2025 Eskenazi Health Benefits Guide

ESKENAZI HEALTH

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Dear Eskenazi Health Employee,

Thank you for choosing to be part of our team. We proudly offer employees a robust, competitive benefits package containing both traditional and more nontraditional benefits.

This booklet was created to serve as a resource for you when exploring benefit options. It shares what is available to you, lists rates, defines parts of different plans, outlines various stipulations and participation requirements, and directs you to where you can learn more. It also highlights the benefits of choosing to receive care within the Eskenazi Health system and the various locations in the community.

Because self-care is often the first step to being successful at any job, along with the traditional benefit plans, Eskenazi Health provides a variety of wellness offerings, tuition reimbursement and paid time off to assist with this priority. This booklet shares details on each of these benefits, listing information on the Eskenazi Health Fitness Center and fitness classes, wellness programs and nutrition consults, and relaxation spaces along with how you can expand your knowledge base in your field and take time away to ensure a healthy work-life balance.

It's important to understand your selections, and some decisions may be easier than others. Please review this booklet carefully and decide what is best for you and your family. After initial enrollment, plan changes may be made after a qualifying event resulting in a change in family status or during the Open Enrollment period offered each year.

Our team is available if you have questions about any of the included information. We look forward to working alongside you.

Eskenazi Health Human Resources

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Wellness Offerings

Eskenazi Health is committed to optimizing employee health through physical activity, healthful eating, managing stress, building relationships and improving sleep.

Eskenazi Health Fitness Center

Located on the first floor of the Fifth Third Bank Building at Eskenazi Health, the Fitness Center is open 24 hours a day, seven days a week and accessible with an Eskenazi Health ID badge. Equipment includes free weights, cardio machines, kettlebells, squat racks and more. The Fitness Studio is located next to the Fitness Center, providing more space to exercise. The center and studio are available to employees only, and all employees must sign and submit a waiver of liability before first use.

Weekly Group Exercise Classes

Eskenazi Health offers a limited number of in-person classes. Details can be found on the Wellness E-Hub page, and reminders are included in the Eskenazi Health Daily.

Personal Training

Free virtual and in-person personal training administered by a certified personal trainer is available. Personal trainers provide effective and progressive programming to reach goals. To sign up, please email **lifestylewellness@eskenazihealth.edu**.

Health Coaching

Employees interested in personal wellness can virtually visit an Eskenazi Health Healthy Me coach. Together, you and your coach will create a plan just for you. Resources include personal training, goal setting, fitness assessments, stress management and accountability. To schedule an appointment, please click on "Employee Lifestyle & Wellness" in the Quick Links section of E-Hub. Complete the information, and a health coach will contact you to schedule an appointment.

The Matthew R. Gutwein Commonground at Eskenazi Health

This unique outdoor green space on the Eskenazi Health downtown campus near the front entrance is focused on community, serenity and wellness for patients and visitors.

The Spa at Eskenazi Health

The Spa at Eskenazi Health offers a range of skin treatments for patients and staff. A highly trained medical staff uses leading medical-grade products and offers relaxing spa treatments to give clients healthier, younger-looking skin. To schedule an appointment, please call **317.880.6880**. Be sure to ask about employee pricing.

Calm App

To help keep self-care a priority, Eskenazi Health employees are invited to download the Calm app free of charge. The sleep and meditation app offers instructor-led meditations, sleep stories to aid with falling asleep, nature sounds and more. To access the app, download Calm from the Apple App Store or the Google Play Store. Sign up using your name and Eskenazi Health email address for automatic free access. Please note that new employees will not have access to Calm until the first Friday of the following month.

Wellness Challenges and Training Programs

Periodically, there are challenges and programs for employees to participate in. These include but are not limited to Mini-Marathon training, Corporate Challenge and group exercise challenges. If you are looking for the next challenge or program, please email **wellness@eskenazihealth.edu**.

FitnessOnDemand App

There are more than 700 on-demand fitness classes that may be accessed in the Fitness Studio or viewed on personal devices via the FitnessOnDemand app by connecting to the "Eskenazi Health" location. In addition, there are FLEX accounts available that allow employees to use the FitnessOnDemand app anywhere. To access a FLEX account, please email **wellness@eskenazihealth.edu**.

Nutrition Consults

Employees interested in a virtual or in-person consultation to discuss their nutrition with a registered dietitian can email **lifestylewellness@eskenazihealth.edu** to make an appointment. Participants with Eskenazi Health medical insurance have co-pays or payments covered by insurance. Other insurances are welcome but may be subject to co-pays and billing. Please verify with your insurance before starting.

PLEASE CALL THE WELLNESS ASSISTANCE LINE AT 317.880.3300 OR VISIT THE WELLNESS E-HUB PAGE VIA THE GREEN APPLE ON THE E-HUB HOMEPAGE FOR THE LATEST INFORMATION.

Eskenazi Health Lifestyle Health & Wellness Center

The Eskenazi Health Lifestyle Health & Wellness Center helps employees maintain their health as a priority through the practice of lifestyle medicine, an evidence-based form of health care. Lifestyle medicine has been shown to prevent, manage and, in some cases, reverse lifestyle-related chronic disease and illness. This innovative center redefines the patient experience, including:

- A goal-oriented approach focused on lifestyle behaviors
- A multidisciplinary team of providers, registered dietitians and lifestyle wellness coaches
- Focused interventions to improve personal health and treat chronic disease
- Individualized care plans in a collaborative learning environment
- Interactive group sessions and individual one-on-one tracks

Patients who have health-related goals of increasing energy, better sleep, improving nutrition, weight loss and chronic disease management would benefit the most from lifestyle medicine, but lifestyle medicine is about fitting the lifestyle for every patient.

Getting Started

The Lifestyle Health & Wellness Center is available exclusively to the staff of Health & Hospital Corporation of Marion County (HHC), which includes Eskenazi Health, Marion County Public Health Department and Indianapolis Emergency Medical Services. Eskenazi Health's medical plan covers co-pays and deductibles for employees enrolled in the plan. Employees not on the organization's medical plan should consult with their insurance carrier for co-pay and deductible information.

Depending upon your goal, there are multiple groups or individual appointments to fit your lifestyle. Groups cover multiple lifestyle medicine pillars to positively impact your goal. Groups meet between four and eight weeks for 30-60 minutes each visit. Classes include Healthy Weigh, Healthy Aging, Heart Healthy Lifestyle, Functional Nutrition, Power of Plants, Balance Your Microbiome and Cooking 101 as well as classes on seasonal topics.

Personal Lifestyle Tracks are available for individual meetings with a physician, registered dietitian and lifestyle coach. Employees interested in focusing on a specific lifestyle area can engage with a provider over a period of time.

If you have questions or want to register, please call **317.880.3300** or email **lifestylewellness@eskenazihealth.edu**.

Benefits of Choosing Eskenazi Health to Receive Care

Eskenazi Health is proud to be here for employees through a network of primary care and mental health facilities, a wide range of specialty care services, and the Sidney & Lois Eskenazi Hospital. You and your immediate family members are invited to call the Employee Access Line at **317.880.6559** for fast and easy access to both primary and specialty care services. Other benefits include:

- $10 copays when utilizing Eskenazi Health Tier 1 services for primary care physician and $20 specialty care physician office visits when enrolled in the Eskenazi Health PPO (preferred provider organization) medical plan (details and restrictions of the medical plan benefit summary can be found in this guide or on E-Hub)
- 90/10 coinsurance benefit (after deductible has been met) when enrolled in the Eskenazi Health High Deductible Health Plan (HDHP) medical plan
- Virtual visits available for some conditions
- One of the leading providers of health care in Central Indiana with physicians from the Indiana University School of Medicine
- Patient-centered model of care with nationally recognized health care programs
- Access to the Employee Pharmacy Window, located in the Eskenazi Health St. Margaret's Pharmacy, to fill prescriptions
- Employee-only access to Eskenazi Health Employee Quick Care, located on the first floor of the Fifth Third Bank Building in the same area as Eskenazi Health Occupational Health, for same-day, more urgent health care needs (though not for health care emergencies)

Please note that employee appointments are a priority and will be made at the first available open time. To schedule an appointment, please call the **Employee Access Line** at **317.880.6559** between 7:30 a.m. and 4:30 p.m., Monday through Friday.

Questions about health insurance benefits should be directed to HR Shared Services at **HRSharedServices@eskenazihealth.edu** or **317.880.3344**.

Please keep in mind that respect and kindness are required of everyone at Eskenazi Health.

Eskenazi Health Center Sites

1. Eskenazi Health Center Barton Annex ..... 501 N. East St.
2. Eskenazi Health Center Blackburn ..... 2700 Dr. Martin Luther King Jr. St.
3. Eskenazi Health Center College Avenue ..... 1650 N. College Ave.
4. Eskenazi Health Center Grande ..... 6002 E. 38th St.
5. Eskenazi Health Center Grassy Creek ..... 9443 E. 38th St.
6. Eskenazi Health Center North Illinois Street ..... 1660 N. Illinois St.
7. Eskenazi Health Center Pecar ..... 6940 Michigan Rd.
8. Eskenazi Health Center Pedigo ..... 1112 Southeastern Ave.
9. Eskenazi Health Center Primary Care ..... 720 Eskenazi Ave.
10. Eskenazi Health Center West 38th Street ..... 5515 W. 38th St.
11. Eskenazi Health Center Westside ..... 2732 W. Michigan St.

Benefits Enrollment Information

It's important to understand your benefit options to ensure proper coverage throughout the year. Before you enroll, please read through this benefits guide and discuss your choices with family where applicable. Be sure you have all the facts before making your final decisions. If you have other medical coverage, you must log into SuccessFactors/BenefitFocus to waive medical coverage.

Dual Coverage

Please let Human Resources know if you are already enrolled on an employee's coverage as a dependent spouse or dependent child. Eskenazi Health's plan does not allow for dual coverage for medical, dental, vision and Norton LifeLock. It does allow dual coverage for optional life insurance, accident and critical illness plans.

Who is Eligible

You are eligible for benefits if you are a full-time employee who works 40 hours a week or a benefit-eligible, part-time employee who works at least 20 hours per week (or 40 hours per pay period). The online enrollment must be completed within 14 calendar days of your hire date or from the date you become benefit eligible. Effective dates are based on the current pay schedule in alignment with the online enrollment with employees being benefit eligible as early as the first day of the month following the hire date. Premiums are paid starting in the month the coverage is effective. Dependents eligible for coverage under your medical, dental and/or vision plans include the following:

- A spouse
- A designated adult (for the medical plan only)
- A child until the end of the month in which the child reaches age 26 and is one of the following:
    - Natural child
    - Stepchild
    - Legally adopted child
    - Child who has been placed with an eligible employee for adoption
    - Child who has been placed with an eligible employee who has gained sole legal guardianship or permanent legal custody
- A child after the end of the month in which the child reaches age 26 if the child is a dependent under the plan immediately prior to turning age 26 and is permanently and totally disabled

Proof of Eligibility

Proof of dependent eligibility will be required for all dependents (spouse and/or child) enrolled in medical coverage and must be provided to Human Resources within 31 days from your original hire date. Failure to do so may result in the dependent(s) not being eligible for Eskenazi Health benefits. If you are enrolling your spouse/designated adult in medical coverage, you must also complete and submit an eligibility questionnaire plus one designated adult certification so a determination can be made on whether the spouse is eligible for "primary" or "secondary" coverage under an Eskenazi Health medical plan.

Acceptable Supporting Documentation for Proof of Dependent Eligibility

Legal Spouse	Please provide a photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage and legal jurisdiction, and also has a signature or seal showing it has been properly recorded with the county and/or state. A church ceremony document will not be acceptable if it does not meet these requirements. In addition to your marriage certificate, you will be required to provide joint documentation. Joint documentation is an item addressed to both parties and dated within the last 90 days. Examples of acceptable joint documentation include: utility bill, mortgage statement, auto insurance statement, property tax statement, bank statement, etc. If you do not have a joint document, you may provide a copy of your most recently filed Federal Income Tax Form – 1040. (Please mark out all Social Security numbers and financial content.)

Designated Adult	Please follow the directions on your verification form.
Natural Child, Stepchild, Adopted Child up to Age 26	Please return a legible photocopy of an acceptable birth certificate or a hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate, you may send a copy of the pages of any court document that shows the parents' and child's names and identifies the court, county or state, date of the action, and the filing record with a signature and/or a stamp by a member of the court. You may also send a paternity test. If your spouse is not enrolled and your spouse's name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.
Legal Guardianship	Please send a copy of the court assignment of guardianship that is signed and/or stamped by a member of the court.

If acceptable documentation is not provided for any enrolled dependent within 31 days from your original hire date or status change, the coverage for that dependent will not become effective, and the next opportunity to enroll the dependent will be during the next Open Enrollment period or a qualifying event.

Working Spouse with Option to Participate in Employer's Medical Plan

If your spouse works full time and is eligible for group medical insurance coverage through an employer's plan but you elect to carry your spouse on your Eskenazi Health insurance, Eskenazi Health will begin deducting $81.91 per pay period from your paycheck. The spousal surcharge is in line with statewide trends. If your spouse is unemployed, not in a benefit-eligible position or retired, you will not be subject to the surcharge.

In order to enroll your spouse for coverage or maintain your spouse's coverage on the Eskenazi Health plan, you must complete the spousal eligibility form. If Human Resources does not receive this form and your spouse is enrolled in coverage, you will be charged the surcharge fee.

Designated Adult

A designated adult is defined as an individual older than age 18 who has, for at least six months, lived in the same principal residence as you and remains a member of your household throughout the coverage period and who either:

- Shares basic living expenses and is financially interdependent with you, is neither legally married to anyone else nor legally related to you by blood in any way that would prohibit marriage, and is neither receiving benefits from an employer nor eligible for any group coverage (not a casual roommate or tenant); or
- Is your blood relative who meets the definition of a tax dependent as defined by Section 152 of the Internal Revenue Code during the coverage period and is neither receiving benefits from an employer nor eligible for any group coverage.

The designated adult form is available from Human Resources and should be returned to Human Resources within 31 days of your official hire date or status change. During Open Enrollment, employees who currently carry a designated adult must re-enroll the adult using a designated adult enrollment form. The spousal surcharge and designated adult added value tax applies only to medical coverage. This provision does not affect eligibility for primary coverage under any Eskenazi Health medical, dental or vision plans for eligible dependent children.

Choose What You Want Carefully

You can choose which benefits are important to you and your family. Eskenazi Health pays a large portion of the cost of your medical coverage, the full cost of your basic life insurance and 100% of short-term disability coverage. You can purchase dental, vision and additional employee and dependent life, accident and long-term disability coverage at a special group rate. As permitted by law, your cost for medical, dental, vision, flexible spending accounts and voluntary accident coverage is deducted from your pay on a pre-tax basis. This saves you money because you pay no federal, state, local income or Social Security taxes on the dollars you spend for these benefits.

Please note: Your portion of the premium covering your registered designated adult and any eligible non-tax-dependent children is paid on an after-tax basis due to Internal Revenue Service regulations.

The Internal Revenue Service limits changes during the year

because it allows you to pay for most of your benefits on a tax-free basis. You are allowed to make changes to your medical, dental, vision, voluntary accident and flexible spending account benefits during the year only if you have a qualified event resulting in a change in family status. You may be able to add or drop coverage and add or drop dependents. Changes in family status may apply if:

- You get married; register a designated adult; or divorce, legally separate or terminate a domestic partnership.
- Your child or the child of a designated adult is born or adopted or becomes disqualified or re-qualifies for dependent coverage.
- One of your dependents passes away.
- You or your spouse/registered designated adult has a change in employment status that changes eligibility for benefits.
- Your spouse/registered designated adult has a change in benefits coverage during the employer's enrollment period.
- You are taking an unpaid leave of absence.
- You, your spouse/registered designated adult or tax dependent becomes entitled to or loses Medicare or Medicaid coverage.

To change coverage under one of these situations, you must complete the necessary forms within 31 days of the event and submit them to Human Resources. Your change is the effective date of the "change in family status." You may only apply for an increase in your life insurance (subject to the insurance company's approval) during Open Enrollment.

Affordable Care Act and Health Insurance Marketplace Exchange

In 2014, the Affordable Care Act (ACA) implemented a new provision in which individuals have access to affordable coverage through a new competitive private health insurance market — the Health Insurance Marketplace Exchange. Available to everyone, the Marketplace Exchange offers one-stop shopping to find/compare private health insurance options. Please visit **www.healthcare.gov** to learn more. Though Eskenazi Health offers eligible employees the option to enroll in the Eskenazi Health medical plan, Marketplace Exchange information for Indiana is located on E-Hub within the Benefits section.

Please note: As of Jan. 1, 2014, all U.S. citizens are required to have medical insurance coverage through one of the following sources: employer's benefit plan, insurance companies, Medicare/Medicaid or the Marketplace Exchange.

Medical Insurance

Eskenazi Health recognizes how important medical health insurance is to you and your family. We offer two medical plans for the 2025 plan year. As an eligible employee, you can choose our medical Preferred Provider Organization (PPO) plan or our high deductible health plan (HDHP). If you choose to enroll in the HDHP, you may also be interested in enrolling in our health savings account (HSA) plan. Please continue reading below to learn more about our medical health plans to help you decide which plan works best for you and your family.

UnitedHealthcare Traditional PPO Medical Plan

- Deductible, coinsurance and out-of-pocket maximums are based on where services are received.
- Copays for medical care and prescriptions count toward out-of-pocket maximum.
- The covered person is responsible for primary care physician and specialist office visit copays and for 50% (after deductible) of out-of-network office visits.
- For preventive care, there is zero copay for Tiers 1, 2 or 3 and 50% coinsurance for Tier 4.
- An Eskenazi Health primary care office visit has a $10 copay.
- An Eskenazi Health specialty visit has a $20 copay.
- Eskenazi Health Tier 2 pays the same as Tier 1 when referred by Eskenazi Health for services not available at Eskenazi Health.
- For UHC Choice Plus (Tier 3), there is a deductible of $1,500 person/$3,000 family, then 70/30 coinsurance. For Tier 4, there is a deductible of $2,500 person/$5,000 family, then 50/50 coinsurance.
- Provider listings, summary of benefits and coverage for medical plan offerings are available on E-Hub.
- Should you choose to participate in medical coverage provided by Eskenazi Health, you are encouraged to seek inpatient and outpatient care as well as to purchase prescription medications within the organization. By doing this, Eskenazi Health minimizes dollars paid to other health care organizations for care that can be provided within Eskenazi Health facilities. If you have other medical coverage, you must still log into SuccessFactors/ BenefitFocus to waive medical coverage.

UnitedHealthcare Qualified High Deductible Health Plan (HDHP)

- For preventive care, there is no charge for Tiers 1, 2 and 3 and 50% coinsurance for Tier 4.
- Deductible, coinsurance and out-of-pocket maximums are based on where services are received.
- Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Prescription drugs are also applied to the deductible.
- Here is the annual deductible by tier: Eskenazi Health (Tier 1) is $3,500 person/$7,000 family; services not offered at Eskenazi Health (Tier 2) is 90/10 after deductible; UnitedHealthcare Choice Plus Provider (Tier 3) is 70/30 after deductible; and out of network (Tier 4) has a deductible of $7,000 person/$14,000 family and 50/50 after deductible.
- Provider listings, summary of benefits and coverage for medical plan offerings are available on E-Hub.
- Should you choose to participate in medical coverage provided by Eskenazi Health, you are encouraged to seek inpatient and outpatient care as well as to purchase prescription medications within the organization. By doing this, Eskenazi Health minimizes dollars paid to other health care organizations for care that can be provided within Eskenazi Health facilities. If you have other medical coverage, you must still log into SuccessFactors/ BenefitFocus to waive medical coverage.

HDHP Enrollees Eligible to Enroll in a Health Savings Account (HSA)

An HSA helps you set aside money for current and future health care expenses that are not covered by your medical plan. You can make contributions to your HSA, up to $4,300 individually and $8,550 for family, for the 2025 plan year.

You choose how much you'd like to save in your HSA each year, and contributions are automatically made from your biweekly paycheck to your account. You can choose to pay for current eligible medical expenses with your HSA.

Tobacco Premiums Discount Program

If you certify that you are tobacco free and nicotine free, have not used any form of tobacco or nicotine (including, but not limited to, nicotine gum, patches, lozenges, nasal sprays, electronic smokeless cigarettes) within the six-month period preceding the date of the affidavit, and agree to not use any form of tobacco or nicotine during the plan year, you are eligible to receive the nonsmoker premium rate. Employees will be subject to random nicotine testing.

If you certify that you currently use either tobacco or nicotine-replacement products (including, but not limited to, nicotine gum, patches, lozenges, nasal sprays, electronic smokeless cigarettes) but would like to quit, you will initially be enrolled at the rate for smokers; however, once you complete an approved smoking cessation program and provide the required documentation to Human Resources, you will receive the rate for nonsmokers. Smoking cessation programs are available to all employees free of charge by contacting Quit Now Indiana at **1.800.Quit.Now**.

- You will be required to complete five or more phone calls with a quit coach within 60 days of your hire date. The number of calls is dependent on the answers provided on how to help overcome your nicotine usage.
- Each call must be completed seven days apart.
- When all sessions are complete, please submit your certificate of completion from **1.800.Quit.Now** to Eskenazi Health Wellness, located on the first floor of the Fifth Third Bank Building.
- Once your certificate of completion is received, you will be enrolled in the Tobacco Discount Program.

Pharmacy Benefits

UnitedHealthcare Navitus – Medical PPO Plan Only

Navitus is the pharmacy benefits provider. A list of covered prescription drugs is available at **www.Navitus.com**, and a quick search will allow you to see if your prescription drug is covered. If you use a drug that isn't on the list or is listed on a higher tier, you may have to pay more out of your own pocket.

Choosing an in-network pharmacy will help you save. Visit **www.Navitus.com**, log in as a member, find "Locate a Pharmacy," and enter your ZIP code to find an in-network pharmacy near you. You can also refill a prescription, compare drug prices, check for drug interactions and more.

Significant savings are available when filling prescriptions through Eskenazi Health Pharmacy. Prescriptions written by any provider, regardless of affiliation with Eskenazi Health, can be filled for plan participants at any of the eight Eskenazi Health Pharmacy locations conveniently located throughout Marion County.

Cost

The table below shows the price difference from using an Eskenazi Health pharmacy, a retail pharmacy or a mail order service. Actual pricing may vary; you may be responsible for additional costs when not selecting the available generic drug.

PRESCRIPTION DRUG BENEFITS	ESKENAZI HEALTH PHARMACY	RETAIL	MAIL ORDER
Annual Out-of-Pocket Maximum Per Calendar Year Per Person Per Family		$1,000 $2,000	
Generic Drugs (Tier 1) Copay per Prescription 1 – 30 Day Supply 31 – 60 Day Supply 61 – 90 Day Supply	 $5 $10 $10	 $20 $40 $60	 $40 $40 $40
Preferred Brand Drugs (Tier 2) Copay per Prescription 1 – 30 Day Supply 31 – 60 Day Supply 61 – 90 Day Supply	 $10 $20 $20	 $40 $80 $120	 $80 $80 $80
Non-Preferred Brand Drugs (Tier 3) Copay per Prescription 1 – 30 Day Supply 31 – 60 Day Supply 61 – 90 Day Supply	 $20 $40 $40	 $80 $160 $240	 $160 $160 $160
Specialty Drugs (Tier 4)	10% coinsurance up to $100 maximum		

Table content provided by Navitus

Home Delivery

Eskenazi Health Pharmacy offers home prescription delivery at no additional cost. Please call **317.880.4500** for more information. Some restrictions apply.

You can have your prescriptions mailed directly to your home through OptumRx. Order your next refill through either of the following methods:

- Call **1.800.552.6694**, 24 hours a day, seven days a week.
- Visit **www.ppsrx.com**.

Please note it may take up to two weeks to fill your first prescription order.

Specialty Pharmacy

Medication for complex, chronic conditions, including cancer, multiple sclerosis and inflammatory conditions, must be filled through Eskenazi Health Pharmacy, the plan-designated specialty pharmacy. For more information, please call **317.880.4560**.

Clinical Programs

These Navitus programs help make sure you have access to the right medications:

- *Prior Authorization* – Some drugs need to be reviewed and approved before they're covered to ensure there are no harmful side effects, that there is minimal potential for incorrect use or abuse, and that the prescribed drug is the best option for your condition.
- *Step Therapy* – Some medications must be approved in a step-by-step process before others are approved.
- *Quantity Limits* – There may be limitations on the quantity of your medication that you can receive in a certain time period. For example, a medication may have a limit of 30 pills for 30 days.

Dental Insurance

Most of your dental care takes place at home, but regular dental checkups and cleanings are also important. That's why Eskenazi Health offers three dental plans through Delta Dental to help you avoid problems with your teeth and help pay for repairs if you need them. Dentists practicing with Eskenazi Health Center Dental are in network with Delta Dental.

The following chart shows your copay responsibility based on the services received under the plan you select.

SERVICES	PLAN A			PLAN B			PLAN C		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist*	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist*	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist*
DIAGNOSTIC & PREVENTIVE SERVICES									
Diagnostic and Preventive Services - Exams, Cleanings, Fluoride and Space Maintainers	100%	100%	80%	100%	100%	80%	100%	100%	90%
Sealants - to Prevent Decay of Permanent Teeth	100%	100%	80%	100%	100%	80%	100%	100%	90%
Brush Biopsy - to Detect Oral Cancer	100%	100%	80%	100%	100%	80%	100%	100%	90%
Radiographs - X-rays	100%	100%	80%	100%	100%	80%	100%	100%	90%

BASIC SERVICES	PLAN A			PLAN B			PLAN C		
Emergency Palliative Treatment - to Temporarily Relieve Pain	60%	60%	50%	70%	70%	60%	80%	80%	70%
Minor Restorative Services - Fillings and Crown Repair	60%	60%	50%	70%	70%	60%	80%	80%	70%
Endodontic Services - Root Canals	60%	60%	50%	70%	70%	60%	80%	80%	70%
Periodontic Services - to Treat Gum Disease	60%	60%	50%	70%	70%	60%	80%	80%	70%
Oral Surgery Services - Extractions and Dental Surgery	60%	60%	50%	70%	70%	60%	80%	80%	70%
Other Basic Services - Misc. Services	60%	60%	50%	70%	70%	60%	80%	80%	70%
MAJOR SERVICES									
Major Restorative Services – Crowns	25%	25%	25%	50%	50%	40%	60%	60%	50%
Relines and Repairs - to Bridges and Dentures	25%	25%	25%	50%	50%	40%	60%	60%	50%
Prosthodontic Services – Bridges and Dentures	25%	25%	25%	50%	50%	40%	60%	60%	50%
Implants	0%	0%	0%	0%	0%	0%	60%	60%	50%
ORTHODONTIC SERVICES									
Orthodontic Services - Braces	50%	50%	50%	50%	50%	50%	60%	60%	50%
Orthodontic Age Limit	For Plan A and Plan B, treatment for dependent children must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached. There is no age limit for Plan C.								

Table content provided by Delta Dental

*When you receive services from a nonparticipating dentist, the percentages in this column indicate the portion of Delta Dental's nonparticipating dentist fee that will be paid for those services. The nonparticipating dentist fee may be less than what your dentist charges, and you are responsible for that difference.

Maximum Payment

Plan A - $1,000 per person total per benefit year on all services except orthodontic services; $500 per person total per lifetime on orthodontic services

Plan B - $1,250 per person total per benefit year on all services except orthodontic services; $1,000 per person total per lifetime on orthodontic services

Plan C - $2,500 per person total per benefit year on all services except orthodontic services; $1,500 per person total per lifetime on orthodontic services

Maximum Carryover

If at least one covered service is applied toward your maximum payment in a benefit year and the total benefit paid does not exceed $500 in that benefit year, up to $250 will carry over to the next benefit year's maximum payment. This carryover amount will accumulate from one benefit year to the next but will not exceed $1,000. If no covered services are paid during a benefit year, all accumulated carryover amounts from previous benefit years will be forfeited.

Deductible

A $50 deductible per person total per benefit year is limited to a maximum deductible of $150 per family per benefit year. The deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants and orthodontic services.

Note: This document is only intended to provide a brief description of your benefits. Please refer to your certificate and summary for a complete description of benefits, exclusions and limitations.

Vision Insurance

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with EyeMed Vision			
Comprehensive Exam at Plus Provider **Exam**		$0 $10	Once every plan year; kids (under 18) twice every plan year
Spectacle lenses - Single, Bifocal, Trifocal, Lenticular **Progressive - Standard** **Progressive - Premium Tiers 1-4**		$25 $80 $110-$200 copay	Once every plan year; kids (under 18): twice every plan year
Frames Benefit **Frame at Plus Provider**	20% off balance over $200 allowance 20% off balance over $150 allowance	$0 copay	Once every two plan years
Lens Options	Anti-reflective coating – Standard Anti-reflective coating – Premium Tiers 1-3 Photochromic – Non-glass Photochromic – Non-glass <19 years of age Polycarbonate – Standard Polycarbonate – Standard <19 years of age Scratch coating – Standard plastic Tint – Solid and gradient UV treatment All other lens options	$45 copay $57-$85 copay $75 copay $0 copay $40 copay $0 copay $0 copay $15 copay $15 copay 20% off retail price	Once every plan year
Contact Lens Benefit	Contacts - Conventional Contacts - Disposable Contacts - Medically necessary	$0 copay; 15% off balance over $150 allowance $0 copay; 100% off balance over $150 allowance $0 copay; paid in full	Once every plan year

Table content provided by EyeMed Vision

Out-of-Network Reimbursements (copays not applicable)	
Exam(s)	Up to $45
Frames	Up to $125
Single Vision Lenses	Up to $45
Lined Bifocal Lenses	Up to $65
Lined Trifocal Lenses	Up to $85
Lenticular Lenses	Up to $85
Contacts - Conventional	Up to $125
Contacts - Disposable	Up to $125
Contacts - Medically Necessary (Plan allows members to receive either contacts and frame or frame and lens services.)[1]	Up to $210

Discounts

Laser Vision

EyeMed allows up to 15% off retail or 5% off promotional price on Lasik or Photorefractive Keratectomy from U.S. Laser Network. For more information, please call **1.800.988.4221** or visit **www.eyemed.com**.

Hearing Aids

As an EyeMed vision plan member, you can receive discounts on hearing exams and hearing aids. Please call **1.877.203.0675** for more information or visit **www.eyemed.com**.

[1]Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, facial deformity or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact EyeMed vision confirming the reimbursement that EyeMed will make before you purchase such contacts.

Important to Remember

In Network

- Always identify yourself as an EyeMed vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the EyeMed selection.
- Options such as UV coating, progressive lenses, etc., which are not covered in full, may be available at a discount at participating providers.

Choice and Access of Vision Care Providers

EyeMed offers its vision program through the Insight Network. To access the Provider Locator service, please visit **www.eyemed.com** or call **1.866.804.0982**, 24 hours a day, seven days a week. Every enrolled subscriber will receive a welcome kit with two removable ID cards in the subscriber's name, a description of benefits and a list of providers near the enrolled subscriber's ZIP code. You may also view your benefits, search for a provider or print an ID card online at **www.eyemed.com**.

- Please refer to your certificate of coverage for a full explanation of benefits.
- In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.
- Out-of-Network Provider - Participant pays full fee to the provider, and EyeMed reimburses the participant for services rendered up to the maximum allowance.

Customer Service is available toll-free at **1.866.804.0982** Monday through Friday.

This benefit summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your health care expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this benefit summary conflicts in any way with the policy issued to your employer, the policy shall prevail.

2025 Employee Biweekly Cost-Sharing Rates

MEDICAL PLAN – UMR, AFFILIATE OF UNITEDHEALTHCARE

Non-Tobacco

PPO Plan earning less than $21.10 per hour

Single	$49.26
Employee + child(ren)	$108.85
Employee + spouse	$134.46
Family	$179.28

***With spousal surcharge**

Employee + spouse	$216.37
Family	$261.19

HDHP earning less than $21.10 per hour

Single	$43.63
Employee + child(ren)	$96.43
Employee + spouse	$119.12
Family	$158.82

***With spousal surcharge**

Employee + spouse	$201.03
Family	$240.73

PPO Plan earning more than $21.10 per hour

Single	$98.51
Employee + child(ren)	$192.58
Employee + spouse	$237.89
Family	$317.19

***With spousal surcharge**

Employee + spouse	$319.80
Family	$399.10

HDHP earning more than $21.10 per hour

Single	$87.27
Employee + child(ren)	$170.61
Employee + spouse	$210.75
Family	$280.99

***With spousal surcharge**

Employee + spouse	$292.66
Family	$362.90

Tobacco

PPO earning less than $21.10 per hour

Single	$83.87
Employee + child(ren)	$143.46
Employee + spouse	$169.08
Family	$213.90

***With spousal surcharge**

Employee + spouse	$250.98
Family	$295.80

HDHP earning less than $21.10 per hour

Single	$78.25
Employee + child(ren)	$131.04
Employee + spouse	$153.73
Family	$193.44

***With spousal surcharge**

Employee + spouse	$235.64
Family	$275.35

PPO earning more than $21.10 per hour

Single	$133.12
Employee + child(ren)	$227.19
Employee + spouse	$272.50
Family	$351.80

***With spousal surcharge**

Employee + spouse	$354.41
Family	$433.71

HDHP earning more than $21.10 per hour

Single	$121.89
Employee + child(ren)	$205.22
Employee + spouse	$245.36
Family	$315.61

***With spousal surcharge**

Employee + spouse	$327.27
Family	$397.52

DENTAL - DELTA DENTAL

Plan A

Earning less than $21.10 per hour		Earning more than $21.10 per hour	
Single	$4.63	Single	$9.26
Employee + child(ren)	$13.98	Employee + child(ren)	$27.96
Employee + spouse	$9.20	Employee + spouse	$18.40
Family	$18.69	Family	$37.39

Plan B

Earning less than $21.10 per hour		Earning more than $21.10 per hour	
Single	$6.10	Single	$12.19
Employee + child(ren)	$18.17	Employee + child(ren)	$36.33
Employee + spouse	$12.21	Employee + spouse	$24.41
Family	$24.48	Family	$48.97

Plan C

Single	$22.69
Employee + child(ren)	$63.85
Employee + spouse	$45.33
Family	$87.27

VISION - EYEMED

Single	$2.33
Employee + child(ren)	$4.99
Employee + spouse	$4.67
Family	$7.98

Flexible Spending Accounts

There are several types of flexible spending and savings accounts available to help you save money on non-reimbursed medical, dental and vision expenses. With the exception of dependent care flexible spending accounts, the type of account(s) in which you are eligible to participate is determined by the type of medical coverage in which you are enrolled.

Flexible spending accounts (FSAs) offer an attractive way for you to pay many of your health care and dependent care expenses on a tax-free basis. The money you deposit into these accounts goes in before taxes are figured. That means your taxable income is lower, and you pay less in federal, state and Social Security taxes. Eskenazi Health adopted the "$660 carryover" flexible spending account option. This allows you to carry over up to $660 of your unused health care or limited-purpose flexible spending account balance remaining at the end of the year into the next plan year, and it does not reduce the annual contribution limit of $3,300. It is important to remember Internal Revenue Service regulations require that money in excess of the $660 carryover provision for health care and limited-purpose and/or any money left in your dependent care accounts at the end of the year are forfeited. So, if you do not use all the money in your accounts, the unused balance cannot be returned to you. However, you can avoid this by carefully estimating expenses in advance.

Helpful Definitions

Medical (out-of-pocket) expenses: This amount is usually paid toward deductible and coinsurance portions of health insurance, dental expenses, orthodontic expenses, eye care and other miscellaneous health care expenses per year. After determining the per payroll amount, multiply that number by the number of payrolls to determine your annual election.

Limited purpose FSA: You can use pre-tax dollars to pay for qualified out-of-pocket dental, vision and post-deductible medical expenses when enrolled in the HDHP.

Dependent care expenses: This is the amount paid for daycare expenses. The maximum allowable amount under the Internal Revenue Service regulations is $5,000 per calendar year per family and $2,500 per calendar year for married individuals filing single.

Non-employer-sponsored premiums: These are privately purchased insurance premiums, including health, disability, cancer and term life insurance. Group insurance premiums deducted from your paycheck for your employer-sponsored plans **DO NOT** qualify within this category. Insurance premiums deducted through your spouse's employer are not eligible.

HEALTH CARE SAVINGS EXAMPLES FROM CHARD SNYDER			
Annual Tax-Free Contribution	**$300** ($25 monthly)	**$1,200** ($100 monthly)	**$2,500** ($208.33 monthly)
Total Annual Savings	**$112.95**	**$451.80**	**$941.25**
Savings will vary based on your tax bracket. Examples shown are calculated at 25% federal, 7.65% Social Security and 5% state income tax savings.			

Table content provided by Chard Snyder

Questions Frequently Asked by Employees

What do flexible spending accounts offer?

Flexible spending accounts offer you a choice to pay for certain qualified benefits on a pre-tax basis. Paying for certain benefits with pre-tax dollars reduces the amount you pay in taxes and increases your take-home pay. Every dollar paid on a pre-tax basis results in a savings to you (see example).

Is there a cost or fee to me?

No.

Must I participate in my employer's health insurance?

It is not tied to any insurance plan or company. You may participate regardless of your particular insurance provider.

What are qualified medical expenses?

These expenses include dental care, prescriptions, eyeglasses and out-of-pocket medical expenses not covered by insurance. However, vitamins and other dietary supplements taken for general health purposes are not eligible. Purchases of over-the-counter (OTC) medicines and drugs (with the exception of insulin) are only reimbursable if accompanied by a prescription or prescription order form from your medical practitioner.

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

Eskenazi Health provides a group term life insurance policy for each eligible team member on a group basis. Term life insurance will help ensure your family's security in the event of your death by paying a lump sum to your beneficiary. The entire cost is covered by Eskenazi Health. The maximum benefit level for basic life insurance is $500,000. This means you are insured for one times your base pay, up to a maximum of $500,000. Coverage is automatically provided to benefits-eligible employees beginning the first of the month following 30 days of service.

Eligible employees need to complete the online beneficiary designation form. If you don't name a beneficiary, the insurance company will pay benefits to your estate, which can mean a delay of benefits and extra taxes. The Internal Revenue Service requires that company-provided life insurance in excess of $50,000 be considered a taxable benefit to employees.

It's important that your beneficiary information is current, and you can change it any time by accessing SuccessFactors/BenefitFocus on E-Hub. If you are naming minor children as beneficiaries, consider establishing a trust fund to receive and manage the life insurance proceeds on their behalf.

Voluntary Term Optional Life Insurance

If you enroll within 30 days of your official hire date, you may elect up to four times your annual salary or a maximum of $450,000 of coverage without being required to submit an evidence of insurability (EOI) form. Coverage in excess of $450,000 will be pended until approved by the insurance administrator. If these amounts are approved, the effective date will be the first of the month following approval.

If you choose a level less than four times, you can only increase one level during the annual Open Enrollment period without an evidence of insurability form. Your biweekly calculation is based on your annual base salary, your age and the life insurance level you select. You can locate your rates online on your enrollment page in BenefitFocus.

Dependent Life Insurance

You must enroll within 30 days of your official hire date. There are two levels of dependent coverage.

- Legal spouse: Can be insured in increments of $10,000 up to $50,000.
- Eligible dependent children: Can be insured in increments of $5,000 up to $25,000 and up to $10,000 for live births up to 6 months.

If you decide not to enroll in dependent coverage as a new hire but later decide to elect dependent coverage during Open Enrollment, you will be required to submit an EOI form for each family member.

Additional Details

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage reduces, you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Portability: You may be able to port your group term life coverage to a separate group term life insurance policy if your coverage reduces, you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Leave of absence/continuation of coverage: You may be able to continue your coverage if you leave your job for reasons that include but are not limited to Family and Medical Leave, lay-off, leave of absence, or leave of absence due to disability.

Benefit reduction: When you reach age 65, life benefits reduce to 65% of the original amount. When you reach age 70, life benefits reduce to 45% of the original amount. When you reach age 75, life benefits reduce to 30% of the original amount. When you reach age 80, life benefits reduce to 20% of the original amount.

For complete benefit descriptions, limitations and exclusions, please refer to the certificate of coverage.

Short-Term Disability Insurance

Even just a few weeks without a paycheck can set you back financially. Eskenazi Health offers a short-term disability insurance plan that replaces a portion of your income if you get sick or hurt and cannot work. The Eskenazi Health short-term disability plan, insured by Lincoln Financial Group, pays employees 60% of their weekly base pay up to $3,500 per week.

How You Qualify for Benefits

You can receive a weekly benefit from the plan if you are totally disabled due to a non-work-related illness or injury (as well as pregnancy) after 14 days, and you file a claim for benefits with the insurance company telephonically. You must be actively at work on the day your coverage becomes effective and before the disability occurs.

When Benefits Begin and End

Benefits under the short-term disability plan begin after a 14-day waiting period. Benefits will start on the 15th day of your total disability. Benefits for illnesses and injuries continue for up to 90 days. Benefits may end sooner if:

- You can return to work part time but choose not to.
- You fail to submit proof of disability when asked to.
- Your earnings exceed the amount allowed.

Benefit Amount

The short-term disability plan replaces up to 60% of your base pay. With Lincoln Financial Group, benefits will be paid weekly (for the previous week) to better help you meet your financial responsibilities. The maximum weekly benefit is $3,500. Your pay is based upon an average of your earnings just prior to your date of disability.

Coordinating Short-Term Disability with Paid Time Off

If you have available paid time off (PTO), you must use it during your 14-day waiting period. You may receive PTO along with your short-term disability benefits (if you have available time). After that, your short-term disability benefits will be reduced by the amount you receive from PTO or other sources.

Pre-Existing Condition Limitation

If your disability is due to an illness, injury or pregnancy that occurred before your elected short-term disability coverage becomes effective (a pre-existing condition), no benefits for that condition are payable for the first 12 months you are covered under the plan. These limitations will no longer apply once you've been treatment-free for one year or covered by the plan for one year, whichever happens first.

Paying for Your Health Coverage While on Disability

The biweekly cost for health coverage is not deducted from your short-term disability checks. Please contact Eskenazi Health Payroll at **317.880.3788** to make arrangements to pay your biweekly premiums. Otherwise, your health coverage will go into arrears, and it will be deducted from the first available paycheck when you return to work. Please note that per the plan policy, employment and active insurance benefits, with the exception of long-term disability, will end the last day of the pay period following six months of disability. Employees and their dependents will be offered Consolidated Omnibus Budget Reconciliation Act (COBRA) once coverage ends and will receive a packet from Chard Snyder within two weeks of the coverage end date. Please contact the HR Shared Services Center at **317.880.3344** if you need your COBRA packet sooner than the two-week period.

Long-Term Disability Insurance

Eskenazi Health wants to help you maintain an income if you ever suffer from a long-term illness or injury that keeps you out of work. Employees may opt to receive 40% or 60% of their salary. This is an optional benefit paid by the employee, and the rate is based on age and salary level.

Basic Long-Term Disability Insurance

Basic long-term disability insurance replaces up to 40% or 60% of your base monthly pay, which includes disability benefits you may receive from Social Security, retirement plans or workers' compensation. Lincoln Financial Group coordinates your benefit payments from this plan with other disability income you receive so your total payment is not more than 40% or 60% of your base monthly pay. The maximum monthly benefit is $5,000 for 40% and $10,000 for 60%. Pay is based upon an average of your earnings just prior to the date of disability.

When Benefits Begin and End

Benefits under the long-term disability plan begin after 90 days of consecutive days of disability. It may last up to age 65. If you're enrolled in the short-term disability plan and you're already receiving benefits, you don't need to file a second claim for long-term disability. Lincoln Financial Group will continue sending disability benefit payments to you provided you continue to meet the criteria for disability benefits. You are also expected to participate in the return-to-work program and case management should you find yourself off work due to illness or injury. Benefits continue until you become eligible for Medicare or until you are no longer completely disabled, whichever happens first.

Taxes on Your Benefits

Since employees pay for long-term disability coverage as an after-tax benefit, benefit payments will not be subject to federal/state income taxes and Social Security taxes.

Pre-Existing Condition Limitation

You will not receive benefits for a disability that is caused by or results from a pre-existing condition if the disability occurs during the first 12 months after your coverage begins.
A pre-existing condition is an illness or injury for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months prior to your effective date of coverage and the disability begins in the first 12 months after your effective date of coverage.

Voluntary Long-Term Disability Plan

There are two options for voluntary long-term disability coverage from Lincoln Financial Group. Both insurance programs are paid for by you.

Option 1: 40% coverage

Option 2: 60% coverage

Rates are based on your age, basic annual salary and the option you select. You can locate your rates on your online enrollment page in BenefitFocus.

Please note that all benefits in this plan are paid on a monthly basis. Premiums may vary slightly due to rounding; actual premiums will be calculated by Lincoln Financial Group and may increase upon reaching certain age brackets, according to contract terms and are subject to change. This invitation to inquire allows eligible employees an opportunity to inquire further about Lincoln Financial Group group insurance and is limited to a brief description of any losses for which benefits are payable. The contract has exclusions, limitations, reduction of benefits and terms under which the contract may be continued in force or discontinued. This product and financial services are provided by Lincoln Financial Group.

Accident Coverage

Provided through Lincoln Financial Group, this coverage is designed to help with out-of-pocket costs for accidents. Coverage is available for the employee, spouse and children.

Why would you need accident coverage?

- Do you have children in sports?
- Have you had a dislocation or fracture?
- Have you or a family member spent time in a hospital due to an accident?

Benefits are paid in addition to health insurance. This plan provides cash benefits if you or a covered family member are accidentally injured. Here are some examples:

- $1,250 hospital admission benefit
- $300/day hospital confinement
- Additional 25% for child sports injury
- $75,000 accidental death
- $1,125 dislocated ankle (nonsurgical repair)
- $4,500 leg fracture (surgical repair)

Biweekly Rates

- Single – $5.96
- Employee + Child(ren) – $10.28
- Employee + Spouse – $9.60
- Family – $13.88

For more detailed information on this plan, please visit the Benefits Information page of the Human Resources section of E-Hub.

Critical Illness Coverage

Provided through Lincoln Financial Group, a lump sum is paid to the employee upon diagnosis of a covered critical illness. Spouse and dependent coverage is available when the employee participates.

What makes this critical illness plan special?

- Guaranteed issue (no health or qualifying questions this year)
- Available for spouse and dependent children up to 50% of employee benefit amount
- Benefits paid in addition to health insurance
- Includes access to a personal health advocate who can assist with managing health care services for you and your entire family

This plan provides cash benefits if you or a covered family member are diagnosed with a covered critical illness. Examples are:

- Invasive cancer
- Heart attack
- Stroke
- Advanced chronic obstructive pulmonary disease (COPD)
- Renal (kidney) failure
- Hepatitis (B, C, D)

Health Assessment Cash Benefit - The plan pays a $50 benefit annually for having a routine wellness screening done per insured person. Screenings include:

- Colonoscopy
- A1C or fasting blood glucose test
- Blood chemistry profile
- Mammography/breast ultrasound
- Pap smear
- PSA (blood test for prostate cancer)

Sample Rates for Selected Ages: Non-Tobacco/Nicotine
Your premium is based on your age, family members covered, tobacco status and benefit amount selected.

Employee-only $10,000 Benefit Biweekly Rates

- Age 25 – $2.44
- Age 35 – $4.44
- Age 45 – $8.16
- Age 55 – $12.22
- Age 65 – $15.32

Guaranteed Coverage Amount for Employee

- Minimum coverage amount $5,000
- Maximum coverage amount $30,000 (increments of $5,000)

For more detailed information on this plan, please visit the Benefits Information page of the Human Resources section of E-Hub.

LifeLock Identity Theft Protection Plans

Provided through Norton, LifeLock helps provide employees peace of mind with comprehensive protection for their identity, connected devices and online privacy. Enhanced features include online account monitoring, credit application alerts, data breach notifications, and a protection package that notifies employees via email, text, phone or mobile app alert if a potential threat is detected. There are two plans to choose from – Norton LifeLock Essential and Norton LifeLock Premier. For plan details, please visit the Human Resources Benefits Page located on E-Hub.

Pet Insurance

Provided by Nationwide Insurance, this coverage is designed to help with out-of-pocket expenses for pet care. Pet owners can choose either 50% or 70% reimbursement coverage on eligible veterinary expenses related to accidents, injuries and illnesses.

All plans have a $250 annual deductible and $7,500 maximum annual benefit. Coverage includes accidents, illnesses, hereditary and congenital conditions, cancer, dental diseases, behavioral treatments, prescription therapeutic diets and supplements, and more. Plus, every pet protection policy includes these additional benefits to maximize your value: advertising and reward expenses, emergency boarding, loss due to theft, and mortality. There is 24/7 helpline access to veterinary experts, available via phone, chat and email. There is also unlimited help for everything from general pet questions to identifying urgent care needs. You can visit SuccessFactors/BenefitFocus or call **1.844.208.1108** to learn more.

Pay Policies

The work week begins on Sunday at 12:01 a.m. and ends at midnight on Saturday. You will be paid every two weeks on Friday through electronic transfers sent to your financial institution for direct deposit. Pay stubs are available via the ADP iPay link located in E-Hub. If you cannot obtain a conventional checking account, a Fifth Third Bank account with a debit card for payroll check deposits is an available option.

Overtime is actual hours worked over 40 hours in a week. It is paid at one-and-a-half times your hourly rate. Prior approval must be obtained, and exempt employees are not eligible for overtime.

Paid Time Off

Eskenazi Health believes that employees should have opportunities to enjoy time away from work to help balance their lives and recognizes that there are diverse needs for time off from work. For this reason, Eskenazi Health has established a paid time off (PTO) policy that promotes a flexible approach to time off. You are accountable and responsible for managing your own PTO hours to allow for adequate reserves to cover vacations, holidays, illness or disability, appointments, emergencies, or other needs that require time off from work.

PTO begins accruing upon hire or transfer into a benefit-eligible position. To be eligible for PTO, you must be scheduled to work at least 20 hours per week on a regular basis. Employees working fewer than 20 hours per week on a regular basis or who are in temporary or non-benefited positions are not eligible to accrue PTO. PTO accruals are available for use in the pay period following the pay period in which they are accrued.

PTO combines vacation, holiday, personal and sick time. All regular and part-time employees in a benefit-eligible status accrue PTO upon employment. The hours are based on years of service, job classification and hours worked. Hours accrue every pay period. PTO can be used as soon as it is accrued with supervisor approval. Unused PTO hours are listed on your paycheck stub.

Accruals are based upon up to 2,080 paid hours per year. Employees working fewer than 40 hours per week but at least 20 hours per week will earn PTO hours on a prorated basis, according to the accrual rate per hour. PTO does not accrue on unpaid leaves of absence. You become eligible for the new higher accrual rate on the first day of the pay period in which your anniversary date falls.

NON-EXEMPT	
0 – 3 years	200 hours
4 – 8 years	240 hours
9+ years	280 hours
EXEMPT AND MARKET STAFF*	
0 – 3 years	240 hours
4+ years	280 hours
VICE PRESIDENTS, DIRECTORS AND PHYSICIANS*	
280 hours	

**Market staff is defined as individuals in job classifications where benefits are dictated by the competitive job market.*

The rate of accrual based on an 80-hour pay period:

- 200 hours – Approximately 7.70 hours/pay period
- 240 hours – Approximately 9.24 hours/pay period
- 280 hours – Approximately 10.77 hours/pay period

PTO LIMITS	
Tier I	320 hours
Tier II	420 hours

Employees can view their PTO Tier level in SuccessFactors under "Basic Information." A dash "–" means the employee is Tier I. A "Yes" means the employee is Tier II.

Active employees may convert PTO to cash. Employees must maintain at least 80 hours of PTO but can convert PTO hours in excess of 80 hours. Employees may request the conversion eight times a calendar year. Please check with Eskenazi Health Payroll at **payroll@eskenazihealth.edu** or **317.880.3788** for this year's schedule. The PTO is paid out at 90%.

Retirement Plans

Empower Retirement

For employees hired after June 8, 2014

Eskenazi Health contributes to a 401(a) plan administered through Empower Retirement for each benefit-eligible employee in the amount of 3% of the employee's compensation regardless of the employee's participation in the 457(b) plan, which is fully vested from the date of hire. Employees who contribute to the 457(b) plan receive an employer match equal to 100% of their contributions in the 457(b) plan, up to 4% of their salary. The employer match is contributed to the 401(a) plan. There is a four-year vesting period on the employer match. Any contributions made into the 457(b) plan will be pre-tax dollars.

The minimum an employee may contribute is 1% per pay period. The maximum dollar amount that may be contributed for 2025 is $23,500. If an employee is age 50 or older, an additional $7,500 may be contributed into the plan for a total of $31,000 for the calendar year. Employees may access their funds to borrow against their account. Employees can enroll at any time.

Automatic Enrollment

Eskenazi Health continues to make saving for retirement under the 457(b) plan even easier by providing an automatic enrollment feature using a 2% pre-tax contribution rate for employees hired on or after March 3, 2024. The 2% auto deduction rate can be changed. Employees have 30 calendar days from receipt of the Empower Retirement notification letter to opt out completely. Those who do not select a different rate or opt out will be automatically enrolled in the 457(b) plan starting with the first paycheck after 30 calendar days from the notification letter. This means 2% will be deducted from employees' pay and contributed to their retirement account. Once the funds are deposited in the retirement account, they cannot be reimbursed. The funds will remain with Empower Retirement until an employee retires or leaves Eskenazi Health. Empower Retirement will send communication regarding options.

These automatic contributions will be deducted each pay period. Employees can choose to contribute more, less or choose not to contribute at all. Employees, however, will still receive the 3% company biweekly contributions to the 401(a) plan. Please feel free to contact the HR Shared Service Center at **317.880.3344** or **HRSharedservices@eskenaziHealth.edu** with questions about the retirement plan.

Employees can visit **www.empowermyretirement.com** to enroll and set up pre-tax contributions.

PERF (Public Employees' Retirement Fund)

Administered by the State of Indiana and for employees hired before June 8, 2014

Benefitted employees hired prior to June 8, 2014 are participants of PERF. Eskenazi Health contributes a mandatory 3% of your biweekly compensation to your defined contribution account. You can contribute up to 10% of your biweekly compensation post-tax to the defined contribution account. You are vested in the plan after 10 years of creditable service (creditable service does not include any non-benefitted time).

Eligibility for the pension portion of the plan follows this breakdown:

- 65 years of age with at least 10 years of service
- 60 years of age with at least 15 years of service
- 55 years of age with at least 30 years of service

Please visit **www.inprs.in.gov** or call **1.844.464.6777** for more information.

457(b)

The minimum you may contribute is $10 per pay period. The maximum dollar amount that may be contributed for 2025 is $22,500. If an employee is age 50 or older, an additional $7,500 may be contributed into the plan for a total of $30,000. Employees may access their funds to borrow against their account. Employees can enroll in this plan at any time.

Employees can visit **www.empowermyretirement.com** to enroll and set up pre-tax contributions.

Tuition Reimbursement

Eskenazi Health participates in a tuition reimbursement program to encourage personal growth by gaining additional knowledge and skill and to assist in increasing its workforce's effectiveness and productivity. To participate, eligible employees must complete the new employee introductory period prior to starting courses and maintain full-time or part-time status. See Policy 950-43 Tuition Education Assistance via PolicyStat on E-Hub. This is both an investment in employees and an investment in Eskenazi Health.

Eligibility

- Employee must maintain full-time or part-time status in a benefit-eligible role at the time of application and during the entire semester or equivalent time period.
- Employees who are terminated, or who terminate employment prior to submitting a completed Tuition Reimbursement Request Form will not be eligible for reimbursement.
- Employee must have been employed in a benefit-eligible, full-time or part-time position at Eskenazi Health for 12 months prior to applying for the Tuition Assistance Program.
- Employee must have no active corrective disciplinary action for either attendance or performance 12 months prior to submitting the degree application. This includes verbal warnings and performance improvement plans at the time of the application or during the process. In order to continue in the program, the employee must reapply after 12 months of no corrective actions.
- Employees must have a minimal rating of "Meets Expectations" on the most recent performance appraisal.
- Degree approval applications will be approved for classes starting 30 days from the receipt of the application providing all criteria is met (regardless of the class start date).

Courses from an Accredited Institution

- GED testing at 100% for full-time and part-time, benefits-eligible employees
- Undergraduate credit courses from an accredited college or university taken in pursuit of a job-related undergraduate degree
- Graduate credit courses up to a master's degree level from an accredited college or university taken in pursuit of a job-related graduate degree
- Not approved: Doctoral programs

Reimbursement Criteria

- Courses must be related to your current job or will enable continued career growth at Eskenazi Health.
- All courses related to an undergraduate degree must be completed with a minimum grade equivalent of C or above.
- All courses related to a graduate degree must be completed with a minimum grade equivalent of B or above.
- Courses that are based on pass/fail grading system must be completed with a passing grade.
- Reimbursement amount will be based upon employee status (benefit-eligible, full-time or part-time) at the time the reimbursement request is received by Eskenazi Health Human Resources. Please see Policy 950-43 Tuition Education Assistance for details.
- Eskenazi Health will not reimburse fees related to program, deferment, late registration, parking, student activities, athletics, books, supplies, admission, registration, challenge exam, graduation, technology, or similar expenses or certificates.
- Eskenazi Health will not reimburse course fees which are covered by grants/scholarships or discounts, including Eskenazi Health Foundation scholarships. Eskenazi Health will subtract the amount of the grants, scholarship and military benefits from the total amount of reimbursement.

Approved Nurse Practitioner Programs

- Eskenazi Health will only reimburse employees who are enrolled in the nurse practitioner programs through IU Indianapolis and Purdue University.
- Eskenazi Health will only reimburse employees who are enrolled in the mental health nurse practitioner program through Indiana Wesleyan University.
- Specialty nurse practitioner programs require special approval from the chief nursing officer and chief human resources officer.

Tuition Repayment Criteria: Voluntary and Involuntary Employee Separation

- In the event an employee separates from the organization within 12 months of their last reimbursement, the employee is responsible for repayment of all reimbursement amounts received towards the pursued degree to date. This amount will be prorated for the 12-month retention period. For example, if an employee received $9,000 in assistance over a three-year period toward the completion of a degree and leaves the organization six months after the last reimbursement, the employee would be responsible to repay Eskenazi Health half of the original amount, $4,500.

Employee Resources and Other Benefits

Employee Assistance Program

Eskenazi Health recognizes its employees as one of its most valuable resources. While everyone experiences stress, sometimes the effects of too much stress can disrupt work performance and personal well-being. AllOne Health's Employee Assistance Program (EAP) is designed to help you and your family members deal with problems before they become unmanageable. It can provide help in a variety of areas including:

- Depression
- Grief and loss
- Relationship problems
- Alcohol- and drug-related issues
- Legal issues
- Financial pressures
- Family problems
- Stress
- Anxiety

EAP is a free, confidential counseling and assistance service provided by Eskenazi Health to help you and your family members with a wide range of personal problems. No problem is too big or too small. Should you ever feel like you need assistance, please call **317.634.5362** or toll free at **1.800.822.4847**.

Username: Eskenazi **Password:** employee

EAP Counseling

- 24/7/365 access
- Referrals to local counselors
- Free short-term counseling
- Referrals and follow-up
- Guaranteed confidentiality

Legal Services

- Free initial consult
- 25% discount thereafter
- Free legal web services

Financial Services

- Credit counseling
- Debt management
- Budgeting
- Free financial web services

Work-Life Services

- Free live webinars

Assistance Provided

- Child care needs
- Elder care needs
- Travel and recreation
- Dining and entertainment
- Consumer issues
- Pet care
- Community resources
- Health and wellness

Guidance Resources Program from Lincoln Financial Group

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. The Guidance Resources Program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. To access this benefit, please visit **www.guidanceresources.com** or call **1.855.891.3684**. The company web ID for first-time users is LifeKeys.

Financial Information and Resources – Speak with certified public accountants and certified financial planners by phone on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

GuidanceResources Online – GuidanceResources Online is your one stop for expert information on relationships, work, school, children, wellness, legal affairs, financial, free time and more.

- Timely articles, help sheets, tutorials, streaming videos and self-assessments
- "Ask the expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Free Online Will Preparation – EstateGuidance lets you quickly and easily write a will on your computer. Please visit **www.guidanceresources.com** and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing a will are included. You can:

- Name an executor to manage your estate.
- Choose a guardian for your children.
- Specify your wishes for your property.
- Provide funeral and burial instructions.

Discounts Available to Employees – Employees of Eskenazi Health and Indianapolis Emergency Medical Services (IEMS) have access to thousands of discounts through Vizient. The free program offers name brand special offers and markdowns ranging from wireless phone service to computers to entertainment and travel. To access the discounts, please visit **www.vizientinc.com/discounts** and register your information using your organizational email address.

Benefits Contact Information

UnitedHealthcare (Medical)

Choice Plus Network

Group Number: 76-413063

- Tier I and Tier 2: Eskenazi Health: **317.880.6559**
- Tier 3: UnitedHealthcare: **1.800.207.3172** or **www.umr.com**
- Tier 4: Out of Network: File claim form
- Navitus: **1.844.268.9789** or **www.navitus.com**
- Eskenazi Health Pharmacy: **317.880.4500**
- HSA/UMB: **1.800.520.4472** or **HSA.UMB.com**

Delta Dental PPO Plan (Dental)

Group Number: DDPIN-1060 – Health & Hospital Corporation of Marion County

In Network: **1.800.524.0149** (TTY users call 7111) or **www.deltadentalIN.com**

EyeMed Vision (Vision)

Group Number: 1035228

Customer Service and Provider Locator: **1.866.804.0982** or **www.eyemed.com**

Chard Snyder (Flexible Spending Account)

Contact: **1.800.982.7715** or **www.chard-snyder.com**

Lincoln Financial Group (Life and Disability)

Account Number: 09-LF0362

Contact: **1.800.423.2765**

Lincoln Financial Group (Accident and Critical Illness)

Account Number: Accident ACC-0000001392

Account Number: Critical Illness CI-0000001393

Contact: **1.800.423.2765**

Empower Retirement

401(A) and 457(B) Plans

Contact: **1.855.756.4738** or **www.empowermyretirement.com**

Nationwide Pet Insurance

Contact: **1.844.208.1108**

Norton LifeLock Identity Theft Protection

Contact: **1.800.607.9174** or **my.norton.com**

AllOne Health's Employee Assistance Program (EAP)

Contact: **1.800.822.4847**

Notes