



Summit Healthcare

Trusted to deliver exceptional, compassionate care close to home.



2019

GUIDE TO YOUR BENEFITS

Welcome to Your Benefits . . .

Summit Healthcare (Summit) is pleased to provide you and your family with a comprehensive benefits package. We believe our success is due to the efforts of our most valued resource, our employees. We are committed to providing high quality, market competitive benefits to our employees at an affordable cost.

This summary provides a brief guide to Summit Healthcare's employee benefit plans. The minimum number of hours to be eligible for the benefit is indicated by each benefit below. All plan documents can be found on the Summit Healthcare website for employees.

This Summary of Benefits is not a contract. Please refer to Intranet policies for the most current information on all Summit Healthcare Leave Policies.

All Employees are responsible for knowing their benefits.

Summit provides the following benefit plans to our employees, which are explained further in this benefits summary. It is the policyholder's responsibility to review the policy and ensure your providers are contracted if utilizing In-Network benefits, pharmacy services, disability benefits or any other benefits.

Medical Plan: (24 hours)

You have three medical plan options available, Peak, Pinnacle (HDHP/HSA), and Escudilla (HDHP/HSA) so you can choose the coverage option best-suited for you and your family's health care needs. Meritain administers the claims for all plans and provides access to providers through the Aetna network. Prescription drug coverage is provided through MagellanRx, a separate pharmacy benefits manager.

Note: Covered participants, such as college students, who reside outside of Arizona can access in-network coverage through the Aetna Choice POS II Network.

Health Savings Account (HSA): (24 hours)

If you are eligible for an HSA and enroll in a Summit HDHP plan, Summit will contribute \$500 annually to your HSA for Pinnacle plan participants and \$1,000 annually for Escudilla plan participants.

Dental Plan: (24 hours)

Base and Buy Up Option PPO dental plans offered through Ameritas. Summit pays for 100% of 'employee only' coverage and a majority of the cost for family coverage under the Base Option plan.

Vision Plan: (24 hours)

Base and Buy Up Option PPO vision plans offered through Superior Vision. Summit pays for 100% of 'employee only' coverage and a majority of the cost for family coverage under the Base Option plan.

Flexible Spending Accounts (FSAs): (24 hours)

Summit offers both a pre-tax Health Care Spending Account and a pre-tax Dependent Care Spending Account to help you

save money on taxes. A separate "limited purpose" FSA is available for those enrolled in a HDHP/HSA Plan.

Life Insurance/Accidental Death and Dismemberment (AD&D): (24 hours)

Summit provides a 100% employer paid life insurance/AD&D benefit through Cigna.

Voluntary Term Life Insurance/AD&D: (24 hours)

Summit offers employees the opportunity to purchase additional term life insurance/AD&D for you, your spouse and your child(ren) through a Cigna voluntary term life insurance/AD&D plan.

Short Term Disability (STD) Plan: (32 hours)

Summit provides 100% employer paid STD coverage through Cigna for employees in benefitted positions of 32 hours or more per week who have completed the 30 day waiting period.

Long Term Disability (LTD) Plan: (32 hours)

Summit provides 100% employer paid LTD coverage through Cigna for employees in benefitted positions of 32 hours or more per week who have completed the 30 day waiting period.

Summit Healthcare Retirement Contribution Plan: (All employees)

Summit offers eligible employees the opportunity to save for retirement through a retirement contribution plan. Summit encourages employees to participate in this plan by matching dollar for dollar up to 4% of your allowable compensation for benefitted employees only. Employer contributions begin after one year of employment. Employees must be actively participating in the plan to receive the employer match.

Voluntary Ancillary Benefits-through UNUM: (24 hours)

Critical Illness, Accident and Hospital Indemnity are voluntary benefits that Summit offers employees the opportunity to purchase through UNUM.

Employee Assistance Program (EAP): (All employees)

Summit offers free telephonic and in-office, confidential counseling services for all Summit employees and their families through Jorgensen Brooks Group.



Important Information Regarding Plan Changes

Please consider your benefit plan choices carefully and enroll within the required enrollment deadline when initially eligible for benefits upon hire. Following initial enrollment, benefit plan changes can be made once a year during annual open enrollment. Open enrollment is typically held in late October with changes effective on January 1.

Benefit Plan Eligibility

You and your qualified dependents become eligible for benefits after the following waiting periods have been met:

Eligible classified full-time and part-time employees are eligible for medical, dental, vision, employer paid life insurance/AD&D and voluntary life insurance/AD&D benefits the first of the month following 30 days of employment. You must work at least 24 hours per week to be eligible for these benefits. You must work at least 32 hours per week to be eligible for Summit's employer paid Short Term and Long Term Disability plans.

Dependents include:

- Legal Spouse
- Children, if eligible dependents, are covered up to age 26 regardless of student status. Once a dependent turns 26, it is your responsibility to notify Human Resources.

PLEASE NOTE: Proof of dependent status required (i.e. marriage license, birth certificate, social security number) during enrollment.

Spousal Enrollment Restriction Regarding Medical, Dental and Vision Plan Coverage

- If an employee's spouse is enrolled for coverage or eligible for coverage under another medical, dental or vision plan through their own employer, an individual plan, Tricare or IHS, they are not eligible to be enrolled for coverage under Summit's plans.
- If your spouse enrolls or becomes eligible for medical, dental or vision coverage under another plan during the year, it is the employee's responsibility to notify Human Resources so that the spouse is removed from coverage under Summit's plans.
- If your spouse loses coverage under another plan during the year and it is an IRS qualifying event which causes them to lose coverage, they can enroll for coverage under Summit's plan within 30 days of the qualifying event.

Remember...

Any plan changes you want to make related to a qualifying event must be requested in writing within 30 days of the Qualifying Event date, with verification of event.



Notice of Non-Discrimination

Summit Healthcare Association and its covered entities comply with applicable Federal Civil Rights Laws and do not discriminate on the basis of race, color, religion, national origin, age, disability, or sex. Summit Healthcare Association and its covered entities do not exclude people or treat them differently because of race, color, religion, national origin, age, disability, or sex.

Medical/Prescription Drug Plan

Summit Healthcare's medical plan claims administrator is Meritain Health. The provider network is Aetna. Employees and covered dependents must see in-network Aetna providers to obtain in-network benefits. It is important to see providers in the Aetna Choice POS II network to ensure you pay lower out-of-pocket costs under all plan options. If you go outside of the Aetna Choice POS II under any of these plans, you will pay higher non-network costs. **It is your responsibility to ensure that your provider is in-network.** If your provider utilizes outside laboratories or radiology services, please be sure they are also utilizing your In-Network service providers or you will be charged more.

Summit Healthcare offers the White Mountain Network for those providers in the Aetna Choice POS II that are on the Mountain in the Show Low, Pinetop, Snowflake, Taylor, Heber, Overgaard, Holbrook and Springerville area. These are provided under Tier 1 for all plan options and you will incur lower out of pocket costs if you utilize the Tier 1, White Mountain Network. To find providers in the Aetna Choice POS II, please go to the Aetna website or call the Meritain Customer Service number provided on the Contact Information page at the end of this benefits guide.

Banner Preferred Provider Agreement

Summit has entered into a preferred provider agreement with Banner Health for medical services not available on the Mountain. As part of this agreement, employees and dependents receiving medical care at a Banner facility will receive a discount below the standard Aetna contracted network rate, which means that your overall out-of-pocket expenses will be lower.

The Banner discount will be available on the Tier 2 Level for your medical plans. If you are in need of medical care not available on the Mountain, we recommend you discuss the use of a Banner facility with your physician. You do not need to do anything additional to receive the preferred pricing. The discount is built directly into your Tier 2 benefits.

High Deductible Health Plan (HDHP)/Health Savings Account (HSA)

In 2019, Summit Healthcare will provide a \$1,000 contribution to employee Health Savings Accounts (HSA) for those employees enrolled in the Escudilla/HDHP. For those enrolled in the Pinnacle plan in 2018, Summit Healthcare will provide a \$500 contribution. The contributions are made per pay period throughout the year and divided by 26 pay periods. This contribution helps offset the cost of the High Deductible Health Plan (HDHP) deductible. Please see further details on HSAs in this booklet.

Medical Plan/Prescription Drug ID Cards

You will be mailed a combined Meritain/MagellanRx ID card to verify coverage for your health care providers and obtain prescriptions at your pharmacy. This card is also for your covered dependents residing in, or who go to school out of state. This card must be shown to participating Aetna providers or participating MagellanRx pharmacies to verify coverage. Additional ID cards can be ordered by going to www.meritain.com. ID cards will be mailed to your home address.

A brief summary of the coverage and rates for each plan is outlined in this booklet. Deductibles and maximum out-of-pocket costs are administered on a calendar year basis.



Prescription Drug Benefits

MagellanRx is the Pharmacy Benefit Manager for the retail and mail order programs. Under the MagellanRx plan, you have access to the MagellanRx pharmacy network with thousands of pharmacies nationwide. It is important to use a pharmacy in the MagellanRx pharmacy network. **Please note that Walgreens is not in the network.** Present your medical/RX ID card to your pharmacist to ensure they enter the MagellanRx information on your card to verify benefits and coverage.

Your prescription drug benefits are based on the MagellanRx formulary. The formulary is a list of prescription drugs approved by the plan and is subject to change throughout the year. If your prescription is not on the MagellanRx formulary, you will pay a higher amount. Consult with your health care provider regarding changing to a medication on the MagellanRx formulary.

Your MagellanRx formulary is the Precision Formulary. Use this link to look up your drug name to find what tier it is on: <https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtNTg>.

If you are taking a Brand Name drug and a Generic is available, you will be required to pay the difference between the cost of the drug and the copay.

Tier Zero

Allows employees to obtain certain over the counter drugs at a much lower cost. This encourages members to try lower cost alternate medications, which may result in the same health outcome. See enclosed materials in your benefits enrollment packet for further information on this program.

Step Therapy

This program requires you to try an alternate medication, either over-the-counter or generic, before approval of a higher cost brand name medication. You will receive notification from MagellanRx and your pharmacist, if you are taking a medication covered under this program.

Mail Order (Home Delivery) Program

Employees who take maintenance drugs for high cholesterol, high blood pressure, diabetes, birth control, etc. are encouraged to use the MagellanRx mail order program to save money and for the convenience of home delivery. MagellanRx will fill your prescription at their mail order pharmacy, charge the appropriate cost per your plan and mail the prescriptions to your home. If you wish to start using mail order, ask your doctor for a one year prescription for your medication, complete a MagellanRx mail order form and send the prescriptions and the form to the MagellanRx mail order pharmacy. You will receive your medication within 7 to 10 days (slightly longer the first time you sign up). Shipping is free unless you request overnight

delivery. You can order refills online or call the MagellanRx customer service number listed on the Contact Information page of this booklet. You can go online to MagellanRx to obtain a mail order form.

Other Plan Clinical Edits

The pharmacy plan also includes the following safety edits to ensure the health of employees and covered family members: Prior Authorization of certain medications; Refill Too Soon to prevent too frequent refills; FDA Quantity Level Limits on certain medications; denial on duplicate refills of the same medication at different pharmacies; and review for overuse of controlled substances.

Glucose Monitor Program

Summit Healthcare offers a Glucose Monitoring Program. Employees and dependents covered under the Summit Healthcare medical plans with diabetes will receive a letter from MagellanRx regarding the importance of monitoring blood glucose levels, the benefits of blood glucose management, savings from using preferred glucose supplies (test strips on the MagellanRx formulary) and an offer to receive a free blood glucose monitor kit. This program helps avoid long term diabetes complications and results in more positive health outcomes for our employees and covered family members.

Note: Specialty Injectable drugs

For injectable drugs over a \$2,000 cost threshold, you will be directed to the hospital to receive this injectable prescription. Pharmacy Benefits administered at the hospital will apply toward your medical deductible on all plan options.



Medical - Peak Plan Option

	Peak		
Description of Coverage	Tier 1 White Mountain Network (WMN)	Tier 2 Aetna Network	Tier 3 Non-Contracted
In-Network and Out-of-Network Deductible (Individual ♦ Family)	\$1,500 ♦ \$4,500	\$2,500 ♦ \$7,500	\$4,000 ♦ \$12,000
Coinsurance (on allowed amount)	80% ♦ 20%	70% ♦ 30%	60% ♦ 40%
In-Network and Out-of-Network Out-of-Pocket Maximum (Individual ♦ Family) Deductible and medical co-pays apply	\$3,500 ♦ \$10,500	\$7,000 ♦ \$14,000	\$10,000 ♦ \$30,000
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventive Care Office visits, lab, x-ray, mammograms, colonoscopy (restrictions apply; see US Preventive Task Force Guidelines)	100% Covered	100% Covered	Not Covered
Office Visit - Non-Preventive (Primary Care ♦ Specialist)	\$30	\$40 ♦ \$60	60% ♦ 40% after deductible
Naturopathic Office Visits - Paper claims must be submitted manually to Meritain	\$30 6 visits maximum per year \$1,200 annual maximum	\$30 6 visits maximum per year \$1,200 annual maximum	\$30 6 visits maximum per year \$1,200 annual maximum
Lab	\$30	\$30	60% ♦ 40% after deductible
X-Ray (Excluding Specialty Scans)	\$30	70% ♦ 30% after deductible	60% ♦ 40% after deductible
Specialty Scans (MRI ♦ PET ♦ CT)	80% ♦ 20% after deductible	70% ♦ 30% after deductible	60% ♦ 40% after deductible
Inpatient Hospitalization	80% ♦ 20% after deductible	70% ♦ 30% after deductible	60% ♦ 40% after deductible
Durable Medical Equipment (DME) Pre-certification required for DME in excess of \$1,000	80% ♦ 20% after deductible	70% ♦ 30% after deductible	60% ♦ 40% after deductible
Emergency Room	\$150	\$250 then 70% ♦ 30% after deductible	\$250 then 70% ♦ 30% after deductible
Copayment waived, if admitted	Yes	Yes	Yes
Urgent Care	\$75	\$75	\$75 then 60% ♦ 40% after deductible
Infusion Drug Therapy at Summit	80% ♦ 20% after deductible	N/A	N/A
Prescription Drugs Magellan Precision Formulary			
Retail (Tier 1/Tier 2/Tier 3/Specialty)	Paid under tier 2 copays	\$10 ♦ \$30 ♦ \$60 ♦ 20%	N/A
Mail Order (Tier 1/Tier 2/Tier 3/Specialty)		\$20 ♦ \$60 ♦ \$120 ♦ 20%	



Medical - Pinnacle HDHP Plan Option

Medical - Escudilla HDHP Plan Option

Pinnacle (HDHP Plan) Summit HSA Contribution \$500			Escudilla (HDHP Plan) Summit HSA Contribution \$1,000		
Tier 1 White Mountain Network (WMN)	Tier 2 Aetna Network	Tier 3 Non-Contracted	Tier 1 White Mountain Network (WMN)	Tier 2 Aetna Network	Tier 3 Non-Contracted
\$2,700 ♦ \$4,200	\$2,700 ♦ \$5,400	\$3,500 ♦ \$7,000	\$4,000 ♦ \$6,000	\$4,000 ♦ \$8,000	\$6,650 ♦ \$13,300
100% ♦ 0%	80% ♦ 20%	60% ♦ 40%	90% ♦ 10%	80% ♦ 20%	60% ♦ 40%
\$2,700 ♦ \$4,200	\$6,650 ♦ \$13,300	\$10,000 ♦ \$20,000	\$5,000 ♦ \$10,000	\$6,650 ♦ \$13,300	\$10,000 ♦ \$20,000
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
100% Covered	100% Covered	Not Covered	100% Covered	100% Covered	Not Covered
100% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible	90% ♦ 10% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible
100% after deductible \$1,200 annual maximum	100% after deductible \$1,200 annual maximum	100% after deductible \$1,200 annual maximum	100% after deductible \$1,200 annual maximum	100% after deductible \$1,200 annual maximum	100% after deductible \$1,200 annual maximum
100% after deductible	100% after deductible	60% ♦ 40% after deductible	90% ♦ 10% after deductible	90% ♦ 10% after deductible	60% ♦ 40% after deductible
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100% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible	90% ♦ 10% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible
100% after deductible	80% ♦ 20% after deductible	80% ♦ 20% after deductible	90% ♦ 10% after deductible	80% ♦ 20% after deductible	80% ♦ 20% after deductible
N/A	N/A	N/A	N/A	N/A	N/A
100% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible	90% ♦ 10% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible
100% after deductible	N/A	N/A	90% ♦ 10% after deductible	N/A	N/A
Paid under tier 2 deductibles	100% after deductible	N/A	Paid under tier 2 deductibles	100% after deductible	N/A



High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

UNDERSTANDING HOW IT WORKS

Summit believes it is in your best interest to investigate and fully evaluate the advantages of consumer driven health care available to you in the Qualified High Deductible Health Plan with the option of a Health Savings Account (HSA). It is important you fully understand this plan before electing it. These medical plans: (1) may allow you to pay less in monthly premiums; (2) allow you the ability to save for future health care needs; and (3) allow you greater ability, and also greater responsibility in managing your health care dollars.

THERE ARE TWO COMPONENTS TO THE HDHP/HSA OPTION:

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	<ul style="list-style-type: none"> • Lowest employee premiums • Premium savings can be put towards HSA • In-Network & Out-of-Network coverage • Annual deductible • Protection from major costs • 100% preventive care coverage • No up-front copays at doctor's office
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INDIVIDUAL HEALTH SAVINGS BANK ACCOUNT (HSA)	<ul style="list-style-type: none"> • Owned by you • Used for eligible medical and pharmacy expenses, including deductibles • Triple tax advantage • No "use it or lose it" • Like a 401(k) plan for medical expenses • Debit card linked to HSA - No reimbursement forms
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What is a High Deductible Health Plan?

It's an IRS qualified medical insurance plan that has a high deductible that protects you against catastrophic medical expenses. This is health insurance that does not cover first dollar medical and Rx expenses (you must first meet your deductible before medical or prescriptions are covered). However, wellness exams, women's contraceptives and associated labs and procedures are not subject to the deductible and are covered at no cost to you.

What is a Health Savings Account?

In tandem with a HDHP, a Health Savings Account (HSA) is an individual savings account that you can put money into to save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment.

Who is eligible for an HSA?

- Must have coverage under a HSA-qualified "High Deductible Health Plan" (HDHP)
- Must have no other first-dollar medical insurance coverage; however, coverage under voluntary medical expense reimbursement plans like UNUM's accident critical illness is allowed
- May not be enrolled in Medicare or Tricare
- Cannot be claimed as a dependent on someone else's tax return

SAVINGS ADD UP

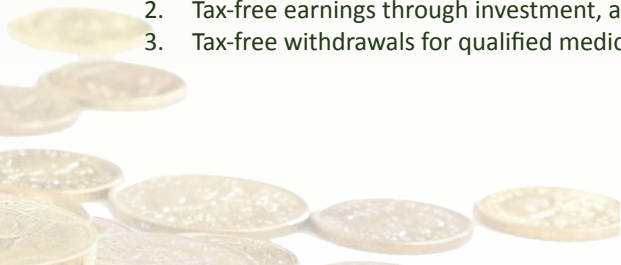
- With an HSA, you save on eligible medical expenses.
- Why pay more in taxes when you can pay less?





High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Advantages of enrolling in a HDHP and opening an HSA

- **Security** – Your HDHP insurance and savings put aside in your HSA protect you against high or unexpected medical bills
 - **Affordability** – You can lower your health insurance premiums by switching to health insurance coverage with a higher deductible
 - **Flexibility** – You can use the funds in your HSA to pay for current medical expenses, including expenses that your insurance may not cover, or save the money in your account for future needs, such as:
 - Health insurance or medical expenses if unemployed
 - Medical expenses after retirement (before Medicare)
 - Out-of-pocket expenses when covered by Medicare
 - Long-term care expenses and insurance
 - **Savings** – You can save the money in your account for future medical expenses and grow your account through future investments
 - **Control** – You make all the decisions about:
 - How much money to put into the account
 - Stopping and starting contributions at any time
 - Whether to save the account for future expenses or pay current medical expenses
 - Which eligible medical expense to pay from the account
 - Whether to invest any of the money in the account
 - Which investments to make
 - **Portability** – Accounts are completely portable, meaning you can keep your HSA funds even if you:
 - Change jobs
 - Change your medical coverage
 - Become unemployed
 - Move to another state
 - Change your marital status
 - **Ownership** – Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSA’s. If over the age of 65, you can use your HSA dollars for any reason with no 20% tax penalty.
 - **Tax Savings** – An HSA provides you triple tax savings:
 1. Tax deduction when you contribute to your account
 2. Tax-free earnings through investment, and,
 3. Tax-free withdrawals for qualified medical expenses
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Who can contribute to an HSA?

Contributions to your HSA can be made by you, your employer, or both. You must be enrolled in the Pinnacle or Escudilla (HSA qualified) plan to receive contributions from Summit.

How much can you contribute to an HSA?

The total contributions are limited annually. In 2019, the annual limits will be \$3,500 individual and \$7,000 family. Annual catch-up contributions for employees age 55+ is \$1,000. There is no limit to the amount you can save and rollover annually. Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for medical expenses tax-free.

Using your HSA

You can use the money in the account to pay for any “qualified medical expense” permitted under federal tax law. This includes most medical care and services, prescriptions, dental and vision care and also includes certain over-the-counter products.

Generally, you cannot use the money to pay for medical insurance premiums, except under specific circumstances, as defined by the IRS.

Go to www.irs.gov/publications/p502 for a complete listing of qualified medical expenses.

You can use the money in the account to pay for medical expenses for yourself, your spouse, or your dependent child(ren). You can pay for expenses for your spouse and dependent children even if they are not covered by your HDHP. Please note that medical expenses for a domestic partner are not considered by the IRS as qualified health care expenses.

Any amounts used for purposes other than to pay for “qualified medical expenses” are taxable as income and subject to an additional 20% tax penalty. Examples include:

- Medical expenses that are not considered “qualified medical expenses” under federal tax law (e.g. cosmetic surgery)
- Other types of health insurance unless specifically described above
- Medicare supplement insurance premiums such as medigap
- Expenses that are not medical or health-related

After you turn age 65, the 20% additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional 20% penalty.

You are responsible to keep accurate records and receipts to verify your medical expenses should you ever be audited by the IRS.

Opening, Funding and Using Your Health Savings Account (HSA)

If you enroll in a qualified High Deductible Health Plan (HDHP), you may be eligible to establish an HSA. **Summit Healthcare contributes \$38.46 per pay period (total \$1,000 annually) to the HSAs of eligible employees enrolled in the Escudilla Plan or \$19.23 per pay period (\$500 annually) to the Pinnacle Plan.** In order to receive this contribution, you must have established an HSA account. You can also make employee pre-tax contributions to your HSA through direct payroll deduction.

You must select where you want to open your Health Savings Account and have two options available:

1. HSA Bank
2. Arizona Central Credit Union (ACCU).

If you do not make a selection within two weeks of your effective date, Summit Healthcare will begin the process of opening an account on your behalf with HSA Bank. This is to ensure you receive the HSA contributions that Summit Healthcare provides as part of your benefits package.

The hospital is not able to open an account on your behalf with ACCU, so if you elect ACCU, you must actively open the account with them and then provide your account information to Human Resources and Payroll within two weeks of your benefits becoming effective. If the account information is not provided within the two weeks of your effective date, Summit Healthcare will begin the process with HSA Bank to ensure you receive your HSA contributions.

It is important that you actively make a selection as to which vendor you prefer and also make an election if you want to contribute additional money to your HSA account.

If your account is established with HSA Bank, a Welcome Kit will be mailed to you from HSA Bank. In a separate mailing you will receive an HSA debit card. HSA Bank may need additional information such as proof of address or name, so watch for a verification form in a separate mailing from HSA Bank and be sure to respond to any inquiry so that you can receive your HSA contributions in a timely manner.

	HSA Bank	Arizona Central Credit Union
Set-Up Requirement	None	ACCU Membership of \$25 with basic savings account
Fees	No annual fee; \$1.75 monthly fee (waived on balances of \$3,000 or more)	Annual fee of \$20 charged on anniversary date
Investments Available	Ameritrade or Devenir	None
HSA Tools	MyHealth Portfolio to track and upload medical expenses; HSA calculators & HSA education resources	None



Summit Healthy

Vision Statement of Summit Healthcare:

Improve Health. It is our single focus. It means Summit Healthcare promotes healthcare that's effective and encourages personal choices that matter. It means we connect the health of our employees to the health of our business.

Mission Statement of Summit Healthcare:

To provide our employees with an opportunity to work in a high performance environment with a supportive culture of healthy behavior and well being that focuses on improving the quality and vitality of life.

Activities for Premium Reduction in 2020

Program Participation Period: September 1, 2018 – August 31, 2019. Payroll impacted January 1, 2020.

Points: 200 points required; Employees must earn 100% of points to earn the payroll reward of \$100 per month premium credit.

Activities Available:

- | | |
|--|---|
| • Wellness Exam (PCP/Family Physician) | 100 points (Tracking through Provider signed/dated attestation) |
| • Mammogram | 25 points |
| • PSA | 25 points |
| • Colonoscopy Screening | 25 points |
| • Colorectal Screening Test | 25 points |
| • Skin Cancer Check | 25 points |
| • Flu Shot | 25 points |
| • Wellness Class (1 hr) | 25 points (maximum of 125 points) |
| • Tent Event or Health Fair | 25 points (maximum of 50 points; i.e. employee can participate & earn points for both events) |
| • 1,250,000 steps | 25 points |
| • 25 hours in Gym tracked using personal fitness tracker/app | 25 points (maximum of 50 points) |
| • Annual Wellness Challenge | 25 points |



This list is not all inclusive, check with OccHealth if you have questions.

Tobacco FREE

Summit's Tobacco Free policy is part of our Summit Healthy Wellness Program

- SHRMC is Tobacco-free at all of our facilities.

Why do we do this?

- As an institution dedicated to improving the health of our patients and community, we must, "walk the talk" and show our commitment and leadership in tangible ways.

What is banned and where?

- All use of tobacco products, including cigarettes, e-cigarettes, cigars, pipes and smokeless tobacco, within all properties owned, leased or occupied by SHRMC.
- This includes parking lots, hospital vehicles and employees' personal vehicles parked on the premises, as well as surrounding streets and sidewalks.
- Employees are prohibited from using tobacco products during working hours.

Will I be able to work at Summit Healthcare if I continue to smoke?

- Yes, but we no longer hire tobacco users and you will pay more in medical premiums.
- Be sure to complete the Non-Tobacco / Nicotine affidavit annually so you pay the lower premium for your medical benefits.



Dental Plan

Summit Healthcare offers both a Base PPO and Buy Up PPO dental plan through Ameritas. Employees have a choice to enroll in one of these two dental plans. Summit pays for 100% of the premium for 'employee only' coverage and a majority of the family coverage for the Base Option dental plan. Employees pay for part of the cost of family coverage under the Base Option plan and a portion of the coverage if they choose the Buy Up Option dental plan for employee only or family coverage.

Further information on the coverage provided under these two plans is available in your enrollment materials. A brief summary of the coverage for these two plans is shown below.

If you enroll in one of the Ameritas dental plans, it is important you see a provider in the Ameritas dental PPO network to obtain the best coverage (you will pay a higher amount if you see a non-network dentist). Call or go online to find an In-Network provider.

Covered Services	Base Dental Plan	Buy Up Dental Plan
Annual Deductible	\$50 single/\$150 family	\$50 single/\$150 family
Annual Maximum	\$1,000 per person per year	\$1,500 per person per year
Preventive Services (no deductible)	Covered at 100%	Covered at 100%
Basic Services	Covered at 80%	Covered at 80%
Major Services	Covered at 50%	Covered at 50%
Orthodontia (Children Only)	Not covered	50%, \$1,500 lifetime max
Implants	Not covered	50%

Vision Plan

The following vision benefits are covered with Superior Vision. You do not have to be enrolled in one of the medical plans to enroll in the vision plan. Call or go online to find an In-Network provider.

Superior Vision	Base Vision	Buy Up Vision
Description of Coverage	In Network	In Network
Examination Coverage	\$10 copay	\$10 copay
Examination Frequency	Once every Calendar Year	Once every Calendar Year
Lenses Coverage	Once every Calendar Year	Once every Calendar Year
Single Vision Lenses	\$30 copay	\$25 copay
Bifocal Lenses	\$30 copay	\$25 copay
Trifocal Lenses	\$30 copay	\$25 copay
Progressive	Covered at lined trifocal level	Covered in Full - Standard
Lenses Frequency	Once every Calendar Year	Once every Calendar Year
Frames Coverage	\$130 Retail Allowance Covered in full - Polycarbonate for Dependent children	\$130 Retail Allowance Covered in full - UV Coat Covered in full - Tints Covered in full - Scratch Coat Covered in full - Polycarbonate for Dependent children
Frames Frequency	Once every 2 Calendar Years	Once every Calendar Year
Contact Lens Coverage	Once every Calendar Year	Once every Calendar Year
Elective (Standard)	\$30 copay for fitting \$50 allowance for Specialty fitting \$130 retail allowance toward contacts	\$30 copay for fitting \$50 allowance for Specialty fitting \$130 retail allowance toward contacts

Employee Benefit Rates- 1/1/2019 - 12/31/2019

Please see non-smoker/100% participation and non-smoker Base rates below for full-time and part-time. By electing a non-smoker rate, you are agreeing to the parameters of the Non-Smoking Affidavit for you, and attest that you and your enrolled spouse have been nicotine and tobacco free for a minimum of 12 months. A copy of the affidavit is available on Employee Self Service or with Human Resources. You must complete the Non-Smoking Affidavit to obtain the non-smoker rates or will be charged the smoker premium. If you are tested for Nicotine (Cotinine) and the election you make does not coincide with the testing results, you will be back charged the additional premium and may be subject to termination.

The health insurance rates shown below will be increased \$75 per pay period if you are a smoker/nicotine user. Rates will vary depending on your level of Summit Healthy activities in the prior year.

Medical Per Pay Period - 24 Pay Periods - * Summit pays an average of \$974 per month towards your medical benefits.

Medical	Full-Time Employee Per Pay Period			Part-Time Per Pay Period		
	Peak	Pinnacle	Escudilla	Peak	Pinnacle	Escudilla
100% WELLNESS PARTICIPANT NON-SMOKER RATES						
Employee Only	\$45.00	\$0.00	\$0.00	\$80.00	\$24.00	\$10.00
Employee + Spouse	\$245.00	\$86.00	\$70.00	\$335.00	\$139.00	\$125.00
Employee + Child(ren)	\$180.00	\$55.00	\$40.00	\$250.00	\$97.00	\$85.00
Employee and Family	\$310.00	\$119.00	\$105.00	\$420.00	\$184.00	\$170.00

Medical	Full-Time Employee Per Pay Period			Part-Time Per Pay Period		
	Peak	Pinnacle	Escudilla	Peak	Pinnacle	Escudilla
NON-WELLNESS NON-SMOKER BASE RATES						
Employee Only	\$95.00	\$40.00	\$25.00	\$130.00	\$74.00	\$60.00
Employee + Spouse	\$295.00	\$136.00	\$120.00	\$385.00	\$189.00	\$175.00
Employee + Child(ren)	\$230.00	\$105.00	\$90.00	\$300.00	\$147.00	\$135.00
Employee and Family	\$360.00	\$169.00	\$155.00	\$470.00	\$234.00	\$220.00

Dental - 24 Pay Periods

Employee Contribution Per Pay Period for Dental Plans	Base Dental Plan		Buy Up Dental Plan	
	Full Time	Part Time	Full Time	Part Time
Employee Only	\$0	\$0	\$8.00	\$9.00
Employee and Family	\$6.50	\$8.00	\$16.00	\$18.00

Vision - 24 Pay Periods

Employee Contribution Per Pay Period for Vision Plans	Base Vision Plan		Buy Up Vision Plan	
	Full Time	Part Time	Full Time	Part Time
Employee Only	\$0	\$0	\$1.00	\$1.00
Employee + Spouse	\$2.00	\$2.50	\$4.00	\$4.50
Employee + Child(ren)	\$2.50	\$3.00	\$4.50	\$5.00
Employee and Family	\$3.00	\$4.00	\$6.00	\$7.00



Employee Assistance Program (EAP)

Summit provides an Employee Assistance Program (EAP) through Jorgensen Brooks Group. This benefit is provided to assist you in finding resources for a better work/life balance, and to help you manage the stresses of everyday living. The EAP services are available for you, your spouse and your children. You and your immediate family members do not have to be covered under the company medical plan to use the EAP and it is 100% paid for by Summit Healthcare.

Services available include:

- Clinical counseling that includes an assessment, assistance and, when necessary, referral to additional services for a wide range of emotional health, family and work issues.
- Unlimited telephonic consultations for you, your spouse and child(ren).
- Up to 6 face-to-face counseling sessions per incident, per calendar year, per employee and immediate family member.
- Resources to assist you in balancing work and life while taking care of a variety of chores and challenges.
- Telephonic consultations are available in the following areas:
 - Child & Elder Care Assistance – includes a needs assessment and referrals to childcare and eldercare providers.
 - Financial services – comprised of budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues. Face-to-face consultations are also available.
 - Legal services – issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more.
 - Daily living services – services include referrals to consultants and businesses that can help you with everyday errands, travel, event planning and more. Services do not include the cost nor guarantee delivery of services.

You and your immediate family members can call Jorgensen Brooks Group's confidential phone number at 888-520-5400. Counselors are available to talk with you 24 hours a day, 7 days a week, 365 days a year. You can also go to www.jorgensenbrooks.com to read more about the EAP services available to you and your family members.

Flexible Spending Accounts

The Summit Healthcare Flexible Benefit Plan lets you use pre-tax dollars to pay for eligible premiums and uncovered health and dependent care expenses. The result is that you pay less in taxes and keep more of what you earn.

Health Care Spending Account

Summit Healthcare provides you with the opportunity to save money on taxes and pay for uncovered health care expenses through the Health Care Spending Account. Uncovered health care expenses are defined by the IRS, but can include medical and dental plan deductibles, copays and coinsurance, eyeglasses and contact lenses, prescription drug copays and more. These are typically expenses you would incur anyway, but with the Health Care Spending Account you can pay for them and reduce your taxable income at the same time. Refer to IRS Publication 502 for a full list of eligible expenses.

You can contribute a maximum of \$2,700 during the calendar year in pre-tax dollars to the Health Care Spending Account. This money can be used to pay for eligible expenses for you, your spouse (per IRS rules, this does not include domestic partners) and your eligible child(ren), whether or not you, or they, are covered under the Summit Healthcare plans. The only criteria is that these expenses cannot be covered (paid) under any health care plan. You can use your flex spending account debit card to pay for these expenses directly from your flex account. However, you will be asked for documentation supporting these expenses after you use your debit card. This is required by the IRS to verify it is a qualified expense which the IRS allows to be reimbursed from a Health Care Spending Account.

You can also file a paper claim for reimbursement from your Health Care Spending Account by faxing the claim form and documentation to BASIC, Summit's flex plan administrator.

You cannot enroll in the FSA if you are enrolled in the High Deductible Health Plan and Health Savings Account.

Limited Purpose FSA

Per IRS rules, you cannot enroll in a regular FSA if you or your spouse are enrolled in an HDHP/HSA. However, you can enroll in a "Limited Purpose FSA" for uncovered dental and vision expenses.



Dependent Care Spending Account

Summit Healthcare also provides you with the opportunity to set aside dollars on a pre-tax basis to pay for dependent care expenses. This reduces your taxable income and can provide you with significant tax savings each year. You can contribute a maximum of \$5,000 per plan year in pre-tax dollars to your Dependent Care Spending Account. Please be aware that you cannot participate in this account and take a dependent care tax credit on your taxes at year-end (it is one or the other). Depending on your annual earnings, you can save more tax dollars by contributing to a Dependent Care Spending Account vs. the year-end tax credit. Further questions on this should be directed to a tax advisor.

Costs for your child's day care center, costs for a caregiver, as defined by the IRS, and costs for day care provided inside or outside of your home are a few examples of dependent care. These expenses must be for the care of a child under age 13, or for a dependent who is not capable of self-care. You will be reimbursed from your Dependent Care Spending Account only up to the amount you have contributed at any given time. If you submit a claim that is larger than your account balance at that time, you will be reimbursed your full account balance and then continue to be reimbursed from your account as new contributions are made, up to the total amount of your claim.

"Use It or Lose It" Rule

IRS regulations prohibit employers from returning to you any money deposited to Health Care or Dependent Care Spending Accounts that is not used at the end of the plan year. Unused dollars are considered to be forfeitures, per IRS rules. Once you make your annual contribution election(s), you cannot change or drop your contributions until the next plan year unless you have a qualifying event. Therefore, it is important to carefully consider how much you will contribute to your account(s) in the coming year as the IRS prohibits any changes until the following year. If you waive enrollment in these accounts when hired, you will not have another opportunity to re-enroll until following annual enrollment, unless you have a qualifying event.

Other Important Considerations

- Health Care and Dependent Care Spending Accounts are separate and you cannot transfer money from one account to the other, per IRS rules.



Employer Paid Life Insurance and Accidental Death and Dismemberment (AD&D)

Summit Healthcare provides full-time and part-time employees with life insurance and AD&D providing you with peace of mind for your family and/or beneficiaries, in the event of your death. Coverage is provided through Cigna.

Employees are covered for the following amount of employer paid life insurance/AD&D depending on which classification you are in:

- Class 1: All employees (except directors, administrators and physicians): Life Insurance/AD&D Benefit: One times salary up to a maximum benefit of \$240,000
- Class 2: All directors, administrators and physicians: Life Insurance/AD&D Benefit: Two times salary up to a maximum benefit of \$500,000

Spouses are covered for a flat \$10,000 - A spouse who is also an employee of Summit Healthcare is ineligible for this benefit.

Children are covered:

- 14 days - 6 months: \$500
- 6 months - age 26: \$1,000

There is a reduction in employer paid life insurance/AD&D benefits starting at age 70.

Voluntary Life Insurance and AD&D

For those employees who wish to purchase additional life insurance coverage, Summit Healthcare offers eligible employees a voluntary supplemental life insurance benefit. This coverage is offered through Cigna. Please refer to the Cigna materials in your enrollment information for the employee, spouse and child(ren) supplemental life rates and further plan information.

Please note that if an eligible Spouse or Dependent Child is:

1. an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or
2. confined to his or her home under the care of a Physician on the date insurance would otherwise be effective, it will be effective on the date he or she is no longer an inpatient in these facilities or confined at home.

Life insurance coverage for the employee is paid to your beneficiary, in the event of the employee's death. Life insurance coverage for the spouse is paid to the employee, in the event of the spouse's death. Life insurance coverage for a child is paid to the employee, in the event of a child's death. To purchase Voluntary Life/AD&D for a spouse or child, an employee must also purchase it for themselves (see below).

- Employee: \$10,000 units up to \$500,000 (\$10,000 minimum benefit)
- Spouse: 100% of employee amount up to \$150,000 maximum (\$5,000 minimum benefit)
- Child(ren): \$10,000 maximum benefit per child to age 26 (\$1,000 minimum benefit)

There is a reduction in voluntary life insurance/AD&D benefits starting at age 70.

Guarantee Issue

If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of life insurance coverage up to \$180,000 for yourself and any amount of coverage up to \$50,000 for your spouse. Any life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage. AD&D coverage does not require evidence of insurability.

Please Note: You cannot cover a dependent who is also an employee of Summit Healthcare

Leave Benefits

- PTO (including Holiday)
- PST
- EIB
- STD
- LTD
- FMLA
- Bereavement
- Jury Duty Pay

Please refer to the intranet (company policies>policy and procedure management system [Indidge] for details on leave benefits. Review the plan document for STD/LTD and other benefits.

Premium Pay Holiday:

Employees who are paid hourly will receive Holiday/Premium Pay of one and one half (1 ½) times their base rate for hours worked on any of the listed Holidays. The Holiday starts at 0000 (12:00 am) the day of, and ends at 2359 (11:59 pm) the day of the holiday. Summit recognizes the following Holidays:

**New Years Day—Memorial Day—Independence Day
Labor Day—Thanksgiving Day—Christmas Day**

Paid Time Off (PTO, including Holidays): (24 hours)

Employees in benefitted positions of 24 hours or more per week are eligible for PTO. PTO hours will be accrued starting with the first day of employment and available days may be taken after completion of 90-days employment with the Department Head or Supervisor's approval. PTO hours shall be used for holiday, vacation, personal appointments, as well as other absences. In most cases, PTO will be subtracted from the employee's PTO bank to make up any differences between hours worked and the employee's regular budgeted hours. Full-time and Part-time employees accrue PTO proportionally

Employees	Length of Service (Months)							
	0-23		24-47		48-107		108+	
2019 PTO Accrual	Pay Period Accrual Rate (Hours)	Maximum Annual Accrual (Hours)	Pay Period Accrual Rate (Hours)	Maximum Annual Accrual (Hours)	Pay Period Accrual Rate (Hours)	Maximum Annual Accrual (Hours)	Pay Period Accrual Rate (Hours)	Maximum Annual Accrual (Hours)
Full Time Employee								
FTE 1.0 (40 Hrs/wk)	8.62	224	9.54	248	10.15	264	11.69	304
FTE 0.9 (36 Hrs/wk)	8.00	208	8.83	230	9.38	244	10.77	280
FTE 0.8 (32 Hrs/wk)	7.38	192	8.12	211	8.62	224	9.85	256
Maximum PTO Banked Hours								
Full-Time Employee	240		276		300		360	
Part Time Employee								
PTE 0.6 (24 Hrs/wk)	4.92	128	5.48	142	5.85	152	6.77	176
Maximum PTO Banked Hours								
Part-Time Employee	144		166		180		216	



based upon the number of hours worked, and may use PTO time only for regularly scheduled hours. PTO hours will be accrued starting the first day of employment and available hours may be used after completion of 90-days employment beginning on the next pay period.

Paid Sick Time (PST):(All Employees)

Eligibility: Paid Sick Time (PST) hours will be accrued for all employees based in Arizona starting with the first day of employment. Available hours may be taken after completion of 90 days of employment. This includes Full-Time, Part-Time, non-benefitted employees (Full or Part-Time employees that have declined benefits), Temporary, Seasonal and PRN employees located within the state of Arizona. If you are a remote employee who works outside Arizona, this benefit does not apply to you.

Paid Sick Time Accrual Chart

PST Accrual Chart	Employee maximum accrual hours per calendar year	Employee maximum hours available to use per calendar year
All employees	40 hours	40 hours

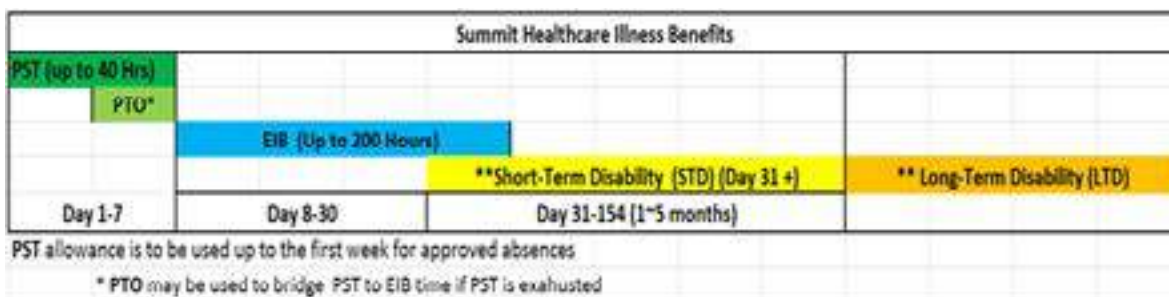
Extended Illness Benefit (EIB)

Extended Illness Benefit Pay is available to full-time and part-time employees in benefitted positions of 24 or more hours per week who have completed 90-days of employment. PTNB and FTNB employees are not included. Extended illness may be used for the employee’s own illness after the first regular budgeted work week of illness. Extended Illness hours will be accrued starting with the first day of employment and available hours may be taken after completion of 90 days of employment. Full-time employees and Part-time employees accrue benefits at the same rate proportionally based upon the number of hours worked.

Extended Illness Bank Accrual Chart:

Part-Time Accrual/Hr.	Full-Time Hrs/PPE	Full-Time Hrs/Year	Max Accrual
0.0192	1.538	40	200 hrs

The chart below illustrates how an employee can use PST as a bridge to EIB for an illness:



Employer Paid Short Term Disability (STD)

All full-time benefitted employees working 32 hours or more per week are offered a short term disability benefit paid for by Summit Healthcare. Please refer to the Cigna Policy for further plan information. Cigna’s contact information is provided in the contact information page in this booklet.

STD provides short-term income protection in the event of a non-occupational illness or disability. STD provides partial income replacement during your period of disability to help provide you and your family with financial security. STD benefits begin after a 30 day waiting period. Benefits begin on the 31st day of your approved disability and will continue for the duration of your disability up to a maximum of 22 weeks. STD benefits are 60% of your pre-disability earnings to a maximum of \$3,464/week (Physicians, Officers, Directors, and Chief Practice Administrators) or \$1,617/week (all other employees). Benefits are paid on a weekly basis by Cigna.

Maternity Benefit Detail

The Short Term Disability plan has a 30 day elimination period which means you will not be paid STD benefits for the first 30 days of the benefit period. The elimination period begins the date of birth, once the 30 day elimination period is satisfied, the weekly payment begins. The remaining maternity benefit duration will be paid under the Cigna STD plan. For a regular vaginal birth you will receive a 2 week (12 days) benefit and a C-section is a standard 4 week (26 day) benefit.

Example regular birth, 6 week disability duration
 Date of Birth – 9/6/19 (6 week disability duration begins)
 Total 6 Week Benefit Period – 9/6/19 - 10/18/19
 Cigna Pays – 10/6/19 – 10/18/19 (totaling 2 weeks of STD payments)

You must contact Cigna prior to the start of your leave of absence, if planned, to notify them of your need for a leave and to provide physician’s documentation on the need for a medical leave. If unplanned, Cigna must be notified no later than 7 continuous days from the last day worked.

Cigna provides seamless disability case management of STD and LTD.



Employer Paid Long Term Disability (LTD) Insurance

All employees in an eligible class working 32 or more hours per week are offered an employer paid LTD benefit. Please refer to the Cigna Certificate of Coverage for further plan information. Cigna's contact information is provided in the contact information page in this booklet.

LTD provides long-term income protection in the event of an unexpected non-occupational disability. LTD provides partial income replacement during your period of disability to help provide you and your family with financial security. LTD benefits begin after 180 consecutive and continuous days of disability due to a non-occupational illness or disability. LTD benefits are 60% of pre-disability earnings with a maximum monthly benefit of \$15,000 (Physicians, Officers, Directors and Chief Practice Administrators) or \$6,000 (all other benefit eligible employees). The maximum period you can receive LTD benefits is Social Security Normal Retirement Age (SSNRA), or until you are no longer disabled. The pre-existing condition limitation and other plan restrictions and limitations are explained in the Cigna plan summary materials.

Voluntary Benefits available through UNUM

During each annual open enrollment period, you can meet individually with a UNUM representative to discuss these voluntary benefits or to review the UNUM benefit plans in which you are currently enrolled. **New hires will have the opportunity to enroll in the next Open Enrollment Period.** Below are the UNUM plan options available for you to elect:

Accident Indemnity Advantage Plan: Provides a lump sum benefit in the event of an unexpected injury; helps offset deductibles/coinsurance and uncovered medical expenses.

Critical Illness Insurance: Provides specified coverage for critical illness (including heart attack and heart surgery, stroke, end-stage renal failure, Occupational HIV, blindness).

Hospital Indemnity Plan: HSA compatible plan that would payout \$500 per calendar year upon a hospital admission. There is also a \$100 per day (maximum 15 day) payout for hospital confinement. \$50 annual wellness incentive included.

- Employees that work 24 or more hours per week are eligible (excluding seasonal or temporary)
- Compliment your core Summit Healthcare benefits: provide immediate, additional income for your initial out-of-pocket expenses (i.e. high deductibles and coinsurance)
- Portability – if you terminate your employment, you may continue your coverage at the group rates, except for hospital insurance
- Benefits are paid directly to you, unless you specify otherwise
- Coverage is available for your spouse and children with most products

Summit Healthcare Retirement Contribution Plan

Summit Healthcare is proud to sponsor a 403(b) Retirement Savings Plan for our employees offered through the Newport Group. For questions, please contact our financial professional at CBIZ Retirement Plan Services by phone or email.

Timothy M. Schannep, CFP®
 Robert C. Quiroz, Laura Adams and Teri White
 Phone: (520) 320-3811, (800) 457-5636
 Fax: (520) 320-3822
 Email: 403bhelp@cbiz.com

They are available to answer questions about the operation of the plan, investments and to assist with rolling over previous retirement accounts into the 403(b) plan. CBIZ attends our open enrollment sessions and are on-site for one on one meetings on a monthly basis.

Visits will be announced via email and you may reserve a 30 minute appointment with our advisors. You are welcome to bring your spouse to the meetings if you wish. CBIZ, generally, participates in our town hall series as well.

Employee Contributions

Employees 18 years of age and older are immediately eligible to contribute to the 403(b)retirement plan. The plan allows you to save for your retirement through a Traditional (pretax) contribution which reduces your current taxable income and grows tax-deferred. You also may make or a Roth contribution to the plan, which is not a pre-tax contribution but allows you to take tax-free withdrawals at retirement. In 2018, employees can contribute up to \$18,500 of annual compensation. Employees age 50 and older can contribute an additional \$6,000 for a total contribution of \$24,500. 2019 limits have not been published prior to the printing of this benefit book.

Employer Contributions

You are eligible to receive an employer match after one year of service. The employer match is discretionary and Summit Healthcare is currently matching \$1.00 for \$1.00 up to the first 4% of considered compensation. Employer contributions are subject to a three-year graded vesting schedule illustrated in the table below.

<u>Years of Service</u>	<u>Vested</u>
Less than 1	0%
1	33%
2	67%
3	100%



Account Access

You can access your account online at <https://www.newportgroup.com> or by calling them at 800-217-2240.

Additional Information

The plan allows for rollovers from other retirement plans such as 401(k)s, 403(b)s, and IRA accounts. Please contact CBIZ Retirement Plan Services at 520-320-3811 for assistance.

Beneficiary Designation - Please ensure you complete a 403(b) beneficiary form. Per IRS rules, if you are married and select a primary beneficiary other than your spouse, you must obtain a signed notarized consent from your spouse. Your 403(b) Plan and employer provided life insurance plan beneficiaries are different and you must complete separate beneficiary forms for each of these plans. If you have a life event such as marriage or divorce, please ensure you complete a new beneficiary form to reflect your wishes.

Additional Employee Benefits

- Direct Deposit
- Payroll Deduction
- Bereavement Leave
- Jury Duty Pay
- Employee Health/Gym
- Educational Development

Direct Deposit: (All employees)

Direct Deposit is available to all employees. You may sign up with payroll or human resources. A voided check for each checking account used is required. Paychecks for employees not using Direct Deposit will be mailed, in most cases on the Wednesday before payday. Pay Stubs can be accessed online with My E-Stub. (<https://www.my-estub.com>).

Payroll Deduction: (All employees)

Automatic payroll deductions are a benefit provided to all employees to cover a variety of needs such as meals, patient accounts, donations, wellness programs, voluntary life and voluntary retirement funds. Contact Payroll or Human Resources for more information.

Bereavement Leave Pay: (32 hours)

Bereavement Leave allows full-time employees in benefitted positions of 32 or more hours per week who have completed the 90 days of employment, three (3) paid days off (24 hours total) when a death has occurred in the immediate family. Immediate family is defined in Policy HR1351.

Jury Duty Pay: (24 hours)

Jury Duty Pay is available for full-time and part-time employees in benefitted positions of 24 or more hours per week, who have completed 90-days of employment. Jury Duty is paid at the employee's base rate of pay. Travel, meal or lodging expenses are not included. Jury duty pay will be paid for a maximum of four (4) weeks (160 hours) of jury duty in a 12-month period. If that time is exceeded, employees may use accrued PTO to supplement their income while on jury duty.

Employee Health / Employee Gym: (All employees)

Employee Health provides a variety of services to all employees, including: Pre-employment Screening,

Tuberculosis Screening, Immunizations, Flu Shots, Stress Management, Annual Wellness Check, Nutrition Consultation, Workout Equipment, Wellness Classes, and Smoking Cessation. For Work or Non-Work Related Injury/Illness: Employees who are ill and are on the job have the option of being seen by Employee Health for a brief exam at no cost to the employee. **The employee gym cost is \$10 per pay period and can be used 24-7 with a significant other or dependent that is 18 years of age or older.**

Education Development: (All employees)

Staff Development provides ongoing education programs for all staff at Summit Healthcare. Classes are scheduled monthly, quarterly, bi-annually and annually for BLS/CPR, ACLS, PALS, NNR, Tech II, IV Access, and other certifications, all without charge to employees. Grand Rounds cover a wide variety of topics and are open to all Summit employees. Programs are also available to cover all reasonable costs associated with workshops, courses, and other types of educational programs that are judged by the employee's Administrative Division Head to be both work related and of direct or potential benefit to Summit Healthcare.

SummitCares

Summit Healthcare is excited to bring quality healthcare to you anytime, anywhere via mobile app or video. As a Summit employee, you and your dependents have access to this benefit at a reduced cost. SummitCares gives you 24/7 access to a network of U.S. board-certified physicians, certified in internal medicine, family practice or pediatrics. Through the SummitCares app doctors can diagnose, treat and prescribe medication for your non-emergency conditions. This includes treatments for a cold, the flu, sore throat, eye infections, skin rashes, bronchitis, respiratory infections, allergies and much more. It is free to download and/or register for the SummitCares app and the cost to Summit employees and their dependents is only \$25 per visit. This benefit is outside of your medical plan and will not apply to your deductible or maximum out of pocket costs.

SUMMITCares
KX



Contacts

Medical Plan

Meritain, Claims Administrator
Customer Service: 866-300-8449
www.meritain.com
Precertification #: 800-242-1199

Aetna Choice POS II Provider Lookup

www.aetna.com/docfind/custom/mymeritain
800-343-3140

HSA Bank

Customer Service: 800-357-6246
www.hsabank.com

Arizona Central Credit Union

Customer Service: 866-264-6421
azcentralcu.org

Prescription Drug Plan

MagellanRx, Pharmacy Benefits Manager
Customer Service: 800-659-4112
rxpriorauths@magellanhealth.com
www.magellanhealth.com

Flex Plans (FSA)

Health Care and Dependent Care Spending Accounts
Limited FSA
B.A.S.I.C. Customer Service: 800-473-0455
www.basicflex.com

Employee Assistance Program

Jorgensen Brooks Group
Customer Service: 888-520-5400 or 520-575-8623
www.jorgensenbrooks.com

Dental Plans

Ameritas Dental Plan Customer Service: 800-487-5553
www.ameritas.com

Vision Plan

Superior Vision
Customer Service: 800-507-3800
www.superiorvision.com
Choose "Superior National"

Life Insurance/AD&D,

Voluntary Life Insurance/AD&D, STD and LTD

Cigna Customer Service: 800-36-CIGNA (24462)
www.cigna.com
To file an EIB and/or STD claim, call 800-36-CIGNA (24462)

Summit Healthcare 403(b) Plan

Robert C. Quiroz or Timothy M. Schanep
800-457-5636 or 403bhelp@cbiz.com

UNUM Voluntary Benefits Programs

800-635-5597

SummitCares

855-549-2203
www.summitcares.net

Employee Benefits Consultant (CBIZ)

Kristine Kot, Sr. Account Manager
520-321-7501
kkot@cbiz.com

Employee Claims Advocate (CBIZ)

Angela Schlosser
(call her directly on claim issues for all plans)
520-321-7503
aschlosser@cbiz.com

Summit Healthcare Human Resources (HR)

Cassie Hawkins
chawkins@summithealthcare.net
928-537-6914



About This Booklet: This booklet highlights important features of Summit Healthcare's benefits for its benefit-eligible employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal Plan Documents and the contracts that govern these plans. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.

CBIZ Benefits & Insurance Services
1765 East Skyline Drive
OCT.2018 | Tucson, AZ 85718

