



Catholic Health Initiatives


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CHI Franciscan Health

revised as of 1/1/16

CHI Benefits at a Glance





Our mission to create healthier communities extends to our own workplace. Not only do we want all employees and their families to enjoy good health, we want them to have affordable health care and adequate savings when they retire. That's why we offer a competitive and sustainable benefits program, including affordable health care, wellness programs, retirement savings options and more. These programs help you care for yourself and your family — physically, financially, mentally and spiritually.

This booklet contains a benefit eligibility summary followed by an overview of the benefits for CHI Franciscan Health employees. Additional information is available on My Healthy Spirit and HR/Payroll Connection.

Benefit Eligibility

Eligibility may vary, based on the benefit and job classification. Read below to learn about eligibility and when coverage begins.

<ul style="list-style-type: none"> ■ Pay in lieu of benefits ■ CHI Medical Plan* ■ CHI Dental Plan* ■ Vision Plan* ■ Adoption Assistance ■ Health Care Flexible Spending Account ■ Dependent Care Flexible Spending Account 	<p>Employees (regularly scheduled to work at least 32 hours per two-week pay period) are eligible on the first day of the month following 30 days of employment.</p> <p>Note: Medical and dental rates are based on regularly scheduled hours.</p>
<ul style="list-style-type: none"> ■ Opt-out credit for medical and dental ■ Employee Basic Life and Accidental Death and Dismemberment (AD&D) Insurance ■ Employee Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance ■ Spouse and Child Life Insurance* 	<p>In addition to the list of benefits above, employees (regularly scheduled to work at least 48 hours per two-week pay period) are eligible on the first day of the month following 30 days of employment.</p>
<ul style="list-style-type: none"> ■ Military Leave ■ CHI 401(k) Retirement Savings Plan ■ Employee Assistance Program ■ Healthy Spirit Wellness Program ■ Franciscan Anytime Program 	<p>All employees are eligible on date of hire.</p>
<ul style="list-style-type: none"> ■ CHI 457(b) Plan 	<p>Highly compensated employees whose current annualized base pay exceeds the previous calendar year's compensation guidelines of \$120,000, as defined by the Internal Revenue Service, are eligible on date of hire.</p>
<ul style="list-style-type: none"> ■ Family and Medical Leave Act (FMLA) 	<p>Employees are eligible after 12 months of service if at least 1,250 hours are worked during the preceding 12-month period.</p>
<ul style="list-style-type: none"> ■ Paid Time Off (PTO) or Annual Leave 	<p>Employees (regularly scheduled to work at least 32 hours per two-week pay period) are eligible (in general) to take paid time off after 90 days of employment.</p>
<ul style="list-style-type: none"> ■ Extended Illness Bank (EIB) or Sick Leave Program 	<p>Employees (regularly scheduled to work at least 32 hours per two-week pay period) are eligible (in general) on the first day of the month following 90 days of employment.</p>
<ul style="list-style-type: none"> ■ Long-term Disability 	<p>Employees (regularly scheduled to work at least 48 hours per two-week pay period) are eligible on the first day of the month following 90 days of employment.</p>
<ul style="list-style-type: none"> ■ Tuition Assistance ■ Business Travel Accident Insurance 	<p>Employees (regularly scheduled to work at least 32 hours per two-week pay period) are eligible on date of hire.</p>

*Eligible dependents include children up to age 26, spouse or legally domiciled adult. Physically and mentally handicapped children of any age who are unmarried and financially dependent on you may be eligible.

Benefit

Description

Health and Welfare Plans

CHI Integrated Medical Plan

Comprehensive medical and prescription drug coverage is provided through the Medical Plan with an extensive network of physicians, hospitals and pharmacies across the country. In-network benefit levels and costs are shown below. Out-of-network services and prescriptions are covered at the applicable out-of-network benefit levels and costs.

Preventive care is covered 100 percent. For most other services (including office visits), the Plan will pay a percentage of the cost. Office visits do not apply to the annual deductible, except under the HD/HSA plan. However, some services will require you to pay the deductible first.

The CHI Medical Plan defines:

- Deductible: the amount you pay for certain covered services before the medical plan begins to pay coinsurance.
- Copay: a specified dollar amount you pay each time covered services subject to copays are received (i.e., ER visits).
- Coinsurance: the percentage of an eligible charge you are required to pay when covered services subject to coinsurance are received.
- Tier I: Rainier Health Network
- Tier II: Blue Cross Blue Shield of Illinois

Visit My Healthy Spirit to learn more about the medical networks specific to you.

Medical Plan	Integrated Core*		Integrated Basic*		Integrated HD/HSA**	
Network	Tier I: Local CIN	Tier II: National Network	Tier I: Local CIN	Tier II: National Network	Tier I: Local CIN	Tier II: National Network
Deductible	\$1,000 Individual/ \$2,000 Family		\$2,000 Individual/ \$4,000 Family		\$2,600 Individual/ \$5,200 Family	
Office Visit	Primary Care: \$10 Specialist: \$25	Primary Care: 20% Specialist: 25%	Primary Care: \$20 Specialist: \$35	Primary Care: 30% Specialist: 35%	Primary Care: 15% AD Specialist: 20% AD	Primary Care: 20% AD Specialist: 25% AD
Urgent Care	\$50	\$75	\$75	\$100	\$75 AD	\$100 AD
Emergency Room	\$175, waived if admitted		\$200, waived if admitted		\$200 AD, waived if admitted	
Coinsurance for Most Services	10%	25% AD	15%	35% AD	15% AD	25% AD
Out-of-Pocket Maximum	\$3,000 Individual/ \$6,000 Family	\$6,000 Individual/ \$12,000 Family	\$4,000 Individual/ \$8,000 Family	\$6,600 Individual/ \$13,200 Family	\$4,000 Individual/ \$8,000 Family	\$6,450 Individual/ \$12,900 Family
Prescription Drug***	Integrated Core*		Integrated Basic*		Integrated HD/HSA**	
CHI-owned Pharmacy (up to a 90-day supply)						
Generic	\$5		\$5		\$5 AD	
Preferred Brand Formulary	10% (\$15 min/\$37.50 max)		15% (\$17.50 min/\$50 max)		10% AD (\$15 min/\$37.50 max)	
Non-preferred Brand Non-formulary	20% (\$25 min/\$62.50 max)		25% (\$30 min/\$75 max)		20% AD (\$25 min/\$62.50 max)	

Continued on next page.

Please refer to the appropriate plan documents or contracts for full benefit details, exclusions and limitations. This Benefits at a Glance document only provides a summary of the applicable provisions of the benefit plans described herein. The plans are governed by the terms of written plan documents. If the terms in this Benefits at a Glance conflict with or are inconsistent with the plan documents or contracts, then the plan documents or contracts will prevail.

Benefit

Description

Health and Welfare Plans Continued

CHI Integrated Medical Plan Continued

Prescription Drug***	Integrated Core*	Integrated Basic*	Integrated HD/HSA**
Caremark Retail Pharmacy (30-day supply)			
Generic	\$10	\$10	\$10 AD
Preferred Brand Formulary	20% (\$30 min/\$75 max)	30% (\$35 min/\$100 max)	20% AD (\$30 min/\$75 max)
Non-preferred Brand Non-formulary	40% (\$50 min/\$125 max)	50% (\$60 min/\$150 max)	40% AD (\$50 min/\$125 max)
CHI-owned Pharmacy Mail Order (90-day supply)			
Generic	\$10	\$10	\$10 AD
Preferred Brand Formulary	10% (\$37.50 min/\$62.50 max)	15% (\$42.50 min/\$75 max)	10% AD (\$37.50 min/\$62.50 max)
Non-preferred Brand Non-formulary	20% (\$62.50 min/\$125 max)	25% (\$75 min/\$150 max)	20% AD (\$62.50 min/\$125 max)
Caremark Mail Order (90-day supply)			
Generic	\$20	\$20	\$20 AD
Preferred Brand Formulary	20% (\$75 min/\$125 max)	30% (\$85 min/\$150 max)	20% AD (\$75 min/\$125 max)
Non-preferred Brand Non-formulary	40% (\$125 min/\$250 max)	50% (\$150 min/\$300 max)	40% AD (\$125 min/\$250 max)

* The Integrated Core and Integrated Basic plan options include a health reimbursement account that is solely funded by CHI: \$500 employee only and \$1,000 for all other coverage levels. As you incur eligible health care expenses, you can use the reimbursement account debit card to pay for them or submit for reimbursement.

** The Integrated HD/HSA plan includes the health savings account feature which allows you to save pre-tax dollars toward your medical expenses. CHI may also contribute to the health savings account at its discretion.

*** If you fill a brand-name prescription when there is a generic equivalent available, you will pay the brand-name prescription coinsurance plus the difference between the generic and brand-name amount. Maintenance prescriptions, such as blood pressure medication, must be filled using the mail order pharmacy or a CHI pharmacy.

Note: AD means after deductible.

Tier I and Tier II benefits are shown above and on the previous page. For details about Tier III (out-of-network), refer to the Summary Plan Description.

Opt-out Credit

Employees (regularly scheduled to work at least 48 hours per two-week pay period) are eligible for opt-out credit. Opt-out credit allows you to waive medical and dental coverage and receive a credit added to your paycheck.

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Health and Welfare Plans Continued													
Healthy Spirit Wellness Program	<p>CHI supports the health and well-being of you and your family through the Healthy Spirit Wellness Program. The Healthy Spirit Wellness Program, offered through our partner, Preventure, is a free, voluntary program that offers activities and tools to help you (and your spouse, if enrolled in the CHI Medical Plan) reach your health goals or maintain your current good health.</p> <p>You can look forward to:</p> <ul style="list-style-type: none"> ■ Tools and resources at your fingertips: Lifestyle coaching, disease/condition management, wellness workshops, health trackers and logs, fitness club discounts, challenges and more! ■ Incentives for participating: Beyond enjoying the benefits of a healthy lifestyle, you and your spouse enrolled in the CHI Medical Plan can also earn incentives for participating in the Healthy Spirit Wellness Program. Progress toward earning the wellness incentive can also be tracked on the wellness website, which is provided by Preventure. <p>Note: You cannot participate in wellness activities that are clinical in nature, such as onsite biometrics screenings and lifestyle/condition management services if you aren't enrolled in the CHI Medical Plan. CHI remains committed to building healthier communities and providing you with tools and resources to help you live a healthy life. If you are not enrolled in a CHI Medical Plan, you can still participate in local activities like wellness challenges, lunch and learns and fitness classes, as well as access tools and resources on the My Healthy Spirit website.</p>												
CHI Dental Plan	<p>MetLife administers a comprehensive dental plan with open access to any dentist and orthodontist across the country. There are two options available to meet your needs. All options pay 100 percent for preventive and diagnostic services.</p> <p>Both options provide an orthodontic benefit and include a \$50 individual/\$150 family deductible. The PPO option includes a \$1,500 annual maximum and an enhanced benefit is available if you visit a dentist in the MetLife network. The Core option includes a \$1,000 annual maximum.</p> <p>Additional information about the Dental Plan, including a provider directory, is located on the MetLife website at www.metlife.com. If you have access to Inside CHI, you may find more detailed information by logging into My Healthy Spirit.</p>												
Vision Plan	<p>A vision plan is provided to ensure optimal eye health. The vision plan is administered by EyeMed. An enhanced benefit is available if you and your dependents receive care from a provider within the EyeMed network.</p> <p>When visiting an EyeMed network provider, you'll receive:</p> <table border="0" data-bbox="479 1287 1502 1549"> <thead> <tr> <th data-bbox="479 1287 917 1314">Vision Plan Coverage</th> <th data-bbox="941 1287 1015 1314">Benefit</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 1318 917 1346">Exam</td> <td data-bbox="941 1318 1502 1346">\$15 copay; limited to one exam every 12 months</td> </tr> <tr> <td data-bbox="479 1350 917 1377">Contact Lens Fit and Follow-up</td> <td data-bbox="941 1350 1502 1377">Up to \$40</td> </tr> <tr> <td data-bbox="479 1381 917 1409">Lenses (single, lined bifocal and lined trifocal)</td> <td data-bbox="941 1381 1502 1409">\$15 copay; limited to once every 12 months</td> </tr> <tr> <td data-bbox="479 1413 917 1440">Frames</td> <td data-bbox="941 1413 1502 1486">\$120 allowance, plus 20% discount available for out-of-pocket expenses; limited to once every 24 months</td> </tr> <tr> <td data-bbox="479 1491 917 1549">Contact Lenses (allowance covers materials only)</td> <td data-bbox="941 1491 1502 1549">\$105 allowance; conventional or disposable contact lenses in lieu of glasses; limited to once every 12 months</td> </tr> </tbody> </table> <p>Additional information about the Vision Plan, including a provider directory, is located on the EyeMed website at www.eyemedvisioncare.com, then choose SELECT from the provider locator drop-down box. If you have access to Inside CHI, you may find more detailed information by logging into My Healthy Spirit.</p>	Vision Plan Coverage	Benefit	Exam	\$15 copay; limited to one exam every 12 months	Contact Lens Fit and Follow-up	Up to \$40	Lenses (single, lined bifocal and lined trifocal)	\$15 copay; limited to once every 12 months	Frames	\$120 allowance, plus 20% discount available for out-of-pocket expenses; limited to once every 24 months	Contact Lenses (allowance covers materials only)	\$105 allowance; conventional or disposable contact lenses in lieu of glasses; limited to once every 12 months
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CHI Flexible Spending Account	<p>Two flexible spending account options are offered to enable you to use tax-free dollars to pay for out-of-pocket health care and dependent care expenses for yourself and individuals who qualify as dependents based on Internal Revenue Service requirements. You can deposit up to \$2,550 in the health care flexible spending account and up to \$5,000 in the dependent care flexible spending account.</p> <p>If you enroll in the HD/HSA medical plan option, you may enroll in a limited purpose health care flexible spending account to help pay for eligible dental and vision expenses.</p> <p>Note: If you make \$120,000 or more in base pay, the amount you can contribute to a dependent day care flexible spending account is limited to \$3,000 to ensure your contributions remain tax free.</p>												

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Benefit	Description
Health and Welfare Plans Continued	
Employee Basic Life and Accidental Death and Dismemberment (AD&D) Insurance Business Travel Accident Insurance	Basic life and AD&D insurance protects your loved ones from loss of income in the event of your death. <ul style="list-style-type: none"> ■ Basic life and AD&D insurance is provided at one times your base pay, up to \$750,000. ■ Business Travel Accident insurance is provided at three times your base pay, up to \$750,000.
Employee Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance Spouse and Child Life Insurance	Employee supplemental life and AD&D insurance is available for purchase in \$10,000 increments. The combined plan maximum for basic and supplemental life is \$750,000. When initially eligible, you can elect up to three times base pay or \$500,000 (whichever is less), without providing proof of good health (evidence of insurability)* Life insurance for your spouse is available for purchase in increments of \$10,000 up to \$200,000. Spouse life insurance above \$50,000 will require evidence of insurability.* Life insurance for your child(ren) is available for purchase in increments of \$2,000 up to \$20,000. *Any additional coverage after your initial eligibility will require evidence of insurability.
Disability Plans	
Extended Illness Bank (EIB) or Sick Leave Program	The extended illness bank provides you with replacement income if a sickness or injury prevents you from working your scheduled hours. This benefit also covers you if you need to take time off from work to care for qualifying family members for illness or injury. The sick leave program provides you paid time off from work for sickness or injury. See applicable policy for details.
Long-term Disability	The long-term disability plan provides a monthly benefit if you are a full-time employee and you are continually disabled due to illness or injury beyond 90 days. Note: The plan will not pay benefits for a pre-existing condition for which you received medical treatment within the three months prior to your long-term disability coverage becoming effective or, if it causes a disability, within 12 months after the effective date of your long-term disability coverage.
Paid Time Off	
Paid Time Off (PTO) or Annual Leave	Paid Time Off is available to provide you with time away from work for rest, relaxation, holidays and leisure, as well as to cope with short-term illness, to care for dependents or to fulfill other personal commitments. Annual leave provides you with paid time for vacations, holidays and to care for dependents or to fulfill other personal commitments. See applicable policy for details.
Holidays	Designated holidays are included in accruals and are provided to you for a time of celebration or relaxation. The following holidays are observed during the year: <ul style="list-style-type: none"> ■ New Year's Day ■ President's Day ■ Memorial Day ■ Fourth of July ■ Labor Day ■ Thanksgiving Day ■ Christmas Day

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Benefit	Description
Retirement Program	
CHI 401(k) Retirement Savings Plan	<p>The CHI 401(k) Retirement Savings Plan enables you to save for retirement now and provides a choice of: paying taxes now and withdrawing account balance, or deferring taxes until later when you withdraw your account balance at retirement. You can make pre-tax and Roth after-tax contributions to the plan, up to the annual IRS maximum limits. If you do not elect a contribution rate when first eligible, you will be automatically enrolled in the plan at a 4% pre-tax contribution rate. Your contribution will automatically increase by 1% annually up to a maximum of 10%. You may choose to opt out of the plan, increase or decrease your contributions or opt out of the auto increase feature at any time. In addition, after meeting the 1,000 hours paid eligibility requirement, with each subsequent payroll, CHI will match your contributions equal to 100% on the first 1% of eligible pay contributed on a pre-tax basis and/or Roth after-tax basis and 50% on the next 5% of eligible pay contributed on a pre-tax basis and/or Roth after-tax basis, for a maximum matching contribution of 3.5% of eligible pay.</p> <p>CHI will also make an annual employer contribution equal to 2.5% of your eligible compensation but no lower than a minimum contribution of \$1,000, regardless of your contribution amount. To receive the annual employer contribution, you must be eligible for the annual contribution portion of the plan, be paid for 1,000 hours in the calendar year and be employed on the last day of the year (December 31st). The 1,000 hour and last day requirement have to be met each year to be eligible for the annual employer contribution. If you have three years of service, you are considered vested in the CHI 401(k) Plan for both Match and the Annual Employer Contribution. If you have less than three years of service, you will become 100% vested in the employer contributions after three years of vesting service have been earned. You are always 100% vested in your own contributions.</p>
CHI 457(b) Plan	<p>The CHI 457(b) Plan is a tax-deferred savings plan that offers you the opportunity to contribute additional salary deferrals over the above current contributions to the CHI 401(k) Retirement Savings Plan. It is recommended that you invest in the CHI 457(b) Plan only after you contribute the maximum possible in the CHI 401(k) Retirement Savings Plan. It's important to understand that a 457(b) plan is a non-qualified deferred compensation plan under IRS regulations, meaning that your contributions made to this plan are assets of the corporation and therefore subject to the risk of claims by creditors of the corporation in the case of any insolvency.</p>
Additional Benefit Options	
Tuition Assistance	<p>Tuition assistance is designed to encourage and assist you to pursue educational objectives that will aid in your current position or a future position.</p> <ul style="list-style-type: none"> ■ Employees (regularly scheduled to work at least 48 hours per two-week pay period) have a maximum annual reimbursement of \$3,000. ■ Employees (regularly scheduled to work at least 32 hours per two-week pay period) have a maximum annual reimbursement of \$1,500.
Adoption Assistance	<p>Adoption assistance is designed to provide reimbursement for some of the financial obligations related to adopting a child.</p> <ul style="list-style-type: none"> ■ Employees (regularly scheduled to work at least 48 hours per two-week pay period) are eligible to receive up to \$2,000 for each child being adopted. ■ Employees (regularly scheduled to work at least 32 hours per two-week pay period) are eligible to receive up to \$1,000 for each child being adopted.
Employee Assistance Program (EAP)	<p>The Employee Assistance Program is intended to help you and your immediate family members access confidential, professional counseling that can make it easier to cope with a variety of personal issues and life challenges.</p>

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Benefit	Description		
Additional Benefit Options Continued			
Pay in Lieu of Benefits	<p>If you select pay in lieu of benefits, you agree to accept compensation in lieu of most benefits, including paid time off programs for the coming year. You must make this selection during new hire or annual enrollment. If you elect pay in lieu of benefits, you cannot change your election during the year unless the change is due to a life event.</p> <table border="0"> <tr> <td data-bbox="479 514 852 766"> <p>Programs Waived</p> <ul style="list-style-type: none"> Medical Dental Vision Basic Life Insurance and AD&D Supplemental Life Insurance and AD&D Spouse and Child Life Insurance Long-term Disability All paid time off programs </td> <td data-bbox="950 514 1307 787"> <p>Programs Not Waived</p> <ul style="list-style-type: none"> CHI 401(k) Retirement Savings Plan Bereavement Time Off with Pay Flexible Spending Accounts Leaves of Absence Tuition Reimbursement Adoption Assistance Employee Assistance Program Savings Bonds Business Travel Accident Insurance </td> </tr> </table> <p>To be eligible for pay in lieu of benefits, you must have health plan coverage through another source (i.e., your spouse's employer).</p>	<p>Programs Waived</p> <ul style="list-style-type: none"> Medical Dental Vision Basic Life Insurance and AD&D Supplemental Life Insurance and AD&D Spouse and Child Life Insurance Long-term Disability All paid time off programs 	<p>Programs Not Waived</p> <ul style="list-style-type: none"> CHI 401(k) Retirement Savings Plan Bereavement Time Off with Pay Flexible Spending Accounts Leaves of Absence Tuition Reimbursement Adoption Assistance Employee Assistance Program Savings Bonds Business Travel Accident Insurance
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Franciscan Anytime Program	<p>You and your eligible dependents can access medical advice and treatment for an after-hour illness or minor injury through the Franciscan Anytime Program. Call 1-877-441-1489 for services.</p>		



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