

2025 TRINITY HEALTH Benefits Guide



WELCOME TO YOUR 2025 Benefits Guide

Thank you for being part of Trinity Health. You are part of a national Catholic health system with an enduring legacy and steadfast Mission to transform and heal the communities we serve.

Your daily effort makes our long-term success possible, and because of this, we are committed to rewarding you with pay and benefits that meet your needs and support our culture.

This 2025 Benefits Guide outlines the Total Rewards that Trinity Health proudly provides. We encourage you to use this guide to learn about your benefit plan options, decide on the levels of coverage that are right for you and your family, and compare costs. Take the time to review all the benefits that Trinity Health offers.

If you have more questions after reading this guide, refer to the “For More Information” section to determine where you can go to get answers.

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Trinity Health Total Rewards

Total Rewards include your compensation, health and well-being benefits, retirement plan, and other benefits. Trinity Health Total Rewards align with our Mission, Core Values and Culture. The Trinity Health Total Rewards program was created to support and care for the diverse needs of our colleagues, to provide comprehensive, consistent and market-based rewards, and to offer colleagues meaningful choices. Here is a summary of key features:



Compensation programs offered by Trinity Health

- Market-based compensation
- Established minimum wage



Comprehensive health and well-being benefits

To support the diverse medical, family and financial needs of our colleagues, Trinity Health provides medical, dental and vision plan options. You are also eligible for Basic Life and Accidental Loss of Life and Severe Injury insurance (also known as Accidental Death and Dismemberment (AD&D)) provided by Trinity Health.



Meaningful retirement benefits

The Trinity Health Retirement Savings Plan is offered to support you in reaching your savings goals for retirement. Trinity Health will match:

- **100%** of your deferred contributions dollar-for-dollar up to 3% of pay, PLUS
- **50%** on the next 7% of pay. Trinity Health's maximum match is 6.5%, subject to IRS limits.



Time away from work and additional benefits

Once you are eligible, Trinity Health provides you with benefits to support you when you need time away from work as well as a comprehensive benefits package.

TOTAL REWARDS INCLUDES		
HEALTH, WELL-BEING & TIME AWAY	RETIREMENT	COMPENSATION
• Medical and Prescription Drug • Dental • Vision • Flexible Spending Accounts (FSAs) • Basic Life and AD&D Insurance • Supplemental Life Insurance • Supplemental AD&D Insurance • Dependent Life Insurance	• 401(k) or 403(b) Retirement Savings Plan – Colleague pre-tax and Roth contributions – Trinity Health matching contributions	• Market-based Compensation • Trinity Health Minimum Wage

Who Is Eligible

Eligible Individual	Definition
Colleague	Full-time colleagues budgeted for 72 or more hours per pay period or part-time colleagues budgeted for 40 or more hours per pay period.
Spouse/Eligible Adult	You may cover your spouse or Eligible Adult. An Eligible Adult is an adult who resides and has financial interdependence with the colleague, and is not related by blood, adoption or marriage to the colleague. If an eligible adult qualifies as a tax dependent, you must complete the Non-Spouse Eligible Adult Dependent Certification form posted on the HR4U colleague portal each year in order to receive pre-tax deductions. If the form is not submitted, the deductions will be post-tax. For 2025, you must submit the Certification form by the documentation deadline.
Dependent Children	Dependent children are eligible for coverage through the end of the Plan Year in which they turn age 26, regardless of marital status, student status, residency, financial dependency or other requirements provided they meet all of the following criteria. They are: • Your or your spouse/eligible adult's natural children; • Your or your spouse/eligible adult's legally adopted children or children placed with you or your eligible adult for adoption; or • Children for whom you or your spouse/eligible adult are the court-appointed legal guardian. • Not otherwise covered under the Plan or any other group health plan offered by the Employer. NOTE: Children of eligible adults may be covered only if their eligible adult is covered.

New Hires

New hires are eligible for benefits on the first day of employment, and have 30 days from their start date to enroll in benefits.

Adding Family Members

If you're adding eligible family members to your benefit plan during enrollment who have not been on Trinity Health's benefits before, you're required to provide written documentation (for example, marriage certificate or birth certificate) verifying their dependent status by uploading the appropriate documents to Workday or the HR4U colleague portal by documentation deadline.

If you don't submit the required documentation by the documentation deadline, your dependents will not be enrolled in coverage for 2025, and you'll be required to wait until next year's open enrollment period to add them to the plan – provided they remain eligible, and you provide documentation verifying their dependent status at that time. To confirm who is eligible to be added to coverage, please see the "Who Is Eligible" section above. Dependents currently enrolled in Trinity Health benefits do not need to be reverified. In order for your dependent(s) to be covered, you are required to provide a Social Security Number for each dependent age 45 or older.

Please note, you have the option to purchase coverage for your spouse/eligible adult and dependents. If you and your spouse/eligible adult or dependent(s) both work for Trinity Health, and are benefits eligible, you cannot elect dual coverage (enrolled as a colleague and a dependent). In addition, only one of you will be able to elect coverage for your child(ren). If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.

Can I make enrollment changes mid-year?

A qualifying life event (or life status change) is a change in a life or job situation that makes someone eligible to enroll in benefits outside of the annual Open Enrollment period. Common examples of life status changes are birth/adoption of a child, marriage, divorce, or a job change.

You have 30 days from your event date to make changes to your elections and submit dependent documentation (if applicable). The 30 day enrollment period begins the day after the event date and is considered day one.

Example

A baby is born on March 1. The day after the event date is March 2 (day one). You will have until March 31 (day 30) at 11:59 p.m. to elect your benefits and provide dependent documentation.

To view the complete eligibility rules and documentation requirements for you and your family visit <https://hr4u.trinity-health.org>.

Medical Coverage

Trinity Health is offering you four medical plan options during benefits enrollment: the Traditional Plan, the Health Savings Plan, the Essential Plan and the Kaiser. Three plans are administered by Aetna and one plan is administered by Kaiser.

The Traditional, Health Savings and Essential Plans offer these two tiers so you can pay less by receiving care from network providers.

- **Tier 1**, or the Trinity Health network providers, are facilities or physicians aligned with our organization that provide you with the lowest deductibles, coinsurance and copays. The Clinically Integrated Network includes these Tier 1 physicians who work to improve the health of our colleagues and the communities in which they live and work. For services unavailable through Trinity Health network providers, select Aetna providers will be available at the Tier 2 benefit level.
- **Tier 2** includes select Aetna providers (facilities and physicians) not listed under Tier 1. Tier 2 providers can save you money, but not as much as using our Tier 1 network.

Mayo Clinic and City of Hope Comprehensive Care and Treatment Centers (formerly Cancer Treatment Centers of America) are not covered providers.

By using Tier 1 providers, you're not only reducing your out-of-pocket expenses, you're also supporting Trinity Health as an organization. Since the cost of medical premiums is shared by you and Trinity Health, using Tier 1 providers helps to minimize the rising cost of health care for all of us.

Please Note

In limited situations where an in-network provider is not available, please reach out to your medical plan administrator for review to see if you qualify for an exception based on a network deficiency.

For a qualified medical emergency, an emergency room (ER) visit will be subject to Tier 1 cost share regardless of the tier in which you seek care, and the ER co-pay will be waived if you are admitted.

Provider Search Tool

Aetna

- aetnaresource.com/n/Trinity-Health
- Click *Find a Doctor*

Kaiser

- my.kp.org/holycross
- Click *Find a Doctor*

Selecting the Plan that's right for you

Review your medical plan options below to find the one that fits your needs.



Traditional Plan

- › Pay more each paycheck, but less at the time of service
- › Choose this plan if you are interested in lower costs at the time you use insurance



Health Savings Plan

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

- › Pay less each paycheck, but more at the time of service until you meet your deductible
- › Receive annual employer contribution in an HSA based on coverage level
- › Choose this plan to contribute to the HSA, and maximize your tax advantage as you save for current and future health care expenses



Essential Plan

Assist plan with Health Reimbursement Account (HRA) if you qualify

- › Pay the least amount each paycheck, but more at the time of service
- › Choose this plan if you are interested in lower payroll contributions
- › Essential Assist Plan, including HRA with annual employer contribution based on coverage level, available for colleagues who meet certain income requirements



Kaiser

- › Pay more each paycheck, but less at the time of the service
- › Primary care physician manages all care
- › Receive the maximum benefit when you receive care from facilities in the Kaiser network

About the Medical Plans

Access to Care

Trinity Health's goal with the Tier 1 network is to include adult/pediatric primary care, OB/GYN, hospital-based physicians (radiologists, pathologists, hospitalists, etc.), and high-volume specialties (cardiology, gastro, ENT, etc.). The majority of services should be available in Tier 1, however, some services may only be available at the Tier 2 level. Our intent is to ensure access to all services within Tier 1 or Tier 2 networks.

Where to Seek Care

Our Trinity Health Colleague Health Plan is committed to supporting you on your well-being journey. **CLICK HERE** to review information on where to seek care and the resources available to you and your covered family members.

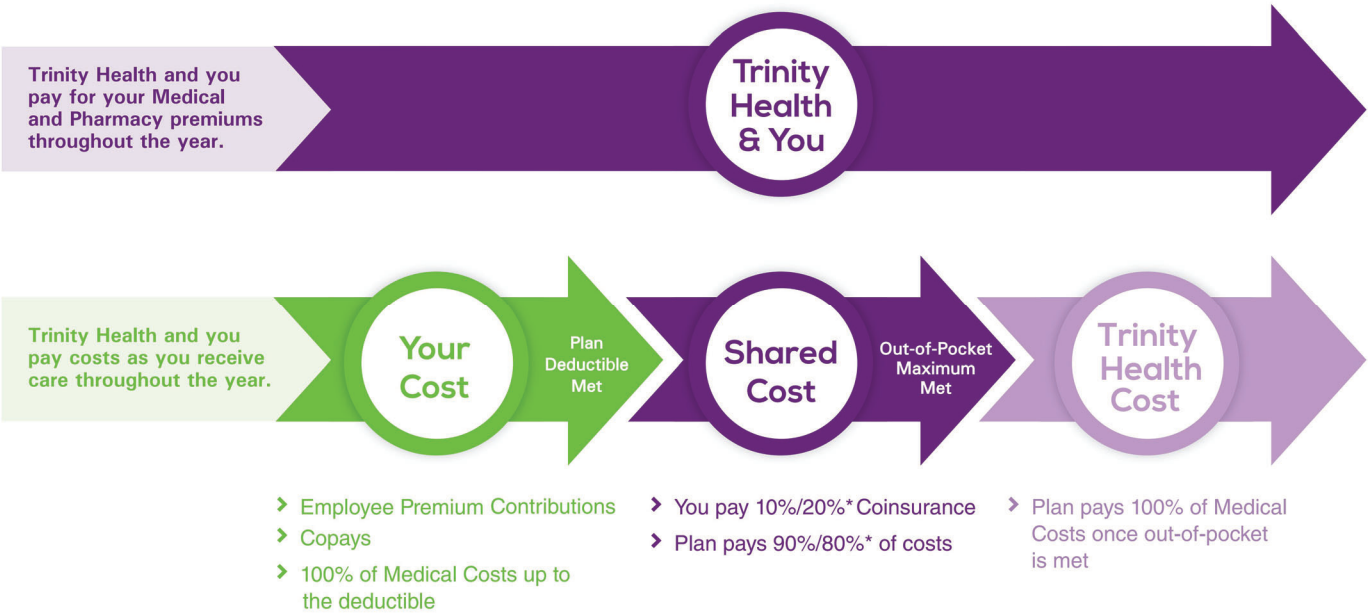
Medical Terms To Know

- **Clinically Integrated Networks** – local physicians and health care providers that have partnered with Trinity Health's Health Ministries to deliver services to colleagues. They are focused on helping you access the right care, at the right time, in the right setting. All providers are part of the Tier 1 network, so you pay the lowest cost for the care you receive.
- **Premiums** – the amount paid for your medical plan. Trinity Health pays a portion of your medical plan premiums and you pay a portion which is deducted from each of your paychecks.
- **Deductibles** – the amount you pay for covered health care services before your medical plan starts to pay. Typically, you pay only a copayment or coinsurance for covered services once you pay your deductible.
- **Coinsurance** – percentage of costs of a covered health care service you pay after you've paid your deductible.
- **Copay** – the fixed amount you pay for covered health care services.
- **Out-of-Pocket Maximum** – the most you pay during a plan year before your medical plan starts to pay 100 percent of covered health benefits.

Understanding your out-of-pocket medical costs

You may be wondering how Trinity Health and you share medical and pharmacy costs each year. The graphic below shows how costs are shared for both premiums and coverage. Keep in mind, your costs will vary depending on the plan and the network you access at the time of service.

How Trinity Health & You Share Medical & Pharmacy Costs



* Dependent on the Trinity Health Medical Plan selected and the cost share for Tier 1 facilities or physicians.

Medical and Pharmacy Plan Highlights

For more information about your medical and pharmacy plan options, visit <https://hr4u.trinity-health.org>.

Medical Plan Highlights	Network Tier	Traditional Plan		Health Savings Plan ¹		Essential Plan	
Trinity Health-funded account (Individual / Family)		N/A		HSA: \$650 / \$1,300		HRA: \$1,000 / \$2,000 (Essential Assist Plan Only)	
Annual deductible (Individual / Family)	Tier 1	\$500 / \$1,000		\$1,750 / \$3,500		\$1,250 / \$2,500	
	Tier 2	\$1,000 / \$2,000		\$2,750 / \$5,500		\$2,750 / \$5,500	
Coinsurance	Tier 1	10%*		10%*		20%*	
	Tier 2	20%*		20%*		30%*	
Preventive care	Tier 1	0% no deductible		0% no deductible		0% no deductible	
	Tier 2	0% no deductible		0% no deductible		0% no deductible	
Office visit (PCP/Specialist/ Virtual health ²)	Tier 1	\$20 / \$30		10%*		20%*	
	Tier 2	\$30 / \$40		20%*		30%*	
Urgent care visit	Tier 1 and Tier 2	0% after \$35 copay		10%*		20%*	
Emergency room	Tier 1, Tier 2 and out-of-network	0% after \$200 copay (waived if admitted)		10%* Subject to Tier 1 deductible		0% after \$200 copay (waived if admitted)	
Inpatient admission	Tier 1	None*		None*		None*	
	Tier 2	\$500*		\$500*		\$500*	
Inpatient admission (thru Emergency Room)	Tier 1, Tier 2 and out-of-network	10% Subject to Tier 1 deductible		10% Subject to Tier 1 deductible		20% Subject to Tier 1 deductible	
Outpatient surgical services	Tier 1	\$50*		None*		\$50*	
	Tier 2	\$100*		\$100*		\$100*	
Out-of-pocket maximum (Individual / Family)	Tier 1	\$3,000 / \$6,000		\$3,100 / \$6,200		\$4,000 / \$8,000	
	Tier 2	\$5,250 / \$10,500		\$5,500 / \$11,000		\$6,000 / \$12,000	
		Trinity Health Owned Pharmacy	Retail Pharmacy	Trinity Health Owned Pharmacy	Retail Pharmacy	Trinity Health Owned Pharmacy	Retail Pharmacy
Prescription drug 34 day supply	Generic	\$8	\$10	16% after deductible ³ , 0% after out-of-pocket max	20% after deductible ³ , 0% after out-of-pocket max	\$8	\$10
	Brand formulary	16% (\$24 min, \$80 max)	20% (\$30 min, \$100 max)			20% (\$24 min, \$80 max)	25% (\$30 min, \$100 max)
	Brand non-formulary	32% (\$48 min, \$120 max)	40% (\$60 min, \$150 max)			40% (\$48 min, \$136 max)	50% (\$60 min, \$170 max)
	Obesity Medications	32% (\$48 min, \$320 max)	40% (\$60 min, \$400 max)			40% (\$48 min, \$320 max)	50% (\$60 min, \$400 max)
			Trinity Health Owned Pharmacy	OptumRx Home Delivery	Trinity Health Owned Pharmacy	OptumRx Home Delivery	Trinity Health Owned Pharmacy
90 day supply	Generic	\$24	\$25	16% after deductible ³ , 0% after out-of-pocket max	20% after deductible ³ , 0% after out-of-pocket max	\$24	\$25
	Brand formulary	16% (\$72 min, \$240 max)	20% (\$75 min, \$250 max)			20% (\$72 min, \$240 max)	25% (\$75 min, \$250 max)
	Brand non-formulary	32% (\$144 min, \$360 max)	40% (\$150 min, \$375 max)			40% (\$144 min, \$408 max)	50% (\$150 min, \$425 max)
	Obesity Medications	32% (\$144 min, \$960 max)	40% (\$150 min, \$1,000 max)			40% (\$144 min, \$960 max)	50% (\$150 min, \$1,000 max)
			Out-of-pocket maximum based on Tier 2		Deductible and out-of-pocket based on Tier 1		Out-of-pocket maximum based on Tier 2

*Subject to deductible and coinsurance.

¹The individual deductible and individual out-of-pocket maximum only apply to those enrolled in colleague-only coverage for the Health Savings Plan. For family coverage, all members on the contract can contribute to the family deductible and family out-of-pocket; however, a single member will not exceed the individual IRS maximum of \$8,300 for Tiers 1 and 2.

²Virtual visits through your medical plan administrator's partner are subject to the Tier 2 office visit cost share of your medical plan. If your PCP or other providers offer virtual visits, these will be covered at the applicable tier level cost share. In-network behavioral health visits, both virtual and in-person, will be subject to the Tier 1 cost share.

³Select, generic preventive drugs are covered at 100% and are not subject to the annual deductible.

Medical and Pharmacy Plan Highlights

Medical Plan Highlights	Kaiser
Annual deductible Individual/Family	\$500 / \$1,000
Coinsurance (Colleague responsibility, after deductible is met)	10%
Preventive services (see Summary Plan Description for definition of covered preventive services)	No charge
Office Visit	\$20 PCP copayment / \$30 specialist copayment
Urgent care visit (non-life threatening)	\$35 copayment
Emergency room visits¹ (life threatening)	\$200 copayment
Inpatient admissions	10% coinsurance
Out-of-pocket maximums (includes deductible, copayments, prescription drug costs, and coinsurance) Individual Family	\$3,500 \$7,000
Prescription drug copayment/coinsurance Generic (incentive applies) Brand formulary Brand non-formulary	\$8 plan pharmacy or mail order / \$10 retail in-network 16% coinsurance plan pharmacy or mail order / 20% coinsurance retail in-network, \$100 max 32% coinsurance plan pharmacy or mail order, \$80 max / 40% coinsurance retail in-network, \$150 max

¹Waived if admitted.

Paying for Medical and Pharmacy Coverage

Contribution levels for the medical and pharmacy plans are based on the Social Security taxable wage base (\$168,600 for 2024, indexed annually) to ensure our benefit plan cost-sharing model is appropriately aligned with our colleagues' income levels. The amount you pay for medical and pharmacy coverage is based on your annual base salary (your base rate of pay times your budgeted hours) and your participation in the Well-Being programs. If at any time during the 2025 plan year, you earn \$168,600 or more, you will pay a higher premium contribution per pay period for your medical insurance.

Full Time Your per pay period cost	Traditional Plan			Health Savings Plan			Essential Plan			Kaiser		
	Full Incentive	1 - Person Incentive	No Incentive	Full Incentive	1 - Person Incentive	No Incentive	Full Incentive	1 - Person Incentive	No Incentive	Full Incentive	1 - Person Incentive	No Incentive
For colleagues earning less than the 2024 SSTWB [‡] - Level 1												
Colleague only	\$65.96	N/A	\$80.96	\$40.47	N/A	\$55.47	\$30.98	N/A	\$45.98	\$57.45	N/A	\$72.45
Colleague plus spouse/eligible adult	\$185.41	\$200.41	\$215.41	\$153.57	\$168.57	\$183.57	\$102.24	\$117.24	\$132.24	\$157.98	\$172.98	\$187.98
Colleague plus child(ren)	\$130.63	N/A	\$145.63	\$107.68	N/A	\$122.68	\$72.03	N/A	\$87.03	\$111.31	N/A	\$126.31
Colleague plus family	\$231.76	\$246.76	\$261.76	\$191.97	\$206.97	\$221.97	\$127.80	\$142.80	\$157.80	\$197.48	\$212.48	\$227.48
For colleagues earning the 2024 SSTWB or more [‡] - Level 2												
Colleague only	\$102.60	N/A	\$117.60	\$74.19	N/A	\$89.19	\$61.96	N/A	\$76.96	\$93.35	N/A	\$108.35
Colleague plus spouse/eligible adult	\$266.02	\$281.02	\$296.02	\$227.76	\$242.76	\$257.76	\$170.40	\$185.40	\$200.40	\$236.98	\$251.98	\$266.98
Colleague plus child(ren)	\$187.43	N/A	\$202.43	\$159.95	N/A	\$174.95	\$120.05	N/A	\$135.05	\$166.96	N/A	\$181.96
Colleague plus family	\$332.53	\$347.53	\$362.53	\$284.70	\$299.70	\$314.70	\$213.00	\$228.00	\$243.00	\$296.22	\$311.22	\$326.22

Part Time Your per pay period cost	Traditional Plan			Health Savings Plan			Essential Plan			Kaiser		
	Full Incentive	1 - Person Incentive	No Incentive	Full Incentive	1 - Person Incentive	No Incentive	Full Incentive	1 - Person Incentive	No Incentive	Full Incentive	1 - Person Incentive	No Incentive
For colleagues earning less than the 2024 SSTWB [‡] - Level 1												
Colleague only	\$139.24	N/A	\$154.24	\$111.29	N/A	\$126.29	\$86.75	N/A	\$101.75	\$119.44	N/A	\$134.44
Colleague plus spouse/eligible adult	\$346.64	\$361.64	\$376.64	\$281.92	\$296.92	\$311.92	\$224.92	\$239.92	\$254.92	\$301.41	\$316.41	\$331.41
Colleague plus child(ren)	\$244.22	N/A	\$259.22	\$198.63	N/A	\$213.63	\$158.47	N/A	\$173.47	\$212.36	N/A	\$227.36
Colleague plus family	\$433.30	\$448.30	\$463.30	\$352.40	\$367.40	\$382.40	\$281.16	\$296.16	\$311.16	\$376.76	\$391.76	\$406.76
For colleagues earning the 2024 SSTWB or more [‡] - Level 2												
Colleague only	\$175.88	N/A	\$190.88	\$145.01	N/A	\$160.01	\$117.73	N/A	\$132.73	\$155.34	N/A	\$170.34
Colleague plus spouse/eligible adult	\$427.25	\$442.25	\$457.25	\$356.11	\$371.11	\$386.11	\$293.08	\$308.08	\$323.08	\$380.40	\$395.40	\$410.40
Colleague plus child(ren)	\$301.02	N/A	\$316.02	\$250.90	N/A	\$265.90	\$206.49	N/A	\$221.49	\$268.01	N/A	\$283.01
Colleague plus family	\$534.06	\$549.06	\$564.06	\$445.14	\$460.14	\$475.14	\$366.35	\$381.35	\$396.35	\$475.50	\$490.50	\$505.50

[‡]The 2024 Social Security taxable wage base (SSTWB) is \$168,800 and includes productivity pay, if applicable.

Need help with your medical and prescription drug costs?

You may be eligible for the Essential Assist Plan if you meet certain income requirements. The plan design is the same as the Essential Plan, but includes a Trinity Health-funded Health Reimbursement Account (HRA) to help you pay for your medical and/or prescription drug expenses. If you apply and qualify for the Essential Assist Plan, Trinity Health will provide you with \$1,000 for single coverage or \$2,000 for family coverage into an HRA*. This contribution is for you to use for any medical and/or prescription drug expenses you incur for as long as you are eligible for and enrolled in the Essential Assist Plan.

To participate in the Essential Assist Plan, you must apply and meet specific income and eligibility guidelines. To learn more, see the Essential Assist information in HR4U and apply by completing the electronic application within the HR4U portal. Be sure to include a copy of your most recent Federal Income Tax Form 1040 or 1040EZ by the deadline.

NOTE: We encourage you to enroll in the medical plan you think will be best for you in case you do not meet the Essential Assist Plan requirements for 2025. If you apply and qualify for the Essential Assist Plan, you will be moved to the Essential Assist Plan. If you are currently enrolled in the Essential Assist Plan and you do not re-apply for 2025 coverage, you will be defaulted to the Essential Plan.

*HRA amounts prorated for mid-year enrollments

How do the Incentives work?

For more information on how to achieve Full and 1-Person incentives, see the Live Your Whole Life section for more details.

More about the Health Savings Plan

The Health Savings Plan is a consumer-driven health plan which gives you the opportunity to participate in a plan where your health care costs are more closely determined by your decisions.

How the Health Savings Plan works:

First You pay the full cost of medical and prescription expenses until you reach the annual deductible.
(Note: preventive care services and certain preventive 90-day generic prescriptions do not require you to meet the deductible).

Second Once you meet the deductible, you pay coinsurance until you reach the out-of-pocket maximum. A combined deductible means the full family deductible must be met even if only one person in the family is receiving care. Coinsurance begins once the combined deductible has been met.

Third Once you reach the out-of-pocket maximum, Trinity Health pays 100% of all remaining eligible expenses during the year.

Keep in mind, the plan pays 100% for certain generic prescription drugs, diabetes and asthma drugs before your deductible is met.

For Open Enrollment Only

If you are currently enrolled in the HCFSa for 2024 and you elect the HSA for 2025, you must utilize your HCFSa funds by Dec. 31, 2024.
If you carry over any HCFSa balance into 2025, you will be unable to receive employer HSA contributions or your colleague HSA contributions until April 1, 2025.

How the Health Savings Account (HSA) works

When you enroll in the Health Savings Plan, you automatically have a Health Savings Account (HSA) administered by HealthEquity to help you pay for current or future health care costs. Trinity Health will make a full contribution to your account after the first pay date in January based on the coverage level you elect. In addition, you can also contribute to this account up to IRS limits:

Coverage Level	Trinity Health Contributions*†	Your Voluntary Contributions**†	Total IRS Allowed HSA Contributions
Colleague only	\$650	\$3,650	\$4,300
All other coverage levels	\$1,300	\$7,250	\$8,550

*Prorated based on mid-year enrollments.

**If you are 55 or older, you can contribute an additional \$1,000 in catch-up contributions to your HSA.

†May be subject to state taxation.

Questions about the HSA

How do I get an HSA? To be eligible for the HSA, you must enroll in the Health Savings Plan. In addition, you cannot have coverage under another non-high deductible health plan, such as Medicare, TRICARE, or coverage through a spouse's health plan.

Who can use funds in my HSA? You and your dependents can pay for medical, dental, vision and pharmacy expenses with funds in your HSA. Dependents must be claimed on your tax return. (Note: Children under the age of 26 may not qualify to use HSA funds depending on their annual income and other factors, see IRS website for details.)

Why would I contribute to my HSA? Contributions to the HSA are a great way to save on taxes. With the HSA, you do not pay taxes on the amount you contribute through payroll deductions, the amount you withdraw for medical expenses, and the interest you earn in the account (up to amounts set by federal law)†. We encourage you to consult with a tax advisor for IRS rules and tax implications related to an HSA. Keep in mind that you can change the amount you contribute to your HSA at any time during the plan year.

How can I use the money in my HSA? You may use the HSA to pay for qualified medical, dental, vision and pharmacy expenses now and during retirement for you and your qualified dependents.

How do I pay for medical expenses with my HSA? When you receive eligible health care services, you can pay for those services with your HSA debit card, or through several online and smartphone app options. You'll receive more information about your payment options if you enroll in the Health Savings Plan with the HSA.

What happens if I don't use all the money in my HSA each year? Any money you do not use during the year is carried over, without any limits. Remember, you own the money in your HSA and it is yours to keep – even when you change jobs or retire.

Can I enroll in the Health Care Flexible Spending Account (HCFSa) if I have an HSA? When you enroll in the Health Savings Plan that includes the HSA, you will not have access to the health care flexible spending account (HCFSa). However, the HSA may be seen as having more advantages over the HCFSa including:

- The opportunity to carry over savings from year to year – you do not forfeit any amount in your HSA at the end of the plan year.
- Contributions of up to \$8,550† in tax-free HSA dollars each year (the HCFSa maximum is \$3,200);
- Your HSA dollars are saved in a bank account that may earn interest.

†May be subject to state taxation.

For more information about the Health Savings Plan, including the Health Savings Account (HSA), visit www.healthequity.com or <https://hr4u.trinity-health.org>.

More About the Medical and Pharmacy Plans

Choose your Primary Care Physician (PCP)

Maintaining a relationship with your PCP is important because they are trained to recognize any health problems you may have. A PCP is the doctor you see for most services, including annual check-ups. Your PCP can also help you identify and meet your health goals and help you prevent serious, long-term health conditions. And, by following their preventive recommendations, they can help keep your health care costs low. Trinity Health encourages you to select and develop a relationship with a PCP. **If you are electing a Trinity Health medical plan for the first time you and your covered dependents will be required to select a PCP within the first 30 days from your effective date of coverage for all Aetna plans.** Be sure to indicate your PCP through the Aetna online portal. If no PCP is indicated, the Plan will auto-assign based on claim history, Tier 1 physician within a 25 mile radius of your home, or Tier 2 physician within a 25 mile radius of your home. To find an in-network physician or provider, visit <https://www.aetnaresource.com/n/Trinity-Health>. **NOTE:** For Kaiser Plan members, continue to choose your PCP through Kaiser. There have been no changes to your PCP requirements.

Be a smart health care consumer

As you know, the cost of high-quality health care continues to increase each year. Being a smart consumer means getting the best price on something you need, whether it's a new car or health care.

Being a smart health care consumer doesn't mean you should avoid trips to the doctor – it means making the best decisions about *when* to go to the doctor. Regular checkups can improve your health and extend your life. By getting the recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Plus, preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because generally, it's covered by your medical plan. For more information on preventive care benefits, visit <https://hr4u.trinity-health.org>.

An easy way to be a smart health care consumer is to choose a Trinity Health Tier 1 provider when you or a family member needs medical care. Besides receiving excellent care at our own facilities, you receive the highest level of benefits while paying the lowest available copayment and coinsurance amounts.

Maintenance Medications – Traditional, Health Savings and Essential plans only

Our prescription drug plan requires that you receive your maintenance medications* in 90-day supplies through your Trinity Health owned pharmacy, a local CVS pharmacy or OptumRx home delivery. Once you reach your plan limit (initial fill and 2 refills) for filling 30-day supplies at a retail pharmacy, you will pay the full cost of your medications if you do not move your prescription to one of the long-term options listed above.

*A maintenance medication is a long-term medication taken regularly for chronic conditions or long-term therapy.

Specialty Medications – Traditional, Health Savings and Essential plans only

Specialty medications for members of Aetna are required to be filled at either a Trinity Health owned pharmacy or OptumRx Specialty pharmacy. Please note that select medications are required to be filled at Trinity Health Pharmacy Services only. Any member currently filling one of the selected medications will or have received direct communication to their home at time of required transition.

Prescriptions available at a Trinity Health pharmacy

Remember, purchasing your medications at a Trinity Health pharmacy may save you money. Also, you can fill prescriptions for up to a 90-day supply of your medications. To find a list of Trinity Health pharmacies, please visit the Pharmacy article in the HR4U colleague portal.

Get help with Medicare

If you or a family member are approaching or have reached Medicare eligibility, Alight Retiree Health Exchange can offer access to individual Medicare plans, such as Medicare Supplement, Medicare Advantage and Prescription Drug plans that help pay for services and costs not fully covered by Original Medicare. Call Alight's licensed Benefits Advisors at 877-216-3711 (TTY 711) or use their interactive plan recommendation tool at retiree.alight.com/trinityhealth. Refer to the *Medicare & You* handbook, available at medicare.gov, for a comprehensive overview of Medicare Parts A and B. Alight's services are provided to you at no additional cost. You only pay for the coverage you select. For more information, please **click here** to visit our Medicare and Social Security Resource Page.

Live Your Whole Life Colleague Well-being

At Trinity Health, we believe that our **spiritual, mental, emotional, physical, financial, social, and vocational well-being** can positively affect quality of life not only for ourselves, but also for our families and those we serve. Live Your Whole Life is the integrated well-being strategy for Trinity Health colleagues and family members and is comprised of activities, tools, and benefits that support us in achieving our unique well-being goals.

All colleagues are invited to participate in the well-being opportunities through Live Your Whole Life. Visit the Live Your Whole Life Sharepoint Site for the most up-to-date well-being resources for you and your family. This link contains monthly highlights, upcoming events and links to our well-being vendor partners.



To get started, please visit the Live Your Whole Life Sharepoint Site at:
mytrinityhealth.sharepoint.com/sites/SO-LiveYourWholeLife_ColleagueWellbeing

Mental and Emotional Well-being

Our Trinity Health colleagues and their families continue to be our most valuable resource. While well-being is multi-dimensional, mental and emotional well-being has emerged as a top priority. Now, more than ever, it is important to focus on our resilience and ensure that our colleagues have the resources they need to manage their overall well-being.

Additional Live Your Whole Life Mental and Emotional Well-being Resources

There are a range of tools available, such as virtual support groups, individual counseling, and self-guided video courses to help you better understand, maintain and improve your health and well-being.



Individual Counseling and Coaching powered by Spring Health

Colleagues and their household members each have access to six free counseling sessions and six free coaching appointments per calendar year.

trinityhealth.springhealth.com | 1-855-629-0554
work-life code: trinityhealth



Virtual Support Groups and Educational Webinars powered by Spring Health

Access virtual support groups that help you work through life's challenges together or join a live webinar to learn about a variety of mental well-being topics.

trinityhealth.springhealth.com



Self-Guided Video Courses

Video courses on Mindfulness and Self-Awareness.

trinity-health.org/lywl

Download the app to your phone at the App Store or Google Play: search **Personify Health**



National Suicide Prevention Lifeline

The Lifeline is available nationwide and provides 24/7 free and confidential support.

Call or text **988**. You can also chat with a member of the Lifeline team by visiting 988lifeline.org

Coverage Under Trinity Health Medical Plan

- Behavioral health care including inpatient and outpatient mental health care and substance abuse care by Tier 1 & 2 providers is covered at the Tier 1 benefit level.

Colleague Health Plan Well-being Incentive

Each year, medically enrolled colleagues and spouses/eligible adult dependents have an opportunity to earn an incentive to retain the lower per pay period cost for medical coverage by completing and tracking healthy-living and well-being activities. The Colleague Health Plan Well-being Incentive is only **one component** of *Live Your Whole Life*.

Here's how the program works:

- 1 **All colleagues start the plan year with the Full Incentive amounts (lower per pay cost for medical coverage).** Note: See the box to the right to understand the options for Full and 1-Person Incentives.
- 2 **Log into or register for your Live Your Whole Life account at trinity-health.org/lywl or on the mobile app.**
- 3 **Earn points by completing program activities.** Points earned within a quarter accumulate to drive progress to higher levels of the game.
- 4 **Complete Level 4 of the quarterly game by earning a total of 5,000 points each quarter to maintain a lower per pay cost for medical coverage in the following quarter.**

Quarter	2025 Dates	Premium change date
Q1	Jan. 1 – March 31	Pay including May 1
Q2	Apr. 1 – Jun. 30	Pay including Aug. 1
Q3	Jul. 1 – Sept. 30	Pay including Nov. 1
Q4	Oct. 1 – Dec. 31	Complimentary Quarter – all members are gifted completion status for Q4

- 5 **Those who do not complete Level 4 by the quarterly deadline will not maintain their incentive.**

Incentive Structure

There are separate incentive amounts for colleagues and spouse/eligible adult. If both you and your spouse/eligible adult complete four levels in each quarter, you will maintain the Full Incentive amounts. If only one of you completes all four levels in each quarter, you will only maintain a 1-Person Incentive amount. (See the section "Paying for Medical and Pharmacy Coverage" for contribution rates with Full and 1-Person Incentives).

Need another chance to earn your Full Incentives?

The game resets each quarter with a new opportunity to maintain or regain your Full Incentive amounts. If you do not complete Level 4 by the Quarter 1 deadline, you will have the opportunity to regain your Full Incentive amounts by completing Level 4 in Quarter 2, and again in Quarter 3.

If you feel that you are unable to complete the Live Your Whole Life incentive activities by the deadline(s) due to extenuating circumstances (e.g., medical hardship, military deployment), you may request an exception. For your exception request to be reviewed, you must complete the form and return it prior to the end of each quarter. You can find exception forms at trinity-health.org/lywl or by calling 855-491-8781.

New hires and colleagues eligible after Jan. 1, 2025

Colleagues with a medical benefits effective date after Jan. 1, will pay the lower per pay cost for medical coverage through the remainder of the calendar year.

For more information on dates and activities, please visit the Live Your Whole Life website at mybenefits.trinity-health.org/lywl or call 1-855-491-8781.

Dental Coverage

You have a choice between two Delta Dental of Michigan plan options: the High plan and the Standard plan. Our plans utilize the Delta Premier and PPO networks. Visit www.deltadentalmi.com for providers in your area.

Dental Plan Highlights	High Plan		Standard Plan	
	Participating Dentist	Nonparticipating Dentist	Participating Dentist	Nonparticipating Dentist
Annual deductible Individual/Family	\$25/\$50	\$50/\$100	\$50/\$100	\$100/\$150
Class I - Preventive services	100% covered (\$0 colleague cost)	100% covered (Usual and Customary rates apply)	100% covered (\$0 colleague cost)	100% covered (Usual and Customary rates apply)
Class II - Basic services	20% after deductible	20% after deductible	40% after deductible	40% after deductible
Class III - Major restorative services	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Class IV - Orthodontics	50% after deductible	50% after deductible	Not covered	
Maximums				
Per person annual (non-orthodontics)*	\$1,750	\$1,250	\$1,500	\$1,000
Per person lifetime (orthodontics)	\$1,500	\$1,500	Not applicable	Not applicable
Your per pay period cost	Full-time	Part-time	Full-time	Part-time
Colleague only	\$5.65	\$8.20	\$3.53	\$5.34
Colleague plus spouse/eligible adult	\$12.72	\$17.81	\$8.06	\$11.69
Colleague plus child(ren)	\$14.31	\$20.04	\$9.07	\$13.15
Colleague plus family	\$20.67	\$28.94	\$13.10	\$19.00

*Preventive services do not count toward annual maximums.

NOTE: When you receive services from a non-participating dentist, you will be responsible for the difference between what your dentist charges and the Delta Dental non-participating dentist fee. Fluoride treatments are covered once every 12 months up to age 19. Bitewing x-rays are covered once every 12 months.

For more information about your dental plan options or about Delta Dental, visit <https://hr4u.trinity-health.org>.

Vision Care Coverage

You have a choice between two UnitedHealthCare vision plan options: the High plan and the Standard plan. Visit www.myuhcvision.com for providers in your area.

UHC Vision Plan Highlights	High Plan		Standard Plan	
	In-network	Out-of-network (reimbursement schedule)	In-network	Out-of-network (reimbursement schedule)
Benefit frequency	Calendar year	Calendar year	Calendar year	Calendar year
Vision exam	Covered in full	Up to \$40	\$10 copayment	Up to \$40
Pair of lenses				
Single vision		Up to \$40		Up to \$40
Bifocal	\$0 copayment	Up to \$60	\$0 copayment	Up to \$60
Trifocal		Up to \$80		Up to \$80
Lenticular		Up to \$80		Up to \$80
Frames	\$150 retail allowance	Up to \$45	\$150 retail allowance	Up to \$45
Covered frame	at retail locations		at retail locations	
Non-covered frame				
Contact lenses (in lieu of eyeglasses)	Contact lens coverage is provided under the plan and may vary dependent on the type of contact lenses prescribed. Please see the benefit summary on the HR4U colleague portal for additional information.			
Elective				
Necessary				
Additional pair of eyeglasses or contact lenses	Up to 20% discount	Up to 20% discount	Up to 20% discount	Up to 20% discount
Additional lens options	The following lens options are covered in full: standard scratch-resistant coating, standard basic and high-end progressive lenses, standard polycarbonate lenses, standard anti-reflective coating, UV, tints, photochromic, Transitions®, edge coating		The following lens options are covered in full: standard scratch-resistant coating, standard polycarbonate lenses	
Your per pay period cost				
Colleague only	\$6.43		\$3.26	
Colleague plus spouse/eligible adult	\$13.34		\$5.98	
Colleague plus child(ren)	\$13.99		\$6.29	
Colleague plus family	\$19.72		\$8.68	

Children's Eye Care Program

Dependent children, under the age of 13, are able to receive a second eye exam each calendar year. If a covered child experiences a prescription change of .5 diopter or greater, the enhanced benefit also provides for an additional pair of glasses. Copays for the exam and glasses still apply. This benefit ends on the covered child's 13th birthday.

For more information about your vision care plan options, visit <https://hr4u.trinity-health.org>.

Health Care and Day Care / Dependent Care Flexible Spending Accounts

You have the opportunity to set aside before-tax money to offset eligible health care or day care / dependent care expenses. There are two different types of Flexible Spending Accounts – a Health Care Flexible Spending Account (HCFSAs) and a Day Care / Dependent Care Flexible Spending Account (DCFSA).

	Health Care FSA	Day Care / Dependent Care FSA
How much can I contribute?	Before-tax dollars in any amount between \$130 and \$3,200 (Trinity Health uses the 2024 IRS limit)	Before-tax dollars in any amount between \$130 and \$5,000 if you file your tax return as married filing jointly, \$2,500 limit per spouse if married filing separately
What expenses will it cover?	Eligible health care products and services used by you and/or your eligible dependents. Examples include: • Vision care, including eyeglasses, contact lenses and saline solution • Dental care, both preventive and restorative • Orthodontia • Physical therapy, counseling, or psychological services • Chiropractic care and acupuncture • Copayments, coinsurance and deductibles • Prescribed Over-the-Counter (OTC) medications For a list of expenses that are eligible for HCFSAs reimbursement, visit https://hr4u.trinity-health.org.	Expenses for the care of your eligible dependents (child under age 13 or qualifying adult incapable of self-care) while you work: • Babysitting or au pair services • Before and after-school programs • Day care and nursery school • Pre-school programs • Elder care services A DCFSA covers eligible care expenses for your dependents while you work. Medical expenses for your dependents should NOT be contributed to the DCFSA.
When do I have to spend the money?	Contributions made to the HCFSAs during the 2025 calendar year can be used for claims with dates of service between Jan. 1, 2025* and Mar. 15, 2026.	Contributions made to the DCFSA during the 2025 calendar year can be used for claims with dates of services between Jan. 1, 2025* and Dec. 31, 2025. NOTE: You cannot incur day care / dependent care expenses or submit for reimbursement during a leave of absence.
How do I access my FSA savings?	You can use a variety of payment options to access your FSA savings. These include the HealthEquity Health Card, Pay my Provider, Pay me Back, or by using the Mobile application.	You can use a variety of payment options to access your FSA savings. These include the Pay my Provider, Pay me Back, or by using the Mobile application.

*For mid-year enrollments, this date will be your effective date of coverage.

Reminders:

- **If you choose to enroll in the Health Savings Plan medical plan option**, you cannot enroll in the HCFSAs. The Health Savings Account (HSA) works just like the HCFSAs but offers additional benefits, such as the opportunity to carry over unused funds, contribute up to \$3,650/individual (\$7,250/family), plus an additional \$1,000 in catch-up contributions if you are age 55 or over, and earn interest on your savings.
- You must make HCFSAs and/or DCFSA elections for 2025 during open enrollment.
Your prior year elections will NOT carry forward.
- HCFSAs and DCFSA claims for the 2025 plan year must be postmarked by Mar. 31, 2026.
- If you choose to contribute to the HCFSAs for the first time in 2025, a new HealthEquity Card will be mailed to your home. Otherwise, you will only receive a new HealthEquity Card when your current card expires.
- You may contribute to the HCFSAs even if you do **not** elect coverage in a Trinity Health medical plan.

For more information about your FSA benefits and to obtain a list of eligible expenses, visit <https://hr4u.trinity-health.org>.

How to use your remaining 2024 HCFSAs funds

If you contributed to the HCFSAs in 2024 and have funds remaining on Dec. 31, 2024, you can use the funds for claims incurred between Jan. 1, 2025 and Mar. 15, 2025. Claims must be submitted by Mar. 31, 2025. The only way to use your remaining 2024 funds during this grace period is to pay for the claim at the time of service and submit your claims to HealthEquity for reimbursement. Do not use your HealthEquity debit card to pay for claims during this period because the card will access 2025 funds.

Life Insurance

Colleague life insurance options

If eligible, you receive employer-provided basic life/Accidental Loss of Life and Severe Injury Benefits (also known as Accidental Death and Dismemberment (AD&D)) insurance at one times your annual base salary.

In addition, you have the option to purchase supplemental coverage for yourself in the increments shown in the table below. If you purchase colleague supplemental life insurance and you're approved, the premium contributions will be deducted from your paycheck on an after-tax basis.

You will be eligible for will preparation services through The Hartford's EstateGuidance Will Services at no charge. To get started, access The Hartford's EstateGuidance Will Services online at www.estateguidance.com and enter the Trinity Health Web ID "WILLHLF" in the Promotional Code box. Estate Guidance and Will Services will be available as of the effective date of your life insurance policy.

Colleague Life Insurance Plan Highlights (full- and part-time)	
Basic life/AD&D (employer-paid)	One times annual base salary
Supplemental life	One to eight times annual base salary
Supplemental AD&D	One to eight times annual base salary
Maximum amounts (Combined: \$3 million)	Basic life: \$1.5 million Supplemental life: \$1.5 million
Personal Health Applications	NOTE: The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2025.

Costs for colleague supplemental life are based on your age as of Jan. 1, 2025, and will be available when you enroll online. Costs will be updated if your birthday moves you into a new age range rate.

Dependent life insurance options

You have the option to purchase coverage for your dependents (including your spouse, eligible adult or eligible children). You may elect coverage for your dependents without electing coverage for yourself. **If you and your spouse or eligible adult both work for Trinity Health and are benefit eligible, you cannot elect spouse/eligible adult coverage for that individual. Also, only one of you will be able to elect coverage for your child(ren). If your dependent child also works at Trinity Health and is benefit eligible, you cannot elect child life coverage for that individual. If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.**

If you have elected dependent life insurance on your child(ren), you must waive dependent life insurance coverage once your youngest dependent child attains age 26.

Dependent Life Insurance Plan Highlights (full- and part-time)	
Spouse/Eligible Adult life ¹	Child(ren) life ²
Coverage amount	Coverage amount
\$10,000	\$5,000
\$20,000	\$10,000
\$50,000	\$20,000
\$80,000	
\$100,000	
Personal Health Application	NOTE: The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2025.

¹ Costs for spouse/eligible adult life insurance coverage are based on your age as of Jan. 1, 2025, and will be available when you enroll online. Costs will be updated if your birthday moves you into a new age range rate.

² Child(ren) life insurance costs cover all of your eligible children, and will be available when you enroll online.

Accidental Loss of Life and Severe Injury Benefit (also known as AD&D)

Accidental Loss of Life and Severe Injury Benefits covers you in the case of an accidental loss of motion, sight, limb, or life.

Are your beneficiaries up-to-date?

You may want to take a moment to review the beneficiary(ies) you have on file for your life coverage in Workday. If you haven't yet designated beneficiary(ies), your life insurance benefits will be paid according to the plan provisions as outlined in the Summary Plan Description.

You may change your beneficiary(ies) during the benefits enrollment process or anytime throughout the year.

Beneficiary(ies) designated for Basic Life Insurance apply to any Employee Supplemental Life Insurance elections.

For more information about your life insurance benefits, visit <https://hr4u.trinity-health.org>.

Time Away From Work

The Time Away From Work benefit includes paid time off (PTO), holidays, short-term disability and long-term disability. You can locate your management level for your specific program under “Job Details” in Workday. In addition to your Time Away From Work benefit, you may also be covered by certain absence policies/procedures. For more information, please visit the [Trinity Health Human Resource Ministry-Wide Policies & Procedures page](#).

Management Level

Program A: Supervisors, Coordinators and All Other Positions (excluding Program B management levels)

Program B: Directors and Managers

Paid Time Off/Holidays

Paid time off (PTO) can be used for vacation, personal or sick time not covered by disability or salary continuation. Colleagues also receive six core holidays, and one floating holiday.

	Program A		Program B
	Years of Service	PTO Hours	
PTO Allowance	<1	Up to 144	Drop In Time – 216 hours (pro-rated based on full-time equivalent (FTE))
	1-4	168	
	5-9	192	
	10-14	216	
	15+	240	
Maximum Accrual	Accrue PTO on up to 80 hours per pay period based on hours paid		N/A
Bank Accrual	1.5x annual accrual		May carry over up to 40 hours to following plan year
Holidays	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, Floating Holiday (8 hours, pro-rated based on FTE)		

PTO Cash-out

Colleagues in Program A may elect to cash-out PTO during open enrollment.

How much time you can cash-out	You can cash-out up to 80 hours of PTO accrued in 2025. Any PTO that is rolled over from the prior year may not be cashed out. You must maintain a minimum PTO bank of 40 hours.
Election to cash-out	Cash-out election for 2025 may only be made during open enrollment to avoid taxation on the value of your PTO bank. Your election is irrevocable and cannot be changed.
Payment date for cash-out	You will receive your cash-out in the first pay in November 2025.

Disability/Income Protection

Disability insurance/income protection pays a benefit for a period of time if you personally are unable to work due to injury or illness. A short-term disability is an illness or injury that prevents you from working for a period of time that is usually six months or less. A long-term disability is an illness that prevents you from working beyond six months.

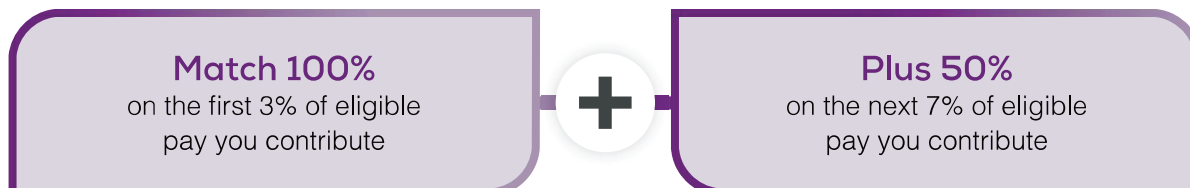
	Program A		Program B	
	Short-term	Long-term	Short-term	Long-term
Income Replacement	60% of base pay	60% of base pay up to \$10,000 per month	100% of base pay	70% of base pay up to \$15,000 per month
Elimination Period	7 calendar days*	6 months	7 calendar days-covered by salary continuation	6 months
Benefit Duration	6 months	Social Security Normal Retirement Age	6 months	Social Security Normal Retirement Age

*Period of time that must first be covered by PTO or taken as unpaid time off. NOTE: State disability benefits may also apply.

For more information about the program, visit hr4u.trinity-health.org.

Retirement Benefit

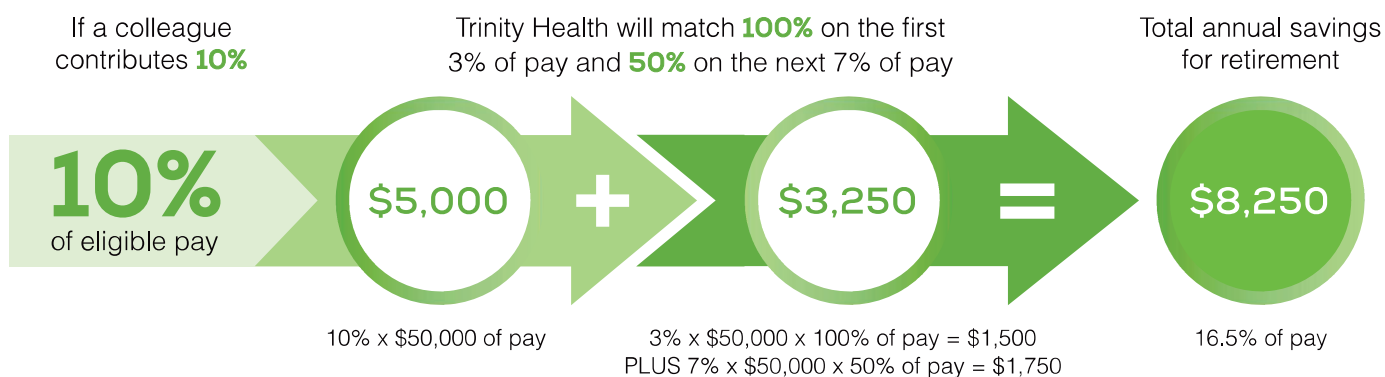
Saving for Retirement is a partnership. The Trinity Health Retirement Savings Plan is offered to support you in reaching your savings goals for retirement. Trinity Health will match up to 10% of your voluntary contributions as follows:



This means if **you contribute up to 10%** of your eligible pay, **Trinity Health will contribute up to 6.5%**, up to IRS contribution and pay limits.

Colleague Example

Colleague earns \$50,000 and contributes 10% of pay to the Trinity Health Retirement Savings Plan*



**For illustrative purposes only. Colleague contributions, and if eligible, employer contributions to the retirement plan are made per paycheck and are subject to IRS limits. There are no hours requirements to participate in the Plan and make contributions; however, hours requirements do apply to receive an employer matching contribution.*

How To Participate

- 1 ENROLL**
 Your Plan account will be established with Fidelity Investments within 7 business days of your hire date at which point you may enroll and enter your contribution election to begin saving under the Plan by logging into your account at netbenefits.com or calling Fidelity at 800-343-0860. If you do not make an election, you will be automatically enrolled in the Plan with a contribution rate of 2%, 35 days after your hire date. You may change your contribution election at any time.
- 2 INVEST**
 You decide how much to contribute, and you decide where to invest your contributions from the investment options offered under the Plan. If you do not have an investment election, your future contributions will be invested in the target date fund that has a target retirement date closest to the year you might retire and assumes a retirement age of 65.
- 3 REVIEW**
 You may review your online accounts at Fidelity. Remember to make your beneficiary election. It is important that you designate your beneficiary for the assets you save. If you do not have a named beneficiary at the time of your death, your beneficiary will be your spouse. If you do not have a named beneficiary at the time of your death and you do not have a spouse, your beneficiary will default to your estate.

Eligibility

All colleagues are eligible to participate in the Trinity Health Retirement Savings Plan.

For questions or more information contact Fidelity Investments at **1-800-343-0860** or visit **netbenefits.com**.

Matching Contribution Vesting

Vesting means you have earned a right to the Plan benefits. You earn a year of vesting service for each calendar year you are credited with at least 1,000 hours of service. You will be vested in your Trinity Health employer matching contribution accounts after you have completed three years of vesting service or at age 65 while actively employed at a Trinity Health entity. You are always fully vested in the money you contribute to the Plan, and earnings thereon.

Limits

The IRS limits the amount of pay that can be included in determining your benefit and the amount of contributions you can make annually.

2024 IRS limits*

\$23,000 maximum annual employee contribution

\$7,500 annual catch-up contribution**

\$345,000 IRS compensation limit

*The IRS reviews these limits annually. The 2025 limits were not available at the time this Benefits Guide was published.

**If you are age 50 or older you may make an additional catch-up contribution each year.



Don't forget to complete your beneficiary election

You may contact Fidelity Investments to initiate rollovers into the Trinity Health Retirement Savings Plan and discuss strategies to consolidate your retirement accounts.

More about...

Your Contributions

You may defer a portion of your earnings as either pre-tax or Roth contributions or a combination of both pre-tax and Roth contributions. All contributions (pre-tax and Roth) are included in the calculation of the employer matching contribution. Contribution elections may be changed at any time during the year.

Automatic Enrollment

Automatic enrollment is a convenient way to assist you with enrolling in the Plan. The Plan automatically enrolls you at 2% (pre-tax) if an election is not made to contribute into the Plan. You are notified at least 35 days in advance of the automatic enrollment period and have an opportunity to opt out or change contribution elections at any time. Automatic enrollment occurs when colleagues are newly hired and annually in January.

Annual Increase Program (AIP)

AIP allows you to voluntarily elect to gradually increase your savings rate by 1% each year. You may use the "annual increase" feature to gradually increase your savings rate and match opportunity, and grow your account. Once you sign up, you don't have to think about it. The annual increase to your contribution election will happen automatically. You may choose to opt out of this program at any time.

Fidelity Tools

Trinity Health is committed to providing a meaningful retirement benefit that supports colleagues. Fidelity offers many tools to help you achieve your retirement savings goals, short-term savings goals, planning for unexpected events in life, and managing overall finances.

These are just a few of the Fidelity programs available through the Trinity Health 401(k) Retirement Savings Plan

- Personalized Planning and Advice
- Financial Wellness Check-Ups
- When To Claim Social Security
- Improving Your Credit Score

Voluntary Insurance

The following insurance products are made available to Trinity Health colleagues by Farmington, an Aon Company. You pay 100% of the cost of these products you choose to purchase, on an after-tax basis. Importantly, these are not Trinity Health sponsored insurance offerings. Trinity Health does not sponsor, maintain, or administer these products.

You may obtain more information or enroll at any time by contacting Farmington at **866-251-9529** (8:00 a.m. - 5:00 p.m. ET, Monday - Friday) or by going to Aon's website at **[BenefitsGo.com/TrinityHealth](https://www.benefitsgo.com/TrinityHealth)**.



Accident Insurance

Pays for accidental injury expenses, like hospital transportation and physical therapy.



Auto/Home Insurance

Pays for losses to your home and vehicles.



Critical Illness Insurance

Pays for medical and non-medical expenses when you have a covered illness.



Hospital Indemnity Insurance

Designed to supplement health insurance in case of planned or unplanned hospital services.



Identity/Theft Insurance

Helps detect fraud and provides reimbursement for certain expenses.



Legal Services*

Can assist with a broad range of personal legal needs you might face throughout your life.



Pet Insurance

Helps pay for veterinary care.



Permanent Life Insurance

Pays your beneficiary in the event of your death.

* The one exception is pre-paid legal services, which are provided as part of the Trinity Health Corporation Welfare Benefit Plan, which is sponsored and maintained by Trinity Health. As a result, pre-paid legal services are only offered during open enrollment and can only be cancelled during open enrollment.

NOTE: Deductions for voluntary insurance coverage appear on your paycheck under one deduction code.

Well-being Resources

Trinity Health provides these additional well-being options:



Adoption Assistance

Reimbursement of eligible expenses up to \$4,000 per child (up to \$6,000 if the child has special needs) in accordance with the Adoption Assistance Program Policy.



Colleague Discounts (Perkspot)

Gain free access for you and your family to exclusive discounts at many national and local merchants.

Visit trinity.perkspot.com/login.



Mental Well-being Benefit (Spring Health)

Colleagues and household members (age 6+) each have access to six free therapy sessions per calendar year, six free coaching sessions per calendar year, personalized care, diverse providers, self-guided wellness exercises, medication management, work-life services, and more.

Visit trinityhealth.springhealth.com (*work-life code*: trinityhealth)



Student Loan Relief Services (Fiducius)

Colleagues and family members may enroll in the voluntary student loan relief services program for loan forgiveness, refinancing, consolidation and lower payments.

Visit trinityhealth.myfiducius.com/register (*registration code*: TH1)



Tuition Reimbursement

Reimbursement of tuition and fees, up to annual limits, in accordance with the Tuition Reimbursement Policy. Union colleagues should refer to the terms of their collective bargaining agreement for eligibility.



Weight Management Reimbursement Benefit*

Reimbursement for behavioral and nutritional counseling services for the purposes of non-surgical weight loss or weight management. Colleagues and enrolled family members are eligible. **Not available under the Kaiser Plan.*



Commuter Benefits

Commuter benefits let you use tax-free money to pay for eligible transit and parking expenses.

Our Mission

We, Trinity Health, serve together
in the spirit of the Gospel
as a compassionate and transforming
healing presence within our communities.

Our Core Values

Reverence

We honor the sacredness and dignity of every person.

Commitment to Those Experiencing Poverty

We stand with and serve those experiencing poverty,
especially those most vulnerable.

Safety

We embrace a culture that prevents harm and nurtures
a healing, safe environment for all.

Justice

We foster right relationships to promote the common good,
including sustainability of Earth.

Stewardship

We honor our heritage and hold ourselves accountable
for the human, financial and natural resources
entrusted to our care.

Integrity

We are faithful to who we say we are.

Our Vision

As a mission-driven innovative health organization,
we will become the national leader
in improving the health of our communities
and each person we serve. We will be the
most trusted health partner for life.