2027 TRINITY HEALTH Benefits Guide



Trinity Health

WELCOME TO YOUR

2027 Benefits Guide

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

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

This 2027 Benefits Guide outlines the Total Rewards that Trinity Health proudly provides. We encourage you to use this guide to learn about your benefit plan options, decide on the levels of coverage that are right for you and your family, and compare costs. Take the time to review all the benefits that Trinity Health offers.

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

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Trinity Health Total Rewards

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

Compensation programs offered by Trinity Health

- Market-based compensation
- Established minimum wage

Comprehensive health and well-being benefits

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

Meaningful retirement benefits

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

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

Time away from work and additional benefits

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

TOTAL REWARDS INCLUDES

HEALTH, WELL-BEING & TIME AWAY

- Medical and Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Basic Life and AD&D Insurance
- Supplemental Life Insurance
- Supplemental AD&D Insurance
- Dependent Life Insurance
- Short- and Long-term Disability / Income Protection
- Time Off - may include Paid Time Off, Vacation, Sick Time and Holidays
- Well-being Initiative
  - Adoption Assistance
  - Colleague Discounts
  - Student Loan Relief Services
  - Tuition Reimbursement
  - Mental Well-being Benefit
  - Commuter Benefits

RETIREMENT

- 401(k) or 403(b) Retirement Savings Plan
  - Colleague pre-tax and Roth contributions
  - Trinity Health matching contributions

COMPENSATION

- Market-based Compensation
- Trinity Health Minimum Wage

Who Is Eligible

Eligible Individual	Definition
Colleague	Full-time colleagues budgeted for 64 or more hours per pay period or part-time colleagues budgeted for 40 or more hours per pay period.
Spouse/Eligible Adult	You may cover your spouse or Eligible Adult. An Eligible Adult is an adult who resides and has financial interdependence with the colleague, and is not related by blood, adoption or marriage to the colleague. If an eligible adult qualifies as a tax dependent, you must complete the Non-Spouse Eligible Adult Dependent Certification form posted on Workday each year in order to receive pre-tax deductions. If the form is not submitted, the deductions will be post-tax. For 2027, you must submit the Certification form by the documentation deadline.
Dependent Children	Dependent children are eligible for coverage through the end of the month in which they turn age 26, regardless of marital status, student status, residency, financial dependency or other requirements provided they meet all of the following criteria. They are: • Your or your spouse/eligible adult's natural children; • Your or your spouse/eligible adult's legally adopted children or children placed with you or your eligible adult for adoption; or • Children for whom you or your spouse/eligible adult are the court-appointed legal guardian. • Not otherwise covered under the Plan or any other group health plan offered by the Employer. **NOTE:** Children of eligible adults may be covered only if their eligible adult is covered.

New Hires

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

Adding Family Members

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

If you don't submit the required documentation by the documentation deadline, your dependents will not be enrolled in coverage for 2027, and you'll be required to wait until next year's open enrollment period to add them to the plan – provided they remain eligible, and you provide documentation verifying their dependent status at that time. To confirm who is eligible to be added to coverage, please see the "Who Is Eligible" section above. Dependents currently enrolled in Trinity Health benefits do not need to be reverified. In order for your dependent(s) to be covered, you are required to provide a Social Security Number for each dependent age 45 or older.

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

To view the complete eligibility rules and documentation requirements for you and your family visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

Can I make enrollment changes mid-year?

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

You have 30 days from your event date (60 days for a birth/adoption) to make changes to your elections and submit dependent documentation (if applicable). The 30 day enrollment period begins the day after the event date and is considered day one.

Examples

- You get married on March 1. The day after the event date is March 2 (day one). You will have until March 31 (day 30) at 11:59 p.m. to elect your benefits and provide dependent documentation.
- A baby is born on June 1. The day after the event date is June 2. You will have until July 31 (day 60) at 11:59 p.m. to elect your benefits and provide dependent documentation.

How to Enroll

Step-by-step Enrollment Instructions

1. Login to Workday. If you are using the mobile app or a personal computer, you must be enrolled in multi-factor authentication (MFA). If you haven't already done so, follow directions given when prompted. Otherwise, you will be required to log in using the Trinity Network.
2. Enter your network user ID and password and click **"sign in"** For problems logging in, contact the Trinity Health IS Service Desk at 734-712-2288 and select option 2.
3. Click on the **"Inbox"** worklet. Choose the enrollment event from your **"Actions"** list.
4. Proceed to update your benefits by following the prompts under each benefit icon displayed. After each benefit, click **"Continue and Confirm"**.
5. After you have reviewed each benefit, click **"Review and Sign".** A summary of your benefit elections will be displayed.
6. Once you have reviewed your benefit elections, click on the **"I agree"** checkbox at the bottom of the last page to indicate your electronic signature.
7. Click **"Submit"** at the end to save all changes/elections.
8. Click **"View 2027 Benefits Statement"** and be sure to print or save a copy for your records by clicking on the **"print"** button located at the bottom left-hand corner of the screen. Confirmation statements will not be mailed to homes.

NOTE: If you do not change or correct your elections by the deadline, IRS regulations require you to remain in your elections throughout 2027 or until you experience a qualified change in status. For more information on qualified status changes, visit the Workday colleague portal.

Changing your elections during Open Enrollment

If you need to change your submitted elections during the Open Enrollment period, use the **"Benefits"** worklet in Workday and select "change open enrollment."

Be sure to submit with your electronic signature any time you use this feature whether you make changes or not.

Job aid available to assist you in completing enrollment through Workday

During Open Enrollment, locate the *Navigating Open Enrollment* job aid for step-by-step instructions for electing benefits and completing your enrollment.

For new hires or mid-year enrollments, locate the *Benefit Enrollment* article for information on electing benefits and completing your enrollment.

If you elect the Health Savings Plan

If you do not plan to contribute any additional money beyond what Trinity Health contributes for you, you must elect the Health Savings Account with a $0 annual contribution.



SmartSelect Decision Support Tool

Need help deciding which medical plan best meets the needs of you and your family? SmartSelect provides personalized guidance to help you choose the right health plan. By evaluating your expected health care usage, it recommends a plan tailored to your needs and improves your understanding of the benefits available to you.

CLICK HERE to use the SmartSelect tool.

Medical Coverage

Trinity Health is offering you four medical plan options during benefits enrollment: the Traditional Plan, the Health Savings Plan, the Essential Plan and Essential Assist Plan. All four plans are administered by Blue Cross Blue Shield of Michigan and support our clinically integrated network structure.

Each plan offers these two tiers so you can pay less by receiving care from network providers.

- **Tier 1,** or the Trinity Health network, are facilities or physicians aligned with our organization that provide you with the lowest deductibles, coinsurance and copays. The Clinically Integrated Network includes these Tier 1 physicians who work to improve the health of our colleagues and the communities in which they live and work. If a service is not available through the Trinity Health network, you may receive care from select Trinity Health providers at the Tier 2 benefit level.
- **Tier 2** includes select Blue Cross Blue Shield providers (facilities and physicians) not listed under Tier 1. Tier 2 providers can save you money, but not as much as using our Tier 1 network.

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

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

Access to Care

Tier 1 is an incentive benefit and does not include all services. When services are not available through Tier 1 providers, members have access to Tier 2 providers. Together the two tiers provide a comprehensive network of care including adult and pediatric primary care, OB/GYN, hospital-based physicians (including radiologists, pathologists, hospitalists, etc.). Tier 2 expands access to services not available within the Tier 1 network, while Tier 1 encourages use of Trinity Health providers whenever possible.

Please Note

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

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



Provider Search Tool

Blue Cross Blue Shield of Michigan

- bcbsm.com
- Click Find Care
- Click Log in to find a doctor OR search without logging in

Where to Seek Care

Our Trinity Health Colleague Health Plan is committed to supporting you on your well-being journey.

CLICK HERE to review information on where to seek care and the resources available to you and your covered family members.

Medical Terms To Know

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

About the Medical Plans

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

Traditional Plan	› Higher paycheck contributions with lower deductibles and copays compared to other plan options › Predictable costs for many common services, including office visits and prescriptions › Compatible with a Flexible Spending Account (FSA)
Health Savings Plan High Deductible Health Plan with Health Savings Account (HSA)	› Lower paycheck contributions › Receive an annual employer contribution to your Health Savings Account (HSA) based on coverage level › Save tax-advantaged dollars for current and future healthcare expenses
Essential Plan	› Lowest paycheck contributions among available plan options › Higher deductible and coinsurance in exchange for lower payroll costs › Compatible with a Flexible Spending Account (FSA)
Essential Assist Plan with Health Reimbursement Account (HRA), if you qualify	› Lowest paycheck contributions among available plan options › Annual employer contribution to a Health Reimbursement Account (HRA) based on coverage level › Eligibility based plan if colleagues meet certain income and family size requirements

More about the Essential Assist Plan

The Essential Assist Plan is an eligibility-based plan available to colleagues who meet certain income and family size requirements. The plan design is the same as the Essential Plan but includes a Trinity Health-funded Health Reimbursement Account (HRA) to help cover eligible medical and prescription drug expenses. Colleagues who qualify receive an annual HRA contribution of $1,250 for single coverage or $2,500 for family coverage. Funds are available through an HRA debit card and can be used at the point of service to pay for eligible healthcare expenses.

If you choose to use your HRA funds as services are incurred, the Tier 1 deductible is completely satisfied by the Trinity Health-funded HRA. The image below shows how the HRA can work:

Tier 1 Deductible		Trinity Health HRA* Contribution		Your Responsibility Before Coinsurance
SINGLE $1,250	−	SINGLE $1,250	=	SINGLE $0
FAMILY $2,500		FAMILY $2,500		FAMILY $0

To participate in the Essential Assist Plan, you must apply and meet specific income eligibility guidelines. To apply, complete the electronic application in Workday, and include a copy of your most recent Federal Income Tax Form 1040 or 1040EZ by the deadline. If you are not approved, you will be defaulted to the Essential Plan. See the Essential Assist Plan article in the Workday Help Center for more information.

**HRA amounts prorated for mid-year enrollments.*

Medical and Pharmacy Plan Highlights

For more information about your medical and pharmacy plan options, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

Medical Plan

	Network Tier	Traditional Plan	Health Savings Plan[1]	Essential Plan	Essential Assist Plan
Trinity Health-funded Account (Individual / Family)		N/A	HSA: $650 / $1,300	N/A	HRA: $1,250 / $2,500
Annual Deductible (Individual / Family)	**Tier 1**	$500 / $1,000	$1,750 / $3,500	$1,250 / $2,500	$1,250 / $2,500
	Tier 2	$1,000 / $2,000	$2,750 / $5,500	$2,750 / $5,500	$2,750 / $5,500
Coinsurance	**Tier 1**	10%*	10%*	20%*	20%*
	Tier 2	20%*	20%*	30%*	30%*
Preventive Care	**Tier 1**	0% no deductible	0% no deductible	0% no deductible	0% no deductible
	Tier 2	0% no deductible	0% no deductible	0% no deductible	0% no deductible
Office Visit (PCP/Specialist/ Virtual health[2])	**Tier 1**	$20 / $30	10%*	20%*	20%*
	Tier 2	$30 / $40	20%*	30%*	30%*
Urgent Care Visit	**Tier 1 and Tier 2**	0% after $35 copay	10%*	20%*	20%*
Emergency Room	**Tier 1, Tier 2 and out-of-network**	0% after $200 copay (waived if admitted)	10%* Subject to Tier 1 deductible	0% after $200 copay (waived if admitted)	0% after $200 copay (waived if admitted)
Inpatient Admission	**Tier 1**	10%*	10%*	20%*	20%*
	Tier 2	$500*	$500*	$500*	$500*
Inpatient Admission (thru Emergency Room)	**Tier 1, Tier 2 and out-of-network**	10% Subject to Tier 1 deductible	10% Subject to Tier 1 deductible	20% Subject to Tier 1 deductible	20% Subject to Tier 1 deductible
Outpatient Surgical Services	**Tier 1**	$50*	10%*	$50*	$50*
	Tier 2	$100*	$100*	$100*	$100*
Out-of-pocket Maximum (Individual / Family)	**Tier 1**	$3,000 / $6,000	$3,100 / $6,200	$4,000 / $8,000	$4,000 / $8,000
	Tier 2	$5,250 / $10,500	$5,500 / $11,000	$6,000 / $12,000	$6,000 / $12,000

*Subject to deductible and coinsurance.

[1]The individual deductible and individual out-of-pocket maximum only apply to those enrolled in colleague-only coverage for the Health Savings Plan. For family coverage, all members on the contract can contribute to the family deductible and family out-of-pocket; however, a single member will not exceed the individual IRS maximum of $8,700 for Tiers 1 and 2.

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

Medical and Pharmacy Plan Highlights

For more information about your medical and pharmacy plan options, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

Pharmacy Plan

Prescription Drug 34-day Supply

	Traditional Plan		Health Savings Plan[1]		Essential Plan		Essential Assist Plan	
	Trinity Health Owned Pharmacy	Retail Pharmacy	Trinity Health Owned Pharmacy	Retail Pharmacy	Trinity Health Owned Pharmacy	Retail Pharmacy	Trinity Health Owned Pharmacy	Retail Pharmacy
Generic	$8	$10	16% after deductible[1], 0% after out-of-pocket max	20% after deductible[1], 0% after out-of-pocket max	$8	$10	$8	$10
Brand Formulary	16% ($24 min, $80 max)	20% ($30 min, $100 max)			20% ($24 min, $80 max)	25% ($30 min, $100 max)	20% ($24 min, $80 max)	25% ($30 min, $100 max)
Brand Non-formulary	32% ($48 min, $120 max)	40% ($60 min, $150 max)			40% ($48 min, $136 max)	50% ($60 min, $170 max)	40% ($48 min, $136 max)	50% ($60 min, $170 max)

Prescription Drug 90-day Supply

	Traditional Plan		Health Savings Plan[1]		Essential Plan		Essential Assist Plan	
	Trinity Health Owned Pharmacy	OptumRX Home Delivery	Trinity Health Owned Pharmacy	OptumRX Home Delivery	Trinity Health Owned Pharmacy	OptumRX Home Delivery	Trinity Health Owned Pharmacy	OptumRX Home Delivery
Generic	$24	$25	16% after deductible[1], 0% after out-of-pocket max	20% after deductible[1], 0% after out-of-pocket max	$24	$25	$24	$25
Brand Formulary	16% ($72 min, $240 max)	20% ($75 min, $250 max)			20% ($72 min, $240 max)	25% ($75 min, $250 max)	20% ($72 min, $240 max)	25% ($75 min, $250 max)
Brand Non-formulary	32% ($144 min, $360 max)	40% ($150 min, $375 max)			40% ($144 min, $408 max)	50% ($150 min, $425 max)	40% ($144 min, $408 max)	50% ($150 min, $425 max)
	Out-of-pocket maximum based on Tier 2		Deductible and out-of-pocket based on Tier 1		Out-of-pocket maximum based on Tier 2		Out-of-pocket maximum based on Tier 2	

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

How Your Medical Plan Works Throughout The Year

Your costs change as you receive care. Our goal is to help you get the care you need while protecting you from unexpected costs. Here's how Trinity Health and you share expenses over the plan year.

1 Start of Coverage

Your Share
You pay for your health care until your deductible is met

- Payroll contributions for coverage
- Copays may apply for certain services depending on your plan
- Eligible expenses count towards your deductible

2 Meet Your Deductible

Cost Sharing
You and Trinity Health share the cost of eligible care.

- After your deductible, you and the plan share eligible costs
- You pay coinsurance based on plan design and provider tier
- Trinity Health pays the remaining eligible costs*

3 Reach Out-of-Pocket Max

Plan Pays 100%
Plan pays the full cost of eligible services for the rest of the year.

- Once you reach your annual out-of-pocket maximum, the plan pays 100% of eligible covered expenses
- Provides financial protection from unexpected health care costs

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

Paying for Medical and Pharmacy Coverage

Contribution levels for the medical and pharmacy plans are based on the Social Security taxable wage base ($184,500 for 2026, indexed annually) to ensure our benefit plan cost-sharing model is appropriately aligned with our colleagues' income levels. The amount you pay for medical and pharmacy coverage is based on your annual base salary (your base rate of pay times your budgeted hours) and your participation in the Well-Being programs. If at any time during the 2027 plan year, you earn $184,500 or more, you will pay a higher premium contribution per paycheck for your medical insurance.

Full-Time	Traditional Plan			Health Savings Plan			Essential Plan			Essential Assist Plan		
Your per paycheck cost	Full Incentive	1-Person Incentive	No Incentive	Full Incentive	1-Person Incentive	No Incentive	Full Incentive	1-Person Incentive	No Incentive	Full Incentive	1-Person Incentive	No Incentive
For colleagues earning less than the 2026 SSTWB‡ - Level 1												
Colleague only	$81.73	N/A	$106.73	$56.63	N/A	$81.63	$35.01	N/A	$60.01	$35.01	N/A	$60.01
Colleague plus spouse/ eligible adult	$224.18	$249.18	$274.18	$165.41	$190.41	$215.41	$114.53	$139.53	$164.53	$114.53	$139.53	$164.53
Colleague plus child(ren)	$157.95	N/A	$182.95	$116.54	N/A	$141.54	$80.69	N/A	$105.69	$80.69	N/A	$105.69
Colleague plus family	$280.23	$305.23	$330.23	$206.76	$231.76	$256.76	$143.16	$168.16	$193.16	$143.16	$168.16	$193.16
For colleagues earning the 2026 SSTWB or more‡ - Level 2												
Colleague only	$124.19	N/A	$149.19	$95.69	N/A	$120.69	$70.91	N/A	$95.91	$70.91	N/A	$95.91
Colleague plus spouse/ eligible adult	$317.59	$342.59	$367.59	$251.34	$276.34	$301.34	$193.52	$218.52	$243.52	$193.52	$218.52	$243.52
Colleague plus child(ren)	$223.76	N/A	$248.76	$177.08	N/A	$202.08	$136.34	N/A	$161.34	$136.34	N/A	$161.34
Colleague plus family	$396.99	$421.99	$446.99	$314.17	$339.17	$364.17	$241.90	$266.90	$291.90	$241.90	$266.90	$291.90

Part-Time	Traditional Plan			Health Savings Plan			Essential Plan			Essential Assist Plan		
Your per paycheck cost	Full Incentive	1-Person Incentive	No Incentive	Full Incentive	1-Person Incentive	No Incentive	Full Incentive	1-Person Incentive	No Incentive	Full Incentive	1-Person Incentive	No Incentive
For colleagues earning less than the 2026 SSTWB‡ - Level 1												
Colleague only	$152.85	N/A	$177.85	$123.03	N/A	$148.03	$96.94	N/A	$121.94	$96.94	N/A	$121.94
Colleague plus spouse/ eligible adult	$382.98	$407.98	$432.98	$309.34	$334.34	$359.34	$248.81	$273.81	$298.81	$248.81	$273.81	$298.81
Colleague plus child(ren)	$269.83	N/A	$294.83	$217.94	N/A	$242.94	$175.29	N/A	$200.29	$175.29	N/A	$200.29
Colleague plus family	$478.73	$503.73	$528.73	$386.67	$411.67	$436.67	$311.01	$336.01	$361.01	$311.01	$336.01	$361.01
For colleagues earning the 2026 SSTWB or more‡ - Level 2												
Colleague only	$195.31	N/A	$220.31	$162.09	N/A	$187.09	$132.84	N/A	$157.84	$132.84	N/A	$157.84
Colleague plus spouse eligible adult	$476.39	$501.39	$526.39	$395.27	$420.27	$445.27	$327.79	$352.79	$377.79	$327.79	$352.79	$377.79
Colleague plus child(ren)	$335.64	N/A	$360.64	$278.48	N/A	$303.48	$230.94	N/A	$255.94	$230.94	N/A	$255.94
Colleague plus family	$595.49	$620.49	$645.49	$494.08	$519.08	$544.08	$409.74	$434.74	$459.74	$409.74	$434.74	$459.74

‡The 2026 Social Security taxable wage base (SSTWB) is $184,500 and includes productivity pay, if applicable.

How do the Incentives work?

For more information on how to achieve the incentives, see the *Colleague Health Plan Well-being Incentive section* for more details.

More about the Health Savings Plan

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

How the Health Savings Plan works:

First

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

Second

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

Third

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

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

For Open Enrollment Only

If you are currently enrolled in the HCFSA for 2026 and you elect the HSA for 2027, you must utilize your HCFSA funds by Dec. 31, 2026. **If you carry over any HCFSA balance into 2027, you will be unable to receive employer HSA contributions or your colleague HSA contributions until April 2027.**

How the Health Savings Account (HSA) works

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

Coverage Level	Trinity Health Contributions*†	Your Voluntary Contributions**†	Total IRS Allowed HSA Contributions
Colleague only	$650	$3,850	$4,500
All other coverage levels	$1,300	$7,700	$9,000

*Prorated based on mid-year enrollments.

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

†May be subject to state taxation.

Questions about the HSA

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

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

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

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

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

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

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

- The opportunity to carry over savings from year to year – you do not forfeit any amount in your HSA at the end of the plan year.
- Contributions of up to $9,000† in tax-free HSA dollars each year (the HCFSA maximum is $3,400);
- Your HSA dollars are saved in a bank account that may earn interest.

†May be subject to state taxation.

For more information about the Health Savings Plan, including the Health Savings Account (HSA), visit **www.healthequity.com** or **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

More About the Medical and Pharmacy Plans

Choose your Primary Care Physician (PCP)

Maintaining a relationship with your PCP is important because they are trained to recognize any health problems you may have. A PCP is the doctor you see for most services, including annual check-ups. Your PCP can also help you identify and meet your health goals and help you prevent serious, long-term health conditions. And, by following their preventive recommendations, they can help keep your health care costs low. Trinity Health encourages you to select and develop a relationship with a PCP. To find an in-network physician or provider, visit **www.bcbsm.com.**

Colleague Health Plan Navigators

Colleague Health Plan Navigators are trusted advisors working on your behalf to help you navigate your Trinity Health medical coverage. Contact a navigator for help with:

- **Network Navigation:** Finding a Trinity Health provider or another in-network provider under your plan
- **Provider Connection:** Accessing a primary care provider, specialist, laboratory or retail pharmacy
- **Billing Support:** Understanding questions about a medical bill
- **Other Issues:** Navigating other issues related to medical coverage for colleagues, spouses or dependents (including students out-of-state)

For more information, email: ColleagueNavigators@trinity-health.org, visit https://mytrinityhealth.sharepoint.com/sites/MI-CollHlthPlanNav or call 844-388-1970.

Maintenance Medications

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

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

Specialty Medications

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

Prescriptions available at a Trinity Health pharmacy

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

Get help with Medicare

If you or a family member are approaching or have reached Medicare eligibility, Alight Retiree Health Solutions can offer access to individual Medicare plans, such as Medicare Supplement, Medicare Advantage and Prescription Drug plans that help pay for services and costs not fully covered by Original Medicare. Call Alight at 877-216-3711 (TTY 711), Monday – Friday, 8 am – 8 pm Central Time, or use their interactive plan recommendation tool at https://retiree.alight.com/trinityhealth. Refer to the *Medicare & You* handbook, available at www.medicare.gov, for a comprehensive overview of Medicare Parts A and B. Alight's services are provided to you at no additional cost. You only pay for the coverage you select.
For more information, please **click here** to visit our Medicare and Social Security Resource Page.

Supplemental Insurance

Trinity Health offers Supplemental Insurance options to complement your existing medical coverage. These voluntary plans provide a lump-sum cash benefit if you experience a covered accident, are diagnosed with a covered critical illness, or have a covered inpatient hospital stay after your coverage effective date. Benefits can help offset out-of-pocket expenses such as deductibles, copays, childcare, mortgage payments, and other everyday expenses during a difficult time. Coverage is available for colleagues and eligible dependents and does not require a medical exam to enroll. You pay 100% of the cost of the coverage you elect on an after-tax basis.

These benefits are offered through the Trinity Health Corporation Welfare Benefit Plan, sponsored and maintained by Trinity Health. As a result, enrollment is limited to Open Enrollment, when you first become eligible, or following a qualified change in status. Coverage may only be canceled during Open Enrollment or following a qualified change in status. Benefits are subject to applicable policy terms, conditions, limitations, exclusions, and pre-existing condition provisions. Refer to the MetLife policy for complete details.

Accident Insurance

Accident insurance provides financial assistance if you experience an unexpected injury. The benefit amount varies based on the type of injury, and payments are made directly to you. These funds can be used for any purpose, such as covering medical deductibles or everyday expenses. The plan offers group rates, guaranteed acceptance, and coverage options for you and your dependents. While accidents are unpredictable, this coverage helps you manage the financial impact when they occur.

Your Accident Insurance per paycheck cost:

Coverage Level	Cost
Colleague only	$3.64
Colleague plus spouse/eligible adult	$5.56
Colleague plus child(ren)	$6.42
Colleague plus family	$8.64

Hospital Indemnity Insurance

Hospital Indemnity insurance provides financial support if you require an inpatient hospital stay due to an accident or illness. Coverage also includes inpatient stays for mental health and substance use disorders. The plan pays a flat amount upon admission and a daily benefit for each day of a hospital stay. While these payments can help cover medical costs such as deductibles and coinsurance, you may use the funds for any expenses based on your needs. You can elect coverage for yourself and eligible dependents. Acceptance is guaranteed, and there are no pre-existing condition exclusions. In addition to the standard benefit, you may qualify for an extra payment if hospitalized at a Trinity Health facility.

Your Hospital Indemnity Insurance per paycheck cost:

Coverage Level	Cost
Colleague only	$13.92
Colleague plus spouse/eligible adult	$26.24
Colleague plus child(ren)	$20.52
Colleague plus family	$32.82

Note: Final rates may vary slightly due to rounding.

Supplemental Insurance

Critical Illness Insurance

Critical Illness insurance provides a lump-sum payment if you are diagnosed with a covered critical illness or condition while your coverage is in effect. This payment is made directly to you and can be used for any purpose, such as medical costs, household expenses, or other financial needs. Health insurance typically covers most medical expenses, but you may still have out-of-pocket costs like deductibles, coinsurance, and copays. Critical Illness insurance helps offset these costs and provides additional financial flexibility.

You can choose a coverage amount between $10,000 and $50,000 in $5,000 increments. The initial benefit is based on the elected coverage amount and the percentage assigned to the specific covered condition. If the same condition occurs again, you may qualify for a Recurrence Benefit.

Coverage is available for you and eligible dependents. Dependent benefits are 50% of the employee's elected amount. Rates are based on age. The plan covers more than 30 critical conditions, and the percentage of the benefit paid depends on the diagnosed condition. There are no pre-existing condition limitations; however, benefits apply only to covered conditions diagnosed on or after the coverage effective date.

Critical Illness per paycheck rates per $1,000 of coverage:

Attained Age at Jan. 1, 2027	Colleague Only	Colleague + Spouse/Eligible Adult	Colleague + Child(ren)	Colleague + Family
< 25	$0.10	$0.14	$0.10	$0.16
25-29	$0.12	$0.18	$0.14	$0.20
30-34	$0.16	$0.24	$0.18	$0.26
35-39	$0.22	$0.32	$0.24	$0.34
40-44	$0.30	$0.46	$0.32	$0.48
45-49	$0.36	$0.62	$0.42	$0.62
50-54	$0.52	$0.80	$0.54	$0.82
55-59	$0.62	$1.02	$0.68	$1.04
60-64	$0.86	$1.34	$0.88	$1.36
65+	$1.12	$1.72	$1.12	$1.72

Multiply the per $1,000 rate shown above by the benefit amount divided by $1,000 (e.g. 15 for $15,000 of coverage) and round to two decimals to calculate the rates for the benefit amounts. Note that the final rates may vary slightly due to rounding.

For example:
Terrie is age 54 as of January 1, 2027 and has elected $15,000 of Critical Illness family coverage. Her per paycheck cost is calculated as follows: $15,000 of coverage divided by $1,000 = 15 x $0.82 = $12.30 per paycheck.

NOTE: Each of these benefit deductions will appear on your paycheck as separate deduction codes. To learn more about these benefits, go to MetLife at **www.metlife.com** or call **1-800-438-6388**.

Colleague Well-being

At Trinity Health, we are committed to supporting the health and well-being of our colleagues and their families. Colleagues are at the center of everything we do. That's why *Colleague Well-being* is at the core of our colleague experience strategy and encompasses seven dimensions of well-being: **spiritual, mental, social, vocational, emotional, physical, and financial**.

Our colleague well-being strategy includes an integrated suite of activities, tools, and benefits that support us in achieving our unique well-being goals. It is designed to help us make small, everyday changes, focused on areas you want to improve the most!

Visit the Colleague Well-being SharePoint Site for the most up-to-date well-being resources for you and your family. This link contains monthly highlights, upcoming events and links to our well-being vendor partners.



All colleagues are invited to participate in the well-being opportunities. Visit the Colleague Well-being SharePoint Site to get started: **http://mytrinityhealth.sharepoint.com/sites/SO-ColleagueWellbeing**.

Mental and Emotional Well-being

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

Additional Mental and Emotional Well-being Resources

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

Individual Counseling and Coaching

powered by Spring Health

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

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

Virtual Support Groups and Webinars

powered by Spring Health

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

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

Self-Guided Video Courses

Video courses on Mindfulness and Self-Awareness.

Visit **www.trinity-health.org/well-being** or download the Personify Health app to your phone. Available on the App Store or Google Play.

National Suicide Prevention Lifeline

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

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

Coverage Under Trinity Health Medical Plan

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

Colleague Health Plan Well-being Incentive

Each year, medically enrolled colleagues and spouses/eligible adult dependents have an opportunity to maintain or earn back the lower per paycheck cost for medical coverage by completing and tracking healthy-living and well-being activities. The Colleague Health Plan Well-being Incentive is only **one component** of colleague well-being at Trinity Health.

How the 2027 Colleague Health Plan Well-being Incentive Program works:

1. **Colleagues will have the opportunity to achieve the well-being incentive in all four quarters of 2027.** For current members who maintain enrollment in 2027, Q4 of 2026 is actionable to help you earn your incentive in Q1 of 2027.

2. **Log-in or register for your account at www.trinity-health.org/well-being or on the mobile app.** If you are registering for the first time, click **"Join Now"**, enter your details, and use **ColleagueWell-being** as your enrollment passphrase.

3. **Complete activities in your Personify Well-being platform account** to earn points throughout each quarter. Note: Points do not roll over from quarter to quarter.

4. **Earn a total of 5,000 points each quarter** to maintain or earn back your lower per paycheck cost for medical coverage. Note: Those who do not earn 5,000 points by the quarterly deadline will not maintain their incentive. Adjustments continue on each paycheck through the incentive adjustment date noted for the following quarter.

Quarter	Dates	Incentive Adjustment Date
Q3 2026	Jul. 1 - Sept. 30 2026	Pay including Nov. 1, 2026
Q4 2026	Oct. 1 - Dec. 31 2026	Pay including Feb. 1, 2027
Q1 2027	Jan. 1 - Mar. 31 2027	Pay including May 1, 2027
Q2 2027	Apr. 1 - Jun. 30 2027	Pay including Aug. 1, 2027
Q3 2027	Jul. 1 - Sept. 30 2027	Pay including Nov. 1, 2027
Q4 2027	Oct. 1 - Dec. 31 2027	Pay including Feb. 1, 2028

Incentive Structure

There are separate incentive amounts for you and your spouse/eligible adult.

- If you both earn 5,000 points in a quarter, you will keep or earn back the full incentive rate during the related incentive adjustment period.
- If only one of you earns 5,000 points in a quarter, you will receive the 1-person incentive rate during the related adjustment period.
- If neither of you earn 5,000 points in a quarter, you will receive the No Incentive rate during the related incentive adjustment period.

See the Paying for Medical and Pharmacy Coverage page for contribution rate details.

$ All four quarters of 2027 will be actionable for the lower per paycheck cost for medical coverage.

Need another chance to earn your Full Incentive

Your incentive status resets each quarter, giving you a new opportunity to keep or regain your Incentive in the next incentive adjustment period. If you miss a quarterly deadline, earn 5,000 points in the current quarter to regain your Incentive during the next adjustment period.

If you are unable to complete well-being incentive activities due to extenuating circumstances such as medical hardship or military deployment, you may request an exception. Exception requests must be completed and submitted before the end of the quarter. To request an exception, download the form at **www.trinity-health.org/well-being** or call **1-855-491-8781**.

Colleagues with a benefits effective date of Jan. 2, 2027 or later

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

To learn more, visit your Personal Well-being Platform at **www.trinity-health.org/well-being** or call **1-855-491-8781**.

Dental Coverage

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

Dental Plan Highlights	High Plan		Standard Plan	
	Participating Dentist	Nonparticipating Dentist	Participating Dentist	Nonparticipating Dentist
Annual deductible				
Individual/Family	$25/$50	$50/$100	$50/$100	$100/$150
Class I - Preventive services	100% covered ($0 colleague cost)	100% covered (Usual and Customary rates apply)	100% covered ($0 colleague cost)	100% covered (Usual and Customary rates apply)
Class II - Basic services	20% after deductible	20% after deductible	40% after deductible	40% after deductible
Class III - Major restorative services	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Class IV - Orthodontics	50% after deductible	50% after deductible	Not covered	
Maximums				
Per person annual (non-orthodontics)*	$1,750	$1,250	$1,500	$1,000
Per person lifetime (orthodontics)	$1,500	$1,500	Not applicable	Not applicable
Your per paycheck cost	**Full-time**	**Part-time**	**Full-time**	**Part-time**
Colleague only	$9.04	$13.11	$5.64	$8.54
Colleague plus spouse/eligible adult	$20.35	$28.49	$12.90	$18.70
Colleague plus child(ren)	$22.89	$32.05	$14.51	$21.04
Colleague plus family	$33.07	$46.29	$20.96	$30.39

*Preventive services do not count toward annual maximums.

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

For more information about your dental plan options or about Delta Dental, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

Vision Care Coverage

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

UHC Vision Plan Highlights	High Plan		Standard Plan	
	In-network	Out-of-network (reimbursement schedule)	In-network	Out-of-network (reimbursement schedule)
Benefit frequency	Calendar year	Calendar year	Calendar year	Calendar year
Vision exam	Covered in full	Up to $40	$10 copayment	Up to $40
Pair of lenses				
Single vision	$0 copayment	Up to $40	$0 copayment	Up to $40
Bifocal		Up to $60		Up to $60
Trifocal		Up to $80		Up to $80
Lenticular		Up to $80		Up to $80
Frames **Covered frame** **Non-covered frame**	$150 retail allowance at retail locations	Up to $45	$150 retail allowance at retail locations	Up to $45
Contact lenses (in lieu of eyeglasses) **Elective** **Necessary**	Contact lens coverage is provided under the plan and may vary dependent on the type of contact lenses prescribed. Please see the benefit summary on Workday for additional information.			
Additional pair of eyeglasses or contact lenses	Up to 20% discount	Up to 20% discount	Up to 20% discount	Up to 20% discount
Additional lens options	The following lens options are covered in full: standard scratch-resistant coating, standard basic and high-end progressive lenses, standard polycarbonate lenses, standard anti-reflective coating, UV, tints, photochromic, Transitions®, edge coating		The following lens options are covered in full: standard scratch-resistant coating, standard polycarbonate lenses	

Your per paycheck cost		
Colleague only	$6.43	$3.26
Colleague plus spouse/eligible adult	$13.34	$5.98
Colleague plus child(ren)	$13.99	$6.29
Colleague plus family	$19.72	$8.68

Children's Eye Care Program

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

For more information about your vision care plan options, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

Health Care and Day Care / Dependent Care Flexible Spending Accounts

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

	Health Care FSA	Day Care / Dependent Care FSA
How much can I contribute?	Before-tax dollars in any amount between $130 and $3,400 (Trinity Health uses the 2026 IRS limit)	Before-tax dollars in any amount between $130 and $6,000.* Consult with a tax advisor to discuss contribution limits if married and your partner is also offered a DCFSA.
What expenses will it cover?	Eligible health care products and services used by you and/or your eligible dependents. Examples include: • Vision care, including eyeglasses, contact lenses and saline solution • Dental care, both preventive and restorative • Orthodontia • Physical therapy, counseling, or psychological services • Chiropractic care and acupuncture • Copayments, coinsurance and deductibles • Prescribed Over-the-Counter (OTC) medications For a list of expenses that are eligible for HCFSA reimbursement, visit **Workday.**	Expenses for the care of your eligible dependents (child under age 13 or qualifying adult incapable of self-care) while you work: • Babysitting or au pair services • Before and after-school programs • Day care and nursery school • Pre-school programs • Elder care services A DCFSA covers **eligible care expenses** for your **dependents** while you work. Medical expenses for your dependents should **NOT** be contributed to the DCFSA.
When do I have to spend the money?	Contributions made to the HCFSA during the 2027 calendar year can be used for claims with dates of service between Jan. 1, 2027* and Mar. 15, 2028.	Contributions made to the DCFSA during the 2027 calendar year can be used for claims with dates of services between Jan. 1, 2027** and Dec. 31, 2027. **NOTE:** You cannot incur day care / dependent care expenses or submit for reimbursement during a leave of absence.
How do I access my FSA savings?	You can use a variety of payment options to access your FSA savings. These include the HealthEquity Health Card, Pay my Provider, Pay me Back, or by using the Mobile application.	You can use a variety of payment options to access your FSA savings. These include the Pay my Provider, Pay me Back, or by using the Mobile application.

* Colleagues making $160,000 or more in 2026 may be subject to a decrease in the maximum contribution due to required regulatory non-discrimination testing completed in 2027.

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

Reminders:

- **If you choose to enroll in the Health Savings Plan medical plan option**, you cannot enroll in the HCFSA. The Health Savings Account (HSA) works just like the HCFSA but offers additional benefits, such as the opportunity to carry over unused funds, contribute up to $3,850/individual ($7,700/family), plus an additional $1,000 in catch-up contributions if you are age 55 or over, and earn interest on your savings.
- You must make HCFSA and/or DCFSA elections for 2027 during open enrollment. **Your prior year elections will NOT carry forward.**
- HCFSA and DCFSA claims for the 2027 plan year must be postmarked by Mar. 31, 2028.
- If you choose to contribute to the HCFSA for the first time in 2027, a new HealthEquity Card will be mailed to your home. Otherwise, you will only receive a new HealthEquity Card when your current card expires.
- You may contribute to the HCFSA even if you do **not** elect coverage in a Trinity Health medical plan.

For more information about your FSA benefits and to obtain a list of eligible expenses, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

How to use your remaining 2026 HCFSA funds

If you contributed to the HCFSA in 2026 and have funds remaining on Dec. 31, 2026, you can use the funds for claims incurred between Jan. 1, 2027 and Mar. 15, 2027. Claims must be submitted by Mar. 31, 2027. The only way to use your remaining 2026 funds during this grace period is to pay for the claim at the time of service and submit your claims to HealthEquity for reimbursement. Do not use your HealthEquity debit card to pay for claims during this period because the card will access 2027 funds.

Life Insurance

Colleague life insurance options

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

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

You will be eligible for will preparation services through The Hartford at no charge. To get started, log in to https://join.empathy.com/hartfordcare using your Trinity Health email address. Estate Guidance and Will Services will be available as of the effective date of your life insurance policy.

Colleague Life Insurance Plan Highlights (full- and part-time)	
Basic life/AD&D (employer-paid)	One times annual base salary
Supplemental life	One to eight times annual base salary
Supplemental AD&D	One to eight times annual base salary
Maximum amounts (Combined: $3 million)	Basic life: $1.5 million Supplemental life: $1.5 million
Personal Health Applications	**NOTE:** If a personal health application (also known as Evidence of Insurability/EOI) is required, you will receive a notice in Workday under 'Awaiting Your Action' to complete your Hartford EOI online.

Costs for colleague supplemental life are based on your age as of Jan. 1, 2027, and will be available when you enroll online. Costs will be updated if your birthday moves you into a new age range rate.

Dependent life insurance options

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

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

Dependent Life Insurance Plan Highlights (full- and part-time)	
Spouse/Eligible Adult life[1]	Child(ren) life[2]
Coverage amount	Coverage amount
$10,000 $20,000 $50,000 $80,000 $100,000	$5,000 $10,000 $20,000
Personal Health Application	**NOTE:** If a personal health application (also known as Evidence of Insurability/EOI) is required, you will receive a notice in Workday under 'Awaiting Your Action' to complete your Hartford EOI online.

[1] Costs for spouse/eligible adult life insurance coverage are based on your age as of Jan. 1, 2027, and will be available when you enroll online. Costs will be updated if your birthday moves you into a new age range rate.

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

For more information about your life insurance benefits, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

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

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

Are your beneficiaries up-to-date?

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

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

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

Understanding Imputed Income

Imputed income for life insurance is the taxable value the IRS assigns to employer-provided group-term life insurance exceeding $50,000.

Life Insurance

Life Insurance Rates

Supplemental Life Insurance Rates		
Age	**Colleague Life Cost per $1,000**	**Spouse Life* Cost per $1,000**
< 25	$0.022	$0.050
25-29	$0.025	$0.059
30-34	$0.033	$0.082
35-39	$0.037	$0.093
40-44	$0.042	$0.108
45-49	$0.064	$0.164
50-54	$0.101	$0.273
55-59	$0.186	$0.471
60-64	$0.291	$0.758
65-69	$0.538	$1.412
70-74	$0.893	$2.717
75+	$1.200	$2.157
Child Life Rates		
The monthly cost per $1,000 increment for all eligible children is a flat $0.100		
Supplemental AD&D Rates		
The monthly cost per $1,000 increment for all ages is a flat $0.011		

**Costs for spouse life are based on the colleague's age as of Jan 1.*

Premium Calculation Example

Assume a colleague is 44 yeas of age, earns $67,250 per year, and elects supplemental life (2x), spouse life ($80k), and supplemental AD&D (4x).

Colleague Supplemental Life

- **Coverage Amount:** Round to the next higher $1,000. Then multiply $68,000 salary x 2 = **$136,000**
- **Premium Cost:** Coverage amount x rate (from table) per $1,000.
  ($136,000 x 0.042) / 1,000 = $5.71 per month | $5.71 per month x 12 months / 26 pay periods = **$2.64 bi-weekly**

Spouse Supplemental Life

- **Coverage Amount: $80,000** Costs for spouse life are based on colleague's age as of Jan. 1 of the calendar year.
- **Premium Cost:** Coverage amount x rate (from table) per $1,000.
  ($80,000 x 0.108 / 1,000 = $8.64 per month | $8.64 per month x 12 months / 26 pay periods = **$3.99 bi-weekly**

Colleague Supplemental AD&D

- **Coverage Amount:** Round to the next higher $1,000. Then multiply $68,000 salary x 4 = **$272,000**
- **Premium Cost:** Coverage amount x rate (from table) per $1,000.
  ($272,000 x 0.011) / 1,000 = $2.99 per month | $2.99 per month x 12 months / 26 pay periods = **$1.38 bi-weekly**

Time Away From Work

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

Management Level

Program A: Supervisors, Coordinators and all other positions (excluding Program B management levels)

Program B: Directors and Managers

Paid Time Off/Holidays

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

	Program A		Program B
	Years of Service	**PTO Hours**	
PTO Allowance	<1	Up to 144	Drop-in Time: 216 hours (pro-rated based on full-time equivalent (FTE)) The last day to use 2027 drop-in hours is Dec. 18, 2027
	1-4	168	
	5-9	192	
	10-14	216	
	15+	240	
Maximum Accrual	Accrue PTO on up to 80 hours per pay period based on hours paid		N/A
Bank Accrual	1.5x annual accrual		May carry over up to 40 hours to following plan year
Holidays	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day and one Floating Holiday (8 hours, pro-rated based on FTE). The Floating Holiday must be used by December 31 each year or will be forfeited.		

PTO Cash-out (Program A)

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

How much time you can cash-out	You can cash-out up to 80 hours of PTO accrued in 2027. Any PTO that is rolled over from the prior year may not be cashed out. You must maintain a minimum PTO bank of 40 hours.
Election to cash-out	Cash-out election for 2027 may only be made during open enrollment to avoid taxation on the value of your PTO bank. Your election is irrevocable and cannot be changed.
Payment date for cash-out	You will receive your cash-out in the first pay in November 2027.

PTO Donation (Program A)

Colleagues that accrue PTO may be eligible to donate PTO or receive PTO donations, under certain circumstances. For more details, refer to the **Trinity Health Human Resources Ministry-Wide Policies & Procedures** page.

Disability/Income Protection

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

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

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

Time Away From Work - Advanced Practice Clinicians

The Time Away From Work benefit includes vacation, holidays, short-term disability and long-term disability. If you are an advanced practice clinician, please refer to your employment agreement and/or the Workday colleague portal for your Time Away From Work benefit.

In addition to your Time Away From Work benefit, you may also be covered by certain absence policies/procedures. For more information, visit the **Trinity Health Human Resource Ministry-Wide Policies & Procedures** page.

Program B1: Advanced Practice Clinicians who are provided paid time off and holiday benefits.

Program B2: Advance Practice Clinicians who are not provided drop-in paid time off. Overall compensation includes time away from practice. Time away is managed in coordination with the practice leader and subject to maintaining minimum staffing expectations, applicable contracts and/or policies for compensation, time off, and FTE status.

Paid Time Off/Holidays

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

	Program B1	Program B2
PTO Allowance	Drop-in Time: 216 hours (pro-rated based on full-time equivalent (FTE)). The last day to use 2027 drop-in hours is Dec. 18, 2027.	N/A
Maximum Accrual	N/A	N/A
Bank Accrual	May carry over up to 40 hours to following plan year	N/A
Holidays	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day and one Floating Holiday (8 hours, pro-rated based on FTE). The Floating Holiday must be used by Dec. 31 each year or will be forfeited.	N/A
Continuing Medical Education (CME)	40 hour per calendar year (pro-rated based on FTE and date of hire/newly eligible). The last day to use 2027 CME is Dec. 18, 2027.	N/A

Disability/Income Protection

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

	Program B1	Program B2	Program B1	Program B2
	Short-term		**Long-term**	
Income Replacement	100% of base pay		70% of base pay up to $15,000 per month	
Elimination Period	7 calendar days-covered by salary continuation		6 months	
Benefit Duration	6 months		Social Security Normal Retirement Age	

For more information about the program, visit **www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

Time Away From Work - Physicians and Residents

The Time Away From Work benefit includes vacation, holidays, short-term disability and long-term disability. If you are a physician or resident, please refer to your employment agreement and/or the Workday colleague portal for your Time Away From Work benefit. For residents covered by ACGME institutional requirements, please visit the **Trinity Health Leave of Absence Resource** site for more information. In addition to your Time Away From Work benefit, you may also be covered by certain absence policies/procedures. For more information, visit the **Trinity Health Human Resource Ministry-Wide Policies & Procedures** page.

Program C1: Physicians who are provided paid time off and holiday benefits.

Program C2: Physicians who are not provided drop-in paid time off. Overall compensation includes time away from practice. Time away is managed in coordination with the practice leader and subject to maintaining minimum staffing expectations, applicable contracts and/or policies for compensation, time off, and FTE status.

Program D: Residents

Paid Time Off/Holidays

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

	Program C1	Program C2	Program D
PTO Allowance	Drop-in Time: 216 hours (pro-rated based on full-time equivalent (FTE)). The last day to use 2027 drop-in hours is Dec. 18, 2027.	N/A	
Maximum Accrual	N/A	N/A	
Bank Accrual	May carry over up to 40 hours to following plan year	N/A	
Holidays	New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day and Floating Holiday (8 hours, pro-rated based on FTE). Floating Holiday must be used by Dec. 31 each year or will be forfeited.	N/A	
Continuing Medical Education (CME)	40 hour per calendar year (pro-rated based on FTE and date of hire/ newly eligible). The last day to use 2027 CME is Dec. 18, 2027.	N/A	

Disability/Income Protection

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

	Program C1	Program C2	Program C1	Program C2
	Short-term		**Long-term**	
Income Replacement	100% of base pay		70% of base pay up to $15,000 per month*	
Elimination Period	7 calendar days-covered by salary continuation		6 months	
Benefit Duration	6 months		Social Security Normal Retirement Age	
	Program D			
	Short-term		**Long-term**	
Income Replacement	60% of base pay		60% of base pay up to $10,000 per month	
Elimination Period	7 calendar days**		6 months	
Benefit Duration	6 months		Social Security Normal Retirement Age	

**Physicians in Programs C1 and C2 are eligible for an enhanced own-occupation policy which provides the flexibility to work in another occupation when you cannot perform substantial duties of your own occupation, without an impact on your policy benefits.*

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

For more information about the program, visit **www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

Retirement Benefit

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

Match 100%
on the first 3% of eligible pay you contribute

+

Plus 50%
on the next 7% of eligible pay you contribute

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

How To Participate

1

ENROLL

Your Plan account will be established with Fidelity Investments within 7 business days of your hire date at which point you may enroll and enter your contribution election to begin saving under the Plan by logging into your account at **www.netbenefits.com** or calling Fidelity at **800-343-0860**.

If you do not make an election, you will be automatically enrolled in the Plan with a contribution rate of 2%, 35 days after your hire date. You may change your contribution election at any time.

2

INVEST

You decide how much to contribute, and you decide where to invest your contributions from the investment options offered under the Plan. If you do not have an investment election, your future contributions will be invested in the target date fund that has a target retirement date closest to the year you might retire and assumes a retirement age of 65.

3

DESIGNATE BENEFICIARY

Access your Plan account online through Fidelity to review your retirement savings and update your beneficiary designation. If you do not have a beneficiary on file at the time of your death, benefits will be paid to your spouse. If you do not have a spouse, benefits will be paid to your estate.



Elect Your Retirement Plan Beneficiary!

Review your beneficiary designations regularly to ensure they are up-to-date. Fidelity requires a separate beneficiary election for each retirement plan. In addition, your retirement plans and other benefits, such as life insurance, each require their own beneficiary designation. Updating a beneficiary for one plan or benefit does not automatically update any others.

To review or update your beneficiaries, log in to your account at **www.netbenefits.com**. From the Home page, select **"Profile & Settings"** in the upper-right corner to view and manage your beneficiary elections.

Eligibility

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

Vesting

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

Limits

The IRS limits the amount of pay that can be included in determining your benefit and the amount of contributions you can make annually. Colleagues who are age 60, 61, 62, or 63 on Dec. 31, 2026, can take advantage of the Super Catch-Up Contribution, which allows for catch-up contributions up to $11,250 (higher than the regular catch-up of $8,000).

Effective Jan. 1, 2026, colleagues aged 50 or older earning over $150,000 in 2025 may only make catch-up contributions as after-tax Roth contributions.

2026 IRS Limits*	
$24,500	maximum annual employee contribution
$11,250	annual Super Catch-Up Contribution if you are age 60-63 on Dec. 31, 2026
$8,000	annual catch-up contribution if you are age 50 or older (and not age 60-63 on Dec. 31, 2026)
$360,000	IRS compensation limit

*The IRS reviews these limits annually.

For questions visit **www.netbenefits.com** contact Fidelity at **1-800-343-0860**.

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

More about...

YOUR CONTRIBUTIONS

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

AUTOMATIC ENROLLMENT

Automatic enrollment is a convenient way to assist you with enrolling in the Plan. The Plan automatically enrolls you at 2% (pre-tax) if an election is not made to contribute into the Plan.

You are notified at least 35 days in advance of the automatic enrollment period and have an opportunity to opt-out or change contribution elections at any time. Automatic enrollment occurs when colleagues are newly hired and annually in January.

ANNUAL INCREASE PROGRAM (AIP)

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

FIDELITY TOOLS

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

These are a few of the Fidelity programs available through the Trinity Health Retirement Savings Plan:

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

Voluntary Offerings

Legal Plans

Legal Plans are made available to Trinity Health colleagues through Workday. You pay 100% of the cost on an after-tax basis. Legal Plans are provided as part of the Trinity Health Corporation Welfare Benefit Plan, which is sponsored and maintained by Trinity Health. As a result, pre-paid legal plans are only offered during open enrollment and can only be canceled during open enrollment. **You enroll in these benefits in Workday.**

Legal Plans

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

Voluntary Insurance

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

For more information or enroll any time, contact Aon at **866-251-9529** (8 a.m. - 5 p.m. ET, Monday - Friday) or by going to Aon's website at **www.benefitsgo.com/trinityhealth**.

Auto/Home Insurance

Pays for losses to your home and vehicles.

Identity/Theft Insurance

Helps detect fraud and provides reimbursement for certain expenses.

Pet Insurance

Helps pay for veterinary care.

Permanent Life Insurance

Pays your beneficiary in the event of your death.

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

Well-being Resources

Trinity Health provides these additional well-being options:



Adoption Assistance

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

Colleague Discounts (Perkspot)

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

Visit **http://trinity.perkspot.com/login**

Mental Well-being Benefit (Spring Health)

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

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

Student Loan Relief Services (Savi)

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

Visit **http://trinityhealth.bysavi.com**

Tuition Reimbursement

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

Weight Management Reimbursement Benefit

Reimbursement for behavioral/nutritional counseling services for the purposes of non-surgical weight loss or weight management. Colleagues and enrolled family members are eligible.

Commuter Benefits

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

DailyPay

DailyPay is a voluntary company-sponsored financial well-being benefit that allows colleagues to access a portion of their earned wages before payday. DailyPay also provides avenues to help colleagues save and access to financial well-being resources.

Visit **http://mytrinityhealth.sharepoint.com/sites/SO-DailyPay**

For More Information

We hope this benefits guide has provided you and your family with the information you need to make your benefit elections. If you still have questions about your options or the enrollment process you can:

- Go to the Workday Help Center at https://www.myworkday.com/trinityhealth/wdhelp/helpcenter.

HR Shared Services Hours

- Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.
- Extended Open Enrollment Hours: Monday through Friday, 8:00 a.m. to 7:00 p.m. ET.

Benefits Contact Information

Plan Type	Contact	Phone	Website
Medical	Blue Cross Blue Shield of Michigan	866-917-7537	www.bcbsm.com
Telehealth	Teladoc Health	800-835-2362	www.bcbsm.com/virtualcare
Prescription	OptumRx	855-540-5950	https://welcome.optumrx.com/trinityhealth
Supplemental Insurance	MetLife	800-438-6388	www.metlife.com
Dental	Delta Dental of Michigan	800-524-0149	www.deltadentalmi.com/trinityhealth
Life Insurance	The Hartford	855-532-7880	www.thehartford.com/mybenefits
Leave of Absence / Disability	The Hartford	855-532-7880	www.thehartford.com/mybenefits https://mytrinityhealth.sharepoint.com/sites/SO-TH-LOA/SitePages/Home.aspx
Flexible Spending Accounts	HealthEquity	877-924-3967	www.healthequity.com
Vision	United Healthcare	800-638-3120	www.myuhcvision.com
Health Savings Account	HealthEquity	866-346-5800	www.healthequity.com
Voluntary	Aon	866-251-9529 (Be sure to tell the representative that you are a member of Trinity Health)	https://BenefitsGo.com/TrinityHealth
Mental Well-being	Spring Health	855-629-0554	http://trinityhealth.springhealth.com
Medicare	Alight Retiree Health Exchange	877-216-3711 (TTY 711)	https://retiree.alight.com/trinityhealth



Workday Help Center

The **Workday Help Center** gets you the answers and help you need any time, on any device in Workday. Access knowledge articles, submit HR, payroll and benefits questions and get real-time help with the virtual Workday assistant tool.

Access the Workday Help Center on your mobile device by downloading the Workday app or visiting: **www.myworkday.com/trinityhealth/wdhelp/helpcenter**.



SmartSelect Decision Support Tool

SmartSelect provides personalized guidance to help you choose the right health plan. By evaluating your expected health care usage, it recommends a plan tailored to your needs and improves your understanding of the benefits available to you.

CLICK HERE to use the SmartSelect tool.

Important Reminders

Benefit elections are final for 2027

Remember, the benefits you elect will be in effect from Jan. 1 through Dec. 31, 2027. The choices you make now are final for 2027, because open enrollment is your only opportunity during the year to switch medical, dental or vision plan coverage unless you experience a qualified change in status.

If you experience a qualified family status change or certain employment status changes and provide any required documentation to HR Shared Services within 30 days of the event, you will be allowed to make certain benefit changes that are consistent with the status change. For example, if you get married during the plan year, you'll be able to add your spouse to your coverage within 30 days of the marriage.

For more information on qualified family status changes, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**.

HIPAA privacy notice is available online

Trinity Health and the Trinity Health Corporation Welfare Benefit Plan (Plan) take the security of colleagues' and family members' Protected Health Information (PHI) very seriously. To access a copy of the Plan's Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**. If you are unable to access the HIPAA privacy notice online or would like a paper copy, contact your HR Shared Services representative to request a paper copy by mail.

Medical plan election notification

When you enroll in a Trinity Health medical plan, the medical plan coverage provides benefits through a clinically integrated network of hospitals, physicians, and other health care providers and professionals, including care coordinators and case managers that monitor and coordinate all aspects of your medical care. Trinity Health facilities and healthcare providers and professionals affiliated with Trinity Health facilities participate in certain clinically integrated network. When you and your covered dependents receive health care services at facilities or by the colleagues of your employer or a health care provider or professional affiliated with your employer, colleagues of your employer or a health care provider or professional affiliated with your employer will have access to and may use and disclose your and your covered dependents' personal health information to manage and coordinate your care. Any access to and use and disclosure of protected health information will comply with the privacy and security regulations under HIPAA and any applicable state privacy and security laws.

Plan documents and Summary of Benefits and Coverage (SBC) are available online

A Summary of Benefits and Coverage (SBC) provides basic information about a medical plan, comparison examples, and a glossary of terms. To access the SBCs for the medical plan options, the Summary Plan Descriptions and certificates of coverage for the Plan benefits available to you, visit **https://www.myworkday.com/trinityhealth/wdhelp/helpcenter**. If you are unable to access any SBC or Plan document online, contact HR Shared Services to request a paper copy by mail.

Notice: Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires all group health plans that cover mastectomies to provide certain reconstructive surgery and other post-mastectomy benefits. Trinity Health's medical benefit plan provisions are as follows:

- The Trinity Health medical benefit plan will not restrict benefits if you or your eligible dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy.
- Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with your (or your eligible dependent's) physician, and may include:
  - Reconstruction of the breast on which the mastectomy was performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
  - Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

Benefits for breast reconstruction may be subject to appropriate plan coverage provisions and limitations, including annual deductible, copayment and coinsurance provisions that are consistent with those established for other benefits under the plan.

If you have any questions about your medical plan provisions relating to the Women's Health and Cancer Rights Act of 1998, contact your HR Shared Services representative.

Additional **Notices**

NOTICE REGARDING WELLNESS PROGRAM

The Colleague Health Plan Well-being Incentive Program (the “Well-being Program”) is a voluntary wellness program available to all colleagues and their spouses/eligible adult dependents enrolled in a participating medical and prescription drug program (a “group health plan”) offered by your Trinity Health employer. The Well-being Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Well-being Program, you will be able to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In addition, certain other activities that are intended to help colleagues improve their health or prevent disease are offered under the Well-being Program. You are not required to complete the HRA or participate in any of Well-being Program activities.

However, colleagues who choose to participate in the Well-being Program will receive an incentive of lower-cost group health plan coverage for completing a voluntary HRA and/or other activities. If a colleague’s spouse/eligible adult dependent is also enrolled in the Trinity Health group health plan, the colleague will receive the two-person incentive amount if the spouse/eligible adult also completes the Well-being Program activities. If either the spouse/eligible adult or the colleague (but not both) complete the Well-being Program activities, the colleague will receive a one-person incentive amount. Although you (and your spouse/eligible adult dependent, if applicable) are not required to complete the Well-being Program activities, only colleagues (and their spouses/eligible adult dependents, if applicable) who do so will receive the incentive of lower-cost group health plan coverage throughout the plan year.

Additional incentives of up to $500 may be available for colleagues and their eligible dependents, enrolled in a standard Trinity Health group health plan (i.e., the Traditional, Health Savings, or Essential medical and prescription drug plan), who submit a claim for non-surgical weight loss through HealthEquity. For more information, contact HealthEquity customer service at 877-924-3967.

NOTE: The requirement to complete Well-being Program activities to receive an incentive of lower-cost group health plan coverage for a plan year does not apply to colleagues who first become benefits eligible during a plan year.

If you (or your spouse/eligible adult dependent, if applicable) are unable to participate in any of the health-related activities required to earn an incentive, you (or your spouse/eligible adult dependent, if applicable) may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Colleague Health Plan Well-being Incentive Program consumer support line at 855-491-8781.

The information from your HRA (if completed) will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Well-being Program, such as condition management, medical management, case management, and health and well-being coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Well-being Program and Trinity Health may use aggregate information they collect to design a wellness program based on identified health risks in the workplace, the Well-being Program will never disclose any of your personal information either publicly or to your employer, except as described in the paragraph below, as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Well-being Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Well-being Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

All Trinity Health group health plans provide care coordination, care management, utilization review, and referral services to help manage members' healthcare. By enrolling in a Trinity Health group health plan, you understand that the plan will provide services to manage care for you and your dependents. These services may be provided through independent third-party administrators, through clinically integrated networks of hospitals, physicians, and other health care providers, or through other professionals and healthcare providers, including those affiliated with Trinity Health. The persons providing these services will have access to your personal health information—including health information you disclose through wellness programs and well-being activities—not only for treatment purposes but also to manage and coordinate your healthcare.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Well-being Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Well-being Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Well-being Program will abide by the same confidentiality requirements. The only individual(s) who may receive your personally identifiable health information are third-party administrators, members of a clinically integrated network, and other healthcare providers and professionals, such as registered nurses, doctors, case managers, medical managers, health coaches, condition managers, and the Well-being Program administrator in order to provide you with services under the Well-being Program.

In addition, all medical information obtained through the Well-being Program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the Well-being Program will be used in making any employment decision. Any access to, use, or disclosure of your medical information obtained through the Well-being Program will comply with the privacy and security regulations under the Health Insurance Portability and Accountability Act and any applicable state privacy and security laws. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the Well-being Program, we will notify you as soon as possible.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Well-being Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Colleague Health Plan Well-being Incentive Program consumer support line at 855-491-8781.

NOTICE REGARDING THE TRINITY HEALTH RETIREMENT SAVINGS PLANS

This notice includes additional information about the Trinity Health Retirement Savings Plans and supplements the information provided in the Retirement pages of this Trinity Health Benefits Guide.

- For colleagues covered by a collective bargaining agreement, please contact your union leadership representative for information about Retirement Plans included in this Benefits Guide and its impact on you.
- Participants contributing in the Sisters of Providence 403(b) PROSPER plan on September 15, 2012, will receive both the core contribution and service-based matching contribution beginning shortly following the first calendar year pay period and are not subject to the hours requirements.
- Legacy Trinity Health colleagues (west/mid-west) who were actively employed and vested as of June 30, 2010, and whose age plus years of benefit service was 60 points or greater as of June 30, 2010, will receive both the core contribution and service-based matching contribution beginning shortly following the first calendar year pay period and are not subject to the hours requirements.

The information provided in this summary is designed to assist you with understanding your options under Trinity Health's welfare benefit plans and programs. It is only an overview. Please refer to the summary plan descriptions and official plan documents for more details concerning these benefits. If there is any conflict, the official plan and program documents will govern. Trinity Health reserves the right to modify or terminate its benefit plans and programs at any time.

To view the summary plan descriptions and certificates of coverage, visit AskHR or, if your Health Ministry has not yet transitioned to the Trinity Health Human Resources Service Center, the MyBenefits site at **trinity-health.org/my-benefits**. For any plan or program in which you participate, you may request a printed copy of the summary plan description, any certificate of coverage, and/or the official plan documents from your employer or from the Trinity Health Human Resources Shared Services at 20555 Victor Parkway, Livonia, MI 48152. There is no charge for printed copies.

All Trinity Health group health plans provide care coordination, care management, utilization review, and referral services to help manage members' healthcare. By enrolling in a Trinity Health group health plan, you understand that the plan will provide services to manage care for you and your dependents. These services may be provided through independent third-party administrators, through clinically integrated networks of hospitals, physicians, and other health care providers, or through other professionals and healthcare providers, including those affiliated with Trinity Health. The persons providing these services will have access to your personal health information—including health information you disclose through wellness programs and well-being activities—not only for treatment purposes but also to manage and coordinate your healthcare. Any access to, use, or disclosure of protected health information will comply with the privacy and security regulations under the Health Insurance Portability and Accountability Act and any applicable state privacy and security laws.

Our Mission

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

Our Core Values

Reverence
We honor the sacredness and dignity of every person.

Commitment to Those Experiencing Poverty
We stand with and serve those experiencing poverty,
especially those most vulnerable.

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

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

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

Integrity
We are faithful to who we say we are.

Our Vision

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

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