OPEN ENROLLMENT *Guide*

2018 Open Enrollment

OCTOBER 31 – NOVEMBER 17

Premier Health

Benefit Guide Disclaimer: This benefit guide highlights key features of the Premier Health benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this guide and the legal plan documents, the plan documents are the final authority. Premier Health reserves the right to change or discontinue its benefit plans at any time without prior advance notice. Participation in any of the plans is not a contract of employment.

What's Inside

Welcome

Benefits Open Enrollment will be held **October 31 – November 17, 2017** for all benefit-eligible Premier Health employees. Open Enrollment is your opportunity to review and make changes to your benefit elections for the plan year beginning January 1, 2018.

As a Premier Health employee, you play a significant role in our mission to improve the health of the communities we serve. Your benefit package is an important part of your total compensation and is designed to offer both choice and value to meet the needs of our diverse workforce.

This Benefits Enrollment Guide provides an overview of the benefits available to you for the 2018 Plan Year, with links to additional information about the benefits that interest you. Additional information can be found on the new benefits enrollment portal – *My Benefits*.

- Review and compare benefit plans and pricing
- Access the interactive decision support tool (Ask Emma) to help find plans that are right for you
- Confirm or update your dependent and beneficiary information
- Enroll in your 2018 benefits (beginning October 31)
- Print or email your confirmation statement

We encourage you to prepare for Open Enrollment by carefully reviewing this benefit guide and using the tools available to you on *My Benefits*.

Printing this benefit guide?
To ensure this document prints properly, after clicking "File" and "Print," click on "Advanced" and select the option "Print as Image."

My Benefits is available on Inside Premier (intranet).
Just search for "My Benefits" or click on "Quick Links" and select "My Benefits." After clicking the link, you may be prompted to login to *My Benefits* with your network ID and password.

What's New for 2018

Medical Plan Network

The Premier Health Employee Plan will continue to offer a choice between two plan designs: the traditional plan with a Health Reimbursement Account (HRA) and the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). In 2018, both plans will provide coverage in Ohio through the Midwest Health Collaborative Network (MHC). MHC is an organization formed by Premier Health and five other the leading health systems in Ohio to improve the value of healthcare services delivered to patients and communities in Ohio. The MHC member health systems include:

- **Premier Health**: Dayton and southwest Ohio
- **Aultman**: Canton and northeast Ohio
- **Cleveland Clinic**: Cleveland and northeast Ohio
- **OhioHealth**: Columbus, north, central, and southeast Ohio
- **ProMedica**: Toledo, northwest Ohio, and southeast Michigan
- **TriHealth**: Cincinnati, southwest Ohio, and northern Kentucky

Together they represent more than 40 hospitals and hundreds of care sites across Ohio dedicated to delivering exceptional clinical outcomes at lower costs.

What's New for 2018 Continued

Medical Plan Benefits

Bariatric Surgery: Coverage for bariatric surgery at Premier Health Weight Loss Surgery Center is expanding to include all participants, age 18 and older, who meet the qualification criteria.

Hearing Aids: The benefit maximum for hearing aids will change to $2,000 every two years.

Premier Virtual Care: Premier Virtual Care brings a board-certified physician or nurse practitioner to you when and where you need it, through video chat or over the phone without an appointment, 24 hours a day, seven days a week. It is appropriate for treating a variety of common conditions like cold and flu, pink eye, rash, back pain, allergies, and urinary tract infection in adult women. Premier Virtual Care services will be covered in 2018 after applicable copay or deductible/coinsurance.

TMJ: Treatment for temporomandibular joint (TMJ) disorders will no longer be covered by the Plan.

Prescription Drug Benefits

Beginning January 1, 2018, CVS/Caremark will be the Pharmacy Benefit Manager for the Premier Health Employee Plan. This means the formulary, claims, and customer service will be managed by CVS/Caremark and your ID card will reflect this new information. Employees will still have access to the Premier Health Outpatient pharmacies and most other retail pharmacies in the current network.

MetLife Dental Network

The Premier Health Dental Plan will offer the MetLife PDP Plus Network in 2018, which expands the selection of participating dentists and specialists in the MetLife Preferred Dentist Program. You will still have the option to visit any licensed dentist or specialist— however, your out-of-pocket costs are usually lower when you go to a participating dentist.

Critical Illness and Accident Insurance

Unum will replace Lincoln Financial Group as the carrier for the voluntary Critical Illness and Accident benefits. If you are currently enrolled in one or both of these benefits, you will automatically be enrolled in the Unum plans based on your current level of benefit and premium. If you do not wish to continue the benefit, you may opt out during Open Enrollment.

NOTE: You will not receive a confirmation statement mailed to your home and there will be no correction period this year, so it is important to verify the accuracy of your elections. No other benefit changes may be made during the plan year, unless you experience a Qualified Life Event (such as a birth, death, marriage, divorce, adoption, gain or loss of outside coverage). If you have a Qualified Life Event, you must log on to *My Benefits* and complete the online enrollment within 31 days of the event to change your benefit elections.

Enrollment Process

All employees are strongly encouraged to attend an informational meeting and speak with a benefit counselor. During these educational sessions, the benefit counselor will review your benefit options, help you understand the choices available to you, provide assistance so you can select the benefits that best meet your needs, and help you complete the enrollment process online.

Enrollment Meetings

Professional benefit counselors will be conducting employee meetings between October 31 – November 3 at all hospital locations. Meeting dates and times are listed here.

Benefit counselors are also conducting departmental meetings when requested. Please check with your manager to see if a benefit counselor has been arranged in your department.

If you are unable to meet with a benefit counselor in your department or if a time has not been set up, you can schedule a confidential one-on-one appointment at a Premier Health facility convenient to you. You may also schedule a phone appointment.

How to Schedule Your Appointment With a Counselor

Scheduling your individual appointment is easy!

Online. Click here to schedule your appointment. Choose your location from the drop-down menu, select the date and time that best fits your schedule, and fill out the form with your information. You will receive a confirmation email. If you selected an in-person meeting, your confirmation will provide your meeting location. If you selected a phone meeting, a benefit counselor will call the number you provided when you completed the form.

Call. (888) 361-3942, Monday – Friday, 8 a.m. – 7 p.m. to schedule an appointment.

Attend a walk-in session. Walk in sessions are first come, first served, so we recommend scheduling an appointment, if possible.

Enrollment Checklist – Be Prepared

Your benefit decisions are important and a lot goes into making the right choice. Use this checklist to prepare to enroll.

- ☐ Review this Benefit Enrollment Guide and explore the benefit information and tools available to you in the *My Benefits* portal. See page 4 for instructions on navigating the portal.
- ☐ Collect information such as full name, date of birth, and social security number for eligible dependents you want to cover on any health coverage for the first time.
- ☐ Be sure to meet with a benefit counselor in person or by phone and ask your questions before enrolling in the plans.
- ☐ Choose your benefit elections through *My Benefits*. Verify covered dependents and beneficiaries.
- ☐ After you have completed the online enrollment process, review your online confirmation statement and verify that your elections are correct. You may print and/or email your confirmation statement at this time.

Eligibility

Regular, full-time employees budgeted 72 or more hours per pay period and part-time employees budgeted 32 or more hours per pay period are eligible for benefits. (NOTE: The Affordable Care Act [ACA] requires Premier Health to provide medical coverage for some non-benefit eligible employees who meet the ACA Eligibility requirements. For more information about ACA Eligibility classification, **click here**.)

Who Can Be Covered

Yourself: You must enroll yourself in coverage in order for any dependent (spouse/child) to be enrolled in coverage.

Your legal spouse: Provided he or she is not covered as an employee under this plan. A legal spouse does not include an individual from whom you have obtained a legal separation or divorce. ***Important Note***: Spouses who are employed and have access to medical coverage through an employer other than Premier Health will not have access to medical coverage through Premier Health.

Your dependent child under the age of 19 (from birth to the end of the plan year of their 19th birth date): An unmarried dependent child is eligible until the child reaches the end of the year of his or her 19th birthday. The term *child* includes the following:

- A natural biological child;
- A stepchild;
- A legally adopted child or a child legally placed for adoption as granted by the action of a federal, state, or local government agency responsible for adoption administration or a court of law if the child has not attained age 18 as of the date of such placement;
- A child under you (or your spouse's) permanent legal guardianship as ordered by a court;
- A child who is considered as an alternate recipient under a Qualified Medical Child Support Order (QMCSO).

Your dependent child over the age of 19 (age 19 approaching their 20th birth date during the plan year and older):

- *Medical Insurance*: Your married or unmarried dependent over the age of 19 can be covered until the end of the month in which they reach the age 26 provided they are your natural child, legally adopted child, or stepchild.
- *Dental, Vision & Life Insurances:* An unmarried dependent child that has reached the end of the year of their 19th birth date through the end of the year in which they turn 25, must meet the following eligibility criteria:
  - The employee's IRS dependent (refer to **www.irs.gov** for definition) AND
  - A full-time college student with a minimum of 12 hours at least 5 months of the year
- *Your eligible disabled dependent:* An unmarried disabled dependent child who is mentally or physically handicapped and who is incapable of engaging in self-sustaining employment due to such incapacity.

Your Medical Plans

Below is a comparison of your medical plan options.

	HRA Plan			HSA Plan		
	Premier Health Group Network	Extended Network (MHC/PHCS)	OON	Premier Health Group Network	Extended Network (MHC/PHCS)	OON
Deductibles						
Type	Embedded	Embedded	N/A	Aggregate	Aggregate	N/A
Individual	$2,000	$4,000		$2,500	$2,500	
Family	$4,000	$8,000		$5,000	$5,000	
Coinsurance						
	10%	30%	100%	10%	30%	100%
Medical and Pharmacy Out-of-Pocket Maximum per Calendar Year						
Type	Embedded	Embedded	N/A	Embedded	Embedded	N/A
Individual	$5,000	$6,550		$6,550	$6,550	
Family	$10,000	$13,100		$13,100	$13,100	
Hospital Services						
Inpatient	10% AD	30% AD	Not covered	10% AD	30% AD	Not covered
Outpatient	10% AD	30% AD	Not covered	10% AD	30% AD	Not covered
Physician Services						
Preventive	Covered in full	Covered in full	Not covered	Covered in full	Covered in full	Not covered
PCP	$20 copay	30% AD	Not covered	10% AD	30% AD	Not covered
Specialist	$40 copay	30% AD	Not covered	10% AD	30% AD	Not covered
Urgent Care and Emergency Services						
Urgent Care	$50 copay	$50 copay	$50 copay	10% AD	10% AD	10% AD
ER Visit	$350 copay	$350 copay	$350 copay	10% AD	10% AD	10% AD

Pharmacy Benefits

	HRA Plan		HSA Plan	
	Premier	Retail	Premier	Retail
Tier 1: Preferred Generic	$4	$10	10% AD	15% AD
Tier 2: Non-preferred Generic	$15	$20	10% AD	15% AD
Tier 3: Preferred	$45	$55	20% AD	30% AD
Tier 4: Non-preferred	$80	$90	35% AD	45% AD
Tier 5: Specialty	20%	20%	20% AD	20% AD
90-Day Premier Pharmacy Copay	2.5x			
90-Day Mail Order via ESI Copay	3x			

AD = After deductible has been met
PCP = Primary Care Physician

Premier Health Employee Plan – HRA

Each year you enroll in the Premier Health Employee Plan – HRA, you have the opportunity to earn an employer contribution to your Health Reimbursement Account (HRA) by completing the Premier Healthy Living wellness incentive. The wellness incentive you earn in 2017 will be paid in 2018. The dollars in your HRA are used to pay for out-of-pocket deductibles and coinsurance costs related to your medical expense.

- HRA dollars do not pay for services requiring a flat dollar co-pay (i.e. ER, Urgent Care, physician office visit co-pays, and prescription drug co-pays).
- Preventive care services (such as annual physicals, mammograms, and flu shots) are covered at 100% with your medical plan.

Once you use up the funds in your HRA, you are responsible to pay for deductibles and coinsurance.

For a summary of the medical coverage under this plan, **click here**. For a summary of the prescription drug coverage, **click here**.

Premier Health Employee Plan – HSA

The Premier Health Employee Plan – HSA is a high deductible health plan that meets certain criteria established by the IRS to allow covered individuals to contribute to a Health Savings Account (HSA). An HSA is an individual account that allows for tax-free contributions by both the employee and the employer. Contributions made to an HSA are managed by the employee and can be used to pay for eligible medical expenses for you, your spouse, and your eligible dependents. Only employees who enroll in the Premier Health Employee Plan – HSA are eligible to elect the HSA. In addition to having a qualified High Deductible Health Plan, there are some other eligibility requirements.

- You can't be enrolled in Medicare.
- You can't have any non-permitted coverage.
- You can't be claimed as someone else's tax dependent.

How the HSA Plan Works

The Premier Health Employee Plan – HSA has two key components: an integrated deductible and coinsurance. The integrated deductible means both medical costs **and** prescription drug costs apply to the same deductible. After you reach the deductible, the plan pays a percentage of your costs (coinsurance) for both medical services and prescription drugs. Preventive services are covered at 100%, which means these services are not subject to the deductible and coinsurance. For more information on the medical coverage and plan limitations for the Premier Health Employee Plan – HSA, **click here**. For a summary of the prescription drug benefit coverage, **click here**.

When you enroll in the Premier Health HSA Plan, an account will be created for you at PNC Bank. You can elect to deposit pre-tax dollars into your HSA through convenient payroll deduction. **When you participate in Premier Healthy Living and earn your incentive, your employer will deposit money into your HSA too!** Note: The combined amount of employer and employee contributions per calendar year cannot exceed the annual limit established by the IRS.

For 2018, the annual HSA contribution limit:

- For an employee electing single coverage – $3,450
- For an employee electing any other coverage level – $6,900
- Employees age 55 or over may contribute an additional catch-up contribution of $1,000

Once your HSA is opened at PNC Bank, you will have access to a secure, easy-to-use web portal, where you can track your account balance, view your investment accounts, and submit requests for reimbursement. **Click here** for more information about Health Savings Accounts and the PNC BeneFit Plus Customer Portal.

In addition, you will receive a convenient debit card to make it easy to access the money in your HSA. The card contains the value of your HSA and you can use it to pay for deductibles, coinsurance, and eligible services and products not covered by the plan. When you use the card, payments are automatically withdrawn from your account, so there are no out-of-pocket costs and you won't have to submit receipts to verify purchase.

Benefits of an HSA

- An HSA is yours. The unused balance in your HSA rolls over from year to year and stays with you, even if you change jobs.
- Contribute tax free. An HSA reduces your taxable income. The money is tax free both when you put it in and when you take it out to cover qualified medical expenses.
- When you maintain a minimum balance, your additional funds may be invested in mutual funds yielding tax-free earnings. If you invest your HSA funds, they remain in the investment account, like an IRA or 401(k). This means that HSAs have the potential for long-term, tax-free savings.
- Spend tax free. Withdrawals used for eligible expenses are tax free.

For more information about HSAs visit **www.irs.gov/pub/irs-pdf/p969.pdf**.

Evaluating Your Plan Options

Check out the decision support tools on *My Benefits* to compare plan options and decide which plans are best for you and your family.

Your Provider Network

Premier Health has partnered with leading health systems of Ohio to form the Midwest Health Collaborative (MHC) to improve the value of health care services delivered to patients and communities in Ohio. The following health systems and networks, representing more than 40 hospitals and hundreds of care sites across Ohio, comprise the MHC:

- **Premier Health**: Premier Health Group
- **Aultman**: Integrated Health Collaborative
- **Cleveland Clinic**: Quality Alliance
- **OhioHealth**: Health Reach Preferred
- **ProMedica**: ProMedica Health Network
- **TriHealth**: TriHealthPhysician Hospital Organization (TPHO)

In 2018, the Premier Health Employee Plan will provide coverage for services in Ohio through the Midwest Health Collaborative Network. Outside the state of Ohio, you will continue to have access to PHCS, a national network. There is no coverage for out-of-network services, with the exception of emergency and urgent care services.

How It Works

Premier Health Group Network (PHG): PHG is a member of the Midwest Health Collaborative. However, as a Premier Health employee, when you or your covered family member obtain care from a PHG provider, you will generally receive a higher level of benefit. PHG includes Premier Health facilities, Dayton Children's Hospital, Cincinnati Children's Medical Center, and Wayne Healthcare. CVS Clinics nationwide and University Health Clinics are also included in the PHG network and offer the higher level of benefit for out-of-area dependents. The PHG behavioral health network is Optum Behavioral Health with access anywhere in the United States.

Extended Network (MHC/PHCS)

Within the state of Ohio, you may also obtain care from other Midwest Health Collaborative (MHC) network providers (Aultman, Cleveland Clinic, Ohio Health, ProMedica, TriHealth). Outside the state of Ohio, you may obtain care from a PHCS network provider. When you obtain care from a MHC or PHCS network provider, you will generally have a higher out-of-pocket expense.

Out-of-Network (OON)

There is no coverage for services received outside of the MHC and PHCS networks, with the exception of emergency and urgent care services.

To locate a provider, log on to **premierhealthyliving.org** and select Find a Doctor.

The Cost of Your Benefits

The benefits that Premier Health offers are a valuable part of your overall compensation package. On average, Premier Health pays the vast majority of the total costs of the benefits program. The table below shows the per pay period (bi-weekly) employee cost for medical coverage.

Full-time Medical Costs

	HRA Plan		HSA Plan	
	Non-Tobacco	Tobacco*	Non-Tobacco	Tobacco*
Employee	$55.69	$145.69	$44.34	$134.34
Employee + Child	$134.84	$224.84	$124.04	$214.04
Employee + Children	$191.91	$281.91	$176.53	$266.53
Employee + Spouse	$237.08	$327.08	$213.86	$303.86
Employee + Family	$248.80	$338.80	$222.88	$312.88

Part-time Medical Costs

	HRA Plan		HSA Plan	
	Non-Tobacco	Tobacco*	Non-Tobacco	Tobacco*
Employee	$142.55	$232.55	$44.34	$134.34
Employee + Child	$263.80	$353.80	$241.30	$331.30
Employee + Children	$377.58	$467.58	$342.00	$432.00
Employee + Spouse	$430.54	$520.54	$381.89	$471.89
Employee + Family	$448.84	$538.84	$398.85	$488.85

*Tobacco Surcharge

Premier Health is committed to encouraging healthy behaviors. When you or a covered dependent is a tobacco user, a tobacco surcharge of $90 per pay period will be added to your cost for medical coverage. A tobacco user is defined as someone who has used a tobacco product in the past three months. Tobacco products include but are not limited to: cigarettes, cigars, pipes, smokeless tobacco and electronic cigarettes. The Premier Health Employee Plan and Premier Healthy Living offer resources to help you and your family members to quit smoking.

Note: Spouses who are employed and have access to medical coverage through an employer other than Premier Health are not eligible for medical coverage through Premier Health.

Premier healthy living

Wellness is not a destination, it's a journey.

As a Premier Health employee, you have access to Premier Healthy Living, a program designed to encourage and support you in achieving a healthy lifestyle. Your healthy living website, phlwellness.com, will lead you to interactive health education, tools to track your healthy activities, and personalized information to help you maintain and improve your health.

Premier Healthy Living Wellness Incentive

Premier Health is committed to helping you achieve your optimal health by providing incentives to encourage you to get and stay healthy. If you are enrolled in the Premier Health Employee Plan, you have from November 1, 2017 until October 31, 2018 to earn rewards by completing your Premier Healthy Living Wellness Incentive Program requirements.

There are two awards for you to take advantage of:

Premier Healthy Living Wellness Incentive Programs	Program Requirements	Incentive Points	Your Reward
2019 Premium Discount Program	Complete the following activities by October 31, 2018: 1. Member Health Assessment *AND* 2. Biometric screening	You will receive **200 incentive points** for completing the program requirements (Each activity is worth 100 points) (must be employed on or before 8/31/18 to receive award)	$10 discount on your premium each pay period ($260 savings annually)
2019 HRA/HSA Award Program	Complete the following activities by October 31, 2018: 1. Member Health Assessment *AND* 2. Biometric screening *AND* 3. Earn 700 or 1,200 incentive points by completing wellness activities of your choice	Earn **700 incentive points** for completing wellness activities (must be employed on or before 8/31/18 to receive award) **OR** Earn **1,200 incentive points** for completing wellness activities (must be employed on or before 5/31/18 to receive award)	$500 award deposited into your HRA/HSA **OR** $1,000 award deposited into your HRA/HSA

Lifestyle Change
stability, confidence, strength

Physical Activity
excitement, energy, determination

Stress Reduction
wisdom, calm, spirituality

Nutrition
fresh, natural, health

How can I earn my incentive points?

There are numerous ways to earn your incentive points:

- **Preventive health exams**: mammograms, annual comprehensive exam, prostate exam, etc. (Screenings completed in Nov. and Dec. of 2017 will count towards your 2018 incentive points.)
- **Premier Healthy Living wellness challenges**: Weigh 2 Win, Step Ahead, etc.
- **Employer-endorsed activities**: weight management, physical activity, etc.

Don't forget to sign up for the wellness portal! This is where you can earn and track your points toward your rewards! Click here to follow step-by-step instructions for creating your account.

Premier Health Employee Plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees that are currently enrolled in the employee plan. If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Contact the Healthy Living Plan Administrator at 1-888-848-3723. We will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Premier Virtual Care

Now you can receive care whenever and wherever you need it for a variety of minor illnesses like pink eye and sinus symptoms. Thanks to **Premier Virtual Care**, around-the-clock health care is only a click away. Premier Virtual Care is not meant to replace seeing your Primary Care Physician (PCP), but it can offer an alternative for minor non-emergent issues.

With Premier Virtual Care, a team of board-certified physicians and nurse practitioners can evaluate and treat you, your family, and children through video chat, without an appointment, 24 hours a day, seven days a week. Virtual visits typically last about 20 minutes. Afterwards, a summary of the visit is provided and can be accessed through a patient's online account. The Premier Virtual Care team can even call in prescriptions to a patient's local pharmacy.

Premier Virtual Care is available to employees now through the public portal, and in 2018 will be a covered benefit (subject to copay or deductible/coinsurance) to employees with Premier insurance.

24/7 Nurse Line – (855) 242-4873

24 hours a day, seven days a week, Premier Health Employee Plan members have immediate access to healthcare advice through the Nurse Line. Experienced registered nurses are available around the clock to provide you with prompt and efficient service. If you have questions about a new diagnosis or medication or need advice about an urgent symptom or illness, nurses are available.

Premier Health Employee Plan members can talk to a registered nurse in the middle of the day or night about:

- Medication side effects or dosing questions
- Pains, cramps, or upset stomachs
- Fevers and common colds
- Cuts or bruises
- Your doctor's advice or treatment plans
- Determining the need to call a doctor or go to the emergency room
- Finding the closest in-network after hours clinic
- Locating providers when you are out of town

Introducing Your Personal Approach to Health (PATH)

If you or a member of your family is managing a difficult health condition, Premier Health Employee Plan offers a coordinated, personal approach that will provide you with care, support, and resources to help you reach your healthy living goals. PATH comes at no additional cost beyond your regular expenses for office visit copayments and deductibles.

PATH is about making sure you get the right level of support:

- If you only need support for short-term solutions, such as finding a primary care doctor, you will work one-on-one with a nurse (RN) Care Advisor to meet your goals.
- If you cope with a long-lasting disease and need some help getting it better under control, Care Advisors are there to help you take charge of your health over time.
- If you struggle with multiple conditions and health issues, your Care Advisor and doctor will work together to help you create a personalized care plan to help you manage your health, and your costs.

If you meet the qualifications for PATH, you might receive a call from your physician or a Care Advisor inviting you to participate.

Condition Care

If you are living with a health condition, our Condition Care programs can support you with education and self-management tools. Currently, we have programs available for diabetes, heart failure, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), and asthma.

To learn more about our Condition Care programs or request educational materials, please call (855) 859-1734, Monday to Friday, 9 a.m. to 5 p.m. EST. TTY users: (855) 250-5604.

Transition Care

Our Transition Care program helps you decrease your chances of going back to the hospital once you've been admitted. When you're in the hospital, you can work with a Care Advisor and talk about making the adjustment home and the next steps. You will leave with a printed plan, including any medications you're taking and a list of your follow-up appointments.

After you get home, your Care Advisor will make sure to follow up with you to make sure you have everything you need.

Flexible Spending Accounts – What Are They and How Do They Work?

Healthcare Flexible Spending Account (FSA)

A Healthcare FSA allows you to set aside pre-tax dollars to pay for qualified medical expenses. The money deposited into your spending account is deducted from your paycheck before taxes are withheld, which lowers your taxable income and increases your spending power. You also enjoy the convenience of a PNC debit card to pay for your eligible expenses.

Before you enroll in a Healthcare FSA, you should evaluate what your out-of-pocket medical, dental, and vision expenses will be for the coming year. Remember, the key to effective use of the flexible spending accounts is planning ahead. Any money left in the FSA at the end of the plan year will be forfeited. This is called the **Use It or Lose It** provision. The most you can contribute in 2018 is $2,600.

Medical		Vision		Dental	
Deductibles	$	Exams	$	Routine checkups	$
Copayments	$	Eye surgery	$	Fillings/crowns	$
Doctor visits	$	Lenses/frames	$	Orthodontics	$
Prescriptions	$	Contacts	$	Other	$
Other	$	Other	$		
Total	$	Total	$	Total	$

Total (add Medical, Vision, and Dental totals) $ _____

Important Note: You may have either an FSA or an HSA, but not both.

Daycare Spending Account

The Daycare Spending Account allows you to set aside pre-tax dollars to pay for qualified daycare expenses for a dependent under the age of 13 or for care of a disabled spouse or parent while you work. Eligible expenses include things like payments to a licensed daycare provider or nursery school, before and after school care, a summer day camp program, or elder care. The annual maximum contribution is $5,000 (subject to non-discrimination testing compliance).

The Daycare Spending Account is subject to the same **Use It or Lose It** provision as the FSA. Any money left in the account at the end of the plan year will be forfeited.

Fill out the table below to estimate how much you should contribute to your account.

Dependent Day Care Expenses	
Children	$
Adults	$
Total	**$**

Click here for more information about FSAs and the PNC BeneFit Plus Customer Portal.

Accident Insurance

Since accidents can happen at any time – 24 hours a day, seven days a week – it's important to be prepared. That is why we are happy to offer a voluntary Accident Insurance program from Unum. For more information about Accident insurance, **click here**.

This policy can help cover the out-of-pocket costs associated with an accident (on and off-the-job), by paying you a benefit depending on the injuries you suffer and the treatment you receive. You can use the money as you see fit, whether to pay for expenses associated with your accident, like an emergency room copay, or to pay for childcare so you can get to the doctor for a follow up visit.

The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. Plus, the plan includes a $50 wellness benefit per year per insured when a defined health assessment is completed. **Click here** to learn more about the wellness benefit.

Below is an example of how the plan might work if you or a loved one suffered a leg fracture.*

Benefit	Amount
Ambulance	$150
Emergency Room Visit	$150
Fractured Leg	$1,500
Crutches	$25
Two Physical Therapy Sessions	$100
Follow Up Visit	$50
Total	**$1,975**

**This example is for illustrative purposes only; your actual benefits may differ.*

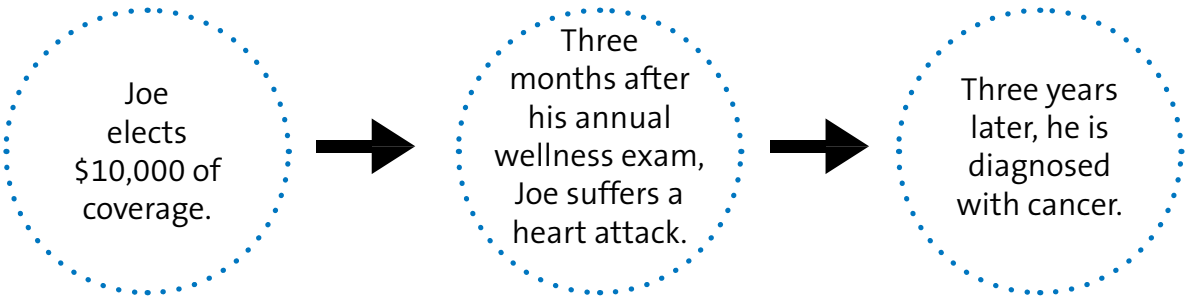
Critical Illness Insurance

The voluntary Critical Illness program from Unum provides you with a lump sum cash benefit in the event you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important — getting better. For more information about voluntary Critical Illness insurance, **click here**.

You pick the level of coverage that provides the right protection for your family. During this enrollment period, you will have the opportunity to select up to $30,000 in coverage for yourself, up to $15,000 for your spouse, and up to $15,000 for your child(ren) without answering any medical questions. Plus, the policy will also pay you a $50 wellness benefit when you complete a qualified health assessment. **Click here** to learn more about the wellness benefit.

How the Plan Works

Critical Illness Insurance offers peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.*



Joe's Critical Illness policy provided the following benefits:

Wellness Benefit:	$50
Heart Attack Benefit:	$10,000
Cancer Benefit:	$10,000
Total Benefits:	**$20,050**

Schedule an appointment to speak with a benefit counselor for more information.

**This example is for illustrative purposes only; your actual benefits may differ.*

Life Insurance

Basic Life Insurance and Accidental Death and Dismemberment Insurance (AD&D) is available at no cost to you and is paid for by Premier Health. Full-time employees are eligible for coverage in the amount of $20,000 or one times annual salary, whichever is greater. Part-time employees are eligible for $7,500 of coverage. Note: Coverage amounts are reduced at age 65. Refer to your Life Insurance Summary Plan Description for details on age reduction.

Supplemental Life Insurance and AD&D is available for purchase during open enrollment, up to the maximum coverage amount.

Dependent Life Insurance is available for purchase. You may choose coverage for your spouse only, children only, or your whole family. Important note for part-time employees: the amount of dependent life insurance for your spouse/children cannot be greater than the total value of your own life insurance amount. Note: Coverage amounts are reduced at age 65. Refer to your Life Insurance Summary Plan Description for details on age reduction.

Disability Insurance

Short Term Disability (STD) Insurance provides eligible employees with a portion of your income for up to 26 weeks if you become disabled due to an injury or illness. The policy pays a benefit of 60% of your pre-disability earnings. Benefits begin after you have been disabled for seven calendar days. This benefit is paid for by Premier Health and is provided at no cost to you. It is the employee's responsibility to request to use this benefit.

Long-Term Disability (LTD) Insurance is available for full-time employees. Premier Health pays for this plan, which provides income replacement of 60% of your monthly base pay up to the maximum monthly benefit. Benefits are payable after the 180-day elimination period has been exhausted. It is the employee's responsibility to file a claim for this benefit. Part-time employees have the opportunity to purchase LTD at group rates. For more information about voluntary LTD insurance, click here.

Whole Life Insurance

Whole Life Insurance with Long Term Care provides much more than a death benefit – it also offers valuable "living benefits" that you can use during times of need. For more information about Whole Life Insurance, click here.

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement. To compare the different features of term life and whole life insurance, click here.

Plan Highlights

- During this year's open enrollment period only, you will be able to elect up to $100,000 of coverage for yourself without answering any medical questions.
- Long term care benefits that provide support and financial resources to cover the cost of long term care you might need in the event of illness, accident, or aging.
- Premiums are based on your age when you purchase and don't increase as you get older.
- Your death benefit does not decrease with age.
- You can buy coverage for your spouse and dependent children.
- You get affordable rates when you buy this policy through your employer, and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.

Schedule an appointment to speak with a benefit counselor for more information.

Dental and Vision

MetLife is the administrator for the Premier Health Dental Plan. For 2018, we are offering MetLife's expanded network of dental providers through the PDP Plus Network. For instructions on how to find a network dental provider and link to the MetLife website, **click here**.

Vision Service Plan (VSP) is the administrator for the Premier Health Vision Plan-VSP. VSP offers savings on eyeware and eyecare. You can choose to use a VSP provider or any out-of-network provider. To find a provider near you, **click here**.

Highlights of your dental and vision plans can be found below.

Dental Benefits

Features	Low	High
Deductibles and Maximums		
Deductible	None	$50 per person
Annual Max	None	$1,500
Orthodontia Lifetime Max	No coverage	$1,000
Treatment and Services		
Preventive Care	100%	100%
Fillings	50%	80% after deductible
Orthodontia	No coverage	60% for children under the age of 19
All Other Services	No coverage	80% after deductible

Vision Benefits

Features	Frequency	Copayment	In-Network	Out-of-Network
Eye Exam	Once a year	$15.00	Covered in full	Up to $50
Lenses	Once a year	$25.00 (covers lenses and frames)	Covered in full: single vision, lined bifocals, lined trifocals	Single vision up to $50 Bifocal lenses up to $75 Trifocal lenses up to $100
Frames	Once every two calendar years if not buying contacts	See above	Covered up to $145	Up to $70
Contact Lenses	Once every year if you are not buying glasses	None	Covered up to $120; Allowance applies to the cost of your lenses and fitting evaluation and exam	Up to $105

Dental and Vision Rates

The table below shows the per pay period (bi-weekly) employee cost for dental and vision coverage.

	Dental Full-time		Dental Part-time		Vision
	Low	High	Low	High	
Employee	$3.23	$6.85	$3.55	$7.53	$4.04
Employee + Child	$3.45	$7.62	$4.49	$10.06	$6.62
Employee + Children	$8.68	$18.43	$9.55	$20.27	$6.62
Employee + Spouse	$6.58	$13.97	$7.24	$15.37	$6.15
Employee + Family	$11.23	$23.84	$12.36	$26.22	$10.54

Benefit Guide Link Directory	
Topic	**Website**
Scheduling an Appointment	http://www.premierhealth.mybenefitsappointment.com/
Locate a Medical Provider	http://premierhealthyliving.org
Locate a MetLife Dental Provider	http://documents.mybenefitslibrary.com/premier/find_a_dental_provider_PDP_Plus.pdf
Locate a VSP Vision Provider	https://www.vsp.com/find-eye-doctors.html?id=guest&WT.ac=fad-guest
ACA Eligibility FAQ	http://documents.mybenefitslibrary.com/premier/2018_ACA_eligibility_FAQ.pdf
HRA - Medical Benefit Summary	http://documents.mybenefitslibrary.com/premier/2018_medical_benefit_summary_HRA.pdf
HRA - Pharmacy Summary	http://documents.mybenefitslibrary.com/premier/2018_pharmacy_summary_HRA.pdf
HSA - Medical Benefit Summary	http://documents.mybenefitslibrary.com/premier/2018_medical_benefit_summary_HSA.pdf
HSA - Pharmacy Summary	http://documents.mybenefitslibrary.com/premier/2018_pharmacy_summary_HSA.pdf
HSA - Additional Information from the IRS	https://www.irs.gov/pub/irs-pdf/p969.pdf
HSA - PNC BeneFit Plus	http://documents.mybenefitslibrary.com/premier/PNC_HSA_education_package.pdf
FSA - PNC BeneFit Plus	http://documents.mybenefitslibrary.com/premier/PNC_FSA_education_package.pdf
Wellness Benefit Summary	http://documents.mybenefitslibrary.com/premier/wellness_benefit_flyer.pdf
Accident Insurance Summary	http://documents.mybenefitslibrary.com/premier/accident_flyer.pdf
Critical Illness Insurance Summary	http://documents.mybenefitslibrary.com/premier/critical_illness_flyer.pdf
Voluntary LTD Insurance Summary	http://documents.mybenefitslibrary.com/premier/voluntary_LTD_benefit_summary.pdf
Whole Life Insurance Summary	http://documents.mybenefitslibrary.com/premier/whole_life_flyer.pdf
Compare Term Life and Whole Life Insurance	http://documents.mybenefitslibrary.com/premier/term_whole_life_flyer.pdf