WELCOME TO YOUR 2017 BENEFITS

At ProMedica, we understand the important role that our benefit programs play in the lives of our employees and their families. That’s why we’re committed to offering excellent benefits that not only protect your physical and financial health, but also provide peace of mind when it comes to securing your lifestyle and planning for the future.

NEW IN 2017!

• **Virtual Visits - ProMedica OnDemand** – A new way to virtually visit with a physician from your home, office, or anywhere you have access to a computer, tablet, or mobile phone. This is available to employees who enroll in any of the ProMedica medical plans! Look for additional information coming soon.

• **Confidential Employee Assistance Program** – The ProMedica Employee Assistance Program (EAP), provided by Harbor Behavioral Healthcare, is a free program for ProMedica employees and eligible dependents providing short-term counseling and support with licensed counselors. Your privacy is guaranteed.

• **Health Plan Changes** – ProMedica is committed to offering a market competitive and affordable Total Rewards Benefits program that recognizes the varying needs of a diverse workforce. We continue to work to standardize the medical plans to provide you and your family access to affordable, quality healthcare and a wellness program with incentives for you and eligible dependents who participate. For 2017, ProMedica has increased the deductibles on the HRA and the HMO 80 medical plans and will no longer offer the Medical Home plan.

• **Dependent Audit** – Employees who enroll a spouse and/or dependents for Medical coverage will be required to provide documentation to confirm their eligibility for coverage.

• **Urgent Care vs. Emergency Room Care Services** – Reduce out-of-pocket expenses by paying a lower copay for urgent care or afterhours care services when compared to emergency room services. Experience shorter wait times and quicker access!

The following items have been enhanced, providing you with more value:

• **Short Term Disability Plan** – This voluntary plan has been improved to offer a 14-day waiting period from the current 30-days. This enhancement provides more income protection when you are unable to work due to either a brief or extended sickness or accident.

• **Specialty Drug Program – Paramount Commercial Select Formulary** – Specialty drugs are generally prescribed for rare or complex medical conditions and often require special handling and monitoring. These medications must be obtained through a specialty network of pharmacies, and are divided into three tiers of copayments. For more details about the program, refer to page 5.

• **Flexible Spending Accounts (FSAs)** – WageWorks will be the new administrator for the FSA (healthcare and dependent care) and the Health Reimbursement Account (HRA).

• **Tuition Assistance Program** – Revisions to this program include reimbursement for general fees, no lifetime reimbursement maximums, and annual reimbursement maximums of $5,250 per year for full-time employees and $2,625 for part-time employees. Approved funds will be reimbursed upon submission of grades.

2017 EMPLOYEE RATES

The rates for the 2017 plan year will be available on the Benefits website. They will also be available from a Hodges-Mace Benefit Counselor.

BENEFITS WEBSITE

Located on My Benefits (http://myphs.promedica.org:43334/mybenefits/Pages/Overview.aspx), the Benefits website puts a wealth of information at your fingertips! This includes your personal benefits information, plan descriptions, educational videos, and frequently asked questions. You can view your benefits information and enroll on this website using your ProMedica network user ID and password.
EMPLOYEE ELIGIBILITY

<table>
<thead>
<tr>
<th>Employee Type</th>
<th>Budgeted Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Employee</td>
<td>70 plus hours per pay period</td>
</tr>
<tr>
<td>Part-time Employee</td>
<td>32-69 hours per pay period</td>
</tr>
</tbody>
</table>

ELIGIBLE DEPENDENTS

You may elect certain coverage options for your eligible dependents. Eligible dependents include:

- Your legal spouse:
  - Spouses who have access to medical/prescription insurance through their employer will not be permitted/allowed to be covered as a dependent under your ProMedica medical/prescription coverage if any of the following applies:
    - the cost for their lowest level of single coverage is less than $225 per month
    - their employer provides an annual dollar amount to purchase coverage
    - their employer offers an incentive to decline coverage

- Your dependent child or stepchild:
  - End of the month in which they turn 26 for medical
  - End of the calendar year when they turn 23 for dental and vision

- Any child placed with you for adoption or for whom you have legal guardianship;
- Any unmarried, disabled child of any age who resides with you and who was medically certified as disabled prior to his or her 26th birthday and who is primarily dependent upon you for support;
- Any child under 26 years of age (including natural children, stepchildren, legally adopted children, and children placed with you for adoption) for whom healthcare coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order – even if the child does not reside with you.

ProMedica reserves the right to require documentation confirming dependent eligibility, including marriage and birth certificates, tax returns, court orders, and other legal documents. Starting in 2017, employees who enroll a spouse and/or dependent for medical coverage will be required to provide proper documentation to prove eligibility.

QUALIFYING LIFE EVENTS

You have the opportunity to make changes to your benefits during the annual enrollment period. Outside of the annual enrollment window, you may be able to change your coverage(s) if you have a qualifying life event, provided you notify the Benefits Division within 30 days of the event. If you inform the Benefits Division after the 30 days, but not longer than 90 days after the qualifying life event, your coverage will be effective the first of the month following the day you notified the Benefits Division. Examples of qualifying life events include:

- A change in your legal marital status.
- A change in your number of dependents, including:
  - Birth or adoption of a child.
  - The placement of a child with you for adoption.
  - Your dependent child satisfying or ceasing to satisfy, eligibility requirements for coverage.
  - The death of your dependent child or spouse.
  - A court order requiring you to provide coverage for a child under a Qualified Medical Child Support Order (QMCSO).
- A change in your employment status or that of your spouse or dependent child.
- You or your spouse begins a leave of absence.
- Your spouse has a significant change in the benefits offered by his or her employer.
- Other events that constitute a family status change according to the plan administrator.
The ProMedica medical plans are Health Maintenance Organization (HMO), which is a type of managed care. Under an HMO plan, you will choose a Paramount Primary Care Physician (PCP) who is responsible for your medical care and you must seek care within the Paramount HMO network. Any expenses incurred outside of the Paramount network will not be covered by the plan. The plans are as follows: HRA, HMO 80, and HMO 60.

PARAMOUNT CHOICE HRA

The Paramount Choice HRA is a high deductible medical plan coupled with an employer-funded Health Reimbursement Account (HRA). While this plan has a high deductible, it is the only option that features an HRA with contributions made by ProMedica to help pay for eligible medical expenses. All recommended preventive care services are covered at 100% when received In-Network. (See prescription information on page 5.)

MORE ABOUT THE HRA

The HRA is funded annually by ProMedica and offers the convenience of:

- Paying for qualifying expenses including copays, deductibles, and coinsurance amounts.
- Rolling over unused dollars annually.

If you leave ProMedica during the plan year or switch to another plan, any unused balance in the HRA is only available until the last day of active coverage and will only submit payment for claims with a date of service prior to your termination date.

Read more about the Choice HRA on the next page!

PARAMOUNT HMO 80

The Paramount HMO 80 is an affordable medical plan to consider if you and your family are healthy and only expect to use preventive services, which are covered at 100% when received at an In-Network provider. The plan is designed with affordable deductibles and 80%/20% coverage when using In-Network providers. (See prescription information on page 5.)

PARAMOUNT HMO 60

ProMedica offers the Paramount HMO 60 to satisfy the Affordable Care Act requirements. While the plan is designed with a high deductible and Out-of-Pocket Maximum, the plan offers preventive services and/or prescription fills without having to first meet the annual deductible. The prescription drug coverage plan is structured differently in the HMO 60 plan. Please see below.

This plan is offered to all employees including those categorized other than Full-time or Part-time and working 30 hours or more per week. This is in accordance with the Affordable Care Act (ACA). ProMedica uses a one-year look back period to determine benefit eligibility.

### Prescription Coverage for Paramount HMO 60

<table>
<thead>
<tr>
<th></th>
<th>ProMedica 30-day supply</th>
<th>Covered Retail Locations 30-day supply</th>
<th>ProMedica 90-day supply – mail order or at the counter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Fill</td>
<td>Second fill and beyond</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$7</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$10</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$60</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$50</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$150</td>
</tr>
<tr>
<td>Specialty (30-day supplies only)</td>
<td>Tier 1 40% to $200</td>
<td>Tier 1 40% to $200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Tier 2 40% to $300</td>
<td>Tier 2 40% to $300</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3 40% to $400</td>
<td>Tier 3 40% to $400</td>
<td></td>
</tr>
</tbody>
</table>

**PAY LESS FOR PRESCRIPTIONS**

You can save money on your prescription drug copays when you have them filled at a ProMedica pharmacy, including The Pharmacy Counter and any ProMedica hospital outpatient pharmacy.
WHAT IS THE CHOICE HRA PLAN?
The Choice HRA pays for benefits that are covered by:
• Deductible
• Coinsurance
• Copays

COMMON EXAMPLES:
Your HRA will pay the following:
• You need to have blood work done that is not preventive. Your HRA will pay for the blood work if there is money available. Non-preventive blood work falls under deductible and coinsurance.
• You are scheduled for an x-ray. Your HRA will pay for the x-ray if there is money available since it is covered under deductible and coinsurance.
• You have a cold and schedule an appointment with your PCP. You owe a $15 copay. Your HRA will NOT pay for the following:
• You go to pick up your prescription at The Pharmacy Counter and owe a $7 copay. Prescription copays are not covered under the HRA.

HOW DOES THE PLAN WORK?
Claims are submitted to Paramount and processed according to your benefits. Once the claim is processed at Paramount, we will pay our portion and will review the claim for member liability.

If you are responsible for paying a deductible or coinsurance on a claim, we will send it to WageWorks for processing. Employees will be responsible for accessing the Wage Works website at www.wageworks.com to register and gain access to the Health Reimbursement Account (HRA).

FOR YOUR CONVENIENCE
New in 2017, WageWorks will administer the HRA. WageWorks makes it easy for you to use the money in your HRA to pay for eligible expenses. WageWorks offers a variety of payment options to choose from (see below):

PICK AND PROCESS
The HRA will be set up for the Pick and Process option of reimbursement. Pick and Process simply requires an employee to access the WageWorks website to “pick and process” claims that they would like to be paid from the HRA. Paramount will send eligible claims to WageWorks for processing. This feature will assist in coordination of benefits when your dependents are enrolled in multiple medical plans.

AUTOMATIC PAYMENT
The automatic payment option allows payment directly to the participant as claims are received from Paramount. Employees who prefer this option for reimbursement will be required to access the WageWorks website and select this option.

PAY ME BACK
If you already paid for an eligible expense out of your own pocket, you can arrange to pay yourself back from your WageWorks account. You can select to have a check mailed to you or have your reimbursement deposited directly into your bank account.

PAY MY PROVIDER
You can arrange to pay your healthcare providers directly from your WageWorks account. This option allows you to submit a receipt for eligible out-of-pocket expenses or select a claim that has been sent from Paramount and WageWorks will pay your provider directly.

MOBILE ACCESS
WageWorks makes it easy to manage your receipts. Download the WageWorks EZ Receipts mobile app, available for Android or iPhone mobile devices, and take a photo of receipts, monitor your HRA, view claims, verify expenses, and more.

NEED TO CONTACT WAGEWORKS?
Call Customer Service at 877-924-3967.
## Medical Plans

### Paramount Choice HRA

<table>
<thead>
<tr>
<th>ProMedica facilities*</th>
<th>Non-ProMedica participating facility</th>
<th>ProMedica facilities*</th>
<th>Non-ProMedica participating facility</th>
<th>ProMedica facilities*</th>
<th>Non-ProMedica participating facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Reimbursement Account (funded by ProMedica)</strong></td>
<td>$250 single/$500 family</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Annual deductible</strong></td>
<td>$1,500 single/$3,000 family</td>
<td>$1,000 single/$2,000 family</td>
<td>$5,500 single/$11,000 family</td>
<td>$5,500 single/$11,000 family</td>
<td>$5,500 single/$11,000 family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximums (including medical and prescription copays)</strong></td>
<td>$4,000 single $8,000 family</td>
<td>$5,500 single $11,000 family</td>
<td>$6,850 single $13,700 family</td>
<td>$6,000 single $12,000 family</td>
<td>$6,600 single $13,200 family</td>
</tr>
<tr>
<td><strong>Coinsurance after deductible</strong></td>
<td>10%</td>
<td>30%</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Preventive Services (No deductible)</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>$15 copay</td>
<td>$25 copay</td>
<td>$15 copay</td>
<td>$25 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>- Primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Specialist</td>
<td>$15 copay</td>
<td>$25 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ProMedica OnDemand - Virtual Visit</strong></td>
<td>$15 copay</td>
<td>$15 copay</td>
<td>$35 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$35 copay</td>
<td>$50 copay</td>
<td>$35 copay</td>
<td>$50 copay</td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Emergency Centers</strong></td>
<td>$250 copay</td>
<td>$250 copay</td>
<td>40% after ded.</td>
<td>40% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Emergency transportation</strong></td>
<td>10% after ded.</td>
<td>20% after ded.</td>
<td></td>
<td></td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Inpatient admissions</strong></td>
<td>10% after ded.</td>
<td>30% after ded.</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Outpatient surgery and Ambulatory Surgery Centers</strong></td>
<td>10% after ded.</td>
<td>30% after ded.</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Maternity Care: Hospital - Physician</strong></td>
<td>10% after ded.</td>
<td>30% after ded.</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Gynecological Visits (not including Preventive Services)</strong></td>
<td>$25 copay</td>
<td>$25 copay</td>
<td>40% after ded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health/ Substance Abuse - Inpatient</strong></td>
<td>10% after ded.</td>
<td>30% after ded.</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Outpatient diagnostic services and radiology - Physician office</strong></td>
<td>Office visit copay</td>
<td>Office visit copay</td>
<td>Office visit copay</td>
<td>Office visit copay</td>
<td>PCP $35 copay/ Specialist 40% after ded.</td>
</tr>
<tr>
<td>- Independent diagnostic facility or hospital</td>
<td>10% after ded.</td>
<td>30% after ded.</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
<td>40% after ded.</td>
</tr>
</tbody>
</table>

*Please visit http://myphs.promedica.org:43334/mybenefits/Pages/Overview.aspx for a full list of ProMedica facilities.*
Prescription drug coverage is offered when you enroll in one of the ProMedica medical plans. The prescription drug plan shown on this page coordinates to the following health plans: Paramount Choice HRA and Paramount HMO 80. In general, the plan has established copays for prescriptions based on the type of drug you have filled and whether you receive a 30- or 90-day supply. You can expect copay savings of up to 50% on 30-day refills, and up to 67% on 90-day supply prescriptions when you use ProMedica Preferred Pharmacies.

### Prescription Coverage

<table>
<thead>
<tr>
<th></th>
<th>ProMedica 30-day supply</th>
<th>Covered Retail Locations 30-day supply</th>
<th>ProMedica 90-day supply – mail order or at counter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong></td>
<td>$5</td>
<td>$7 and $10; Tier 1 20% to $100</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Preferred Brand</strong></td>
<td>$30</td>
<td>$30 and $60; Tier 1 20% to $100</td>
<td>$60</td>
</tr>
<tr>
<td><strong>Non-preferred Brand</strong></td>
<td>$50</td>
<td>$50 and $100; Tier 1 20% to $100</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Specialty (30-day supplies only)</strong></td>
<td>Tier 1 20% to $100; Tier 2 20% to $200; Tier 3 20% to $300</td>
<td>Tier 1 20% to $100; Tier 2 20% to $200; Tier 3 20% to $300</td>
<td>N/A N/A</td>
</tr>
</tbody>
</table>

More information about your prescription drug coverage, including the Preferred Drug List and Pharmacy locations, is available on the Benefits website at http://myphs.promedica.org:43334/mybenefits/Pages/Overview.aspx.

**PHARMACY BENEFIT MANAGER – CVS/ CAREMARK**

Paramount will continue to partner with CVS/caremark to administer the prescription drug benefit. The chart at the top of the page illustrates the cost of prescription fills. Other important plan details include:

- The first fill of a medication (30-day supply) can be obtained at a retail pharmacy in the CVS/caremark network.
- Additional refills (second fill and beyond) are subject to a higher copay if filled outside the ProMedica Preferred Pharmacies.
- 90-day fills are available through mail order at The Pharmacy Counter central fill location or at the counter.
- Prescription costs will apply to the Out-of-Pocket Maximum. Once out-of-pocket maximums are met, prescriptions are covered at 100%.

**ENHANCED! PARAMOUNT COMMERCIAL SELECT FORMULARY**

The Paramount Commercial Select Formulary is our new prescription drug formulary, a select list of medications that helps ensure our healthcare dollars are being spent on drugs that are shown to be clinically effective, safe, and cost efficient compared to other similar options. This change will help ProMedica combat the recent price inflation that we are seeing for many medications.

Specialty drugs are generally prescribed for rare or complex medical conditions that often require special handling and monitoring. These medications must be obtained through a specialty network of pharmacies, and are divided into three tiers of copayments.

- **Specialty Tier 1** is typically reserved for generic and biosimilar drugs, and for drugs that have a high clinical value relative to other drugs used for a specific condition.
- **Specialty Tier 2** is the typical entry point for most specialty medications. These typically do not have a generic equivalent drug or biosimilar agent available.
- **Specialty Tier 3** is where brand name drugs are placed when they have a biosimilar or generic drug that is on Tier 1, or the drug is of low clinical value.

There are a few changes from your current medication formulary. There is no longer a separate tier for multi-source brand drugs. These drugs will not be covered on the new formulary. All medications will be evaluated by the P&T Working Group prior to being added to the formulary. The drugs with the highest clinical value relative to other similar drugs will be selected for coverage.

**IMPORTANT**

Access the CVS/caremark website at https://www.caremark.com/wps/portal to register your ID card with your ID number, check drug costs and coverage, and verify your pharmacy is still participating. If you have questions about your prescription benefits, please call Paramount Member Services at 419-887-2525 or toll-free at 1-800-462-3589.

The Commercial Select Preferred Brand Drug List and Excluded Drug List will give you details on coverage of your medications and any changes will be communicated to affected members. As always, updated formulary listings, PDLs, and Excluded Drug Lists will be available on the Paramount website at www.paramounthealthcare.com.
ProMedica strives to provide benefit options that take care of the “total you” – and that means going above and beyond basic medical coverage. Our rich wellness incentives, online tools, and the employee assistance program are enhancements that help you get well and stay well.

TOOLS AND RESOURCES ON myPROMEDICA
Did you know the myBenefits website has some great health and wellness tools and employee discounts? To access this site go to http://myphs.promedica.org:43334/mybenefits/Pages/Overview.aspx.

myBenefits gives you easy access to our robust array of benefits, including medical, dental, vision, and retirement plans. The Discounts link provides multiple discounts available to ProMedica employees, including amusement parks, entertainment, automotive, dining, fitness, retail, sports, and travel. Don’t miss out, check out the website today!

EMPLOYEE ASSISTANCE PROGRAM
ProMedica Employee Assistance Program (EAP), provided by Harbor Behavioral Healthcare, is available to you free of charge, as a benefit of your employment. ProMedica EAP is there for you and your eligible dependents for short-term solution-focused counseling and support for many of the challenging issues you face in your day-to-day life. Your privacy is assured when you access the EAP. Experienced, licensed counselors are available to help you with issues such as:

- Stress management
- Marital / family conflict
- Depression and anxiety
- Substance use/abuse
- Grief and loss
- Work related challenges
- Goal setting / motivation
- Parenting / child behavior

Sometimes the most difficult part of addressing a concern is taking the first step towards finding a solution. For your personal and professional well-being, it is important to seek help as soon as possible. Through your EAP benefit, help will be just a phone call away. Watch for the phone numbers in early 2017.

MYPARAMOUNT WEBSITE
Introducing the new and improved myparamount.org.
Create a myparamount.org account and get:

- At-a-glance summaries of your benefits, deductibles, claims, and recent providers.
- Your digital ID card, plus access to Find a Provider and Preferred Drug Lists.
- Your Paramount Perks showcased throughout the year.
- Wellness reminders, recent health news, and other helpful links.
- Mobile-friendly navigation for your smart phone or tablet.

And should you have any questions once you log in, just start a Live Chat and get immediate assistance.

EMPLOYEE WELLNESS PROGRAM
New for 2017 – My Wellness Points replaces the Road Map to Good Health. The employee wellness program allows you to earn wellness points that convert into money that is deposited into your Health Reimbursement Account (HRA) or if enrolled in HMO 80 or HMO 60 plans, the money is added to your paycheck as taxable income. The 2017 program launches in January and will be presented in a new digital calendar-style format. For more information, visit http://myphs.promedica.org:43334/mywellness/Pages/Overview.aspx.
Accident Insurance

The Accident Insurance plan through Unum provides benefits to help cover the costs associated with unexpected bills. Most people don’t plan or budget for accidents. When a covered accident occurs on or off the job, the last thing you should have to worry about is paying for the charges that may be accumulating while you’re not at work. Those costs can add up—fast.

If you buy this insurance for you, your spouse, or the entire family through Unum and get hurt in a covered accident, they send you a check for covered injuries and let you decide the best way to spend it.

Examples of Covered Injuries:
- Broken bones
- Torn ligaments
- Eye injuries
- Burns
- Concussions
- Ruptured discs

Critical Illness Insurance

If serious illness strikes, the last thing you need to worry about is how to pay your bills. With Critical Illness Insurance, if you are diagnosed with a covered illness, such as heart attack, stroke, major organ failure, paralysis due to covered accident, end-stage renal (kidney) failure, or coronary artery bypass surgery, you will receive a lump-sum cash benefit to use as you wish. This benefit is payable regardless if you receive benefits from other insurance.

Coverage amount options:
- Employee - $5,000 – $50,000 in increments of $1,000
- Spouse - $5,000 – $30,000 in increments of $1,000
- Child - 25% of Employee Coverage Amount

The plan includes an optional wellness benefit that pays $75 per year for covered health screenings and if you leave ProMedica you can keep this insurance as it is portable.

Hospital Indemnity Insurance

A hospital stay, whether planned or unplanned, can be expensive as you pay out of pocket to meet your annual deductible and Out-of-Pocket Maximum under the medical plan. ProMedica is pleased to partner with Unum to continue to offer the Hospital Indemnity insurance plan to provide financial protection. This plan is designed to pay you a lump-sum cash benefit when a covered hospitalization is necessary. The plan features and cash benefit are described in the grid below:

Need to File a Claim?

When you need to file a claim with Unum, there are two options available; contact their customer service center at 1-800-635-5597 or file a claim online at www.unum.com/employees.

Have Questions?

For questions regarding coverage or how to cancel coverage, please contact Unum at 1-800-635-5597.
ProMedica offers you three dental plan choices through Delta Dental: High Plan, Standard Plan, and the Preventive Plan. No ID card is needed when visiting a dentist; just provide them with your Social Security number and state that you are a Delta Dental member.

<table>
<thead>
<tr>
<th></th>
<th>PPO High</th>
<th>PPO Standard</th>
<th>PPO Preventive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnosis and preventive services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams, cleanings, fluoride</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Emergency palliative treatments</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>to temporarily relieve pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sealants</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Brush biopsy to detect oral cancer</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>X-rays</strong></td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Minor restorative services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings, crown repair</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Endodontic services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canals</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Periodontic services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for gum disease</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Oral surgery services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extractions and dental surgery</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major restorative services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia lifetime per person maximum</td>
<td>$1,500 (no age limit)</td>
<td>$750 (up to age 19)</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Annual maximum payment per person</strong></td>
<td>$1,500</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>None</td>
<td>$25 single/$50 family</td>
<td>None</td>
</tr>
</tbody>
</table>

*N.P. is a Non-participating dentist.
1Cleanings - Two within rolling 12 months

Limitation maximums carry over from prior Delta Dental coverage.

To maximize the dental benefits, be sure to use a participating Delta Dental PPO or Premier dentist. Delta Dental customer service can be reached by calling 1-800-524-0149, or search for a provider online at www.deltadentaloh.com.
SUPERIOR VISION COVERAGE

ProMedica provides an optional Vision Hardware plan through Superior Vision. It is important to note that this plan does not cover vision exams. Vision exams are covered under the medical plan options.

For all of your hardware needs, you can visit any optometrist/ophthalmologist or retailer, but the amount you pay will vary. In-Network benefits are provided at the highest level and will save you the most money.

To view the provider network, visit www.superiorvision.com. For assistance with using your plan, please contact Superior Vision Customer Service at 1-800-507-3800.

<table>
<thead>
<tr>
<th>Superior Vision</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frames (Once per calendar year)</td>
<td>$20 copay, then up to $100</td>
<td>Up to $47</td>
</tr>
<tr>
<td>Lenses (Once per calendar year)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$20 Copay</td>
<td>Up to $29</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$20 Copay</td>
<td>Up to $43</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$20 Copay</td>
<td>Up to $53</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$20 Copay</td>
<td>Up to $84</td>
</tr>
<tr>
<td>Contact Lenses*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically necessary</td>
<td>Covered in full</td>
<td>Up to $210</td>
</tr>
<tr>
<td>Elective</td>
<td>Up to $120</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Standard Fitting Exam</td>
<td>$25 Fee</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Specialty Fitting Exam</td>
<td>Up to $50</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*You are eligible for either glasses or contact lenses once per calendar year, but not both.

RETIREMENT PLANNING

The ProMedica Health System, Inc. 401(k) Plan, administered by T. Rowe Price, is an important part of the benefits package that you receive as a ProMedica employee. Here are just a few of the features offered in the ProMedica 401(k) Plan:

- Before-tax employee contributions for eligible employees (subject to IRS limits)
- Company matching contributions of 100% up to 3% of pay for eligible employees
- Catch-up contribution for participants age 50 and over
- Tax-deferred compounding
- Two ways to invest:
  1. Convenient, pre-assembled investment options called Retirement Funds
  2. Additional core investment choices
- Automatic Rebalancing
- Quarterly account statements (online or paper)
- Convenient online account access
- Free one-on-one retirement phone consultations

You can contact T. Rowe Price at 1-800-922-9945 or on the web at rps.troweprice.com.
A Flexible Spending Account (FSA) is a benefit that allows you to designate pre-tax dollars at the beginning of the plan year to pay for eligible out-of-pocket healthcare and dependent care expenses. The money you set aside reduces your taxable income, which can save you money at tax season. You can participate in an FSA even if you are not enrolled in a medical plan. New in 2017, WageWorks will administer the FSA plans.

HEALTH FSA

The Health FSA is a tax savings account to pay for out-of-pocket health expenses. Benefits of enrolling include:

- You can contribute up to $2,600 a year.
- Any unused funds up to $500 at the end of the plan year will roll over.
- FSA dollars are available immediately at the beginning of the plan year and you can begin paying for healthcare expenses on January 1, 2017.
- Your contribution is pre-tax and deductions are divided in equal amounts during the plan year.

If you leave ProMedica during the plan year, you have 90 days from the last day of coverage to submit claims with a date of service prior to your termination date.

$500 ROLLOVER

Employees who enroll in this benefit are eligible to rollover up to $500 of unused funds. Even if you do not make a new election for the new 2017 plan year, you are still eligible to use any carried over funds in 2017 after April 1. Please submit all 2016 claims to Connect Your Care through 3/31/2017. After this run-out period is concluded, carryover balances will be transferred to your Wageworks 2017 balance. More information on the transfer will be provided in 2017.

How the Rollover works

- Unused funds up to $500 or less are rolled over into your 2017 wage works balance following the run-out period.
- You cannot use your debit card to pay for prior year’s expenses.
- You must pay for expenses out of your pocket and submit the claim either via paper claim form or via the convenient mobile app.

For Example:

An employee has $500 FSA dollars at the end of the year 2016 and elects $2,600 FSA dollars for 2017. The $500 rollover funds are maintained separately through March 31 and can ONLY be used to reimburse for claims that occurred with a date of service between 1/1/2016 and 12/31/2016. If on April 1 the employee still has a balance remaining in the $500 rollover funds, the remaining balance is applied to the 2017 Health FSA dollars.

ELIGIBLE EXPENSES

FSAs and eligible expenses are regulated by the IRS. For a complete list of eligible expenses, employees may go online to www.wageworks.com.

SUBMITTING CLAIMS

The Health FSA account offers multiple ways to request reimbursement for qualifying expenses. To avoid any hassle, save ALL receipts and be prepared to provide documentation. Employees have the following options to submit a claim for reimbursement:

- Make purchases with your debit card at approved retail locations, including pharmacy and medical providers.
- Pay My Provider - You can access your FSA online and fill out a simple form to pay providers directly – no receipts or claim forms required.
- Pay Me Back - If you have paid for eligible out-of-pocket expenses, you can arrange for your FSA funds to be deposited directly into your personal checking account or request a check to be mailed directly to you.
- Use the convenient WageWorks mobile app to upload photos of eligible receipts.

DEPENDENT CARE FSA

This tax savings account provides for licensed day care or elder care expenses. Such expenses are based on IRS regulations. Dependent care services may take place either inside or outside the home. The care provider must make available their taxpayer identification number or Social Security number. The annual maximum amount you can contribute is $5,000.

There are some slight differences with a Dependent Care FSA compared to a Health FSA. Those include:

- Funds are only available as the money is deducted from your paycheck and cleared through WageWorks.
- You cannot use a debit card to pay for expenses.

Employees can select from two convenient options to get reimbursed or to pay for eligible dependent care expenses.

- Pay My Provider - You can access your FSA online and fill out a simple form to pay providers directly – no receipts or claim forms required.
- Pay Me Back - If you have paid for eligible out-of-pocket expenses, you can arrange for your FSA funds to be deposited directly into your personal checking account or request a check to be mailed directly to you.

Download the convenient WageWorks EZ Receipts app and upload photo receipts of eligible expenses to your WageWorks online account at www.wageworks.com. Search in the App Store or Android Market for WageWorks EZ Receipts.
BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The Basic Life and Accidental Death & Dismemberment (AD&D) is a company paid benefit. The AD&D coverage is automatically included with your basic life benefit and pays the same amount as your life insurance policy if you die as a result of an accident. The coverage amount is as follows:

- 1x annual salary up to a maximum of $500,000
- At age 70, the benefit reduces to a maximum of $25,000

Offered during Annual Open Enrollment! Employees, who have an annual salary that exceeds $50,000, will have an option to elect a maximum of $50,000 in basic life insurance. This $50,000 option may be beneficial to employees who are not interested in paying taxes on imputed income for coverage that exceeds $50,000.

SUPPLEMENTAL GROUP TERM LIFE

Employees can purchase Supplemental Group Term life insurance in addition to the basic level provided by ProMedica. Coverage can be purchased for the whole family:

Employee Coverage is calculated on your annual salary up to a maximum of $500,000. These options include:

- 1x annual salary
- 1.5x annual salary
- 2x annual salary
- 2.5x annual salary
- At age 70, the benefits reduce to a maximum of $25,000

Spouse coverage is available in increments of $10,000 from $10,000 to $100,000 and is guaranteed at $30,000 if elected within the first 31 days of initial eligibility.

Child(ren) coverage is available in increments of $10,000 or $20,000.

WHOLE LIFE

Unum’s Whole Life voluntary insurance offers protection beyond your working years, potentially for a lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits, and other options, Whole Life goes beyond typical term life insurance. This coverage is an individually-owned policy so you can take it with you if you leave ProMedica.

This insurance can be purchased for the whole family:

- **Employee** Coverage is available in increments of $5,000 from $5,000 to $300,000 and is guaranteed to $150,000.
- **Spouse** Coverage is available in increments of $5,000 from $5,000 to $75,000 and is guaranteed to $30,000.
- **Child** Coverage is available in increments of $1,000 from $5,000 to $50,000 and is guaranteed to $25,000.

WHAT IS THE DIFFERENCE BETWEEN TERM AND WHOLE LIFE INSURANCE?

**Term Life**

Has a guaranteed death benefit but no cash value. At time of death, the beneficiary receives the face value of the life insurance. While the premiums are low, they will increase at pre-determined intervals. Term Life insurance can be converted to an individual policy if you leave ProMedica.

**Whole Life**

Provides life-long insurance protection plus other benefits including cash as long as premiums are paid. While premiums are higher initially, they remain level, regardless of age, for the life of the policy. Whole Life insurance is an individually-owned policy so you can take it with you if you leave ProMedica.

EVIDENCE OF INSURABILITY (EOI):

Employees who elect Supplemental Group Term Life insurance during annual open enrollment for either themselves or a spouse are required to complete an Evidence of Insurability (EOI). The EOI is a medical history questionnaire that Minnesota Life reviews to determine whether to approve or decline coverage. The EOI can be completed online at www.lifebenefits.com/submitEOI. Use the group policy number 34039 and enter the access key promedica. Complete all required information for an employee and/or spouse.

The Supplemental Group Term life is a voluntary benefit and coverage ends at time of termination of employment. Conversion options are available and offered at group rates. EOI forms can be found at http://myphs.promedica.org:43334/mybenefits/Pages/Overview.aspx.
SHORT TERM DISABILITY (STD)
ProMedica provides full-time employees the option to purchase Group Short Term Disability through Unum. The benefit pays 50% of your weekly earnings up to $1,000.

New in 2017! The Short Term Disability plan is being improved to offer a 14-day waiting period from the current 30 days. Once your claim is approved, the plan begins paying on the 15th day following an illness or injury. For example, an employee is pregnant and is deemed disabled for six weeks. The employee pays themselves the first 14 days through a combination of accrued time off (ETO/Sick) and the STD claim pays the remaining four weeks of disability.

Pre-existing condition
You may be subject to a pre-existing condition if you received medical treatment, consultation, care, or services including diagnostic measure or were prescribed medication in the three months prior to the effective date of coverage.

VOLUNTARY SHORT TERM DISABILITY FOR PART TIME EMPLOYEES
The Voluntary Individual Short Term Disability plan is only available to part-time employees. There are three benefit plan options you can choose from:

- 14-day elimination period - 3 month benefit duration
- 14-day elimination period - 6 month benefit duration
- 180-day elimination period - 2 year benefit duration

Coverage applies for off-the-job injuries and illnesses. When you enroll at the time of initial eligibility, you are guaranteed issue up to 50% of your monthly salary to a maximum of $5,000 per month. You can apply for simplified issue of up to 60% of your monthly salary.

LONG TERM DISABILITY (LTD)
ProMedica provides basic Group Long Term Disability coverage through Unum at no cost to you. If you need more coverage, you have the option to buy up to an additional amount.

LTD BASE PLAN
Under the base option, coverage for an approved claim for illness or injury begins on the 91st day and covers 50% of your base pay, up to a maximum of $6,000 per month. ProMedica pays 100% of the premium cost for the base option.

LTD BUY-UP
You can purchase additional LTD coverage to increase your total coverage to 66 2/3% of your base pay, up to a maximum of $8,000 per month. The premium amount for the additional coverage is based on your age and salary at the beginning of the plan year and is paid through bi-weekly payroll deductions.

FILING A LTD CLAIM
Employees not enrolled in STD, who are off work exceeding 90 days, can file a LTD claim by contacting the ProMedica Benefits division at 1-419-291-8880.

FILING A STD CLAIM
When employees are deemed disabled and need to file a claim with Unum for the STD benefit, the employee must contact Unum. The representative at Unum will walk through the process and the employee will be required to answer specific questions that pertain to the disability. The number to contact Unum is 1-888-673-9940. If you are enrolled in the Voluntary Short Term Disability plan and need to file a claim, contact Unum at 800-635-5597.
<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Carrier</th>
<th>Contact Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Paramount</td>
<td>419-887-2525</td>
<td><a href="http://www.paramounthealthcare.com">www.paramounthealthcare.com</a></td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td>800-524-0149</td>
<td><a href="http://www.deltadental.com">www.deltadental.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>WageWorks</td>
<td>877-924-3967</td>
<td><a href="http://www.wageworks.com">www.wageworks.com</a></td>
</tr>
<tr>
<td>Basic Life and AD&amp;D</td>
<td>Minnesota Life</td>
<td>866-293-6047</td>
<td><a href="http://www.lifebenefits.com">www.lifebenefits.com</a></td>
</tr>
<tr>
<td>Supplemental Life and AD&amp;D</td>
<td>Minnesota Life</td>
<td>866-293-6047</td>
<td><a href="http://www.lifebenefits.com">www.lifebenefits.com</a></td>
</tr>
<tr>
<td>Hospital Indemnity</td>
<td>Unum</td>
<td>800-635-5597</td>
<td><a href="http://www.unum.com/employees">www.unum.com/employees</a></td>
</tr>
<tr>
<td>Critical Illness</td>
<td>Unum</td>
<td>800-635-5597</td>
<td><a href="http://www.unum.com/employees">www.unum.com/employees</a></td>
</tr>
<tr>
<td>Accident</td>
<td>Unum</td>
<td>800-635-5597</td>
<td><a href="http://www.unum.com/employees">www.unum.com/employees</a></td>
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<tr>
<td>Whole Life</td>
<td>Unum</td>
<td>800-635-5597</td>
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</tr>
<tr>
<td>Voluntary Part-Time Short-Term Disability</td>
<td>Unum</td>
<td>800-635-5597</td>
<td><a href="http://www.unum.com/employees">www.unum.com/employees</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Benefits Assistance</td>
<td>ProMedica Benefits Department</td>
<td>419-291-8880 E-mail: <a href="mailto:benefits@promedica.org">benefits@promedica.org</a></td>
<td><a href="http://myphs.promedica.org:43334/mybenefits/Pages/Overview.aspx">http://myphs.promedica.org:43334/mybenefits/Pages/Overview.aspx</a></td>
</tr>
</tbody>
</table>

This Benefits Guide provides an overview of ProMedica’s benefit plans in a non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this Benefits Guide. If there is any discrepancy between the description of the benefits as contained in the materials and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by the Company.