, and team members can enroll at any time throughout the year. Any U.S. citizen or legal U.S. resident is eligible to be the beneficiary, and it is not required for the account owner and beneficiary to be related in any way. If so desired, an account owner is free to name himself/herself as the beneficiary. If the designated beneficiary decides not to go to college, you can change the beneficiary to another family member.

How the Plan Works

The funds, which are only accessible by you, can be used to help pay for the undergraduate, graduate or continuing education courses of the beneficiary. As a participant in the plan, you may open an account with BlackRock directly from your checking or savings account and invest via BlackRock's Automatic Investment Plan. Contributions can be made through automatic investments on a monthly, twice-per-month, quarterly or annual basis. **Payroll deduction is not available for this program.**

Additional Advantages to the 529 Plan

- Contributions will be made into Class A shares without paying an upfront sales charge.
- You can use your own personal investment advisor, if desired.
- There are no income limitations that might make you ineligible for an account.
- The beneficiary does not have control of or access to the account. You do.

For More Information

For information and to enroll, call the BlackRock 529 Team at 866-529-8582 or visit their website at [BlackRock.com/collegeadvantage](https://www.blackrock.com/collegeadvantage). Be sure to use the plan name AdventHealth Plan and include our company plan code: 20486.

NOTE: BlackRock does not provide personalized investment advice.



Special Programs

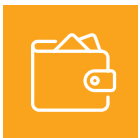
With My Secure Advantage (MSA), a financial wellness program available from New York Life Group Benefit Solutions, all team members have access to free programs to help their financial well-being.



Money Coaching

Get a free, personalized and confidential consultation with a certified financial expert! Together with a Money Coach, you will:

- Have an initial goal-setting call to discuss your financial needs, whether you want to save money, find ways to manage debt or plan for large purchases
- Complete a brief Financial Wellness Assessment to help measure your financial well-being
- Set a short-term action plan to help make your financial goals a reality
- Create a long-term roadmap to help you along your financial journey and plan for your future security



MSA Wallet

With MSA Wallet, you can monitor your cash flow in real time to get a clear, 24/7 picture of what's coming in and what's going out. With this handy online tool, you can:

- Create a budget and track your spending
- Set up bill alerts to help keep your payments on track
- Plan for large purchases
- Access coupons from thousands of merchants
- Create savings goals and track your progress



ID Theft Protection

MSA's ID Theft Protection program can help you recover from the issues that may arise from identity theft. When you opt into the ID Theft program, you'll receive:

- Unlimited fraud resolution victim assistance
- 24/7 identity theft monitoring protection
- Lost/stolen wallet/purse benefit
- And more! Talk to your Money Coach for more details



Legal Support

With MSA's legal support services, you can:

- Access helpful legal forms, including intelligent, self-drafting documents
- Create and execute state-specific wills, powers of attorney, and more



Travel Protection

With New York Life Group Benefit Solutions Secure Travel, you have support with pre-trip planning, help while traveling and emergency support for trips more than 100 miles from home. Service is available 24/7/365. If you are in the United States or Canada, call 888-226-4567. From other locations, call collect 202-331-7635.



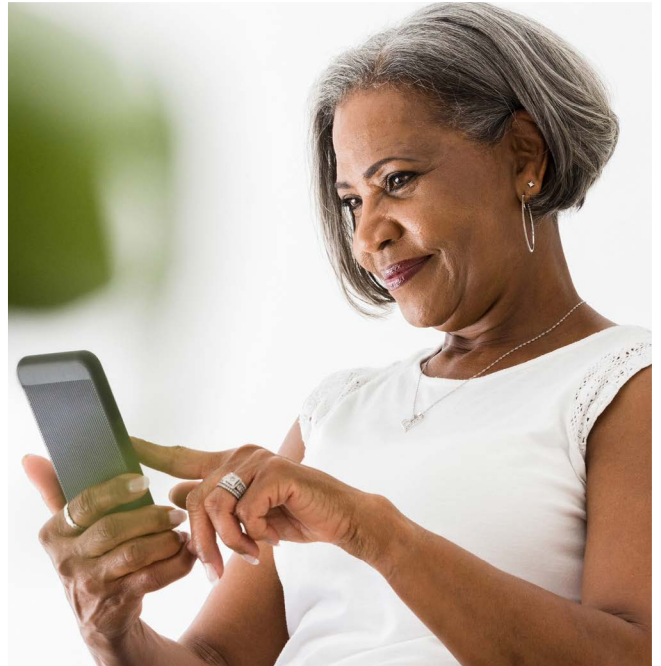
Credit Score

You can get a free credit report and score via MSA! With the credit score offering, you'll enjoy:

- A free TransUnion credit report and score
- 24/7 credit monitoring
- Interactive email and text alerts
- The opportunity to work with a Money Coach to find ways to boost your score

For More Information

To get started, visit nylgbs.mysecureadvantage.com or call 888-724-2262 Monday - Friday from 9 am – 11 pm EST (6 am – 8 pm PST) to speak with an MSA representative.





SPIRIT

These benefits include resources that nourish your overall and spiritual well-being, including our Wellness Program, Paid Days Off, Mental Health offerings and other services included in the Resources for Living Program, Bereavement Program and AdventHealth Team Member Discount Program by Perkspot.

Understand the Plans. Get Help from ALEX!

ALEX is an online Benefit Advisor that can help you better understand your coverage. For example, he can help you better understand how your Paid Days Off (PDO) program works. **Find ALEX on your "My Benefits" tile on the HUB.**



Paid Days Off (PDO)

Full-time and part-time team members are eligible to accrue Paid Days Off (PDO) each pay period. Some team members have other paid time off agreements in lieu of participating in the PDO program.

How the Plan Works

Team members will use PDO to take time away from work for any supervisor-approved reason, including illness, holidays and vacations. Participation in the PDO plan begins when contributions are made by your employer to your PDO account. These contributions, referred to as your PDO accrual, are made each pay period and placed into your PDO bank for use when needed.

The actual amount accrued to your PDO account depends on a number of factors, including your pay rate, hours worked (to a maximum of 80 per pay period) and length of employment. The PDO tile on the HUB ALEX shows these employer contributions as they accumulate each pay period. You will be paid from this balance when you take time off. PDO is available for immediate use, but it cannot be used in the same pay period in which it is accrued.

Newly hired, benefit-eligible team members will receive 24 hours of Paid Days Off (PDO) loaded into their PDO bank at the end of their first pay period, when they receive their first paycheck. This PDO is provided in advance of accruing it to accommodate any immediate and/or unexpected need that team members may encounter at the beginning of employment, such as a holiday or natural disaster.

Your PDO Bank

You may choose to build your PDO account to a maximum dollar amount equivalent to 480 hours at your current pay rate. If your balance reaches the equivalent of 480 hours, you will stop accruing more PDO until your balance is reduced below 480 hours through either use of PDO as time off or by cashing out some of your account balance.

Cashing Out PDO

After you have completed one year of service, you will be able to receive cash for PDO you have not taken, and can receive this cash any time during the year. These cash payouts will be equivalent to 90% of the value of the PDO if it was taken as time off.

There are two requirements regarding cash out:

- You must always keep at least 40 hours in your PDO bank. In other words, you can cash out only down to 40 hours. This will ensure that you have some PDO in your account to cover emergencies or upcoming holidays.
- You can only cash out 80 hours of PDO in a calendar year.

For More Information

Please see the PDO Policy or contact HR Shared Services.

To support our team members who haven't been able to use PDO during the pandemic, the 480-hour cap is being removed until 12/31/2023.



Bereavement Program

Eligibility

All actively working team members are eligible for benefits under this policy. Team members on any type of leave (medical-related, personal, educational, military, etc.) are not eligible for this benefit.

How the Plan Works

Team members are provided up to three consecutive days off from regularly scheduled duty at their base rate of pay for the death of an immediate family member, which includes the team member's spouse, child, father, mother, sibling, and step or in-law equivalents of the above. Three days are also available for the death of grandparents or grandchildren of the team member.

The team member must provide appropriate documentation (obituary, death certificate, etc.) to their supervisor as soon as practical.

These days are available separate from any PDO benefit the team member may have. A team member may use any available PDO as necessary to supplement the bereavement leave, subject to unusual business needs or staffing requirements.

Paid bereavement leave is only provided for consecutive days on which the team member was scheduled to work.

Extended Medical Coverage for a Team Member's Family When the Team Member Passes Away

To give family members of deceased team members some peace of mind, AdventHealth will extend medical coverage to health plan-enrolled family members for 30 days. After the 30 days, members have the opportunity to continue health coverage by enrolling in Continuation of Coverage (COC), for an additional 11 months. Dependents will have 30 days from the end of the AdventHealth paid month of coverage to enroll in additional COC, which will be retroactive to the end of the AdventHealth pre-paid 30-day period. If eligible, HR Shared Services will notify the family members.

New York Life GBS Survivor Assurance Program

AdventHealth offers New York Life GBS Survivor Assurance with New York Life GBS Life and Accidental Death and Dismemberment plans. This program provides support for beneficiaries when they need it most, including:

- A free, interest-bearing account for claim payments of \$5,000 or more
- New York Life GBS's 'Where to Go From Here' brochure, which offers information about other programs available to beneficiaries, including bereavement counseling, financial and legal assistance, and more
- New York Life GBS's Looking Ahead guidebook to help beneficiaries navigate legal and financial responsibilities

For more information on the New York Life GBS Survivor Assurance program, visit www.NYLGBSSurvivorAssurance.com.

For More Information

Please see the Bereavement Policy or contact HR Shared Services at 844-843-6363.



Mental Health Well Being Resources

Resources For Living Program

Eligibility

All team members and their family members are eligible to participate in the Resources for Living Employee Assistance Program (EAP). This program is available to any household member for whom you are legally and financially responsible.

How It Works

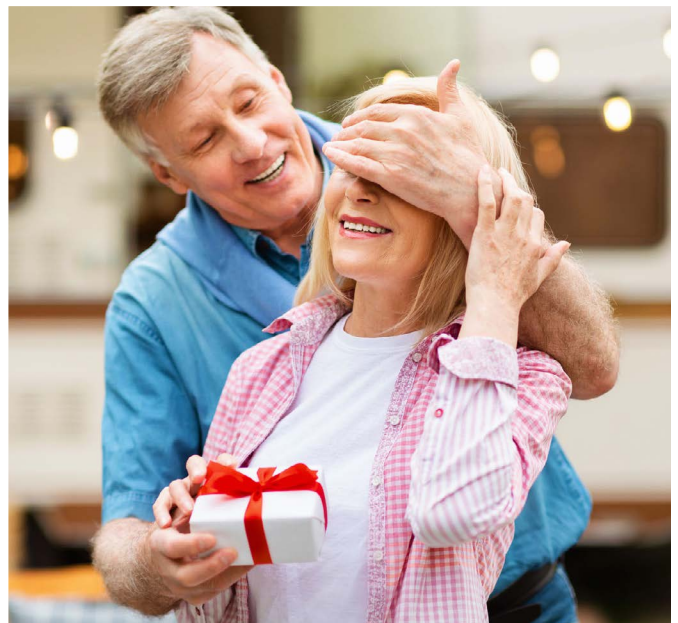
To help give you peace of mind, EAP provides unlimited 24/7 in-the-moment support of up to six (6) counseling visits/sessions per issue per year that can be utilized as face to face, telephonic or televideo.

Features Include:

- Automatic enrollment, no ID required
- Confidentiality
- Free evaluation
- 24-hour counseling
- Online resources and webinars
- Online legal library
- Referral for ongoing assistance
- Available 365 days a year

You Can Also Use the EAP as Your Go-to Online Resource for Help on a Number of Topics:

- Addictive behaviors
- Anger management
- Anxiety
- Child counseling
- Coping with life change
- Depression
- Divorce counseling
- Emotional/psychological concerns
- Family counseling
- Legal or financial stress (including identity theft)
- Loss and grieving
- Marital or relationship difficulties
- Stress management
- Substance abuse



Telephonic Worklife Support

Our Employee Assistance Program (EAP) provides a resource and referral service by phone for child care, elder care, education, household services and more. A worklife consultant will provide you with referrals, resources, and educational materials that address your specific needs. Call 888-802-5821 to speak with a consultant today.

Visit ResourcesforLiving.com to access the EAP library of articles and resources. You'll find helpful tips on a wide range of topics, from finding elder care to managing stress, to nutrition advice. Log in to ResourcesforLiving.com (username: AdventHealth; password:AdventHealth) to take advantage of many free EAP perks, including:

- Over 5,000 self-help web assist topics
- Free monthly webinars on work-life balance topics
- MyStrength, a “health club for your mind” that offers resources to improve mental health and overall well-being
- Discount Center and shopping coupons
- Free legal templates and a free online will kit
- Webinar library

For More Information

Resources for Living is available 24 hours a day, 365 days a year at 888-802-5821 or online at ResourcesforLiving.com. Log in with username: AdventHealth; password: AdventHealth



Talkspace

Talkspace is a convenient online therapy service that connects team members to a licensed therapist via text, voice or recorded video messaging — anywhere, anytime!

All AdventHealth employees, household members and dependents outside the household up to the age of 26 are eligible; age requirement is 18 years or older.

Access directly by going to: talkspace.com/rfl
Organization Code: **AdventHealth**



Ginger

Ginger also offers unlimited, confidential emotional support through coaching via text-based chats and self-care activities. Available at no cost to all team members and their household members 18 and older, the Ginger app makes it easier than ever to connect with a coach 24/7, all from the privacy of your smartphone. To get started:

1. Download the “Ginger Emotional Support” app on iOS or Android
2. In the app, tap “Get Started,” and enter your work email address.
3. Follow the instructions sent to your inbox and you’re all set!

For therapy visits, Ginger partners with Resources for Living, so whether you use Ginger or RFL, you have a total of six (6) free visits. Just be sure to confirm the therapist is in-network in case you go beyond the six (6) visits.

Wellness Program

You have access to a comprehensive wellness program through our partnership with WebMD. Get rewarded for making your well-being a priority!

Eligibility

All Team Members are eligible to participate in the Wellness Program by completing various activities that promote an active and healthy lifestyle.

How to Register

1. Navigate to webmdhealth.com/AdventHealth

- Returning Users: **Sign In**
- New Users: click "**Create Account**" You will need to enter your Employee ID.
Your employee ID is different than your network ID.
 - To view your employee ID:
 - Navigate to My Hub
 - Select 'My Personal Info' tile
 - Select 'Update Personal Information' link
 - Your ID will be on the top right of the opened page (it is nine digits long, beginning with "1")

2. Create your Sign In

- Username: six or more characters
- Password: nine or more characters

3. Enter additional Information

- Date of birth (MM/DD/YYYY)
- Email address
- Last 4 digits of Social Security number

How the Program Works

With the Wellness Program, you earn incentive dollars by hitting your biometric numbers and completing healthy activities. Earn points and receive incentive dollars by completing both the Core Program and the Supplemental Program. By completing both the Core and Supplemental Wellness Programs, you will earn the full reward amount of \$250. If you complete only the Core Program, you will earn half of the full reward amount. There is no reward available if you only complete the Supplemental Program.

Core Program

Earn your Core Program points by measuring and “hitting your numbers”:

- Complete a biometric screening and Health Assessment
- Meet the Healthy Range Standards

If you’ve completed your Health Assessment and your biometric screening results show that your numbers fall within these ranges, you will earn the first part of your Wellness Program reward. If your numbers are outside of the Healthy Range Standards, you can complete a WebMD telephone coaching call for each missed biometric to earn your remaining points. WebMD coaches will provide helpful advice and support as you work toward improving your health.

If your biometric screening and Health Assessment place you at Moderate or High Risk, the WebMD coaches will reach out to you to set up periodic coaching calls to help lower your health risks.

2021 Hit Your Numbers	
Healthy Range Standards*	
Body Mass Index (BMI)	<27
Blood Pressure (BP)	<130/85
Glucose non-fasting	<130
Total Cholesterol	<220

**The metrics currently used in our screenings are more liberal than those recommended by medical authorities, and they allow our Wellness Program efforts to focus on those most in need rather than borderline cases. We use these measures to identify those who could benefit from coaching or other programs offered through WebMD.*

Supplemental Program

The Supplemental Program provides you a choice of various wellness-related activities to encourage an active and healthy lifestyle. By completing the Supplemental Program, you earn points toward your total reward. There is no reward for completing only the Supplemental Program.

The deadline to earn your Rewards for 2022 is November 30, 2022. Both the Core and Supplemental Programs need to show as complete by the end of the day on November 30, for you to receive a reward.

To ensure that your biometric data is recorded on time and all metrics are in the system before the deadline, all biometric data will need to be submitted no later than October 31, 2022. Any coaching calls required due to missing the healthy range target for one or more of your biometrics also must be completed by this time. It is best to complete this process early in the year.

For More Information

For access to valuable well-being tools and resources and details on how to earn your reward points, log in to the WebMD Wellness Portal at [WebMDHealth.com/adventhealth](https://www.WebMDHealth.com/adventhealth).

AdventHealth Team Member Discount Program By PerkSpot

Eligibility

All AdventHealth team members are eligible to receive hundreds of exclusive discounts through the program.

How the Program Works

AdventHealth has partnered with PerkSpot to offer team members access to hundreds of exclusive discounts at some of your favorite local and national merchants. To sign up, visit adventhealth.perkspot.com and create an account using your email (personal email recommended) and a password.

With PerkSpot, You Can...

- Access offer codes and special links for discounts on apparel, travel, events, electronics, and more
- Search for discounts by popular categories
- Suggest local or national merchants
- Take your discounts on the go with mobile accessibility



Resources

Contact Information

	Administrator	Phone/Email	Website
HR Shared Services		844-843-6363	Hub.AdventHealth.com
Medical			
The Health Savings Plan	Aetna	855-262-0788	www.aetna.com
The Traditional Plan			
Prescription Drug	RxPlus Pharmacy	866-943-4535	myAdventHealthRX.com
Spending and Savings Accounts			
Health Savings Account (HSA) Flexible Spending Account (FSA)	Optum Financial	844-680-5661	myoptumfinancial.com/AH
Adoption Assistance			
Adoption Assistance	Optum Financial	844-680-5661	
Dental			
Delta Dental \$50 (PPO)	Delta Dental	800-521-2651	DeltaDentalIns.com
Delta Dental \$75 (PPO)			
DeltaCare USA Managed Care Plan (DMO)	Delta Care USA	800-422-4234	
Vision			
VSP Vision Plan	Vision Service Plan (VSP)	800-877-7195	VSP.com
Disability Insurance			
Short-Term Disability Long-Term Disability	New York Life Group Benefit Solutions	800-852-0682	myNYLGBS.com
Life Insurance			
Life Insurance	New York Life Group Benefit Solutions	800-852-0682	myNYLGBS.com
Voluntary Benefits			
Critical Illness Accident Insurance	U.S. Enrollment Services for CHUBB	407-599-5001 or 888-357-0504	www.usevb.com/AdventHealth
Hospital Indemnity	U.S. Enrollment Services for AETNA		
Retirement			
Retirement Plan	AHRP	800-730-2477	AHRP.com
Mental Health Well-Being Resources			
Resources for Living Assistance Program (EAP)	Resources for Living	888-802-5821	ResourcesforLiving.com Username: adventhealth Password: adventhealth
Ginger	Ginger	help@ginger.io	www.ginger.com
College Savings			
BlackRock 529 College Savings Plan	BlackRock	866-529-8582	BlackRock.com/collegeadvantage Plan Name: AdventHealth Company Plan Code: 20486
Team Member Discounts			
Team Member Discount Program	PerkSpot	866-606-6057	https://AdventHealth.PerkSpot.com/login

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