



BENEFITS AT-A-GLANCE

Benefit plans effective
January 1, 2018–December 31, 2018

Benefits are an integral part of the overall total rewards package provided by HonorHealth. Within this Benefits Guide you will find important information on the benefits available to you for the 2018 plan year (January 1, 2018, through December 31, 2018). Please take a moment to review the benefits HonorHealth offers to determine which plans are best for you.

This guide contains only general and summary information; it should not be considered a replacement for master plan documents. Every care is taken to ensure the accuracy of the information in this guide; however, in the event of any conflict, certificates of coverage or master plan documents will govern.

HONORHEALTHTM

MEDICAL INSURANCE PLANS

HonorHealth offers three medical plan options. The coinsurance amounts listed reflect the amount you pay. Refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Coordinated Care Plan		Standard Plan		Health Savings Account Plan (HDHP)	
	Innovation Care Partners/ HonorHealth	BlueCross BlueShield of Arizona	Innovation Care Partners/ HonorHealth	BlueCross BlueShield of Arizona	Innovation Care Partners/ HonorHealth	BlueCross BlueShield of Arizona
Plan Year Deductible Individual/Family	None	None	None	None	\$2,600/\$5,200	
Out-of-Pocket Max Individual/Family	Includes deductible, copays, and coinsurance					
	\$5,000/\$10,000		\$6,450/\$12,900		\$6,450/\$12,900	
Preventive Care	Plan pays 100%	Not covered ¹	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services Primary Care Physician Specialist Urgent Care	\$20 copay \$50 copay N/A	Not covered ¹ \$125 copay ² \$25 copay	\$20 copay \$60 copay N/A	\$40 copay \$125 copay ³ \$25 copay	10% 10% N/A	20% 20% 20%
Outpatient Lab/X-Ray Laboratory Services X-Ray, Ultrasound MRI, MRA, CT, PET	\$10 copay \$10 copay \$100 copay, then 20%	\$10 copay 50% Not covered	\$15 copay \$15 copay \$150 copay, then 15%	\$15 copay 25% \$200 copay, then 50%	10% 10% 10%	10% 10% 50%
Hospital Services Inpatient Outpatient	\$150 copay per day, up to 5 days \$150 copay	Not covered Not covered	\$200 copay per day, up to 5 days \$200 copay	\$400 copay per day for 5 days, then 50% \$400 copay, then 50%	10% 10%	50% 50%
Emergency Room⁴	\$250 copay	\$250 copay	\$300 copay	\$300 copay	20%	20%
Physical and Occupational Therapy 40 visit max per calendar year	\$20 copay	\$20 copay	\$20 copay	\$20 copay	20%	20%
30-Day Prescription Generic Maintenance Tier 1 Tier 2 Tier 3 Specialty	\$0 copay \$4 copay 30% (\$30 min up to \$80 max) 60% (\$100 min; no max) 30% (\$50 min up to \$100 max)		\$5 copay \$15 copay 35% (\$40 min up to \$100 max) 60% (\$125 min, no max) 30% (\$60 min up to \$150 max)		\$5 copay \$7 copay 35% (\$40 min up to \$100 max) 60% (\$125 min, no max) 30% (\$60 min up to \$150 max)	
90-Day Prescription Generic Maintenance Tier 1 Tier 2	\$0 copay \$10 copay 30% (\$75 min up to \$200 max)		\$15 copay \$37.50 copay 35% (min \$100 up to \$250 max)		\$15 copay \$17.50 copay 35% (\$100 min up to \$250 max)	

(1) Except pediatric primary care. (2) \$50 copay if specialty not in HonorHealth network. (3) \$60 copay if specialty not in HonorHealth network. (4) In the case of life- or limb-threatening emergencies, out-of-network emergency room services will be covered at the in-network level.

Bi-Weekly Medical Plan Costs	Full-Time* (60 to 80 hours)	Part-Time* (32 to 59 hours)	Full-Time* (60 to 80 hours)	Part-Time* (32 to 59 hours)	Full-Time* (60 to 80 hours)	Part-Time* (32 to 59 hours)
Employee Only	\$49.50	\$114.40	\$141.45	\$294.40	\$49.50	\$114.40
Employee + Spouse	\$165.90	\$343.35	\$292.60	\$588.50	\$165.90	\$343.35
Employee + Child(ren)	\$81.40	\$177.10	\$148.35	\$307.05	\$81.40	\$177.10
Employee + Family	\$210.00	\$430.50	\$354.20	\$709.50	\$210.00	\$430.50

* If you met the wellness requirements for the 2018 plan year, you will receive a \$20 per pay period discount on your premiums.

DENTAL INSURANCE PLANS

HonorHealth offers three dental insurance plans. The coinsurance amounts listed reflect the amount you pay. Refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental Base Plan		Delta Dental Buy-Up Plan		EDS HMO Plan
	PPO Dentist	Premier Dentist	PPO Dentist	Premier Dentist	In-Network Only
Plan Year Deductible Individual/Family	\$50/\$150		\$50/\$150		\$0/\$0
Plan Year Benefit Max	\$1,000		\$2,000		N/A
Preventive Care Two exams and cleanings per year	Plan pays 100% (deductible waived)	10% (deductible waived)	Plan pays 100% (deductible waived)	10% (deductible waived)	You pay a copay for each covered procedure. Refer to the official plan documents for more information.
Basic Services Fillings, extractions, root canals	20%	30%	20%	30%	
Major Services Bridges, inlays, onlays, dentures	Not covered		50%		
Orthodontia Services	Not covered		50%		
Orthodontia Lifetime Max	N/A		\$2,000		

Bi-Weekly Dental Plan Costs	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)	Full-Time (60 to 80 hours)	Part-Time (32 to 59 hours)
Employee Only	\$5.23	\$7.85	\$10.78	\$16.17	\$1.91	\$2.76
Employee + Spouse	\$13.22	\$19.83	\$27.23	\$40.85	\$4.10	\$5.94
Employee + Child(ren)	\$13.77	\$20.65	\$28.38	\$42.57	\$5.44	\$7.89
Employee + Family	\$24.58	\$36.87	\$50.64	\$75.96	\$6.33	\$9.19

VISION INSURANCE PLANS

HonorHealth offers two vision insurance plans. The table below summarizes the key features of the vision plans. Refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	VSP Vision Plan		UnitedHealthcare Vision Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$25 copay	Plan pays up to \$45	\$10 copay	Plan pays up to \$40
Standard Plastic Lenses (every 12 months)	\$30 copay	Plan pays up to \$30	\$30 copay	Plan pays up to \$40
Frames (every 24 months)	Plan pays up to \$130 ^{1,2}	Plan pays up to \$70	Plan pays up to \$130 ¹	Plan pays up to \$45
Contact Lenses (every 12 months in lieu of standard plastic lenses)	Up to \$60 copay, then plan pays up to \$130	Plan pays up to \$105	\$30 copay, then plan pays up to \$130	Plan pays up to \$105

(1) 20% discount on balance. (2) Plan pays up to \$150 for featured frame brands.

Bi-Weekly Vision Plan Costs	Full-Time and Part-Time	Full-Time and Part-Time
Employee Only	\$3.36	\$2.26
Employee + Spouse	\$6.72	\$4.20
Employee + Child(ren)	\$7.20	\$5.25
Employee + Family	\$11.50	\$7.34

PAID TIME OFF AND PAID SICK TIME

Paid time off hours may be used for holidays, vacations, personal business, short-term personal illness and family needs. On-call/per diem staff do not accrue paid time off. Employees will also be eligible to receive up to 40 hours of paid sick time (PST) per accrual cycle.

Service	Earned PTO	2018 Max Accrual
0-2 years	0.0692/5.54 hours a pay period	240 hours
3-6 years	0.0885/7.08 hours a pay period	260 hours
7-9 years	0.1000/8.00 hours a pay period	280 hours
10-14 years	0.1077/8.62 hours a pay period	300 hours
15+ years	0.1154/9.23 hours a pay period	320 hours
Service	Earned PST	2018 Max Accrual
All	03333/2.67 hours per pay period	40 hours

Note: PST is earned on hours worked only. For further information regarding the HonorHealth's PTO and PST, please refer to policy HR#1324.

OTHER BENEFITS

Tax-savings benefits:

Health Savings Account

If you enroll in the Health Savings Account Plan (HDHP), you may be eligible to open and fund a health savings account (HSA). An HSA can be used to pay out-of-pocket health care expenses with pre-tax dollars.

Flexible Spending Accounts

HonorHealth offers three flexible spending account (FSA) options which allow you to pay for eligible expenses with pre-tax dollars. Maximum contributions are \$2,600 for health care and \$5,000 for daycare expenses.

Benefits supported or matched by HonorHealth:

Basic Life Insurance

1x salary up to \$200,000 (\$25,000 min). Fully paid by HonorHealth.

Retirement Plan

The 403(b) retirement savings plan is administered by Prudential. HonorHealth will match up to 4% of your eligible compensation.

Disability Insurance

Company-paid short- and long-term disability insurance is available after one year of employment.

Tuition Assistance

After six months of employment, tuition reimbursement is available, up to \$5,250 per year.

Discounted benefits:

Voluntary Life Insurance

Optional supplemental life insurance for you and your dependents.

Critical Insurance

This benefit pays you a lump sum to use as you want if you're diagnosed with a critical condition.

Accident Insurance

This benefit pays you if you become injured due to an accident.

Whole Life Insurance

This benefit can help replace your family's loss of income or additional expenses due to your death.

Hospital Indemnity Insurance

This benefit can help with your expenses during a hospital stay.

Identity Theft Insurance

This benefit provides proactive fraud monitoring.

Prepaid Legal Services

This benefit provides access to prepaid legal and financial services.

529 College Savings Plan

Save through payroll deduction and withdraw funds tax-free when used to pay college expenses.

Childcare

HonorHealth offers discounted childcare and learning programs.

Pet Health Care Coverage

Discounted rates through United Pet Care.

Fitness Facilities

Employees can use fitness facilities at a discounted or free rate, depending on the location.

Employee Assistance Program

The employee assistance program provides help for everyday issues that may affect you and your family.

Credit Union Membership

HonorHealth has partnered with Credit Union West and Alliant Credit Union to offer low-interest rates and convenient access.

Auto and Home Insurance

Discounted rates and payroll deduction are available.