

2025 TRINITY HEALTH  
IHA MEDICAL GROUP  
**Benefits Guide**





## WELCOME TO YOUR 2025 Benefits Guide

Thank you for being part of Trinity Health. You are part of a national Catholic health system with an enduring legacy and steadfast Mission to transform and heal the communities we serve.

Your daily effort makes our long-term success possible, and because of this, we are committed to rewarding you with pay and benefits that meet your needs and support our culture.

This 2025 Benefits Guide outlines the Total Rewards that Trinity Health proudly provides. We encourage you to use this guide to learn about your benefit plan options, decide on the levels of coverage that are right for you and your family, and compare costs. Take the time to review all the benefits that Trinity Health offers.

If you have more questions after reading this guide, refer to the “For More Information” section to determine where you can go to get answers.

## What's Inside

Trinity Health Total Rewards	2
Who is Eligible	3
How to Enroll	4
Medical Coverage	5
About the Medical Plans	6
Medical and Pharmacy Plan Highlights	7
Paying for Medical and Pharmacy Coverage	8
Traditional Plan Summary	9
Health Savings Plan Summary	21
More About the Health Savings Plan	32
Essential Plan Summary	33
More About the Medical and Pharmacy Plans	44
Live Your Whole Life Colleague Well-being	46
Dental Coverage	48
Vision Care Coverage	49
Health Care and Day Care / Dependent Care Flexible Spending Accounts	50
Life Insurance	51
Time Away from Work	52
Retirement	55
Voluntary Benefits	57
Well-being Resources	58
For More Information	59
Important Reminders	60
Additional Notices	61

# Trinity Health Total Rewards

Total Rewards include your compensation, health and well-being benefits, retirement plan, and other benefits. Trinity Health Total Rewards align with our Mission, Core Values and Culture. The Trinity Health Total Rewards program was created to support and care for the diverse needs of our colleagues, to provide comprehensive, consistent and market-based rewards, and to offer colleagues meaningful choices. Here is a summary of key features:



## Compensation programs offered by Trinity Health

- Market-based compensation
- Established minimum wage



## Comprehensive health and well-being benefits

To support the diverse medical, family and financial needs of our colleagues, Trinity Health provides medical, dental and vision plan options. You are also eligible for Basic Life and Accidental Loss of Life and Severe Injury insurance (also known as Accidental Death and Dismemberment (AD&D)) provided by Trinity Health.



## Meaningful retirement benefits

The Trinity Health Retirement Savings Plan is offered to support you in reaching your savings goals for retirement. Trinity Health will match:

- **100%** of your deferred contributions dollar-for-dollar up to 3% of pay, PLUS
- **50%** on the next 7% of pay. Trinity Health's maximum match is 6.5%, subject to IRS limits.



## Time away from work and additional benefits

**Once you are eligible**, Trinity Health provides you with benefits to support you when you need time away from work as well as a comprehensive benefits package.

### TOTAL REWARDS INCLUDES

HEALTH, WELL-BEING & TIME AWAY		RETIREMENT	COMPENSATION
<ul style="list-style-type: none"><li>• Medical and Prescription Drug</li><li>• Dental</li><li>• Vision</li><li>• Flexible Spending Accounts (FSAs)</li><li>• Basic Life and AD&amp;D Insurance</li><li>• Supplemental Life Insurance</li><li>• Supplemental AD&amp;D Insurance</li><li>• Dependent Life Insurance</li><li>• Short- and Long-term Disability / Income Protection</li><li>• Time Off - may include Paid Time Off, Vacation, Sick Time and Holidays</li><li>• Well-being Initiative<ul style="list-style-type: none"><li>– Adoption Assistance</li><li>– Colleague Discounts</li><li>– Student Loan Relief Services</li><li>– Tuition Reimbursement</li><li>– Mental Well-being Benefit</li><li>– Commuter Benefits</li></ul></li></ul>		<ul style="list-style-type: none"><li>• 401(k) or 403(b) Retirement Savings Plan<ul style="list-style-type: none"><li>– Colleague pre-tax and Roth contributions</li><li>– Trinity Health matching contributions</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Market-based Compensation</li><li>• Trinity Health Minimum Wage</li></ul>



## Who Is Eligible

Eligible Individual	Definition
Colleague	Full-time colleagues budgeted for 64 or more hours per pay period or part-time colleagues budgeted for 40 or more hours per pay period.
Spouse/Eligible Adult	<p>You may cover your spouse or Eligible Adult. An Eligible Adult is an adult who resides and has financial interdependence with the colleague, and is not related by blood, adoption or marriage to the colleague.</p> <p>If an eligible adult qualifies as a tax dependent, you must complete the Non-Spouse Eligible Adult Dependent Certification form posted on the the Trinity Health IHA Medical Group Intranet each year in order to receive pre-tax deductions. If the form is not submitted, the deductions will be post-tax (imputed income taxation applies). For 2025, you must submit the Certification form by the documentation deadline.</p>
Dependent Children	<p>Dependent children are eligible for coverage through the end of the Plan Year in which they turn age 26, regardless of marital status, student status, residency, financial dependency or other requirements provided they meet all of the following criteria.</p> <p>They are:</p> <ul style="list-style-type: none"> <li>• Your or your spouse/eligible adult's natural children;</li> <li>• Your or your spouse/eligible adult's legally adopted children or children placed with you or your eligible adult for adoption; or</li> <li>• Children for whom you or your spouse/eligible adult are the court-appointed legal guardian.</li> <li>• Not otherwise covered under the Plan or any other group health plan offered by the Employer.</li> </ul> <p><b>NOTE:</b> Children of eligible adults may be covered only if their eligible adult is covered.</p>

### New Hires

New hires are eligible for benefits on the first day of employment, and have 30 days from their start date to enroll in benefits.

## Adding Family Members

Please note, when you add a dependent, you will then be contacted a couple days later by our Dependent Verification Service through ADP. They will send further instructions regarding documentation required for proof of dependency. To confirm who is eligible to be added to coverage, please see the "Who Is Eligible" section above. Dependents currently enrolled in Trinity Health benefits do not need to be reverified. In order for your dependent(s) to be covered, you are required to provide a Social Security Number for each dependent age 1 or older.

Please note, you have the option to purchase coverage for your spouse/eligible adult and dependents. If you and your spouse/eligible adult or dependent(s) both work for Trinity Health, and are benefits eligible, you cannot elect dual coverage (enrolled as a colleague and a dependent). In addition, only one of you will be able to elect coverage for your child(ren). If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.

### Can I make enrollment changes mid-year?

A qualifying life event (or life status change) is a change in a life or job situation that makes someone eligible to enroll in benefits outside of the annual Open Enrollment period. Common examples of life status changes are birth/adoption of a child, marriage, divorce, or a job change.

You have 30 days from your event date to make changes to your elections and submit dependent documentation (if applicable). The 30 day enrollment period begins the day after the event date and is considered day one.

#### Example

A baby is born on March 1. The day after the event date is March 2 (day one). You will have until March 31 (day 30) at 11:59 p.m. to elect your benefits and provide dependent documentation.

To view the complete eligibility rules and documentation requirements for you and your family visit

<https://www.trinity-health.org/my-benefits/>.

## How to Enroll

You can enroll by accessing the ADP self-service website directly at <https://my.adp.com> or via the Trinity Health IHA Medical Group Intranet. You can also log on at <https://www.trinity-health.org/my-benefits/> and click My Self Service to connect to the My ADP website. You will need to register on the ADP website if this is your first time accessing our Payroll/Benefits system.

**Starting Point: Benefits > Enrollments.**

1. In the Open Events area, click Enroll
2. Enter Dependent information (if necessary), and have their social security numbers readily available, click Next. **NOTE: there will be a message that states you will need to provide proof of the dependent. You will be contacted within 5-7 business days from our ADP Dependent Verification Service with the list of required documents and where to send the documents to. Therefore, please continue with the following steps to complete your (and your dependents) enrollment into each health plan you want to elect (not applicable for dependents already enrolled).**
3. Enter your response to each benefit plan for which you are eligible. **Be sure to click on the name of each dependent to be included in a plan.**
4. Add beneficiary information for your life insurance plan(s).
5. Designate beneficiary (primary/contingent) status and percentage.
6. When you have completed all of your benefit elections, click Submit.
7. Verify your benefit elections. Make any changes required.
8. Click Confirm Elections.
9. Click I Agree to the benefit process.
10. Click on desired email notification.
11. Review the final screen and **wait for the green colored bar to display your confirmation number**, click Done.
12. Please print confirmation statement for your records.

If you experience difficulty accessing the system, contact the Trinity Health IHA Medical Group Helpdesk (734-747-6766 x 10007). Benefit questions should be directed to [benefits@ihacares.com](mailto:benefits@ihacares.com) or call 734-747-6766, x 10156.

### If you elect the Health Savings Plan

If you do not plan to contribute any additional money beyond what Trinity Health contributes for you, you must elect the Health Savings Account with a \$0 annual contribution.

### Important Facts Regarding Enrollment

We encourage you to make your benefit elections as soon as possible. **Please keep the following facts in mind: If you choose to wait until the end of your enrollment deadline to enroll, you may owe for any missed deductions (e.g. you enroll 4/19/25 with a 4/1/25 effective date, the missed deduction that will be owed will be from the 4/18/25 paycheck).**

In addition, enrollments are sent weekly to carriers and coverage is retroactive (if applicable); therefore it can take up to a week for you to show in the carriers' systems once you enter your elections (**elections are not instantaneous with carriers**). For example, if you enter your elections on a Thursday, your enrollment will go to the carriers the following Wednesday (and will retro back to the benefit effective date).



### Introducing Decision Support

Need help deciding which medical plan best meets the needs of you and your family? Decision Support provides personalized support to educate and assist you to make better health plan decisions, recommend a plan based on expected future health care usages, and increases your understanding of benefit offerings. To use the Decision Support Tool, access your enrollment event in the ADP system.

## Medical Coverage

Trinity Health is offering you three medical plan options during benefits enrollment: the Traditional Plan, the Health Savings Plan, and the Essential Plan. All three plans are administered by BlueCross BlueShield of Michigan and support our clinically integrated network structure.

Each plan offers these two tiers so you can pay less by receiving care from network providers.

- **Tier 1**, or the Trinity Health network providers, are facilities or physicians aligned with our organization that provide you with the lowest deductibles, coinsurance and copays. The Clinically Integrated Network includes these Tier 1 physicians who work to improve the health of our colleagues and the communities in which they live and work. For services unavailable through Trinity Health network providers, select BlueCross BlueShield providers will be available at the Tier 2 benefit level.
- **Tier 2** includes select BlueCross BlueShield providers (facilities and physicians) not listed under Tier 1. Tier 2 providers can save you money, but not as much as using our Tier 1 network.

**Mayo Clinic and City of Hope Comprehensive Care and Treatment Centers (formerly Cancer Treatment Centers of America) are not covered providers.**

By using Tier 1 providers, you're not only reducing your out-of-pocket expenses, you're also supporting Trinity Health as an organization. Since the cost of medical premiums is shared by you and Trinity Health, using Tier 1 providers helps to minimize the rising cost of health care for all of us.

## Selecting the Plan that's right for you

Review your medical plan options below to find the one that fits your needs.



### Traditional Plan

- › Pay more each paycheck, but less at the time of service
- › Choose this plan if you are interested in lower costs at the time you use insurance



### Health Savings Plan

High Deductible Health Plan (HDHP)  
with Health Savings Account (HSA)

- › Pay less each paycheck, but more at the time of service until you meet your deductible
- › Receive annual employer contribution in an HSA based on coverage level
- › Choose this plan to contribute to the HSA, and maximize your tax advantage as you save for current and future health care expenses



### Essential Plan

Assist plan with Health Reimbursement  
Account (HRA) if you qualify

- › Pay the least amount each paycheck, but more at the time of service
- › Choose this plan if you are interested in lower payroll contributions
- › Essential Assist plan, including HRA with annual employer contribution based on coverage level, available for colleagues who meet certain income requirements

### Please Note

In limited situations where an in-network provider is not available, please reach out to your medical plan administrator for review to see if you qualify for an exception based on a network deficiency.

For a qualified medical emergency, an emergency room (ER) visit will be subject to Tier 1 cost share regardless of the tier in which you seek care, and the ER co-pay will be waived if you are admitted.

### Provider Search Tool

**Blue Cross Blue Shield of Michigan**

- [bcbsm.com](http://bcbsm.com)
- Click *Find a Doctor*

## About the Medical Plans

### Access to Care

Trinity Health's goal with the Tier 1 network is to include adult/pediatric primary care, OB/GYN, hospital-based physicians (radiologists, pathologists, hospitalists, etc.), and high-volume specialties (cardiology, gastro, ENT, etc.). The majority of services should be available in Tier 1, however, some services may only be available at the Tier 2 level. Our intent is to ensure access to all services within Tier 1 or Tier 2 networks.

### Where to Seek Care

Our Trinity Health Colleague Health Plan is committed to supporting you on your well-being journey. **CLICK HERE** to review information on where to seek care and the resources available to you and your covered family members.

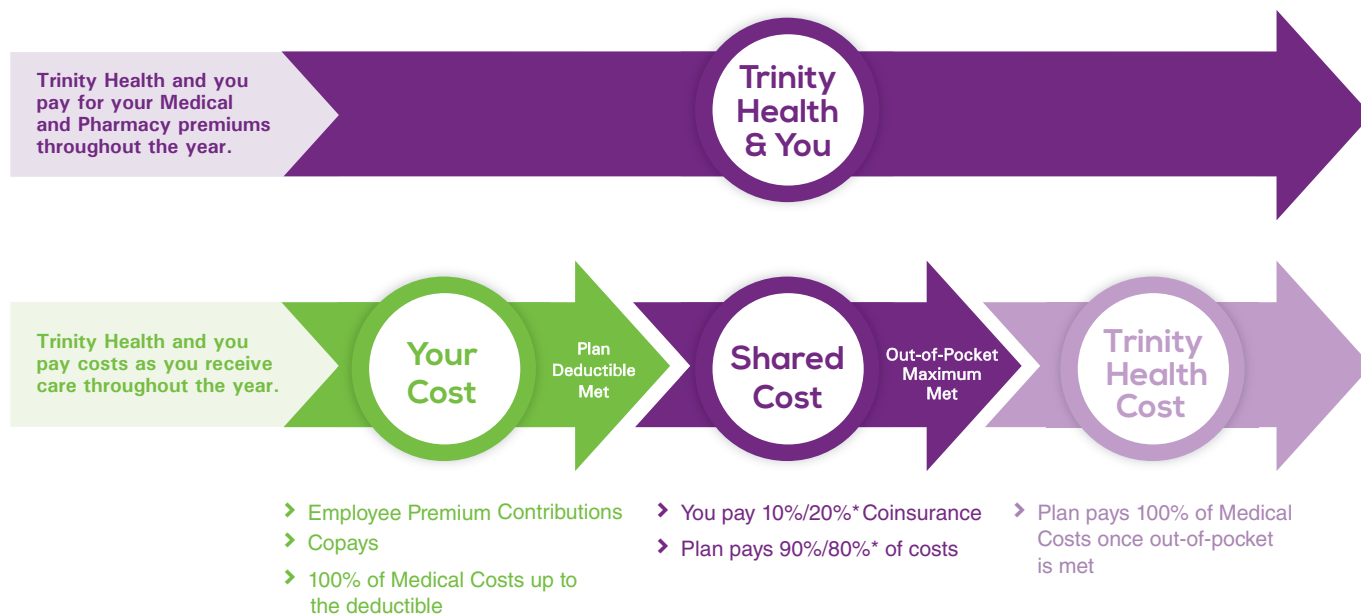
### Medical Terms To Know

- **Clinically Integrated Networks** – local physicians and health care providers that have partnered with Trinity Health's Health Ministries to deliver services to colleagues. They are focused on helping you access the right care, at the right time, in the right setting. All providers are part of the Tier 1 network, so you pay the lowest cost for the care you receive.
- **Premiums** – the amount paid for your medical plan. Trinity Health pays a portion of your medical plan premiums and you pay a portion which is deducted from each of your paychecks.
- **Deductibles** – the amount you pay for covered health care services before your medical plan starts to pay. Typically, you pay only a copayment or coinsurance for covered services once you pay your deductible.
- **Coinsurance** – percentage of costs of a covered health care service you pay after you've paid your deductible.
- **Copay** – the fixed amount you pay for covered health care services.
- **Out-of-Pocket Maximum** – the most you pay during a plan year before your medical plan starts to pay 100 percent of covered health benefits.

## Understanding your out-of-pocket medical costs

You may be wondering how Trinity Health and you share medical and pharmacy costs each year. The graphic below shows how costs are shared for both premiums and coverage. Keep in mind, your costs will vary depending on the plan and the network you access at the time of service.

### How Trinity Health & You Share Medical & Pharmacy Costs



\* Dependent on the Trinity Health Medical Plan selected and the cost share for Tier 1 facilities or physicians.

# Medical and Pharmacy Plan Highlights

For more information about your medical and pharmacy plan options, visit <https://www.trinity-health.org/my-benefits/>.

Medical Plan Highlights	Network Tier	Traditional Plan		Health Savings Plan <sup>1</sup>		Essential Plan	
Trinity Health-funded account (Individual / Family)		N/A		HSA: \$650 / \$1,300		HRA: \$1,000 / \$2,000 (Essential Assist Plan Only)	
Annual deductible (Individual / Family)	Tier 1	\$500 / \$1,000		\$1,750 / \$3,500		\$1,250 / \$2,500	
	Tier 2	\$1,000 / \$2,000		\$2,750 / \$5,500		\$2,750 / \$5,500	
Coinsurance	Tier 1	10%*		10%*		20%*	
	Tier 2	20%*		20%*		30%*	
Preventive care	Tier 1	0% no deductible		0% no deductible		0% no deductible	
	Tier 2	0% no deductible		0% no deductible		0% no deductible	
Office visit (PCP/Specialist/ Virtual health <sup>2</sup> )	Tier 1	\$20 / \$30		10%*		20%*	
	Tier 2	\$30 / \$40		20%*		30%*	
Urgent care visit	Tier 1 and Tier 2	0% after \$35 copay		10%*		20%*	
Emergency room	Tier 1, Tier 2 and out-of-network	0% after \$200 copay (waived if admitted)		10%* Subject to Tier 1 deductible		0% after \$200 copay (waived if admitted)	
Inpatient admission	Tier 1	None*		None*		None*	
	Tier 2	\$500*		\$500*		\$500*	
Inpatient admission (thru Emergency Room)	Tier 1, Tier 2 and out-of-network	10% Subject to Tier 1 deductible		10% Subject to Tier 1 deductible		20% Subject to Tier 1 deductible	
Outpatient surgical services	Tier 1	\$50*		None*		\$50*	
	Tier 2	\$100*		\$100*		\$100*	
Out-of-pocket maximum (Individual / Family)	Tier 1	\$3,000 / \$6,000		\$3,100 / \$6,200		\$4,000 / \$8,000	
	Tier 2	\$5,250 / \$10,500		\$5,500 / \$11,000		\$6,000 / \$12,000	
		Trinity Health Owned Pharmacy	Retail Pharmacy	Trinity Health Owned Pharmacy	Retail Pharmacy	Trinity Health Owned Pharmacy	Retail Pharmacy
Prescription drug 34 day supply	Generic	\$8	\$10	16% after deductible <sup>3</sup> , 0% after out-of-pocket max	20% after deductible <sup>3</sup> , 0% after out-of-pocket max	\$8	\$10
	Brand formulary	16% (\$24 min, \$80 max)	20% (\$30 min, \$100 max)			20% (\$24 min, \$80 max)	25% (\$30 min, \$100 max)
	Brand non-formulary	32% (\$48 min, \$120 max)	40% (\$60 min, \$150 max)			40% (\$48 min, \$136 max)	50% (\$60 min, \$170 max)
	Obesity Medications	32% (\$48 min, \$320 max)	40% (\$60 min, \$400 max)			40% (\$48 min, \$320 max)	50% (\$60 min, \$400 max)
		Trinity Health Owned Pharmacy	OptumRx Home Delivery	Trinity Health Owned Pharmacy	OptumRx Home Delivery	Trinity Health Owned Pharmacy	OptumRx Home Delivery
90 day supply	Generic	\$24	\$25	16% after deductible <sup>3</sup> , 0% after out-of-pocket max	20% after deductible <sup>3</sup> , 0% after out-of-pocket max	\$24	\$25
	Brand formulary	16% (\$72 min, \$240 max)	20% (\$75 min, \$250 max)			20% (\$72 min, \$240 max)	25% (\$75 min, \$250 max)
	Brand non-formulary	32% (\$144 min, \$360 max)	40% (\$150 min, \$375 max)			40% (\$144 min, \$408 max)	50% (\$150 min, \$425 max)
	Obesity Medications	32% (\$144 min, \$960 max)	40% (\$150 min, \$1,000 max)			40% (\$144 min, \$960 max)	50% (\$150 min, \$1,000 max)
		Out-of-pocket maximum based on Tier 2		Deductible and out-of-pocket based on Tier 1		Out-of-pocket maximum based on Tier 2	

\*Subject to deductible and coinsurance.

<sup>1</sup>The individual deductible and individual out-of-pocket maximum only apply to those enrolled in colleague-only coverage for the Health Savings Plan. For family coverage, all members on the contract can contribute to the family deductible and family out-of-pocket; however, a single member will not exceed the individual IRS maximum of \$8,300 for Tiers 1 and 2.

<sup>2</sup>Virtual visits through your medical plan administrator's partner are subject to the Tier 2 office visit cost share of your medical plan. If your PCP or other providers offer virtual visits, these will be covered at the applicable tier level cost share. In-network behavioral health visits, both virtual and in-person, will be subject to the Tier 1 cost share.

<sup>3</sup>Select, generic preventive drugs are covered at 100% and are not subject to the annual deductible.

# Paying for Medical and Pharmacy Coverage

Contribution levels for the medical and pharmacy plans are based on the Social Security taxable wage base (\$168,600 for 2024, indexed annually) to ensure our benefit plan cost-sharing model is appropriately aligned with our colleagues' income levels. The amount you pay for medical and pharmacy coverage is based on your annual base salary (your base rate of pay times your budgeted hours) and your participation in the Well-Being programs. If at any time during the 2025 plan year, you earn \$168,600 or more, you will pay a higher premium contribution per pay period for your medical insurance.

Full Time	Traditional Plan			Health Savings Plan			Essential Plan		
	Full	1 - Person	No	Full	1 - Person	No	Full	1 - Person	No
Your bi-weekly cost	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive
For colleagues earning less than the 2024 SSTWB <sup>‡</sup> - Level 1									
Colleague only	\$69.51	N/A	\$84.51	\$48.18	N/A	\$63.18	\$29.79	N/A	\$44.79
Colleague plus spouse/eligible adult	\$190.77	\$205.77	\$220.77	\$140.87	\$155.87	\$170.87	\$97.65	\$112.65	\$127.65
Colleague plus child(ren)	\$134.41	N/A	\$149.41	\$99.25	N/A	\$114.25	\$68.80	N/A	\$83.80
Colleague plus family	\$238.46	\$253.46	\$268.46	\$176.09	\$191.09	\$206.09	\$122.07	\$137.07	\$152.07
For colleagues earning the 2024 SSTWB or more <sup>‡</sup> - Level 2									
Colleague only	\$106.26	N/A	\$121.26	\$82.04	N/A	\$97.04	\$60.98	N/A	\$75.98
Colleague plus spouse/eligible adult	\$271.62	\$286.62	\$301.62	\$215.35	\$230.35	\$245.35	\$166.27	\$181.27	\$196.27
Colleague plus child(ren)	\$191.37	N/A	\$206.37	\$151.73	N/A	\$166.73	\$117.14	N/A	\$132.14
Colleague plus family	\$339.52	\$354.52	\$369.52	\$269.19	\$284.19	\$299.19	\$207.84	\$222.84	\$237.84

Part Time	Traditional Plan			Health Savings Plan			Essential Plan		
	Full	1 - Person	No	Full	1 - Person	No	Full	1 - Person	No
Your bi-weekly cost	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive	Incentive
For colleagues earning less than the 2024 SSTWB <sup>‡</sup> - Level 1									
Colleague only	\$131.45	N/A	\$146.45	\$105.24	N/A	\$120.24	\$82.35	N/A	\$97.35
Colleague plus spouse/eligible adult	\$327.04	\$342.04	\$357.04	\$266.40	\$281.40	\$296.40	\$213.30	\$228.30	\$243.30
Colleague plus child(ren)	\$230.41	N/A	\$245.41	\$187.69	N/A	\$202.69	\$150.28	N/A	\$165.28
Colleague plus family	\$408.79	\$423.79	\$438.79	\$333.00	\$348.00	\$363.00	\$266.62	\$281.62	\$296.62
For colleagues earning the 2024 SSTWB or more <sup>‡</sup> - Level 2									
Colleague only	\$168.20	N/A	\$183.20	\$139.10	N/A	\$154.10	\$113.54	N/A	\$128.54
Colleague plus spouse/eligible adult	\$407.88	\$422.88	\$437.88	\$340.88	\$355.88	\$370.88	\$281.91	\$296.91	\$311.91
Colleague plus child(ren)	\$287.37	N/A	\$302.37	\$240.17	N/A	\$255.17	\$198.62	N/A	\$213.62
Colleague plus family	\$509.85	\$524.85	\$539.85	\$426.10	\$441.10	\$456.10	\$352.39	\$367.39	\$382.39

<sup>‡</sup>The 2024 Social Security taxable wage base (SSTWB) is \$168,800 and includes productivity pay, if applicable.

## Need help with your medical and prescription drug costs?

You may be eligible for the Essential Assist Plan if you meet certain income requirements. The plan design is the same as the Essential Plan, but includes a Trinity Health-funded Health Reimbursement Account (HRA) to help you pay for your medical and/or prescription drug expenses. If you apply and qualify for the Essential Assist Plan, Trinity Health will provide you with \$1,000 for single coverage or \$2,000 for family coverage into an HRA\*. This contribution is for you to use for any medical and/or prescription drug expenses you incur for as long as you are eligible for and enrolled in the Essential Assist Plan.

To participate in the Essential Assist Plan, you must apply and meet specific income and eligibility guidelines. To learn more, see the application form on the MyBenefits website or the Trinity Health IHA Medical Group Intranet. Apply by submitting a completed application form with a copy of your most recent Federal Income Tax Form 1040 or 1040EZ to Benefits at [benefits@ihacares.com](mailto:benefits@ihacares.com).

**NOTE:** We encourage you to enroll in the medical plan you think will be best for you in case you do not meet the Essential Assist Plan requirements for 2025. If you apply and qualify for the Essential Assist Plan, you will be moved to the Essential Assist Plan. If you are currently enrolled in the Essential Assist Plan and you do not re-apply for 2025 coverage, you will be defaulted to the Essential Plan.

*\*HRA amounts prorated for mid-year enrollments*

### How do the Incentives work?

For more information on how to achieve Full and 1-Person incentives, see the Live Your Whole Life section for more details.





A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

# Trinity Health

## Group Number: 71349    Package Code(s): 020

### Traditional Plan

### Effective Date: 01/01/2025

### Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

**Note:** A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **services that need prior authorization**.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)			
Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
<b>Deductibles</b> - per calendar year	\$500 per member \$1,000 per family	\$1,000 per member \$2,000 per family	Not Covered
<b>Copays</b> • Fixed Dollar Copays	\$20 copay for : • Primary Care Physician (PCP) office visits • Facility clinic visit • Professional based urgent care services \$30 copay for : • Specialist office visits \$35 copay for : • Facility based urgent care services \$100 copay for : • Ambulance services \$200 copay for : • Emergency room	\$30 copay for : • Primary Care Physician (PCP) office visits • Facility clinic visit • Professional based urgent care services \$35 copay for : • Facility based urgent care services \$40 copay for : • Specialist office visits \$100 copay for : • Ambulance services • Outpatient surgery- facility fee only \$200 copay for : • Emergency room \$500 copay for : • Inpatient admissions	Not Covered
<b>Coinsurance</b> • Percent Coinsurance	10%	20%*	Not Covered
<b>Annual out-of-pocket maximums</b>	\$3,000 per member \$6,000 per family <i>Includes deductible, coinsurance and copays for all covered services including prescription drugs</i>	\$5,250 per member \$10,500 per family <i>Includes deductible, coinsurance and copays for all covered services including prescription drugs</i>	Not Covered
<b>Lifetime dollar maximum</b>	Unlimited		Not Applicable

\*Unless otherwise stated within the summary outline

## Preventive Care Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Health Maintenance Exam - beginning age 4; one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Mammography Screening - beginning age 35; 1 base line age 35-39; annual age 40+ includes 3D Mammography	Covered - 100%	Covered - 100%	Not Covered
Contraceptive Methods and Counseling	Not Covered	Not Covered	Not Covered
Prostate Specific Antigen (PSA) screening - beginning 40 years of age; one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Well Child Care <ul style="list-style-type: none"> <li>• 8 visits, birth through 12 months</li> <li>• 6 visits, 13 months through 23 months</li> <li>• 6 visits, 24 months through 35 months</li> <li>• 2 visits, 36 months through 47 months</li> </ul> Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Covered - 100%	Not Covered
Routine Hearing Exam- one per calendar year	Covered - 100%	Covered - 100%	Not Covered

## Physician Office Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Office Visits Includes: • Primary care and specialist physicians • Initial Visit to Determine Pregnancy One copay may apply to the office visit exam and all services performed during the office visit. (e.g. lab, x-ray, etc.)	Covered - 100% after \$20 pcp copay; \$30 specialist copay	Covered - 100% after \$30 pcp copay; \$40 specialist copay	Not Covered
Medical Telemedicine Visits Note: Virtual visits rendered by BCBS Providers	Covered - 100% after \$20 pcp copay; \$30 specialist copay	Covered - 100% after \$30 pcp copay; \$40 specialist copay	Not Covered
Medical Blue Cross Online Visits Note: Online Visits rendered by Teladoc	Not Applicable	Covered - 100% after \$30 copay	Not Covered
Office Consultations One copay may apply to the office consultation and all services performed during the office consultation. (e.g. lab, x-ray, etc.)	Covered - 100% after \$20 pcp copay; \$30 specialist copay	Covered - 100% after \$30 pcp copay; \$40 specialist copay	Not Covered
Pre-Surgical Consultations One copay may apply to the pre-surgical consultation and all services performed during the pre-surgical consultation. (e.g. lab, x-ray, etc.)	Covered - 100% after \$20 pcp copay; \$30 specialist copay	Covered - 100% after \$30 pcp copay; \$40 specialist copay	Not Covered

## Emergency Medical Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Hospital Emergency Room Qualified medical emergency	Covered - 100% after \$200 copay; copay waived if admitted	Covered - 100% after \$200 copay; copay waived if admitted	Covered - 100% after \$200 copay; copay waived if admitted.
Non-Emergency use of the Emergency Room	Covered - \$200 copay; then 90% after deductible	Covered - \$200 copay; then 80% after deductible	Not Covered
Facility Based Urgent Care Services	Covered - 100% after \$35 copay	Covered - 100% after \$35 copay	Not Covered
Professional Based Urgent Care Services	Covered - 100% after \$20 pcp copay	Covered - 100% after \$30 pcp copay	Not Covered
Ambulance Services - Medically Necessary Transport	Covered - 100% after \$100 copay	Covered - 100% after \$100 copay	Covered - 100% after \$100 copay

## Facility and Professional Diagnostic Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
MRI, MRA, PET and CAT Scans and Nuclear Medicine *	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Radiation Therapy and Chemotherapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered

\*Prior authorization may be required.

## Maternity Services Provided by a Physician

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Prenatal and Postnatal Care Visits -Physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure, fetal heart rate check, etc.)	Covered - 100%	Covered - 100%	Not Covered
Delivery and Nursery Care	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
High Risk Specialist Visits	Covered - 100% after \$30 copay	Covered - 100% after \$40 copay	Not Covered
Ultrasounds and Pregnancy Diagnostic Lab Tests	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Anemia Screening and Gestational Diabetes Screening	Covered - 100%	Covered - 100%	Not Covered
Amniocentesis (Professional Charges)	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Amniocentesis (Facility Charges)	Covered - \$50 copay; then 90% after deductible	Covered - \$100 copay; then 80% after deductible	Not Covered

**Note:** Mom and Baby's claims are processed separately under their own files and both may be subject to the Deductible and Out of Pocket Maximum.

## Hospital Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Facility Charges)	Covered - 90% after deductible	Covered - \$500 copay; then 80% after deductible*	Not Covered Unless admitted directly from the ER to the hospital*
Inpatient Medical Care (Professional Charges)	Covered - 90% after deductible	Covered - 80% after deductible*	Not Covered Unless admitted directly from the ER to the hospital*

\*Tier 1 cost-share applies if admitted directly from the ER to the Hospital.

## Alternatives to Hospital Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Hospice Care	Covered - 100%	Covered - 100%	Not Covered
Home Health Care Limited to a maximum of 120 visits per calendar year	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Skilled Nursing Facility Limited to a maximum of 120 days per calendar year	Covered - 90% after deductible	Covered - \$500 copay; then 80% after deductible	Not Covered

## Surgical Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Surgery (includes related surgical services)	Covered - \$50 copay; then 90% after deductible	Covered - \$100 copay; then 80% after deductible	Not Covered
Bariatric Surgery Covered only if performed at a Tier 1 Trinity Health Facility -or- a Blue Distinction Center of Excellence Tier 2 Facility	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Sterilization- males only; excludes reversal sterilization	Not Covered	Not Covered	Not Covered
Sterilization- females only; excludes reversal sterilization	Not Covered	Not Covered	Not Covered

## Human Organ Transplants

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242- 3504)	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Kidney, Cornea, Bone Marrow and Skin	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered

## Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Inpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 90% after deductible	Covered - 90% after deductible*	Not Covered
Outpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 100% after \$20 pcp copay	Covered - 100% after \$20 pcp copay	Not Covered
Mental Health Telemedicine Visits Note: Virtual visits rendered by BCBS Providers	Covered - 100% after \$20 pcp copay	Covered - 100% after \$20 pcp copay	Not Covered
Mental Health Blue Cross Online Visits Note: Online Visits rendered by Teladoc	Not Applicable	Covered - 100% after \$20 copay	Not Applicable
Spring Health: Mental Health Visits - Virtual or In-person visits rendered by a Spring Health Provider - Services after 6 Trinity Health sponsored visits	Covered - 100% after \$20 pcp copay	Not Applicable	Not Applicable
Spring Health: Substance Use Disorder - Virtual visits rendered by a Spring Health provider	Covered - 100% after \$20 pcp copay	Not Applicable	Not Applicable

**\*Tier 1 deductible, coinsurance and out-of-pocket maximum applies Spring Health contracts separately with Trinity Health.**

## Autism Spectrum Disorders, Diagnoses and Treatment

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Applied Behavioral Analysis (ABA)	Covered - 100% after \$20 pcp copay	Covered - 100% after \$20 pcp copay	Not Covered
Physical, Occupational and Speech Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Nutritional Counseling	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered



## Other Covered Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Cardiac Rehabilitation Maximum of 36 visits in a 12-week period	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Chiropractic Spinal Manipulation Limited to a maximum of 20 visits per calendar year	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Durable Medical Equipment	Covered - 90% after deductible	Covered - 90% after deductible*	Not Covered
Prosthetic and Orthotic Devices	Covered - 90% after deductible	Covered - 90% after deductible*	Not Covered
Private Duty Nursing Care Limited to 120 visits per calendar year	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Allergy Testing and Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Facility Clinic Visit	Covered - 100% after \$20 copay	Covered - 100% after \$30 copay	Not Covered

\*Tier 1 deductible and coinsurance applies.

## Therapy Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Physical, Occupational and Speech Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
	Rehabilitative Services - PT/OT/ST limited to a 60-visit maximum per therapy per calendar year		
Habilitative & Rehabilitative Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
	Habilitative Services - PT/OT/ST limited to a combined 60-visit maximum per calendar year		

## Selecting a Provider

### Tier 1: Trinity Health Facilities

When you use Trinity Health facilities, satellite locations and/or aligned physicians with Trinity Health, you receive the highest benefit payment level. A listing of eligible facilities is available online at [bcbsm.com](https://bcbsm.com).

### Tier 2: Network Providers

Network providers have signed agreements with BCBS, which means they agree to accept our approved payment for a covered benefit as payment in full. You will only pay for the deductibles, copayments and coinsurances required by your coverage.

Ask your physician if he or she participates with the BCBS PPO network in your plan area. If you need help locating a network provider, please visit [Find a Doctor | bcbsm.com](https://bcbsm.com) or call the phone number on the back of your ID card.

When you go to network providers, you do not have to send a claim to us. Network providers submit claims to BCBS for you, and they are paid directly by BCBS.

### Tier 3: Nonparticipating (Out-of-Network) Providers

Nonparticipating providers are not covered. This means that if you receive services from an out-of-network provider, you will pay the full cost for that service.

### Case Management / Disease Management Program

If you agree to participate, a BCBSM nurse case manager will administer an assessment and an individualized plan that includes your condition and goals based on your assessment results.

- The nurse will work with you via telephone to address your specific health concerns and goals.
- Once you have completed the program you will receive a case closure letter via mail and a call explaining that you have completed your program.

### Notes:

**Cancer Treatment Centers of America (CTCA) are now part of City of Hope- There is no coverage for both health care services provided by the facility and health care services provided by physicians and other health care professionals at any of their facilities, with the exception of the City of Hope National Medical Center, General Acute Care Hospital. Use Find a Doctor search tool on [bcbsm.com](https://bcbsm.com) to find a network doctor, hospital, or other health care provider.**

**Mayo Clinic – There is no in-network or out-of-network coverage for both health care services provided by the facility and health care services provided by physicians and other health care professionals at any of their facilities.**

## Traditional Prescription Plan

Prescription Drug Benefit administered by OptumRx  
www.optumrx.com

1-855-540-5950

		Current State
34-day supply	Generic	TH retail: \$8 All other: \$10
	Brand Formulary	TH retail: 16% (\$24 min/\$80 max) All other: 20% (\$30 min/\$100 max)
	Brand Non-Formulary	TH retail: 32% (\$48 min/\$120 max) All other: 40% (\$60 min/\$150 max)
	Obesity Medications	TH retail: 32% (\$48 min/\$320 max) All other: 40% (\$60 min/\$400 max)
90-day supply	Generic	TH retail: \$24 All other: \$25
	Brand Formulary	TH retail: 16% (\$72 min/\$240 max) All other: 20% (\$75 min/\$250 max)
	Brand Non-Formulary	TH retail: 32% (\$144 min/\$360 max) All other: 40% (\$150 min/\$375 max)
	Obesity Medications	TH retail: 32% (\$144 min/\$960 max) All other: 40% (\$150 min/\$1,000 max)

### Notes:

Out-of-Pocket Maximum (OOPM)\*: \$5,250 single/\$10,500 family

\*Combined with medical OOPM

Infertility medications have a 50% coinsurance (no maximum)

Dispense as Written (DAW): If the brand drug has a specific equivalent generic drug available and the plan participant receives the brand, the plan participant must pay the difference between the ingredient cost of the brand drugs and the generic drug along with the regular copay.

## Maintenance Drugs

Prescription Drugs that are taken on an ongoing basis to treat routine ailments or disorders are considered to be a maintenance drug. After three 30-day fills, the member will be required to fill the drug as a 90-day supply through OptumRx Mail Service Pharmacy, CVS retail pharmacies (for certain Ministries) or a Trinity Health retail pharmacy, including Trinity Health Pharmacy Services in Ft. Wayne, IN.

## Specialty Drugs

Specialty medications must be filled through Trinity Health Pharmacy Services in Ft. Wayne or Trinity Health retail pharmacies (certain ministries) or through the OptumRx Specialty program (certain ministries).

## Preventive Service Medications (under the Patient Protection and Affordable Care Act): No Copay with Prescription

- Aspirin Products

- Aspirin for prevention of morbidity and mortality from preeclampsia in pregnant women at risk. Oral over the counter (OTC) aspirin products (with prescription). Exclude prescription aspirin products, non-oral aspirin products, or aspirin strengths > 325 mg
- Fluoride Products
  - Fluoride for prevention of dental caries in children. Prescription (generic single ingredient only) oral fluoride supplementation products. Exclude branded oral fluoride supplementation products
- Folic Acid & Prenatal Vitamins
  - Folic acid for prevention of neural tube defects. OTC folic acid supplementation products (with prescription), including prenatal vitamins containing folic acid for adults. Exclude prescription folic acid supplementation products and any product containing > 0.8mg or < 0.4mg of folic acid
- Tobacco Smoking Cessation Products
  - Prescription and OTC (with prescription) tobacco smoking cessation products (e.g., nicotine products, bupropion [generic only], varenicline) for adults. Quantity limit of 2 cycles per year and max daily dose applies to each active ingredient.
- Immunizations
  - Cover at \$0 copay, single-entity and combination vaccinations for diphtheria, haemophiles influenzae type b, hepatitis A, hepatitis B, herpes zoster, human papillomavirus, polio, influenza, measles, mumps, rubella, meningococcal infections, pertussis, pneumococcal infections, rotavirus, tetanus, varicella monkeypox, respiratory syncytial virus, and COVID-19 vaccines with FDA approval. Exclude vaccines not listed in the ACIP Immunization Schedules. Age edits will apply in accordance with recommendations from ACIP.
- Bowel Prep Agents for Colorectal Cancer Screening
  - Selected OTC and Rx generic bowel preparation agents. Quantity limits may apply. Exclude branded bowel preparation products.
- Breast Cancer-primary preventive
  - To prevent the first occurrence of breast cancer if a Prior Authorization is obtained. Prior Authorization confirms member is using the medication for primary prevention of breast cancer and meets the preventive parameters of the USPSTF recommendation.
- Statins
  - Low to moderate dose statins for the primary prevention of cardiovascular disease in adults.
  - For members between ages 40-75, cover lovastatin
  - For members between ages 40-75, having one or more cardiovascular risk factors
    - Risk factors such as dyslipidemia, diabetes, hypertension, or smoking, and having a calculated 10-year risk of a cardiovascular event of 10% or greater, cover atorvastatin (generic Lipitor) 10 & 20 mg and simvastatin (generic Zocor) 5, 10, 20, 40 mg.
  - Requires prior authorization for \$0 cost share
- Pre-exposure Prophylaxis (PrEP)-prevention of HIV infection
  - To include generic tenofovir disoproxil fumarate and tenofovir. Brand Truvada, Descovy, and Apretude are available if unable to take generics listed.
  - Requires prior authorization for \$0 cost share

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

## Excluded Drugs

- Cosmetic medication: Anti-wrinkle agents, hair growth/removal, etc
- Non-sedating Antihistamine (NSA) drugs
- Hypoactive Sexual Desire Disorder (Addyi)
- Erectile dysfunction (ED) medications
- Compound pain patches and bulk powders
- Medications and products available over-the-counter (OTC)

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

## Drugs requiring Prior Authorization (PA)

- Topical Acne
- Anti-obesity agents
- Kerydin

- Narcolepsy
- Compounds \$300 and greater
- Anabolic steroids
- Specialty medications
- Oral/Intranasal

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

### **Drugs that have Quantity Limits (QL) imposed**

- Flu medication
- Corticosteroid oral inhalers
- Pregablin
- Bets 2 Agonists
- Mast cell stabilizer-Anticholinergic
- Opioids

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

### **GLP-1 medications for diabetes and obesity**

GLP-1 medications to treat diabetes or obesity are limited to be filled at a 30-day supply only.

### **Nicotine Cessation**

Nicotine cessation medications, excluding OTC products, will be filled at appropriate tier level once Healthcare Reform (HCR) \$0 benefit has been exhausted.

*Due to the large number of available medicines, this list is not all-inclusive. Please note that this list does not guarantee coverage and is subject to change. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance on this list.*

*This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract and is intended to be reviewed with the applicable summary plan description. Additional limitations and exclusions may apply. For a complete description of benefits, please review the applicable summary plan description. If there is a discrepancy between this summary and any applicable plan document, the plan document will control. More information is available through [optumrx.com](http://optumrx.com) to help you manage your prescription drug program. You will be able to locate a pharmacy, order mail service refills, track mail service orders, and ask questions. For additional information contact OptumRx at 1-855-540-5950.*







A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Trinity Health

### Group Number: 71349    Package Code(s): 021, 024

### Health Savings Plan

### Effective Date: 01/01/2025

### Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

**Note:** A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **services that need prior authorization**.

#### Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
<b>Deductibles</b> - per calendar year The full family deductible must be met under a two person or family contract before benefits are paid for any person on the contract.	\$1,750 per member \$3,500 per family	\$2,750 per member \$5,500 per family	Not Covered
<b>Health Savings Seed Money</b> <i>Amount prorated based upon date of enrollment</i>		\$650 Single \$1,300 Family	
<b>Copays</b> • Fixed Dollar Copays	Fixed Dollar Copays do not apply to Tier 1 Benefits	\$100 copay for : • Outpatient surgery- facility fee only \$500 copay for : • Inpatient admissions	Not Covered
<b>Coinsurance</b> • Percent Coinsurance	10%	20%*	Not Covered
<b>Annual out-of-pocket maximums</b> All members on the contract can contribute to the family out of pocket maximum; however, a single member will not exceed the individual IRS maximum of \$8,300 for Tiers 1 and 2	\$3,100 per member \$6,200 per family <i>Includes deductible, coinsurance and copays for all covered services including prescription drugs</i>	\$5,500 per member \$11,000 per family <i>Includes deductible, coinsurance and copays for all covered services including prescription drugs</i>	Not Covered
<b>Lifetime dollar maximum</b>		Unlimited	Not Applicable

\*Unless otherwise stated within the summary outline

## Preventive Care Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Health Maintenance Exam - beginning age 4; one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Mammography Screening - beginning age 35; 1 base line age 35-39; annual age 40+ includes 3D Mammography	Covered - 100%	Covered - 100%	Not Covered
Contraceptive Methods and Counseling	Not Covered	Not Covered	Not Covered
Prostate Specific Antigen (PSA) screening - beginning 40 years of age; one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Well Child Care • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months  Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Covered - 100%	Not Covered
Routine Hearing Exam- one per calendar year	Covered - 100%	Covered - 100%	Not Covered

## Physician Office Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Office Visits Includes: • Primary care and specialist physicians • Initial Visit to Determine Pregnancy	Covered – 90% after deductible	Covered – 80% after deductible	Not Covered
Medical Telemedicine Visits Note: Virtual visits rendered by BCBS Providers	Covered – 90% after deductible	Covered – 80% after deductible	Not Covered
Medical Blue Cross Online Visits Note: Online Visits rendered by Teladoc	Not Applicable	Covered – 80% after deductible	Not Applicable
Office Consultations	Covered – 90% after deductible	Covered – 80% after deductible	Not Covered
Pre-Surgical Consultations	Covered – 90% after deductible	Covered – 80% after deductible	Not Covered

## Emergency Medical Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Hospital Emergency Room Qualified medical emergency	Covered – 90% after deductible	Covered – 90% after deductible*	Covered – 90% after deductible*
Non-Emergency use of the Emergency Room	Covered – 90% after deductible	Covered – 80% after deductible	Not Covered
Facility Based Urgent Care Services	Covered – 90% after deductible	Covered – 90% after deductible*	Not Covered
Professional Based Urgent Care Services	Covered – 90% after deductible	Covered – 80% after deductible	Not Covered
Ambulance Services - Medically Necessary Transport	Covered – 90% after deductible	Covered – 90% after deductible*	Covered – 90% after deductible*

\*Tier 1 deductible and coinsurance applies

## Facility and Professional Diagnostic Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
MRI, MRA, PET and CAT Scans and Nuclear Medicine *	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Radiation Therapy and Chemotherapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered

\*Prior authorization may be required.

## Maternity Services Provided by a Physician

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Prenatal and Postnatal Care Visits -Physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure, fetal heart rate check, etc.)	Covered - 100%	Covered - 100%	Not Covered
Delivery and Nursery Care	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
High Risk Specialist Visits	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Ultrasounds and Pregnancy Diagnostic Lab Tests	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Anemia Screening and Gestational Diabetes Screening	Covered - 100%	Covered - 100%	Not Covered
Amniocentesis (Professional Charges)	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Amniocentesis (Facility Charges)	Covered - 90% after deductible	Covered - \$100 copay after deductible, then covered at 80%	Not Covered

**Note:** Mom and Baby's claims are processed separately under their own files and both may be subject to the Deductible and Out of Pocket Maximum.

## Hospital Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Facility Charges)	Covered - 90% after deductible	Covered - \$500 copay after deductible, then covered at 80%*	Not Covered Unless admitted directly from the ER to the hospital*
Inpatient Medical Care (Professional Charges)	Covered - 90% after deductible	Covered - 80% after deductible*	Not Covered Unless admitted directly from the ER to the hospital*

\*Tier 1 cost-share applies if admitted directly from the ER to the Hospital.

## Alternatives to Hospital Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Hospice Care	Covered - 100% after deductible	Covered - 100% after deductible	Not Covered
Home Health Care Limited to a maximum of 120 visits per calendar year	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Skilled Nursing Facility Limited to a maximum of 120 days per calendar year	Covered - 90% after deductible	Covered - \$500 copay after deductible, then covered at 80%	Not Covered

## Surgical Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Surgery (includes related surgical services)	Covered – 90% after deductible	Covered - \$100 copay after deductible, then covered at 80%	Not Covered
Bariatric Surgery Covered only if performed at a Tier 1 Trinity Health Facility -or- a Blue Distinction Center of Excellence Tier 2 Facility	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Sterilization- males only; excludes reversal sterilization	Not Covered	Not Covered	Not Covered
Sterilization- females only; excludes reversal sterilization	Not Covered	Not Covered	Not Covered

## Human Organ Transplants

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Kidney, Cornea, Bone Marrow and Skin	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered

## Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Inpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 90% after deductible	Covered - 90% after deductible*	Not Covered
Outpatient Mental Health Care and Substance Use Disorder Treatment	Covered – 90% after deductible	Covered – 90% after deductible*	Not Covered
Mental Health Telemedicine Visits Note: Virtual visits rendered by BCBS Providers	Covered – 90% after deductible	Covered – 90% after deductible*	Not Covered
Mental Health Blue Cross Online Visits Note: Online Visits rendered by Teladoc	Not Applicable	Covered – 90% after deductible*	Not Applicable
Spring Health: Mental Health Visits - Virtual or In-person visits rendered by a Spring Health Provider - Services after 6 Trinity Health sponsored visits	Covered – 90% after deductible	Not Applicable	Not Applicable
Spring Health: Substance Use Disorder - Virtual visits rendered by a Spring Health provider	Covered – 90% after deductible	Not Applicable	Not Applicable

**\*Tier 1 deductible, coinsurance and out-of-pocket maximum applies  
Spring Health contracts separately with Trinity Health.**

## Autism Spectrum Disorders, Diagnoses and Treatment

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Applied Behavioral Analysis (ABA)	Covered - 90% after deductible	Covered – 90% after deductible*	Not Covered
Physical, Occupational and Speech Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Nutritional Counseling	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered

**\*Tier 1 deductible and coinsurance applies.**



## Other Covered Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Cardiac Rehabilitation Maximum of 36 visits in a 12-week period	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Chiropractic Spinal Manipulation Limited to a maximum of 20 visits per calendar year	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Durable Medical Equipment	Covered - 90% after deductible	Covered - 90% after deductible*	Not Covered
Prosthetic and Orthotic Devices	Covered - 90% after deductible	Covered - 90% after deductible*	Not Covered
Private Duty Nursing Care Limited to 120 visits per calendar year	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Allergy Testing and Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
Facility Clinic Visit	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered

\*Tier 1 deductible and coinsurance applies.

## Therapy Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Physical, Occupational and Speech Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
	Rehabilitative Services - PT/OT/ST limited to a 60-visit maximum per therapy per calendar year		
Habilitative & Rehabilitative Therapy	Covered - 90% after deductible	Covered - 80% after deductible	Not Covered
	Habilitative Services - PT/OT/ST limited to a combined 60-visit maximum per calendar year		

## Selecting a Provider

### **Tier 1: Trinity Health Facilities**

When you use Trinity Health facilities, satellite locations and/or aligned physicians with Trinity Health, you receive the highest benefit payment level. A listing of eligible facilities is available online at [bcbsm.com](https://bcbsm.com).

### **Tier 2: Network Providers**

Network providers have signed agreements with BCBS, which means they agree to accept our approved payment for a covered benefit as payment in full. You will only pay for the deductibles, copayments and coinsurances required by your coverage.

Ask your physician if he or she participates with the BCBS PPO network in your plan area. If you need help locating a network provider, please visit [Find a Doctor | bcbsm.com](https://bcbsm.com) or call the phone number on the back of your ID card.

When you go to network providers, you do not have to send a claim to us. Network providers submit claims to BCBS for you, and they are paid directly by BCBS.

### **Tier 3: Nonparticipating (Out-of-Network) Providers**

Nonparticipating providers are not covered. This means that if you receive services from an out-of-network provider, you will pay the full cost for that service.

### **Case Management / Disease Management Program**

If you agree to participate, a BCBSM nurse case manager will administer an assessment and an individualized plan that includes your condition and goals based on your assessment results.

- The nurse will work with you via telephone to address your specific health concerns and goals.
- Once you have completed the program you will receive a case closure letter via mail and a call explaining that you have completed your program.

### **Notes:**

**Cancer Treatment Centers of America (CTCA) are now part of City of Hope - There is no coverage for both health care services provided by the facility and health care services provided by physicians and other health care professionals at any of their facilities, with the exception of the City of Hope National Medical Center, General Acute Care Hospital. Use Find a Doctor search tool on [bcbsm.com](https://bcbsm.com) to find a network doctor, hospital, or other health care provider.**

**Mayo Clinic – There is no in-network or out-of-network coverage for both health care services provided by the facility and health care services provided by physicians and other health care professionals at any of their facilities.**

# Health Savings Prescription Plan

Prescription Drug Benefit administered by OptumRx  
www.optumrx.com

1-855-540-5950

Current State	
34-day supply	Generic
	Brand Formulary
	Brand Non-Formulary
	Obesity Medications
TH retail: 16% subject to deductible All other: 20% subject to deductible	
90-day supply	Generic
	Brand Formulary
	Brand Non-Formulary
	Obesity Medications
TH retail: 16% subject to deductible All other: 20% subject to deductible	

Notes:

Deductible\*: \$1,750single/\$3,500family  
Out-of-Pocket Maximum (OOPM)\*: \$3,100 single/\$6,200 family  
\*combined with medical deductible and OOPM

Infertility medications have a 50% coinsurance (no maximum)

Dispense as Written (DAW): If the brand drug has a specific equivalent generic drug available and the plan participant receives the brand, the plan participant must pay the difference between the ingredient cost of the brand drugs and the generic drug along with the regular copay

## Select Preventive Drugs

Covered at 100% and not subject to deductible.

For a complete list, please reach out to OptumRx at 855-540-5950 or visit www.optumrx.com

## Maintenance Drugs

Prescription Drugs that are taken on an ongoing basis to treat routine ailments or disorders are considered to be a maintenance drug. After three 30-day fills, the member will be required to fill the drug as a 90-day supply through OptumRx Mail Service Pharmacy, CVS retail pharmacies (for certain Ministries) or a Trinity Health retail pharmacy, including Trinity Health Pharmacy Services in Ft. Wayne, IN.

## Specialty Drugs

Specialty medications must be filled through Trinity Health Pharmacy Services in Ft. Wayne or Trinity Health retail pharmacies (certain ministries) or through the OptumRx Specialty program (certain ministries).

## Preventive Service Medications (under the Patient Protection and Affordable Care Act): No Copay with Prescription

- Aspirin Products
  - Aspirin for prevention of morbidity and mortality from preeclampsia in pregnant women at risk. Oral over-the-counter (OTC) aspirin products (with prescription). Exclude prescription aspirin products, non-oral aspirin products, or aspirin strengths > 325 mg
- Fluoride Products
  - Fluoride for prevention of dental caries in children. Prescription (generic single ingredient only) oral fluoride supplementation products. Exclude branded oral fluoride supplementation products
- Folic Acid & Prenatal Vitamins
  - Folic acid for prevention of neural tube defects. OTC folic acid supplementation products (with prescription), including prenatal vitamins containing folic acid for adults. Exclude prescription folic acid supplementation products and any product containing > 0.8mg or < 0.4mg of folic acid
- Tobacco Smoking Cessation Products
  - Prescription and OTC (with prescription) tobacco smoking cessation products (e.g., nicotine products, bupropion [generic only], varenicline) for adults. Quantity limit of 2 cycles per year and max daily dose applies to each active ingredient.
- Immunizations
  - Cover at \$0 copay, single-entity and combination vaccinations for diphtheria, haemophiles influenzae type b, hepatitis A, hepatitis B, herpes zoster, human papillomavirus, polio, influenza, measles, mumps, rubella, meningococcal infections, pertussis, pneumococcal infections, rotavirus, tetanus, varicella monkeypox, respiratory syncytial virus, and COVID-19 vaccines with FDA approval. Exclude vaccines not listed in the ACIP Immunization Schedules. Age edits will apply in accordance with recommendations from ACIP.
- Bowel Prep Agents for Colorectal Cancer Screening
  - Selected OTC and Rx generic bowel preparation agents. Quantity limits may apply. Exclude branded bowel preparation products.
- Breast Cancer-primary preventive
  - To prevent the first occurrence of breast cancer if a Prior Authorization is obtained. Prior Authorization confirms member is using the medication for primary prevention of breast cancer and meets the preventive parameters of the USPSTF recommendation.
- Statins
  - Low to moderate dose statins for the primary prevention of cardiovascular disease in adults.
  - For members between ages 40-75, cover lovastatin
  - For members between ages 40-75, having one or more cardiovascular risk factors
    - Risk factors such as dyslipidemia, diabetes, hypertension, or smoking, and having a calculated 10-year risk of a cardiovascular event of 10% or greater, cover atorvastatin (generic Lipitor) 10 & 20 mg and simvastatin (generic Zocor) 5, 10, 20, 40 mg.
  - Requires prior authorization for \$0 cost share
- Pre-exposure Prophylaxis (PrEP)-prevention of HIV infection
  - To include generic tenofovir disoproxil fumarate and tenofovir. Brand Truvada, Descovy, and Apretude are available if unable to take generics listed.
  - Requires prior authorization for \$0 cost share

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

## Excluded Drugs

- Cosmetic medication: Anti-wrinkle agents, hair growth/removal, etc
- Non-sedating Antihistamine (NSA) drugs
- Hypoactive Sexual Desire Disorder (Addyi)
- Erectile dysfunction (ED) medications
- Compound pain patches and bulk powders
- Medications and products available over-the-counter (OTC)

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

## Drugs requiring Prior Authorization (PA)

- Topical Acne
- Anti-obesity agents
- Kerydin

- Narcolepsy
- Compounds \$300 and greater
- Anabolic steroids
- Specialty medications
- Oral/Intranasal

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

### **Drugs that have Quantity Limits (QL) imposed**

- Flu medication
- Corticosteroid oral inhalers
- Pregablin
- Bets 2 Agonists
- Mast cell stabilizer-Anticholinergic
- Opioids

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

### **GLP-1 medications for diabetes and obesity**

GLP-1 medications to treat diabetes or obesity are limited to be filled at a 30-day supply only.

### **Nicotine Cessation**

Nicotine cessation medications, excluding OTC products, will be filled at appropriate tier level once Healthcare Reform (HCR) \$0 benefit has been exhausted.

*Due to the large number of available medicines, this list is not all-inclusive. Please note that this list does not guarantee coverage and is subject to change. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance on this list.*

*This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract and is intended to be reviewed with the applicable summary plan description. Additional limitations and exclusions may apply. For a complete description of benefits, please review the applicable summary plan description. If there is a discrepancy between this summary and any applicable plan document, the plan document will control.*

*More information is available through [optumrx.com](http://optumrx.com) to help you manage your prescription drug program. You will be able to locate a pharmacy, order mail service refills, track mail service orders, and ask questions. For additional information contact OptumRx at 1-855-540-5950.*

## More about the Health Savings Plan

The Health Savings Plan is a consumer-driven health plan which gives you the opportunity to participate in a plan where your health care costs are more closely determined by your decisions.

### How the Health Savings Plan works:

#### First

You pay the full cost of medical and prescription expenses until you reach the annual deductible.  
**(Note: preventive care services and certain preventive 90-day generic prescriptions do not require you to meet the deductible).**

#### Second

Once you meet the deductible, you pay coinsurance until you reach the out-of-pocket maximum. A combined deductible means the full family deductible must be met even if only one person in the family is receiving care. Coinsurance begins once the combined deductible has been met.

#### Third

Once you reach the out-of-pocket maximum, Trinity Health pays 100% of all remaining eligible expenses during the year.

**Keep in mind**, the plan pays 100% for certain generic prescription drugs, diabetes and asthma drugs before your deductible is met.

### For Open Enrollment Only

If you are currently enrolled in the HCFSAs for 2024 and you elect the HSA for 2025, you must utilize your HCFSAs funds by Dec. 31, 2024.  
**If you carry over any HCFSAs balance into 2025, you will be unable to receive employer HSA contributions or your colleague HSA contributions until April 1, 2025.**

## How the Health Savings Account (HSA) works

When you enroll in the Health Savings Plan, you automatically have a Health Savings Account (HSA) administered by HealthEquity to help you pay for current or future health care costs. Trinity Health will make a full contribution to your account after the first pay date in January based on the coverage level you elect. In addition, you can also contribute to this account up to IRS limits:

Coverage Level	Trinity Health Contributions*†	Your Voluntary Contributions**†	Total IRS Allowed HSA Contributions
Colleague only	\$650	\$3,650	\$4,300
All other coverage levels	\$1,300	\$7,250	\$8,550

\*Prorated based on mid-year enrollments.

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

†May be subject to state taxation.

### Questions about the HSA

**How do I get an HSA?** To be eligible for the HSA, you must enroll in the Health Savings Plan. In addition, you cannot have coverage under another non-high deductible health plan, such as Medicare, TRICARE, or coverage through a spouse's health plan.

**Who can use funds in my HSA?** You and your dependents can pay for medical, dental, vision and pharmacy expenses with funds in your HSA. Dependents must be claimed on your tax return. (Note: Children under the age of 26 may not qualify to use HSA funds depending on their annual income and other factors, see IRS website for details.)

**Why would I contribute to my HSA?** Contributions to the HSA are a great way to save on taxes. With the HSA, you do not pay taxes on the amount you contribute through payroll deductions, the amount you withdraw for medical expenses, and the interest you earn in the account (up to amounts set by federal law)†. We encourage you to consult with a tax advisor for IRS rules and tax implications related to an HSA. Keep in mind that you can change the amount you contribute to your HSA at any time during the plan year.

**How can I use the money in my HSA?** You may use the HSA to pay for qualified medical, dental, vision and pharmacy expenses now and during retirement for you and your qualified dependents.

**How do I pay for medical expenses with my HSA?** When you receive eligible health care services, you can pay for those services with your HSA debit card, or through several online and smartphone app options. You'll receive more information about your payment options if you enroll in the Health Savings Plan with the HSA.

**What happens if I don't use all the money in my HSA each year?** Any money you do not use during the year is carried over, without any limits. Remember, you own the money in your HSA and it is yours to keep – even when you change jobs or retire.

**Can I enroll in the Health Care Flexible Spending Account (HCFSAs) if I have an HSA?** When you enroll in the Health Savings Plan that includes the HSA, you will not have access to the health care flexible spending account (HCFSAs). However, the HSA may be seen as having more advantages over the HCFSAs including:

- The opportunity to carry over savings from year to year – you do not forfeit any amount in your HSA at the end of the plan year.
- Contributions of up to \$8,550† in tax-free HSA dollars each year (the HCFSAs maximum is \$3,200);
- Your HSA dollars are saved in a bank account that may earn interest.

†May be subject to state taxation.

For more information about the Health Savings Plan, including the Health Savings Account (HSA), visit [www.healthequity.com](http://www.healthequity.com) or <https://www.trinity-health.org/my-benefits/>.



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

# Trinity Health

## Group Number: 71349    Package Code(s): 022

### Essential Plan and Essential Assist Plan with HRA

### Effective Date: 01/01/2025

### Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

**Note:** A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **services that need prior authorization**.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)			
Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
<b>Deductibles</b> - per calendar year	\$1,250 per member \$2,500 per family	\$2,750 per member \$5,500 per family	Not Covered
<b>Health Reimbursement Account</b> (Essential Assist Plan Only)		\$1,000 Single \$2,000 Family	
<b>Copays</b> • Fixed Dollar Copays	\$50 copay for : • Outpatient surgery - facility fee only \$100 copay for : • Ambulance services \$200 copay for : • Emergency room	\$100 copay for : • Ambulance services • Outpatient surgery- facility fee only \$200 copay for : • Emergency room \$500 copay for : • Inpatient admissions	Not Covered
<b>Coinsurance</b> • Percent Coinsurance	20%	30%*	Not Covered
<b>Annual out-of-pocket maximums</b>	\$4,000 per member \$8,000 per family <i>Includes deductible, coinsurance and copays for all covered services including prescription drugs</i>	\$6,000 per member \$12,000 per family <i>Includes deductible, coinsurance and copays for all covered services including prescription drugs</i>	Not Covered
<b>Lifetime dollar maximum</b>		Unlimited	Not Applicable

\*Unless otherwise stated within the summary outline



## Preventive Care Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Health Maintenance Exam - beginning age 4; one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Mammography Screening - beginning age 35; 1 base line age 35-39; annual age 40+ includes 3D Mammography	Covered - 100%	Covered - 100%	Not Covered
Contraceptive Methods and Counseling	Not Covered	Not Covered	Not Covered
Prostate Specific Antigen (PSA) screening - beginning 40 years of age; one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 100%	Not Covered
Well Child Care • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months  Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Covered - 100%	Not Covered
Routine Hearing Exam- one per calendar year	Covered - 100%	Covered - 100%	Not Covered

## Physician Office Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Office Visits Includes: • Primary care and specialist physicians • Initial Visit to Determine Pregnancy	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Medical Telemedicine Visits Note: Virtual visits rendered by BCBS Providers	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Medical Blue Cross Online Visits Note: Online Visits rendered by Teladoc	Not Applicable	Covered - 70% after deductible	Not Covered
Office Consultations	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Pre-Surgical Consultations	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered

## Emergency Medical Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Hospital Emergency Room Qualified medical emergency	Covered - 100% after \$200 copay; copay waived if admitted	Covered - 100% after \$200 copay; copay waived if admitted	Covered - 100% after \$200 copay; copay waived if admitted.
Non-Emergency use of the Emergency Room	Covered - \$200 copay; then 80% after deductible	Covered - \$200 copay; then 70% after deductible	Not Covered
Facility Based Urgent Care Services	Covered - 80% after deductible	Covered - 80% after deductible*	Not Covered
Professional Based Urgent Care Services	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Ambulance Services - Medically Necessary Transport	Covered - 100% after \$100 copay	Covered - 100% after \$100 copay	Covered - 100% after \$100 copay

\*Tier 1 deductible and coinsurance applies

## Facility and Professional Diagnostic Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
MRI, MRA, PET and CAT Scans and Nuclear Medicine *	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Radiation Therapy and Chemotherapy	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered

\*Prior authorization may be required.

## Maternity Services Provided by a Physician

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Prenatal and Postnatal Care Visits -Physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure, fetal heart rate check, etc.)	Covered - 100%	Covered - 100%	Not Covered
Delivery and Nursery Care	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
High Risk Specialist Visits	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Ultrasounds and Pregnancy Diagnostic Lab Tests	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Anemia Screening and Gestational Diabetes Screening	Covered - 100%	Covered - 100%	Not Covered
Amniocentesis (Professional Charges)	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Amniocentesis (Facility Charges)	Covered - \$50 copay; then 80% after deductible	Covered - \$100 copay; then 70% after deductible	Not Covered

**Note:** Mom and Baby's claims are processed separately under their own files and both may be subject to the Deductible and Out of Pocket Maximum.

## Hospital Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Facility Charges)	Covered - 80% after deductible	Covered - \$500 copay; then 70% after deductible **	Not Covered Unless admitted directly from the ER to the hospital**
Inpatient Medical Care (Professional Charges)	Covered - 80% after deductible	Covered - 70% after deductible**	Not Covered Unless admitted directly from the ER to the hospital**

**\*\*Tier 1 cost-share applies if admitted directly from the ER to the Hospital.**

## Alternatives to Hospital Care

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Hospice Care	Covered - 100%	Covered - 100%	Not Covered
Home Health Care Limited to a maximum of 120 visits per calendar year	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Skilled Nursing Facility Limited to a maximum of 120 days per calendar year	Covered - 80% after deductible	Covered - \$500 copay; then 70% after deductible	Not Covered

## Surgical Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Surgery (includes related surgical services)	Covered - \$50 copay; then 80% after deductible	Covered - \$100 copay; then 70% after deductible	Not Covered
Bariatric Surgery Covered only if performed at a Tier 1 Trinity Health Facility -or- a Blue Distinction Center of Excellence Tier 2 Facility	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Sterilization- males only; excludes reversal sterilization	Not Covered	Not Covered	Not Covered
Sterilization- females only; excludes reversal sterilization	Not Covered	Not Covered	Not Covered

## Human Organ Transplants

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Kidney, Cornea, Bone Marrow and Skin	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered

## Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Inpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 80% after deductible	Covered - 80% after deductible*	Not Covered
Outpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 80% after deductible	Covered - 80% after deductible*	Not Covered
Mental Health Telemedicine Visits Note: Virtual visits rendered by BCBS Providers	Covered - 80% after deductible	Covered - 80% after deductible*	Not Covered
Mental Health Blue Cross Online Visits Note: Online Visits rendered by Teladoc	Not Applicable	Covered - 80% after deductible*	Not Applicable
Spring Health: Mental Health Visits - Virtual or In-person visits rendered by a Spring Health Provider - Services after 6 Trinity Health sponsored visits	Covered - 80% after deductible	Not Applicable	Not Applicable
Spring Health: Substance Use Disorder - Virtual visits rendered by a Spring Health provider	Covered - 80% after deductible	Not Applicable	Not Applicable

**\*Tier 1 deductible, coinsurance and out-of-pocket maximum applies.  
Spring Health contracts separately with Trinity Health.**

## Autism Spectrum Disorders, Diagnoses and Treatment

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Applied Behavioral Analysis (ABA)	Covered - 80% after deductible	Covered – 80% after deductible*	Not Covered
Physical, Occupational and Speech Therapy	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Nutritional Counseling	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered

**\*Tier 1 deductible and coinsurance applies.**

## Other Covered Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Cardiac Rehabilitation Maximum of 36 visits in a 12-week period	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Chiropractic Spinal Manipulation Limited to a maximum of 20 visits per calendar year	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Durable Medical Equipment	Covered - 80% after deductible	Covered - 80% after deductible*	Not Covered
Prosthetic and Orthotic Devices	Covered - 80% after deductible	Covered - 80% after deductible*	Not Covered
Private Duty Nursing Care Limited to 120 visits per calendar year	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Allergy Testing and Therapy	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
Facility Clinic Visit	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered

\*Tier 1 deductible and coinsurance applies.

## Therapy Services

Benefits	Tier 1 Trinity Health Facilities & Specified Trinity Health Professional Providers	Tier 2 PPO Network Facility and Professional Providers	Out of Network Facility and Professional Providers
Physical, Occupational and Speech Therapy	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
	Rehabilitative Services - PT/OT/ST limited to a 60-visit maximum per therapy per calendar year		
Habilitative & Rehabilitative Therapy	Covered - 80% after deductible	Covered - 70% after deductible	Not Covered
	Habilitative Services - PT/OT/ST limited to a combined 60-visit maximum per calendar year		

## Selecting a Provider

### Tier 1: Trinity Health Facilities

When you use Trinity Health facilities, satellite locations and/or aligned physicians with Trinity Health, you receive the highest benefit payment level. A listing of eligible facilities is available online at [bcbsm.com](https://bcbsm.com).

### Tier 2: Network Providers

Network providers have signed agreements with BCBS, which means they agree to accept our approved payment for a covered benefit as payment in full. You will only pay for the deductibles, copayments and coinsurances required by your coverage.

Ask your physician if he or she participates with the BCBS PPO network in your plan area. If you need help locating a network provider, please visit [Find a Doctor | bcbsm.com](https://bcbsm.com) or call the phone number on the back of your ID card.

When you go to network providers, you do not have to send a claim to us. Network providers submit claims to BCBS for you, and they are paid directly by BCBS.

### Tier 3: Nonparticipating (Out-of-Network) Providers

Nonparticipating providers are not covered. This means that if you receive services from an out-of-network provider, you will pay the full cost for that service.

### Case Management / Disease Management Program

If you agree to participate, a BCBSM nurse case manager will administer an assessment and an individualized plan that includes your condition and goals based on your assessment results.

- The nurse will work with you via telephone to address your specific health concerns and goals.
- Once you have completed the program you will receive a case closure letter via mail and a call explaining that you have completed your program.

### Notes:

**Cancer Treatment Centers of America (CTCA) are now part of City of Hope - There is no coverage for both health care services provided by the facility and health care services provided by physicians and other health care professionals at any of their facilities, with the exception of the City of Hope National Medical Center, General Acute Care Hospital. Use Find a Doctor search tool on [bcbsm.com](https://bcbsm.com) to find a network doctor, hospital, or other health care provider.**

**Mayo Clinic – There is no in-network or out-of-network coverage for both health care services provided by the facility and health care services provided by physicians and other health care professionals at any of their facilities.**



## Essential and Essential Assist Prescription Plan

Prescription Drug Benefit administered by OptumRx  
www.optumrx.com

1-855-540-5950

		Current State
<b>34-day supply</b>	Generic	TH retail: \$8 All other: \$10
	Brand Formulary	TH retail: 20% (\$24 min/\$80 max) All other: 25% (\$30 min/\$100 max)
	Brand Non-Formulary	TH retail: 40% (\$48 min/\$136 max) All other: 50% (\$60 min/\$170 max)
	Obesity Medications	TH retail: 40% (\$48 min/\$320 max) All other: 50% (\$60 min/\$400 max)
<b>90-day supply</b>	Generic	TH retail: \$24 All other: \$25
	Brand Formulary	TH retail: 20% (\$72 min/\$240 max) All other: 25% (\$75 min/\$250 max)
	Brand Non-Formulary	TH retail: 40% (\$144 min/\$408 max) All other: 50% (\$150 min/\$425 max)
	Obesity Medications	TH retail: 40% (\$144 min/\$960 max) All other: 50% (\$150 min/\$1,000 max)

### Notes:

Out-of-Pocket Maximum (OOPM)\*: \$6,000 single/\$12,000 family

\*Combined with medical OOPM

Infertility medications have a 50% coinsurance (no maximum)

Dispense as Written (DAW): If the brand drug has a specific equivalent generic drug available and the plan participant receives the brand, the plan participant must pay the difference between the ingredient cost of the brand drugs and the generic drug along with the regular copay.

### Maintenance Drugs

Prescription Drugs that are taken on an ongoing basis to treat routine ailments or disorders are considered to be a maintenance drug. After three 30-day fills, the member will be required to fill the drug as a 90-day supply through OptumRx Mail Service Pharmacy, CVS retail pharmacies (for certain Ministries) or a Trinity Health retail pharmacy, including Trinity Health Pharmacy Services in Ft. Wayne, IN.

### Specialty Drugs

Specialty medications must be filled through Trinity Health Pharmacy Services in Ft. Wayne or Trinity Health retail pharmacies (certain ministries) or through the OptumRx Specialty program (certain ministries).

### Preventive Service Medications (under the Patient Protection and Affordable Care Act): No Copay with Prescription

- Aspirin Products
  - Aspirin for prevention of morbidity and mortality from preeclampsia in pregnant women at risk. Oral over-the-counter (OTC) aspirin products (with prescription). Exclude prescription aspirin products, non-oral aspirin products, or aspirin strengths > 325 mg

- Fluoride Products
  - Fluoride for prevention of dental caries in children. Prescription (generic single ingredient only) oral fluoride supplementation products. Exclude branded oral fluoride supplementation products
- Folic Acid & Prenatal Vitamins
  - Folic acid for prevention of neural tube defects. OTC folic acid supplementation products (with prescription), including prenatal vitamins containing folic acid for adults. Exclude prescription folic acid supplementation products and any product containing > 0.8mg or < 0.4mg of folic acid
- Tobacco Smoking Cessation Products
  - Prescription and OTC (with prescription) tobacco smoking cessation products (e.g., nicotine products, bupropion [generic only], varenicline) for adults. Quantity limit of 2 cycles per year and max daily dose applies to each active ingredient.
- Immunizations
  - Cover at \$0 copay, single-entity and combination vaccinations for diphtheria, haemophiles influenzae type b, hepatitis A, hepatitis B, herpes zoster, human papillomavirus, polio, influenza, measles, mumps, rubella, meningococcal infections, pertussis, pneumococcal infections, rotavirus, tetanus, varicella monkeypox, respiratory syncytial virus, and COVID-19 vaccines with FDA approval. Exclude vaccines not listed in the ACIP Immunization Schedules. Age edits will apply in accordance with recommendations from ACIP.
- Bowel Prep Agents for Colorectal Cancer Screening
  - Selected OTC and Rx generic bowel preparation agents. Quantity limits may apply. Exclude branded bowel preparation products.
- Breast Cancer-primary preventive
  - To prevent the first occurrence of breast cancer if a Prior Authorization is obtained. Prior Authorization confirms member is using the medication for primary prevention of breast cancer and meets the preventive parameters of the USPSTF recommendation.
- Statins
  - Low to moderate dose statins for the primary prevention of cardiovascular disease in adults.
  - For members between ages 40-75, cover lovastatin
  - For members between ages 40-75, having one or more cardiovascular risk factors
    - Risk factors such as dyslipidemia, diabetes, hypertension, or smoking, and having a calculated 10-year risk of a cardiovascular event of 10% or greater, cover atorvastatin (generic Lipitor) 10 & 20 mg and simvastatin (generic Zocor) 5, 10, 20, 40 mg.
  - Requires prior authorization for \$0 cost share
- Pre-exposure Prophylaxis (PrEP)-prevention of HIV infection
  - To include generic tenofovir disoproxil fumarate and tenofovir. Brand Truvada, Descovy, and Apretude are available if unable to take generics listed.
  - Requires prior authorization for \$0 cost share

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

## Excluded Drugs

- Cosmetic medication: Anti-wrinkle agents, hair growth/removal, etc
- Non-sedating Antihistamine (NSA) drugs
- Hypoactive Sexual Desire Disorder (Addyi)
- Erectile dysfunction (ED) medications
- Compound pain patches and bulk powders
- Medications and products available over-the-counter (OTC)

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

## Drugs requiring Prior Authorization (PA)

- Topical Acne
- Anti-obesity agents
- Kerydin
- Narcolepsy
- Compounds \$300 and greater
- Anabolic steroids
- Specialty medications

- Oral/Intranasal

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

### **Drugs that have Quantity Limits (QL) imposed**

- Flu medication
- Corticosteroid oral inhalers
- Pregablin
- Bets 2 Agonists
- Mast cell stabilizer-Anticholinergic
- Opioids

**For a complete list, please reach out to OptumRx at 855-540-5950 or visit [www.optumrx.com](http://www.optumrx.com)**

### **GLP-1 medications for diabetes and obesity**

GLP-1 medications to treat diabetes or obesity are limited to be filled at a 30-day supply only.

### **Nicotine Cessation**

Nicotine cessation medications, excluding OTC products, will be filled at appropriate tier level once Healthcare Reform (HCR) \$0 benefit has been exhausted.

*Due to the large number of available medicines, this list is not all-inclusive. Please note that this list does not guarantee coverage and is subject to change. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance on this list.*

*This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract and is intended to be reviewed with the applicable summary plan description. Additional limitations and exclusions may apply. For a complete description of benefits, please review the applicable summary plan description. If there is a discrepancy between this summary and any applicable plan document, the plan document will control.*

*More information is available through [optumrx.com](http://optumrx.com) to help you manage your prescription drug program. You will be able to locate a pharmacy, order mail service refills, track mail service orders, and ask questions. For additional information contact OptumRx at 1-855-540-5950.*

## More About the Medical and Pharmacy Plans

### Choose your Primary Care Physician (PCP)

Maintaining a relationship with your PCP is important because they are trained to recognize any health problems you may have. A PCP is the doctor you see for most services, including annual check-ups. Your PCP can also help you identify and meet your health goals and help you prevent serious, long-term health conditions. And, by following their preventive recommendations, they can help keep your health care costs low. Trinity Health encourages you to select and develop a relationship with a PCP. **If you are electing a Trinity Health medical plan for the first time you and your covered dependents will be required to select a PCP within the first 30 days from your effective date of coverage for all BlueCross BlueShield of Michigan Plans.** Be sure to indicate your PCP through the BlueCross BlueShield online portal. If no PCP is indicated, the Plan will auto-assign based on claim history, Tier 1 physician within a 10 mile radius of your home, or Tier 2 physician within a 10 mile radius of your home. To find an in-network physician or provider, visit [www.bcbsm.com](http://www.bcbsm.com).

### Colleague Health Plan Navigators

Colleague Health Plan Navigators are trusted advisors working on your behalf to help you navigate your Trinity Health medical coverage. Contact a navigator for help with:

- **Network Navigation:** Finding a Trinity Health provider or another in-network provider under your plan
- **Provider Connection:** Accessing a primary care provider, specialist, laboratory or retail pharmacy
- **Billing Support:** Understanding questions about a medical bill
- **Other Issues:** Navigating other issues related to medical coverage for colleagues, spouses or dependents (including students out-of-state)

For more information, email:

[ColleagueNavigators@trinity-health.org](mailto:ColleagueNavigators@trinity-health.org).

### Be a smart health care consumer

As you know, the cost of high-quality health care continues to increase each year. Being a smart consumer means getting the best price on something you need, whether it's a new car or health care.

Being a smart health care consumer doesn't mean you should avoid trips to the doctor – it means making the best decisions about *when* to go to the doctor. Regular checkups can improve your health and extend your life. By getting the recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Plus, preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because generally, it's covered by your medical plan.

An easy way to be a smart health care consumer is to choose a Trinity Health Tier 1 provider when you or a family member needs medical care. Besides receiving excellent care at our own facilities, you receive the highest level of benefits while paying the lowest available copayment and coinsurance amounts.

### Maintenance Medications

Our prescription drug plan requires that you receive your maintenance medications\* in 90-day supplies through a nearby Trinity Health onsite pharmacy, a local CVS pharmacy or OptumRx home delivery. Once you reach your plan limit (initial fill and 2 refills) for filling 30-day supplies at a retail pharmacy, you will pay the full cost of your medications if you do not move your prescription to one of the long-term options listed above.

\*A maintenance medication is a long-term medication taken regularly for chronic conditions or long-term therapy.

### Specialty Medications

Specialty medications are required to be filled at either a Trinity Health owned pharmacy or OptumRx Specialty pharmacy.

## More About the Medical and Pharmacy Plans

### Prescriptions available at a Trinity Health pharmacy

Remember, purchasing your medications at a Trinity Health pharmacy may save you money. Also, you can fill prescriptions for up to a 90-day supply of your medications. To find a list of Trinity Health pharmacies, please visit the [MyBenefits website](#).

### Get help with Medicare

If you or a family member are approaching or have reached Medicare eligibility, Alight Retiree Health Exchange can offer access to individual Medicare plans, such as Medicare Supplement, Medicare Advantage and Prescription Drug plans that help pay for services and costs not fully covered by Original Medicare. Call Alight's licensed Benefits Advisors at 877-216-3711 (TTY 711) or use their interactive plan recommendation tool at [retiree.alight.com/trinityhealth](https://retiree.alight.com/trinityhealth). Refer to the *Medicare & You* handbook, available at [medicare.gov](https://www.medicare.gov), for a comprehensive overview of Medicare Parts A and B. Alight's services are provided to you at no additional cost. You only pay for the coverage you select. For more information, please **click here** to visit our Medicare and Social Security Resource Page.

## Live Your Whole Life Colleague Well-being

At Trinity Health, we believe that our **spiritual, mental, emotional, physical, financial, social, and vocational well-being** can positively affect quality of life not only for ourselves, but also for our families and those we serve. Live Your Whole Life is the integrated well-being strategy for Trinity Health colleagues and family members and is comprised of activities, tools, and benefits that support us in achieving our unique well-being goals.

All colleagues are invited to participate in the well-being opportunities through Live Your Whole Life. Visit the Live Your Whole Life Sharepoint Site for the most up-to-date well-being resources for you and your family. This link contains monthly highlights, upcoming events and links to our well-being vendor partners.



To get started, please visit the Live Your Whole Life Sharepoint Site at:  
[mytrinityhealth.sharepoint.com/sites/SO-LiveYourWholeLife\\_ColleagueWellbeing](https://mytrinityhealth.sharepoint.com/sites/SO-LiveYourWholeLife_ColleagueWellbeing)

## Mental and Emotional Well-being

Our Trinity Health colleagues and their families continue to be our most valuable resource. While well-being is multi-dimensional, mental and emotional well-being has emerged as a top priority. Now, more than ever, it is important to focus on our resilience and ensure that our colleagues have the resources they need to manage their overall well-being.

## Additional Live Your Whole Life Mental and Emotional Well-being Resources

There are a range of tools available, such as virtual support groups, individual counseling, and self-guided video courses to help you better understand, maintain and improve your health and well-being.



### Individual Counseling and Coaching powered by Spring Health

Colleagues and their household members each have access to six free counseling sessions and six free coaching appointments per calendar year.

[trinityhealth.springhealth.com](https://trinityhealth.springhealth.com) | 1-855-629-0554  
work-life code: trinityhealth



### Virtual Support Groups and Educational Webinars powered by Spring Health

Access virtual support groups that help you work through life's challenges together or join a live webinar to learn about a variety of mental well-being topics.

[trinityhealth.springhealth.com](https://trinityhealth.springhealth.com)



### Self-Guided Video Courses

Video courses on Mindfulness and Self-Awareness.

[trinity-health.org/lywl](https://trinity-health.org/lywl)

Download the app to your phone at the App Store or Google Play: search **Personify Health**



### National Suicide Prevention Lifeline

The Lifeline is available nationwide and provides 24/7 free and confidential support.

Call or text **988**. You can also chat with a member of the Lifeline team by visiting [988lifeline.org](https://988lifeline.org)

## Coverage Under Trinity Health Medical Plan

- Behavioral health care including inpatient and outpatient mental health care and substance abuse care by Tier 1 & 2 providers is covered at the Tier 1 benefit level.

## Colleague Health Plan Well-being Incentive

Each year, medically enrolled colleagues and spouses/eligible adult dependents have an opportunity to earn an incentive to retain the lower per pay period cost for medical coverage by completing and tracking healthy-living and well-being activities. The Colleague Health Plan Well-being Incentive is only **one component** of *Live Your Whole Life*.

### Here's how the program works:

- 1 **All colleagues start the plan year with the Full Incentive amounts (lower per pay cost for medical coverage).** Note: See the box to the right to understand the options for Full and 1-Person Incentives.
- 2 **Log into or register for your Live Your Whole Life account at [trinity-health.org/lywl](https://trinity-health.org/lywl) or on the mobile app.**
- 3 **Earn points by completing program activities.** Points earned within a quarter accumulate to drive progress to higher levels of the game.
- 4 **Complete Level 4 of the quarterly game by earning a total of 5,000 points each quarter to maintain a lower per pay cost for medical coverage in the following quarter.**

Quarter	2025 Dates	Premium change date
Q1	Jan. 1 – March 31	Pay including May 1
Q2	Apr. 1 – Jun. 30	Pay including Aug. 1
Q3	Jul. 1 – Sept. 30	Pay including Nov. 1
Q4	Oct. 1 – Dec. 31	Complimentary Quarter – all members are gifted completion status for Q4

- 5 **Those who do not complete Level 4 by the quarterly deadline will not maintain their incentive.**

### Incentive Structure

There are separate incentive amounts for colleagues and spouse/eligible adult. If both you and your spouse/eligible adult complete four levels in each quarter, you will maintain the Full Incentive amounts. If only one of you completes all four levels in each quarter, you will only maintain a 1-Person Incentive amount. (See the section "Paying for Medical and Pharmacy Coverage" for contribution rates with Full and 1-Person Incentives).

### Need another chance to earn your Full Incentives?

The game resets each quarter with a new opportunity to maintain or regain your Full Incentive amounts. If you do not complete Level 4 by the Quarter 1 deadline, you will have the opportunity to regain your Full Incentive amounts by completing Level 4 in Quarter 2, and again in Quarter 3.

If you feel that you are unable to complete the Live Your Whole Life incentive activities by the deadline(s) due to extenuating circumstances (e.g., medical hardship, military deployment), you may request an exception. For your exception request to be reviewed, you must complete the form and return it prior to the end of each quarter. You can find exception forms at [trinity-health.org/lywl](https://trinity-health.org/lywl) or by calling 855-491-8781.

### New hires and colleagues eligible after Jan. 1, 2025

Colleagues with a medical benefits effective date after Jan. 1, will pay the lower per pay cost for medical coverage through the remainder of the calendar year.

For more information on dates and activities, please visit the Live Your Whole Life website at [mybenefits.trinity-health.org/lywl](https://mybenefits.trinity-health.org/lywl) or call 1-855-491-8781.



## Dental Coverage

You have a choice between two Delta Dental of Michigan plan options: the High plan and the Standard plan. Our plans utilize the Delta Premier and PPO networks. Visit [www.deltadentalmi.com](http://www.deltadentalmi.com) for providers in your area.

Dental Plan Highlights	High Plan		Standard Plan	
	Participating Dentist	Nonparticipating Dentist	Participating Dentist	Nonparticipating Dentist
<b>Annual deductible</b> Individual/Family	\$25/\$50	\$50/\$100	\$50/\$100	\$100/\$150
<b>Class I - Preventive services</b>	100% covered (\$0 colleague cost)	100% covered (Usual and Customary rates apply)	100% covered (\$0 colleague cost)	100% covered (Usual and Customary rates apply)
<b>Class II - Basic services</b>	20% after deductible	20% after deductible	40% after deductible	40% after deductible
<b>Class III - Major restorative services</b>	40% after deductible	40% after deductible	50% after deductible	50% after deductible
<b>Class IV - Orthodontics</b>	50% after deductible	50% after deductible	Not covered	
<b>Maximums</b>				
Per person annual (non-orthodontics)*	\$1,750	\$1,250	\$1,500	\$1,000
Per person lifetime (orthodontics)	\$1,500	\$1,500	Not applicable	Not applicable
<b>Your per pay period cost</b>	<b>Full-time</b>	<b>Part-time</b>	<b>Full-time</b>	<b>Part-time</b>
Colleague only	\$8.41	\$12.20	\$5.25	\$7.95
Colleague plus spouse/eligible adult	\$18.93	\$26.50	\$12.00	\$17.40
Colleague plus child(ren)	\$21.29	\$29.81	\$13.50	\$19.57
Colleague plus family	\$30.76	\$43.06	\$19.50	\$28.27

\*Preventive services do not count toward annual maximums.

**NOTE:** When you receive services from a non-participating dentist, you will be responsible for the difference between what your dentist charges and the Delta Dental non-participating dentist fee. Fluoride treatments are covered once every 12 months up to age 19. Bitewing x-rays are covered once every 12 months.

For more information about your dental plan options or about Delta Dental, visit <https://www.trinity-health.org/my-benefits/>.

## Vision Care Coverage

You have a choice between two UnitedHealthCare vision plan options: the High plan and the Standard plan. Visit [www.myuhcvision.com](http://www.myuhcvision.com) for providers in your area.

UHC Vision Plan Highlights	High Plan		Standard Plan	
	In-network	Out-of-network (reimbursement schedule)	In-network	Out-of-network (reimbursement schedule)
Benefit frequency	Calendar year	Calendar year	Calendar year	Calendar year
Vision exam	Covered in full	Up to \$40	\$10 copayment	Up to \$40
Pair of lenses				
Single vision		Up to \$40		Up to \$40
Bifocal	\$0 copayment	Up to \$60	\$0 copayment	Up to \$60
Trifocal		Up to \$80		Up to \$80
Lenticular		Up to \$80		Up to \$80
Frames	\$150 retail allowance	Up to \$45	\$150 retail allowance	Up to \$45
Covered frame	at retail locations		at retail locations	
Non-covered frame				
Contact lenses (in lieu of eyeglasses)	Contact lens coverage is provided under the plan and may vary dependent on the type of contact lenses prescribed. Please see the benefit summary on the MyBenefits website for additional information.			
Elective				
Necessary				
Additional pair of eyeglasses or contact lenses	Up to 20% discount	Up to 20% discount	Up to 20% discount	Up to 20% discount
Additional lens options	The following lens options are covered in full: standard scratch-resistant coating, standard basic and high-end progressive lenses, standard polycarbonate lenses, standard anti-reflective coating, UV, tints, photochromic, Transitions®, edge coating		The following lens options are covered in full: standard scratch-resistant coating, standard polycarbonate lenses	
Your per pay period cost				
Colleague only	\$6.43		\$3.26	
Colleague plus spouse/eligible adult	\$13.34		\$5.98	
Colleague plus child(ren)	\$13.99		\$6.29	
Colleague plus family	\$19.72		\$8.68	

### Children's Eye Care Program

Dependent children, under the age of 13, are able to receive a second eye exam each calendar year. If a covered child experiences a prescription change of .5 diopter or greater, the enhanced benefit also provides for an additional pair of glasses. Copays for the exam and glasses still apply. This benefit ends on the covered child's 13th birthday.

For more information about your vision care plan options, visit <https://www.trinity-health.org/my-benefits/>.

## Health Care and Day Care / Dependent Care Flexible Spending Accounts

You have the opportunity to set aside before-tax money to offset eligible health care or day care / dependent care expenses. There are two different types of Flexible Spending Accounts – a Health Care Flexible Spending Account (HCFSA) and a Day Care / Dependent Care Flexible Spending Account (DCFSA).

	Health Care FSA	Day Care / Dependent Care FSA
How much can I contribute?	Before-tax dollars in any amount between \$130 and \$3,200 (Trinity Health uses the 2024 IRS limit)	Before-tax dollars in any amount between \$130 and \$5,000 if you file your tax return as married filing jointly, \$2,500 limit per spouse if married filing separately
What expenses will it cover?	<p>Eligible health care products and services used by you and/or your eligible dependents. Examples include:</p> <ul style="list-style-type: none"> <li>• Vision care, including eyeglasses, contact lenses and saline solution</li> <li>• Dental care, both preventive and restorative</li> <li>• Orthodontia</li> <li>• Physical therapy, counseling, or psychological services</li> <li>• Chiropractic care and acupuncture</li> <li>• Copayments, coinsurance and deductibles</li> <li>• Prescribed Over-the-Counter (OTC) medications</li> </ul>	<p>Expenses for the care of your eligible dependents (child under age 13 or qualifying adult incapable of self-care) while you work:</p> <ul style="list-style-type: none"> <li>• Babysitting or au pair services</li> <li>• Before and after-school programs</li> <li>• Day care and nursery school</li> <li>• Pre-school programs</li> <li>• Elder care services</li> </ul> <p>A DCFSA covers <b>eligible care expenses</b> for your <b>dependents</b> while you work. Medical expenses for your dependents should <b>NOT</b> be contributed to the DCFSA.</p>
When do I have to spend the money?	Contributions made to the HCFSA during the 2025 calendar year can be used for claims with dates of service between Jan. 1, 2025* and Mar. 15, 2026.	Contributions made to the DCFSA during the 2025 calendar year can be used for claims with dates of services between Jan. 1, 2025* and Dec. 31, 2025. <b>NOTE:</b> You cannot incur day care / dependent care expenses or submit for reimbursement during a leave of absence.
How do I access my FSA savings?	You can use a variety of payment options to access your FSA savings. These include the HealthEquity Health Card, Pay my Provider, Pay me Back, or by using the Mobile application.	You can use a variety of payment options to access your FSA savings. These include the Pay my Provider, Pay me Back, or by using the Mobile application.

\*For mid-year enrollments, this date will be your effective date of coverage.

### Reminders:

- **If you choose to enroll in the Health Savings Plan medical plan option**, you cannot enroll in the HCFSA. The Health Savings Account (HSA) works just like the HCFSA but offers additional benefits, such as the opportunity to carry over unused funds, contribute up to \$3,650/individual (\$7,250/family), plus an additional \$1,000 in catch-up contributions if you are age 55 or over, and earn interest on your savings.
- You must make HCFSA and/or DCFSA elections for 2025 during open enrollment.  
**Your prior year elections will NOT carry forward.**
- HCFSA and DCFSA claims for the 2025 plan year must be postmarked by Mar. 31, 2026.
- If you choose to contribute to the HCFSA for the first time in 2025, a new HealthEquity Card will be mailed to your home. Otherwise, you will only receive a new HealthEquity Card when your current card expires.
- You may contribute to the HCFSA even if you do **not** elect coverage in a Trinity Health medical plan.

For more information about your FSA benefits and to obtain a list of eligible expenses, visit <https://www.trinity-health.org/my-benefits/>.

### How to use your remaining 2024 HCFSA funds

If you contributed to the HCFSA in 2024 and have funds remaining on Dec. 31, 2024, you can use the funds for claims incurred between Jan. 1, 2025 and Mar. 15, 2025. Claims must be submitted by Mar. 31, 2025. The only way to use your remaining 2024 funds during this grace period is to pay for the claim at the time of service and submit your claims to HealthEquity for reimbursement. Do not use your HealthEquity debit card to pay for claims during this period because the card will access 2025 funds.

# Life Insurance

## Colleague life insurance options

If eligible, you receive employer-provided basic life/Accidental Loss of Life and Severe Injury Benefits (also known as Accidental Death and Dismemberment (AD&D)) insurance at one times your annual base salary.

In addition, you have the option to purchase supplemental coverage for yourself in the increments shown in the table below. If you purchase colleague supplemental life insurance and you're approved, the premium contributions will be deducted from your paycheck on an after-tax basis.

You will be eligible for will preparation services through The Hartford's EstateGuidance Will Services at no charge. To get started, access The Hartford's EstateGuidance Will Services online at [www.estateguidance.com](http://www.estateguidance.com) and enter the Trinity Health Web ID "WILLHLF" in the Promotional Code box. Estate Guidance and Will Services will be available as of the effective date of your life insurance policy.

Colleague Life Insurance Plan Highlights (full- and part-time)	
Basic life/AD&D (employer-paid)	One times annual base salary
Supplemental life	One to eight times annual base salary
Supplemental AD&D	One to eight times annual base salary
Maximum amounts (Combined: \$3 million)	Basic life: \$1.5 million Supplemental life: \$1.5 million
Personal Health Applications	<b>NOTE:</b> The Hartford will contact you directly via email or mail if a Personal Health Application is submitted for 2025.

Costs for colleague supplemental life are based on your age submitted as of Jan. 1, 2025, and will be available when you enroll online.

## Dependent life insurance options

You have the option to purchase coverage for your dependents (including your spouse, eligible adult or eligible children). You may elect coverage for your dependents without electing coverage for yourself. **If you and your spouse or eligible adult both work for Trinity Health and are benefit eligible, you cannot elect spouse/eligible adult coverage for that individual. Also, only one of you will be able to elect coverage for your child(ren). If your dependent child also works at Trinity Health and is benefit eligible, you cannot elect child life coverage for that individual. If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.**

If you have elected dependent life insurance on your child(ren), you must waive dependent life insurance coverage once your youngest dependent child attains age 26.

Dependent Life Insurance Plan Highlights (full- and part-time)	
Spouse/Eligible Adult life <sup>1</sup>	Child(ren) life <sup>2</sup>
Coverage amount	Coverage amount
\$10,000	\$5,000
\$20,000	\$10,000
\$50,000	\$20,000
\$80,000	
\$100,000	
Personal Health Application	<b>NOTE:</b> The Hartford will contact you directly via email or mail if a Personal Health Application is submitted for 2025.

<sup>1</sup> Costs for spouse/eligible adult life insurance coverage are based on your age submitted as of Jan. 1, 2025, and will be available when you enroll online.

<sup>2</sup> Child(ren) life insurance costs cover all of your eligible children, and will be available when you enroll online.

## Accidental Loss of Life and Severe Injury Benefit (also known as AD&D)

Accidental Loss of Life and Severe Injury Benefits covers you in the case of an accidental loss of motion, sight, limb, or life.

## Are your beneficiaries up-to-date?

You may want to take a moment to review the beneficiary(ies) you have on file for your life coverage. If you haven't yet designated beneficiary(ies), your life insurance benefits will be paid according to the plan provisions as outlined in the Summary Plan Description.

You may change your beneficiary(ies) during the benefits enrollment process or anytime throughout the year.

Beneficiary(ies) designated for Basic Life Insurance apply to any Employee Supplemental Life Insurance elections.

For more information about your life insurance benefits, visit <https://www.trinity-health.org/my-benefits/> or <https://my.adp.com>.

## Time Away From Work

The Time Away From Work benefit includes paid time off (PTO), holidays, short-term disability and long-term disability. You can locate your management level for your specific program under “Job Details” in Workday. In addition to your Time Away From Work benefit, you may also be covered by certain absence policies/procedures. For more information, please visit the [Trinity Health Human Resource Ministry-Wide Policies & Procedures page](#).

### Management Level

**Program A:** Supervisors, Coordinators and All Other Positions (excluding Program B management levels)

**Program B:** Directors and Managers

### Paid Time Off/Holidays

Paid time off (PTO) can be used for vacation, personal or sick time not covered by disability or salary continuation. Colleagues also receive six core holidays, and one floating holiday.

	Program A		Program B
	Years of Service	PTO Hours	
<b>PTO Allowance</b>	<1	Up to 144	Drop In Time – 216 hours (pro-rated based on full-time equivalent (FTE))
	1-4	168	
	5-9	192	
	10-14	216	
	15+	240	
<b>Maximum Accrual</b>	Accrue PTO on up to 80 hours per pay period based on hours paid		N/A
<b>Bank Accrual</b>	1.5x annual accrual		May carry over up to 40 hours to following plan year
<b>Holidays</b>	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Floating Holiday (8 hours, pro-rated based on FTE)		

### PTO Cash-out

Colleagues in Program A may elect to cash-out PTO during open enrollment.

<b>How much time you can cash-out</b>	You can cash-out up to 80 hours of PTO accrued in 2025. Any PTO that is rolled over from the prior year may not be cashed out. You must maintain a minimum PTO bank of 40 hours.
<b>Election to cash-out</b>	Cash-out election for 2025 may only be made during open enrollment to avoid taxation on the value of your PTO bank. Your election is irrevocable and cannot be changed.
<b>Payment date for cash-out</b>	You will receive your cash-out in the first pay in November 2025.

### Disability/Income Protection

Disability insurance/income protection pays a benefit for a period of time if you personally are unable to work due to injury or illness. A short-term disability is an illness or injury that prevents you from working for a period of time that is usually six months or less. A long-term disability is an illness that prevents you from working beyond six months.

	Program A		Program B	
	Short-term	Long-term	Short-term	Long-term
<b>Income Replacement</b>	60% of base pay	60% of base pay up to \$10,000 per month	100% of base pay	70% of base pay up to \$15,000 per month
<b>Elimination Period</b>	7 calendar days*	6 months	7 calendar days-covered by salary continuation	6 months
<b>Benefit Duration</b>	6 months	Social Security Normal Retirement Age	6 months	Social Security Normal Retirement Age

\*Period of time that must first be covered by PTO or taken as unpaid time off. NOTE: State disability benefits may also apply.

For more information about the program, visit [hr4u.trinity-health.org](https://hr4u.trinity-health.org).

## Time Away From Work - Advanced Practice Clinicians

The Time Away From Work benefit includes vacation, holidays, short-term disability and long-term disability. If you are an advanced practice clinician, please refer to your employment agreement and/or the HR4U colleague portal for your Time Away From Work benefit. In addition to your Time Away From Work benefit, you may also be covered by certain absence policies/procedures. For more information, please visit the [Trinity Health Human Resource Ministry-Wide Policies & Procedures page](#).

**Program B1:** Advanced Practice Clinicians who are provided paid time off and holiday benefits.

**Program B2:** Advance Practice Clinicians who are not provided drop-in paid time off. Overall compensation includes time away from practice. Time away is managed in coordination with the practice leader and subject to maintaining minimum staffing expectations, applicable contracts and/or policies for compensation, time off, and FTE status.

### Paid Time Off/Holidays

Paid time off (PTO) can be used for vacation, personal or sick time not covered by disability or salary continuation. Colleagues also receive six core holidays, and one floating holiday.

	Program B1	Program B2
<b>PTO Allowance</b>	Drop In Time – 216 hours (pro-rated based on full-time equivalent (FTE))	N/A
<b>Maximum Accrual</b>	N/A	N/A
<b>Bank Accrual</b>	May carry over up to 40 hours to following plan year	N/A
<b>Holidays</b>	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Floating Holiday (8 hours, pro-rated based on FTE)	N/A

### Disability/Income Protection

Disability insurance/income protection pays a benefit for a period of time if you personally are unable to work due to injury or illness. A short-term disability is an illness or injury that prevents you from working for a period of time that is usually six months or less. A long-term disability is an illness that prevents you from working beyond six months.

	Program B1	Program B2	Program B1	Program B2
	Short-term		Long-term	
<b>Income Replacement</b>	100% of base pay		70% of base pay up to \$15,000 per month	
<b>Elimination Period</b>	7 calendar days-covered by salary continuation		6 months	
<b>Benefit Duration</b>	6 months		Social Security Normal Retirement Age	

For more information about the program, visit [hr4u.trinity-health.org](http://hr4u.trinity-health.org).

## Time Away From Work - Physicians and Residents

The Time Away From Work benefit includes vacation, holidays, short-term disability and long-term disability. If you are a physician or resident, please refer to your employment agreement and/or the HR4U colleague portal for your Time Away From Work benefit. For residents covered by ACGME institutional requirements, please visit the [Trinity Health Leave of Absence Resource site](#) for more information. In addition to your Time Away From Work benefit, you may also be covered by certain absence policies/procedures. For more information, please visit the [Trinity Health Human Resource Ministry-Wide Policies & Procedures page](#).

**Program C1:** Physicians who are provided paid time off and holiday benefits.

**Program C2:** Physicians who are not provided drop-in paid time off. Overall compensation includes time away from practice. Time away is managed in coordination with the practice leader and subject to maintaining minimum staffing expectations, applicable contracts and/or policies for compensation, time off, and FTE status.

**Program D:** Residents

### Paid Time Off/Holidays

Paid time off (PTO) can be used for vacation, personal or sick time not covered by disability or salary continuation. Colleagues also receive six core holidays, and one floating holiday.

	Program C1	Program C2	Program D
<b>PTO Allowance</b>	Drop In Time – 216 hours (pro-rated based on full-time equivalent (FTE))	N/A	
<b>Maximum Accrual</b>	N/A	N/A	
<b>Bank Accrual</b>	May carry over up to 40 hours to following plan year	N/A	
<b>Holidays</b>	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Floating Holiday (8 hours, pro-rated based on FTE)	N/A	

### Disability/Income Protection

Disability insurance/income protection pays a benefit for a period of time if you personally are unable to work due to injury or illness. A short-term disability is an illness or injury that prevents you from working for a period of time that is usually six months or less. A long-term disability is an illness that prevents you from working beyond six months.

	Program C1	Program C2	Program C1	Program C2
	Short-term		Long-term	
<b>Income Replacement</b>	100% of base pay		70% of base pay up to \$15,000 per month*	
<b>Elimination Period</b>	7 calendar days-covered by salary continuation		6 months	
<b>Benefit Duration</b>	6 months		Social Security Normal Retirement Age	

\*Physicians in Programs C1 and C2 are eligible for an enhanced own-occupation policy which provides the flexibility to work in another occupation when you cannot perform substantial duties of your own occupation, without an impact on your policy benefits.

	Program D	
	Short-term	Long-term
<b>Income Replacement</b>	60% of base pay	60% of base pay up to \$10,000 per month
<b>Elimination Period</b>	7 calendar days**	6 months
<b>Benefit Duration</b>	6 months	Social Security Normal Retirement Age

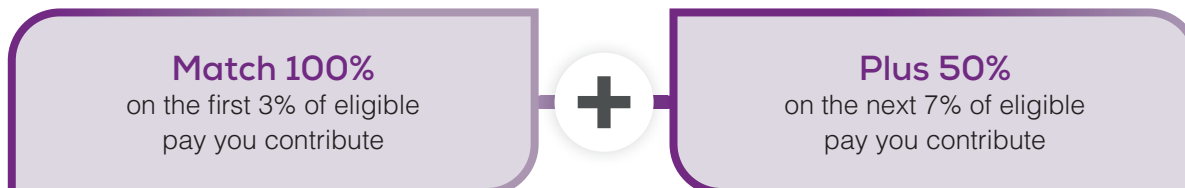
\*\*Period of time that must first be covered by PTO or taken as unpaid time off. NOTE: State disability benefits may also apply.

For more information about the program, visit [hr4u.trinity-health.org](http://hr4u.trinity-health.org).



## Retirement Benefit

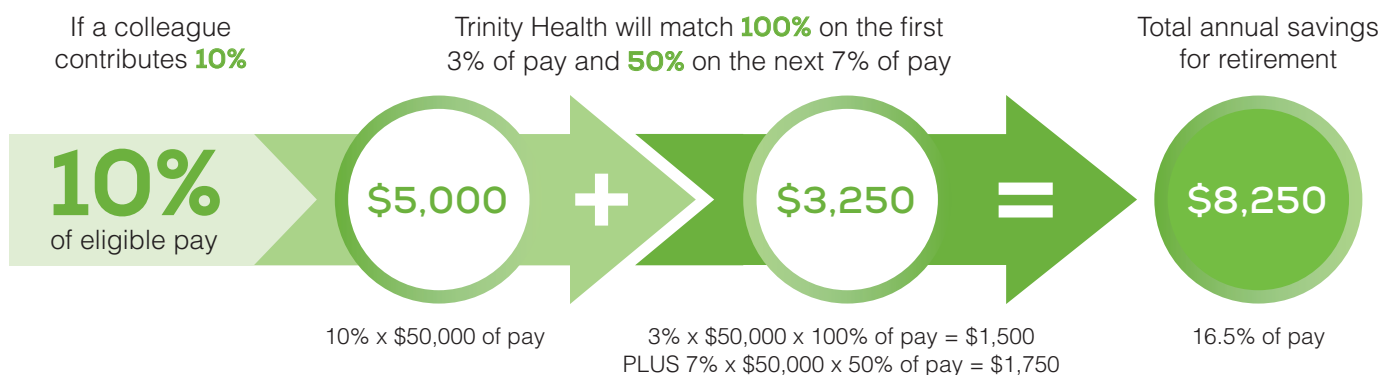
**Saving for Retirement is a partnership.** The Trinity Health Retirement Savings Plan is offered to support you in reaching your savings goals for retirement. Trinity Health will match up to 10% of your voluntary contributions as follows:



This means if **you contribute up to 10%** of your eligible pay, **Trinity Health will contribute up to 6.5%**, up to IRS contribution and pay limits.

## Colleague Example

**Colleague earns \$50,000 and contributes 10% of pay to the Trinity Health Retirement Savings Plan\***



*\*For illustrative purposes only. Colleague contributions, and if eligible, employer contributions to the retirement plan are made per paycheck and are subject to IRS limits. There are no hours requirements to participate in the Plan and make contributions; however, hours requirements do apply to receive an employer matching contribution.*

## How To Participate

- 1 ENROLL**  
 Your Plan account will be established with Fidelity Investments within 7 business days of your hire date at which point you may enroll and enter your contribution election to begin saving under the Plan by logging into your account at [netbenefits.com](https://netbenefits.com) or calling Fidelity at 800-343-0860. If you do not make an election, you will be automatically enrolled in the Plan with a contribution rate of 2%, 35 days after your hire date. You may change your contribution election at any time.
- 2 INVEST**  
 You decide how much to contribute, and you decide where to invest your contributions from the investment options offered under the Plan. If you do not have an investment election, your future contributions will be invested in the target date fund that has a target retirement date closest to the year you might retire and assumes a retirement age of 65.
- 3 REVIEW**  
 You may review your online accounts at Fidelity. Remember to make your beneficiary election. It is important that you designate your beneficiary for the assets you save. If you do not have a named beneficiary at the time of your death, your beneficiary will be your spouse. If you do not have a named beneficiary at the time of your death and you do not have a spouse, your beneficiary will default to your estate.

## Eligibility

All colleagues are eligible to participate in the Trinity Health Retirement Savings Plan.

For questions or more information contact Fidelity Investments at **1-800-343-0860** or visit **netbenefits.com**.

## Matching Contribution Vesting

Vesting means you have earned a right to the Plan benefits. You earn a year of vesting service for each calendar year you are credited with at least 1,000 hours of service. You will be vested in your Trinity Health employer matching contribution accounts after you have completed three years of vesting service or at age 65 while actively employed at a Trinity Health entity. You are always fully vested in the money you contribute to the Plan, and earnings thereon.

## Limits

The IRS limits the amount of pay that can be included in determining your benefit and the amount of contributions you can make annually.

### 2025 IRS limits

**\$23,500** maximum annual employee contribution

**\$7,500** annual catch-up contribution\*

**\$350,000** IRS compensation limit

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



**Don't forget to complete your beneficiary election**

You may contact Fidelity Investments to initiate rollovers into the Trinity Health Retirement Savings Plan and discuss strategies to consolidate your retirement accounts.

## More about...

### Your Contributions

You may defer a portion of your earnings as either pre-tax or Roth contributions or a combination of both pre-tax and Roth contributions. All contributions (pre-tax and Roth) are included in the calculation of the employer matching contribution. Contribution elections may be changed at any time during the year.

### Automatic Enrollment

Automatic enrollment is a convenient way to assist you with enrolling in the Plan. The Plan automatically enrolls you at 2% (pre-tax) if an election is not made to contribute into the Plan. You are notified at least 35 days in advance of the automatic enrollment period and have an opportunity to opt out or change contribution elections at any time. Automatic enrollment occurs when colleagues are newly hired and annually in January.

### Annual Increase Program (AIP)

AIP allows you to voluntarily elect to gradually increase your savings rate by 1% each year. You may use the "annual increase" feature to gradually increase your savings rate and match opportunity, and grow your account. Once you sign up, you don't have to think about it. The annual increase to your contribution election will happen automatically. You may choose to opt out of this program at any time.

### Fidelity Tools

Trinity Health is committed to providing a meaningful retirement benefit that supports colleagues. Fidelity offers many tools to help you achieve your retirement savings goals, short-term savings goals, planning for unexpected events in life, and managing overall finances.

These are just a few of the Fidelity programs available through the Trinity Health 401(k) Retirement Savings Plan

- Personalized Planning and Advice
- Financial Wellness Check-Ups
- When To Claim Social Security
- Improving Your Credit Score

## Voluntary Insurance

The following insurance products are made available to Trinity Health colleagues by Farmington, an Aon Company. You pay 100% of the cost of these products you choose to purchase, on an after-tax basis. Importantly, these are not Trinity Health sponsored insurance offerings. Trinity Health does not sponsor, maintain, or administer these products.

You may obtain more information or enroll at any time by contacting Farmington at **866-251-9529** (8:00 a.m. - 5:00 p.m. ET, Monday - Friday) or by going to Aon's website at **[BenefitsGo.com/TrinityHealth](https://www.benefitsgo.com/TrinityHealth)**.



### Accident Insurance

Pays for accidental injury expenses, like hospital transportation and physical therapy.



### Auto/Home Insurance

Pays for losses to your home and vehicles.



### Critical Illness Insurance

Pays for medical and non-medical expenses when you have a covered illness.



### Hospital Indemnity Insurance

Designed to supplement health insurance in case of planned or unplanned hospital services.



### Identity/Theft Insurance

Helps detect fraud and provides reimbursement for certain expenses.



### Legal Services\*

Can assist with a broad range of personal legal needs you might face throughout your life.



### Pet Insurance

Helps pay for veterinary care.



### Permanent Life Insurance

Pays your beneficiary in the event of your death.

\* The one exception is pre-paid legal services, which are provided as part of the Trinity Health Corporation Welfare Benefit Plan, which is sponsored and maintained by Trinity Health. As a result, pre-paid legal services are only offered during open enrollment and can only be cancelled during open enrollment.

**NOTE:** Deductions for voluntary insurance coverage appear on your paycheck under one deduction code.

## Well-being Resources

Trinity Health provides these additional well-being options:



### Adoption Assistance

Reimbursement of eligible expenses up to \$4,000 per child (up to \$6,000 if the child has special needs) in accordance with the Adoption Assistance Program Policy.



### Colleague Discounts (Perkspot)

Gain free access for you and your family to exclusive discounts at many national and local merchants.

Visit [trinity.perkspot.com/login](http://trinity.perkspot.com/login).



### Mental Well-being Benefit (Spring Health)

Colleagues and household members (age 6+) each have access to six free therapy sessions per calendar year, six free coaching sessions per calendar year, personalized care, diverse providers, self-guided wellness exercises, medication management, work-life services, and more.

Visit [trinityhealth.springhealth.com](http://trinityhealth.springhealth.com) (*work-life code*: trinityhealth)



### Student Loan Relief Services (Fiducius)

Colleagues and family members may enroll in the voluntary student loan relief services program for loan forgiveness, refinancing, consolidation and lower payments.

Visit [trinityhealth.myfiducius.com/register](http://trinityhealth.myfiducius.com/register) (*registration code*: TH1)



### Tuition Reimbursement

Reimbursement of tuition and fees, up to annual limits, in accordance with the Tuition Reimbursement Policy.



### Weight Management Reimbursement Benefit

Reimbursement for behavioral and nutritional counseling services for the purposes of non-surgical weight loss or weight management. Colleagues and enrolled family members are eligible.



### Commuter Benefits

Commuter benefits let you use tax-free money to pay for eligible transit and parking expenses.

## For More Information

We hope this benefits guide has provided you and your family with all of the information you need to make your benefit elections. In addition to completing your enrollment, please remember to review and update your personal information, such as your address, phone number, marital status and emergency contacts as necessary. You may update your personal information at any time throughout the year. If you still have questions about your options or the benefits enrollment process, you can:

- To enroll online, you can access the ADP self-service website directly at <https://my.adp.com> or via the Trinity Health IHA Medical Group Intranet. You can also enroll online (available 24 hours a day) at <https://www.trinity-health.org/my-benefits/> and click on Self Service to link to the ADP website.
- Contact your Human Resource Benefits Department:
  - [benefits@ihacares.com](mailto:benefits@ihacares.com) or call 734-747-6766 x 10156
- Visit <http://ihacares4.sharepoint.com/sites/Dept-humanresources/SitePages/Benefits.aspx>

Plan Type	Benefits Contact Information		
	Contact	Phone	Website
Medical	BlueCross BlueShield of Michigan	866-917-7537	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
Telehealth	Teladoc Health	800-835-2362	<a href="http://www.bcbsm.com/virtualcare">www.bcbsm.com/virtualcare</a>
Prescription	OptumRx	855-540-5950	<a href="http://www.optumrx.com/oe_trinityhealth/landing">www.optumrx.com/oe_trinityhealth/landing</a>
Dental	Delta Dental of Michigan	800-524-0149	<a href="http://www.deltadentalmi.com/trinityhealth">www.deltadentalmi.com/trinityhealth</a>
Life Insurance	The Hartford	855-532-7880	
Leave of Absence / Disability	The Hartford	855-532-7880	<a href="http://www.thehartford.com/mybenefits">www.thehartford.com/mybenefits</a> <a href="https://mytrinityhealth.sharepoint.com/sites/SO-TH-LOA/SitePages/Home.aspx">https://mytrinityhealth.sharepoint.com/sites/SO-TH-LOA/SitePages/Home.aspx</a>
Flexible Spending Accounts	HealthEquity	877-924-3967	<a href="http://www.healthequity.com">www.healthequity.com</a>
Vision	United Healthcare	800-638-3120	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
Health Savings Account	HealthEquity	866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Voluntary	Farmington, an Aon Company	866-251-9529 (Be sure to tell the representative that you are a member of Trinity Health)	<a href="https://BenefitsGo.com/TrinityHealth">https://BenefitsGo.com/TrinityHealth</a>
Mental Well-being	Spring Health	855-629-0554	<a href="http://trinityhealth.springhealth.com">http://trinityhealth.springhealth.com</a>
Medicare	Alight Retiree Health Exchange	877-216-3711 (TTY 711)	<a href="https://retiree.alight.com/trinityhealth">https://retiree.alight.com/trinityhealth</a>

## Important Reminders

### Benefit elections are final for 2025

Remember, the benefits you elect will be in effect from Jan. 1 through Dec. 31, 2025. The choices you make now are final for 2025, because open enrollment is your only opportunity during the year to switch medical, dental or vision plan coverage unless you experience a qualified family status change or certain employment status changes.

If you experience a qualified family status change or certain employment status changes and provide any required documentation requested by the Dependent Verification Service within 30 days of the event, you will be allowed to make certain benefit changes that are consistent with the status change. For example, if you get married during the plan year, you'll be able to add your spouse to your coverage within 30 days of the marriage. For more information on qualified family or employment status changes, visit <https://www.trinity-health.org/my-benefits/>.

### HIPAA privacy notice is available online

Trinity Health and the Trinity Health Corporation Welfare Benefit Plan (Plan) take the security of colleagues' and family members' Protected Health Information (PHI) very seriously. To access a copy of the Plan's Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice, visit <https://www.trinity-health.org/my-benefits/>. If you are unable to access the HIPAA privacy notice online or would like a paper copy, contact your HR / Benefits representative to request a paper copy by mail.

### Medical plan election notification

When you enroll in a Trinity Health medical plan, the medical plan coverage provides benefits through a clinically integrated network of hospitals, physicians, and other health care providers and professionals, including care coordinators and case managers that monitor and coordinate all aspects of your medical care. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain clinically integrated network. When you and your covered dependents receive health care services at facilities or by the colleagues of your employer or a health care provider or professional affiliated with your employer, colleagues of your employer or a health care provider or professional affiliated with your employer will have access to and may use and disclose your and your covered dependents' personal health information to manage and coordinate your care. Any access to and use and disclosure of protected health information will comply with the privacy and security regulations under HIPAA and any applicable state privacy and security laws.

### Plan documents and Summary of Benefits and Coverage (SBC) are available online

A Summary of Benefits and Coverage (SBC) provides basic information about a medical plan, comparison examples, and a glossary of terms. To access the SBCs for the medical plan options, the Summary Plan Descriptions and certificates of coverage for the Plan benefits available to you, visit your benefits website. If you are unable to access any SBC or Plan document online, contact your HR / Benefits representative to request a paper copy by mail.

### Notice: Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires all group health plans that cover mastectomies to provide certain reconstructive surgery and other post-mastectomy benefits. Trinity Health's medical benefit plan provisions are as follows:

- The Trinity Health medical benefit plan will not restrict benefits if you or your eligible dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy.
- Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with your (or your eligible dependent's) physician, and may include:
  - Reconstruction of the breast on which the mastectomy was performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
  - Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

Benefits for breast reconstruction may be subject to appropriate plan coverage provisions and limitations, including annual deductible, copayment and coinsurance provisions that are consistent with those established for other benefits under the plan.

If you have any questions about your medical plan provisions relating to the Women's Health and Cancer Rights Act of 1998, contact your HR / Benefits representative.

# Additional Notices



## NOTICE REGARDING WELLNESS PROGRAM

The *Live Your Whole Life* Colleague Health Plan Well-being Incentive Program (the “Well-being Program”) is a voluntary wellness program available to all colleagues and their spouses/eligible adult dependents enrolled in a participating medical and prescription drug program (a “group health plan”) offered by your Trinity Health employer. The Well-being Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Well-being Program, you will be able to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In addition, certain other activities that are intended to help colleagues improve their health or prevent disease are offered under the Well-being Program. You are not required to complete the HRA or participate in any of Well-being Program activities.

However, colleagues who choose to participate in the Well-being Program will receive an incentive of lower-cost group health plan coverage for completing a voluntary HRA and/or other activities. If a colleague’s spouse/eligible adult dependent is also enrolled in the Trinity Health group health plan, the colleague will receive the two-person incentive amount if the spouse/eligible adult also completes the Well-being Program activities. If either the spouse/eligible adult or the colleague (but not both) complete the Well-being Program activities, the colleague will receive a one-person incentive amount. Although you (and your spouse/eligible adult dependent, if applicable) are not required to complete the Well-being Program activities, only colleagues (and their spouses/eligible adult dependents, if applicable) who do so will receive the incentive of lower-cost group health plan coverage throughout the plan year.

Additional incentives of up to \$500 may be available for colleagues and their eligible dependents, enrolled in a standard Trinity Health group health plan (i.e., the Traditional, Health Savings, or Essential medical and prescription drug plan), who submit a claim for non-surgical weight loss through HealthEquity. For more information, contact HealthEquity customer service at 877-924-3967.

**NOTE:** The requirement to complete Well-being Program activities to receive an incentive of lower-cost group health plan coverage for a plan year does not apply to colleagues who first become benefits eligible during a plan year.

If you (or your spouse/eligible adult dependent, if applicable) are unable to participate in any of the health-related activities required to earn an incentive, you (or your spouse/eligible adult dependent, if applicable) may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the *Live Your Whole Life* consumer support line at 855-491-8781.

The information from your HRA (if completed) will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the Well-being Program, such as condition management, medical management, case management, and health and well-being coaching. You also are encouraged to share your results or concerns with your own doctor.



## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Well-being Program and Trinity Health may use aggregate information they collect to design a wellness program based on identified health risks in the workplace, the Well-being Program will never disclose any of your personal information either publicly or to your employer, except as described in the paragraph below, as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Well-being Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Well-being Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

All Trinity Health group health plans provide care coordination, care management, utilization review, and referral services to help manage members' healthcare. By enrolling in a Trinity Health group health plan, you understand that the plan will provide services to manage care for you and your dependents. These services may be provided through independent third-party administrators, through clinically integrated networks of hospitals, physicians, and other health care providers, or through other professionals and healthcare providers, including those affiliated with Trinity Health. The persons providing these services will have access to your personal health information—including health information you disclose through wellness programs and well-being activities—not only for treatment purposes but also to manage and coordinate your healthcare.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Well-being Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Well-being Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Well-being Program will abide by the same confidentiality requirements. The only individual(s) who may receive your personally identifiable health information are third-party administrators, members of a clinically integrated network, and other healthcare providers and professionals, such as registered nurses, doctors, case managers, medical managers, health coaches, condition managers, and the Well-being Program administrator in order to provide you with services under the Well-being Program.

In addition, all medical information obtained through the Well-being Program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the Well-being Program will be used in making any employment decision. Any access to, use, or disclosure of your medical information obtained through the Well-being Program will comply with the privacy and security regulations under the Health Insurance Portability and Accountability Act and any applicable state privacy and security laws. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the Well-being Program, we will notify you as soon as possible.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Well-being Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the *Live Your Whole Life* consumer support line at 855-491-8781.

## NOTICE REGARDING THE TRINITY HEALTH RETIREMENT SAVINGS PLANS

This notice includes additional information about the Trinity Health Retirement Savings Plans and supplements the information provided in the Retirement pages of this Trinity Health Benefits Guide.

- For colleagues covered by a collective bargaining agreement, please contact your union leadership representative for information about Retirement Plans included in this Benefits Guide and its impact on you.
- Participants contributing in the Sisters of Providence 403(b) PROSPER plan on September 15, 2012, will receive both the core contribution and service-based matching contribution beginning shortly following the first calendar year pay period and are not subject to the hours requirements.
- Legacy Trinity Health colleagues (west/mid-west) who were actively employed and vested as of June 30, 2010, and whose age plus years of benefit service was 60 points or greater as of June 30, 2010, will receive both the core contribution and service-based matching contribution beginning shortly following the first calendar year pay period and are not subject to the hours requirements.

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The information provided in this summary is designed to assist you with understanding your options under Trinity Health's welfare benefit plans and programs. It is only an overview. Please refer to the summary plan descriptions and official plan documents for more details concerning these benefits. If there is any conflict, the official plan and program documents will govern. Trinity Health reserves the right to modify or terminate its benefit plans and programs at any time.

To view the summary plan descriptions and certificates of coverage, visit the HR4U colleague portal or, if your Health Ministry has not yet transitioned to the Trinity Health Human Resources Service Center, the MyBenefits site at [trinity-health.org/my-benefits](https://trinity-health.org/my-benefits). For any plan or program in which you participate, you may request a printed copy of the summary plan description, any certificate of coverage, and/or the official plan documents from your employer or from the Trinity Health Human Resources Service Center at 20555 Victor Parkway, Livonia, MI 48152. There is no charge for printed copies.

All Trinity Health group health plans provide care coordination, care management, utilization review, and referral services to help manage members' healthcare. By enrolling in a Trinity Health group health plan, you understand that the plan will provide services to manage care for you and your dependents. These services may be provided through independent third-party administrators, through clinically integrated networks of hospitals, physicians, and other health care providers, or through other professionals and healthcare providers, including those affiliated with Trinity Health. The persons providing these services will have access to your personal health information—including health information you disclose through wellness programs and well-being activities—not only for treatment purposes but also to manage and coordinate your healthcare. Any access to, use, or disclosure of protected health information will comply with the privacy and security regulations under the Health Insurance Portability and Accountability Act and any applicable state privacy and security laws.

## Our Mission

We, Trinity Health, serve together  
in the spirit of the Gospel  
as a compassionate and transforming  
healing presence within our communities.

## Our Core Values

### Reverence

We honor the sacredness and dignity of every person.

### Commitment to Those Experiencing Poverty

We stand with and serve those experiencing poverty,  
especially those most vulnerable.

### Safety

We embrace a culture that prevents harm and nurtures  
a healing, safe environment for all.

### Justice

We foster right relationships to promote the common good,  
including sustainability of Earth.

### Stewardship

We honor our heritage and hold ourselves accountable  
for the human, financial and natural resources  
entrusted to our care.

### Integrity

We are faithful to who we say we are.

## Our Vision

As a mission-driven innovative health organization,  
we will become the national leader  
in improving the health of our communities  
and each person we serve. We will be the  
most trusted health partner for life.