



*LiveWell*



EMPLOYEE BENEFITS GUIDE  
July 1, 2017 - June 30, 2018

# Welcome to Your Benefits

Sun Health Senior Living continues to demonstrate its commitment to all employees by offering a comprehensive benefits package that protects individual health, wellbeing and financial security. We believe that our success is due, in large part, to the efforts of our most valued resource, our employees. We keep this in mind every year when evaluating our employee benefits programs. This communication summarizes Sun Health Senior Living's health and welfare benefit plans effective July 1, 2017 through June 30, 2018.

We are pleased to announce that our medical coverage will remain with Aetna for the 2017-2018 plan year. Sun Health Senior Living will continue to contribute the majority of the employee only premium. In addition, dental, vision, life and disability benefits will be available through Aetna as well. If you are a new employee, or newly enrolling for benefits, or changing your enrollment status by adding or removing dependents, you must complete online enrollment using the Employee Self-Service (ESS) portal at <https://www.shslemployees.org/selfservice/>.

Sun Health Senior Living is excited to offer company-paid life insurance to all benefits-eligible employees, and the benefit amount is \$30,000.

**Sun Health Senior Living is also delighted to announce that employee contributions will remain the same as the 2016-2017 plan year.**

## Questions

If you have questions after reading this summary and reviewing the information provided by the insurance carriers, please contact Human Resources. Remember that the best decisions are based on a thorough understanding of the plans. This guide is an overview of the benefit plans and should not be construed as a Summary Plan Description, Certificate of Coverage or Plan Document, and should not be relied upon to fully determine coverage. For each benefit elected you will receive a Certificate of Coverage containing more detailed information from the insurance carrier. If differences exist between this summary and the Certificate of Coverage, the Certificate governs.

## Important Information Regarding Plan Changes

Each year during annual open enrollment, you have the opportunity to make new benefit plan elections for the coming plan year. All eligible employees who wish to make any benefit changes must complete online enrollment by the stated enrollment deadline date. Changes to your benefits are allowed only at open enrollment each year. Per IRS rules, employees cannot drop or add coverage for yourself or your dependents during the plan year unless you have a qualifying change in family status such as loss of benefits under another plan, marriage, divorce, legal separation, birth, adoption or placement for adoption, or change in spouse's eligibility or coverage. If you have a qualifying change in family status and want to make any changes to your coverage, you must request this change within 31 days of the qualifying event (e.g. within 31 days of marriage or divorce, within 31 days of date of birth, within 31 days of loss of coverage under another plan, within 31 days of expiration of your COBRA coverage) by completing online enrollment. It is your responsibility to notify HR of a qualifying event. Per IRS rules, if you waive or terminate coverage on July 1, 2017 you will not be able to enroll in the Sun Health Senior Living plans until July 1, 2018 unless you have a qualifying change in family status.

## Pre-Tax Premiums

Sun Health Senior Living allows employees to pay for medical, dental, and vision plan premiums as well as contributions to a flexible spending account (FSA) on a pre-tax basis. This allows you to save money because the premiums are deducted from your paychecks prior to income taxes being withheld, which reduces the net cost of your insurance coverage.

## Benefit Plan Eligibility

Employees must be considered full time and work a minimum of 30 hours per week to be eligible for coverage. New employees become eligible for coverage on the first of the month following 60 days of full-time employment. You must complete the required ESS enrollment online for the plan or plans you have selected by the required new hire enrollment deadline for coverage to become effective.

**You can enroll the following dependents in your benefit plans:** Medical, dental & vision plan: Your legal spouse, or your dependent children up to age 26.

**PLEASE NOTE: The deductibles and out of pocket maximums on each plan are administered on a calendar year basis.**

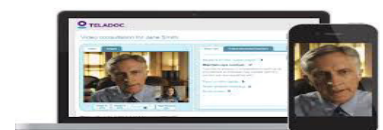
It is very important that you utilize providers (doctors, hospitals, labs, clinics, etc.) in the Aetna network, or you will pay substantially more to utilize the out-of-network benefits. You can find providers in the Aetna network by going to [www.aetna.com](http://www.aetna.com), selecting Aetna/Banner JV Network or by calling Aetna customer service at (855) 586-6957.

Description of Coverage	Aetna Buy-Up Plan		Aetna Base Plan	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b> (Individual ♦ Family)	\$1,000 ♦ \$3,000	\$2,000 ♦ \$6,000	\$2,500 ♦ \$7,500	\$5,000 ♦ \$15,000
Deductible Comments	Family deductible can be met by any combination of the family.			
Coinsurance (on allowed amount)	80% ♦ 20%	50% ♦ 50%	70% ♦ 30%	50% ♦ 50%
Out-of-Pocket Maximum (Individual ♦ Family)	\$4,000 individual; three member max	\$10,000 individual; three member max	\$6,000 individual; two member max	\$25,000 individual; two member max
Note: Out of Network costs may exceed OOP maximum due to billed charges over allowable amount				
Includes Deductible and Copays	Yes	Yes	Yes	Yes
	Banner In-Network Benefit		Banner In-Network Benefit	
Preventive Care	100% Covered		100% Covered	
Office Visit - Non-Preventive	\$15 ♦ \$35		\$20 ♦ \$45	
Teladoc - Virtual Visit *	\$15		\$20	
<b>Lab</b>				
Physician's Office	100% Covered		100% Covered	
Freestanding Facility/Outpatient Hospital	100% Covered		100% Covered	
X-Ray (Excluding Specialty Scans)				
Physician's Office	100% Covered		100% Covered	
Freestanding Facility/Outpatient Hospital	100% Covered		100% Covered	
Specialty Scans (MRI ♦ PET ♦ CT)				
Freestanding Facility/Outpatient Hospital	20% after deductible		30% after deductible	
Inpatient Hospitalization	20% after deductible		30% after deductible	
Emergency Room	\$150 Copay		\$200 Copay	
Copayment waived if admitted?	Yes		Yes	
Urgent Care	\$75 Copay		\$75 Copay	
<b>Prescription Drugs (copay/prescription, deductible does not apply)</b>				
Retail	\$0 ♦ \$10 ♦ \$25		\$0 ♦ \$10 ♦ \$25	
Mail Order	\$0 ♦ \$20 ♦ \$50		\$0 ♦ \$20 ♦ \$50	
<b>Rates - Per Paycheck</b>				
Employee Only	\$94.30		\$39.30	
Employee + Spouse	\$195.70		\$154.50	
Employee + Child(ren)	\$182.62		\$140.34	
Employee + Family	\$289.44		\$210.64	

## \*Telemedicine - Teladoc

### Virtual Visit Benefit

With Teladoc you have access 24/7/365 to a doctor through the convenience of phone or video consults. When you need care immediately, or your doctor is unavailable, or you're considering the ER or urgent care, are on a business trip or need short-term prescription refills, Teladoc is a useful option. Teladoc physicians treat many medical conditions, including respiratory infections, skin problems, bronchitis, cold and flu symptoms, allergies, etc.



## Wellness Program

Employees and covered spouses can each earn a \$15 Wellness Incentive discount per paycheck (up to \$360 each per year!) on their medical premiums by completing four simple steps. First, you must complete a Health Risk Assessment (HRA), through Aetna. The remaining steps allow you to choose from three of the following choices: an age-related physical, routine dental exam, a flu shot, or points in the Sun Health Employee Wellness Program. The physical and dental exams as well as the flu shot are covered 100% in-network. You can provide a verification form to Human Resources after you complete the program requirements and the discount will be in effect from date of submission and proof of eligibility through June 30, 2018.

A HRA is designed to give you guidance on areas of your health that you can improve, based on lifestyle questions, as well as the information gathered in your physical. Be assured that Sun Health Senior Living only receives notifications that physicals and Health Risk Assessments are COMPLETED, NO personal health details are shared with the company, in accordance with HIPAA regulations. **Employees are encouraged to take these simple steps to gain control of their health and save on health insurance premiums. Visit [www.aetna.com](http://www.aetna.com) to complete your HRA.**



## Dental Plan - Aetna

Sun Health Senior Living offers a dental plan through Aetna. As mentioned above, it is important that you see a provider in the Aetna Dental PPO network to obtain the best coverage as you will pay a higher amount if you see a non-network dentist. You can find providers in the Aetna network by going to [www.aetna.com](http://www.aetna.com) or by calling Aetna's customer service.

If you or your dependents do not enroll in the Aetna Dental coverage when you are initially eligible, you will be subject to the late entrant waiting periods. Late entrants have a 12 month waiting period for non-preventive basic and major services.

Description of Coverage	Aetna	
	In Network	Out of Network
Annual Maximum	\$1,000	
Deductible	\$50/\$150	
Waived for Preventive	Yes	
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia	N/A	
<b>Rates - Per Paycheck</b>		
Employee Only	\$0	
Employee + Spouse	\$17.55	
Employee + Child(ren)	\$16.16	
Employee + Family	\$38.55	

## Vision Plan – Aetna

At Sun Health Senior Living, we are concerned with your overall health. That is why we offer a comprehensive vision plan through Aetna Vision. Through the Aetna Vision plan you have coverage for routine eye exams, materials (including eyeglasses and contact lenses) and discounts for laser vision correction. You are free to see any provider you wish, however, you will receive a higher level of benefits if you receive your care from a participating Aetna Vision provider. You can go to [www.aetna.com](http://www.aetna.com) to find a provider in the Aetna Vision network, or call Aetna customer service. A brief summary of the coverage rates are shown below.

Description of Coverage	Aetna	
	In Network	Out of Network
<b>Exam</b>		
Eyeglass Exam Copay	\$10 Copay	\$25 Allowance
Examination Frequency	Every <b>12</b> months	
<b>Frames</b>		
Standard	\$0 Copay; \$130 allowance; 20% off balance over \$130	\$65 Allowance
Frames Frequency	Every <b>24</b> months	
<b>Standard Lens</b>		
Single Vision Lenses	\$10 Copay	\$20 Allowance
Bifocal Lenses		\$40 Allowance
Trifocal or Lenticular Lenses		\$65 Allowance
Progressive Lenses Copay	\$75 Copay	\$40 Allowance
Lens Frequency	Every <b>12</b> months	
<b>Contact Lens Coverage</b>		
Medically Necessary	100%	\$250 Allowance
Conventional & Disposable Lenses	\$130 Allowance	\$90 Allowance
Standard Fitting	\$55 Copay	Not Covered
Contact Lens Frequency	Every <b>12</b> months	
<b>Rates - Per Paycheck</b>		
Employee Only	\$3.33	
Employee + Spouse	\$6.25	
Employee + Child(ren)	\$6.54	
Employee + Family	\$9.83	

## Company Paid Life/AD&D Insurance Plan – Aetna

Sun Health Senior Living offers employer paid life insurance benefit at \$30,000 to all benefit-eligible employees. Please refer to the Certificate of Coverage for full plan details and additional plan information. The benefit amount reduces at age 65 to 65%, age 70 to 40%; and at age 75 to 25% benefit.

It is important that you have a beneficiary on record with Human Resources. If your beneficiary changes due to a life event (e.g., marriage or divorce), please be sure to update your beneficiary information online in ESS.

## Voluntary Life/AD&D Insurance - Aetna

Life Benefit	Employee	Spouse	Dependent
<b>Eligibility</b>	All full-time employees working 30 or more hours per week in an eligible class are eligible for coverage. A delayed effective date will apply if the employee is not actively at work	Cannot be in a period of limited activity on the day coverage takes effect	
<b>Life Amount</b>	Choice of \$10,000 increments Not to exceed 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	Choice of \$5,000 increments Not to exceed 50% of employee amount Employees age 70 and older, maximum benefit is \$50,000	Child(ren) : \$10,000 not to exceed 50% of employee's optional benefit amount. Children covered from live birth to age 26, regardless of student, financial or marital status. Employee must select \$20,000 in personal coverage.
<b>Minimum Amount</b>	\$10,000	\$5,000	\$10,000
<b>Maximum Amount</b>	\$500,000	\$150,000	\$10,000
<b>Benefit Reduces</b>	35% at age 65, an additional 25% at age 70, an additional 15% of original amount at age 75	35% at age 65 Benefits terminate at employee age 70 or retirement, whichever occurs first	
<b>Guarantee Issue*</b>	\$150,000	\$30,000	\$10,000
<b>Additional Benefits</b>	See definitions: Accelerated Death Benefit, Portability, Conversion		

### Employee Semi-Monthly - Life/AD&D Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately. Refer to Program Specifications for your maximum benefit amounts. **AD&D monthly rates are \$.02 per \$1,000 of coverage** up to limits noted above. Benefits and premium amounts reflect age reductions.

\* Available only during initial eligibility period.

AGE	SemiMonthly Rate per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	.040	\$0.40	\$.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30-34	.045	\$0.45	\$.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
35-39	.050	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
40-44	.080	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
45-49	.130	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
50-54	.195	\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
55-59	.290	\$3.00	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$26.10	\$29.00
60-64	.475	\$4.75	\$9.50	\$14.25	\$19.00	\$23.75	\$28.50	\$33.25	\$38.00	\$42.75	\$47.50
65-69	.650	<b>\$6,500</b>	<b>\$13,000</b>	<b>\$19,500</b>	<b>\$26,000</b>	<b>\$32,500</b>	<b>\$39,000</b>	<b>\$45,500</b>	<b>\$52,000</b>	<b>\$58,500</b>	<b>\$65,000</b>
		\$4.23	\$8.45	\$12.68	\$16.90	\$21.13	\$25.35	\$29.58	\$33.80	\$38.03	\$42.25
70-74	1.03	<b>\$4,000</b>	<b>\$8,000</b>	<b>\$12,000</b>	<b>\$16,000</b>	<b>\$20,000</b>	N/A	N/A	N/A	N/A	N/A
		\$4.12	\$8.24	\$12.36	\$16.48	\$20.60	N/A	N/A	N/A	N/A	N/A
75+	1.931	<b>\$2,500</b>	<b>\$5,000</b>	<b>\$7,500</b>	<b>\$10,000</b>	<b>\$12,500</b>	N/A	N/A	N/A	N/A	N/A
		\$4.82	\$9.66	\$14.48	\$19.31	\$24.14	N/A	N/A	N/A	N/A	N/A

Below is a sample estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency:  
For benefit amounts over \$100,000:

Age	Semi-Monthly Rate per \$1,000	x	Benefit in \$1,000s	=	Semi-Monthly Cost
35	.050 + .02 (AD&D)		150	=	\$10.50

Dependent Children Rate = \$1.44 Semi-Monthly, \$.72 Payroll Deduction. Premium covers all dependent children regardless of the number of children.

## Voluntary Short-Term Disability - Aetna

Short-term disability is intended to protect your income for a short duration in case you disabled due to illness or injury.

- **Eligibility** - All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage.
- **Maximum Weekly Benefit** - 60% of weekly salary, with a minimum of \$100 up to \$1,000 per week
- **Maximum Benefit Duration** - 13 weeks
- **Elimination Period** - Benefits begin on the 8th day for an accident or illness
- **Pre-Existing Condition** - You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.
- **Waiver of Premium** - You will not be required to pay premium during any time of an approved total or partial disability.
- **Enrollment (Newly Eligible)** - You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again.

### Semi-Monthly Premium Calculation

Age	Premium Factor
To age 24	0.01959
25-29	0.01950
30-34	0.02016
35-39	0.01791
40-44	0.01506
45-49	0.01650
50-54	0.01839
55-59	0.01752
60-64	0.01872
65-69	0.01872
70+	0.02163

$$\text{\$} \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$} \underline{\hspace{2cm}}$$

Your weekly salary\* Premium factor Your Semi-Monthly cost

\*Maximum weekly salary covered is \$1,667 (of which 60% is \$1,000, the maximum weekly benefit)

### Understanding Your Benefits

- **Total Disability** - You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
- **Partial Disability** - You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
- **Continuation of Disability** - If you return to work full-time but become disabled from the same disability within 30 days of returning to work, you will begin receiving benefits again immediately up to a total benefit of 13 weeks.
- **Pre-Existing Condition** - Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
- **Benefit Exclusions** - You will not receive benefits in the following circumstances: Your disability is the result of a self-inflicted injury; You are not under the regular care of a doctor when requesting disability benefits; Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury; You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.
- **Benefit Reductions** - Your benefits may be reduced if you are receiving benefits from any of the following sources: Any governmental retirement system earned as a result of working for the current policyholder; Any disability or retirement benefit received under a retirement plan; Any Social Security, or similar plan or act, benefits; Earnings the insured earns or receives from any form of employment.
- **Benefit Termination** - This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

## Voluntary Long-Term Disability - Aetna

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

- **Eligibility** - All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage.
- **Maximum Monthly Benefit** - 60% of salary up to \$5,000 per month
- **Maximum Benefit Duration** - 5 yr/To age 70
- **Own Occupation Period** - 24 Months
- **Elimination Period** - 90 days; (the number of days you must be disabled prior to collecting disability benefits).
- **Accumulation of Elimination Days** - You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have 2x the elimination period days to satisfy the total of 90 days.
- **Pre-Existing Condition** - You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 consecutive months.
- **Enrollment (Newly Eligible)** - You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again, or may be responsible for the cost of required examinations.
- **Waiver of Premium** - You will not be required to pay premium during any time of approved total or partial disability.
- **Survivor Income Benefit** - A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.
- **Aetna EAP** - Access to an employee assistance program for the employee or an immediate household family member who may be experiencing personal or workplace issues. Your Aetna Long-Term Disability insurance policy provides you and members of your household family with three face-to-face counseling sessions per year per concern with an EAP network provider.
- **Benefit Limitations** - Mental Illness: 24 month Substance Abuse; No Limit Specified Illness: No Limit
- **Portability** - If your employment is terminated for any reason other than retirement, disability, or a leave of absence, you can keep your current LTD coverage at the same rate for up to 12 months. Your current coverage must have been in force for at least 12 months.
- **Managers** are provided long-term disability at no cost.

### Semi-Monthly Premium Calculation

Example: John Smith is 37 years of age and earns \$3000 per month. Maximum covered monthly payroll x 60% monthly benefit = \$1800.  $\$3000 \times .00245 = \$7.35$  per pay period deduction.

Age	Premium Factor
To age 24	.00135
25-29	.00135
30-34	.00175
35-39	.00245
40-44	.00305
45-49	.00580
50-54	.00865
55-59	.01155
60-64	.02385
65-69	.01880
70-74	.00725

$$\$ \frac{\text{Your weekly salary}}{\text{Your weekly salary}} \times \frac{\text{Premium factor}}{\text{Premium factor}} = \$ \frac{\text{Your Semi-Monthly cost}}{\text{Your Semi-Monthly cost}}$$

\*Maximum monthly salary covered is \$8,333 (of which 60% is \$5,000, the maximum monthly benefit)

### Understanding Your Benefits

- **Own Occupation** - The occupation trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
- **Total Disability** - You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
- **Partial Disability** - You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.



- **Continuation of Disability** - If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately.
- **Benefit Duration Reduction** - Your benefit duration may be reduced if you become disabled after age 65.
- **Pre-Existing Condition** - Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
- **Benefit Exclusions** - You will not receive benefits in the following circumstances: Your disability is the result of a self-inflicted injury; You are not under the regular care of a doctor when requesting disability benefits; You were involved in a felony commission, act of war, or participation in a riot; You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
- **Benefit Reductions** - Your benefits may be reduced if you are receiving benefits from any of the following sources: Any compulsory benefit act or law (such as state disability plans); Any governmental retirement system earned as a result of working for the current policyholder; Any disability or retirement benefit received under a retirement plan; Any Social Security, or similar plan or act, benefits; Earnings the insured earns or receives from any form of employment; Workers compensation; Salary continuance or employer contributions to an employer sponsored retirement plan.
- **Benefit Termination** - This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

## BASIC Flexible Spending Account (FSA)

Participants may set aside up to \$2,000 in a pre-tax account to be used for medical, dental, or vision expenses, and up to \$5,000 for child care or adult day care expenses. Examples of qualified medical expenses include doctor visits and prescriptions, acupuncture and chiropractic, medical equipment, etc. The full list is available on the IRS website, Publication 502.

These funds are withdrawn from your paycheck on a pre-tax basis; you must “use it or lose it”, by the end of the plan year so budget carefully. The full elected amount of medical FSA funds is available immediately; dependent care funds are available as deposited per paycheck. The medical FSA plan allows up to a \$500 rollover from the previous year. No rollover is possible on the dependent care FSA.

FSA elections do not automatically renew each year; **you must re-enroll** with your election dollar amount each plan year.

## Banker’s Trust 401(k) plan

Sun Health Senior Living contributes a 50% match of the first 4% you contribute. Employees who are 21 and older are eligible to participate in the 401(k) plan on the first of the month following the employee’s date of hire. The forms for enrollment and rollovers are located in the 401(k) envelope located in the employee’s New Hire Packet. If additional information or forms are needed, please contact Human Resources.

## Sun Health University

This is Sun Health’s intranet training portal for ongoing education: <http://sunhealth.server.tracorp.com/novus/application/login/>

## Employee Assistance Program (EAP)

Sun Health Senior Living Employees or an immediate household family member who may be experiencing personal or workplace issues can call 24/7 to speak with confidential counselors at no cost. These counselors can help with relationship concerns, addiction, depression, family challenges, finances, stress, etc. They provide resources and coping strategies. Call 1-877-327-5832 or [www.mylifevalues.com](http://www.mylifevalues.com), username is eap4life; password is eap4life.

## FAQs

- **How many hours must I work to be eligible for benefits?** At least 30 hours per week or more.
- **How long must I be employed before I can sign up for benefits?** You are eligible for benefits on the first of the month following 60 days of Full-Time employment.
- **May I have the free Dental without signing up for medical benefits?** Yes, you may choose the free dental plan without enrolling in any other benefits. You should also make sure you add a beneficiary for the employer paid life coverage.
- **If I don't sign up for benefits now, will I get another chance later?** Yes, prior to July 1st every year is the Open Enrollment period. You may also be able to enroll within 31 days of a life event like marriage, divorce, birth, or a change in spousal coverage.
- **My girlfriend lives with me; can I include her on my medical plan?** No, the benefits are for married couples and eligible dependents.
- **My grandchild lives with me; can I include him on my medical plan?** No, unless you can provide a written court document designating you as your grandchild's legal guardian.
- **Why do the rates for my Short-Term Disability keep going up?** The rates on the Short- and Long-Term Disability and voluntary life insurance will increase the year after your age hits a milestone such as 30, 35, 40, 45, etc. as well as any increases in your compensation.
- **The medical insurance has vision discount included in their plan; why should I purchase the Aetna Vision coverage?** Aetna offers discounts on selected procedures. Aetna Vision is an insurance plan that offers comprehensive eye exams, as well as discounts on glasses, contacts, and laser vision correction.

## Health Insurance Definitions

### Reasonable and Customary the lowest of:

- The usual charge by the doctor, dentist or other provider of the services or supplies for the same or similar services or supplies,
- The usual charge of most other doctors, dentists or other providers of similar training or experience in the same geographic area for the same or similar services or supplies, or,
- The actual charge for the services or supplies.

### Copayment

A fixed dollar amount you pay for a doctor's visit, urgent care or ER visit, prescription drug or vision benefit. The remaining cost is covered by the plan.

### PCP/Specialist

A primary care physician (PCP) is a general or family practitioner, an internal medicine doctor or a pediatrician. All other doctors under these plans are considered specialists. You do not need a referral from your PCP to see a specialist.

### Plan Year

Prior to the beginning of each plan year (July through June), during annual open enrollment, you have the opportunity to review and change your benefit elections.

### Deductible - Calendar Year

The amount of money you must first pay toward health or dental expenses for each family member, each calendar year, before the health or dental plan will make a payment for eligible benefits. Deductible amounts vary on whether you use in-network or out-of-network providers or medical facilities. After you have paid your deductible, future eligible expenses are covered based on the coinsurance percentage. Copays continue to be applicable for specific services until your out of pocket maximum is met.

### Coinsurance or Cost Sharing

How the cost of a health or dental expense is shared between you and the plan after you pay your deductible. Once you have satisfied your calendar year deductible, you and your plan begin to pay a percentage of eligible expenses, this is your coinsurance obligation. Your coinsurance will vary depending on whether you use in-network or out-of-network providers or medical facilities.

### Eligible Expenses - In-Network & Out-of-Network

(Preferred & Non-Preferred)

Insurance payments are based on eligible expenses. When you stay in-network you can only be billed for the contracted rate of eligible expenses. When you choose to go out-of-network you may be billed for the entire physician or facility expense in excess of the out-of-network amounts your plan pays. Charges exceeding eligible expenses are not applied to your annual deductible or annual out-of-pocket maximum.

## Legal Notices

### ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the documents governing the plan, including the insurance contract and a copy of the latest annual report (Form 5500) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if any. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any. If you have any questions about your Plan, you should contact the Plan Administrator.

If you have any questions about this statement, or your rights under ERISA, or if you need assistance or information regarding your rights under HIPAA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide medical and surgical coverage for mastectomies to also provide coverage for reconstructive surgery following such mastectomies.

**Coverage must include:** All stages of reconstruction of the breast on which the mastectomy has been performed, Surgery and reconstruction of the other breast to produce a symmetrical appearance, and Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient.

Benefits for the above coverage are payable on the same basis as any other physical condition covered under the plan, including any applicable deductible and/or copayments and coinsurance amounts.

### STATEMENT OF RIGHTS UNDER NEWBORNS' & MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

### CONTINUATION OF BENEFITS (COBRA)

Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical, dental, and vision coverage – and/or any insured dependent's coverage - is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee assuming all premium costs. If the employee qualifies for Social Security disability benefits, COBRA eligibility is increased to 29 months.

When an employee's benefits eligibility ends, the terminating employee receives information with personalized information regarding COBRA continuation procedures. Continuation of medical, dental and vision coverage is also available for "qualified beneficiaries" up to 36 months when one of the following Qualifying Events occurs:

- Death of a covered employee;
- Divorce or legal separation;
- Employee becomes eligible for Medicare;
- Dependent child reaches maximum age allowed under group plan

"Qualified beneficiaries" are those individuals who were covered under the group plan on the day before the qualifying life event; this could include the employee's spouse and dependent child(ren).

Please note:

It is the responsibility of the employee, or the qualified beneficiary to notify the HR department of a Qualifying Event, such as divorce, legal separation, or dependent children reaching the maximum allowable age to remain on the benefit plans so that COBRA notification can be sent.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect in April 2003. To obtain a copy of Sun Health Senior Living's Notice of Privacy Practices, contact your HR department.

## NOTICE OF OPPORTUNITY TO ENROLL IN CONNECTION WITH EXTENSION OF DEPENDENT COVERAGE TO AGE 26

Eligible dependents whose coverage ended or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to be enrolled in your health insurance coverage. You may request enrollment for your eligible dependents up to age 26 within 30 days of the beginning of this new benefit plan year, or for new hires, within 30 days of your benefit effective date, whichever is applicable. For more information contact your HR Department.

## FEDERAL MARKETPLACE & WWW.HEALTHCARE.GOV / AHCCCS

The Federal Marketplace, also known as the Federal Exchange, is the primary way to determine whether you are eligible for Medicaid (AHCCCS in AZ), or for a subsidized individual medical insurance plan. Because Sun Health Senior Living offers group medical plans that meet requirements for minimum coverage and affordability, if you are eligible for the company medical plan, you are NOT eligible for any federal subsidies in an individual plan through the Marketplace; however you may be eligible for Medicaid if your earnings fall below certain thresholds. The best way to access this information is online at [www.healthcare.gov](http://www.healthcare.gov), or by calling 1-800-318-2596. If you are found to be eligible for Medicaid, the Healthcare.gov organization will redirect you to local Medicaid / AHCCCS.

## CONTACTS

<b>Aetna - Medical and Vision</b>	1-855-586-6957	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna - Dental</b>	1-877-238-6200	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna Pharmacy Retail</b>	1-888-238-6279	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna Pharmacy Mail Order</b>	1-888-792-3862	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna - Life</b>	1-800-523-5065	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna - Disability</b>	1-866-326-1380	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna - EAP (Employee Assistance Program)</b>	1-877-327-5832	<a href="http://www.mylifevalues.com">www.mylifevalues.com</a> Username: eap4life Password: eap4life
<b>401(k) Retirement Plan - Bankers Trust</b>	(877) 410-9984 x4444 (plan info) (515) 245-5230 (member services)	<a href="http://www.bankerstrust.com">www.bankerstrust.com</a>
<b>BasicFlex FSA</b>	(800) 473-0455	<a href="http://www.basiconline.com">www.basiconline.com</a>
<b>Angela Schlosser, CBIZ Claims Advocate</b>	(520) 321-7503	<a href="mailto:aschlosser@cbiz.com">aschlosser@cbiz.com</a>

**About this Booklet.** This booklet highlights important features of Sun Health Senior Living's benefits. 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.