



UR
MEDICINE

THOMPSON
HEALTH

Open Enrollment Benefits Guidebook

January 1, 2022

(updated 12/21)

Associate Services Main:

(585) 396-6655

Benefits Administrator:

(585) 396-6681

Internet:

<https://www.thompsonhealth.com/Careers/Compensation-Benefits>

Introduction & Eligibility	1
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HEALTH INSURANCE PLANS

Medical Plan Premiums	2
Medical Plans Compared	3
Dental	4
Vision	5

GROUP BENEFIT PLANS- PAID BY THOMPSON HEALTH

Group Term Life	6
Carve Out AD&D	7

VOLUNTARY BENEFIT OFFERINGS

Life/AD&D Insurances	8
Enhanced Cancer Care	9
Flexible Spending Account	10
Health Savings Account	11
Short Term Disability Insurance	12
Long Term Disability Insurance	13
Transamerica Insurances (Accident, Critical Illness, Univ Life w/ LTC)	14

OTHER BENEFIT OFFERINGS

Auto/Homeowners	15
The Thompson Health 403(b) Plan	16
Final Instructions	17

On January 1, 2022, the Thompson Health Benefit plan year begins. Associates can develop a personalized benefit package. You will be able to choose the level of health coverage you want for yourself and your family (if you need any at all), and you will be able to elect from a combination of voluntary benefit options that provide additional benefits for you and your family members.

Your Benefits Guidebook

Reviewing the summarized information contained within this guidebook will help you to make the benefit choices that best protect you and your family. Although Thompson Health cannot directly advise you on the benefit plans you should select, we have secured the services of Canandaigua Financial Group, Gallagher Benefit Services, Mercer, and Relph Benefit Advisors to provide you with information on most of the benefits contained in this guidebook to help you reach an informed decision.

UR Medicine/Thompson Health Benefit Plans

Excellus BC/BS Medical	Flexible Spending Account
Excellus BC/BS Dental	Health Savings Account
VSP Vision Care	Voluntary Short Term Disability Insurance
Group Term Life Insurance	Voluntary Long Term Disability Insurance
Carve Out AD&D	Voluntary Accident, Critical Illness, Whole Life w/ Long Term Care rider
Voluntary Life/AD&D Insurances	Farmer's Auto/Homeowner's Insurance
AFLAC Cancer Insurance	The Thompson Health 403(b) Plan w/ match

Using the Internet and Intranet

You can access benefit plan information anytime 24 hours/day, 7 days/ week:

Internet:

<https://www.thompsonhealth.com/Careers/Compensation-Benefits>

Intranet:

<http://sites.mc.rochester.edu/thompson-health/associate-services/benefits/>

Completing Your Personal Benefits Election Packet

When you have decided on the benefits you want, you must:

- 1. Complete an enrollment form (if applicable) for that benefit.**
- 2. Return your enrollment forms to John Paul Mlynar in Assoc. Services.**
- 3. You may want to save a copy of your enrollment form and this guidebook for your personal records.**

Eligibility Schedule

In order to be an eligible Associate under the Plan, you must be an active regular full time Associate working 35+ hours per week or an active regular part time Associate working 20 – 34 hours per week.

First of the month following benefits eligible status, during open enrollment, or if you have a qualifying change:

Medical Insurance
Health Savings Account (H.S.A.)-coupled with HDHP Plan only
Dental Insurance
Vision Insurance
Group Life (Thompson Health Paid)
AD&D Insurance (Thompson Health Paid)
Voluntary Life/AD&D Insurances
Short Term Disability Insurance
Long Term Disability Insurance

First of the month following 90 days of benefit eligible status:

AFLAC Cancer Insurance

First of the month following 6 months of benefit eligible status, during open enrollment, or if you have a qualifying change:

Flexible Spending Account (health & dependent care)

At next enrollment session by broker:

Transamerica Accident Insurance
Transamerica Critical Illness Insurance
Transamerica Universal Life with Living Benefits/Long Term Care Rider

Upon Hire:

Farmer's Auto/Homeowners Insurance
The Thompson Health 403(b) Plan (ALL associates are eligible to participate, regardless of status)

Changing Your Choices

You will have an opportunity to make an election once every year during open enrollment. After you have enrolled, you may only change your election during the plan year if:

- ✓ You have a qualifying change of dependent status.
- ✓ You can prove you or a dependent has lost or gained coverage under another plan.
- ✓ Enrollment limitations may apply according to the Health and/or Dental carrier

Medical Plan Premiums Per Pay (24 pay periods)

2

*Medical premiums taken out 2 payrolls of each month

FT= Full-time (70+ hours/payroll period)

PT= Part-time (20-69 hours/payroll period)

Medical Insurance Eligibility:

1st of the month following your hire date as a FT/PT Associate, or a qualifying event (see reverse)

****DURING YEAR END OPEN ENROLLMENT, CONFIRM ELECTIONS ON-LINE ULTIPTRO****

If you earn \$17.81/hour or less
These are the 2022 Premiums

If you earn \$17.82/hour or more
These are the 2022 Premiums

(Associate semi-monthly premiums taken out during 2 payrolls each month)

BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$1,400 single/\$2,800 family with \$3,000 single/\$6,000 family max IN-OOP

High Deductible Health Plan with Health Savings Account-

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2022 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	Thompson Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST	1/1/2022 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	Thompson Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST
				X 24 cycles/year						X 24 cycles/year		
Full time-Associate only	642.76	575.76	67.00	\$ 33.50	-19.23	\$ 12.67	642.76	553.76	89.00	\$ 44.50	-19.23	\$ 23.67
Full time-Assoc. & Spouse/DP only	1478.22	1189.22	289.00	\$ 144.50	-38.46	\$ 102.83	1478.22	1138.22	340.00	\$ 170.00	-38.46	\$ 128.33
Full time-Associate & Child(ren)	1657.98	1338.98	319.00	\$ 159.50	-38.46	\$ 117.83	1657.98	1285.98	372.00	\$ 186.00	-38.46	\$ 144.33
Full time-FAMILY	1744.70	1386.70	358.00	\$ 179.00	-38.46	\$ 137.33	1744.70	1329.70	415.00	\$ 207.50	-38.46	\$ 165.83
Part time-Associate only	642.76	514.76	128.00	\$ 64.00	-19.23	\$ 43.17	642.76	495.76	147.00	\$ 73.50	-19.23	\$ 52.67
Part time-Assoc. & Spouse/DP only	1478.22	1083.22	395.00	\$ 197.50	-38.46	\$ 155.83	1478.22	1038.22	440.00	\$ 220.00	-38.46	\$ 178.33
Part time-Associate & Child(ren)	1657.98	1198.98	459.00	\$ 229.50	-38.46	\$ 187.83	1657.98	1145.98	512.00	\$ 256.00	-38.46	\$ 214.33
Part time-FAMILY	1744.70	1248.70	496.00	\$ 248.00	-38.46	\$ 206.33	1744.70	1195.70	549.00	\$ 274.50	-38.46	\$ 232.83

BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$2,500 single/\$5,000 family with \$5,000 single/\$10,000 family max IN-OOP

High Deductible Health Plan with Health Savings Account- IN ADDITION TO LOWER PREMIUMS,

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2022 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	Thompson Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST	1/1/22 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	Thompson Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST
				X 24 cycles/year						X 24 cycles/year		
Full time-Associate only	578.48	523.48	55.00	\$ 27.50	-19.23	\$ 6.67	578.48	506.48	72.00	\$ 36.00	-19.23	\$ 15.17
Full time-Assoc. & Spouse/DP only	1330.40	1096.40	234.00	\$ 117.00	-38.46	\$ 75.33	1330.40	1055.40	275.00	\$ 137.50	-38.46	\$ 95.83
Full time-Associate & Child(ren)	1492.18	1233.18	259.00	\$ 129.50	-38.46	\$ 87.83	1492.18	1191.18	301.00	\$ 150.50	-38.46	\$ 108.83
Full time-FAMILY	1570.24	1280.24	290.00	\$ 145.00	-38.46	\$ 103.33	1570.24	1234.24	336.00	\$ 168.00	-38.46	\$ 126.33
Part time-Associate only	578.48	474.48	104.00	\$ 52.00	-19.23	\$ 31.17	578.48	461.48	117.00	\$ 58.50	-19.23	\$ 37.67
Part time-Assoc. & Spouse/DP only	1330.40	1011.40	319.00	\$ 159.50	-38.46	\$ 117.83	1330.40	975.40	355.00	\$ 177.50	-38.46	\$ 135.83
Part time-Associate & Child(ren)	1492.18	1121.18	371.00	\$ 185.50	-38.46	\$ 143.83	1492.18	1078.18	414.00	\$ 207.00	-38.46	\$ 165.33
Part time-FAMILY	1570.24	1170.24	400.00	\$ 200.00	-38.46	\$ 158.33	1570.24	1128.24	442.00	\$ 221.00	-38.46	\$ 179.33

DENTAL PLANS (Associate semi-monthly premiums taken out during 2 payrolls each month)

Eligibility: 1st of the month following hire date

	BASIC DENTAL	PREMIER DENTAL
Class 1 Preventative	100%	100%
Class 2 (i.e cavities)	60%	80%
Class 3	50%	50%
Class 4	50%	50%
Annual Deductible:	\$50/ \$150 Applies to classes 2 & 3	\$50/ \$150 Applies to classes 2 & 3
Annual Maximum:	\$1,000	\$2,000
Orthodontia Lifetime Max:	\$1,000	\$2,000 includes adult
Dependents to age 23	23	23

PLAN TYPE	ASSOC. SEMI-MO. COST	ASSOC. SEMI-MO. COST
Single	\$ 11.25	\$ 15.50
Family (2+)	\$ 27.00	\$ 39.00

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

Quick Reference-

<u>Shows in-network only</u>	<u>HDHP with H.S.A. \$1,400/\$2,800 or \$2,500/\$5,000 Deductible</u>
Office Visit Copay (PCP)	<u>in-network information below</u> 70-90% covered, subject to deductible
Office Visit Copay (Specialist)	70-80% covered, subject to deductible
Network	National Bluecard
In-network deductible	see plan deductible limit
In-network co-insurance	10-20%
In-network Out of Pocket Max.	\$3,000 or \$5,000 ind./\$6,000 or \$10,000 fam.
PCP Child up to age 19	70-90% covered, subject to deductible
Well Child Visit	Covered in Full
Preventative Health	Covered in Full
(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)	
Prescriptions	\$5/35/70, subject to deductible at FFTH/CMG Pharmacies
(w/ mail order 3 for 2 savings-ask for brochure, or see on-line)	\$15/50/95, subject to deductible at all other pharmacies
Diagnostic X-rays	70-90% covered, subject to deductible
Diagnostic Labs	70-90% covered, subject to deductible
Inpatient Hospital	70-80% covered, subject to deductible
Urgent Care Center	70-90% covered, subject to deductible
Emergency Room	80% covered, subject to deductible
Outpatient Surgical Care	80-90% covered, subject to deductible
Routine Vision	80% covered, subject to deductible
Eyewear Allowance	none
ACA-Qualified Dependents to Age:	26

Quick Reference Summary only: PLEASE obtain plan booklet or side-by-side comparisons.

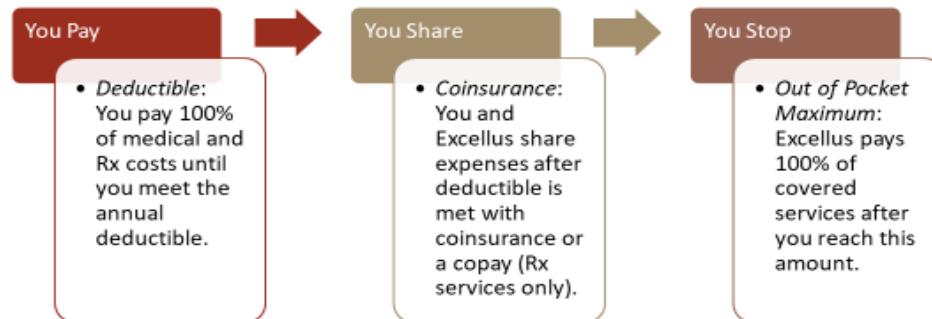
The information above describes the most common benefits. Plans are governed by Excellus BC/BS Documents

If your work status changes between full-time and part-time, or you receive a promotion/demotion, your payroll deductions will be adjusted as appropriate.

Premium based on wage in effect as of 12/19/2021

Domestic partner (DP) coverage is available for medical and dental insurance
 A completed affidavit is required with enrollment form; imputed income applies.
 Certain Rules apply with Affordable Care Act Provisions.

Cost Sharing Highlights



Excellus Dental Plan Options (24 pay periods)

4

*Dental premiums taken out the 1st and 2nd payrolls of each month

Dental coverage is a stand-alone benefit from the medical coverage. Fill out a separate enrollment form at time of benefits eligibility or prior to the eligible month.

Eligible the 1st of the month following hire.

Domestic partner (DP) coverage is available for medical and dental insurance
A completed affidavit is required with enrollment form; imputed income applies.

DENTAL PLANS (Associate semi-monthly premiums taken out during 2 payrolls each month)

Eligibility: 1st of the month following hire date

	BASIC DENTAL	PREMIER DENTAL
<i>Class 1 Preventative</i>	100%	100%
<i>Class 2 (i.e cavities)</i>	60%	80%
<i>Class 3</i>	50%	50%
<i>Class 4</i>	50%	50%
Annual Deductible:	\$50/ \$150 Applies to classes 2 & 3	\$50/ \$150 Applies to classes 2 & 3
Annual Maximum:	\$1,000	\$2,000
Orthodontia Lifetime Max:	\$1,000	\$2,000 includes adult
Dependents to age 23	23	23
PLAN TYPE	ASSOC. SEMI-MO. COST	ASSOC. SEMI-MO. COST
Single	\$ 11.25	\$ 15.50
Family (2+)	\$ 27.00	\$ 39.00

YOUR VSP VISION BENEFITS SUMMARY

Thompson Health and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice



EFFECTIVE DATE:

01/01/2022

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every calendar year
PRESCRIPTION GLASSES		\$20	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Costco® frame allowance 	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
PRIMARY EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities <p style="text-align: center;">PRIMARY</p>		
YOUR SEMI-MONTHLY CONTRIBUTION	\$3.96 Associate only \$8.47 Associate + child(ren)	\$7.91 Associate + spouse or domestic partner \$13.53 Associate + family	

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$185
Single Vision Lenses	up to \$30				

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business.

Reliance Standard Group Life Insurance

Class Description

All Active Full-Time Associates of the policyholder working 35 or more hours per week and all Active Part-Time Associates of the policyholder working 20 hours but less than 35 hours.

Principal Sum (By Class)

One (1) times Annual Salary, rounded to the next highest \$1,000, subject to a maximum \$150,000

Benefits

Principal Sum as used, means the amount of insurance in force under the Policy subject to the reduction schedule below as applicable to insured person.

Your amount of Basic and Optional Life Insurance reduces to 65% when you reach age 65 and 50% when you reach age 70. Your Basic and Optional Life Insurance cancels at your retirement.

The Insured's Principal Sum is shown in the schedule.

"Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

Reliance Standard Accidental Death & Dismemberment Insurance

ELIGIBILITY

Employees: Each Active, Full-time employee working 35 or more hours per week, and Part-time employee working 20 or more hours per week except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

One (1) times Annual Salary, rounded to the next highest \$1,000, subject to a maximum \$150,000

AD&D SCHEDULE

For Accidental Loss of: Amount Payable:

Life 100%
Two or more Members 100%
Speech and hearing 100%
One Member 50%*
Speech or Hearing 50%*
Thumb & Index Finger of Same Hand 25%
“Member” means hand, foot or eye.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

Age Original Benefit Reduced to:

75 50%
80 25%

FEATURES

Common Carrier Benefit
Conversion Privilege
Day Care Benefit
Education Benefit
Exposure & Disappearance
Extension of Family Coverage
Seat Belt & Air Bag Benefit

VALUE ADDED SERVICES

Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non-civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form, et al

Voya Whole Life Insurance

Enrollment

If you are a benefit eligible associate, you are considered to be qualified issue ONLY during your initial new product open enrollment period. This is the period 90 days following your benefit eligible status.

☞ Associate Qualified Issue is available from age 15 to age 70 at 3 x your annual salary to a maximum of \$100,000.

☞ Spousal Qualified Issue is available from age 15 to age 65 at \$5.00 per week.

☞ Dependent Child(ren) Qualified Issue is available from 15 days to age 24 at \$12,500, \$15,000, \$20,000 or \$25,000.

If you are an existing associate who does not apply for coverage during the initial new product open enrollment, you may apply for coverage at the next open enrollment but must complete evidence of insurability and answer medical questions.

Level Term to 65 Rider

This rider is available to associates and spouses from age 18 to age 55. This rider will add 100% of the amount of your Whole Life policy as a Term policy. For example if an associate chose to purchase \$25,000 of Whole Life Insurance, they may also choose to add the Level Term Rider at \$25,000. The Whole Life policy is permanent insurance, the Level Term Rider will discontinue upon attainment of age 65.

Cash Value Accumulation & Cash Value Loans

Whole Life insurance builds guaranteed cash values as long as the premium is paid. Once cash value accumulates, you can borrow from the cash value of your policy however interest is payable in advance. The death benefit will be reduced by any outstanding loan and unpaid accrued interest.

Waiver of Premium

Your Whole Life insurance policy will include Waiver of Premium for all policies issued on associates age 15 through age 55. Should the associate become disabled prior to age 60, his/her premiums will be waived after four months of continuous disability and for the duration of the disability.

Discounts

Non-Tobacco use premiums are available if you have never used tobacco products or if you have not used tobacco products in the last 12 months and do not intend to smoke in the future.

Portable

Should you retire or leave your employer after the first payroll deduction has been made, you can take the policy(ies) with you at the same premium rate and Voya will bill you directly.

Children's Term Insurance Rider

You may add a Children's Term Rider to either the associate or spouse's application for coverage. The rider provides coverage for all children from \$2,000 to \$10,000. At age 25, the rider can be converted to an individual whole life policy and can be increased to a maximum of 5 times the coverage amount **without** evidence of insurability.

Policy Effective Date

Temporary insurance coverage is provided to all associates who are eligible for qualified issue beginning on the date the application is signed. This temporary coverage continues until the policy is issued or declined.

It takes approximately 2 months for a policy to be reviewed and issued/declined, Voya covers you for that time without any premium payments! The premium will be collected according to the policy effective date. Should the policy be denied, any premium payments will be refunded.

Sample Costs

Associate age 35, non-smoker can apply for \$25,000 of coverage for only \$5.98 per week or \$8.11 with \$25,000 Level Term Added
Spouse age 40, non-smoker can apply for \$17,069 of coverage for only \$5.00 per week Child age 8, can apply for \$25,000 of coverage for only \$3.29 per week.

For Presentation Purposes Only – Master policy governs - refer to your certificate of coverage for a full explanation of benefits and limitations

Reliance Standard Voluntary/ Dependent Term Life

ELIGIBILITY

Employees: Each Active, Full-time employee working 35 or more hours per week, and Part-time employee working 20 or more hours per week except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

A person may not have coverage as both an Employee and Dependent.

Only one insured spouse may cover Dependent children. your legal spouse not legally separated or divorced from you

unmarried financially dependent child(ren)*, live birth to 20 years (to 26 years if full-time student).

*natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

BENEFIT AMOUNT

Voluntary Life:

Choose from a minimum of \$25,000 to a maximum of \$500,000 in \$25,000 increments

Flat amounts of life insurance equal to \$150,000 or more may be subject to an earnings cap.

Dependent Life

Spouse (up to 70th birthday)

A choice of \$12,500 \$25,000 or \$50,000

(spouse amount may not exceed 50% of employee amount)

Dependent Child(ren)

Birth to age 19 : \$2,000

Age 20 to age 26 : \$10,000

(up to age 26 if a full-time student)

GUARANTEED ISSUE

(INITIAL ELIGIBILITY PERIOD ONLY)

Employee: \$100,000

Spouse: \$25,000

Child: all child amounts are guaranteed issue

CONTRIBUTION REQUIREMENTS

Employee:

Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

(applicable to employee coverage)

Age Original Benefit Reduced To
70 50%

RATE

See Rate Sheet.

FEATURES

Conversion Privilege

VALUE ADDED SERVICES

Bereavement Counseling Service

EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form DRS-6422, et al

Reliance Standard Voluntary Group/ Accidental Death & Dismemberment Insurance

ELIGIBILITY

Employees: Each Active, Full-time employee working 35 or more hours per week, and Part-time employee working 20 or more hours per week except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

Employee:

Choose from a minimum of \$25,000 to a maximum of \$500,000 in \$25,000 increments (not to exceed 10 times Earnings for amounts over \$150,000)

Spouse and Child(ren):

Spouse: A choice of \$12,500 or \$25,000 (up to 70th birthday)
Eligible Dependent Child(ren): A choice of \$2,000 or \$10,000

Dependents:

You must be insured in order for Dependents to be covered.
Dependents are:

your legal spouse not legally separated or divorced from you.
your unmarried financially dependent children* 14 days to 20 years (to 26 years if full-time student)
*natural and adopted children; stepchildren and foster children in your custody.

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

AD&D SCHEDULE

For Accidental Loss of: Amount Payable:

Life 100%

Two or more Members 100%

Speech and hearing 100%

One Member 50%*

Speech or Hearing 50%*

Thumb & Index Finger of Same Hand 25%

*"Member" means hand, foot or eye.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

Employee Age Original Benefit Reduced to:

75 50%

80 25%

RATES

See Rate Sheet.

FEATURES

Common Carrier Benefit

Conversion Privilege

Day Care Benefit

Education Benefit

Exposure & Disappearance

Extension of Family Coverage

Seat Belt & Air Bag Benefit

VALUE ADDED SERVICES

Travel Assistance Service

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non-civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form FRSLS-8604, et al

This coverage provides financial relief from the devastating affect cancer can have on a family. Your medical plan will cover most cancer related medical expenses, but cancer has many non-medical and out-of-pocket expenses. Non-medical expenses include travel; food, lodging and household help costs. In addition, loss of earning power by either the cancer victim or a caretaker can have a significant impact on your ability to meet everyday expenses like: health insurance premiums, mortgage or rent payments, car payments, utility bills and groceries.

This coverage is portable; you can keep the plan in-force after you leave Thompson Health.

AFLAC Level 2 Series #75200

Tier	Prior Blue Policy (Frozen Plan)	Base Plan Per 26 Pays	Base Plan with Building Benefit Rider Per 26 Pays
Associate Only	\$9.83	\$13.89	\$15.28
Associate & Child or Children	\$15.69	\$16.98	\$19.06
Associate, Spouse and Child or Children	\$15.69	\$23.49	\$26.49

BENEFITS		SILVER NY-75200
First Occurrence	\$2,000 Insured or Spouse \$3,000 for Child *First Occurrence Benefit Rider available which adds \$500 each year to the First Occurrence amount payable	
Hospital Confinement	\$300/day 1 st 30 days \$600/day on 31 st day - No lifetime maximum	
Medical Imaging	\$150 per calendar year for initial diagnosis or follow-up evaluation of cancer: CT scan, MRI, Bone scan, MUGA, PET or trans-rectal ultrasound	
Radiation and Chemotherapy	\$300/day injected by medical personnel \$300/day self injected (\$2400 mthly max.) \$300/day pump or implant (\$1200 mthly max.) \$300/day oral chemotherapy (\$1200 mthly max.)	
Experimental Treatment	\$300/day by medical personnel \$300/day self injected (\$2400 monthly max.) \$300/day pump or implant (\$1200 monthly max.) \$300/day oral chemotherapy (\$1200 monthly max.) Must be at approved by the National Cancer Institute (NCI) as viable experimental treatments for cancer.	
Immunotherapy	\$400/calendar month for immunoglobulins or colony-stimulating factors as prescribed by a physician - Lifetime maximum of \$2,000	
Anti-Nausea	\$125/calendar month	
Nursing Services	\$125/day while hospital confined. No lifetime maximum	
Skin Cancer Surgery	\$100 to \$600 for surgical operation for diagnosed skin cancer	
Surgical/Anesthesia	25% of Surgery Benefit	
In patient Hospital Surgery	\$100 to \$5000 – depending on type of surgery performed \$6,250 per Surgery limitation. No lifetime maximum	
Outpatient Hospital Surgery	\$300 - No lifetime maximum	
Prosthesis	\$3000 if surgically implanted. *\$6,000 lifetime maximum \$255 non-surgically implanted. *\$450 lifetime maximum	

Reconstructive Surgery	\$350 to \$3,000 depending on surgery. 25% of surgery benefit for administration of anesthesia
In-Hospital Blood & Plasma	\$100/day receiving blood/plasma. No lifetime maximum
Outpatient Blood & Plasma	\$250/day receiving blood/plasma. No lifetime maximum
Second Surgical Opinion	\$250 Second Opinion regarding cancer surgery - No lifetime max
National Cancer Institute (NCI) Evaluation/Consultation	\$500 paid for evaluation or consultation at an NCI designated cancer center after initial diagnosis of internal cancer
Ambulance	\$200 for Ground ambulance within 100 miles of residence \$1,000 for Air ambulance 2 trips per confinement maximum
Transportation	.50/mile for adult traveling outside 50-mile radius of residence. .50/mile for dependent traveling outside 50-mile radius of residence and 1.00/mile for 2 parents/guardians accompanying \$1,500 per round trip maximum
Lodging	\$60/day when traveling outside 50-mile radius of residence Lifetime maximum of 90 days
Bone Marrow Transplantation	\$10,000 In Hospital \$5,000 Out Patient \$1,000 to Donor Lifetime maximum of \$10,000
Extended Care	\$100/day for confinement. Lifetime maximum of 365 days
Stem Cell Transplantation	\$5,000 if covered person receives a peripheral stem cell transplantation for treatment of cancer. Lifetime maximum of \$5,000
Hospice	\$1,000 One Time Benefit for the 1 st day and then \$50/day thereafter for hospice care. Lifetime maximum of \$12,000
Home Health Care	\$75/day for 1 st 30 days \$150/day 31 st day and forward Lifetime maximum of 100 days
Nursing Home	\$75/day for 1 st 30 days \$150/day 31 st day and forward Lifetime maximum of 100 days
Cancer Screening Wellness	\$75 Annually - No lifetime maximum
Waiver of Premium	Applicable after 90 days
Guaranteed Renewable	Yes
Children Covered to age	All unmarried dependent children to age 25 regardless of student status
Waiting Period	30 days

Building Benefit Rider: The First Occurrence benefit will be increased by \$500 on each rider anniversary date while the rider remain in force. This benefit will cease to build for each covered person on the anniversary date following the covered person's 65th birthday or at the time that internal cancer is diagnosed, whichever occurs first.

This is for presentation purposes only. Please refer to Required Disclosure Statement for Policy Form NY-75200 for benefit descriptions, limitations and exclusions. Your individual AFLAC policy sets forth the rights and obligations of both you and AFLAC New York.

You can establish a Spending Account to help you use pre-tax dollars to pay for certain uninsured health care expenses and work-related dependent care expenses. These are individual accounts, not group insurance plans. They are funded with associate contributions on a payroll deduction basis. The health expense portion of the plan can only be funded if you are not covered under a High Deductible Health plan. (certain rules may apply for Medicare, Tricare, Veteran Benefits, and/or dependent status as indicated on a tax return (non-spouse)).

Normally, you must pay for miscellaneous un-reimbursed health and childcare expenses after taxes have been deducted from your pay. By using an FSA, you can pay for many of these expenses on a pre-tax basis. By allocating a portion of your pay to an FSA, you reduce the amount of income tax you are required to pay.

Refer to: <https://ebemployer.lh1ondemand.com/login> for more information on this program.

Tax-Advantages of a FSA			
Without Flex Plan (per month)		With Flex Plan (per month)	
		Unadjusted Gross Wages	\$ 1,190.00
		Medical Premium	- 159.14
		Med. & Dental Exp	- 40.00
		Child Care Expenses	- 200.00
Old Gross Wages	\$1190.00	New Gross Salary	790.86
Fed. & State Tax	-226.10	Fed. & State Tax	- 150.26
Social Security Tax	- 91.40	Social Security Tax	- 60.50
Net Paycheck	\$ 872.50	Net Paycheck	\$ 580.10
Medical Prem	- 159.14	Medical Prem	- 0.00
Spendable Income	\$ 713.36	Spendable Income	\$ 580.10
Med. & Dental Exp	- 40.00	Med. & Dental Exp	- 0.00
Spendable Income	\$ 673.36	Spendable Income	580.10
Child Care Expenses	- 200.00	Child Care Expenses	- 0.00
Spendable Income	\$ 473.36	Spendable Income	\$ 580.10

By paying for certain eligible expenses with "tax-free" dollars instead of taxable dollars, the associate in this example increased his spendable income by \$1,280.88 over a 12-month period. That's like receiving a 9% raise. Whether you contribute towards your health insurance, have childcare expenses, or predictable out-of-pocket medical expenses, our Flexible Benefits Plan can give you more real spendable income each pay period.

For instance, if you earn \$20,000 and decide to contribute \$2,000 to your FSA, your gross income, as reported on your W-2 form, will be \$18,000. That would save you approximately \$552 in taxes. Not only will you pay less tax on your income, you will have money set aside to pay for eligible health and child/dependent care expenses.

2022 Maximums:

- \$2,850 Per Calendar Year for qualified health expenses
- \$5,000 Per Calendar Year for qualified dependent-care expenses

- All expenses must be incurred in the same calendar year as the elected benefit amount.
- All eligible receipts must be submitted no later than 4/30 of the following year to receive available fund balances.
- NOTE: You are not able to enroll in the health expense portion of the FSA if you are enrolled in a HDHP, or a Thompson Health High Deductible Health Plan with Health Savings Account.**
- Certain rules may apply for Medicare, Tricare, Veteran Benefits, and/or dependent status as indicated on a tax return (non-spouse).

You can establish a Health Savings Account to help you use pre-tax dollars to pay for qualified expenses under IRS Section 125. These are individual accounts, not group insurance plans. **If you participate in a Thompson Health High Deductible Health Plan, in most instances an account will automatically be set up for contributions.** The account can be funded both with associate and discretionary Thompson Health contributions on a payroll deduction basis.

Normally, you must pay for miscellaneous un-reimbursed health expenses after taxes have been deducted from your pay. By using an HSA, you can pay for many of these expenses on a pre-tax basis. By allocating a portion of your pay to an HSA, you reduce the amount of income tax you are required to pay.

2022 Maximums (including the Thompson Health contribution):

Thompson Health will contribute \$19.23/pay period (\$500 annual) to a single plan, and \$38.46/pay period (\$1,000 annual) to a family plan (2+)

- All expenses must be incurred after the account is established. Funds are allowed to be carried over year to year.
- NOTE: You are not able to enroll in the health expense portion of the FSA if you are enrolled in the High Deductible Health Plan with Health Savings Account. Some exceptions apply.**

Your Maximum Annual Contributions:

Single:\$3,150 PLUS TH contribution \$19.23/pp
 Family (2+)\$6,300 PLUS TH contribution \$38.46/pp

Associates ages 55+ in the calendar year can contribute +\$1,000 additionally.

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness.

Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 35 or more hours per week, and Part-time employee working 20 or more hours per week and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The weekly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$750 per week.

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 15th or 30th consecutive day of disability; or the day following the number of accumulated sick days applicable to the employee.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 24 or 22 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See Rate Sheet.

FEATURES

Maternity covered as any other illness

Partial Disability benefit included

Transfer of Coverage provision

LIMITATIONS

Pre-Existing Condition Limitation – 3/12

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

Insurance is provided under group policy form LRS-6451, et al

COVERAGE

Disability income protection insurance provides a benefit for “long term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 35 or more hours per week, and Part-time employee working 20 or more hours per week and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$5,000 per month.

ELIMINATION PERIOD

180 consecutive days of total disability

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of:

Social Security
 Normal Retirement Age or Duration of Benefits below:
 Age at Disablement Duration of Benefits
 61 or less to age 65
 62 3 ½ years
 63 3 years
 64 2 ½ years
 65 2 years
 66 1 ¾ years
 67 1 ½ years
 68 1 ¼ years
 69 or more 1 year

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See Rate Sheet.

FEATURES

FMLA Continuation
 Interruption and Recurrent provisions
 Minimum Benefit Payable – \$100/10%
 Own Occupation Coverage – 36 months
 Rehabilitation provision
 Residual and Partial Disability
 Specific Indemnity Benefit
 Survivor Benefit – 3 months
 Transfer of Coverage provision
 Work Incentive & Child Care provisions

LIMITATIONS

Mental/Nervous Illness Limitation – 24 month out-patient
 Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
 Pre-Existing Condition Limitation – 3/12
 Substance Abuse Limitation – 24 months
 Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

Insurance is provided under group policy form LRS-6564, et al.

FT and PT associates can purchase for self and their family members. These plans are permanent placement and you can keep the plans in-force after you leave Thompson Health.

- o **Accident Insurance** provides 24/7/365 protection for life’s unexpected accidents. The plan pays you a lump sum benefit depending on the injuries you suffer and the treatment you receive, including benefits for ambulance transportation, burns, dislocations, and more.*
- o **Critical Illness Insurance** pays a lump sum benefit for initial diagnosis of conditions such as cancer, heart attack, stroke, or end stage kidney failure.*
- o **Universal Life Insurance with Living Benefits for Long Term Care expenses** provides flexible, permanent, and portable coverage that also provides support and financial resources to cover the cost of long term care you might need in the event of illness, accident, or aging.*

*When offered these plans the 1st time during an enrollment period (broker directed), associates can elect coverage, up to a certain amount, without medical questions. Thereafter, evidence of insurability medical questions may apply.

Auto/Homeowner's Insurance- Farmer's Insurance

15

All Associates (including per-diem and TAR) can receive discounted insurance rates on auto, homeowners or renter's insurance. You can obtain a free insurance review and no-obligation quotes!

The main number is 1-800-296-9619

The Thompson Health 403(b) Plan

16

You are eligible to begin saving in this plan on your first day of employment and anytime thereafter. If you get a paycheck, you can participate. You are eligible for Thompson Health's matching contributions (based on age plus service, this can range from 2-6% of pay) after you complete one year of service with Thompson Health. A year of service is the 12-month period following your hire date, or any subsequent calendar year, in which you work at least 1,000 hours. Below are the discretionary matching contribution rates effective after January 1, 2018:

If Your Whole Age Plus Service at the Beginning of the Year Equals...	Then You May Be Eligible for This Company Match...	For a Maximum Match of...
Less than 50	33% of first 6% you save	2% of pay
50 to 69	67% of first 6% you save	4% of pay
70 or more	100% of first 6% you save	6% of pay

Additional non-elective retirement contribution:

- Thompson Health makes automatic 1% of pay contribution
- ***You don't need to contribute from your pay to be eligible
- Must work at least 1,000 hours and be employed on last day of year (unless you become disabled, reach age 65 or die during the year)

To enroll in the plan, you may:

- Request a salary deferral form from Associate Services AND
- Enroll on-line www.tiaa.org/thompsonhealth (1st time user access code 406786)
- For investment advice, Call Associate Services (x6655) to schedule an individual on-site consultation with a Canandaigua Financial Group (CFG) partner (our plan representative) OR Call CFG directly at 396.2720.

2022 salary deferral limits are \$20,500, and a \$6,500 catch-up provision is available for associates age 50 or over.

You are always 100% vested in your 403(b) contributions and all Thompson Health matching contributions. You become vested in your non-elective retirement contributions after three years of service, which may include service prior to 2018 if you are rehired.

Completing Your Benefit Elections

IF YOU *ARE NOT*

MAKING ANY CHANGES FROM LAST YEAR'S ENROLLMENT, YOUR ENROLLMENT FOR 2022 IS COMPLETE.

IF YOU *ARE*

MAKING CHANGES TO YOUR ENROLLMENT FROM LAST YEAR, YOU MUST COMPLETE THE APPROPRIATE ENROLLMENT FORM(S) AND SUBMIT THEM TO ASSOCIATES SERVICES.

Failure to do so can result in no coverage.

Legal Disclaimer

Thompson Health has attempted to ensure all information in this Benefit Guidebook is clear and accurate. However, this guidebook is not a legal document. For plan details, limitations and exclusions please refer to your Associate Handbook and summary plan descriptions. In the event of any conflict between the information summarized here and the official plan documents, the documents will govern.

You will find that your benefit needs change as your circumstances do. It would be wise to use the annual enrollment to re-examine your benefit needs and to change your elections accordingly.