



2025 Benefits Guide

Benefit Plans Effective January 1-December 31, 2025





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Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2025 plan year (January 1–December 31, 2025). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefit offerings.



Hallie Custer

Our Total Rewards Program affirms our investment in you and shows our support in creating a healthy, balanced life that focuses on helping you meet your goals for yourself and your family.

CLICK HERE for more Total Rewards Program information.



Welcome

Welcome to open enrollment for 2025!

As you have seen in recent months, this upcoming open enrollment is going to look and feel a little different than previous years. Over the past 18 months, we have been committed to doing more listening to better serve you. Through our culture surveys, Listening Tour and other communication channels, we have heard your valuable feedback and made some changes to our medical benefits this year.

As the area’s largest employer, we are dedicated to caring for our co-workers. Each year, we strive to offer a competitive benefits package that provides options for your family’s health, well-being and financial security.

Effective January 1, 2025, three new medical plans will be available to co-workers enrolled in the Signature Care medical plan. Additionally, our offerings will expand to include two dental plans, hospital indemnity insurance, and, for those who choose the new high deductible health plan (HDHP) option, a health savings account (HSA) and limited purpose flexible spending account (LPFSA). These changes allow us to deliver on your request for more options to meet your individual needs.

Open enrollment will take place November 7-22, 2024, when you will have the opportunity to choose the coverage that fits your needs for 2025. Please note, co-workers enrolled in the out-of-area medical network through Anthem will continue with a single plan in 2025.

With all the new options for 2025, co-workers must actively enroll and choose their coverage for the new year. **Current healthcare enrollment will NOT automatically roll over to 2025.** This is because there is not one plan that closely aligns with the existing plan. It is important to note that if you do not complete your open enrollment process, you will not have healthcare coverage in 2025.

To choose the best options for you and your family, start by exploring this booklet. If you have enrollment questions or need support, the following resources are available to you:

- **Benefits website:** Contains helpful information such as details on HDHPs, the difference between HSAs and FSAs, and more.
- **NEW! Benefits concierge service:** Beginning November 7, the dedicated helpline staffed with a team of benefits professionals will be ready to assist with all your unique and important benefits questions.
- **Human Resources:** Your site’s Human Resources representative is also available to answer any questions.

Thank you for choosing Parkview. Looking forward to a happy and healthy 2025!

Hallie Custer

Vice President, Human Resources

Eligibility

Co-workers with an FTE of 0.6 or more are eligible for benefits on the first day of the month following your date of hire (unless otherwise noted).

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse:** This includes your legally married spouse.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).

Working Spouse Rule

If your spouse is eligible for medical coverage through their employer (even as a retiree), your spouse is not eligible to enroll in a Parkview Health medical plan. If you elect medical coverage for your spouse, you must attest that your spouse is eligible for coverage during the enrollment process in MyHR.

You are eligible to enroll your spouse in a Parkview Health medical plan if:

- Your spouse does not have medical coverage because their employer does not offer any medical benefits.
- Your spouse has access to and/or is eligible for medical coverage through their employer/business and is responsible for 100% of the cost but is not actively enrolled in their employer's plan.
- Your spouse is not presently employed.
- Your spouse is eligible for Medicare, Medicaid, or TRICARE coverage.
- Your spouse is also employed with Parkview Health.

You are NOT eligible to enroll your spouse in a Parkview Health medical plan if:

- Your spouse is eligible for coverage through their current employer.
- Your spouse is eligible for retiree coverage through their former employer.
- Your spouse has medical coverage through their employer and wants to use Parkview Health's plan for secondary coverage.

Parkview Health considers certain non-traditional medical coverage options, including but not limited to individual coverage health reimbursement arrangements (also called ICHRAs), offered by other employers to qualify as "medical coverage" available through that employer for purposes of applying the Working Spouse Rule criteria. It is your responsibility to ensure that medical plan coverage is accurate as Parkview Health trusts their co-workers to only cover their spouse when they meet the eligibility criteria and their spouse is not offered or not eligible for medical coverage with their employer.

Spousal Audit—Upcoming for Q1 2025

- Parkview Health will be conducting a spousal eligibility verification audit in the first quarter of 2025.
- Please use this open enrollment period to double check that your enrolled spouse complies with the plan eligibility requirements.
- Beginning in 2025, all co-workers who cover a spouse on the medical plan will be required to submit documentation verifying their spouse is eligible for coverage and not eligible for coverage elsewhere.
- Be on the lookout for details in the coming months.



Enrollment

You can only sign up for benefits or change your benefits at the following times:

- Within 60 days of joining Parkview Health as a new co-worker.
- During the annual benefits enrollment period.
- Within 60 days of a qualifying life event.

The choices you make at this time will remain in place through **December 31, 2025**, unless you experience a qualifying life event as described on page 6. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

How To Enroll



Self-enroll in your benefits at MyHR.

Log into the MyHR portal at myhr.parkview.com using the same id and password as your network login.

Select Benefit Details > Benefits Enrollment, and follow the instructions on each page. During Open Enrollment, select the Open Enrollment tile.



Have important eligibility documentation ready.

You will be asked questions regarding you and your family, including birth dates and Social Security numbers.

You are required to provide proof of dependent eligibility, such as a marriage license or birth certificate.

Note: During Open Enrollment, eligibility documentation is only needed if adding new coverage for your spouse or dependent(s).



Compare your plan options and choose the best plan for you and your family.

Once you have finalized your selections, print your election preview statement or send it to yourself via email and keep for your records.



For assistance with your enrollment, refer to the [Quick Guide to Benefit Enrollment](#) or contact your site's Human Resources representative.

Additional information may be found on the [Benefits website](#).

Changing Your Benefits

Due to IRS regulations, once you have made your elections for the 2025 plan year, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

Request a benefits change through the MyHR portal within 60 days of the qualifying life event. Change requests submitted after 60 days cannot be accepted. You will need to provide proof of the event, such as a marriage license, birth certificate, or loss of coverage documentation.

Key Terms To Know

Take the first step to understanding your benefits by learning these four common terms.



Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services for the rest of the year.

Medical Benefits

Health Plan Services | 260-266-5510

Anthem | anthem.com | 833-578-4441

Parkview Health offers four medical insurance plan options through Health Plan Services and Anthem.

The medical plans you are eligible for depend on your location. The Anthem plan is exclusively offered to employees residing over 100 miles from Parkview Regional Medical Center. Before you enroll in medical coverage, take the time to understand how each plan works. See pages 8-11 for an overview of the plan benefits.

Ask Yourself These Questions:



Do you prefer to pay a higher premium for lower costs at time of service?

Consider choosing the Parkview Focused Plan. With this plan, you will pay the highest premiums, but will consistently pay a smaller copay or cost share by visiting Parkview Health facilities and specific providers.



Would you be willing to pay more at the time of care to have access to a broader range of providers?

Consider the Parkview Expanded Plan. This plan provides access to a larger network including both providers in the Parkview Focused Plan and select non-Parkview providers.



Can you set aside money from your paycheck to save for out-of-pocket health care costs?

Consider the Parkview High Deductible Health Plan (HDHP) with Health Savings Account (HSA). This plan offers a larger network that mirrors the Parkview Expanded Plan and you will have the option to fund an HSA.

Medical Costs

Listed below are the per pay period (26) costs for medical insurance. The amount you pay is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Parkview Focused Plan		Parkview Expanded Plan		Parkview HDHP with HSA		Anthem	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Co-worker Only	\$67.38	\$101.08	\$47.08	\$70.62	\$26.31	\$39.46	\$47.08	\$70.62
Co-worker + 1 (Spouse)	\$201.23	\$301.85	\$160.62	\$240.92	\$119.54	\$179.31	\$160.62	\$240.92
Co-worker + 1 (Child)	\$108.92	\$163.38	\$77.54	\$116.31	\$54.46	\$81.69	\$77.54	\$116.31
Co-worker + 2 or More Children	\$151.38	\$227.08	\$110.77	\$166.15	\$69.69	\$104.54	\$110.77	\$166.15
Family	\$284.77	\$427.15	\$221.54	\$332.31	\$136.15	\$204.23	\$221.54	\$332.31

Medical Benefits

The table below summarizes the benefits of the Parkview Focused Plan.

The Parkview Focused Plan utilizes the **Parkview Value Plus Network** and provides access to all Parkview Health facilities and specific providers, including Parkview’s clinically integrated network, DaVita, Cincinnati Children’s, and Cleveland Clinic. Out-of-network coverage is only available if you require care outside the **13-county Parkview Health service area**.

The deductibles, copays, and coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Parkview Focused Plan	
	Preferred	Out of Network
Calendar Year Deductible Individual/Family	\$750/\$1,500	\$5,000/\$10,000
Out-of-Pocket Maximum Individual/Family	Includes deductible, copays, and coinsurance	
	\$3,750/\$7,500	Unlimited
Preventive Care	Plan pays 100%	60% after deductible
Physician Services		
Primary Care Physician	Office: \$20 copay Clinic: 10% after deductible	Office or Clinic: 60% after deductible ²
Behavioral Health Office Visit	Office: \$20 copay Clinic: 10% after deductible	Office or Clinic: 60% after deductible ²
Specialist	Office: \$35 copay Clinic: 10% after deductible	Office or Clinic: 60% after deductible ²
Urgent Care	\$35 copay	\$75 copay
Lab/X-Ray		
Diagnostic Lab/X-Ray	10% after deductible ¹	60% after deductible ²
High-Tech Services (MRI, CT, PET)	10% after deductible	60% after deductible ²
Hospital Services		
Inpatient	10% after deductible	60% after deductible ²
Outpatient	10% after deductible	60% after deductible
Emergency Room	\$250 copay	
Chiropractic Care (20 visits per year)	\$35 copay	60% after deductible
Occupational, Speech, and Physical Therapies (30 visits each per year)	10% after deductible	60% after deductible
Prescription Drugs³	Parkview Pharmacies	Network Pharmacies
Tier 1: Generic	\$10 copay	\$30 copay
Tier 2: Preferred Brand	\$30 copay	\$60 copay
Tier 3: Non-Preferred Brand	\$55 copay	\$90 copay
Tier 4/5: Specialty	\$150/\$175 copay	Not covered

(1) Laboratory testing: Deductible waived at Parkview facilities. (2) No non-network facility coverage in the 13-county Parkview service area. (3) Weight loss medications, inclusive of GLP-1’s for purpose of weight loss are required to be filled at a Parkview pharmacy.

Medical Benefits

The table below summarizes the benefits of the Parkview Expanded Plan.

The Parkview Expanded Plan utilizes the **Parkview Signature Care Network** and provides access to all Parkview Health facilities and specific providers, including Parkview’s clinically integrated network, DaVita, Cincinnati Children’s, Cleveland Clinic, and select non-Parkview providers. Out-of-network coverage is available if you require care outside the **13-county Parkview Health service area**.

The deductibles, copays, and coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Parkview Expanded Plan		
	Preferred	Network	Out of Network
Calendar Year Deductible Individual/Family	\$1,250/\$2,500	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-Pocket Maximum Individual/Family	Includes deductible, copays, and coinsurance		
	\$5,500/\$11,000	\$8,000/\$16,000	Unlimited
Preventive Care	Plan pays 100%	Plan pays 100%	60% after deductible
Physician Services			
Primary Care Physician	Office: \$30 copay Clinic: 20% after deductible	Office: \$45 copay Clinic: 30% after deductible	Office or Clinic: 60% after deductible ²
Behavioral Health Office Visit	Office: \$30 copay Clinic: 20% after deductible	Office: \$45 copay Clinic: 30% after deductible	Office or Clinic: 60% after deductible ²
Specialist	Office: \$45 copay Clinic: 20% after deductible	Office: \$60 copay Clinic: 30% after deductible	Office or Clinic: 60% after deductible ²
Urgent Care	\$50 copay	\$75 copay	\$75 copay
Lab/X-Ray			
Diagnostic Lab/X-Ray	20% after deductible ¹	30% after deductible	60% after deductible ²
High-Tech Services (MRI, CT, PET)	20% after deductible	30% after deductible	60% after deductible ²
Hospital Services			
Inpatient	20% after deductible	30% after deductible	60% after deductible ²
Outpatient	20% after deductible	30% after deductible	60% after deductible ²
Emergency Room	\$300 copay		
Chiropractic Care (20 visits per year)	\$45 copay	\$60 copay	60% after deductible
Occupational, Speech, and Physical Therapies (30 visits each per year)	20% after deductible	30% after deductible	60% after deductible
Prescription Drugs³			
Tier 1: Generic	Parkview Pharmacies \$15 copay	Network Pharmacies \$35 copay	Not covered
Tier 2: Preferred Brand	\$40 copay	\$70 copay	
Tier 3: Non-Preferred Brand	\$70 copay	\$105 copay	
Tier 4/5: Specialty	\$175/\$200 copay	Not covered	

(1) Laboratory testing: Deductible waived at Parkview facilities. (2) No non-network facility coverage in the 13-county Parkview service area. (3) Weight loss medications, inclusive of GLP-1’s for purpose of weight loss are required to be filled at a Parkview pharmacy.

Medical Benefits

The table below summarizes the benefits of the Parkview HDHP with HSA.

The Parkview HDHP with HSA utilizes the **Parkview Signature Care Network** and provides access to all Parkview Health facilities and specific providers, including Parkview's clinically integrated network, DaVita, Cincinnati Children's, Cleveland Clinic, and select non-Parkview providers. Out-of-network coverage is available if you require care outside the **13-county Parkview Health service area**.

The deductibles, copays, and coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Parkview HDHP with HSA		
	Preferred	Network	Out of Network
Calendar Year Deductible Individual/Family	\$3,500/\$7,000	\$5,500/\$11,000	\$7,000/\$14,000
Out-of-Pocket Maximum Individual/Family	Includes deductible, copays, and coinsurance		
	\$7,500/\$15,000	\$7,900/\$15,800	Unlimited
Preventive Care	Plan pays 100%	Plan pays 100%	60% after deductible
Physician Services			
Primary Care Physician	20% after deductible	30% after deductible	60% after deductible ¹
Behavioral Health Office Visit	20% after deductible	30% after deductible	60% after deductible ¹
Specialist	20% after deductible	30% after deductible	60% after deductible ¹
Urgent Care	20% after deductible	30% after deductible	30% after deductible
Lab/X-Ray			
Diagnostic Lab/X-Ray	20% after deductible	30% after deductible	60% after deductible ¹
High-Tech Services (MRI, CT, PET)	20% after deductible	30% after deductible	60% after deductible ¹
Hospital Services			
Inpatient	20% after deductible	30% after deductible	60% after deductible ¹
Outpatient	20% after deductible	30% after deductible	60% after deductible ¹
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Chiropractic Care (20 visits per year)	20% after deductible	30% after deductible	60% after deductible
Occupational, Speech, and Physical Therapies (30 visits each per year)	20% after deductible	30% after deductible	60% after deductible
Prescription Drugs²			
Tier 1: Generic	Parkview Pharmacies 20% after deductible	Network Pharmacies 30% after deductible	Not covered
Tier 2: Preferred Brand	20% after deductible	30% after deductible	
Tier 3: Non-Preferred Brand	20% after deductible	30% after deductible	
Tier 4/5: Specialty	20% after deductible	Not covered	

(1) No non-network facility coverage in the 13-county Parkview service area. (2) Weight loss medications, inclusive of GLP-1's for purpose of weight loss are required to be filled at a Parkview pharmacy.

Medical Benefits

The table below summarizes the benefits of the Anthem plan, available only to co-workers residing over 100 miles from Parkview Regional Medical Center.

The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Anthem		
	In Network	Out of Network	
Calendar Year Deductible Individual/Family	\$2,000/\$6,000	\$6,000/\$18,000	
Out-of-Pocket Maximum Individual/Family	Includes deductible, copays, and coinsurance		
	\$3,500/\$10,500	\$10,500/\$31,500	
Preventive Care	Plan pays 100%	50% after deductible	
Physician Services			
Primary Care Physician	\$25 copay	50% after deductible	
Behavioral Health Office Visit	\$25 copay	50% after deductible	
Specialist	\$50 copay	50% after deductible	
Telehealth	\$25/\$50 copay	50% after deductible	
Urgent Care	\$75 copay	50% after deductible	
Lab/X-Ray			
Diagnostic Lab/X-Ray	Office/Freestanding Lab: Plan pays 100% Outpatient Hospital: 20% after deductible	50% after deductible	
High-Tech Services (MRI, CT, PET)	20% after deductible	50% after deductible	
Hospital Services			
Inpatient	20% after deductible	50% after deductible	
Outpatient	20% after deductible	50% after deductible	
Emergency Room	\$250 copay and 20% (deductible does not apply)		
Chiropractic Care (12 visits per year)	\$50 copay	50% after deductible	
Occupational, Speech, and Physical Therapies (40 visits combined for PT and OT; 20 visits for ST)	\$50 copay	50% after deductible	
Prescription Drugs	Preferred Network Pharmacies	In-Network Pharmacies	
Tier 1: Generic	\$10 copay	\$20 copay	50% after deductible
Tier 2: Preferred Brand	\$35 copay	\$45 copay	50% after deductible
Tier 3: Non-Preferred Brand	\$75 copay	\$85 copay	50% after deductible
Tier 4/5: Specialty	25% up to \$350 copay	25% up to \$450 copay	50% after deductible
Mail Order (Up to a 90-day supply)	\$20/\$88/\$188/25% to \$350 copay	Not covered	Not covered

Medical Benefits

Parkview Health Discount

Parkview Health offers a discount to co-workers and their eligible dependents on most Parkview Health facility services. The discount is automatically applied to co-worker accounts. To take advantage of the discount for your eligible dependents or to make inquiries regarding services eligible for a co-worker discount, please call Patient Accounting at 260-266-6700.

Please see the **Medical Care Discount** policy located on the Pulse for specific information on services eligible for discounts.

Preventive Care

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.



Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.



Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Medical Benefits

Virtual Health | parkview.com/medical-services/virtual-health

Virtual Health

Whether you are on the go, at home, or at the office, care comes to you in the form of virtual health options. Quick, convenient, and secure access to quality healthcare from wherever you are, whenever you need it.



High quality care for non-emergent conditions.

Utilize Parkview's virtual health services for easy access to care. Virtual walk-in clinic providers connect with you through video services to diagnose common health issues like allergies, asthma, sore throat, fever, headache, and more. Additionally, you can schedule visits with your provider or utilize low-cost e-visits to fill out a questionnaire about your conditions and receive a response from our clinical team.



Manage your health, digitally, with MyChart.

Message your care team, refill prescriptions, schedule appointments, view test results and so much more in MyChart.

- Download the mobile app for your healthcare on-the-go.
- Customize notifications and preferences for texting, email, or phone.



Support your mental health and wellness.

The Parkview employee assistance program (EAP) offers virtual counseling services to help co-workers and their loved ones weather life's storms on a variety of topics. Additional virtual services offered through Vital Worklife as an external mental health benefit.

To evaluate which care option may be best for you, or based on your insurance coverage, visit parkview.com/medical-services/virtual-health.



Get started today! Visit the virtual health page by scanning the QR code to the left.

Medical Benefits

Knowing where to go when you need health care will save you time and money.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider.

If you are not sure where you should go for care, start by calling your primary care provider (PCP).

Your PCP knows your health history and can help you assess the urgency of your medical needs and direct you to the best place to receive care. For preventive care, annual flu shots, other immunizations, and non-emergency illnesses, visiting your PCP is often the best choice.

If your PCP is not available or it is after hours, consider alternative treatment options as outlined below.



Go to a Parkview Walk-in Clinic	Use Virtual Care Services in MyChart	Go to Parkview Urgent Care Center	Go to the Emergency Room
<p>Parkview Walk-in Clinics offer extended hours, including weekends and holidays. No appointment required.</p> <p>Visit a Walk-In Clinic for:</p> <ul style="list-style-type: none"> • Sore throats, rashes, or minor allergic reactions • Cuts, scrapes, sprains, or strains • Headaches, fevers, or digestive issues • Ear or sinus pain <p>Find a location here.</p>	<p>Anytime you need care, try virtual care. To connect with a provider, all you need is a phone or computer.</p> <p>Make a virtual appointment for:</p> <ul style="list-style-type: none"> • Cold and flu symptoms • Rashes • Sinus infections • Urinary tract infections <p>Learn more here.</p>	<p>If you need care now and a Parkview Walk-In Clinic is unavailable, try a Parkview urgent care center, which will be faster and less expensive than the ER.</p> <p>Go to an urgent care center for:</p> <ul style="list-style-type: none"> • Sore throats, rashes, or mild allergic reactions • Headaches, fever, or flu symptoms • Urinary problems or mild abdominal pain • Small cuts • Minor broken bones <p>Find a location here.</p>	<p>In the case of a true medical emergency, go to a Parkview ER or your closest ER or call 911 immediately.</p> <p>Seek immediate attention at an ER for:</p> <ul style="list-style-type: none"> • Chest pain • Sudden weakness or trouble talking • Difficulty breathing • Spinal injuries • Severe head injury • Major broken bones
<p>Least Expensive ←————→ Most Expensive</p>			

Why Choose a Parkview Walk-In Clinic?

For minor illnesses or injuries, Parkview Walk-In Clinics offer quick, cost-effective care without the need for appointments. With numerous convenient locations, you can access care faster than the emergency room. Parkview Walk-In Clinics are part of the Parkview Health system, ensuring smooth communication with your primary care provider. Specializing in everyday health issues, Walk-In Clinics provide focused, efficient care when you need it most.

Note: The information in this document is not intended as a substitute for professional medical advice.

Dental Benefits

Delta Dental of Indiana | deltadentalin.com | 800-524-0149

Parkview Health offers two dental insurance plan options through Delta Dental of Indiana.

The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. The amount you pay varies based on whether you see a Delta Dental PPO, Delta Dental Premier, or out-of-network (non-participating) dentist. It is important to note that, unfortunately, most oral surgeons choose to remain independent, meaning they do not affiliate with any particular network. Some oral surgeons are available in-network. Please visit the Delta Dental website to find a participating in-network provider.

Delta Dental PPO and Premier dentists file claims directly with Delta Dental and accept Delta Dental's reimbursement in full. If you choose to see an out-of-network dentist, you may incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (balance-billing). If your provider does not file your claim directly, you may send in a claim using the Delta Dental Claim form which is located on the Benefits website.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Standard Plan Excluding Orthodontics			Plus Plan Including Orthodontics		
	PPO	Premier	Non-Participating	PPO	Premier	Non-Participating
Calendar Year Deductible Individual/Family	\$25/\$75		\$50/\$150	\$25/\$75		\$50/\$150
Calendar Year Benefit Maximum	\$1,000			\$2,500		
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%	20%	Plan pays 100%	Plan pays 100%	20%
Basic Services (Periodontal services, [non-surgical] fillings)	10% after ded.	20% after ded.	30% after ded.	10% after ded.	20% after ded.	30% after ded.
Major Restorative Services (Bridges, endodontic services, oral surgery, crowns [inlays/onlays], dentures [full/partial])	30% after ded.	40% after ded.	50% after ded.	30% after ded.	40% after ded.	50% after ded.
Orthodontia Services (Children to age 19)	Not Covered			40%		50%
Orthodontia Lifetime Maximum				\$2,500		

Dental Costs

Listed below are the per pay period (26) costs for dental insurance. The amount you pay is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Standard Plan Excluding Orthodontics		Plus Plan Including Orthodontics	
	Full-Time	Part-Time	Full-Time	Part-Time
Co-worker Only	\$4.86	\$7.28	\$8.82	\$13.23
Co-worker + 1 (Spouse)	\$9.18	\$13.78	\$16.77	\$25.16
Co-worker + 1 (Child)	\$9.18	\$13.78	\$16.77	\$25.16
Co-worker + 2 or More Children	\$15.19	\$22.79	\$27.60	\$41.39
Family	\$15.19	\$22.79	\$27.60	\$41.39

Vision Benefits

MetLife | metlife.com/vision | 855-638-3931

Parkview Health offers a vision insurance plan through MetLife.

The MetLife VSP Choice vision plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	MetLife Vision	
	In Network	Out of Network
Eye Exam (Every 12 months)	\$0 copay	Reimbursement up to \$45
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$0 copay	Reimbursement up to \$45/\$85/\$85
Frames (Every 24 months)	\$80 allowance + 20% off balance	Reimbursement up to \$45
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Fitting and Evaluation Elective Medically Necessary	Up to \$60 copay \$100 allowance Plan pays 100%	Included in reimbursement Reimbursement up to \$80 Reimbursement up to \$210

Vision Costs

Listed below are the per pay period (26) costs for vision insurance. The amount you pay is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.





Level of Coverage	MetLife Vision
Co-worker Only	\$3.03
Co-worker + 1 (Spouse)	\$5.70
Co-worker + 1 (Child)	\$5.70
Co-worker + 2 or More Children	\$7.95
Family	\$7.95



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

Budgeting For Your Care

Parkview Health offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

<p>Enrolled in the Parkview HDHP with HSA?</p>	<p>Enrolled in the Parkview Focused or Expanded plan?</p>	<p>Enrolled in the Parkview HDHP with HSA?</p>	<p>Paying for child or elder care expenses?</p>
			
<p>Health Savings Account</p> <p>Consider funding a health savings account (HSA).</p> <ul style="list-style-type: none"> • Roll over all funds each year • Invest funds for long-term savings • Spend funds penalty-free after age 65 	<p>Health Care Flexible Spending Account</p> <p>Consider funding a health care flexible spending account (FSA). If you fund an HSA, you cannot fund a health care FSA.</p> <ul style="list-style-type: none"> • No rollover allowed 	<p>Limited Purpose Health Care Flexible Spending Account</p> <p>Consider funding a limited purpose health care flexible spending account (FSA). You can choose to fund both a limited purpose FSA and an HSA.</p> <ul style="list-style-type: none"> • No rollover allowed • Dental and vision expenses only 	<p>Dependent Care Flexible Spending Account</p> <p>Consider funding a dependent care flexible spending account (FSA).</p> <ul style="list-style-type: none"> • No rollover allowed • Dependent care expenses only

Health Savings Account

HealthEquity | healthequity.com | 877-924-3967

If you enroll in the Parkview HDHP with HSA, you may be eligible to open and fund a health savings account (HSA) through HealthEquity.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Learn more about HSAs at healthequity.com/learn.

Parkview Health Contribution

If you enroll in the Parkview HDHP with HSA, Parkview Health will help you save by contributing to your account on a bi-weekly basis, over 24 pays. Contributions are prorated.

- **Co-worker only:** \$500 per year
- **All other coverage levels:** \$1,000 per year

2025 IRS HSA Contribution Maximums

Contributions to an HSA (including the Parkview Health contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,300
- **All other coverage levels:** \$8,550

If you are age 55+ by December 31, 2025, you may contribute an additional \$1,000.

HSA Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the Parkview HDHP with HSA.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact Human Resources.

Maximize Your Tax Savings With an HSA



Spend.

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



Save.

Roll over funds every year to boost your long-term savings. Even if you switch health plans or employers, the money is yours to keep.



Invest.

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

Flexible Spending Accounts

HealthEquity | healthequity.com | 877-924-3967

Parkview Health offers three flexible spending account (FSA) options through HealthEquity.

An FSA allows you to pay for out-of-pocket health and dependent/elder care expenses with pre-tax dollars. Learn more about FSAs at healthequity.com/learn.

Health Care FSA (Not Allowed If You Fund an HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. **The health care FSA maximum contribution is \$3,200 for the 2025 calendar year.**

Limited Purpose Health Care FSA (Allowed If You Fund an HSA)

If you fund an HSA, you can also fund a limited purpose health care FSA (LPFSA) to pay for dental and vision expenses. **The LPFSA maximum contribution is \$3,200 for the 2025 calendar year.**

Dependent Care FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$5,000 to the dependent care FSA for the 2025 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2025 calendar year.

How To Use An FSA

1

Contribute.

Decide how much to contribute to your FSA on a calendar year basis up to the maximum allowable amounts.

This amount will be evenly divided over 24 pay periods and deducted on a pre-tax basis from your paycheck.

2

Pay.

Use the HealthEquity debit card, mobile app, or Pay Provider option to pay for eligible expenses or submit a claim for reimbursement at healthequity.com.

Keep all receipts in case HealthEquity requires you to verify the eligibility of a purchase.

3

Use it or lose it.

FSA funds do not roll over. However, you have until March 15, 2026 to incur health care expenses and until May 31, 2026 to be reimbursed for health care expenses.

You have until March 31, 2026 to be reimbursed for dependent care expenses incurred in 2025.

Life and AD&D Benefits

The Hartford | thehartford.com | 800-523-2233

Parkview Health's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

Basic Life and AD&D Insurance

Parkview Health automatically provides basic life and AD&D insurance through The Hartford to all co-workers with an FTE of 0.6 or more **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit.



CLICK HERE for information on designating or changing your beneficiary in **MyHR**.

Please be sure to keep your beneficiary designations up to date. To add or update your beneficiaries in the MyHR portal, select Benefits Detail > Benefits Summary > Life Insurance.

FTE Status of 0.8-1.0

- **Co-worker life benefit:** 1.5x annual base salary up to a maximum of \$200,000
- **Co-worker AD&D benefit:** 1.5x annual base salary up to a maximum of \$200,000

FTE Status of 0.6-0.7

- **Co-worker life benefit:** \$15,000
- **Co-worker AD&D benefit:** \$15,000

Note: Under Section 79 of the Internal Revenue Code, Parkview Health is required to report the imputed cost of any employer-provided life insurance benefits that exceeds \$50,000. The imputed cost is calculated using the IRS Premium Table. If you wish to avoid this additional taxable income, you may waive all life insurance above \$50,000 by completing a Group Term Life Insurance Waiver of Entitlement form. You will need to contact Parkview Health's Human Resources Benefits and Informatics Team for more information.



Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Life and AD&D Benefits

Supplemental Life and AD&D Insurance

Parkview Health provides co-workers with an FTE of 0.6 or more the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and/or your dependent children through The Hartford. You may purchase supplemental life coverage for yourself and/or your dependent child(ren) in the following amounts.

- **Co-worker:** 1 to 7x annual base salary up to \$750,000—guarantee issue: up to 4x annual base salary
- **Spouse:** \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000—guarantee issue: up to \$25,000
- **Dependent children (up to age 26):** \$5,000 or \$10,000—guarantee issue: \$10,000

You may purchase supplemental AD&D coverage for you and your family in increments of \$10,000, up to \$300,000.

Supplemental Life and AD&D Insurance Costs

Listed below are the monthly costs for supplemental life and AD&D insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Age	Supplemental Life Insurance		
	Co-worker (Per \$1,000 of Coverage)	Spouse	Child
< 30	\$0.048	Per \$10,000 of coverage: \$2.30 Per \$25,000 of coverage: \$5.75 Per \$50,000 of coverage: \$11.50 Per \$75,000 of coverage: \$17.25 Per \$100,000 of coverage: \$23.00	
30-34	\$0.048		
35-39	\$0.056		
40-44	\$0.088		
45-49	\$0.160		Per \$5,000 of coverage: \$0.60
50-54	\$0.264		Per \$10,000 of coverage: \$1.20
55-59	\$0.424		
60-64	\$0.608		
65-69	\$1.000		
70+	\$2.380		

Supplemental AD&D Insurance (Per \$1,000 of Coverage)	
Co-worker	\$0.014
Co-worker + Spouse + Child(ren)	\$0.022



If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by The Hartford. During this Open Enrollment period only, you may enroll in and elect up to the guarantee issue amount without a statement of health.

Disability Benefits

The Hartford | thehartford.com | 800-523-2233

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

You may use disability benefits to pay for your necessary expenses while you are unable to work, such as mortgage payments, medical expenses, childcare, and more.

If you are enrolled and become unable to work due to an accident, illness, injury, or pregnancy, you must apply for benefits as soon as you are able after your event.



Injury



Disability
Insurance



Financial
Protection

Short-Term Disability Insurance

Parkview Health automatically provides short-term disability (STD) insurance through The Hartford to all co-workers with an FTE of 0.6 or more **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

STD coverage begins on the first day of the month following 30 days of employment.

- **Benefit:** 66⅔% of base salary up to \$2,500 per week
- **Elimination period:** 5 days for pregnancy, surgery, or illness; 0 days for injury*
- **Benefit duration:** Up to 26 weeks

*You will be required to use PTO during the elimination period. If you do not have PTO, the elimination period will be unpaid.

Long-Term Disability Insurance

Parkview Health automatically provides long-term disability (LTD) insurance through The Hartford to all co-workers with an FTE of 0.8 or more **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

LTD coverage begins after one year of continuous employment in an eligible class.

- **Benefit:** Up to \$5,000 per month (varies according to position)
- **Elimination period:** 180 days (varies according to position)
- **Benefit duration:** Social Security normal retirement age

Voluntary Benefits

The Hartford | thehartford.com | 800-523-2233

Parkview Health provides co-workers with an FTE of 0.6 or more the option to purchase the following voluntary benefits through The Hartford.

The Hartford Accident Insurance

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose.

Claims payments are made in flat amounts based on injuries and services incurred during an accident such as:

- **Injuries:** Fractures, dislocations, concussions, lacerations, eye injuries, torn knee cartilage, ruptured discs, second and third-degree burns.
- **Medical services and treatments:** Ambulance, emergency care, therapy services, medical testing (including x-rays, MRIs, CT scans), medical appliances, and certain types of surgery.
- **Hospitalization:** Hospital admission, confinement, and inpatient rehab after an accident.
- **Additional benefits:** Accidental death, dismemberment, loss and paralysis; supplemental benefit for lodging.
- **Health screening benefit:** \$50.

Accident Insurance Costs

Listed below are the monthly costs for accident insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	Accident Insurance
Co-worker Only	\$5.03
Co-worker + Spouse	\$7.93
Co-worker + Child(ren)	\$8.63
Family	\$13.48



CLICK HERE for more information or log into **MyHR** to enroll.

Voluntary Benefits

The Hartford Hospital Indemnity Insurance

This option will pay benefits that help you with costs associated with a hospital visit such as a covered accident, illness, or childbirth. This benefit pays you a lump-sum upon admittance so that you can choose how best to cover your expenses.

- **Hospital admission:** \$1,250 per admission if admitted to a Parkview facility, \$1,000 for non-Parkview facility; up to twice per year.
- **Daily hospital confinement:** \$125 per day in a Parkview facility, \$100 per day for non-Parkview facility; up to 60 days per year.
- **ICU admission:** \$1,875 for Parkview facility, \$1,500 for non-Parkview facility; up to twice per year.
- **Hospital ICU confinement:** \$250 per day in a Parkview facility, \$200 for non-Parkview facility; up to 15 days per year.
- **Health screening benefit:** \$50.



CLICK HERE for more information or log into **MyHR** to enroll.

Hospital Indemnity Insurance Costs

Listed below are the monthly costs for hospital indemnity insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	Hospital Indemnity Insurance
Co-worker Only	\$14.99
Co-worker + Spouse	\$25.23
Co-worker + Child(ren)	\$23.15
Family	\$32.42

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Voluntary Benefits

The Hartford Critical Illness Insurance

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness while actively working. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses.

You must purchase coverage for yourself in order to purchase coverage for your spouse and/or dependents (children up to age 26).

Examples of covered conditions include:

- Heart attack
- Stroke
- Alzheimer's disease
- Certain cancers
- Kidney failure
- Major organ transplant

Initial benefit:

- **Co-worker:** \$15,000 or \$30,000
- **Spouse:** 100% of co-worker's election
- **Dependent children:** 50% of co-worker's election
- **Health screening benefit:** \$100



CLICK HERE for more information or log into **MyHR** to enroll.

Critical Illness Insurance Costs

Listed below are the monthly costs for critical illness insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Age	Critical Illness Insurance		
	Co-worker Per \$1,000 of coverage	Spouse Per \$1,000 of coverage	Dependent Children Per \$1,000 of coverage
< 25	\$0.20	\$0.14	\$0.16 (all ages)
25-29	\$0.22	\$0.15	
30-34	\$0.30	\$0.22	
35-39	\$0.42	\$0.31	
40-44	\$0.65	\$0.44	
45-49	\$0.96	\$0.67	
50-54	\$1.36	\$0.98	
55-59	\$1.86	\$1.42	
60-64	\$2.67	\$2.11	
65-69	\$4.01	\$3.15	
70+	\$6.26	\$4.58	

Examples of cost calculation:

- **Scenario 1:** Co-worker is age 29 and elects \$30,000 of family coverage. According to the chart above, her cost of coverage under the family plan is \$13.50. Multiply $\$0.37 \times 30$ and add $\$0.16 \times 15$, for a total of \$13.50.
- **Scenario 2:** Co-worker is age 43 and elects \$15,000 co-worker only coverage. According to the chart above, his cost per \$1,000 of coverage under co-worker only plan is \$0.65. Multiply $\$0.65 \times 15 = \9.75 per month.

Retirement

Lincoln Financial Group | lfg.com | 800-234-3500

Parkview Health can help you build financial resources for a more secure and comfortable future through the retirement plans offered to all eligible co-workers.

To achieve your goals for a successful, rewarding life after you retire, you will need to plan for a steady stream of retirement income. Parkview Health provides eligible co-workers with a retirement savings that includes the plans listed below.

The plans are intended to provide retirement income to supplement retirement payments received from other income sources such as personal savings, investments, and Social Security.

- 403(b) Plan
- Retirement Savings Plan
 - » Retirement Contribution Plan
 - » Match Plan

Who is the administrator for Parkview Health's retirement plans and how can I access my account balances?

Lincoln Financial Group is the administrator for all of Parkview Health's Retirement Plans. You may access information about your accounts through the following options:

- **Online:** lfg.com
- **Phone:** Lincoln Financial Group Customer Service, 800-234-3500
- **Site or virtual appointment:** Schedule a visit with a Lincoln retirement consultant at: lincolnfinancial.com/parkviewschedule

What investment options are available for my retirement plans?

The Plan provides the opportunity to invest both your contributions as well as the contributions Parkview Health makes on your behalf. That means, you are responsible for designating the contributions, as well as any investment return from those contributions, in the investment fund options available.

The Lincoln Alliance Program offers you a diverse list of investment funds. Your account balance will be based on the fund performance of your investment choices and will fluctuate according to the financial market changes. You will be able to choose from a range of investment options offered through Lincoln Financial Group, ranging from low-risk, low-return to high-risk, high-return funds. You may create your own investment strategy for your account. Changes can be made to your investments at any time by accessing your account online. For a minimal annual cost, you may use Lincoln's self-directed brokerage accounts.



Your
Contribution



Retirement
Savings Plan
Contribution(s)



Your Total
Retirement Savings
with Parkview

Retirement

403(b) Plan

All co-workers are eligible to set aside their own earnings through salary deferral contributions to the 403(b) Plan upon their date of hire. You may elect either the pre-tax or after-tax (Roth) salary deferrals.



CLICK HERE to view the 403(b) Summary Plan Description.

How much may I contribute to the plan in 2025?

Your contributions are made through payroll deductions. You are always 100% vested in your contributions and the earnings they generate. You may contribute up to \$23,000 in 2024 (\$30,500 if you are 50 years of age or older) or 100% of your eligible annual compensation, whichever is less. Note, 2025 contribution limits will be provided once released from the IRS. You may increase, decrease or stop your salary deferral contributions at any time by making the change online or by phone request with Lincoln Financial Group.

Are hardship withdrawals and loans available should I need money from my account?

Although the Parkview Health 403(b) Plan is intended to help you put aside money for the future, if you have an immediate financial need created by severe hardship and you have no other available resources to meet that need, you may be eligible to receive a hardship withdrawal from your 403(b) account. You may also have the option to borrow money through a loan from your 403(b) account.

Match Plan

You are eligible to receive matching contributions to your 403(b) deferrals once you complete two years of service with at least 1,000 hours in each year. You will enter the plan on the first day of the month after meeting the eligibility requirements.

Matching contributions will be deposited into your Retirement Savings Plan account with Lincoln Financial Group.



CLICK HERE to view the 403(b) Match Summary Plan Description.

How much is Parkview Health's contribution to the Match Plan?

Parkview Health will make a matching contribution to the plan in an amount equal to 50% of the first 2% of pay you contribute to your 403(b) Plan, plus 100% of the next 2% of pay that you contribute to your 403(b) Plan.

Example:

- Assuming you earn \$30,000 a year and you defer 4% of your pay to a 403(b) Plan, as 2% of \$30,000 is \$600, Parkview will match 50% of the first \$600 you contribute to the 403(b) Plan that year, plus 100% of the next \$600 you save. So, if you earn \$30,000 a year and save 4% in your 403(b) Plan, Parkview will contribute \$900 to your matching contribution account (\$300 on the first 2% of pay you save plus \$600 on the next 2% for a total of \$900).

You are always 100% vested in your contributions and the earnings they generate.

Retirement

Retirement Contribution Plan

The Retirement Contribution Plan is part of the Retirement Savings Plan, which Parkview Health makes an annual contribution to the Plan for eligible co-workers.



CLICK HERE to view the Retirement Contribution Summary Plan Description.

Your Retirement Contribution Plan will grow with Parkview Health contributions and investment returns on those contributions. The annual contribution percentage will increase as your years of benefit service increase.

What are the eligibility requirements to receive a contribution from this Plan?

You become a participant in the Retirement Contribution Plan and begin accruing benefit service on the first day of the month after you meet the following eligibility requirements:

- Employed or re-employed with Parkview Health on or after January 1, 2005,
- At least 21 years of age; and
- Completion of 1,000 hours of service within your first 12 months of employment or during any later calendar year.

What is the vesting schedule for the Retirement Contribution Plan?

You become 100% vested in your account after completing three (3) years of vesting service. You earn a year of vesting service for each calendar year in which you complete at least 1,000 hours of service. Once you are 100% vested, you will have access to this plan following your last day of work, should you leave employment with Parkview.

How much is Parkview Health's contribution to the Retirement Contribution Plan?

Your contribution is based upon the number of years of Benefit Service you accrue. You earn a year of benefit service for each calendar year that you complete at least 1,000 hours of service, starting when you reach age 21. The chart below provides the percent of contribution based upon the number of years of benefit service.

Years of Benefit Service	Contribution Amount (Amount is limited to the annual IRS maximum amount)
< 5 Years	2%
5-9 Years	4%
10-14 Years	6%
15+ Years	8%

For co-workers hired before January 1, 2005, please refer to the Benefits website and plan documents for information on the Choice Benefit and Choice Contribution Retirement Plans.



Employee Assistance Programs

Assistance is always available for you. The employee assistance program (EAP) services are provided **AT NO COST** to you and your family through Parkview EAP and VITAL WorkLife.

Parkview EAP

Parkview provides short-term EAP services to all Indiana and Ohio co-workers and their immediate household members **AT NO COST**.

The Parkview EAP is a free, strictly confidential service that includes virtual and in-person counseling and support to help you and your family with a variety of difficult situations.

The EAP counselors are knowledgeable in a variety of areas, including:

- Crisis intervention
- Trauma responses
- Family and relationship difficulties
- Alcohol and drug dependence
- Personal and work stress
- Divorce difficulties
- Troubled teenagers
- Emotional difficulties
- Financial issues

No personal information is ever shared with Parkview Health and access to the EAP is completely confidential.



Access your EAP by calling 260-266-8060 or 800-721-8809 or visiting parkview.com/employer-solutions/employee-assistance-program/eap.
The after hours emergency hotline is 260-446-1867.

Employee Assistance Programs

VITAL WorkLife EAP

The VITAL WorkLife EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and support. This resource is available to all Parkview co-workers including their spouses, children, siblings, and parents—even if they reside in another state! Three sessions available per incident.



Tools and Resources

Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.



Care Options

Find child and elder care to support you and your family's day-to-day needs.



Legal and Financial

Legal and financial guidance and resources for buying a home, planning for retirement, budgeting, and more.



Coaching

Coaching available in the following areas:

- Nurse peer coaching
- Educator peer coaching
- Parent, life, and career coaching
- Performance and skills

When is the best time to use your VITAL WorkLife EAP?

- When you feel burned out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Parkview Health and access to the EAP is completely confidential.



Access your VITAL WorkLife EAP 24/7!

To access the member website, enter username **parkviewhealth** and password **parkviewhealth**. Or, register using the mobile app by scanning the QR code to the left then enter your personal email address, personal password, and username **parkviewhealth**.

Volunteer Time Off

Parkview Health is proud to provide sixteen (16) hours of paid volunteer time off (VTO) to all co-workers on an annual basis.

Co-workers in any FTE status are encouraged to volunteer and be paid up to 16 hours per calendar year to support local schools and other non-profit organizations. Co-workers are also able to use VTO when time off is needed to care for their own mental health. VTO must be pre-approved by your department leader and is subject to Parkview Health guidelines and departmental guidelines. Please refer to the Parkview policy as well as discuss with your leader as you plan to schedule this time. VTO hours are paid by Parkview Health and are separate from the PTO plan described below.

Paid Time Off

Parkview Health provides paid time off (PTO) to all benefits-eligible co-workers based on employment status and length of service.

The PTO program puts vacation, sick leave, and holidays into one program. This provides you more flexibility in scheduling time off to meet family needs and balance work and personal life. The design of the PTO program is also intended to assist co-workers and Parkview Health in managing staffing and operational needs.

Beginning on the first pay period you work, you will accrue a set number of hours of PTO time each pay period. The number of hours you accrue will be based on your position, your FTE status, and your length of service with Parkview. Each bi-weekly pay period, you earn a PTO accrual based on the number of hours paid during the prior pay period up to a maximum of 80 work hours.

The maximum you may accrue in your PTO “bank” is 300 hours. PTO time is paid according to your work schedule at the current wage/salary rate, including shift differential. PTO time is not counted as hours worked for the purpose of determining eligibility for overtime.

Please refer to the [Paid Time Off](#) Human Resources Policy for more information.

PTO Accrual Amounts by Job Type and FTE	Hours Accrued Per Pay Period					
	PTO Earned Per Year	1.0 FTE Must work a min. of 80 hours	0.9 FTE Must work a min. of 72 hours	0.8 FTE Must work a min. of 64 hours	0.7 FTE Must work a min. of 56 hours	0.6 FTE Must work a min. of 48 hours
PTO Plan A						
0-5 years	23 days	7.1	6.4	5.7	3.3	2.8
6-9 years	28 days	8.7	7.8	6.9	4.3	3.7
10-24 years	33 days	10.2	9.1	8.1	5.4	4.6
25+ years (reached after 1/1/11)	34 days	10.5	9.4	8.4	5.6	4.8
PTO Plan B						
0-5 years	28 days	8.7	7.8	6.9	4.3	3.7
6-24 years	33 days	10.2	9.1	8.1	5.4	4.6
25+ years (reached after 1/1/11)	34 days	10.5	9.4	8.4	5.6	4.8
PTO Plan C						
0-2 years	28 days	8.7	7.8	6.9	4.3	3.7
3-24 years	33 days	10.2	9.1	8.1	5.4	4.6
25+ years (reached after 1/1/11)	34 days	10.5	9.4	8.4	5.6	4.8

Lifestyle Benefits

Parkview Health provides quarterly reimbursements to all co-workers with an FTE of 0.6 or more through Compt Lifestyle Benefits.

Lifestyle Benefits is a reimbursement program that allows you to submit reimbursement requests using a variety of categories to fit your changing needs.

If you are in a benefits eligible FTE status at the start of the quarter you will receive an email from Compt inviting you to submit claims for reimbursement.

- **Part-time:** Co-workers with an FTE of 0.6-0.7 may be reimbursed up to \$500 per year, or \$125 per quarter.
- **Full-time:** Co-workers with an FTE of 0.8 or more may receive up to \$1,000 per year, or \$250 per quarter.



Family

- Child care assistance
- College/529 contribution
- Pet care (food, grooming)
- Tutoring
- Household needs (clothing, furniture)



Caregiving

- Childcare for ages 0-5 and not yet in kindergarten
- Eldercare for a loved one residing with you who is unable to care for themselves

Note: Caregiving match will be paid on the second paycheck paid after the end of the quarter.



Financial Wellness

- Tax preparation
- Financial advisor



Food

- Meal delivery (Blue Apron, Nutri-System, etc)
- Groceries
- Dinners out



Health & Wellness

- Noom membership
- Gym membership
- Personal trainer
- Massage
- Shoes, apparel, gear, equipment



Remote Work Office Equipment

- Desk
- Office chair
- Additional monitor



Treat Yourself

- Entertainment
- Flight/hotel
- Costco/Sam's Club membership
- Housecleaning
- Lawn service

Additional Benefits

At Parkview Health, we are committed to supporting your total wellbeing, which is why we offer the following additional benefits.

Access specially negotiated group rates on valuable benefits that fit your lifestyle. The following benefits are available for enrollment year-round. You pay 100% of the cost via payroll deduction.

Auto and Home Insurance

Access exclusive rates on insurance for your car, home, renters, and more.

- Real time, side-by-side auto insurance quotes from leading national carriers
- Special co-worker savings and payroll deduction discount
- Additional coverage available for your home, vacation property, boats, recreational vehicles, and more
- Eligible co-workers include those with an FTE of 0.6 or more

Identity Theft Protection

Monitor your identity, credit, and online activity, from financial transactions to what you share on social media.

- Proprietary monitoring tools to identify threats to your data, credit, and identity
- Identity Specialists available 24/7 to manage recovery and restore your identity
- Covers costs for many of your out-of-pocket expenses, lost wages, or legal fees
- Eligible co-workers include those with an FTE of 0.6 or more

Pet Health Insurance

Protect your pet and your wallet with affordable pet health insurance.

- Choice of reimbursement options and customizable plans
- Accidents, illnesses, preventative care and more
- See any licensed vet, specialist, or emergency clinic you want
- Coverage available for avian and exotic pets too
- Eligible co-workers include those with an FTE of 0.6 or more

Purchasing Power

Get the products you need up front, and pay for them over time, directly from your paycheck.

- Shop the brands you love (over 40,000 brand name products!)
- Purchase and receive your items right away
- Pay over time, right from your paycheck
- Buy with no credit check, interest, or hidden fees
- Co-workers with one year of service in an FTE of 0.6 or more and meet the age and salary requirements are eligible to participate in this program

SmartDollar

Parkview Health provides all active FTE co-workers access to a financial wellness program **AT NO COST** through SmartDollar.

SmartDollar is a proven financial wellness program providing the practical steps, tools, and inspiration you need to reach your money management goals. Bestselling authors and financial experts Dave Ramsey and Rachel Cruze bring personal finance to life with their engaging video lessons—available 24/7—along with the 7 Baby Steps plan, budgeting app, savings tracker, and other helpful resources.

Visit smardollar.com/enroll/parkviewhealth for more information or to enroll.

Contacts

If you have any questions regarding your benefits or the material contained in this guide, please contact your site’s Human Resources representative.

Benefits and Informatics Team: 260-266-7276 or hrproc@parkview.com

Human Resources General Questions: 260-266-1050 or hresource@parkview.com

Co-worker Connect Line: 260-425-5490

Benefits Concierge Center

New for 2025! Beginning November 7, all Parkview Health co-workers have access to the Benefits Concierge Center. From helping you enroll, to finding in-network providers, to answering benefits questions—the Benefits Concierge Center can help. They offer support in over 230 languages.

Why should I contact the Benefits Concierge Center?

- **Need help choosing your benefits?** The Benefits Concierge Center can help you find the plans that are best for you and your family.
- **Questions about your benefits?** The Benefits Concierge Center can answer your questions and point you in the right direction for additional information.
- **Need a new doctor?** The Benefits Concierge Center can help you find in-network providers.

Beginning November 7, visit parkview.lockbene.fit to schedule an appointment with a Benefits Counselor or call 888-715-7940 Monday through Friday from 8 a.m. to 8 p.m. EST.

Provider/Plan	Phone Number	Website/Email
Medical Health Plan Services Anthem	260-266-5510 833-578-4441	N/A anthem.com
Dental Delta Dental	800-524-0149	deltadentalin.com
Vision MetLife	855-638-3931	metlife.com/vision
Health Savings Account HealthEquity	877-924-3967	healthequity.com
Flexible Spending Accounts HealthEquity	877-924-3967	healthequity.com
Life and Disability The Hartford	800-523-2233	thehartford.com
Voluntary Benefits The Hartford	800-523-2233	thehartford.com
Retirement Lincoln Financial Group	800-234-3500	lfg.com
Employee Assistance Program Parkview EAP VITAL WorkLife	800-721-8809 800-383-1908	parkview.com/employer-solutions/ employee-assistance-program/eap vitalworklife.com

This summary of benefits is not intended to be a complete description of the terms and Parkview Health insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Parkview Health maintains its benefit plans on an ongoing basis, Parkview Health reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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