

Benefits guide

The following contains an overview of the benefits offered by OhioHealth

Medical Overview

Our medical plan, administered by OhioHealthy, allows you to access quality healthcare and provide comprehensive coverage.

Whichever plan option you choose, by choosing in-network providers or specialists, you'll keep more dollars in your pocket.

This page provides an overview of our medical plan options, before directing you to in-depth information about each one.

Our Medical plan options at a glance

	OhioHealthy HDHP+HSA	OhioHealthy PPO	OhioHealthy PPO Assist
	For those who want lower premiums and a higher deductible than the OhioHealthy PPO (which you must meet before this plan pays any benefits), and access to a special tax-advantaged savings account with matching contributions from OhioHealth	For those who want higher premiums but a lower deductible (which means the plan pays benefits sooner) than the OhioHealthy HDHP+HSA, and predetermined amounts (copays) to pay for doctors' office visits, urgent care and certain prescriptions	For those with a lower household income (specified criteria apply), with lower premiums and healthcare costs
Features			
Comprehensive coverage	Access comprehensive healthcare from medical experts in central Ohio and across the United States, including preventive care, physician, hospital, emergency room, lab, radiology, prescription drugs, mental health and substance abuse benefits		
Lower premiums	Yes	-	Yes
Lower annual deductible	-	Yes	Yes
Out-of-pocket maximum to limit your healthcare expenses	Yes	Yes	Yes
Pay out of pocket until you meet your deductible	Yes	-	-
Pay a copay, even if you have not met your deductible	-	Yes	Yes
Contribute to a Health Savings Account (HSA), with matching contributions from OhioHealth	Yes (No "use it or lose it" rule)	-	-
Use a Flexible Spending Account for medical expenses	Yes (But "use it or lose it")	Yes (But "use it or lose it")	Yes (But "use it or lose it")
Prescription coverage	Yes	Yes	Yes
100% preventive care coverage	Yes	Yes	Yes
Pay less when you use in-network providers or specialists	Yes	Yes	Yes
Access to telehealth doctors (MDLIVE)	Yes	Yes	Yes

Access to 24/7 Nurse Advice Line	Yes	Yes	Yes
	READ MORE ABOUT OHIOHEALTHY HDHP+HSA	READ MORE ABOUT OHIOHEALTHY PPO	READ MORE ABOUT OHIOHEALTHY PPO ASSIST

If you are enrolled or planning to enroll in **Medicare**, read the flyer available to download below before enrolling in one of our medical plan options.

For medical plan questions



Call 1 (844) 200.6449 (Monday - Friday, 8 a.m. - 6 p.m. EST)



Visit ohiohealthyplans.com/ohiohealth

Download the on-site OhioHealthy representative schedule below for in-person help

Medical HDHP + HSA

Our medical plan, administered by OhioHealthy, allows you to access quality healthcare and provide comprehensive coverage.

The OhioHealthy HDHP+HSA has:

-  Lower premiums than the OhioHealthy PPO
-  A higher deductible than the OhioHealthy PPO (which you must meet before this plan pays any benefits)
-  Access to a special tax-advantaged savings account with matching contributions from OhioHealth - a Health Savings Account (HSA)

By choosing in-network providers or specialists, you'll keep more dollars in your pocket.

OhioHealthy HDHP+HSA coverage

	In-network	Out-of-network
Annual deductible	\$1,800 for associate only \$2,800 for associate + 1 \$3,600 for associate + 2 or more	
Annual out-of-pocket maximum - you won't pay any in-network expenses for the rest of the year if you reach this	\$4,400 for associate only \$6,600 for associate + 1 \$8,800 for associate + 2 or more (\$7,150 individual out-of-pocket maximum)	Unlimited
Preventive care	0% (plan pays 100%)	50% of UCR after deductible
Other medical	20% after deductible	50% of UCR after deductible
Primary Care Physicians	20% after deductible	50% of UCR after deductible
Specialty Care Physicians	20% after deductible	50% of UCR after deductible
Clinically Integrated Network Specialty Care Physicians	10% after deductible	Not applicable
Telemedicine (MDLIVE)	10% after deductible	Not applicable
Urgent care	20% after deductible	20% after deductible
ER	20% after deductible	20% after deductible
Chiropractic (maximum 20 visits)	50%	50% of UCR after deductible
Infertility (lifetime maximum \$10,000)	20% after deductible	50% of UCR after deductible
Prescription Medications		
Rx (retail and mail)	20% after deductible	Pay difference INN vs. OON
Specialty Rx	20% after deductible, only at Specialty Pharmacy	Not covered
Diabetes and Asthma Rx	0% after deductible (if in program)	Pay difference INN vs. OON
Infertility Rx	40% after deductible (maximum	Not covered

	\$2,000)	
Mandatory generic	Yes	Not applicable

UCR = Usual, customary, and reasonable, INN = In-network, OON = Out-of-network
 Read more about [Prescription Medications](#) coverage.

HSA (Health Savings Account)

When you enroll in the OhioHealthy HDHP+HSA, you get access to a special tax-advantaged savings account with matching contributions from OhioHealth - a Health Savings Account (HSA), administered by HealthEquity. Very simply, save dollars to pay for future out-of-pocket healthcare expenses, with help from OhioHealth, and reduce your taxable income.

Your HSA, your dollars

Your HSA funds stay with you, even when you leave OhioHealth or retire.

+

Triple tax advantages

Your contributions are not taxed, the interest you earn is not taxed, and the dollars you spend on qualified healthcare expenses (including your deductible) is not taxed.

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OhioHealth helps you save

You make contributions by payroll deductions and OhioHealth will match your contributions up to a maximum based on the number of people you cover: Associate only - \$500; Associate + 1 - \$750; Associate + 2 or more - \$1,000. See below for IRS maximums.

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Invest and earn interest

You can earn interest if you choose to invest your HSA funds.

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You decide how and when to spend

You decide whether to use your funds to pay for your share of your healthcare expenses (your deductible, prescription medications, and even dental or vision expenses) - or you can choose to pay another way and save your funds for the future or retirement. HealthEquity provides a Debit Card for ease of payment.

+

Get early access with Balance Booster

You can access both your own and OhioHealth's contributions to your HSA early, which means your entire HSA contribution for the year can be available to you earlier in the calendar year, if you need it. Download the Balance Booster User Guide below for more information.

+

No "use it or lose it" rule

Any unused funds stay in your HSA so you can use them in the future. You could use your HSA like a retirement savings account just for healthcare expenses not covered by Medicare when you retire or become Medicare-eligible.

Making contributions

During annual enrollment and at any time during the year, you can start, stop or change your own HSA contributions. To change your contributions:

-  Log in to Workday at <https://wd5.myworkday.com/ohiohealth>
-  Click on the Benefits icon
-  Select 'Change-Benefits'



Select the 'HSA Change'" benefit event

If you want to make a lump sum contribution, log in to the [HealthEquity website](#) or call 1 (844) 311.9730.

Previous HSAs or IRA funds

If you have another HSA from a prior employer that you would like to combine with your OhioHealthy HSA or funds in an IRA you would like to roll over, log in to the [HealthEquity website](#) or call 1 (844) 311.9730.

IRS HSA maximums for 2021

There are IRS-established annual maximums on the combined total of how much you and OhioHealth can contribute to your HSA:

Who is covered?	IRS maximum*
Associate only	\$3,600
Associate + 1 or more	\$7,200

* If you will be age 55 or older in 2021, you are eligible to contribute an additional \$1,000.

Note: These maximums include OhioHealth's matching contribution.

Visit the [HealthEquity website](#) to:



Learn more about HSAs



Use calculators to see how much you can save into your HSA and on your taxes



Learn how to invest your HSA funds to earn interest



Find out what healthcare expenses you can cover with your HSA

How much does this benefit cost?

Associate cost per pay period (26 pay periods per year)

Coverage type	Full-time rates		Part-time rates*	
	No discounts earned	All discounts earned	No discounts earned	All discounts earned
Associate only	\$71	\$26	\$84	\$39
Associate + spouse	\$180	\$90	\$206	\$116
Associate + child	\$125	\$80	\$151	\$105
Associate + children	\$141	\$96	\$173	\$128
Family	\$196	\$106	\$228	\$138

*48-63 scheduled hours per pay period - Per-Pay Amounts

How to make the most of this benefit

-  Need care? Consult your Primary Care Physician first
-  Physician not available? Call the 24/7 Nurse Advice Line at 1 (844) 834.4375 to get free private advice from a nurse
-  Can't see your usual physician? Contact MDLIVE for a virtual visit, where doctors can diagnose your symptoms, prescribe medications and send prescriptions to your pharmacy of choice - great if you're away from home
-  Use urgent care instead of the emergency room for non-emergencies - but always go to the emergency room if it is an emergency and be sure to follow-up with your physician if you have questions or need further care
-  Visit ohiohealthyplans.com/ohiohealth to find in-network providers and facilities, and estimate the costs with the treatment cost calculator
-  You'll pay less for certain services from OhioHealth providers, including lower out-of-pocket costs for visits to one of the plan's preferred specialists in the OhioHealth Clinically Integrated Network
-  A wide range of preventive care services are available at no cost to you, including annual physical exams, vaccines and tobacco cessation benefits - download the Preventive Care Summary below
-  Need to cover a large healthcare expense? You can get early access to both your own and OhioHealth's contributions to your HSA using Balance Booster - download the Balance Booster User Guide below
-  Combine this benefit with a [Healthcare Flexible Spending Account](#) if you need to save more for out-of-pocket dental and vision expenses
-  Combine this benefit with [Critical Illness Insurance](#), [Accident Cashback Insurance](#) or [Hospital Indemnity Insurance](#) to help cover out-of-pocket expenses without using your HSA
-  Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

For medical plan questions



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Visit ohiohealthyplans.com/ohiohealth

Download the on-site OhioHealthy representative schedule below for in-person help

Contact HealthEquity

For help managing your HSA or deciding how much to contribute



Call (844) 311.9730 (available 24/7)



Email memberservices@healthequity.com



Visit healthequity.com/ohiohealth and log in to manage your HSA

Download the HealthEquity mobile app from your app store

Medical PPO

OhioHealthy PPO coverage

Annual deductible (maximum of single deductible per person)

In-network	Out-of-network
\$500 for associate only \$750 for associate + 1 \$1,000 for associate + 2 or more	\$1,800 for associate only \$2,800 for associate + 1 \$3,600 for associate + 2 or more

Annual out-of-pocket maximum (maximum of single out-of-pocket maximum per person) — you won't pay any in-network expenses for the rest of the year if you reach this

In-network	Out-of-network
\$2,500 for associate only \$3,750 for associate + 1 \$5,000 for associate + 2 or more	Unlimited

Preventive care

In-network	Out-of-network
0% (plan pays 100%)	50% of UCR after deductible

Other medical

In-network	Out-of-network
20% after deductible	50% of UCR after deductible

Primary Care Physicians

In-network	Out-of-network
\$20 copay	50% of UCR after deductible

Specialty Care Physicians

In-network	Out-of-network
\$50 copay	50% of UCR after deductible

Clinically Integrated / Network Specialty Care / Physicians

In-network	Out-of-network
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\$25 copay	Not applicable
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Telemedicine (MDLIVE)

In-network	Out-of-network
\$10 copay	Not applicable

Urgent care

In-network	Out-of-network
\$40 copay	50% of UCR after deductible

ER

In-network	Out-of-network
\$200 copay + in-network deductible & coinsurance (cost you pay after you meet the deductible)	

Chiropractic (maximum 20 visits)

In-network	Out-of-network
50%	50% of UCR after deductible

Infertility (lifetime maximum \$10,000)

In-network	Out-of-network
20% after deductible	50% of UCR after deductible

Prescription Medications - Tier 1, 30-day supply

In-network	Out-of-network
\$5 copay (no deductible)	Pay difference INN vs. OON

Prescription Medications - Tier 1, mail order/90-day supply

In-network	Out-of-network
\$12.50 copay (no deductible)	Not covered

Prescription Medications - Tier 2

In-network	Out-of-network
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20% (no deductible)	Pay difference INN vs. OON
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Prescription Medications - Tier 3

In-network Out-of-network

30% (no deductible)	Pay difference INN vs. OON
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Prescription Medications - Specialty Rx

In-network Out-of-network

20% (no deductible) — maximum copay \$500	Not covered
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Prescription Medications - Diabetes and Asthma Rx

In-network Out-of-network

0% (if in program)	Pay difference INN vs. OON
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Prescription Medications - Infertility Rx

In-network Out-of-network

40% (no deductible) — annual maximum \$2,000	Not covered
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Prescription Medications - Mandatory generic

In-network Out-of-network

Yes	Not applicable
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UCR = Usual, customary, and reasonable, INN = In-network, OON = Out-of-network

Read more about [Prescription Medications](#) coverage.

How much does this benefit cost?

Associate cost per pay period (26 pay periods per year)

Coverage type	Full-time rates		Part-time rates*	
	No discounts earned	All discounts earned	No discounts earned	All discounts earned
Associate only	\$98	\$53	\$111	\$66
Associate + spouse	\$222	\$132	\$248	\$158

Associate + child	\$166	\$121	\$192	\$147
Associate + children	\$196	\$151	\$228	\$183
Family	\$252	\$162	\$284	\$194

*48–63 scheduled hours per pay period — Per-Pay Amounts

How to make the most of this benefit

-  Need care? Consult your Primary Care Physician first
-  Physician not available? Call the 24/7 Nurse Advice Line at 1 (844) 834.4375 to get free private advice from a nurse
-  Can't see your usual physician? Contact MDLIVE for a virtual visit, where doctors can diagnose your symptoms, prescribe medications and send prescriptions to your pharmacy of choice - great if you're away from home
-  Use urgent care instead of the emergency room for non-emergencies — but always go to the emergency room if it is an emergency and be sure to follow-up with your physician if you have questions or need further care
-  Visit ohiohealthyplans.com/ohiohealth to find in-network providers and facilities, and estimate the costs with the treatment cost calculator
-  You'll pay less for certain services from OhioHealth providers, including lower out-of-pocket costs for visits to one of the plan's preferred specialists in the OhioHealth Clinically Integrated Network
-  A wide range of preventive care services are available at no cost to you, including annual physical exams, vaccines and tobacco cessation benefits — download the Preventive Care Summary below
-  Combine this benefit with a [Healthcare Flexible Spending Account](#) to get eligible out-of-pocket expenses reimbursed
-  Combine this benefit with [Critical Illness Insurance](#), [Accident Cashback Insurance](#) or [Hospital Indemnity Insurance](#) to help cover out-of-pocket expenses without using your Healthcare Flexible Spending Account
-  Got an existing Health Savings Account (HSA)? You cannot contribute to an HSA while a member of the OhioHealthy PPO, but you can use dollars in an existing HSA contributed to in previous years to pay eligible expenses
-  Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) — read more under [Enrollment](#)

For medical plan questions



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Medical PPO Assist

Our medical plan, administered by OhioHealthy, allows you to access quality healthcare and provide comprehensive coverage. By choosing in-network providers or specialists, you'll keep more dollars in your pocket.

The OhioHealthy PPO Assist is a special version of the OhioHealthy PPO for those with a lower household income, and it has lower premiums and healthcare costs.

You're eligible to apply for the OhioHealthy PPO Assist if:

-  You are regularly scheduled to work at least 48 hours per pay period
-  Your household income was less than or equal to the following amounts (as reported on your tax return, IRS Form 1040):

Number of people in your household:

Annual household income is less than:

1	\$31,225
2	\$42,275
3	\$53,325
4	\$64,375
5	\$75,425
6	\$86,475
7	\$97,525
8	\$108,575

To enroll, you must submit an application by each August 1 to be eligible for the next year's enrollment, and provide your tax return (IRS Form 1040) as proof of income.

OhioHealthy PPO Assist coverage

	In-network	Out-of-network
Annual deductible (maximum of single deductible per person)	\$150 for associate only \$225 for associate + 1 \$300 for associate + 2 or more	\$1,800 for associate only \$2,800 for associate + 1 \$3,600 for associate + 2 or more
Annual out-of-pocket maximum (maximum of single out-of-pocket maximum per person) - you won't pay any in-network expenses for the rest of the year if you reach this	\$1,000 for associate only \$1,500 for associate + 1 \$2,000 for associate + 2 or more	Unlimited
Preventive care	0% (plan pays 100%)	40% of UCR after deductible
Other medical	10% after deductible	40% of UCR after deductible
Primary Care Physicians	\$20 copay	40% of UCR after deductible
Specialty Care Physicians	\$50 copay	40% of UCR after deductible
Clinically Integrated Network Specialty Care Physicians	\$25 copay	Not applicable
Telemedicine (MDLIVE)	\$10 copay	Not applicable

Urgent care	\$35 copay	40% of UCR after deductible
ER	\$150 copay	
Chiropractic (maximum 20 visits)	40%	40% of UCR after deductible
Infertility (lifetime maximum \$10,000)	10% after deductible	40% of UCR after deductible
Prescription Medications		
Tier 1, 30-day supply	\$5 copay (no deductible)	Pay difference INN vs. OON
Tier 1, mail order/90-day supply	\$12.50 copay (no deductible)	Not covered
Tier 2 15%	(no deductible) - maximum copay \$30/30 days	Pay difference INN vs. OON
Tier 3	25% (no deductible) - maximum copay \$60/30 days	Pay difference INN vs. OON
Specialty Rx	20% (no deductible) - maximum copay \$500	Not covered
Diabetes and Asthma Rx	0% (if in program)	Pay difference INN vs. OON
Infertility Rx	40% (no deductible) - annual maximum \$2,000	Not covered
Mandatory generic	Yes	Not applicable

UCR = Usual, customary, and reasonable, INN = In-network, OON = Out-of-network
Read more about [Prescription Medications](#) coverage.

How much does this benefit cost?

Associate cost per pay period (26 pay periods per year)

Coverage type	Full-time rates		Part-time rates*	
	No discounts earned	All discounts earned	No discounts earned	All discounts earned
Associate only	\$71	\$26	\$84	\$39
Associate + spouse	\$173	\$83	\$199	\$109
Associate + child	\$122	\$77	\$148	\$103
Associate + children	\$141	\$96	\$173	\$128
Family	\$192	\$102	\$224	\$134

*48-63 scheduled hours per pay period - Per-Pay Amounts

How to make the most of this benefit



Need care? Consult your Primary Care Physician first



Physician not available? Call the 24/7 Nurse Advice Line at 1 (844) 834.4375 to get free private advice from a nurse

-  Can't see your usual physician? Contact MDLIVE for a virtual visit, where doctors can diagnose your symptoms, prescribe medications and send prescriptions to your pharmacy of choice - great if you're away from home
-  Use urgent care instead of the emergency room for non-emergencies - but always go to the emergency room if it is an emergency and be sure to follow-up with your physician if you have questions or need further care
-  Visit ohiohealthyplans.com/ohiohealth to find in-network providers and facilities, and estimate the costs with the treatment cost calculator
-  You'll pay less for certain services from OhioHealth providers, including lower out-of-pocket costs for visits to one of the plan's preferred specialists in the OhioHealth Clinically Integrated Network
-  A wide range of preventive care services are available at no cost to you, including annual physical exams, vaccines and tobacco cessation benefits - download the Preventive Care Summary below
-  Combine this benefit with a [Healthcare Flexible Spending Account](#) to get eligible out-of-pocket expenses reimbursed
-  Combine this benefit with [Critical Illness Insurance](#), [Accidental Cashback Insurance](#) or [Hospital Indemnity Insurance](#) to help cover out-of-pocket expenses without using your Healthcare Flexible Spending Account
-  Got an existing Health Savings Account (HSA)? You cannot contribute to an HSA while a member of the OhioHealthy PPO Assist, but you can use dollars in an existing HSA contributed to in previous years to pay eligible expenses
-  Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

For eligibility or application queries



Call the HR Resource Center at (614) 533.8888



Email HRRC@ohiohealth.com

For medical plan questions

Call 1 (844) 200.6449 (Monday - Friday, 8 a.m. - 6 p.m. EST)
ohiohealthyplans.com/ohiohealth

Download the on-site OhioHealthy representative schedule below for in-person help

Prescription medications

Our medical plan provide comprehensive prescription coverage, administered by OptumRx. By choosing in-network pharmacies and generic medications, you'll keep more dollars in your pocket.

Show your OhioHealthy ID Card at the pharmacy to make sure you receive any discounts, and that the prescription cost counts toward your deductible and out-of-pocket maximum.

Visit [OptumRx.com](https://www.optumrx.com) to see whether a medication is covered, find the Formulary/Prescription Drug List (updated quarterly), research prices, and locate an in-network pharmacy. You'll need to create an OptumRx account first.

Good to know

Formulary/Prescription Drug List (PDL)	A list of medications covered by your medical plan, organized into tiers - the higher the tier, the higher the cost of the medication. This list is updated quarterly. If you are prescribed a medication, check to see if it appears on this list; if not, discuss the possible alternatives with your healthcare provider to save money.
Mandatory generic	If you choose a brand name medication when a generic is available, you will pay the coinsurance, plus the cost difference between the two drugs (the difference does not count toward your deductible or out-of-pocket maximum).
Specialty medication	A medication that requires special handling, administration or monitoring — typically one used to treat complex conditions. Prescriptions for these must be filled through Optum Specialty Pharmacy. Visit specialty.optumrx.com or call 1 (855) 427.4682.
Step therapy	For some medical conditions, there are drugs with similar clinical effectiveness but wide variation in price. You may need to try a 'step 1' medication before a 'step 2' medication is covered.
Prior authorization	Some medications require prior authorization before a prescription can be filled. Your doctor or your pharmacist will let you know if you need prior authorization.
Quantity limits	Some medications have quantity limits to promote the appropriate use of medications, prevent waste and help control costs.
Medication therapy management - targeted medication reviews	A double check by a pharmacist to ensure your medication plan is the best that it can be, including lowering the risk for potential drug related problems, providing helpful tips for taking your medications, and identifying ways to reduce medication costs. A pharmacist may call you or send you a letter in the mail if they have recommendations to improve your medication therapy. Participation is voluntary and does not change your drug coverage. If you have questions about this benefit or do not want to participate in targeted medication reviews, please call (614) 788-9355.
Maintenance medications/90-day supplies	Some medications that are taken regularly or for an ongoing condition are called maintenance medications. (You do not need to follow the maintenance medication requirement if your medication is a specialty medication.) You have the option of filling a three-month supply of your maintenance medication at any in-network retail pharmacy. OptumRx offers an easy payment plan, which splits the cost of a 90-day prescription over three payments.
Preventive care medication	Under the Affordable Care Act (ACA), your pharmacy benefits must cover certain preventive care medications

at 100%, with no copay, no coinsurance and no deductible. Download the Preventive Care Medication List below.

Using coupons

Drug manufacturers often issue coupons to encourage continued use of a more expensive brand name drug, even though less expensive similar or equivalent options have become available. OptumRx Home Delivery does not accept coupons for associates covered by our medical plan, regardless of the type of medication. Some retail pharmacies may allow the use of coupons.

Note that the coupon value is often counted toward your deductible, even though you are not paying that amount out-of-pocket. This may have tax reporting implications for you.

Diabetes and Asthma

If you're enrolled in our medical plan and are actively participating in the OhioHealth disease management program for Diabetes or Asthma, you may qualify to have certain medications paid for at 100%. (If you are enrolled in the OhioHealthy HDHP+HSA, you will need to meet your deductible first.)

How much does this benefit cost?

Prescription coverage is included in your medical plan premiums. The way you pay for prescription medications depends on the medical plan option you choose:

-  **OhioHealthy HDHP+HSA:** You pay the full cost of covered medications until you meet your deductible. Then, the plan pays 80% of the cost of most covered medications, and you pay 20%. You may use your HSA funds to pay for medications.
-  **OhioHealthy PPO plan/PPO Assist:** There are flat copays or coinsurance for different tiers of medication; there is no deductible to meet.

How to make the most of this benefit

-  Ask your healthcare provider for generic medication or one listed on our Formulary/Prescription Drug List that might work for you
-  Download the OptumRx app so you can discuss medication options with your healthcare provider on the go during your consultation
-  Use the OptumRx website or app to research the cost of a medication at different pharmacies (you must use Optum Specialty Pharmacy for specialty medications), see lower-cost alternatives and explore pricing for different dosage options (for example, occasionally two 50mg capsules can cost less than one 100mg tablet)
-  Follow all instructions and take your medications according to the prescribed schedule
-  Call your physician or pharmacy if you have questions or any concerns about drug interactions
-  Combine this benefit with a [Health Savings Account \(HSA\)](#) or [Healthcare Flexible Spending Account \(Healthcare FSA\)](#) to get eligible out-of-pocket expenses reimbursed
-  If you have an HSA or Healthcare FSA, use your debit card to pay for your prescription medicines and save your receipts on the HealthEquity mobile app

Contact OptumRx

 1 (844) 368.7173 (TTY 711)

[OptumRx.com](https://www.optumrx.com)

Contact a pharmacy

Riverside Methodist Building (RMB) Pharmacy
(614) 566.5115

Marion General Hospital (MGH) Ambulatory Pharmacy
(740) 375.2012

Optum Specialty Pharmacy
1 (855) 427.4682
specialty.optumrx.com

Dental

Our Dental plan, provided by Delta Dental, allows you to access quality care through a network to smile about. By choosing a dentist within Delta Dental's PPO Network, you'll keep more dollars in your pocket.

To maximize coverage of your dental expenses, choose a Delta Dental PPO Dentist. But, if it's better for your circumstances, you can choose a Delta Dental Premier Dentist or a Non-Participating Dentist. The table below shows a comparison of coverage.

CLASS I

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings)	100%	100%	90%
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	100%	90%
Radiographs - X-rays	100%	100%	90%
Sealants (to age 15) - Dental sealants to prevent decay of permanent molars	100%	100%	90%

CLASS II

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	90%	80%	60%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings)	90%	80%	60%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	90%	80%	60%
Relines and Repairs - Relines and repairs to bridges and dentures	90%	80%	60%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	60%	60%	40%

CLASS III

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	60%	60%	40%
Prosthetic Services - Used to replace missing natural teeth (for example, bridges, implants and dentures)	60%	60%	40%

CLASS IV

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Orthodontic Services (to age 19) - Used to correct malposed teeth and/or facial bones (for example, braces)	60%	60%	60%
Maximum Payment	\$1,500 per person total per calendar year for Class I, Class II and Class III Benefits, excluding preventive cleanings and exams. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$2,000 per eligible person.		
Deductible	\$25 per person total per calendar year limited to a maximum deductible of \$75 per family per calendar year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits or the Delta PPO Network.		

How much does this benefit cost?

Coverage type	Associate cost per pay period (26 pay periods per year)
Associate only	\$12.33
Associate + 1	\$19.71
Family	\$28.34

How to make the most of this benefit

-  Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible
-  Choose a Delta Dental PPO Dentist to maximize coverage of your dental expenses
-  Combine this benefit with an [HSA](#) or [Healthcare Flexible Spending Account](#) to get eligible out-of-pocket expenses reimbursed
-  Request a pre-treatment estimate to find out whether a proposed dental treatment is covered, what amount the plan will pay and the difference you will be responsible for
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

Contact Delta Dental



Call 1 (800) 524.0149



Visit [DeltaDentalOH.com](https://www.DeltaDentalOH.com)

The OhioHealth Group Number is 9711

Vision

Our Vision plan, provided by Vision Service Plan, allows you to access quality care that will help you take care of your vision and provide early detection of other chronic diseases, such as diabetes. By choosing an eye doctor within the VSP Choice Network, you'll keep more dollars in your pocket.

To maximize coverage of your vision expenses, choose an eye doctor in the VSP Choice Network — but you can choose an eye doctor who is out-of-network, if that is better for your circumstances. The table below sets out services coverage levels for each category of provider.

	Network provider	
Examination	100% after \$15 copay	Up to \$45
Single vision lenses	100% after \$15 copay	Up to \$30
Bifocal lenses	100% after \$15 copay	Up to \$50 Plus a \$20 additional copay for progressive lenses
Trifocal lenses	100% after \$15 copay	Up to \$65 for lined lenses Up to \$50 for progressive lenses
Lenticular	100% after \$15 copay	Up to \$100
Frame	A wide selection of frames are covered in full after \$15 copay \$175 allowance for a wide selection of frames \$225 allowance for featured brand name frames	Up to \$70

Contact lenses, evaluation and fitting

Necessary	100% after copay of up to \$60 for evaluation and fitting	Up to \$210
Elective	Up to \$150 (for contact lenses only)	Up to \$105 (for evaluation, fitting and lenses)
Suncare — Ready made non-prescription sunglasses instead of prescription glasses or contacts		
Necessary	\$175 after \$15 copay	Up to \$70

Visit [VSP.com](https://www.vsp.com) for full details about providers and coverage.

Coverage type	Associate cost per pay period (26 pay periods per year)
Associate only	\$6.13
Associate + 1	\$8.82
Family	\$15.82

How to make the most of this benefit

-  Add dependent coverage — your spouse and any children through the month they turn age 26 are eligible
-  Choose providers within the VSP Choice Network to maximize coverage of your vision expenses
-  Combine this benefit with an [HSA](#) or [Healthcare Flexible Spending Account](#) to get eligible out-of-pocket expenses reimbursed
-  Book an annual eye exam to maintain good eye health and for early detection of other chronic diseases, such as diabetes
-  Get a discount on hearing aids through TruHearing — download the flyer below for more information
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. a child turns age 26 and is no longer eligible) - read more under [Enrollment](#)

Contact VSP



Call 1 (800) 877.7195



Visit [vsp.com](https://www.vsp.com)

Life & Long-Term Disability Insurance

Life & Long-Term Disability Insurance

Our Life & Long-Term Disability coverage, provided by Lincoln Financial Group, helps you provide for yourself and your important people at home in the event of severe injury or death. OhioHealth also provides Temporary Disability Pay.

We provide **Basic Life Insurance** at no cost to you, and you can choose additional **Voluntary Life Insurance** coverage for yourself and your family at your own cost. Age reductions apply for all Life Insurance coverages. Your dependent Life Insurance is not permitted to exceed the amount you have in total Life Insurance coverage.

If you have been employed for more than 180 days and you are regularly scheduled to work at least 32 hours per pay period, we provide **Temporary Disability Pay (TDP)** which ensures you have income during a short-term disability or illness. TDP coverage begins after you have missed three scheduled work shifts in a row (or 24 hours of scheduled work time in a row, whichever is less). You can supplement your TDP with [Time Away Pay \(TAP\)](#).

You can also choose:

-  **Accidental Death & Dismemberment** coverage, which pays a benefit if, within 365 days of an accident, a covered individual loses a limb, loses sight or dies as a result of injuries suffered in the accident.
-  **Long-Term Disability Insurance**, which picks up where Temporary Disability Pay (TDP) leaves off, pays a benefit when you have been unable to work due to an injury or illness for more than 120 days. Benefits are reduced by payments you receive from other sources, such as family Social Security payments, workers' compensation and retirement plan benefits (minimum monthly benefit \$100). Pre-existing limitations may apply.

At a glance

	For you	For your dependents
Basic Life Insurance	1 times your annual salary (maximum \$50,000) - provided at no cost to you	You can provide basic life insurance for your spouse and children. Spouse basic life is \$10,000, Child basic life is \$5,000 (from 6 month to age 26 if financially dependent), \$1,000 from live birth to 6 months
Voluntary Life Insurance	Choose 1 to 4 times your annual salary (maximum \$600,000)	Spouse: Amounts of \$10,000, \$15,000, \$20,000, \$25,000, \$50,000, \$75,000 and \$100,000 with a guaranteed issue amount of \$50,000 when you are first eligible Child(ren): Amounts of \$5,000 or \$10,000 Total dependent coverage cannot exceed 100% of your Basic and Voluntary Life Insurance combined)
Accidental Death & Dismemberment	Choose increments of \$25,000, not	Spouse only: 50% of your coverage

(AD&D)	to exceed \$500,000 - or no coverage	Spouse & Children: Spouse 40% and each child 10% of your coverage Children only: Each child 15% of your coverage
Temporary Disability Pay (TDP)	70% of base pay for the number of regularly scheduled hours of work you miss (maximum 120 days in a rolling 12-month period) - provided at no cost to you	-
Long-Term Disability (LTD)	Choose coverage that replaces 60% of your pre-disability pay (maximum monthly benefit \$6,000) - or no coverage	-

How much does this benefit cost?

Basic Life Insurance and Temporary Disability Pay are provided at no cost to you.

Voluntary Life Insurance, Accidental Death & Dismemberment, and Long-Term Disability coverage are paid for with after-tax dollars. Check Workday for costs.

How to make the most of this benefit

-  Lincoln Financial Group offer LifeKeys services for estate and financial planning, at no additional cost - to access these services, call 855-891-3684, or go online to guidanceresources.com (First-time User: Enter Web ID LifeKeys)
-  Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible
-  Update your beneficiaries via Workday if you have a change in circumstances (read more under [Retirement](#) for how to update your Retirement plan beneficiaries)
-  Combine these benefits with a [Critical Illness Insurance](#) to help cover unexpected expenses as a result of a critical illness
-  If you or your important people at home need emotional support or counselling following a severe injury or death, the [Employee Assistance Program](#) is available to you 24/7
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) — read more under [Enrollment](#)

Contact Lincoln Financial Group

For Life Insurance, Accidental Death & Dismemberment (AD&D) or Long-Term Disability (LTD) Insurance claims



Call 1 (844) 869.3461

The OhioHealth Policy Number is 09-LF0165

Contact Associate Health

For questions about Temporary Disability Pay (TDP)

 Call (614) 566.2778

Permanent Life Insurance with LTC

Our Permanent Life Insurance with Long-Term Care, provided by Chubb, helps you provide for yourself and your important people at home in the event of long-term care needs and/or death. It gives you access to special group rates. Premiums are guaranteed for 5 years (through December 31, 2025).

Your coverage is guaranteed - there is no need to answer any medical questions (for 2021 enrollment only).

Permanent Life Insurance with Long-Term Care provides:

-  Monthly payments to help cover long-term care costs in the event that you experience a medical condition that requires home health care or nursing home care; and/or
-  A lump-sum payment in the event of your death, which can be used as your important people at home see fit

The Long-Term Care coverage provides extra financial support, allowing you to receive care in the setting you choose, and helping you to avoid tapping into savings, retirement benefits or home equity to pay for care.

Long-Term Care payments are typically triggered by the loss of two of six activities of daily living or loss of cognitive impairment. Once triggered, the benefits are based on the face amount of coverage purchased and monthly payments are 4% of your policy's death benefit. You can also include additional policy features that protect (or partially protect) the full value of the death benefit, in the event that you need long-term care.

You can choose coverage for:

Associate	Choose increments of \$25,000 (maximum \$150,000)
Spouse	Choose increments of \$12,500 (maximum \$75,000)
Child	Choose increments of \$5,000 (maximum \$25,000)

How much does this benefit cost?

The cost will vary based on the coverage selected and your or a covered family member's age at the time the policy becomes effective.

Premiums will never increase and are guaranteed to age 100 - after which, no further premiums are payable, but coverage continues. And, premiums are payroll deducted.

How to make the most of this benefit

-  For 2021 enrollment only, you can enroll without answering any medical questions, provided you are actively at work during the annual enrollment period
-  Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible
-  Your spouse can enroll in their own policy by providing limited medical information at the time of enrollment
-  A Child Term Rider is available with a coverage amount of \$25,000 (note: this only includes a Life Insurance benefit; Long-Term Care on a child policy is not available)
-  If you or your important people at home need emotional support or counselling following a medical diagnosis requiring long-term care, or a death, the [Employee Assistance Program](#) is available to you 24/7



Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) — read more under [Enrollment](#)

Contact Chubb



855-241-9891

(Note – this # is active AFTER 1/1/2021 when the policies are loaded in the system. It is not active for OhioHealth prior to 1/1/2021)

Accident Cashback Insurance

Our Accident Cashback Insurance, provided by Nationwide, helps you to cover expenses in the event of accidental injury.

Accident Cashback Insurance complements your medical plan by helping you pay for out-of-pocket costs. Covered expenses and reimbursement for eligible claims are paid directly to you regardless of whether you have met your deductible or not, and independent of when your medical plan pays your healthcare provider.

Features	<ul style="list-style-type: none">• Reimbursement of medical expenses resulting from an accidental injury• No pre-existing exclusions• All benefits are per covered person• Benefit checks are paid directly to employee
Accidental Injury Benefit (maximum per benefit year)	Associate only: \$1,100 Associate + 1: \$2,200 Family: \$3,300 Coverage for each person cannot exceed associate maximum

If you have an eligible accident-related expense during the year, submit a claim form (available to download below) and itemized bill for reimbursement.

How much does this benefit cost?

Coverage type	Associate cost per pay period (26 pay periods per year)
Associate only	\$1.52
Associate + 1	\$2.87
Family	\$4.22

How to make the most of this benefit

-  This benefit complements the Health Savings Account (HSA), as you can use it to pay for covered out-of-pocket expenses before using your HSA
-  If you need emotional support or counselling following an accidental injury, the [Employee Assistance Program](#) is available to you 24/7
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

Contact Nationwide

 Call 1 (877) 717.4455 and identify yourself as an OhioHealth associate

Hospital Indemnity Insurance

Our Hospital Indemnity Insurance, provided by MetLife, helps you to cover expenses in the event of hospitalization. And, coverage is guaranteed - there is no need to answer any medical questions.

Hospital Indemnity Insurance complements your Medical plan. It provides you with a lump-sum payment to help you cover out-of-pocket costs in the event of hospitalization.

You can use the lump sum as you see fit, including to cover inpatient treatments, tests, therapies and other services, or your deductible, copays/coinsurances, and any other costs not covered by your Medical plan. Or, if you are out of work unexpectedly and are unable to meet household expenses - like your mortgage, car payment or childcare - due to lost or reduced income while you recover, you could use your lump sum to help cover these types of expenses. Having extra financial support in such circumstances means you can focus on your recovery with less worry.

Coverage also includes payments for admission, confinement, childbirth, newborn confinement and maternity follow-ups. Maternity is covered with no pre-existing condition limitation. There are also additional benefits paid when using an OhioHealth facility.

Hospital Benefits

	Benefit Limits (Applied to Subcategory)	Benefit	Benefit Amounts: OhioHealth Facility	Benefit Amounts: Non OhioHealth Facility
Admission Benefit	1 time(s) per calendar year	Admission	\$1,000	\$800
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,000	\$800
Confinement Benefit	15 days per calendar year	Confinement 2	\$100	\$80
	ICU Supplemental Confinement will pay an additional benefit for 15 of those days	ICU Supplemental Confinement (Benefit paid concurrently with the Confinementbenefit when a Covered Person is admitted to ICU)	\$100	\$80
Ancillary Confinement Benefit for Childbirth	2 day(s) per routine delivery	Ancillary Confinement Benefit for Childbirth	\$80	\$80
	4 day(s) per Caesarean delivery	(Paid if other Confinement Benefit are exhausted)		
Newborn Confinement Benefit	2 day(s) per routine delivery	Newborn Confinement 3	\$25	\$25
	4 day(s) per Caesarean delivery			

How to make a claim

If you are hospitalized, there are three simple steps to claim your lump sum:



Opening a claim

- Call 1-800-GET-MET8 to get a claim form via email, fax or mail
- Submit a fully-completed claim form, including the physician statement, to MetLife by fax or online via the [MyBenefits website](#)



Processing the Claim

- A Claims Acknowledgement Letter will be sent to you within 3 days after receipt of a fully-completed claims form (including the physician statement) to confirm that MetLife has received your claim and are working to review and process it
- MetLife may call you to collect any missing information



Payment

- A claim is generally processed and payment issued within 10 business days after receipt of all required information

MetLife Customer Service Representatives will be available to answer questions at any time throughout the claims process.

How much does this benefit cost?

Coverage type

Associate cost per pay period (26 pay periods per year)

Associate only	\$7.51
Associate + 1	\$13.17
Family	\$18.26

How to make the most of this benefit



Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible



If you need emotional support or counselling following hospitalization, the [Employee Assistance Program](#) is available to you 24/7



Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

Contact MetLife



Call 1 (800) GET-MET8 (438.6388)



mybenefits.metlife.com

Cancer Guardian

Protect yourself and loved ones with a comprehensive cancer program that combines the power of genomics with expert oncology navigation support services.

Cancer Guardian was developed by industry experts to provide specialized services not typically made available or covered by health insurance. The program allows you to protect yourself and your important people at home in the event of a cancer diagnosis.

If you enroll, you will have access to:

-  **Cancer Information Line:** Speak to oncology experts about any cancer-related question and discuss concerns, risk-mitigation strategies or care-giving guidance
-  **Hereditary Risk Screening Test:** Understand your genetic risk for hereditary cancers for preventive planning with this test, which analyzes 61 genes for risk of the most common inherited cancers, including breast, ovarian, prostate, colorectal, melanoma, kidney, stomach, pancreatic, uterine and thyroid
-  **Expert Pathology Review:** Ensure correct diagnosis with an expert second opinion review in the event of a cancer diagnosis
-  **Genomic Profiling:** This test interrogates more than 300 cancer-related genes in the tumor, helping inform treatment decisions and clinical trial eligibility in the event of a cancer diagnosis
-  **Dedicated Cancer Support Specialist:** Receive practical, emotional, and clinical support from a dedicated Cancer Support Specialist (CSS) in the event of a cancer diagnosis
-  **On-site Nurse Advocate:** Accompaniment to a medical appointment in the event of a cancer diagnosis by an Oncology Nurse Advocate, who will provide support and guidance
-  **Medical Records Platform:** A secure platform that allows you to store medical records for any condition and share with your medical team at any time
-  **Clinical Trial Explorer:** A platform providing access to a personalized clinical trial search, reporting and enrollment
-  **Financial Navigation:** A platform that projects out-of-pocket financial exposure and identifies public and private financial aid programs that you can access for support

Cancer Guardian is intended to be exempt from the Employee Retirement Income Security Act in accordance with 29 CFR 2510.3-1(j) as a group or group-type insurance program offered by an insurer to employees or members of an employee organization, under which:

1. No contributions are made by an employer or employee organization;
2. Participation in the program is completely voluntary for employees or members;
3. The sole functions of the employer or employee organization with respect to the program are, without endorsing the program, to permit the vendor to publicize the program to employees or members, to collect program charges through payroll deductions or dues checkoffs and to remit them to the vendor; and
4. The employer or employee organization receives no consideration in the form of cash or otherwise in connection with the program, other than reasonable compensation, excluding any profit, for administrative services actually rendered in connection with payroll deductions or dues checkoffs.

Program charges will be paid on an after-tax basis, and Wamberg Genomic Advisors will not ask OhioHealth to take any action that could be deemed to be endorsing the program or otherwise contravene this exemption.

How much does this benefit cost?

Associate cost per pay period (26 pay periods per year)

	Under age 50	Age 50-64	Age 64+
Associate + child(ren) coverage	\$8.31	\$10.15	\$12

Associate + spouse +
child(ren) coverage

\$16.62

\$20.31

\$24

How to make the most of this benefit

-  Add dependent coverage - your spouse and any children through the month they turn age 26 are eligible (there is no additional cost for children)
-  Order your Hereditary Screening Test to understand your genetic risk for cancer
-  Don't rely on the internet for important cancer questions - contact the Cancer Information Line at any time
-  If you need emotional support or counselling following a cancer diagnosis, the Employee Assistance Program [page link] is available to you 24/7
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under Enrollment [page link]

Contact Cancer Guardian

Speak with a Cancer Support Specialist following a cancer diagnosis



833-CGUARDIAN (833-248-2734) (Monday - Friday, 6 a.m. - 6 p.m. PST)

The specialist will work with you and your medical team to develop a personalized program

Critical Illness Insurance

Our Critical Illness Insurance, provided by MetLife, provides a lump sum in the event of a critical illness diagnosis, including COVID-19. And, by participating in one of the eligible screening/prevention measures each year, you'll get a \$75 benefit each year!

Coverage is guaranteed — there is no need to answer any medical questions.

Critical Illness Insurance complements your medical plan and Life & Long-Term Disability Insurance. It provides you or a covered family member with a lump-sum payment in the event that a covered family member experiences one of over 35 critical illnesses - including cancer, heart attack, stroke, kidney failure, and COVID-19 (you must be hospitalized for 5 or more days).

You can choose between:

-  \$10,000; and
-  \$20,000

The lump sum is paid directly to you regardless of any other insurance you may have. To receive the lump sum, the individual must meet all group policy and certificate requirements.

You can use the lump sum as you see fit, including to cover your deductible, copays/coinsurances, household expenses - like your mortgage, groceries or childcare, and experimental treatments. Having extra financial support in such circumstances means less worry for everyone involved.

Coverage also includes a "recurrence benefit" of 50% of the initial benefit. So, if you received an initial benefit with a diagnosis of one of the covered conditions and the condition returns, you may be entitled to this recurrence benefit. A recurrence benefit is available for a number of conditions, including heart attack, stroke as well as full and partial-benefit cancer.

How to make a claim

If you experience a covered critical illness, there are three simple steps to claim your lump sum:

-  Opening a claim
 - Call 1-800-GET-MET8 to get a claim form via email, fax or mail
 - Submit a fully-completed claim form, including the physician statement, to MetLife by fax or online via the [MyBenefits website](#)
-  Processing the claim
 - A claims acknowledgement letter will be sent to you within 3 days after receipt of a fully-completed claims form (including the physician statement) to confirm that MetLife has received your claim and are working to review and process it
 - MetLife may call you to collect any missing information
-  Payment
 - A claim is generally processed and payment issued within 10 business days after receipt of all required information

MetLife Customer Service Representatives will be available to answer questions at any time throughout the claims process.

How much does this benefit cost?

The cost will vary based on the amount selected (\$10,000 or \$20,000), your age at the time of enrollment, and who you choose to cover. See Workday for costs

How to make the most of this benefit

-  This benefit complements the Health Savings Account (HSA), as you can use it to pay for covered out-of-pocket expenses before using your HSA
-  Add dependent coverage — your spouse and any children through the month they turn age 26 are eligible
-  MetLife provides an annual benefit of \$75 per calendar year for taking one of the eligible screening/prevention measures
-  If you need emotional support or counselling following a critical illness diagnosis, the [Employee Assistance Program](#) is available to you 24/7
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

Contact MetLife



Call 1 (800) GET-MET8 (438.6388)



Email mybenefits.metlife.com

Retirement pre 2012

Our Retirement plans, administered by Fidelity, help you save for your future.

The plan you participate in depends on your hire date. This page provides information for associates who were hired prior to January 1, 2012.

There is a separate page for [associates hired on or after January 1, 2012, or are part of a newly-eligible participating group](#).

If you are a participant in the Employees' Retirement Plan of MedCentral Health System, you can access your benefits either online at [ohpension.com](#) or by calling the OhioHealth Pension Resource Center at (844) 340.4801.

Your Retirement benefit consists of two parts:

-  OhioHealth Cash Balance Retirement Plan, provided at no cost to you
-  Retirement Savings Plan 403(b)/401(k), a tax-deferred way for you to save for retirement and reduce your current taxes, while receiving additional matching contributions from OhioHealth

OhioHealth Cash Balance Retirement Plan

This part of your Retirement benefit is paid for by OhioHealth, at no cost to you. Like a savings account, it grows steadily each year through OhioHealth contributions and earned interest.

Your participation in the Cash Balance Retirement Plan starts automatically on January 1 after you meet the following requirements:

-  You started to work for a participating OhioHealth entity prior to January 1, 2012;
-  You are at least age 20½; and
-  You have completed at least six months of service.

Your Cash Balance Retirement Plan account

When you become eligible for participation, a Cash Balance Retirement Plan account is set up for you.

+

OhioHealth saves on your behalf

OhioHealth makes contributions to your account for each calendar year for which you are paid for 1,000 or more hours. Contributions are a percentage of your pay based on your age and your years of service, as of December 31 each year.

Your age + years of service on December 31	OhioHealth contribution
Less than 30	3%
30–44	4%
45–59	5%
60–74	6%
75 or more	7%

+

Earn interest

Your account grows through annual interest credits. The annual interest rate changes each year and is based on the five-year Treasury bill rate.

+

Account ownership (“vesting”)

You complete a claim form (available to download below) and send it with a copy of your receipt(s) to the plan administrator. You are reimbursed from your FSA with direct deposit to your checking or savings account (not by check).

+

Accessing your account

You can access the funds in your account once you become vested (own your account).

If you were hired before January 1, 2003: You are eligible to withdraw the funds from your account before your normal or early retirement date upon termination of employment with OhioHealth. You must make a written election within 180 days after your employment ends to withdraw funds from your account. Otherwise, your account will be paid at your early or normal retirement date. To make your election, contact the Pension Resource Center at 1 (844) 340.4801 or ohpension.com before the 180-day period ends.

If you were hired after January 1, 2003: You are eligible to withdraw the funds from your account at your early retirement date (when your age plus years of service = 70).

Account balances of \$20,000 or less are eligible to be withdrawn at any time after employment ends.

Retirement Savings Plan 403(b)/401(k)

This part of your Retirement benefit is a tax-deferred way for you to save for retirement and reduce your current taxes, while receiving additional matching contributions from OhioHealth.

You are eligible to begin contributions to the Retirement Savings Plan on your hire date, and eligible for matching contributions from OhioHealth once you start making contributions.

Your contributions

When you begin contributions, a Retirement Savings Plan account is set up for you. You choose how much to save through payroll deductions, starting from 1% of your annual pay.

+

Roth contributions

You can also save using after-tax Roth contributions — and they are eligible for the OhioHealth matching contribution, just like your before-tax contributions. When you withdraw this money from your account after age 59½, your Roth contributions and any earnings on that money are not subject to income taxes.

+

OhioHealth helps you save

OhioHealth will make a matching contribution equal to 50¢ for every \$1 you contribute, up to:

- 2% of your annual pay on a before-tax basis if you have less than 20 years of Retirement plan service
- 3% of your annual pay on a before-tax basis if you have 20 or more years of Retirement plan service

The OhioHealth matching contribution is deposited into your account each pay period. At the end of each calendar year, we'll perform a calculation to look at your total contributions, and your total match. If necessary, we'll make an additional “true-up” matching contribution to ensure you receive the maximum match for which you are eligible.

+

Invest to grow

You have a variety of options for investing your and OhioHealth's contributions to grow your account. Find out more on the Fidelity website.

+

Matching Contribution ownership (“vesting”)

You become vested in (own) your matching contribution if you received a matching contribution for 2017 or prior years. Otherwise, you become vested in your matching contribution after completing three calendar years of service for which you are paid for 1,000 or more hours.

Planning for retirement?

Getting Ready to Retire Education sessions support your retirement planning process and help make your transition into retirement a successful one. This program is held throughout the year for our associates who have reached retirement age/eligibility. In the session, you will learn about:

- The process of retiring at OhioHealth
- Your payment options under the OhioHealth Retirement plans
- How and when to file for your Social Security benefits
- Your investments before and after retirement

A schedule of sessions can be found on the Benefits page on [eSource](#) under Retirement.

How to make the most of this benefit

-  Use [Fidelity's calculators](#) to help decide how much to save for your future
-  Change your contributions at any time on the [Fidelity website](#)
-  Research or change your [investment options](#) for your Retirement Savings Plan account
-  [Schedule a one-on-one consultation](#) with a Fidelity Retirement Planner either in person or over the phone

Contact Fidelity

To enroll in or manage your Retirement benefit

 netbenefits.com/ohiohealth

Contact the Pension Resource Center

To get answers to questions or complete the retirement process

  ohpension.com

Retirement post 2012

Our Retirement plans, provided by Fidelity, help you save for your future.

The plan you participate in depends on your hire date. This page provides information for associates who were hired on or after January 1, 2012, or are part of a newly-eligible participating group.

[There is a separate page for associates hired prior to January 1, 2012](#)

If you are a participant in the Employees' Retirement Plan of MedCentral Health System, you can access your benefits either online at ohpension.com or by calling the OhioHealth Pension Resource Center at (844) 340.4801.

Your Retirement benefit consists of two parts:

-  Retirement Savings Plan 403(b)/401(k), a tax-deferred way for you to save for retirement and reduce your current taxes, while receiving additional matching contributions from OhioHealth
-  OhioHealth Annual Retirement Contribution (ARC), provided at no cost to you

Are you a Berger Hospital associate?

If you're a Berger Hospital associate contributing to OPERS plan, OhioHealth also contributes to OPERS on your behalf. In addition, you can participate in the OhioHealth Retirements Savings Plan 403(b)/401(k). You will not be eligible for the OhioHealth matching contribution or the Annual Retirement Contribution (ARC).

Retirement Savings Plan 403(b)/401(k)

This part of your Retirement benefit is a tax-deferred way for you to save for retirement and reduce your current taxes, while receiving additional matching contributions from OhioHealth.

You are eligible to begin contributions to the Retirement Savings Plan on your hire date, and eligible for matching contributions from OhioHealth once you start making contributions.

Your contributions

When you begin contributions, a Retirement Savings Plan account is set up for you. You choose how much to save through payroll deductions .

+

Roth contributions

You can also save using after-tax Roth contributions — and they are eligible for the OhioHealth matching contribution, just like your before-tax contributions. When you withdraw this money from your account after age 59½, your Roth contributions and any earnings on that money are not subject to income taxes.

+

OhioHealth helps you save

OhioHealth will make a matching contribution equal to 50¢ for every \$1 you contribute, up to:

-  2% of your annual pay on a before-tax basis if you have less than 20 years of Retirement plan service
-  3% of your annual pay on a before-tax basis if you have 20 or more years of Retirement plan service

The OhioHealth matching contribution is deposited into your account each pay period. At the end of each calendar year, we'll perform a calculation to look at your total contributions, and your total match. If necessary, we'll make an additional "true-up" matching contribution to ensure you receive the maximum match for which you are eligible.

+

Invest to grow

You have a variety of options for investing your and OhioHealth's contributions to grow your account. Find out more on the Fidelity website.

+

Matching Contribution ownership ("vesting")

You become vested in (own) your matching contribution if you received a matching contribution for 2017 or prior years. Otherwise, you become vested in your matching contribution after completing three calendar years of service for which you are paid for 1,000 or more hours.

OhioHealth Annual Retirement Contribution (ARC)

This part of your Retirement benefit is paid for by OhioHealth, at no cost to you. Like a savings account, it grows steadily each year through OhioHealth contributions and earned interest.

You automatically become eligible for the Annual Retirement Contribution (ARC) on January 1 after you meet the following requirements:

-  You started to work for a participating OhioHealth entity on or after January 1, 2012;
-  You are at least age 20½; and
-  You have completed at least six months of service.

OhioHealth saves on your behalf

OhioHealth makes an Annual Retirement Contribution to your account for each calendar year for which you are paid for 1,000 or more hours. You must be employed by OhioHealth on December 31 of that year to receive the contribution.

The contribution is a percentage of your pay based on your age and your years of service, as of December 31 each year.

Your age + years of service on December 31

OhioHealth Annual Retirement Contribution (ARC)

Less than 40

2%

40–59

3%

60–79

4%

80 or more

5%

The OhioHealth Annual Retirement Contribution (ARC) is deposited into your Retirement Savings Plan account on an annual basis in the first quarter of the following year — typically in March.

+

Contribution ownership (“vesting”)

You become vested in (own) the OhioHealth Annual Retirement Contributions (ARC) after completing three calendar years of service for which you are paid for 1,000 or more hours.

Planning for retirement?

‘Getting Ready to Retire’ education sessions support your retirement planning process and help make your transition into retirement a successful one. This program is held throughout the year for our associates who have reached retirement age/eligibility. In the session, you will learn about:

-  The process of retiring at OhioHealth
-  Your payment options under the OhioHealth Retirement plans
-  How and when to file for your Social Security benefits
-  Your investments before and after retirement

A schedule of sessions can be found on the Benefits page on eSource under Retirement.

Last year, associates saved on average \$7,159 for retirement

How to make the most of this benefit

-  Use [Fidelity’s calculators](#) to help decide how much to save for your future
-  Change your contributions at any time on the [Fidelity website](#)
-  [Research or change your investment options](#) for your Retirement Savings Plan account
-  [Schedule a one-on-one consultation](#) with a Fidelity Retirement Planner either in person or over the phone

Contact Fidelity

To enroll in or manage your Retirement benefit



Call 1 (800) 343.0860



Visit netbenefits.com/ohiohealth

Contact the Pension Resource Center

To get answers to questions or complete the retirement process



Call (844) 340.4801



Visit ohpension.com

Flexible Spending Accounts

Our Flexible Spending Accounts (FSAs), administered by HealthEquity, allow you to save before-tax dollars to pay for eligible healthcare and dependent care expenses. FSA enrollment and contribution choices do not roll over from year to year, so you will need to re-enroll at each annual enrollment for the next year.

There are three types of Flexible Spending Account (FSA) available:

-  Healthcare FSA
-  Limited Purpose Healthcare FSA (for associates contributing to a Health Savings Account (HSA) only)
-  Dependent Care FSA

How Flexible Spending Accounts (FSAs) work

You plan your expenses carefully - 'use it or lose it'!

Your FSAs can only be used for eligible expenses incurred from January 1 through December 31. You have until March 31 in the next year to submit your reimbursement requests. **You will lose any dollars that cannot be reimbursed** - other than the \$500 carryover available for Healthcare FSAs only (see below).

+

You save

You authorize pre-tax payroll deductions and your contributions are held in an account in your name.

+

You spend

You pay for eligible expenses out of your pocket. For healthcare expenses, you can use your Healthcare FSA debit card.

+

You apply for reimbursement

You complete a claim form (available to download below) and send it with a copy of your receipt(s) to the plan administrator. You are reimbursed from your FSA with direct deposit to your checking or savings account (not by check).

FSAs and their effect on Social Security

Because the amount you contribute to FSAs is not taxed for Social Security purposes, the Social Security benefit you receive when you retire or become disabled may be slightly reduced. For most people, the tax savings FSAs offer outweigh the benefit reduction, but you should consider this when planning.

Restrictions on reimbursements after termination in status

If you leave OhioHealth or go to a status that makes you no longer eligible for benefits (e.g., part-time casual status), you are reimbursed only for expenses that were incurred prior to your termination date or change in status date. For example, if you have dollars going into a Healthcare FSA and terminate or change your status on July 1 of a given year, you can request reimbursement only for expenses you incurred prior to July 1. If you had no expenses for which you need reimbursement, you may forfeit any dollars you contributed to the Healthcare FSA.

Healthcare FSA

You can use a Healthcare FSA to save up to \$2,700 a year (\$130 minimum) in before-tax dollars to pay your out-of-pocket medical, dental, vision and hearing care expenses not covered by any other plan. A debit card is provided for you to use when paying for expenses (see below).

Examples of eligible expenses

- Deductibles, coinsurance and copayments for health and dental expenses
- Medical equipment
- Vision care expenses, eyeglasses and contact lenses
- Orthodontia services
- Hearing tests and aids
- Speech therapy and physical therapy

Examples of expenses that are NOT eligible

- Premiums you pay for medical or dental coverage
- Long-term care expenses
- Cosmetic surgery
- Certain well-being services, such as weight loss or smoking cessation programs, that have not been specifically prescribed by your doctor

\$500 carryover

If you have not spent all of your Healthcare FSA funds when the plan year ends, you may carry over up to \$500 of unused funds to use before March 31 in the next plan year. If you have not used the funds by March 31, the IRS "use-it-or-lose-it" rule applies and you will lose any remaining funds.

In deciding whether to take a carryover or spend down your balance, consider your benefits elections for the coming calendar year. If you have a Healthcare FSA, you are not eligible to contribute to a Health Savings Account (HSA) at the same time. So, if you have an FSA one year and are planning to enroll in the OhioHealthy HDHP+HSA the following year, you would only be able to carryover funds into a Limited Purpose Healthcare FSA, which can only be used for dental and vision expenses. You may prefer to spend down your funds instead.

Limited Purpose Healthcare FSA (for associates contributing to a Health Savings

Account (HSA) only

IRS rules mean that if you contribute to a Health Savings Account (HSA), you cannot contribute to a Healthcare FSA at the same time. Instead, you can use a Limited Purpose Healthcare FSA to save up to \$2,700 a year (\$130 minimum) in before-tax dollars to pay your out-of-pocket dental and vision expenses only (not medical expenses). A debit card is provided for you to use when paying for expenses (see below).

Eligible expenses include:

-  Vision care expenses, eyeglasses and contact lenses
-  Dental expenses, fillings, crowns and orthodontia

Dependent Care FSA

You can use a Dependent Care FSA to save before-tax dollars to pay your daycare expenses for children and disabled or elderly family members.

Examples of eligible expenses

- Babysitting or daycare expenses that enable you (and your spouse) to work or go to school full time
- Expenses for the care of a spouse, parent or other dependent incapable of self-care and who qualifies as a dependent on your federal tax return

Examples of expenses that are NOT eligible

- Services received from a person who is a dependent on your federal income tax return, or your child or stepchild under the age of 19
- Child support payments
- Food, clothing and entertainment
- Cleaning and cooking services not provided by the care provider
- Overnight camp
- Educational supplies and activities

You can contribute to your Dependent Care FSA up to:

-  \$2,500 a year if you are married and file a separate tax return
-  \$5,000 a year if you are married and filing jointly, or if you are single

You cannot contribute more than your or your spouse's income (whichever is less).

Dependent care tax credit

The IRS also provides a tax credit on your dependent care expenses. This is an alternative to the Dependent Care FSA, but remember:

-  The amount you put in your Dependent Care FSA will reduce, dollar for dollar, the maximum amount of dependent care expenses you may use toward the federal tax credit
-  You should carefully consider whether the federal tax credit or the FSA provides you with the greater tax savings

For more information on the federal dependent care tax credit, consult your tax advisor.

FSA debit card

If you have a Healthcare FSA or Limited Purpose Healthcare FSA, a debit card is provided for you to use when paying for

expenses. Although it is called a debit card, use it like a credit card. It does not have a PIN.

The card is a convenient way to pay for out of pocket expenses. Remember that it is best to let your medical, dental or vision plan pay first and issue an Explanation of Benefits (EOB) for the amount that you owe. Use the debit card only after you have received this EOB to pay for health claims, other than pharmacy.

The following are answers to some commonly asked questions about using the card. If you have other questions, contact HealthEquity or visit [HealthEquity.com](https://www.healthequity.com).

-  What can I use the card for?
The card may be used only for IRS approved eligible expenses. Visit [HealthEquity.com](https://www.healthequity.com) for information on FSA qualified expenses.
-  What won't the card pay for?
Examples of ineligible expenses are cosmetic procedures (such as cosmetic surgery, teeth bleaching or bonding), massage therapy, vitamins, health club dues and dietary supplements. You will be notified upon the submission of your receipt that you have purchased an ineligible item.
-  Where can I use the card?
The card is coded to work only at places that provide medical services or sell medical products. Some examples are doctor's offices, dental offices, hospitals, laboratories and drug stores. You cannot use the card at gas stations, grocery stores, etc. These places do not normally sell qualified items and are therefore not coded to accept the card.
-  Do I need to send in receipts after using the card?
Yes, you must submit receipts for all card swipes in order to document that only approved expenses were purchased. If you do not submit a receipt within 90 days, the transaction will automatically be reversed and your card will be terminated.
-  What information must the receipt contain?
Your name, the date of service, the name of the service/product provider, the amount of the expense and a description of the service/product purchased. Generally, acceptable documentation will be a doctor office receipt showing all the above information, the prescription drug tag (no cash register receipts), an itemized bill for glasses/contacts or an Explanation of Benefits report (EOB) provided by your insurance company after the claim has been settled by the insurance company.
-  What happens if my card is terminated and I do not submit the required receipts?
OhioHealth will collect the funds owed from you using payroll deduction.
-  Why won't the card work?
The most common reasons are that the amount of the expense is greater than the remaining balance you have left to spend for the year, or the store/facility is incorrectly coded. A good example of incorrect coding is a grocery store pharmacy that is incorrectly coded as a grocery store. It must be coded as a pharmacy.
-  What do I do when the card won't work?
Pay for the service/item and then submit an itemized receipt for reimbursement by direct deposit.
-  How do I get my account balance?
Call HealthEquity at 1 (844) 311.9730, visit [healthequity.com](https://www.healthequity.com), or use the mobile app at. You will need to register to use the websites or app.

How to make the most of this benefit

-  Plan your expenses carefully, thinking about your predictable medical expenses for the year ahead - if you need help estimating your out-of-pocket expenses, visit healthequity.com/ohioheath/qme and use the eligible expense list to help estimate your out-of-pocket expenses
-  Before paying an out-of-pocket healthcare expense, let your medical, dental or vision plan pay first and issue an Explanation of Benefits (EOB) for the amount that you owe
-  When using the FSA debit card, choose 'credit' not 'debit'
-  Submit your receipts and claim forms promptly to ensure you are reimbursed
-  Use the [HealthEquity mobile app](#) to see your account balances, reimbursement history and claims submission
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

Contact HealthEquity



healthequity.com



Call 1 (844) 311.9730

Well-Being Programs

Our Well-being Programs support your health and well-being goals. If you are enrolled in an OhioHealth Medical plan, Well-being Programs are included in your coverage. If not, it only costs \$10 per pay to Opt-In to Wellness!

We provide the following Well-being programs:

-  Move+Improve
-  Annual wellness or biometric screening
-  WW (Weight Watchers Reimagined)
-  Tobacco cessation
-  Fitness Rewards Program
-  Pregnancy/Maternity support
-  Diabetes Prevention Program
-  Diabetes and Asthma Management Programs
-  Associate Health Clinics/Services

Move+Improve

Move+Improve is coming back in January, 2021. Look for more information on the updated program offering soon.

Eligible associates and spouses will be able to earn \$500 each annually, just like in prior years.

Annual wellness or biometric screening

Knowing your numbers (for example, blood pressure and weight) helps you to maintain or improve your health. Complete a screening each year, and earn rewards for maintaining good health or making incremental improvements.

You can earn discounts on your medical plan premiums. Read more under [How to use](#).

WW (Weight Watchers Reimagined)

OhioHealth partners with WW and to offer an 80% discount* on WW Digital, WW Digital + Workshops, and WW for Diabetes. The programs help you reach your well-being goals - to lose weight, eat healthier, move more, develop a more positive mindset, and more. Join WW and you'll get access to exciting features, including exclusive mindset content through Headspace® and WellnessWins™ that offers cool rewards for the small steps you'll take towards reaching your goals.

Adult members covered under an OhioHealth Medical plan or associates who elected the Opt-In to Wellness option are eligible for the WW discount program.

To register and get the discounts, go to <https://wellness.weightwatchers.com/> and enter Employer ID: 9586825. You can download the mobile app, by visiting the app store on your mobile phone and searching for "Weight Watchers".

If you are a current WW member and not receiving the OhioHealth discount, call WW at 1 (866) 237.6032 (Monday - Friday 8 a.m. - 10 p.m.; Saturday 11 a.m. - 5 p.m. ET) for assistance with getting your membership switched to the OhioHealth special pricing.

Download the flyers below for more information.

**According to current IRS guidance, the value of this benefit (80% of the program fees) is considered taxable income to you, subject to applicable income taxes and withholdings, if you do not meet the US Preventive Services Task Force definition of obesity, which is a Body Mass Index (BMI) of 30 or more. If this is the case, taxes will be withheld monthly.*

Tobacco cessation

Kick the habit and commit to a healthy lifestyle. For information about the OhioHealth Tobacco Cessation programs, download the flyer below, or call:

 OhioHealth CancerCall at (614) 566.4321 or 1 (800) 752.9119

 Ohio Tobacco Quit Line at 1 (800) Quit Now (784.8669)

Download the flyer below for more information.

Fitness Rewards Program

Exercise is an important part of a healthy lifestyle. The Fitness Rewards Program is a motivating and rewarding way to stay fit. Being healthy means better care for our patients and an improved quality of life!

Associates covered under an OhioHealth Medical plan or who elected the Opt-In to Wellness option are eligible for the Fitness Rewards Program.

Associates can join the OhioHealth Fitness Centers, WellWorks at Ohio University, and many YMCA locations across Ohio and begin participating in the program.



It's easy to earn back your membership dues!

- 24 or more visits per quarter (about two times per week) = 100% reimbursement
- 18–23 visits per quarter = 50% reimbursement
- Less than 18 visits per quarter = no reimbursement



Enrollment & Reimbursement

To be eligible to receive your reimbursement, you must elect to pay for membership dues via payroll deduction. This benefit is taxable and the reimbursement of your gym membership fees is subject to tax withholding. This is because the IRS considers these payments to be part of your income from OhioHealth. Visit or call the OhioHealth facility to sign up or visit ymcacolumbus.org/join/ohiohealth to sign up for a YMCA membership. New members may be required to complete a fitness assessment and orientation prior to becoming a member at certain facilities.

Download the flyers below for more information.

Pregnancy/Maternity support

If you are adopting a child or are pregnant, OhioHealth provides you with support programs to help you before and after the child arrives.



Partners in Pregnancy supports associates and spouses participating in an OhioHealth Medical plan who are expecting moms. Participants learn how to stay healthy and safe throughout their pregnancy. To learn more and register, call (614) 788.WELL (9355) or email PartnersinPregnancy@OhioHealthGroup.com.



Pregnancy Perks supports the needs of expecting and breastfeeding mothers by providing convenient parking for 30 weeks of pregnancy until delivery and a special gift. All OhioHealth associates are eligible. To sign up, call the HR Resource Center at (614) 533.8888.

Download the flyers below for more information.

Diabetes Prevention Program

If your BMI greater than or equal to 25 and your A1c between 5.7 and 6.4, then you're not alone. You are one of more than 3,000 medical plan participants eligible to participate in the Diabetes Prevention Program (DPP). Make a life-changing decision and join now! The DPP supports eligible associates (and family members) with lifestyle changes that can delay or prevent the onset of type 2 diabetes while significantly improving quality of life. Participation is free — and can mean the possibility of a lifetime without diabetes. Read more about pre-diabetes for more details. More questions? Call (614) 788.WELL (9355) or email OhioHealthWellness@OhioHealthGroup.com.

Download the flyers below for more information.

Diabetes and Asthma Management Programs

Our medical plans includes programs to support diabetes and asthma management. It provides education, support and access to clinicians (pharmacists, nurses, dieticians, independent licensed social workers) to help better manage overall healthcare. Active participants receive discounts for [medications](#).

Benefits of participation include decreasing blood sugar (individualized), preventing disease progression and improving patient access and adherence to medications.

As a Diabetes Management or Asthma Management Program participant, the plan will cover all formulary medications for

diabetes and asthma at 100% of the cost, except for the OhioHealthy HDHP+HSA plan, where the deductible applies before paying at 100%.* This does not apply to preventive care and screenings. Your medication must be filled through an OhioHealth pharmacy (RMB pharmacy or Marion pharmacy).

To be eligible for the Diabetes Management or Asthma Management Programs, participants must:

-  Be enrolled in an OhioHealth Medical plan
-  Meet with a program pharmacist once per quarter
-  Sign the patient agreement
-  Review your personalized care plan and have it signed by your physician
-  Be an active participant in the management of your care.

Download the flyers below for more information, email OhioHealthWellness@OhioHealthGroup.com or call (614) 788.WELL (9355).

**A small number of medications are not covered through these programs. Download the flyer below for more information.*

Associate Health clinics/services

Injured or feeling sick? You can be treated at one of the Associate Health clinics located across the system.

Physicians, nurses and case managers provide care for occupational illness/injuries and many other minor injuries and illnesses. For an Associate Health clinic near you, visit the Associate Health and Wellness page on [eSource](#)

There is an associate cost for each visit. This cost is covered under our medical plan. If you're not covered under our medical plan, you're responsible for any copay and your medical insurance will be billed.

For help receiving disability support, call (614) 566.4100.

How much does this benefit cost?

If you are enrolled in an OhioHealth Medical plan, Well-being Programs are included in your coverage.

If you waive medical coverage but still want to participate, it's only \$10 per pay to Opt-In to Wellness. And, you will have access to an 80% discount for WW (Weight Watchers Reimagined) and the Fitness Rewards Program.

Incentives earned may be considered taxable income and will be added to your compensation in the year in which they are awarded. This amount is subject to tax withholdings.

How to make the most of this benefit

-  Participate in annual screenings and the Diabetes/Asthma Management Programs (if applicable) to save on your healthcare costs

Contact the HR Resource Center

 (614) 533.8888



HRRC@ohiohealth.com

Time Off

Time Off

Our Time Off benefits allow you to take time away from work for vacations, personal needs, illnesses and family emergencies.

We provide the following Time Off benefits:

-  Time Away Pay (TAP)
-  Personal Days
-  Paid Holiday Time
-  Sick Time Off
-  Medical Leave of Absence
-  Supplemental Sick Pay
-  Temporary Disability Pay (TDP)
-  Accommodated Work Program
-  Bereavement Leave and Pay
-  Parental Leave and Pay
-  Military Leave and Pay

Time Away Pay

Time Away Pay (TAP) is a single bank of hours that you can use for personal and family needs such as vacations, personal time and short-term illnesses. You are eligible for Paid Holiday Time if you are regularly scheduled to work at least 32 hours per pay period.

Your TAP Bank Balance is displayed in Kronos and on your pay advice each pay period. The number of hours you earn each pay period is based on your benefit service date and the hours worked during the pay period. TAP time cannot be used before it begins to appear on your pay advice and you must have enough hours in your TAP Bank Balance to be paid for time off.

If you are a new associate

If you are a new associate, you will earn TAP as you are eligible. You cannot use any earned TAP during your first three months of employment (your "introductory period"). Any time missed during this period will be taken as unpaid. You will be able to use TAP from the beginning of the pay period following your introductory period. If you leave OhioHealth before completing your introductory period, you will forfeit all of the TAP hours you have earned during the introductory period.

IAP qualified hours and limits

Qualified hours include all paid hours up to 80 hours per pay period for time worked, including:

-  Overtime
-  Holidays
-  Scheduled and unscheduled TAP
-  Bereavement
-  Call-in
-  Hospital authorized absence
-  Accommodated Work Program
-  Jury duty
-  Orientation
-  Volunteer events
-  Workshops

TAP is not earned on any paid hours not listed above.

Each year you can earn TAP hours up to the annual limit based on your completed years of service. The annual limit is based on a full-time work schedule of 80 hours per pay period. TAP is not earned on any hours above 80 hours per pay period.

There is a limit to the maximum hours you can carry in your TAP Bank if you do not use all of the TAP hours you earn each year. The maximum hours that can be held in your TAP Bank is 360 hours if you are classified as "non-exempt" and 360 hours if you are classified as "exempt, non-management" Once you have reached the maximum hours that can be held in your TAP Bank, you will not earn any more hours until your TAP Bank falls below the maximum.

Calculating your TAP

The tables below show the number of TAP hours you can earn each year based on a full-time work schedule of 80 hours per pay period. (Note: The number of days shown on the chart is based on an eight hour per day work schedule.)

You can use the tables below to calculate the amount of TAP time you earn in a pay period:

-  Find the column that references your benefit years of service
-  Find the TAP accrual rate listed below your years of service
-  Multiply your TAP accrual rate by the number of qualified hours you were paid during the pay period (up to a maximum of 80 hours) to get the number of TAP hours you earned in the pay period

TAP for non-exempt (hourly) associates & exempt (salaried) associates hired on and after December 15, 2019

Years of service	0-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25+ years
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Accrual rate*	0.07692	0.09231	0.10385	0.11154	0.11923	0.12692
Annual accrual**	160 Hours	192 Hours	216 Hours	232 Hours	248 Hours	264 Hours
	20 Days	24 Days	27 Days	29 Days	31 Days***	33 Days***

Maximum TAP Bank Balance = 360 Hours

Hourly associates hired on/before December 14 will move to the above plan on December 15

TAP for exempt (salaried) associates hired on or before December 14, 2019

Years of service	Less than 1 year	1–3 years	4–9 years	10 years	11 years	12 years	13 years	14 years or more
Accrual rate*	0.06154	0.07692	0.09615	0.10000	0.10385	0.10769	0.11154	0.11539
Annual accrual**	128 Hours	160 Hours	200 Hours	208 Hours	216 Hours	224 Hours	232 Hours	240 Hours
	16 Days	20 Days	25 Days	26 Days	27 Days	28 Days	29 Days	30 Days

Maximum TAP Bank Balance = 360 Hours

*Accrual rate: Number of TAP hours you earn per qualified hour

**Annual accrual: Number of TAP hours and days you can earn each year based on a maximum of 80 qualified hours each pay period

*** Includes Personal Days.

2021 new TAP plan for management bonus-eligible associates

The following changes to TAP will take effect January 1, 2021 for associates eligible for the management bonus:

-  All of your TAP hours will be available to use at the start of each calendar year
-  If you leave OhioHealth once the new plan begins in 2021, your TAP balance will be pro-rated (based on your TAP Bank Balance used to date and how much of the year you worked for OhioHealth) and paid to you
-  Any TAP left unused at end of the year will expire
-  Personal Days will be part of the overall deposit of TAP hours at the start of the year
-  To transition to the new plan, any TAP Bank Balance remaining at the end of 2020 will be paid out

For more details about these changes, download the Time Away Pay (TAP) for Leaders flyer below.

Personal Days

Personal Days are extra paid time-off awarded to full-time associates with 20 or more years of service, as follows:

For associates with 20–24 years of service: 1.5 days (12 hours) For associates with 25 or more years of service: 3 days (24 hours)

For most associates, these days are now built into Time Away Pay (TAP) — see the tables under TAP above.

For exempt (salaried) associates hired on or before December 14, 2019, Personal Days will continue to be a separate benefit. These days will continue to be issued at the start of the calendar year and must be used prior to the last pay period of the calendar year.

Paid Holiday Time

You may receive Paid Holiday Time for six nationally recognized holidays, without a reduction in your earned TAP Bank. You are eligible for Paid Holiday Time if you are regularly scheduled to work at least 32 hours per pay period.

OhioHealth recognizes the following six holidays:

-  New Year's Day
-  Memorial Day
-  Independence Day
-  Labor Day
-  Thanksgiving Day
-  Christmas Day

-  If you are scheduled to work on the holiday, you'll receive Holiday Pay in addition to your Holiday Premium pay for working the holiday
-  If you are classified as a "full-time" associate (regularly scheduled 64 to 80 hours per pay period) on the holiday, you will receive eight hours of Holiday Pay
-  If you're regularly scheduled 32 to 63 hours per pay period, Holiday Pay will be pro-rated
-  If you are scheduled to work less than 64 hours in the pay period in which a holiday occurs, you can determine the number of paid Holiday hours you will receive by multiplying your scheduled hours by 0.10 (48 scheduled hours times 0.10 = 4.8 paid Holiday hours)
-  You may supplement your paid Holiday hours with additional TAP hours in certain situations — for example, if you work 12 hour shifts, you may elect to use four hours of TAP to supplement the hours of Holiday Pay you will receive
-  If you are on an approved Family Medical Leave Act (FMLA) leave, you will receive Holiday Pay in lieu of TDP or SSP
-  If a holiday occurs while you are on vacation, you will receive Holiday Pay in lieu of using TAP
-  If you are on an unpaid Leave of Absence, you will not receive Holiday Pay
-  If you are an essential exempt associate who is required by management to work the holiday due to staffing needs, you may be paid your regular pay in addition to Holiday pay or you may be given another day off with pay; this must be taken within the same pay period as the Holiday
-  If the holiday falls on a Saturday, you will receive Holiday Pay for the Friday immediately preceding the holiday
-  If the holiday falls on a Sunday, you will receive Holiday Pay for the Monday immediately following the holiday

Sick Time Off

If you are unable to work because you are ill or injured, you must call your supervisor to let him or her know you won't be

at work. Pay during Sick Time Off is summarized in the table below.

Number of shifts missed due to illness or injury	Pay
For the first three scheduled work shifts you miss in a row (or the first 24 hours of scheduled time you miss in a row, whichever is less)	Supplemental Sick Pay (SSP), if available, or Time Away Pay (TAP)
More than three scheduled work shifts (or 24 hours of scheduled time in a row) — medical documentation required	Supplemental Sick Pay (SSP), if available, or Temporary Disability Pay (TDP); you may supplement your approved TDP with TAP

Please call (614) 566.4100 or (740) 615.4100 with any questions you may have concerning Sick Time Off benefits.

Medical Leave of Absence

Our staff in Associate Health are committed to helping you receive the Sick Time Off benefits you are entitled to receive in a timely manner. If you have an injury or illness that requires you to miss more than three consecutive shifts or 24 consecutive scheduled hours, take these steps:

-  Call your supervisor to advise him/her of your absence
-  Call the Associate Health absence hotline at (614) 566.4100 or (740) 615.4100
-  Fax medical documentation that includes dates of disability, physician signature and diagnosis to Associate Health at (614) 533.0039
-  Send completed Leave of Absence (LOA) form (available to download below) to Associate Health
-  Upon receipt of the above documentation, Associate Health will pay the appropriate benefits you are entitled to receive depending on your circumstances — Supplemental Sick Pay (SSP), Temporary Disability Pay (with optional TAP), or Workers' Compensation
-  Your leave will be reviewed to see if it qualifies for the Family Medical Leave Act (FMLA)

Supplemental Sick Pay (SSP)

Some associates have a Supplemental Sick Pay (SSP) Bank of unused hours from previous OhioHealth sick pay programs. If this applies to you, you must begin using your SSP Bank immediately for any time off due to an illness or injury. You will not earn any additional hours in your SSP Bank, so the time you use will not be replaced.

After you have missed three scheduled shifts or 24 hours of scheduled work time, you can continue to receive SSP if you provide medical documentation of your disability to the Associate Health Department. Once you have used up your SSP, you can receive Temporary Disability Pay instead.

Associates who have SSP are entitled to use up to 40 consecutive hours of SSP per rolling calendar year to take care of an immediate family member who is ill and requires care. In addition, you can also use SSP hours for up to two scheduled shifts each pay period to care for an ill family member. You must notify your immediate supervisor of your need to be away.

If you participate in the OhioHealth Cash Balance Retirement Plan, and if you have hours in your SSP Bank when you retire (age 65 or age + service = 70), the pro-rated value of those hours will be transferred to your Cash Balance Retirement Plan account. The amount transferred will be based on your years of pension service and pay rate at retirement. The formula is:

$$1\% \times \text{your years of pension service} \times \text{your pay rate} \times \text{your remaining hours at retirement}$$

If you leave OhioHealth before becoming eligible to retire, age + service = less than 70, or if you reduce your hours below 32 scheduled hours per pay, you will lose all remaining hours in your SSP Bank. Once you lose your SSP hours, they will not be reinstated.

Temporary Disability Pay (TDP)

Temporary Disability Pay (TDP) which ensures you have income during a short-term disability or illness. Read more under [Life & Disability](#).

Accommodated Work Program

The Accommodated Work Program aims to support you if you are not able to return to your regular job immediately following an illness or injury, but you can work in some capacity.

The Associate Health Department will work with you, your doctor and your supervisor to place you in the right work assignment while you are completing your medical treatment or rehabilitation. The goal is to help you return to your regular job safely and timely.

You will be paid 100% of your pre-disability rate to support you in getting back to work and to full pay as soon as possible.

Bereavement Leave and Pay

In the event of the death of a close family member, TAP eligible full-time and part-time associates will be paid for up to:

-  80 scheduled work hours for bereavement of a direct family member — which is a spouse/domestic partner or child (including biological, adoptive, step, and foster)
-  40 scheduled work hours for bereavement of another immediate family member — which is a parent, sibling, grandparent, grandchild (including adoptive, step, and foster), in-law, legal guardian or dependent, as well as individuals living in the same household

Bereavement Leave is paid at 100% of your base rate of pay and is not deducted from your TAP balance.

If additional time off for bereavement is needed, you may be paid from:

-  SSP, if available, at 100% of your base rate — this additional SSP time must be requested within the initial time off that is granted for bereavement; or
-  TAP

The use of SSP or TAP hours must be requested by you and approved by your manager, considering the same factors in approving Bereavement Leave.

Before taking any time off, you should notify your manager regarding the death and/or funeral arrangements and the need for time off from work. Documentation/verification must be provided to your manager as requested.

In the event of the death of an extended family member (someone other than a direct or immediate family member) or a close friend, you may request TAP to attend the funeral.

Parental Leave and Pay

Parental Leave provides income protection and time off for families to bond with new children.

All part-time and full-time associates become eligible for Parental Leave coverage six months after the later of:

-  Your date of hire; or
-  The date you become benefits eligible

This benefit does not apply to associates covered by the O’Bleness bargaining unit agreement, as they are covered by different benefits.

Parental Leave can be used for:

-  Giving birth
-  Adopting a child
-  Using a surrogate
-  Fostering a child

All eligible associates can take up to three weeks of Parental Leave, paid at 100%.

In addition to the three weeks all parents receive, birth mothers are eligible for additional time off to recover from birth:

-  Six extra weeks for a vaginal birth
-  Eight weeks for a cesarean birth

This time off will be paid at 100%.

In certain circumstances, TAP may be approved for intermittent use (e.g., infant in NICU) for up to the maximum timeframe.

Parental Leave Pay coordinates with the Family Medical Leave Act (FMLA). New parents may extend their time off beyond the maximum Parental Leave pay period by using TAP time, or by requesting an unpaid leave of absence. The Associate Health Department will assist in coordinating extended leaves.

Breastfeeding mother returning to work?

Private lactation rooms are available at OhioHealth work locations to support breastfeeding mothers and help them transition back to work. Download a list of Lactation Room locations below.

Military Leave and Pay

To support our associates’ commitment to serving our country, OhioHealth offers a Military Leave program.

Uniformed Services

A Military Leave of Absence will be granted if an associate is absent in order to serve in the Uniformed Services of the United States for a period of up to five years. Uniformed Services includes:

-  U.S. Armed Services

-  Coast Guard
-  Army National Guard
-  Air National Guard
-  The commissioned corps of the Public Health

U.S. Military Reserves or National Guard

Associates who are members of the U.S. Military Reserves or National Guard will receive reimbursement for the difference between regular pay earnings and military duty earnings (base pay) for up to three weeks active duty annually (non-emergency duty).

Associates who are members of the U.S. Military Reserves or National Guard and are called up for active duty in response to natural disasters or in times of government-declared local, regional, or national emergency or war will continue to receive full pay for up to a total of three months of active duty. Full pay will be current wages minus wages received from the military during the leave period.

Participation in benefits and re-employment rights

If you are on Military Leave, you retain and accrue benefits tied to seniority and participate during the leave in insurance and other benefits not determined by seniority to the same extent as associates who are granted an authorized Leave of Absence. OhioHealth will continue to provide health insurance coverage for eligible associates on Military Leave for up to six months. Returning servicemen and women also have re-employment rights under federal law.

[Download the Military Duty and Leave policy below for more information.](#)

Time Off benefits are provided at no cost to you.

How to make the most of this benefit

-  Use your Time Away Pay (TAP) to supplement other types of leave when necessary
-  If you need emotional support or counselling during any time off, the [Employee Assistance Program](#) is available to you 24/7

Contact the HR Resource Center



Call (614) 533.8888



Email HRRC@ohiohealth.com

Contact the Associate Health absence hotline

(614) 566.4100 or (740) 615.4100

Employee Assistance Program

Our Employee Assistance Program, provided by OhioHealth

Behavioral Health, gives you and your important people at home access to 24/7 confidential support for work or personal problems.

We all have problems at one time or another that we can't handle on our own. Our Employee Assistance Program (EAP) is here to help.

You can talk to trained, licensed behavioral health professionals about:

-  Job stress or performance problems at work or school
-  Problematic work relationships with peers or supervisors
-  Interpersonal difficulties
-  Marital or relationship concerns
-  Parenting issues or family problems
-  Alcohol or drug abuse
-  Symptoms of depression and anxiety

When you call, be prepared to tell us the name of your employer and the nature of your concerns. We will match you with the most appropriate EAP counselor from a wide range of specialties to meet your needs. All our EAP counselors are state-certified master- or PhD-level clinicians.

You can see a counselor in person at 3820 Olentangy River Road and in other convenient locations near where you live or work. And, you and a family member may see the counselor together, if needed.

The counselor will assess your needs and can often help resolve the problem within the EAP sessions. When further services or treatment is needed, the counselor will refer you or your family member to the appropriate resources and coordinate them with your medical plan.

Will my employer know?

No. Your privacy and confidentiality is assured. You do not need to notify your employer that you or a family member contacted the EAP service. The OhioHealth EAP will never notify your employer unless you give consent for us to do so.

Sometimes if the problem is affecting job performance, a supervisor may suggest that an employee contact the EAP service. However, use of the service is voluntary and no information about you or your problem is released without your consent.

How much does this benefit cost?

The EAP is provided at no cost to you.

How to make the most of this benefit

-  Seek help for a problem early at the time when it can most easily be resolved
-  A spouse or family member utilizing the EAP

Contact the OhioHealth EAP, 24/7



(614) 566.3348 or (800) 992.8533



EAP@ohiohealth.com

If you get to voice mail, the staff are temporarily serving other clients - please leave a message and they will call you back promptly.

Identity Theft Protection

Our Identity Theft Protection, LifeLock with Norton Benefit Plans, combines leading identity theft protection and device security against online threats, at home and on-the-go.

Everyday activities like online shopping, banking and even browsing the internet can expose your personal information and make you vulnerable to cybercriminals. Identity Theft Protection will help protect your identity, personal information and connected devices from the myriad of threats you may face in your digitally-connected home and workplace.

And, if you become a victim of identity theft, LifeLock’s U.S.-based Identity Restoration Team will work to resolve the issues — from credit accounts fraudulently opened in your name, to tax refund fraud, to bank account takeovers, and more.

You can choose between:



LifeLock Essential; and



LifeLock Premier

Identity Theft Protection online

	LifeLock Essential	LifeLock Premier
Prior Identity Theft Remediation	Yes	Yes
LifeLock Identity Alert™ System (Payday - Online Lending Alerts; ID Alerts & Social Security Alerts)	Yes	Yes
Data Breach Notifications	Yes	Yes
U.S.-based Identity Restoration Specialists	Yes	Yes
401K & Investment Account Activity Alerts	Yes	Yes
Credit Monitoring	One Bureau	Three Bureau
Million Dollar Protection™ Package (Stolen Funds Reimbursement; Personal Expense Compensation; Coverage for Lawyers & Experts)	Up to \$1Million each	Up to \$1Million each
Annual Credit Report & Credit Score	-	Three Bureau

Monthly Credit Score Tracking	-	One Bureau
Credit Application Alerts	One Bureau	One Bureau
Dark Web Monitoring	Yes	Yes
USPS Address Change Verification	Yes	Yes
Lost Wallet Protection	Yes	Yes
Reduced Pre-Approved Credit Card Offers	Yes	Yes
LifeLock Mobile App (Android™ & iOS)	Yes	Yes
Credit, Checking & Savings Account Activity Alerts	Yes	Yes
Checking & Savings Account Application Alerts	-	Yes
Bank Account Takeover Alerts	-	Yes
Sex Offender Registry Reports	Yes	Yes
24x7 Live Member Support	Yes	Yes
Online Account Monitoring	Yes	Yes

Device Security

	LifeLock Essential	LifeLock Premier
Secures PCs, Macs, smartphones / tablets	Up to 3 devices: (Family gets 6 devices)	Up to 5 devices: (Family gets 10 devices)
Online Threat Protection	Yes	Yes
Password Manager	Yes	Yes
Parental Controls	Yes	Yes
Smart Firewall	Yes	Yes
Cloud Backup	10GB	50GB

Online Privacy

	LifeLock Essential	LifeLock Premier
SafeCam	Yes	Yes

How much does this benefit cost?

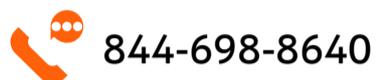
Associate cost per pay period (26 pay periods per year)

	LifeLock Essential	LifeLock Premier
Associate only coverage	\$2.30	\$4.38

How to make the most of this benefit

-  Add dependent coverage - your spouse and any children who live in your household or are financially dependent on you (for example, a child away at college)
-  If you need emotional support or counselling following identity theft, the [Employee Assistance Program](#) is available to you 24/7
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status (e.g. you get married and want to add your spouse) - read more under [Enrollment](#)

Contact LifeLock, 24/7



Group Legal

Our Group Legal plan, provided by MetLife Legal Plans (formerly Hyatt Legal Plans), gives you access to legal help whenever you need it, for a low monthly fee.

You can use the Group Legal plan for help when:

-  Getting married
-  Buying, selling or renting a home
-  Starting a family
-  Dealing with identity theft
-  Sending children off to college
-  Caring for aging parents
-  And more...

Plus, there are no restrictions on how often you may utilize this plan.

Through this plan, you can access a nationwide network of more than 18,000 professionals. But, if it's better for your circumstances, you can use your existing attorney and be reimbursed according to a set fee schedule.

How much does this benefit cost?

Coverage type

Associate cost per pay period

(26 pay periods per year)

Associate only \$7.27

How to make the most of this benefit

-  Your spouse and dependent children are automatically covered when you enroll for Group Legal
-  Visit the [MetLife Legal Plans website](#) to log in and get step-by-step guidance to create wills, powers of attorney, and other estate planning documents online
-  If you need emotional support or counselling during any of life's big moments, the [Employee Assistance Program](#) is available to you 24/7
-  Change your coverage at any time during the year if you have a relevant and qualified change in family status — read more under [Enrollment](#)

Contact MetLife Legal Plans



Call 1 (800) 821.6400



Email clientservice@legalplans.com



Visit info.legalplans.com

The OhioHealth Access code is 3360010

Adoption Assistance

Our Adoption Assistance program can support you with the expenses associated with up to two adoptions.

To be eligible to apply for Adoption Assistance:

-  You must be scheduled to work at least 32 hours per pay period; and
-  You must have completed six months of service

The program reimburses 100% of all eligible expenses associated with the adoption of a child or children, up to a maximum of \$13,460 per child. There is a maximum of two adoptions per associate covered under the program.

Eligible expenses include:

-  Legal fees and court fees
-  Adoption agency fees, including foreign adoption fees (agency must be licensed by the State of Ohio)
-  Required medical exams for the child and/or the adopting parent(s)
-  Initial immunizations for the child
-  Transportation costs to bring the child to the adopting parents (or for the adult accompanying the child to the United States, if applicable)
-  Other reasonable and customary expenses the adopting parents are legally required to pay, considered on a case-by-case basis
-  Eligible expenses for kinship adoptions defined as the adoption of a grandchild, sibling, niece or nephew or



Eligible expenses for kinship adoptions, defined as the adoption of a grandchild, sibling, niece or nephew, or cousin

Other reasonable and customary expenses that the adopting parent(s) are legally required to pay will be considered on a case-by-case basis.

Adoption Assistance benefits will be paid after benefits under all other plans have been applied for and paid. The benefits will be reduced to the extent necessary so that the total of benefits under this program and all other plans will not exceed the total of all eligible expenses.

How much does this benefit cost?

Adoption Assistance is provided at no cost to you.

How to make the most of this benefit



If you need emotional support or counselling during the adoption process, the [Employee Assistance Program](#) is available to you 24/7



Parental Leave is available for new parents - read more under [Time Off](#)



Adoption is a relevant and qualified change in family status for making a change to your benefit plans (e.g. medical, dental, and more) - read more under [Enrollment](#)

Contact the HR Resource Center



(614) 533.8888



HRRC@ohiohealth.com

Purchasing Power

Our Purchasing Power program helps you get what you need when it matters most, when paying cash or credit is challenging. And, you can pay back the cost by payroll deduction.

Purchasing Power provides you with access to items you may need or want, with the flexibility to pay for them over 6 or 12 months through payroll deduction. It is not a discount program, but it is a responsible financing alternative for associates when cash or credit is challenging. You'll always know the total product cost upfront - no credit checks, down payments or hidden fees.

In addition to benefits eligibility requirements, you must have been employed for at least one year before you can access this benefit.

If you sign up, you will have access to:



A better alternative to loans, high-interest credit cards or rent-to-own



Spending power for the things you need, with no credit check but within manageable limits - all eligible associates have a spending limit that is approximately 6-7% of their annual income



Automated fixed payments over 6 or 12 months



Thousands of brand-name products - for home, work, school and more, including computers, electronics, furniture and appliances

To use Purchasing Power:

-  Sign up for free online at purchasingpower.com or call 1-888-923-6236
-  Shop thousands of brand-name products online
-  Receive your order now
-  Pay over time - directly from your paycheck

How much does this benefit cost?

Register for free online to get started. Individual eligibility requirements and spending limits may apply.

How to make the most of this benefit

-  Check Purchasing Power before considering loans, credit cards or rent-to-own
-  If you need support or counselling during financial difficulties, the Employee Assistance Program [page link] is available to you 24/7

Contact Purchasing Power

 Call 1-888-923-6263

Associate Discounts

Our Associate Discounts program, Perks Place, gives you access to thousands of exclusive offers and discounts with many of your favorite retailers.

Perks Place is your one-stop shop for savings on products, services and experiences, with new deals added weekly.

Visit Perks Place for discounts and deals on:

-  Food and beverage delivery and restaurants
-  Electronics and apparel
-  Flowers and gifts
-  Home goods and home office supplies
-  Health and well-being products and memberships
-  Financial and educational services
-  Attractions, shows, concerts and sporting events

 Hotels and rental cars

 And more...

How much does this benefit cost?

The Associate Discounts program is provided at no cost to you

How to make the most of this benefit

 Check Perks Place before making any purchases or bookings

Associate Emergency Assistance Fund

Our Associate Emergency Assistance Fund helps associates with unexpected catastrophic life events such as a house fire, excessively high medical expenses or theft that causes financial hardship.

To be eligible, you must have been employed for at least one year. Qualified associates may receive a “gift” or an “interest-free” loan.

Request forms for assistance are available to download below, or you can call the HR Resource Center.

How to make the most of this benefit

 If you need emotional support or counselling following a catastrophic life event, the [Employee Assistance Program](#) is available to you 24/7

Contact the HR Resource Center

 Call (614) 533.8888

Donate



Associates who want to help can donate to the [OhioHealth Foundation](#) at any time

Auto & Home Insurance

Our Auto & Home Insurance, provided by MetLife, gives you access to special group rates - even if you're a retiree! And, you can choose to have your premiums payroll deducted.

Auto and Home Insurance offers coverage for your personal insurance needs, including:

-  Auto
-  Landlord's rental dwelling
-  Condo
-  Mobile home
-  Renters
-  Recreational vehicle
-  Boat
-  Personal excess liability ("umbrella") policies

You can choose to have your premiums payroll deducted, but other payment options are available - including mortgagee billing for Home Insurance.

How much does this benefit cost?

The cost will vary based on what coverage you choose.

How to make the most of this benefit

-  Contact MetLife for a free, no-obligation premium quote - have your current insurance policy available for reference when you call
-  If you choose to switch from your current coverage, a consultant can help you apply for insurance while you're on the phone
-  Retiring soon? Retirees remain eligible for the group rate!
-  If you need emotional support or counselling following an auto accident or property damage, the [Employee Assistance Program](#) is available to you 24/7

Contact MetLife



Call 1 (800) GET-MET8 (438.6388)

Mention discount code A6G when you call

Pet Insurance

Our Pet Insurance, provided by MetLife, gives you access to special group rates! And, you can choose to have your premiums payroll deducted.

Pet Insurance offers coverage for your dogs and cats, including:

-  Accidental injury

-  Illnesses
-  Exam fees
-  Surgeries
-  Medications
-  Ultrasounds
-  Hospital stays
-  X-rays and diagnostic tests
-  Hip dysplasia
-  Hereditary, congenital and chronic conditions
-  Holistic care and alternative therapies
-  And more...

You can choose to have your premiums payroll deducted, or set up an automatic payment from your bank to MetLife.

How much does this benefit cost?

The cost will vary based on what coverage you choose.

How to make the most of this benefit

- Contact MetLife for a free, no-obligation premium quote
- You can visit any licensed vet or emergency clinic in the U.S. - great if you're away from home
- If you need emotional support or counselling if your pet is seriously injured or ill, the [Employee Assistance Program](#) is available to you 24/7

Contact MetLife



Call 1 (800) GET-MET8 (438.6388)

Education Benefits

Our Education Benefits programs support you throughout your career at OhioHealth, as opportunities to learn and grow arise.

Being a leading healthcare system in our community requires innovation and a culture of continuous learning. There are lots of ways for you to develop personally and professionally. Whether it's taking a class, exploring new roles, working on an individual development plan with your leader, or accessing online resources, you can take the wheel of your development journey to build the skills and competencies needed for the right role at the right time.

We have two Education Benefits programs:

 Education Reimbursement

 OhioHealth Scholars Program

Education Reimbursement

To be eligible to apply for Education Reimbursement:

 You must be scheduled to work at least 32 hours per pay period; and

 You must have completed six months of service

The program reimburses expenses for programs of study at regionally or select nationally accredited institutions, related to positions at OhioHealth.

The maximum total annual reimbursement rate depends upon your regular hours worked per pay period:

 For full-time associates (64 – 80 hours per pay period): \$5,250

 For part-time associates (32 – 63 hours per pay period): \$3,000

OhioHealth Scholars Program

To participate, you must complete an application and be selected for this program.

The program provides college tuition, books and fees for high workforce need areas to eligible associates in return for a two-year full-time work commitment . Eligible certifications require a one-year work commitment. The work commitment begins on the end date of the last academic term taken.

The Education Benefits programs are provided at no cost to you.

How to make the most of this benefit

Visit the eSource Learning page for more information about learning and developing

Contact EdAssist Customer Service

 Call (855) 687.7635

 Email tuitionreimburse@ohiohealth.com