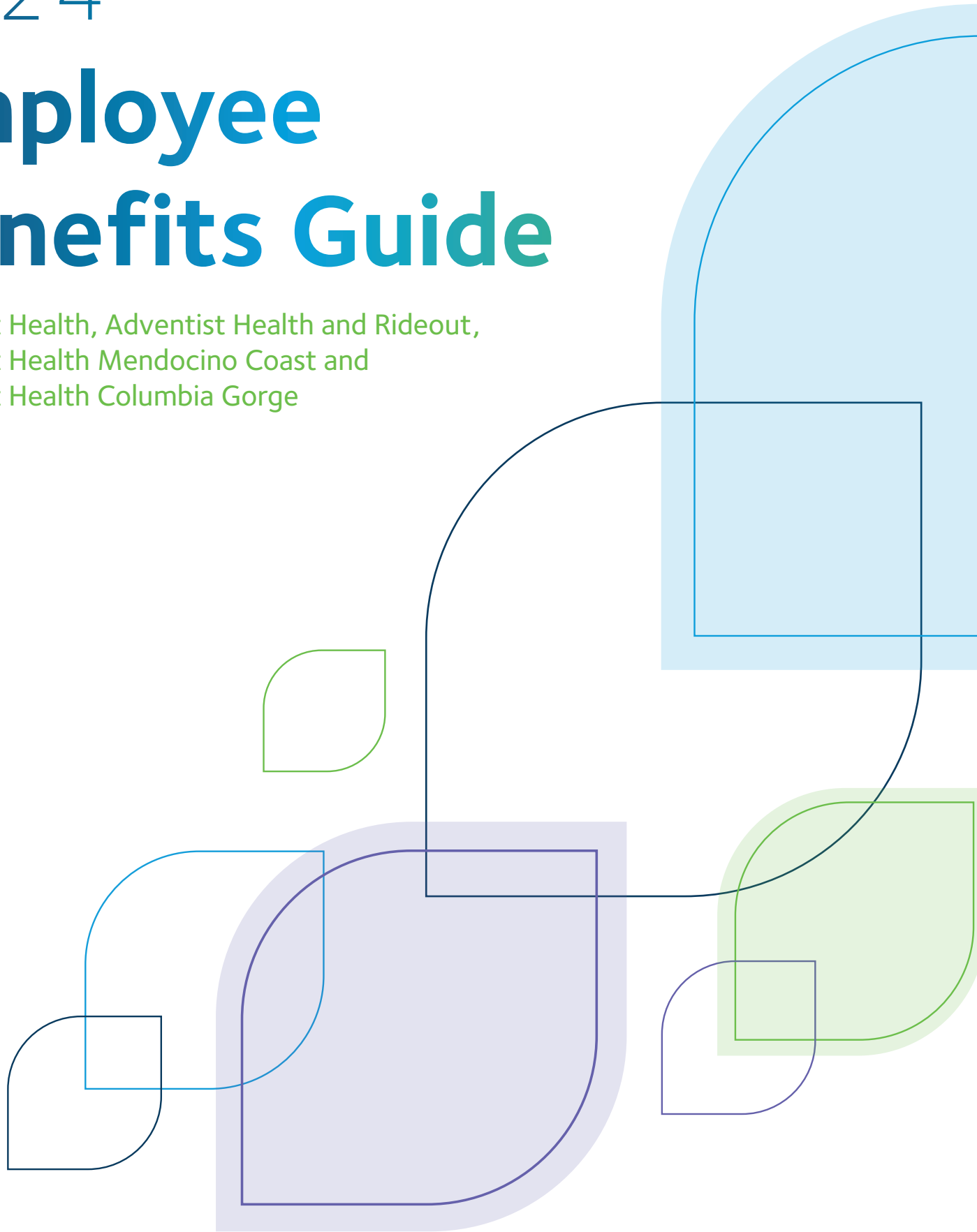


2024

Employee Benefits Guide

Adventist Health, Adventist Health and Rideout,
Adventist Health Mendocino Coast and
Adventist Health Columbia Gorge



Dear Adventist Health Employee,

Authentic and long-lasting happiness is rooted in purpose, connected to faith and driven by strong relationships and a positive outlook. You are essential to living our mission, and we are committed to providing you with the resources and tools to experience optimal well-being, and inspire health, wholeness and hope in your community.

Adventist Health offers comprehensive benefits that emphasize a whole-person focus on physical, mental, spiritual and social healing to support your well-being.

When you join Adventist Health, and annually during open enrollment, you have an opportunity to tailor your benefits to meet the needs of you and your family.

Benefits that support all aspects of your well-being

Through more than 50 years of research on happiness and well-being, the Gallup organization has identified five elements of well-being that work together to create a life that flourishes:



Physical Well-being

Having the energy from moving naturally, eating wisely and keeping a positive outlook to do all the things that are important to you every day



Community Well-being

Liking where you live and feeling like you're making a difference



Social Well-being

Belonging to the "right tribe" and expanding your circle to include healthy-minded, encouraging friends and loved ones



Career Well-being

Liking what you do every day and experiencing "ikagai," a term from Okinawa, Japan, that means a clear understanding of what gives your life meaning and purpose



Financial Well-being

Financial security, not only for today, but for your future

When these areas are working cohesively in your life, you will experience a vibrant life of health, happiness and hope. Adventist Health wants to partner with you by offering the tools to help make each of these elements a reality. In this benefits guide, you will learn about the resources that will empower you to live your life to the fullest.

This guide provides an overview of your Adventist Health benefit options. Thank you for being an essential member of our Adventist Health community. Together, let's live the healthiest life possible!

Your Adventist Health Human Resources team

All references to the Adventist Health Employee Health Plan and the Employee Health Plan also refer to the Adventist Health and Rideout Employee Health Plan, which includes Adventist Health Mendocino Coast and Adventist Health Columbia Gorge.

This guide provides a benefits overview only. For detailed benefits information, refer to the Summary Plan Document (SPD). In any occurrence where the information in the guide differs, the SPD shall be the governing document.

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YOU'RE MADE FOR
MORE

You deserve more well-being.

Adventist Health is committed to creating a culture of well-being, where all employees are empowered to be rooted in purpose, experience joy at work and flourish in every element of well-being.

We understand you're more than just a dedicated, mission-driven employee. That's why we invite you to pursue your best life by taking advantage of the well-being benefits that we provide.

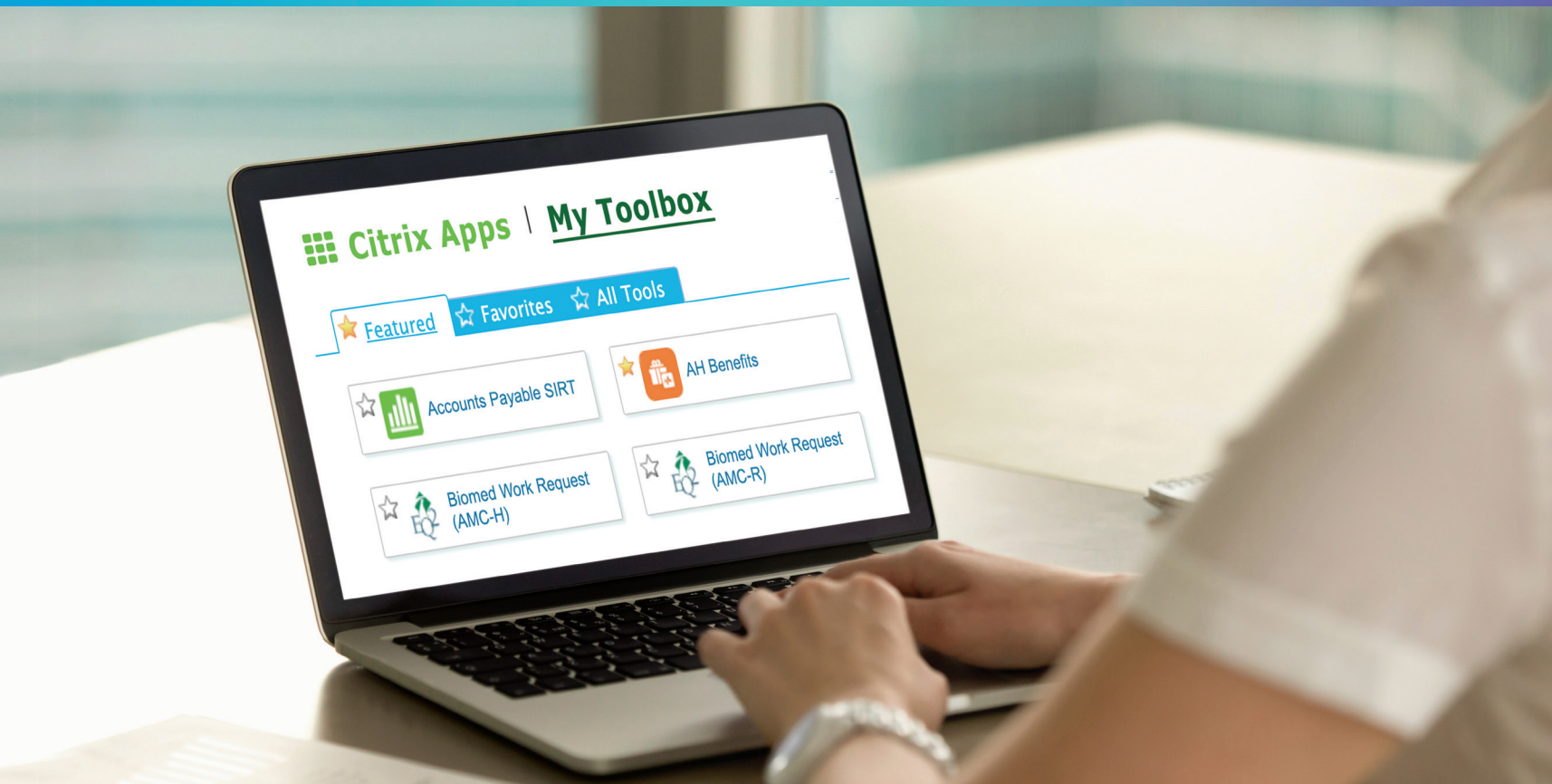
Learn about experiencing:

- More emotional support
- More financial peace of mind
- More engagement through well-being activities
- More whole-person health through screenings with your primary care provider

We hope these benefits help you fill each day with more of what matters most.

Adventist Health is a faith-inspired, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii with over 400 sites of care. Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 37,000 includes employees, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission; living God's love by inspiring health, wholeness and hope. We are committed to staying true to our heritage by providing patient-centered, quality care. Together, we are transforming the healthcare experience with an innovative whole-person focus on physical, mental, spiritual and social healing to support community well-being.

Remember to review and update your beneficiaries



How to Enroll



Select the "AH Benefits Enrollment" icon from "My Toolbox" on the Connect page.



If you do not have access to Connect, visit www.ElectBenefits.com/Adventist



Elect the benefits you want for the year.



Save or submit your elections, and print your confirmation statement.

Benefit Enrollment

Benefits-eligible newly hired employees must make benefit elections within 30 days of hire. Most of your benefits are effective on the first day of the month following your date of hire. You may enroll your eligible dependents, including your spouse/domestic partner and children under 26 years of age, in medical, dental and vision benefits.

You may also enroll or change your existing benefit elections during the annual open enrollment period unless you have a qualifying life event, such as a marriage, the addition of a child or a change in your access to coverage.

Before enrolling:

- Review your benefit materials
- Have dates of birth and Social Security numbers for all dependents to be covered
- Have dependent verification documents such as:
 - Birth or adoption certificates for children
 - Marriage license for spouse

After enrolling:

- Review, print and save a copy of your confirmation statement as proof of your enrollment
- Report any discrepancies in your benefits enrollment by opening an inquiry with the Human Resources (HR) Contact Center **within your enrollment window**, or prior to the last day of the open enrollment period

Questions?

Call the HR Contact Center at 844-574-5686.

As a new hire, during annual open enrollment, or if you have a qualifying life event, you can elect or make changes to:

- Medical plan
- Dental plan
- Vision plan
- Critical illness insurance
- Accident insurance
- Legal and identity theft protection
- Flexible spending account for medical and/or dependent care — **must re-enroll each year**
- Voluntary short- and long-term disability
- Supplemental life and accidental death and dismemberment insurance

Enroll during open enrollment only:

- Air ambulance membership — must re-enroll every year

Elect or make changes to these benefits at any time:

- Auto and home insurance discounts
- Pet insurance
- Retirement plan

Adventist Health automatically provides:

- Long-term disability
- Basic life and accidental death and dismemberment insurance
- Contributions to your retirement savings
- SyncTALK
- Employee assistance program
- Perks at Work

If enrolling from a personal computer, visit www.ElectBenefits.com/Adventist

1. Login: Employee ID (EPID)
2. Password: Last 4 digits of your
 - SSN+Lastname
 - Example: 1234Doe
3. Click the "Sign In" button to begin the enrollment process
4. Click on "Start your annual enrollment 2024"
5. Click on "Enroll Now"

If you leave the enrollment process at any time prior to completion, your elections **will NOT** be saved.

ALERT!

- If required dependent verification documents are not received within 60 days of qualifying life event and/or date of hire, enrollments will be voided retro-actively to benefit effective date.
- Evidence of insurability may be required for some coverages if not elected when you are first eligible.



MORE PHYSICAL WELL-BEING

Having the energy from moving naturally, eating wisely and keeping a positive outlook to do all the things that are important to you every day

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1 | Adventist Health Employee Health Plan

The Adventist Health Employee Health Plan (referred to as the Plan) provides comprehensive medical coverage to benefits-eligible employees and their dependents. The Plan is designed to encourage benefits-eligible employees and their dependents to take an active role in their well-being. Plan members pay low monthly contributions, deductibles and co-pays; and receive excellent coverage.

Eligibility

If you work full-time or part-time, you may be eligible for benefits. You can elect medical/pharmacy coverage for yourself, your spouse or legal domestic partner, and dependents under 26 years of age. Documentation will be required for newly added dependents.

Enrollment

If you are a new employee who qualifies for and wants coverage, you must enroll within 30 days from your date of hire. Every fall during open enrollment, you will have the opportunity to explore options that are right for you and your family. If you are making changes or signing up for the first time, you can do so during the annual open enrollment period.

Prevention and wellness are part of Adventist Health's culture. Screenings, immunizations and annual wellness exams are covered at no cost to you.

A **"benefits-eligible employee"** is any employee of Adventist Health who works:

- **Full-time regular:** Works a regular schedule with an average of at least 35 scheduled hours per week unless specified differently in a CBA or MOU.
- **Part-time regular:** Works a regular schedule between 20 and 34.99 scheduled hours per week unless specified differently in a collective bargaining agreement or memorandum of understanding.

Care management

Care management services support and help navigate the care of Employee Health Plan members who have special or extended care illnesses or injuries. Care managers educate, facilitate and advocate for your care, and are available to you for as long as support is needed.

The care management team is made up of nurse care managers, utilization review nurses, behavioral health specialists, dietitians and pharmacists who work together to:

- Assist members in coordinating medical care and identifying available medical resources
- Complete a comprehensive health assessment to help members take charge of their health and medical care
- Develop a care plan and work with members in setting goals to improve their health status and quality of life
- Provide services specific to behavioral health issues
- Address questions regarding medications or pharmacy benefits
- Provide disease-specific nutrition counseling
- Provide additional one-on-one assistance for members who are dealing with multiple diagnoses and have greater potential of increased hospitalizations, emergency room visits and/or extensive medical treatment

To contact care management: Call **800-441-2524** and ask to speak with a care manager.

Weight Watchers

Weight Watchers is available at local meeting sites to Employee Health Plan members with a physician's referral. Adventist Health pays 100% of the fee upon documented completion.

For more information and forms: AdventistHealth.org/EmployeeHealthPlan

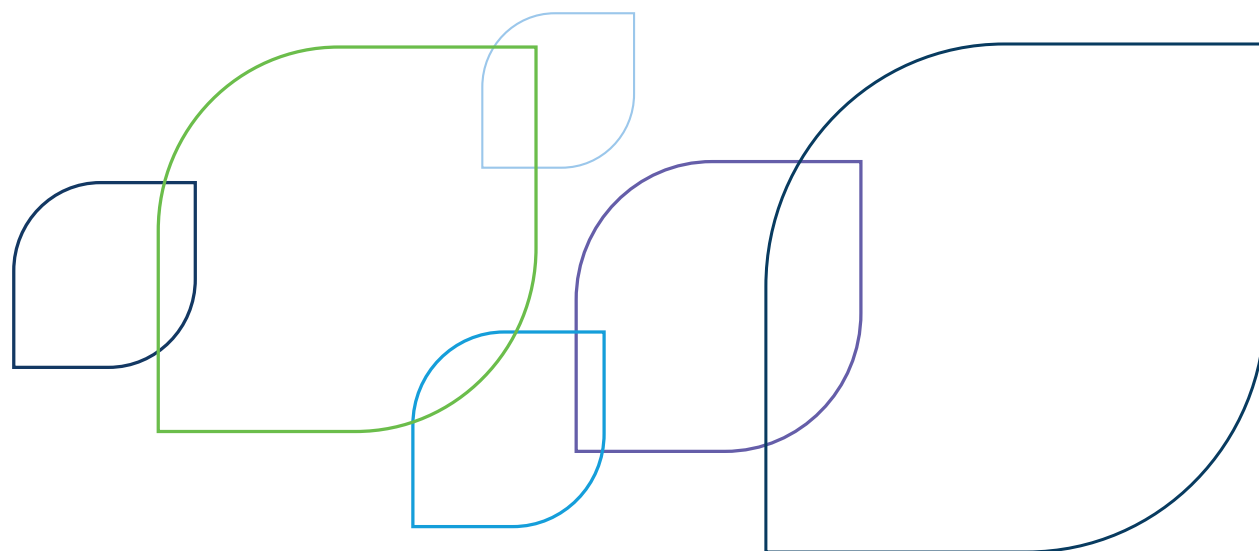
Employee Health Plan bonus

A bonus is offered to benefits-eligible employees enrolled in any medical plan offered by Adventist Health to assist members with the cost of coverage.

Upon providing proof of income level (as illustrated in the table to the right), employees may be eligible for an Employee Health Plan bonus of \$1,000 per year. Employees with a hire date of July 1, 2024, or later may be eligible for a health plan bonus of \$500.

To apply for the Employee Health Plan bonus, please visit the HR Contact Center on Connect. When you apply for the Employee Health Plan bonus, be prepared to provide a copy of the first page of your federal taxes (IRS Form 1040) from the previous year with the first five (5) digits of your Social Security number(s) hidden and not visible.

Persons in Household	2023 Annual Household Income Limit
1 (employee only)	up to \$18,000
2 (employee plus one dependent)	\$24,000
3	\$30,500
4	\$36,500
5	\$43,500
6	\$49,500
7	\$55,500
8	\$61,500



Emergency and urgent care

In an unpredictable world, immediate access to quality healthcare during emergencies is a necessity. The Adventist Health Employee Health Plan is here to support you when life takes unexpected turns, ensuring you receive the care you need when it matters most.

Emergency room and urgent care

In the event of an emergency, the Plan provides 100% coverage if you go to the nearest emergency room or urgent care facility, regardless of your state of residence. Prior authorization is not required for any emergency room or urgent care visit. Co-pay and deductible apply. Refer to the Schedule of Benefits in the Summary Plan Document for further details.

No Surprises Act

Due to the No Surprises Act, you are protected from receiving a surprise bill or balance bill for emergency services rendered in out-of-network facilities, services rendered by out-of-network providers in in-network facilities, and services rendered by air ambulance providers.

Telehealth benefit

Adventist Health OnDemand

Skip the urgent care — talk to a doctor 24/7/365 via mobile app

Getting sick doesn't follow a schedule. Day or night, wherever you happen to be, Adventist Health Employee Health Plan members have access to U.S. board-certified physicians, certified in internal medicine, family practice and pediatrics. The Adventist Health OnDemand doctors can diagnose, treat and prescribe medication via mobile app for your non-emergency conditions, including:

- Cold and flu
- Bronchitis
- Cuts and scrapes
- Stomach and GI issues
- Allergies
- Rashes
- Pink eye
- Urinary tract infection
- Respiratory infection
- Ear infection
- And more!

For non-emergent conditions, skip the urgent care and get quality medical care on your schedule. Whenever and wherever you need care, a doctor is available within minutes.

Set up your account today:

Download the **Adventist Health OnDemand** app or visit [AdventistHealthOnDemand.com](https://www.AdventistHealthOnDemand.com) so you don't have to worry about it when you need care.

Pharmacy benefits

The medical plan includes pharmacy coverage, administered by OptumRx, our pharmacy benefit manager. Save money by using in-house, community partner or OptumRx Home Delivery pharmacies.

In-house pharmacies

Co-pays are lowest at an Adventist Health in-house pharmacy.

- Adventist Health Columbia Gorge
- Adventist Health Delano
- Adventist Health Glendale
- Adventist Health Howard Memorial
- Adventist Health Lodi Memorial
- Adventist Health Portland
- Adventist Health Roseville
- Adventist Health Sonora
- Adventist Health St. Helena

Community partner and home delivery savings

If you are unable to access one of Adventist Health's in-house pharmacies, filling your prescriptions at one of our community partner or OptumRx Home Delivery pharmacies will provide the greatest savings.

A list of community partner pharmacies is available online at [AdventistHealth.org/EmployeeHealthPlan](https://www.AdventistHealth.org/EmployeeHealthPlan)

[OptumRx.com](https://www.OptumRx.com) | 866-534-7205

Retail network

Visit [OptumRx.com](https://www.OptumRx.com) to search for in-network retail pharmacies.

	Tier 1 Generic	Tier 2 Preferred Brand	Tier 3 Non-preferred	Comments
Traditional	\$17	\$45	\$70	<ul style="list-style-type: none"> • Price is per 30-day supply, up to a 90-day supply • Save \$10 per 30-day supply on your copay by using an Adventist Health in-house pharmacy • Get 3 months for the price of 2 at Adventist Health in-house pharmacies, community partner pharmacies or OptumRx Home Delivery
Specialty	\$45	20%, \$200 max	20%, \$225 max	<ul style="list-style-type: none"> • Specialty medications are limited to a 30-day supply maximum • Specialty medications can only be filled at Adventist Health in-house or OptumRx specialty pharmacies • Save \$10 on generic, \$20 on brand when using an Adventist Health in-house pharmacy

We take your privacy seriously and no personally identifiable health information will be shared with your employer, including the HR department, managers, supervisors or other non-Employee Health Plan staff. The Employee Health Plan database is separate and apart from our IT services and, to ensure your privacy, is hosted by a vendor outside our service area. Your employer will receive only aggregated statistics stripped of any identifying information.

Have questions about your Adventist Health Employee Health Plan benefits?
Call Employee Health Plan Customer Service at 800-441-2524, or visit [AdventistHealth.org/EmployeeHealthPlan](https://www.AdventistHealth.org/EmployeeHealthPlan).

California Members

Oregon Members

All other states

California Members

2024 Employee Health Plan Members located in California			
Medical Out-of-Pocket (OOP) and Deductible	Tier One	Tier Two	Tier Three Out-of-Network
Deductible (applies first — before OOP)	\$0	\$500 per individual	\$500 per individual
Out-of-pocket (OOP) (applies after deductible)	Individual max: \$1,700 Family max: \$5,100		

Medical Benefits			
Office Visits Primary care physician, specialists	100% \$20 Co-pay*	100% \$30 Co-pay*	100% \$30 Co-pay*
Physician Services Other (non-office visits such as minor surgery, labs, imaging, sleep lab)	100% AH Clinics 90% Non-AH Clinics	80% (D)	60% (D)
Preventive Health Hospital services	100%	100%	80%
Preventive Health Provider services	100%	100%	100%
Maternity Fees/Provider	100%	80% (D)	60% (D)
Maternity Hospital care	100%	80%	80%
Emergency Care Emergency services	100% \$100 Co-pay*	100% \$100 Co-pay*	100%*** \$100 Co-pay*
Urgent Care	100% \$20 Co-pay*	100% \$30 Co-pay*	100% \$30 Co-pay*
Telehealth	\$5 Co-pay* Adventist Health OnDemand	\$30 Co-pay*	\$30 Co-pay*

Mental Health			
Office Visits	100% \$20 Co-pay*	100% \$30 Co-pay*	100% \$30 Co-pay*
SyncTALK	100%	NA	NA
Mental Health and Chemical Dependency (Facility) Inpatient	100%	80%	80%
Mental Health and Chemical Dependency (Facility) Outpatient	100%	80%	60%

Common Deductible and Out-of-Pocket		
OOP Max	Individual Max	Family Max
Medical OOP Max	\$1,700	\$5,100
Pharmacy OOP Max	\$3,700	\$4,500
Total OOP Max	\$5,400	\$9,600

Refer to the Schedule of Benefits in the Summary Plan Document for further details PRIOR to receiving services, and for additional benefits

Notes:

(D) = Deductible applies

AH clinics: Adventist Health Physician Services entity and Adventist Health tax IDs. Applies to labs and imaging services only.

* Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.

**If you receive services at an out-of-network emergency room or urgent care, you may receive a balance bill. An out-of-network urgent care may expect you to pay for services upfront.

California’s medical plan network

California members have access to three tiers of medical coverage. To receive the highest level of coverage, you must utilize services in Tier One. If a provider or facility is not available in Tier One, you have the option of utilizing our Tier Two network or going out of network; however, you can expect to pay more than if you were to remain in Tier One.

Tier One

Tier One includes a network of select providers in and around Adventist Health communities, designed to provide convenient and affordable access to most specialties for California members.

Tier One facilities include:

Adventist Health, Incentive Health, OHSU Health, Loma Linda University Medical Center, Loma Linda University Medical Center—Murrieta and UC Davis Health.

To schedule with a UC Davis provider, please call our designated UC Davis scheduling line at 916-734-1700.

Tier Two

California Foundation for Medical Care (CFMC)*

In some cases, a member may require services that are not contracted in our Tier One network. In this case, members may select a provider from CFMC’s large and comprehensive statewide network.

*Tier One benefits apply to CFMC providers who have medical staff privileges at an Adventist Health facility.

Tier Three

Out-of-Network coverage

In the event you need to see a provider or use a facility that is not in network, you may go out of network; however, your coverage may be limited and you may pay more for services.

Additionally, you may receive a **balance bill** for any services received out of network. A balance bill is a bill for the difference between what the provider or facility charged and what the plan paid. This bill may be substantial and is not limited by the Plan’s out-of-pocket maximum.

How to avoid paying a balance bill

Should you receive a balance bill, the Plan will pay your balance bill ONLY IF the below criteria are met. If you do not meet the criteria outlined below, you will be responsible for paying the balance bill.

- Before scheduling services out of network, the Plan member must submit a Prior Authorization/ Unavailable Service Request form to the Plan for review. *Prior authorization/Unavailable Service Request form is not required for any emergency room or urgent care visit, but co-pay and deductible apply.*
- If a balance bill is received, contact Customer Service at **800-441-2524**.

How to find a provider

- Visit AdventistHealth.org/EmployeeHealthPlan and select Find a Provider to find an in-network provider or facility.
- To schedule with a UC Davis provider, please call our designated UC Davis scheduling line at **916-734-1700**.

If traveling outside of California: Utilize the First Health PPO network. No out-of-network coverage available for California associates traveling outside of California.

Your medical and pharmacy ID card

Each enrolled member of the Adventist Health Employee Health Plan should have an ID card. Present your ID card at the time of service when visiting a provider or filling a prescription at any pharmacy.

Current members of the Adventist Health Employee Health Plan may continue to use their existing member ID cards. New Plan members will be mailed an ID card after enrollment.

If you need to request a replacement ID card, please visit

AdventistHealth.org/EmployeeHealthPlan and select

“View Claims & Eligibility” to log in to your member portal and order a new card or call **800-441-2524**.

Receipt of an ID card is not an indication of current coverage. In the event that required dependent verification documents are not provided within the required time frame, coverage will be voided retro-actively to coverage start date.

California member’s FAQs

If my provider isn’t in Tier One or Tier Two, can they be added?

First check to see if your provider is in network in Tiers One and Two by following the directions on page 16.

If your provider is not listed in Tier One or Tier Two, you can ask your provider to join the Incentive Health network by contacting Incentive Health’s provider relations department by email at ProviderRelations@IncentiveHealth.org or by phone at **833-796-0071**. You can also nominate your provider by clicking “Nominate a Provider” from the Incentive Health directory accessible from AdventistHealth.org/EmployeeHealthPlan.

Note: Nominating a provider does not necessarily ensure the provider will be added to the network.

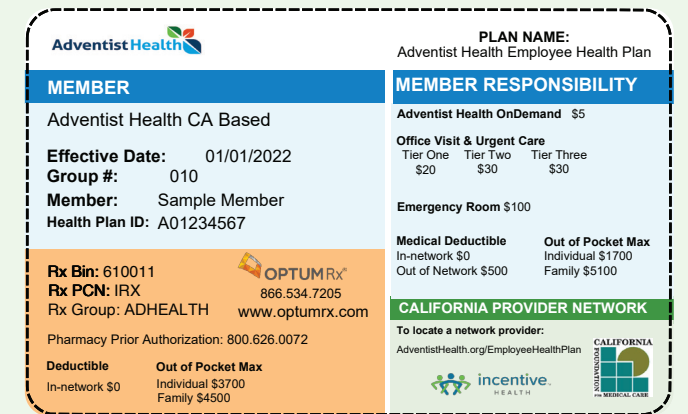
Where do I find a Prior Authorization form?

Prior Authorization forms may be found by visiting AdventistHealth.org/EmployeeHealthPlan.

What do I tell my provider or facility when they ask what insurance I have?

When scheduling an appointment or when asked what insurance you have, you need to know if the provider or facility is in Tier One or Tier Two. If they are not in either, then they would be considered out-of-network. To know which tier they are in, you will need to search for your provider by following the directions on page 16.

- **If your provider/facility is in Tier One:** Tell them you have the Adventist Health Employee Health Plan.
- **If your provider/facility is in Tier Two:** Tell them you access the California Foundation for Medical Care network (CFMC).
- **If your provider/facility is NOT in Tier One or Tier Two:** Tell them you are utilizing your out-of-network benefit.
- If your provider has any questions regarding eligibility, coverage or whether they are in network, have them call the Adventist Health Employee Health Plan customer service department at **800-441-2524, Monday – Thursday, 8 a.m. – 5 p.m. and Friday 7 a.m. – 3:30 p.m.**



California Members

Oregon Members

All other states

Oregon members

2024 Employee Health Plan Members located in Oregon		
Medical Out-of-Pocket (OOP) and Deductible	Tier One	Tier Two
Deductible (applies first — before OOP)	\$0	\$500 per individual
Out-of-pocket (OOP) (applies after deductible)	Individual max: \$1,700 Family max: \$5,100	
Medical Benefits		
Office Visits Primary care physician, specialists	100% \$20 Co-pay*	100% \$30 Co-pay*
Physician Services Other (non-office visits such as minor surgery, labs, imaging, sleep lab)	100% AH Clinics 90% Non-AH Clinics	80% (D)
Preventive Health Hospital services	100%	0%
Preventive Health Provider services	100%	100%
Maternity Fees/Provider	100%	80% (D)
Maternity Hospital care	100%	80%**
Emergency Care Emergency services	100% \$100 Co-pay*	100% \$100 Co-pay*
Urgent Care	100% \$20 Co-pay*	100% \$30 Co-pay*
Telehealth	\$5 Co-pay* Adventist Health OnDemand	\$30 Co-pay*
Mental Health		
Office Visits	100% \$20 Co-pay*	100% \$30 Co-pay*
SyncTALK	100%	NA
Mental Health and Chemical Dependency (Facility) Inpatient	100%	80%
Mental Health and Chemical Dependency (Facility) Outpatient	100%	80%

Common Deductible and Out-of-Pocket		
OOP Max	Individual Max	Family Max
Medical OOP Max	\$1,700	\$5,100
Pharmacy OOP Max	\$3,700	\$4,500
Total OOP Max	\$5,400	\$9,600

Refer to the Schedule of Benefits in the Summary Plan Document for further details PRIOR to receiving services, and for additional benefits.

Notes:

(D) = Deductible applies

AH clinics: Adventist Health Physician Services entity and Adventist Health tax IDs. Applies to labs and imaging services only.

* Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.

** For Western Health Resources covered employees (and their covered dependents) with no assigned AH facility.

Oregon's medical plan network

Plan members residing in Oregon have access to two tiers of medical coverage. To receive the highest level of coverage, you must utilize services in Tier One. If a provider or facility is not available in Tier One, you have the option of utilizing our Tier Two network; however, you can expect to pay more than if you were to remain in Tier One.

Tier One

Tier One includes the providers and facilities in the Adventist Health directory, designed to provide convenient and affordable access to most specialties for Oregon members.

Tier One facilities include:

Adventist Health, OHSU Health, Loma Linda University Medical Center, Loma Linda University Medical Center – Murrieta and UC Davis.

Tier Two

First Choice Health PPO

Tier Two providers and facilities must be in the First Choice Health PPO network.

How to find a provider

Visit AdventistHealth.org/EmployeeHealthPlan and select **Find a Provider**, then select **Oregon Members** to find a provider in Tier One or Tier Two.

If traveling outside Oregon: Utilize the First Health PPO network. No out-of-network benefit available outside of the First Health PPO network without an approved unavailable service request.

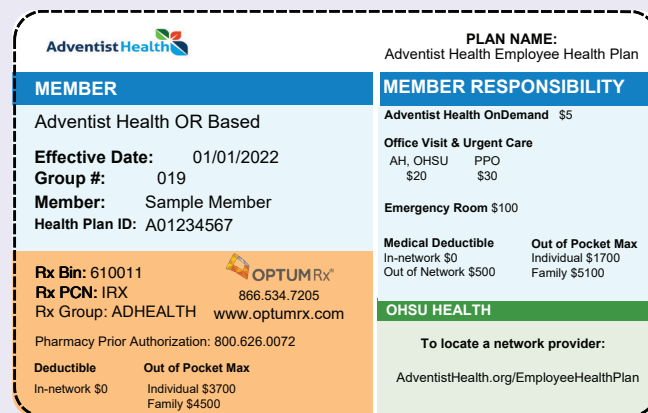
Your medical and pharmacy ID card

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If you need to request a replacement ID card, please visit AdventistHealth.org/EmployeeHealthPlan and select "View Claims & Eligibility" to log in to your member portal and order a new card or call **800-441-2524**.

Receipt of an ID card is not an indication of current coverage. In the event that required dependent verification documents are not provided within the required time frame, coverage will be voided retro-actively to coverage start date.



California Members

Oregon Members

All other states

Members in All Other States

2024 Employee Health Plan Members in All Other States		
Medical Out-of-Pocket (OOP) and Deductible	Tier One	Tier Two
Deductible (applies first — before OOP)	\$0	\$500 per individual
Out-of-pocket (OOP) (applies after deductible)	Individual max: \$1,700 Family max: \$5,100	
Medical Benefits		
Office Visits Primary care physician, specialists	100% \$20 Co-pay*	100% \$30 Co-pay*
Physician Services Other (non-office visits such as minor surgery, labs, imaging, sleep lab)	100% AH Clinics 90% Non-AH Clinics	80% (D)
Preventive Health Hospital services	100%	100% **
Preventive Health Provider services	100%	100%
Maternity Fees/Provider	100%	80% (D)
Maternity Hospital care	100%	80%***
Emergency Care Emergency services	100% \$100 Co-pay*	100% \$100 Co-pay*
Urgent Care	100% \$20 Co-pay*	100% \$30 Co-pay*
Telehealth	\$5 Co-pay* Adventist Health OnDemand	\$30 Co-pay*
Mental Health		
Office Visits	100% \$20 Co-pay*	100% \$30 Co-pay*
SyncTALK	100%	NA
Mental Health and Chemical Dependency (Facility) Inpatient	100%	80%
Mental Health and Chemical Dependency (Facility) Outpatient	100%	80%

Common Deductible and Out-of-Pocket		
OOP Max	Individual Max	Family Max
Medical OOP Max	\$1,700	\$5,100
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Total OOP Max	\$5,400	\$9,600

Refer to the Schedule of Benefits in the Summary Plan Document for further details PRIOR to receiving services, and for additional benefits.

Notes:

(D) = Deductible applies

AH clinics: Adventist Health Physician Services entity and Adventist Health tax IDs. Applies to labs and imaging services only.

* Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.

** 100% PPO for (i) covered employees whose primary worksite is outside of Oregon (and their covered dependents), and (ii) for Western Health Resources covered employees (and their covered dependents) with no assigned AH facility.

*** 80% PPO for (i) covered employees whose primary worksite is outside of Oregon (and their covered dependents), and (ii) for Western Health Resources covered employees (and their covered dependents) with no assigned AH facility.

Medical plan network for all other states

Adventist Health Employee Health Plan members who do not live in California or Oregon have the option of traveling to a Tier One facility to receive Tier One facility coverage. As we understand traveling is not always realistic, Tier Two offers a very comprehensive network of providers and facilities in the First Health PPO network.

Tier One

Tier One providers must be listed in both the Adventist Health Medical Staff directory, AND the First Health PPO Network directory.

Tier One facilities include:

Adventist Health, OHSU Health, Loma Linda University Medical Center, Loma Linda University Medical Center – Murrieta, and UC Davis.

Tier Two

First Health PPO

Tier Two providers and facilities must be in the First Health PPO network directory.

How to find a provider

Visit AdventistHealth.org/EmployeeHealthPlan and select **Find a Provider**, then select **All other States** to find a provider in Tier One or Tier Two.

If traveling outside of your state of residence: Continue to utilize the First Health PPO network.

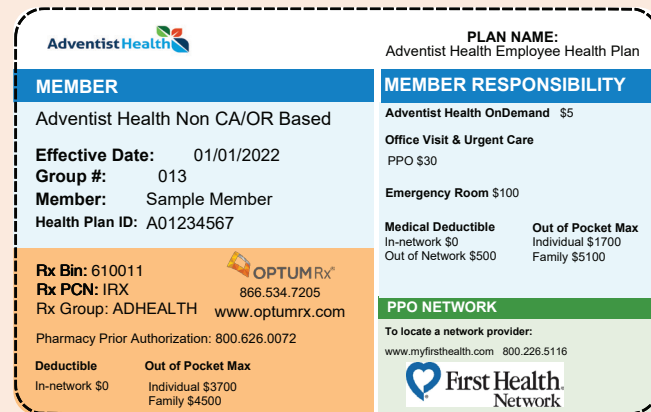
Your medical and pharmacy ID card

Each enrolled member of the Adventist Health Employee Health Plan should have an ID card. Present your ID card at the time of service when visiting a provider or filling a prescription at any pharmacy.

Current members of the Adventist Health Employee Health Plan may continue to use their existing member ID cards. New Plan members will be mailed an ID card after enrollment.

If you need to request a replacement ID card, please visit AdventistHealth.org/EmployeeHealthPlan and select "View Claims & Eligibility" to log in to your member portal and order a new card or call **800-441-2524**.

Receipt of an ID card is not an indication of current coverage. In the event that required dependent verification documents are not provided within the required time frame, coverage will be voided retro-actively to coverage start date.



2 | Dental and Vision

Dental coverage — Delta Dental

Choose between two plan options: PPO or HMO



Delta Dental PPO¹

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

DeltaCare USA HMO

Under this HMO plan, you'll have your choice of skilled primary care dentist from the DeltaCare USA network. Select a primary care dentist who will then coordinate any needed referrals to a specialist. Covered services provided by your DeltaCare USA dentist have preset co-payments, which are listed in your plan booklet² available at [DeltaDentalins.com/AH](https://www.deltadentalins.com/AH).

Set up an online account

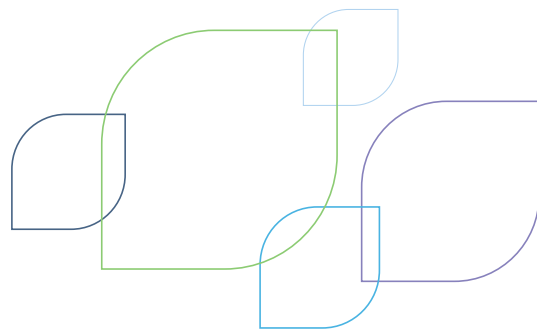
Get information about your plan anytime, anywhere by signing up for an online account at [DeltaDentalins.com/AH](https://www.deltadentalins.com/AH). This useful service, available once your coverage begins, lets you check benefits and eligibility information, find a network dentist and more.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.



Eligibility	Delta Dental PPO	DeltaCare USA HMO
Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26		
Deductible (Single/Family)	\$50 / \$150	N/A
Individual Annual Maximum	\$1,500	N/A

Newly covered? Visit [DeltaDentalins.com/AH](https://www.deltadentalins.com/AH) or call 888-335-8227

¹ You can visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

² There are some plan coverage variations by state. Please refer to your state specific plan booklet for additional details.

Compare plan features

	Delta Dental PPO	DeltaCare USA HMO
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits.
What procedures are covered?	Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleaning and exams, has low or no copayments.
Are there deductibles and maximums?	Yes.	No, there are no annual deductibles or maximums. ³
Am I covered for treatment I began under a different employer-sponsored dental plan?	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. ⁴ Orthodontic treatment may be an exception to this rule.
What if I started orthodontic treatment under my previous dental plan?	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan.
What happens if I need to see a specialist?	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral. ⁵
What is my out-of-area coverage?	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
How do I change my dentist?	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone. ⁶
Do I need to fill out my claims?	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan. ⁷

Benefits and Covered Services ¹	Delta Dental PPO and Non-Delta Dental PPO dentists ²	DeltaCare USA HMO
Diagnostic and preventive services (D & P) exams, cleanings, X-rays and sealants	100%	100%
Basic services—Fillings	80%	Co-pay dependent upon service
Endodontics (root canals) Covered under basic services	80%	Co-pay dependent upon service
Periodontics (gum treatment) Covered under basic services	80%	Co-pay dependent upon service
Oral surgery Covered under basic services	80%	Co-pay dependent upon service
Major services Crowns, inlays, onlays and cast restorations	50%	Co-pay dependent upon service
Prosthodontics Bridges, dentures and implants	50%	Co-pay dependent upon service
External teeth bleaching	50%	50%
Orthodontic benefits Adults and dependent children	50%	Co-pay dependent upon service
Orthodontic maximums	\$2,500 lifetime	N/A

¹ Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. Additional fees may apply when seeing non-Delta Dental dentists.

² Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists. This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

³ In AK, CT, ND and SD, you have an out-of-network calendar year maximum of \$500 when you visit an out-of-network dentist.

⁴ Except in Texas; please refer to your plan booklet.

⁵ Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

⁶ In the following states, you can change your dentist anytime without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

⁷ You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

Vision benefits — VSP Vision Coverage

See healthy and live happy with help from Adventist Health and VSP

Enroll in VSP® Vision Care to get personalized care from a VSP in-network doctor at low out-of-pocket costs.

Value and savings you love

Save on eyewear and eye care when you see a VSP in-network doctor. Plus, take advantage of exclusive member extras for additional savings.

Provider choices you want

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses and sunglasses.

Quality vision care you need

You'll get great care from a VSP in-network doctor, including a WellVision Exam® — a comprehensive exam designed to detect eye and health conditions.

Choose your perfect pair

VSP members get an extra \$20 to spend on featured frame brands. Plus, save up to 40% on lens enhancements.¹

Average annual savings with VSP: \$518

An ID card is not required

Visit Adventist.VSPForMe.com or call **800-877-7195** to learn about your benefit and find a provider.

Your coverage with a VSP provider

Adventist Health and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials to give your eyes extra love.

Benefit	Description	Co-pay	Frequency
YOUR COVERAGE WITH A VSP PROVIDER*			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription glasses		\$25	See frame and lenses
Frames	<ul style="list-style-type: none"> • \$195 featured frame brands allowance • \$175 frame allowance • 20% savings on the amount over your allowance • \$175 Walmart®/ Sam's Club®/ Costco® frame allowance 	Included in prescription glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bi-focal and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements 	\$0 \$95-\$105 \$150-\$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts; co-pay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$50	Every calendar year
Primary Eyecare SM	<ul style="list-style-type: none"> • Retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss and cataracts, available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
Lightcare SM	<ul style="list-style-type: none"> • \$175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. 	\$25	Every calendar year
Extra savings	<p>Glasses and sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands; go to vsp.com/offers for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam <p>Retinal screenings</p> <ul style="list-style-type: none"> • No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser vision correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-network Providers

Get the most of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

*Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Care, Inc., is the legal name of the corporation through which VSP does business.





3 | Additional physical benefits

Air Ambulance membership

Covers employees and their household members' out-of-pocket costs if flown by an AirMedCare network provider. Coverage supplements the health plan by paying your out-of-pocket expenses on air ambulance bills that can be substantial, plus balance bills, and pays in full for those without insurance.

Two levels of coverage:

- **Emergent:** Emergency transportation for accident or hospital to hospital
- **Fly-U-Home:** Transport to hospital in home area when admitted to a hospital 150 nautical miles from home (Not available in Alaska and Hawaii)

You can ONLY enroll during open enrollment, NOT as a new hire or under a qualifying event. Annual re-enrollment required.

More information and to enroll: www.ElectBenefits.com/Adventist

Accident insurance

- Voluntary accident insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.
- If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

More information and to enroll: www.ElectBenefits.com/Adventist

Critical illness insurance

- Voluntary critical illness insurance provides cash to help pay for medical expenses not covered by your medical plan as well as day-to-day expenses.
- With critical illness insurance, if you are diagnosed with a covered illness (such as a heart attack or cancer) you get a lump-sum cash benefit, even if you receive other insurance benefits.

More information and to enroll: www.ElectBenefits.com/Adventist

Take a Closer Look

If you enroll in the Critical Illness Insurance plan, you, your spouse and dependent children can each earn \$50 by completing an annual health screening and \$200 for a mammogram.

Visit the Document Library at www.ElectBenefits.com/Adventist for complete details, including covered screenings and tests.

Health screenings with your primary care provider

Annual visits with your primary care provider are the best way to get personalized care and biometric screenings that are specific to your needs. Knowing your numbers empowers you to maintain or improve your physical health. Every full-time and part-time Adventist Health employee is encouraged to participate.*

*Health screenings are not a requirement for enrollment in the Adventist Health Employee Health Plan. Per diem and contract workers are not eligible to participate in health screenings at this time.

Active & Fit Direct

Get active with a flexible and inexpensive fitness plan! Choose from over 11,000+ participating fitness centers for only \$25 a month with a \$25 enrollment fee (plus applicable taxes). Whether you want to go to the gym or work out at home — with access to 2,500 free workout videos — you can get moving today!

Join Active & Fit: Visit the Associate Well-Being site on Connect.AH.org, hover your mouse over "AH Services," and click on "Well-Being Division."



MORE COMMUNITY WELL-BEING

Liking where you
live and feeling like
you're making a
difference

1 | Blue Zones community well-being activities

The lessons of Blue Zones have provided a blueprint for living a long, purposeful life. Blue Zones is currently leading community well-being efforts within many of the communities that Adventist Health serves, and we encourage employees to engage with those efforts for the good of your own well-being and for the improvement of well-being in your communities.

Moais

A sense of belonging is one of the secrets to longevity in the original blue zones regions. Elders in Okinawa, Japan, one of the original blue zones longevity hotspots, live extraordinarily better and longer lives than almost anyone else in the world. Moai, one of their longevity traditions, are social support groups that start in childhood and extend into the 100s. These lifelong circles of friends support each other, provide safety nets that lend financial or emotional support, and share in the security of knowing there is always someone there for them. As part of our Blue Zones Campus transformations, Adventist Health has begun moais and walking moais to encourage small groups to join together to walk together, support each other and create lifelong friendships.

Purpose workshops

People who know their purpose are happier, more successful and live longer. To help you identify and develop your own personal sense of purpose, the Adventist Health Blue Zones team offers purpose workshops as part of its Blue Zones Campus transformation. In a purpose workshop, you will be able to discover your top gifts and learn how to apply these gifts at work and in life.

2 | Associate giving

Adventist Health is more than a healthcare system of talented and passionate caregivers ministering to the needs of our communities. We give of ourselves, and we give back to make our health system stronger and to support the communities we serve.

Within Adventist Health, we have many causes to support including special strategic projects at each of our hospitals, programmatic needs such as cancer and cardiac care, community well-being projects, and funds that provide assistance to patients in need or our own employees experiencing a crisis. Through your contribution, you can join many others in making a difference.

To give where you feel called, or to learn more about our collective impact through associate giving, go to the philanthropy page of your local hospital or check out AdventistHealth.org/AssociateGiving.

To learn about your local employee assistance fund, including how to apply for assistance, please reach out to your local HR department.



MORE SOCIAL WELL-BEING

Belonging to the “right tribe” and expanding your circle to include healthy-minded, encouraging friends and loved ones

1 | SyncTALK

SyncTALK is a flexible and convenient way to get support for all aspects of your emotional well-being. Whether you are struggling with stress, anxiety, grief/loss, depression or could use some help with your relationships, SyncTALK is a great resource to learn new strategies and tips to cope with life. You don't have to go through challenges alone; let a SyncTALK counselor become part of your tribe. The service includes face-to-face video sessions, access to masters-level therapists, support between sessions through an app called Karla, and crisis support. Participation is 100% voluntary and confidential.

To learn more and select a provider that best meets your needs, go to [AH.SyncTALK.us](https://www.ahsynctalk.us) or call **888-915-2752**.

2 | Employee assistance program

Everyday help for everyday living

We're here to provide you with resources to make your life easier. You can find services for all aspects of your well-being including:

Legal

Speak with an attorney about legal issues such as estate planning and family and domestic issues.

Financial

Discuss budgeting, credit and more with a financial expert.

Daily life assistance

Let our specialists help you solve everyday issues and coordinate care giving needs.

Childcare services

Back-up/emergency care, day-care centers, summer camps, nurseries and pre-schools, adoption services, special needs and more.

Help for new parents

Manage your time, deal with emotional issues, access information and apps for new parents and find support when you return to work.

Crisis and disaster resources

Connect you with essential resources during times of crisis.

Employee discounts

When you log in to Resources for Living, visit the discount center to access a complete list of discounts through LifeMart.

Website

Check out video resources, articles, assessments, webinars and more.

Confidential

We're here for you and your household members 24 hours a day, 365 days a year. It's free and confidential.

888-802-8846

[ResourcesForLiving.com](https://www.resourcesforliving.com)

User name: Adventist Health

Password: eap



MORE CAREER WELL-BEING

Liking what you do every day and experiencing “ikigai,” a term from Okinawa, Japan, that means a clear understanding of what gives your life meaning and purpose

1 | Perks at Work

- Access Perks at Work, a one-stop shop for exclusive discounts at many of your favorite national and local merchants.
- Perks at Work is completely free, and you have access to discounts in dozens of categories.
- You also have access to Community Online Academy, where you can access free online classes on a variety of topics.

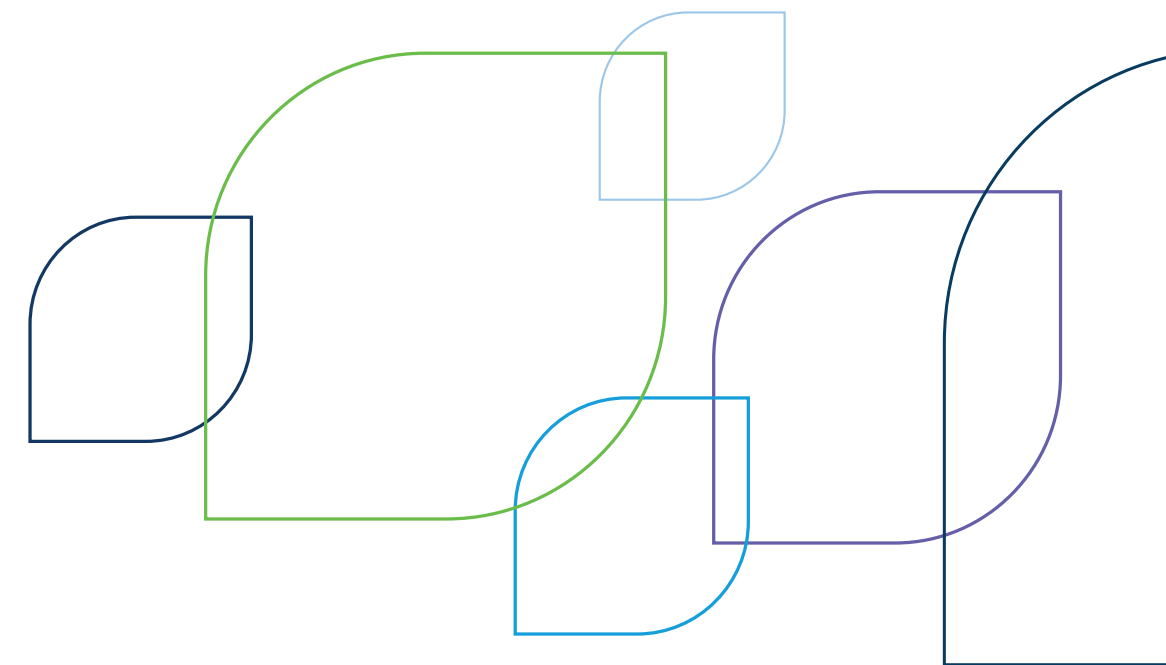
More information: PerksAtWork.com

2 | Tuition reimbursement

Adventist Health encourages you to build your professional and knowledge skills. Reach out to your local HR department to learn what educational assistance may be offered to help with your job.

3 | Service recognition awards

At each five-year employment milestone, employees are recognized and celebrated for their continuing service at Adventist Health.





MORE FINANCIAL WELL-BEING

Financial security, not only for today, but for your future

1 | Flexible spending account

A flexible spending account (FSA) can save you money. An FSA lets you pay for qualified medical or dependent care expenses with money that has not been taxed — leaving more in your pocket.

The Employee Benefits Corporation flexible spending account allows employees to redirect part of their salary before tax to pay for healthcare expenses and dependent care expenses incurred during the plan year.

Healthcare expenses

You may claim healthcare expenses incurred but not reimbursed by any other plan. Eligible expenses include those incurred to prevent, diagnose or treat a specific medical condition; therefore, general wellness expenses are not allowed. Through FSA, 100% of eligible expenses can be paid with pre-tax dollars.

Dependent care expenses

If you pay someone to care for your dependent(s) age 12 or under, or your spouse or dependent who is not capable of self-care, you may be able to claim qualifying dependent care expenses through your Dependent Care Expense Reimbursement Account.

More information: Call **800-346-2126** or EBCFlex.com

Your Employee Benefits Corporation FSA features an online portal (EBCFlex.com) where you can:

- Upload claims electronically
- Check claim status
- Receive electronic account updates
- Receive your account balance

Your FSA option also includes:

- An automatically issued debit card (additional ones may be requested)
- My Mobile Account Assistant mobile application
- The option for direct deposit

It is important to estimate your expenses accurately as money not used will be lost. For more information on which qualifying expenses can be claimed, and on orthodontia, please call **800-346-2126**.

When to enroll:

You must sign up annually, during Open Enrollment or within 30 days of a qualifying life event, and set aside a portion of your pre-tax salary to cover anticipated expenses. If you are a new employee, you have 30 days from your date of hire to enroll.

How Pre-Tax Savings work

With a \$100 payment or contribution to a pre-tax account, the employee's paycheck is only \$70 less because they saved \$30 on taxes.

	Income	Pre-Tax Payment/Contribution	Taxes*	Paycheck	After Eligible Expense	
Payroll	\$1,000	N/A	- \$300 (\$1,000 taxable)	\$700	\$100 out of your paycheck	= \$600
Payroll with Pre-Tax Benefit	\$1,000	- \$100	- \$270 (\$900 taxable)	\$630	\$100 from your pre-tax payment/contribution	= \$630

*This tax example is a broad approximation of tax liability. Your specific savings depend on your tax bracket. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all pre-tax payment and contribution matters and are subject to change.

2 | Retirement savings plan

The Adventist Healthcare Retirement Plan (AHRP) (or the Adventist Health 401(k) Plan for Adventist Health and Rideout and Adventist Health Mendocino Coast only) is one of the best ways to save for your retirement. Take advantage of the opportunity to save for your future via both traditional tax-deferred contributions or taxable Roth contributions that grow tax-free. You will also be eligible to receive employer contributions.

Employee contributions	Adventist Health contributions
<p>Contributions may be made on a pretax (up to IRS limits) or Roth after-tax basis.</p> <p>New employees are automatically enrolled: To make it easier for you to save, you are automatically enrolled with a pre-tax contribution of 4% unless you opt out within 30 days of your date of hire. Your savings rate will automatically increase 1% in July of each year until you reach 15%. You may make changes to your retirement contributions at any time.</p> <p>You are always fully vested in your own contributions.</p>	<p>Basic: Adventist Health also automatically contributes an additional discretionary employer basic contribution of 3% of eligible pay if the employee works at least 1,000 hours of credited service during the year. Basic contributions are contributed annually, following the end of the Plan Year. Please login to AHRP.com to learn more.</p> <p>Match: The company will match up to 50% of the first 4% you contribute to a plan, up to a total match of 2%. Matching contributions are deposited to your retirement account each pay period.</p> <p>Employer contributions are subject to a three-year vesting schedule.</p> <p>Note: Adventist Health matching and/or discretionary contributions vary for those subject to a collective bargaining agreement.</p>

Example of contributions for a \$40,000 annual salary	
Adventist Health annual discretionary 3% basic contribution	\$1,200/3%
Employee contribution of 4% of eligible salary	\$1,600/4%
Adventist Health match 2% of eligible salary (deposited each pay period)	\$800/2%
Total annual contributions: 9%	\$3,600/9%

How to enroll

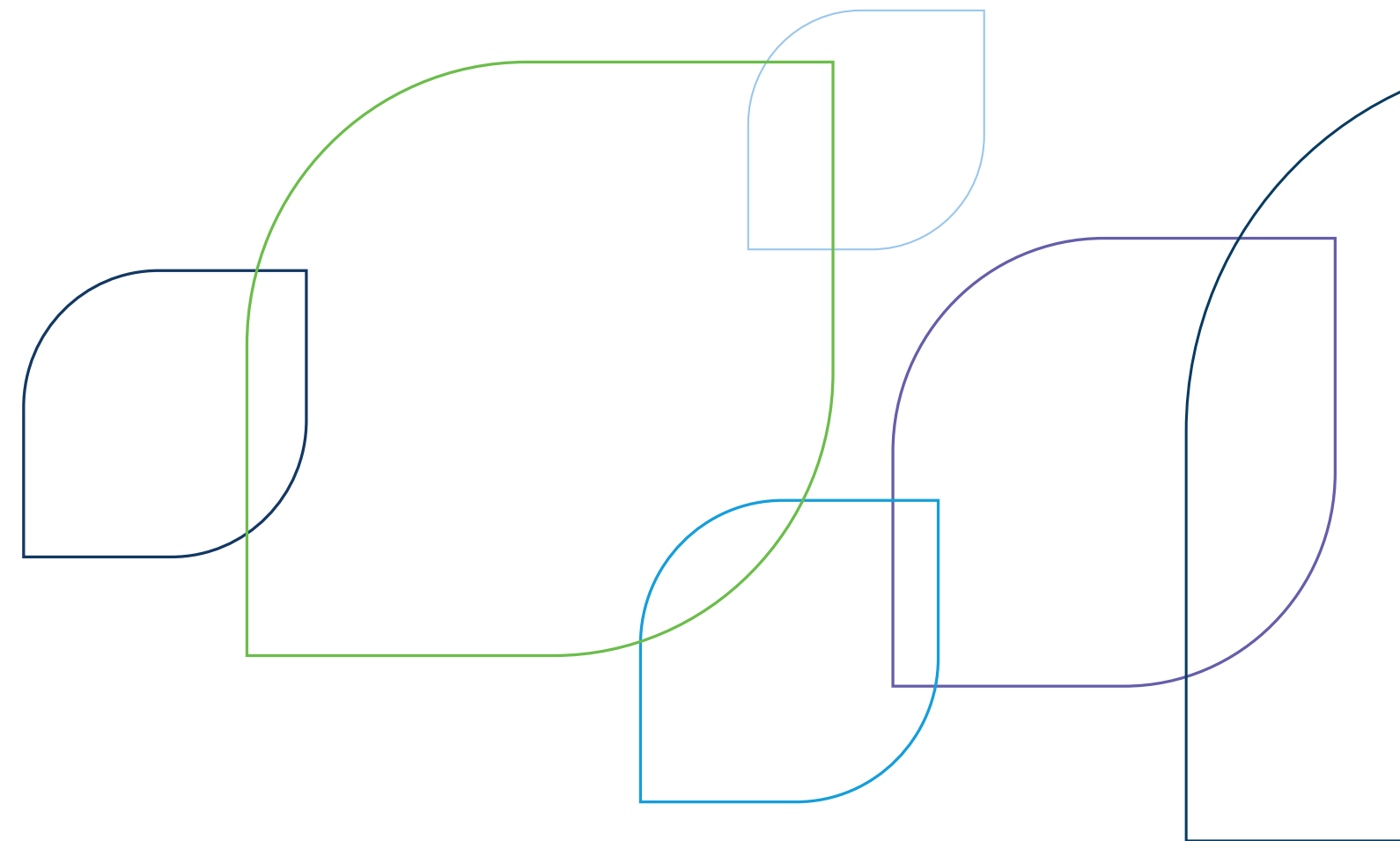
New employees can enroll, change contributions or opt out effective beginning the Wednesday following their first paycheck. Thereafter, employees can change deferral elections at any time. Enroll and find more information at AHRP.com or 800-730-AHRP.

3 | Supplemental retirement savings plan

Adventist Health also offers a supplemental tax-deferred 457(b) retirement savings plan for employees at church-affiliated markets only. The Adventist Health 457(b) Plan is an unfunded deferred compensation plan for recognized Adventist Health entities. Contribution elections will take effect the month following the election, and changes can only be made monthly. As required by law, participants must make a distribution election within 60 days following termination of employment.

4 | Financial well-being

Look for upcoming information about financial well-being workshops and learning opportunities offered throughout the year.



5 | Short-term disability insurance

- Short-term disability coverage replaces some of your income if you become disabled for a non-work-related illness or injury before you are eligible for the company-provided long-term disability insurance.
- Elect 40% or 60% of your wages for 11 or 24 weeks, up to \$4,000 per week.

Note: This is not available to employees in locations with state-sponsored programs, such as California and Hawaii.

More information and to enroll: www.ElectBenefits.com/Adventist

6 | Long-term disability insurance

- **Employer paid:** Adventist Health automatically provides long-term disability coverage at no cost to benefits-eligible employees.
- After 180 days of an approved disability, you will receive 50% of your wages for two years, up to a maximum of \$10,000 per month.
- **Optional additional coverage:** You can elect additional long-term disability coverage of 60% of your wages, up to a maximum of \$10,000 per month, through your Social Security Normal Retirement Age. Coverage for corporate employees may differ.

More information and to enroll: www.ElectBenefits.com/Adventist

7 | Life and accidental death and dismemberment insurance

- **Employer paid:** Adventist Health automatically provides benefits-eligible employees basic life and accidental death and dismemberment insurance at no cost to you.
- **Full-time employees:** *Basic life insurance* coverage is 1x annual salary with a minimum of \$50,000 coverage and a maximum of \$200,000 coverage. *Accidental death and dismemberment insurance* is 1x annual salary plus \$50,000, with a minimum of \$50,000 coverage and a maximum of \$250,000 coverage.
- **Part-time employees:** *Basic life insurance* coverage of \$10,000, plus *accidental death and dismemberment insurance* coverage of \$10,000.

Optional additional coverage: You may purchase supplemental life and accidental death and dismemberment insurance, up to \$1,000,000 for yourself, and up to \$500,000 (or 100% of employee coverage) for your spouse/domestic partner.

More information and to enroll: www.ElectBenefits.com/Adventist



8 | Group legal and identity protection plan

- MetLife Legal Plans provide legal representation from a network of more than 14,000 plan attorneys for your personal legal needs, such as will preparation, traffic ticket defense, real estate matters and more.
- When you use MetLife Legal Plans for covered services, all attorney fees are paid by the plan.
- You also have the option to purchase active credit monitoring.

More information and to enroll: www.ElectBenefits.com/Adventist

Estate planning and will preparation

Most of us know we need estate planning documents, but finding the time to complete these documents can be a challenge. If you enroll in the Group Legal Plan or supplemental life insurance through MetLife, you have access to estate planning tools to create:

- Last will and testament: Leave property to loved ones and choose guardians for minor children.
- Advance directive: Plan for a medical emergency and select medical care preferences.
- Durable financial power of attorney: Choose someone to manage finances in case of an emergency.

Get started at Members.LegalPlans.com

9 | Auto and home insurance discounts

- Auto and home insurances are designed to help you protect your home and automobile at affordable group rates

More information and to enroll: MetLife.com/AdventistHealth

10 | Pet insurance

MetLife pet insurance offers flexible plan designs giving you the choice of coverage level, deductible and wellness options. Premiums will be based on pet breed, age, location and coverage requested. No pre-existing condition exclusions if employees moved their pet insurance from other coverage. Adventist Health associates receive a 10% discount, healthcare workers are eligible for a 10% discount, and if you need to insure multiple pets with MetLife Pet Insurance there is an additional 10% discount, for a maximum discount of 30% off retail pricing.

More information and to enroll: MetLife.com/AdventistHealth

Resources

Adventist Health Employee Health Plan Customer Service

- AdventistHealth.org/EmployeeHealthPlan
View claims, eligibility, important plan documents and forms (including the Summary Plan Document), and order a new ID card.
- 800-441-2524

Care management

- 800-441-2524

Pharmacy

- AdventistHealth.org/EmployeeHealthPlan
 - Plan information (formulary, in-house and community/partner pharmacy list, \$0 co-pay list)
- OptumRx member services
 - OptumRx.com
 - 866-534-7205

Dental

- DeltaDentalins.com/AH
- 888-335-8227

Vision

- Adventist.VSPForMe.com
- 800-877-7195

Voluntary Insurance Benefits

- MetLife.com/AdventistHealth
- 844-574-5686

Metlife Pet Insurance

- MetLife.com/GetPetQuote
- 800-GET-MET8

Flexible Spending Account (FSA)

- EBCFlex.com
- 800-346-2126

Retirement

- AHRP.com
- 800-730-AHRP

Employee Assistance Program

We're here for you and your household members 24 hours a day, 365 days a year. It's free and confidential.

- 888-802-8846
- ResourcesForLiving.com
User name: Adventist Health
Password: eap

SyncTALK

- AH.SyncTALK.us
- 888-915-2752

Adventist Health OnDemand

- AdventistHealthOnDemand.com
- Download the Adventist Health OnDemand app
- For scheduling assistance, call 855-224-7316

Contact Center

For questions regarding any of the plan options or the enrollment process, visit HR Support Self Service on Connect or call 844-574-5686.

Glossary

Annual enrollment (open enrollment) — A period specified by Adventist Health during which you may change your plan options and benefits, as long as any change is consistent with plan eligibility rules and federal regulations.

Balance bill — A bill for the difference between what the provider or facility charged and what the plan paid. This bill may be substantial.

Co-pay or co-payment — A fixed-dollar amount that you pay each time you receive specified healthcare services or prescription drugs.

Covered service or covered expense — A service or supply, or a charge for a service or supply, eligible for payment under a plan.

Coinsurance — The percentage of the cost that you or the plan pays for a covered medical expense after you have met your annual deductible.

Deductible — Amount of covered expenses that you are responsible to pay each calendar year before the plan starts paying.

Disability (physical or mental) — Inability of a person to be self-sufficient as the result of a condition such as a mental disability, cerebral palsy, epilepsy or another neurological disorder that has been diagnosed by a physician as a permanent and continuing condition.

Domestic partner — Same-gender or opposite-gender domestic partner with whom you have registered under a domestic partnership law. Registration may be in any jurisdiction that legally allows domestic partnerships. You must provide documentation of the registration to the HR Contact Center. Employees seeking coverage for a domestic partner cannot be legally married.

Eligible dependents — Your lawful spouse, your registered domestic partner and your child(ren) as defined under each plan. See the specific plan sections of this guide and the relevant summary plan descriptions for details.

Flexible spending account — Allows you to set aside pre-tax money from your pay and reimburse yourself for eligible healthcare and dependent day-care expenses, while reducing your taxable income.

Formulary — A drug list utilized to determine the amount of your co-pay for each prescription medication purchased. Drugs listed in the formulary are typically available at a lower co-pay than those not listed. A formulary may also be called a preferred drug list.

In-network — A group of medical, dental or vision care providers who are members of a service administrator's network. The service administrator has a pricing arrangement with the group that helps to hold down the cost of the services received.

Inpatient — Treatment in a hospital or facility for which a room and board charge is made.

Medically necessary or medical necessity — A healthcare service or treatment that's generally accepted in medical practice as needed for the diagnosis or treatment of a patient's condition and that can't be omitted without harming the patient (as judged against generally accepted standards of medical practice). Medical necessity is defined under the terms of the Adventist Health Employee Health Plan.

Network — A group of providers of medical, dental or vision services and supplies approved by the service administrator.

Out-of-network — A non-network provider who doesn't have a pricing or service arrangement with the medical, dental or vision service administrator.

Out-of-pocket maximum — Amount of eligible expenses you would pay in a calendar year before the plan begins to pay 100%.

Outpatient — A patient who receives medical treatment without being admitted to a hospital.

Participant — Any enrolled person eligible for benefits under the plan, including employees, their dependents, Consolidated Omnibus Budget Reconciliation Act (COBRA) beneficiaries and retirees.

PPO or preferred provider organization — A health or dental plan that offers in-network and out-of-network benefit levels. To receive the highest level of benefits, you must choose an in-network provider or an in-network facility.

Pre-authorization/prior notification requirements — A review by the service administrator of planned treatment to advise you of the services or expenses covered. Before you receive certain medical treatments or are admitted to a hospital, you must request that your doctor or other provider submit details about your condition and the proposed treatment, or the plan reduces the amount it will pay for the covered services or expenses. For further information, refer to the Adventist Health Employee Health Plan summary plan description.

Qualifying life event (QLE) — An event that changes your family or health insurance situation and qualifies you for a Special Enrollment Period. The most common qualifying life events are the loss of healthcare coverage, a change in your household such as marriage or birth of a child, or a change of residence.

Special Enrollment Period (SEP) — A specified period of time when you are allowed to make changes to your health insurance plan even though it is not an open enrollment period.

Specialty drugs — The most expensive drugs typically used to treat complex conditions such as cancer and multiple sclerosis. Purchase of these prescription drugs requires the highest co-pay from you.

Spouse — The employee's legal spouse or registered domestic partner for which proof of marriage or the registration of a domestic partnership has been provided.

Summary plan description (SPD) — A detailed summary that describes a plan's provisions.

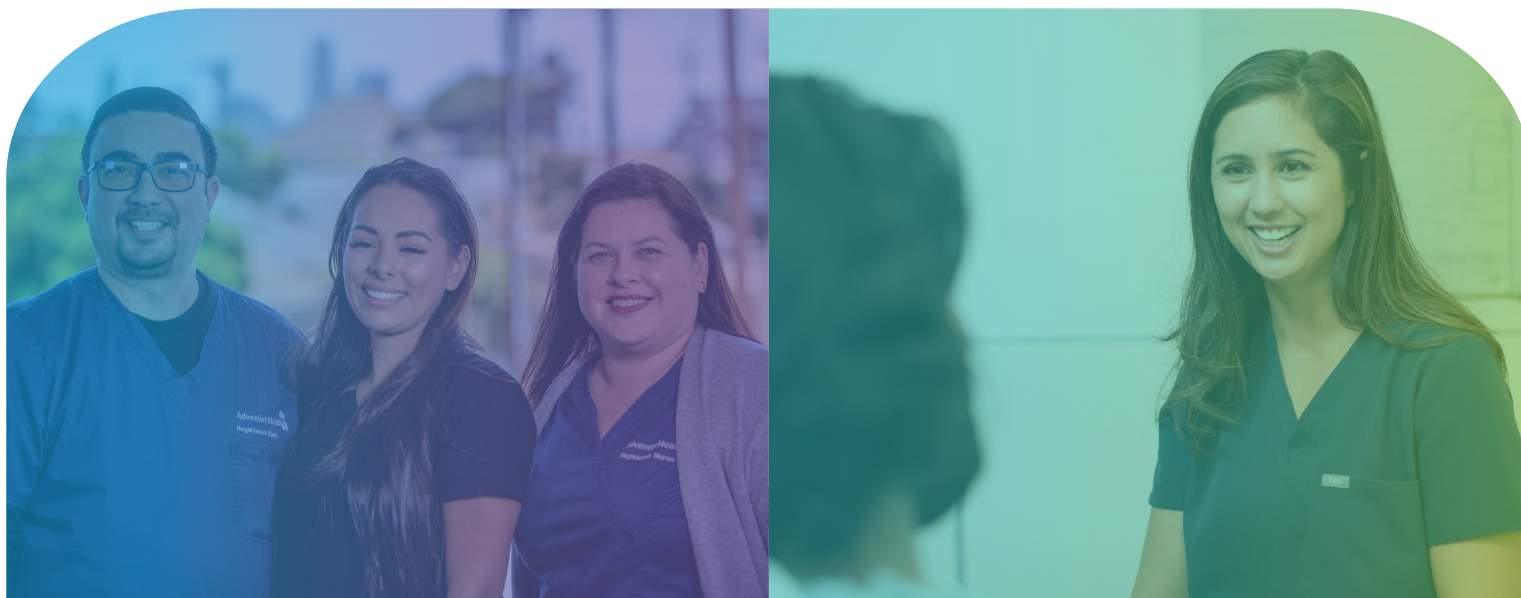
Tier One, generic drugs — Versions of brand-name drugs no longer under patent, allowing them to be competitively manufactured by other companies, and providing the lowest overall cost and co-pays.

Tier Two, brand-name drugs — Patented drugs developed and manufactured by a single company, usually resulting in higher costs and co-pays compared to Tier One.

Tier Three, nonformulary or nonpreferred prescription drugs — Brand-name drugs manufactured by more than one company for which no special pricing has been negotiated. Your purchase of these prescription drugs usually requires a higher co-pay from you.

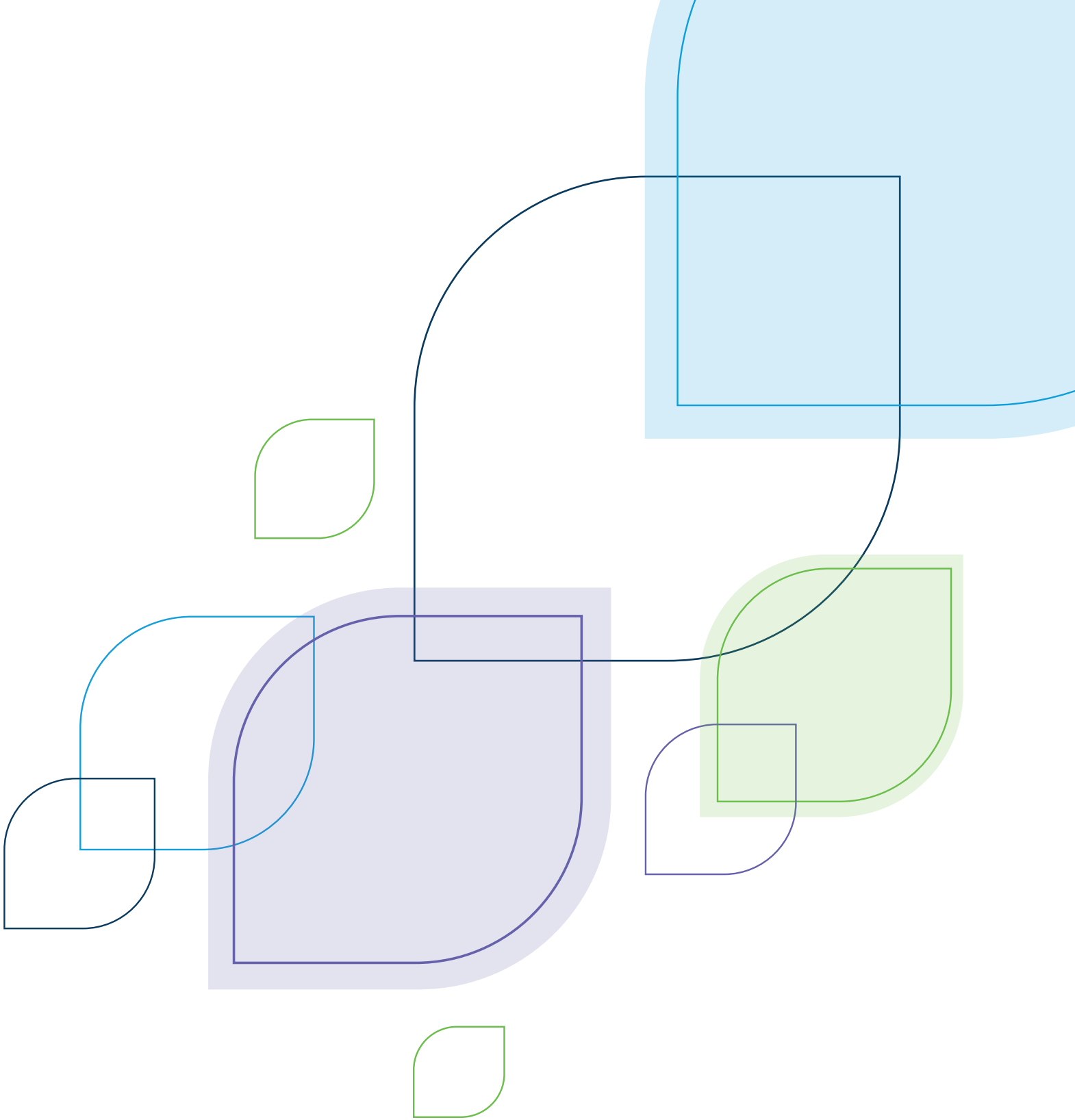
Urgent care facility — A public or private facility licensed and operated according to applicable state law, where ambulatory patients can receive immediate, non-emergency care for mild to moderate injuries and/or illnesses without scheduling appointments.

Vesting — The years of Adventist Health service required to gain 100% ownership of Adventist Health's contributions to your defined contribution plan account(s).



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Roseville, CA 95661
AdventistHealth.org