

2022

Associate Benefits Guide

Adventist Health, Adventist Health and Rideout,
and Adventist Health Mendocino Coast

Associate Benefits Guide

Dear Adventist Health Associate,

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 inspiring you to experience optimal well-being so you can **live a better, longer life.**

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 of 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 important member of our Adventist Health community. Together, let's live the healthiest life possible!

Your Adventist Health Total Rewards 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.

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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Blue Zones at Adventist Health

Authentic and long-lasting happiness is rooted in purpose, connected to faith and driven by strong relationships and a positive outlook. At Adventist Health, you are essential to bringing our mission to life every day – and that’s why we are committed to inspiring you to live your best life possible.

We invite you to participate in Blue Zones at Adventist Health, our associate well-being experience. Blue Zones at Adventist Health offers these well-being benefits for you:

- Emotional well-being support
- Financial well-being
- Well-being Assessment
- Biometric screenings
- Healthy habit tracking
- Incentives (\$100 per quarter/\$400 annually)
- And more!

Visit AdventistHealth.org/Well-being to learn more and create an account today. Participation is not required to be eligible for the Adventist Health Employee Health Plan.

Look for the  to find Blue Zones at Adventist Health well-being offerings throughout this guide!

Adventist Health is a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii as well as others across the U.S. through its Blue Zones company, a pioneer in taking a systemic and environmental approach to improving the health of entire cities and communities. Through this work, Adventist Health is leading a 21st century well-being transformation movement. Founded on Seventh-day Adventist heritage and values, Adventist Health provides care in hospitals, clinics, its innovative Adventist Health Hospital@Home program that provides virtual in-patient care at home, 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 associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing to support community well-being.

Open Enrollment

2022 BENEFITS
OCTOBER 27–NOVEMBER 15

How to Enroll



Enrolling in Benefits

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. You may enroll or change your existing benefit elections during the annual open enrollment period unless you have a qualified life event, such as a marriage, the addition of a child or a change in your access to coverage. If you have a qualified life event, you have 30 days to make a change to your benefits.

Benefits-eligible newly hired associates 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.

**Remember
to review
and update your
beneficiaries**

How to Enroll



Log in to Connect or
www.ElectBenefits.com/Adventist



Select the AH Benefits
icon from "My Toolbox"



Elect the benefits
you want for the year



Save or submit your
elections, and print your
confirmation statement

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

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

- Medical plan
- Dental plan
- Vision plan
- Air Ambulance membership
- Critical illness insurance
- Accident insurance
- 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
- Legal and identify theft protection

Note: Evidence of insurability may be required for some coverages if not elected when you are first eligible.

Elect or make changes to these benefits at any time:

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



PHYSICAL WELL-BEING

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



Physical

1 | 2022 Medical benefits

Receive the best coverage by staying within network

In order to receive 100% coverage for any non-emergent hospital-based service, you must utilize a hospital that is in the Tier One network. We have an extensive network of services available for you throughout our system, and the facilities within our Adventist Health network are covered at 100% for members. By staying in our network, you will have a significantly lower co-pay, deductible and out-of-pocket (OOP) costs.

2022 Employee Health Plan			
	In-Network		Out-of-Network (CA members only)
Medical Out-of-Pocket (OOP) and Deductible	Tier One	Tier Two	
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			
Physician 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, X-rays, labs)	AH clinics 100% — lab and X-ray only 90%	80% (D)	60% (D)
Preventive Health Hospital Services	100%	100% CA members Not available outside CA	80%
Preventive Health Provider Services	100%	100%	100%
Maternity Fees/Provider	100%	80% (D)	60% (D)
Maternity Hospital Care	100%	80% Not available outside CA	80%
Emergency Care Emergency Services	100% \$100 Co-pay*	100% \$100 Co-pay*	100% \$100 Co-pay*
Urgent Care (Includes out-of-network providers who will be paid under the Incentive Health Provider Access Solution level of benefits)	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*

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

Definitions:

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

Refer to Pages 12-13 for detailed information on how to find a provider in each tier.

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

The Adventist Health Employee Health Plan

The Adventist Health Employee Health Plan (referred to as the Plan) provides comprehensive medical coverage to benefits-eligible associates and their dependents.

Employee Health Plan

The Employee Health Plan is designed to encourage benefits-eligible associates and their dependents to take an active role in their well-being. Employee Health 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 associate 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.

Making changes

Changes may be made within 30 days following a qualifying life event (QLE). Examples include marriage, divorce, birth or adoption of a child, or a spouse/domestic partner who loses or gains health coverage. For details, see the plan summary documents at AdventistHealth.org/employeehealthplan

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 associate"** is any employee of Adventist Health who works:

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

Have questions about Adventist Health's medical or pharmacy benefits?

Call the Contact Center at 844-574-5686, or visit AdventistHealth.org/employeehealthplan



Employee Health Plan Bonus

A bonus is offered to benefits-eligible associates 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), associates may be eligible for an Employee Health Plan bonus of \$1,000 per year. Associates with a hire date of July 1, 2022, or later may be eligible for a health plan bonus of \$500.

To apply for the Employee Health Plan bonus, please visit the Contact Center Online via Human Performance On Demand. 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	2021 Annual Household Income Limit
1 (associate only)	up to \$18,000
2 (associate plus one dependent)	\$24,000
3	\$30,500
4	\$36,500
5	\$43,500
6	\$49,500
7	\$55,500
8	\$61,500

California members

Understanding our network

The network you utilize depends on which tier you want to receive coverage in. Tier One offers a robust network of providers and facilities and is the most cost-effective option for our members. If you are unable to find a provider or facility in Tier One, you have the option of utilizing our Tier Two network. Tier Two is an excellent option; however, you can expect to pay more than if you were to remain in Tier One.

Tier One

Incentive Health

Incentive Health is a network of select providers in and around Adventist Health communities, designed to provide convenient and affordable access to most specialties for our California members. Tier One includes Adventist Health, Loma Linda University Medical Center and Loma Linda University Medical Center - Murrieta.

UC Davis Health

Our partnership with UC Davis Health provides affordable, quality care in the Sacramento area for associates and their dependents in that area to use when they cannot access an Adventist Health provider or facility.

Tier Two

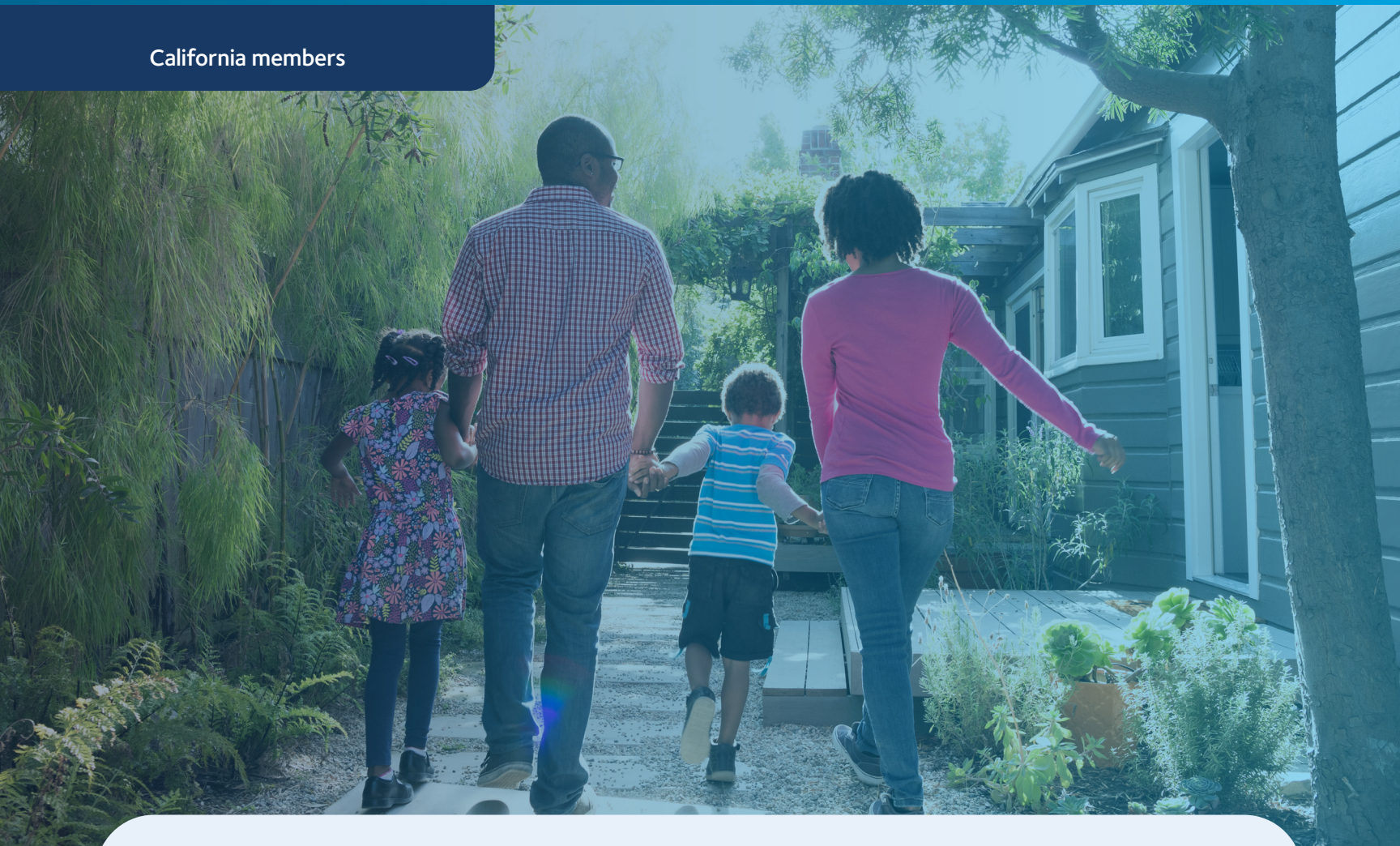
California Foundation for Medical Care

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 the California Foundation for Medical Care's (CFMC's) large and comprehensive statewide network. For most members, Tier Two will provide access to a broad selection of quality providers that will meet most or all of your healthcare needs.

To find an in-network provider or facility:

visit AdventistHealth.org/EmployeeHealthPlan and select Find a Provider.

Is your provider in network? Not all providers at an **Adventist Health facility** are in network. We recommend visiting the website above before your appointment to verify that your provider is in either the Tier One or Tier Two network.



What if my provider or facility isn't in network?

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.

Balance billing

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.

Patient Advocacy Center

If you receive a balance bill, we've partnered with a company called HST to reduce your balance bill to a price that is fair to both the provider/facility and you. This is called a **value-based payment**. HST's **Patient Advocacy Center** (PAC) works directly with the provider or facility to reprice the bill on your behalf.

If you receive a balance bill for an amount above your deductible, contact the PAC before the bill is due. A patient advocate will guide you through the process and handle all communication on your behalf. There is no guarantee of the PAC's success in repricing your balance bill.

Patient Advocacy Center: 888-837-2237

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** form to the Plan for review. *Prior authorization is not required for any emergency room or urgent care visit, but co-pay and deductible apply.*
- If a balance bill is received, the Plan member must first utilize the Patient Advocacy Center (see page 13) to reprice the bill before the Plan will pay it.

Finding an out-of-network provider or facility

In the event you need to access services out of network, it is strongly advised that you first check HST's level of success with that provider/facility. This rating is based on that provider's acceptance rate of value-based payments, or "**VBP acceptance.**"

How to find a value-based payment acceptance rating

Not all out-of-network providers and facilities accept VBP. For this reason, we encourage you to first check the VBP acceptance rate by following the instructions below. If your provider or facility does not accept VBP, you may be required to pay upfront for services or may be unable to access services at that specific location.

1. Visit AdventistHealth.org/EmployeeHealthPlan and select **Find a Provider**.
2. Follow the prompts to search for an out-of-network provider or facility. You will be redirected to HST's website to complete your search.
3. Search for your provider or facility's name on HST's website. You will see that each out-of-network provider has a color rating as follows, indicating their acceptance rating of VBP:

 **Limited Experience**

 **>90% VBP Acceptance**

 **75-90% VBP Acceptance**

 **<75% VBP Acceptance**

Emergency services and urgent care

Prior authorization is not required for any emergency room or urgent care visit; however, your co-pay and deductible will apply.

In-network emergency rooms and urgent cares:

Adventist Health, UC Davis Health, Loma Linda Medical Center and Loma Linda Medical Center - Murrieta.

Out-of-network emergency rooms:

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.

	Tier One	Tier Two	Out-of-Network
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*

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

Refer to the Schedule of Benefits in the Summary Plan Document for further details.

Frequently asked questions

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 12. 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.

Where do I find a Prior Authorization form?

Prior Authorization forms may be found by visiting AdventistHealth.org/EmployeeHealthPlan or on the Employee Health Plan's Connect site.

Adventist Health Employee Health Plan: FAQs Cont.

What if I receive a balance bill?

If you receive a balance bill, contact HST's Patient Advocacy Center before the bill is due so they can negotiate a lower bill or eliminate the bill on your behalf. Instructions for how to do so may be found on Pages 8 and 9.

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 7.

If your provider/facility is in Tier One: Tell them you are an Adventist Health employee.


If your provider/facility is in Tier Two: Tell them you have CFMC, or California Foundation for Medical Care.

If your provider/facility is NOT in Tier One or Tier Two: Tell them you are utilizing your out-of-network benefit with HST.

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.; Friday 7 a.m. - 3:30 p.m.**

What ID cards do I need?

Medical and pharmacy: Use your Employee Health Plan ID card when visiting a provider or filling a prescription at any pharmacy. To guarantee proper billing, you must present your ID card at the time of service. You should have an ID card for each enrolled member on your plan. If your or one of your covered dependents needs to request an 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**.

Adventist Health		PLAN NAME: Adventist Health Employee Health Plan
MEMBER		MEMBER RESPONSIBILITY
Adventist Health Corporate		Adventist Health OnDemand \$5
Effective Date: 01/01/2022		Office Visit & Urgent Care
Group #: 013		Tier One Tier Two Tier Three
Member: Sample		\$20 \$30 \$30
Health Plan ID: 12345S123		Emergency Room \$100
<small>Institutions: Providers are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to reference pricing). Only Physician services may be subject to a PPO Network. The Plan will only consider an Assignment of Benefits (AOB) valid under the condition that the Provider accepts the payment received from the Plan as consideration in full for the services, supplies and/or treatment rendered, less any required deductibles/copays/concurrence.</small>		Medical Deductible
Rx Bin: 610011 886.534.7205	OPTUMRX	In-network \$0 Out of Pocket Max Individual \$1700 Family \$5100
Rx PCN: IRX www.optumrx.com		Pharmacy Deductible
Rx Group: ADHEALTH		Individual \$0 Out of Pocket Max Individual \$3700 Family \$4500
Pharmacy Prior Authorization: 800.626.0072		CALIFORNIA PROVIDER NETWORK
		To locate a network provider
		AdventistHealth.org/EmployeeHealthPlan
		 
		Tier One Tier Two

Members outside California

How to find a provider

If you reside outside California, visit AdventistHealth.org/EmployeeHealthPlan and select **Find a Provider**. Follow the prompts to find a provider in your state.

Oregon members

Tier One providers

Providers in Tier One must:

- Be in the Adventist Health Medical Staff directory.
- Be in the OHSU Health Network.

Tier Two providers

Providers in Tier Two must:

- Be in the First Choice PPO network.

*If traveling outside Oregon, utilize the First Health PPO network.

All other states:

Tier One providers

Providers in Tier One must:

- Be in the Adventist Health Medical Staff directory.

Tier Two providers

Providers in Tier Two must:

- Be in the First Health network.



2 | 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. You may fill up to a 90-day supply of your medicines at these outpatient pharmacies:

- Adventist Health Delano
- Adventist Health Feather River
- 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. As with our in-house pharmacies, you may fill up to a 90-day supply of your medicines.

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

You may fill up to a 30-day supply at any OptumRx network retail pharmacy.

Traditional Co-pays	Tier One (generic)		Tier Two (preferred brand)		Tier Three (non-preferred)	
	1-30 days' supply	31-90 days' supply	1-30 days' supply	31-90 days' supply	1-30 days' supply	31-90 days' supply
Adventist Health In-House Pharmacy	\$7	\$14	\$35	\$70	\$60	\$120
Community Partner or OptumRx Home Delivery Pharmacy	\$17	\$34	\$45	\$90	\$70	\$140
OptumRx Network Retail Pharmacy	\$17	N/A	\$45	N/A	\$70	N/A

Specialty Co-pays (All specialty medications are all limited to a 30-day supply.)	Specialty Tier One (generic)	Specialty Tier Two (preferred brand)	Specialty Tier Three (non-preferred)
Adventist Health In-House Pharmacy	\$35	20% – \$180 Max	20% – \$205 Max
Optum Specialty Pharmacy	\$45	20% – \$200 Max	20% – \$225 Max

We take your privacy seriously and no personally identifiable health information will be shared with your employer, including the Human Performance 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.

3 | Employee Health Plan covered benefits

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

Adventist Health OnDemand

24/7/365 access to doctors through video and mobile app

Adventist Health Employee Health Plan members have access to Adventist Health OnDemand, bringing quality healthcare to you anytime, anywhere via mobile app or video — at work, in the comfort of your home and even while traveling.

Once you register for Adventist Health OnDemand, you will have access to a network of U.S. board-certified physicians, certified in internal medicine, family practice or pediatrics. The Adventist Health OnDemand doctors can diagnose, treat and prescribe medication for your non-emergency conditions. This includes treatments for the flu, sore throat, eye infections, bronchitis and much more.

Whenever you need care, a doctor is available within minutes.

To schedule an appointment:

Download the Adventist Health OnDemand app or visit [AdventistHealthOnDemand.com](https://www.adventisthealthondemand.com).



4 | Programs covered by the Employee Health Plan

For associates looking to participate in a health and wellness program, two options are available.

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.

Complete Health Improvement Program (CHIP)

CHIP is a lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and appropriate lifestyle modifications. This program is available to Employee Health Plan members with a physician's referral and may be completed online. Adventist Health pays 100% of the fee upon documented completion. Physician referral required.

For more information and forms: AdventistHealth.org/EmployeeHealthPlan

5 | Dental coverage — Delta Dental PPO™



Save with our in-network PPO

Visit a dentist in the PPO network to maximize your savings.¹ These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.² Find a PPO dentist 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.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26
Deductibles Deductibles waived for diagnostic and preventive (D & P) and orthodontics	\$50 per person / \$150 per family each calendar year
Maximums D & P counts toward maximum	\$1,500 per person each calendar year
Waiting Period Applies to both associates and enrolled dependents	Basic Benefits: None Major Benefits: None Prosthodontics: None Orthodontics: None

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.

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.

Newly covered?

Visit [DeltaDentalins.com/AH](https://www.DeltaDentalins.com/AH) or call **888-335-8227**

Benefits and Covered Services*	Delta Dental PPO and Non-Delta Dental PPO dentists**
Diagnostic and preventive services (D & P) Exams, cleanings, X-rays and sealants	100%
Basic services Fillings	80%
Endodontics (root canals) Covered under basic services	80%
Periodontics (gum treatment) Covered under basic services	80%
Oral surgery Covered under basic services	80%
Major services Crowns, inlays, onlays and cast restorations	50%
Prosthodontics Bridges, dentures and implants	50%
Orthodontic benefits Adults and dependent children	50%
Orthodontic maximums	\$2,500 lifetime

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 You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

* 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.

** 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.

6 | 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](https://www.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 an 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.*

Average annual savings with VSP: \$518

An ID card is not required

Visit [Adventist.VSPForMe.com](https://www.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
Frame	<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>Retina 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 vision Vision Care, Inc., is the legal name of the corporation through which VSP does business.



7 | Air Ambulance membership

Covers associates' 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.

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

8 | 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.
- **New for 2022:** More conditions are covered, and cash payouts are higher.

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

9 | 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

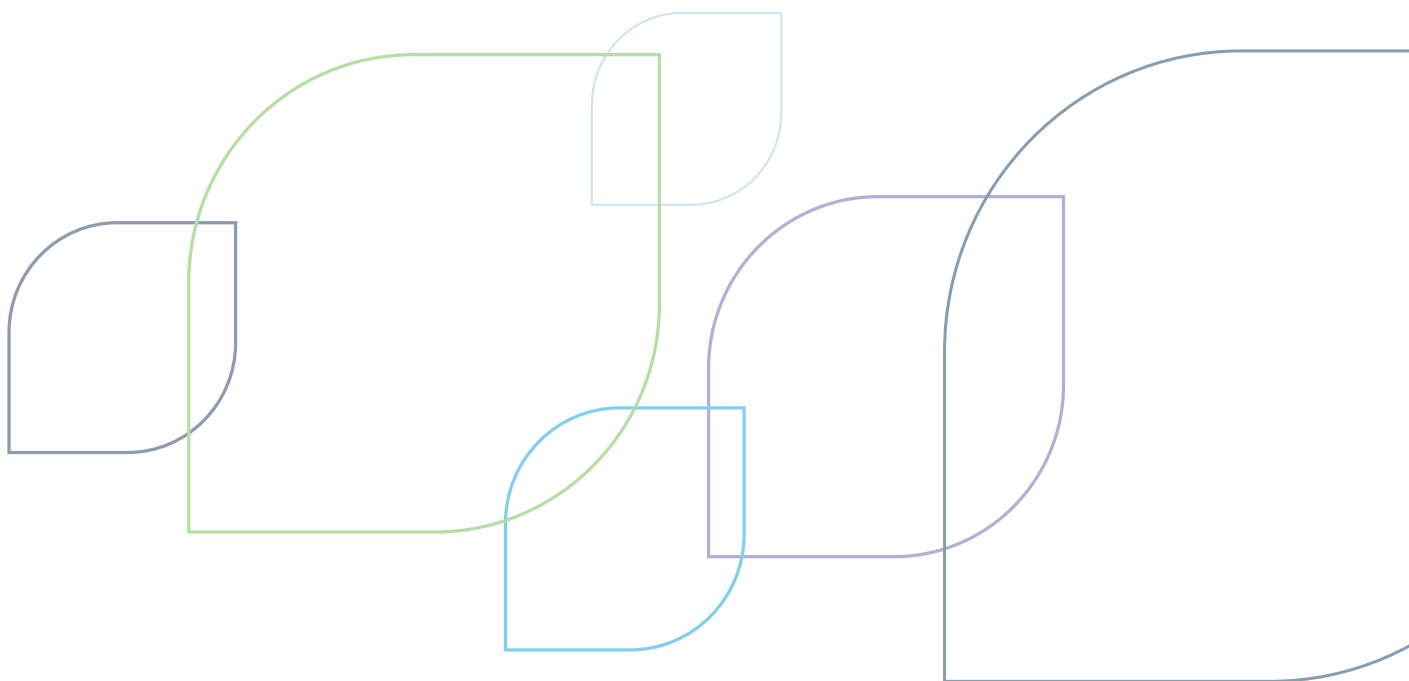
If you enroll in the Critical Illness Insurance plan, you, your spouse and dependent children can each earn \$50 by completing an annual health screening and \$200 for a mammogram.

For complete details, including covered screenings and tests, go to the Document Library at www.ElectBenefits.com/Adventist.

10 | Well-being Assessment

Sharecare's clinically validated health risk assessment measures how fast you're aging based on your lifestyle, medical history and some often-overlooked risk factors, such as relationships and stress. Well-being Assessment is located in the Sharecare app, our digital wellness platform partner. You'll also have access to tools and programs to improve your overall health.

Create an account and take the Well-being Assessment: AdventistHealth.org/Well-being



11 | Healthy habit tracking

Track your habits and goals throughout the year by getting “in the green” with inspiration from the world’s blue zones — communities where people live extraordinarily long and happy lives. Blue Zones research reveals time-tested secrets to longevity and, more importantly, how to live those years in good health. We call these “secrets” the Power 9, and they range from being connected to your purpose, being mindful of your meal size, joining social circles to enjoy relationships and letting your body downshift by getting enough sleep. Each healthy habit adds up to a healthy lifestyle and earns you a green day in the Sharecare app.

Track your healthy habits with quarterly 30-day challenges. You’ll gain tips and encouragement as you complete each “green day.”

More information on lifestyle coaching and to find a challenge: [AdventistHealth.org/Well-being](https://www.adventisthealth.org/Well-being)





12 | Biometric screenings

Annual biometric screenings are one helpful way to give your well-being a boost! Knowing your numbers empowers you to maintain or improve your physical health. Every full-time and part-time Adventist Health associate is encouraged to participate.*

* Biometric 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 biometric screenings at this time.

13 | 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 Well-Being Division Sharepoint site at [Connect.AH.org](https://connect.ah.org), hover your mouse over “AH Services” and click on “Well-Being Division.” Then, click on “Associate Well-Being” and “AWB Experience.”



COMMUNITY WELL-BEING

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



Community

1 | Blue Zones at Adventist Health activities

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.

Look for more information as your campus begins the campus certification journey.

Purpose workshops

Based on the framework developed by Richard Leider, Inventure Group founder, this fun and interactive workshop will help you identify your values and develop your personal sense of purpose.

Look for more information as Adventist Health begins these meaningful workshops along with Blue Zones campus certification to help you and your work family live a purposeful life in alignment with your mission.

2 | Employee Giving

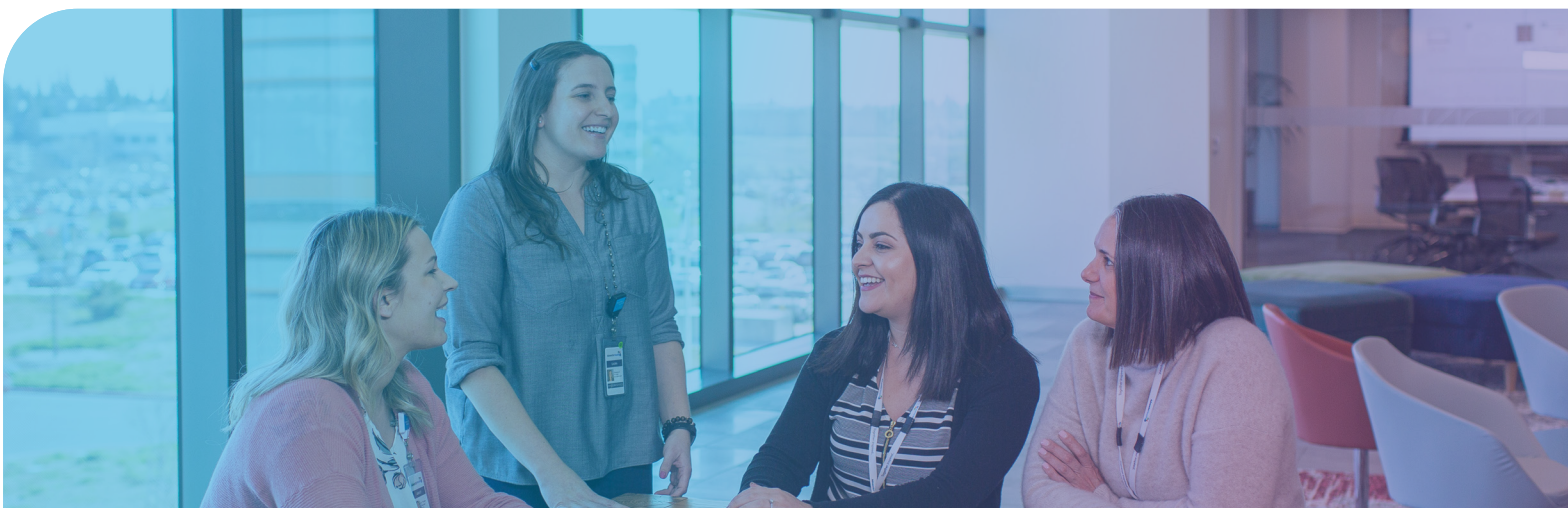
We are hope: Giving together

Adventist Health is more than a healthcare system of talented and passionate caregivers ministering to the needs of our communities. We are hope. We give of ourselves, and we give back.

We are hope is our shared systemwide employee giving campaign. Within Adventist Health, we have many causes to support including disaster relief, employee assistance, community well-being projects and programmatic needs such as cancer and cardiac care.

To give where you feel called, or to learn more about our collective impact through *We are hope*, go to adventisthealth.org/giving/employee-giving.

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





SOCIAL WELL-BEING

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



Social

1 | SyncTALK

SyncTALK connects you to a licensed, masters-level counselor who can offer emotional support and help build skills in coping with the stress, anxiety and loss. You don't have to go through challenges alone; let a SyncTALK counselor become part of your tribe. Participation is 100% voluntary and confidential. No individual or personal data will ever be shared with Adventist Health.

More information and to sign up: AH.SyncTALK.us or call 916-249-9356.

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.

Associate 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.

1-888-802-8846

ResourcesForLiving.com

User name: Adventist Health

Password: eap



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.



1 | Perks-At-Work (New program!)

- 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

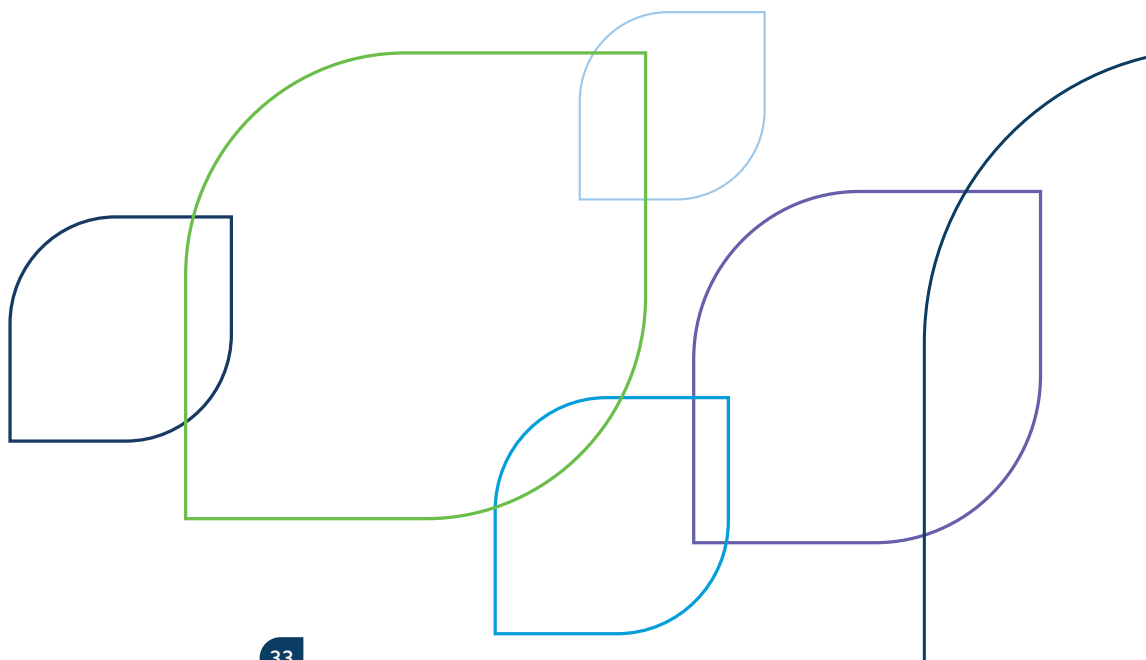
2 | Tuition reimbursement (New program!)

- To encourage you to build your professional knowledge and skills, Adventist Health offers a tuition reimbursement program.
- Through this program, you may be reimbursed for expenses for courses related to your job or to progress toward your career goals.
- Under this program, tuition costs for job-related courses may be covered, subject to limitations.

Look for more information as we launch this new program.

3 | Service recognition awards

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





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 associates 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.

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**.

Savings example

Without FSA		With FSA	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	- \$18,000	Maximum annual Health-care FSA contribution	- \$2,750
Net annual Pay	= \$42,000	Adjusted gross pay	= \$57,350
Estimated annual healthcare expenses	- \$2,750	Estimated tax rate (30%)	- \$17,220
Final take-home pay	= \$39,400	Final take-home pay	= \$40,130
All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, healthcare expenses and tax savings may be different.		Take home this much more: \$730	

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 associate, you have 30 days from your date of hire to enroll.

More Information:

Call **800-346-2126**

EBCFlex.com

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.

Associate contributions	Adventist Health contributions
<p>Contributions may be made on a pretax (up to IRS limits) or Roth after-tax basis.</p> <p>Effective for new associates starting January 1, 2022: 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 associate 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 www.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%
Associate 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 associates can enroll, change contributions or opt out effective beginning the Wednesday following their first paycheck. Thereafter, associates 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 associates 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 | Budget with Dave Ramsey's SmartDollar program

Focus on your financial well-being and take control of your budget! The Dave Ramsey SmartDollar program provides plans, tools and education to help you prioritize your financial risks and build budgeting habits so you can enjoy a life free of debt and financial stress. Find SmartDollar in the Sharecare app, our digital wellness platform.

Visit AdventistHealth.org/Well-being to get started.

5 | Well-being incentives (\$100/quarter; \$400 annually)

Full and part-time benefits-eligible* can earn up to \$100 per quarter by participating in well-being activities that are meaningful to you. Cash out for your favorite gift card, or shop in an online wellness marketplace.

** Spouses, family members, and associates of Adventist Health's partners such as JLL, Sodexo, Crothall and Allied Universal Security are not eligible for rewards at this time.*

Incentives can be found in the Sharecare app, our digital wellness platform.

Visit AdventistHealth.org/Well-being to create an account and take the Well-being Assessment.

6 | 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 associates in location with state-sponsored programs, such as California and Hawaii.

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

7 | Long-term disability insurance

- **Employer paid:** Adventist Health automatically provides long-term disability coverage at no cost to benefits-eligible associates.
- 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 associates may differ.

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

8 | Life and accidental death & dismemberment insurance

- **Employer paid:** Adventist Health automatically provides basic life and insurance at no cost to you.
- **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.
- **New for 2022:** Improved basic life insurance for all associates who were previously capped at \$50,000. Effective January 1, 2022, basic coverage increases to 1x annual salary with a minimum of \$50,000 coverage and a maximum of \$200,000 coverage.

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

Be sure to provide a beneficiary when you enroll in benefits.

Special one-time opportunity: During Open Enrollment for 2022 benefits, or during the new associate enrollment window (within 30 days after your hire date), you may elect coverage up to the lesser of three times your base earnings or \$350,000 and up to \$50,000 for spouses without a statement of health.



9 | 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.
- **New for 2022:** 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

10 | 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

11 | Pet insurance

- You can purchase health insurance from Nationwide, for your dog, cat, bird or other exotic animals to offset costs for routine care and unexpected illness or injury.
- Your premium is based on your pet's species, the coverage you select and where you live.

More information and to enroll: Benefits.PetInsurance.com/Adventist

Resources

Adventist Health Employee Health Plan

Customer Service

- [AdventistHealth.org/employeehealthplan](https://www.adventisthealth.org/employeehealthplan)
(View claims, eligibility, important plan documents and forms, and order a new ID card.)
- 800-441-2524

Pharmacy

- [OptumRx.com](https://www.optumrx.com)
- 866-534-7205
- List of in-house and community partner pharmacies available on Connect

HST's Patient Advocacy Center

- Phone: 888-837-2237
- E-mail: patientadvocacy@hstechnology.com
- Fax: 949-891-0420
- [HSTECHNOLOGY.COM](https://www.hstechnology.com)

Dental

- [DeltaDentalins.com/AH](https://www.deltadentalins.com/AH)
- 888-335-8227

Vision

- [Adventist.VSPForMe.com](https://www.adventist.vspforme.com)
- 800-877-7195

Voluntary Insurance Benefits

- [MetLife.com/AdventistHealth](https://www.metlife.com/adventisthealth)
- 844-574-5686

Nationwide Pet Insurance

- [benefits.petinsurance.com/adventist](https://www.benefits.petinsurance.com/adventist)
- 877-738-7874

Flexible Spending Account (FSA)

- [EBCFlex.com](https://www.ebcflex.com)
- 800-346-2126

Retirement

- [AHRP.com](https://www.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.

- 1-888-802-8846
- [ResourcesForLiving.com](https://www.resourcesforliving.com)
User name: Adventist Health
Password: eap

SyncTALK

- [ah.synctalk.us](https://www.ah.synctalk.us)
- 916-249-9356

Adventist Health OnDemand

- [AdventistHealthOnDemand.com](https://www.adventisthealthondemand.com)
- Download the Adventist Health OnDemand app
- For scheduling assistance call 1-855-224-7316

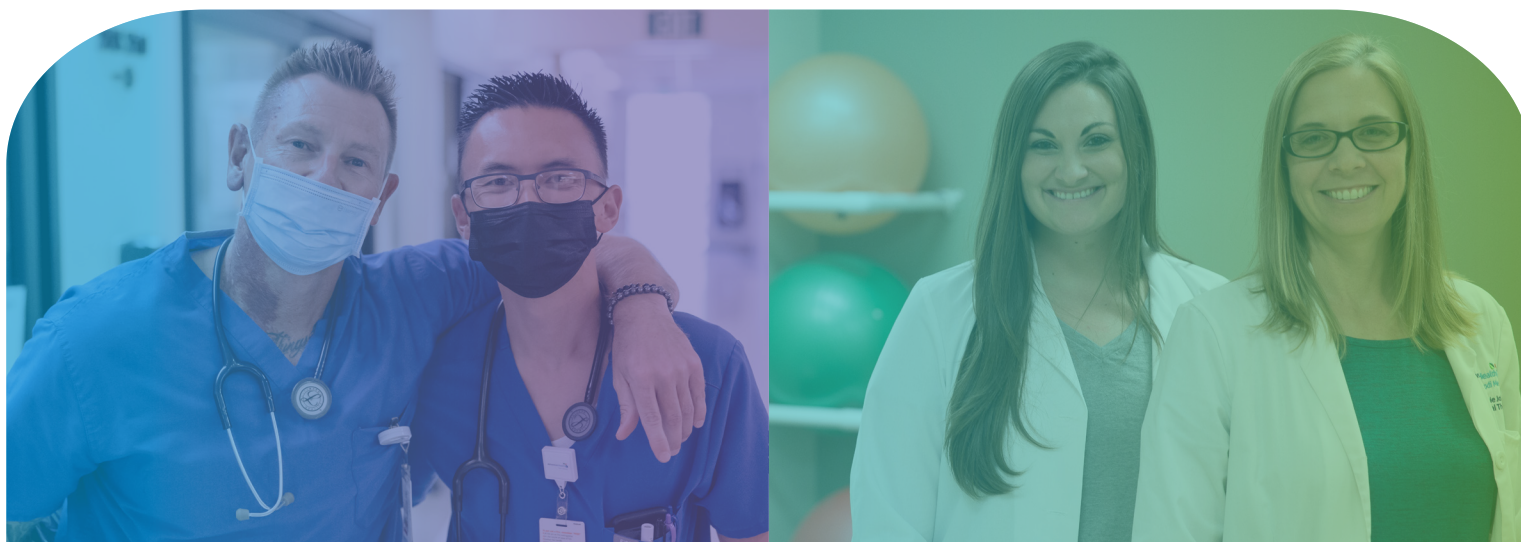
Blue Zones at Adventist Health

Learn about our associate well-being experience and find tools and resources that empower you to prioritize every element of your well-being to live better, longer.

- [Connect.ah.org](https://www.connect.ah.org)
(Find the Well-Being Division under the "AH Services" tab.)

Contact Center

For questions regarding any of the plan options or the enrollment process, visit HP 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 HP 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 and 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, nonemergency 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).



ONE Adventist Health Way
Roseville, CA 95661
AdventistHealth.org