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This guide provides a brief overview of the benefits offered, and is not intended to be a comprehensive source of plan details. For additional information, please refer to the Summary Plan Description for each specific benefit program. This enrollment guide provides an overview and summary of employee benefits offered to eligible employees of Allegheny Health Network as of January 1, 2018.

The actual provisions are contained in plan documents, insurance contracts and summary plan descriptions which govern the administration and interpretation of the benefit plans. Allegheny Health Network employers reserve the right to interpret, suspend, amend, or terminate the plan at any time. The Summary of Benefits and Coverage (as required by the Affordable Care Act), additional benefit information, and Human Resources policies and plan documents are accessible on the employers’ intranet and www.AHN.org/benefits.
Introduction

Allegheny Health Network (AHN) is proud to offer competitive benefits that provide you and your family the flexibility and protection you deserve. Our benefit programs provide high value (high quality care/best cost) and support AHN hospitals, facilities, physicians, and subsidiaries. We can help support our own organization by choosing to use the many products and services that are offered across the Highmark Health enterprise.

These benefits are an important part of your total compensation as an AHN employee. As such, we encourage you to take some time to read this guide and become familiar with the benefits that are available to you.

You have a choice of three medical plans for 2018, each with unique plan design features. We also offer dental and vision coverage, as well as benefit choices for disability, life and more. Our benefit plans are just one of the many ways AHN helps you take care of yourself and your family.

Open Enrollment is your time to make your benefit choices for the upcoming calendar year. Benefit elections made during open enrollment will be effective January 1, 2018.

Open Enrollment Period: October 31 – November 9

The 2018 Open Enrollment is a passive enrollment. If you do not make changes to your benefit elections, they will rollover from 2017, **EXCEPT** Flexible Spending Accounts (FSA) and/or Health Savings Accounts (HSA). You will need to actively enroll in FSA's and/or HSA's for 2018.
Summary of Benefits

Benefits Eligibility
Benefits are provided to eligible employees based on employment status and regularly scheduled hours.

- Employees regularly scheduled to work at least 70 hours per pay period (.875 FTE) are eligible for medical, dental, vision, basic life and accidental death and dismemberment (AD&D), optional life, disability, flexible spending accounts (FSA).
- Employees regularly scheduled to work at least 32 hours per pay period (.4FTE) are eligible for medical, dental, vision, optional life, flexible spending accounts and short-term disability.
- Employees regularly scheduled to work less than 32 hours per pay period, casual employees, and temporary employees are not eligible for benefits. However, if such an employee regularly works more than 30 hours per week on average, they may be eligible for the Health Savings Account EPO medical option in compliance with the Affordable Care Act. If this applies to you, you will be notified.

Effective Date
Benefits are generally effective the first of the month coinciding with or after your date of hire. Elections made during Open Enrollment are effective January 1, 2018. Your open enrollment elections will remain in effect through December 31, 2018 unless you experience a qualified Change in Status.

Your benefits eligibility ends when you no longer meet the eligibility requirements. Your dependents’ eligibility ends when you or your dependent(s) no longer meet the eligibility requirements. Generally, medical, dental, and vision will continue to the end of the month in which you and/or your dependents lose eligibility status. All other coverage ends on your date of termination. Coverage for an eligible child ceases at the end of the month of his/her 26th birthday. Your coverage may be canceled retroactively if you fail to contribute, as required.

Coverage Options
There are three levels of coverage available to you and your dependents; you decide which level best suits your family situation and needs. For medical, dental and vision benefits, you may choose either:

- Employee Only
- Employee + 1 (either a child, spouse, or domestic partner)
- Employee + Family (includes you, your spouse or domestic partner and your child(ren))
Dependent Eligibility
You may elect to cover eligible dependents under many of your benefit plans. Eligible dependents include:

- Spouses (including a same-sex spouse if the marriage was legally valid in the state or country in which the marriage occurred).
- Your domestic partner (of either the same or opposite sex) with whom you reside in a committed, spouse-like relationship, as certified by the plan administrator—refer to Domestic Partner Certification section.
- Your children under age 26
- Your children who are mentally or physically disabled and incapable of self-support, provided the disability occurred before age 26

Dependent Documentation Requirements
If you enroll your dependents in medical, dental or vision benefits for the first time during open enrollment you will need to submit the following documents to Human Resources to certify the dependent is eligible for coverage.

<table>
<thead>
<tr>
<th>DEPENDENT</th>
<th>REQUIRED DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Copy of front page of your most recently filed federal tax return confirming the status of spouse as an eligible dependent, or copy of front page of spouse’s most recent tax return if your filing status is married filing separately (you may blackout any salary information), or copy of marriage certificate, if a joint tax return has not been filed due to marriage during the most recent tax year</td>
</tr>
</tbody>
</table>
| Domestic Partner           | A notarized domestic partnership affidavit, one welfare and financial interdependency document, and proof of six months relationship support. The following documents support interdependency for at least six months:  
  - Joint ownership or leasehold of your primary residence  
  - Joint primary checking/savings account  
  - Joint utility contracts for primary residence  
  - Joint credit card account |
| Child(ren) less than 26 years old |  
  - Copy of front page of your most recently filed federal tax return confirming the status of child as an eligible dependent (you may blackout salary information), or  
  - Copy of birth certificate if dependent is over age 19 and not listed on tax return  
  - If applicable, copy of court-issued Qualified Medical Child Support Order (QMSCO) requiring you or your spouse to provide health care coverage |
| Adopted Child(ren)         | Copy of front page of your most recently filed federal tax return confirming the status of child as an eligible dependent, or Copy of adoption certificate for an adoption that occurred during the most recent tax year |
| Grandchild(ren)            | Copy of front page of your most recently filed federal tax return confirming the status of child as an eligible dependent, or  
  - Copy of court-appointed guardianship if dependent has not been filed due to recent guardianship during the most recent tax year |

Employees enrolling dependents in medical, dental and/or vision benefits will receive a letter detailing the certification process. When you receive this letter it is important to take action immediately. Failure to respond will result in their removal from coverage. The next opportunity to enroll them will be during the next open enrollment or if there is a qualifying event as defined by IRS regulations—refer to Changing Your Benefit Elections section.

Domestic Partner Certification
If you are not legally married, you and your domestic partner must certify the authenticity of your relationship before enrolling your domestic partner and/or his/her children in order to assure compliance with the federal tax and plan rules of coverage.

To enroll an eligible domestic partner and their dependents you must first obtain a Domestic Partner certification kit. Because of the federal taxation provisions with covering a domestic partner and children, the program requirements necessary to comply with these rules, enrollments of domestic partners and children must be performed through a paper process. To request a

Domestic Partner certification kit contact the HR Customer Service Call Center at reachhr@ahn.org or call (412) 330-2600 (option 4).
Medical Benefits

Allegheny Health Network offers you three medical plan options:

- Health Savings Account EPO
- Standard EPO
- Premium EPO

Benefit Coverage Levels Vary by Option

With each option, after you satisfy your deductible, you pay a percentage of covered charges until you reach the annual out-of-pocket maximum. Once you reach the annual out-of-pocket maximum, the plan pays 100% of covered charges. Different deductibles, coinsurance and out-of-pocket maximums apply for AHN Home Host providers and in-network services. Certain services such as physician visits are subject to copays and are not subject to deductibles and coinsurance under the Standard and Premium medical options.

All three options provide the highest level of coverage when using AHN-owned facilities, with services for other in-network providers covered at a lower level. There is no coverage for out-of-network providers, with the exception of emergency services.

Be aware that your choice of facilities for inpatient, outpatient, labs and testing procedures greatly impacts your coverage levels. Determination of whether a service is considered AHN Home Host is dependent on both the place of service as well as the professional providing the service. See more under AHN Home Host.

Before you decide, consider your current and future health and prescription drug needs and whether you prefer to pay for care as you use services or throughout the year via payroll contributions. For many of us, the decision is not straightforward and requires some thought. Read below and visit www.AHN.org/benefits for more information.

Preventive Services Covered in Full

All three options cover in-network preventive services at 100%. The deductible and coinsurance do not apply to these services. The preventive determination is based upon how the physician records the purpose of your visit—talk to your physician’s office to confirm. A full list of preventive services is available on www.AHN.org/benefits.

AHN Home Host Network

Our AHN Home Host Network includes facilities that provide you with the highest level of benefits when you choose them for your healthcare services. The AHN Home Host network is as follows:

- AHN Home Infusion
- AHN Home Medical Equipment
- Allegheny General Hospital
- Allegheny Valley Hospital
- Canonsburg Hospital
- Forbes Hospital
- Jefferson Hospital
- Saint Vincent Hospital
- West Penn Hospital
- Children’s Hospital of Pittsburgh (pediatric services for children 18 and under)
- Outpatient Care
  - AGH Surgery Center
  - Bethel Park Health + Wellness Pavilion
  - Jefferson Surgery Center
  - Monroeville Surgery Center
  - Peters Township Health + Wellness Pavilion
  - SVH Surgery Center
  - West Penn Ambulatory Center
  - Wexford Health + Wellness Pavilion
  - Wexford Surgery Center

As Allegheny Health Network continues to grow throughout our region, it is anticipated the list of AHN Home Host facilities will expand as well.

Physician services, diagnostic and lab procedures will be determined as AHN Home Host based upon the facility or place where service is provided. It is your responsibility to choose the appropriate facility to receive the highest benefit coverage levels under the plan options.

Network

All medical options are Exclusive Provider Organization (EPO) plans. This means you receive services from any provider of your choice without a referral. However, the plan will pay a higher level of benefits when you visit a provider that is part of the Highmark Community Blue Network. Highmark Community Blue network providers have agreed to charge a reduced, negotiated fee to plan participants, and they will submit your claims for you.

The AHN Home Host feature offers the highest benefit levels and greater savings than you would receive from any other in-network provider.

- AHN Home Infusion is the preferred provider of home infusion therapy services. No other network providers will be covered.
- AHN Home Medical Equipment will be the sole provider for Durable Medical Equipment (DME) at the AHN Enhanced Home Host Benefit level. All other DME network providers will be paid at the standard in-network benefit level.
- If you visit a provider outside of the Highmark Community Blue Network, there is no coverage, except medical emergencies.
**Medical Plan Overview**
As with any major purchase, you want to compare your options. Only you can choose which plan is right for you and your family. AHN offers you the flexibility to choose the medical plan option that will best meet the needs of you and your family. Whether you prefer to have a higher plan deductible and pay lower premiums, or have a lower deductible and pay higher premiums out of your paycheck, you have options — and the choice is yours!

**Premium & Standard Plan Options**
These options are both traditional plans that work the same way but have different levels of benefits. The Premium Plan option provides the highest benefit coverage level at the highest employee per paycheck contributions whereas the Standard Plan option provides a standard level of benefit coverage at a lower employee per paycheck contribution.

**Health Savings Account EPO Option**
This option offers much lower employee per pay contributions in exchange for higher deductibles. It puts the decision to spend money now (through payroll contributions) or later (each time you use services) in your hands. Under this option all covered services—including physician office visits and prescription drugs—are subject to the deductible. Once you meet the deductible, all covered medical expenses are covered at 80% up to the annual out-of-pocket maximum with one exception; prescription drugs are subject to the deductible and then you are responsible for copays described in this guide. If you select the Health Savings Account EPO option, you may also be eligible to establish a Health Savings Account (HSA). This is a voluntary tax-advantage account that you may use to pay for eligible health care expenses not covered by the plan. Or you may wish to save your pretax funds for future qualified health care expenses on a tax-favored basis.

**Health Savings Account Highlights**
- To contribute pretax to the HSA account, you must be enrolled in the Health Savings Account EPO option and not have other coverage. You may make contributions up to the IRS limits established each year:
  - Employee-Only: 3,450
  - All other Coverage options: 6,900
  - Catch-Up Contribution (for those age 55-65): $1,000
- HSA accounts enjoy triple tax advantages: Contributions, investment earnings and qualified distributions are exempt from federal income tax, FICA tax, and state income tax in most states.
- Funds are held in an Acclaris account in your name that you can use to reimburse yourself or to pay your providers directly for eligible health care expenses.
  - Eligible expenses for both you and your dependents include copays, deductibles, coinsurance, dental and vision.
  - Expenses not covered by the plan include, long term care, Medicare premiums, and so on.
  - If you use HSA funds for non-eligible expenses, that money is taxable as ordinary income and subject to a 20% tax penalty.
- Any funds left in your HSA at the end of the plan year stay in your account and rollover to the next year. Because you own your HSA, you can take it with you when you change medical options, jobs or retire. Unused funds are transferable to your dependents upon your death.
- Funds are not available in your HSA on the first day of the year—they are available only after the money is actually deposited into your account.
- You are not eligible to enroll in an HSA if you are eligible for Medicare, claimed as a dependent on someone else’s tax return, or covered under any medical insurance plan that is not a high deductible health plan.
- You cannot enroll in both a HSA and a Healthcare FSA.

**Important Updates to Your Spending Accounts**
- HSA Custodian is changing from Bank of America to Acclaris, Inc. effective November 15, 2017.
- Performance maintenance is scheduled for November 6, 2017 through November 14, 2017 on Health Care FSAs and Dependent Care FSAs. During this period, you will not be able to access your HSA, submit claims, use debit cards or make investment changes.

**Medical Options**
Because health care is personal, only you can choose which option is best for you and your family. AHN provides you choice among plan options; whether you prefer to have a higher plan deductible and pay lower payroll contributions, or have a lower deductible and pay higher payroll contributions, or somewhere in between. You may consider your medical history and needs, coverage that may be available elsewhere, your budget and whether it makes more financial sense for you to pay throughout the year through payroll contributions or at the point of receiving care.
**Summary of Medical Options**

Summary of Benefit Coverage is available on PRISM Employee Self-Service. Additional information is available at [www.AHN.org/benefits](http://www.AHN.org/benefits).

<table>
<thead>
<tr>
<th>Description</th>
<th>HEALTH SAVINGS ACCOUNT EPO</th>
<th>STANDARD EPO</th>
<th>PREMIUM EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AHN Home Host</td>
<td>AHN Home Host</td>
<td>AHN</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,500/ $3,000</td>
<td>$350/ $700</td>
<td>$100/ $300</td>
</tr>
<tr>
<td><em>(Individual/Family)</em></td>
<td>$2,250/ $4,500</td>
<td>$950/ $1,900</td>
<td>$750/ $1,500</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$3,500/ $7,000</td>
<td>$2,500/ $5,000</td>
<td>$1,000/ $2,000</td>
</tr>
<tr>
<td><em>(Individual/Family)</em></td>
<td>$5,750/ $11,500</td>
<td>$5,750/ $11,500</td>
<td>$5,750/ $11,500</td>
</tr>
</tbody>
</table>

The plan deductible and coinsurance will apply to the Out-of-Pocket Maximum. The deductibles and Out-of-Pocket Maximum would increase by $500 for individuals or $1,000 for family coverage if the Wellness Rewards steps are not completed.

| Total Out-of-Pocket Maximum           | $6,350/ $12,700              | $6,600/ $13,200 | $6,600/ $13,200 |
| *(Individual/Family)*                |                             |              |             |

Includes all medical copays, deductibles, and coinsurance for Total Out-of-Pocket Maximums. The Total Out-of-Pocket Maximums are not decreased by $500 for individual or $1,000 for family coverage. The limits are set by federal regulations.

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>100%, no deductible</th>
<th>100%, no deductible</th>
<th>100%, no deductible</th>
<th>100%, no deductible</th>
<th>100%, no deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Facility Services</td>
<td>80%, after deductible</td>
<td>40%, after deductible</td>
<td>80%, after deductible</td>
<td>40%, after deductible</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td>Outpatient Facility Services</td>
<td>80%, after deductible</td>
<td>40%, after deductible</td>
<td>80%, after deductible</td>
<td>40%, after deductible</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td>PCP Office Visit</td>
<td>80%, after deductible</td>
<td></td>
<td>$30</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>80%, after deductible</td>
<td></td>
<td>$50</td>
<td>$50</td>
<td>$40</td>
</tr>
<tr>
<td>ER Visit</td>
<td>80%, after deductible</td>
<td></td>
<td>80% after $100 copayment (waived if admitted)</td>
<td>100% after $75 copayment (waived if admitted)</td>
<td></td>
</tr>
</tbody>
</table>

See next page for prescription drug coverage.
**Prescription Drug Coverage**

Prescription drug coverage is included with your medical benefit option. The coverage level depends on the type of drug and whether you purchase the drug from a retail pharmacy, through an AHN pharmacy, through the mail order program, or through the Care Partner program.

**Drug Copays**

There are three categories of drugs:

- **Generic** — a drug is deemed generic if it is sold by its chemical name versus a company or brand name. These drugs are clinically determined to be as effective as the brand name drug. You save money when you choose to use a generic prescription drug.
- **Preferred Brand** — these are the medications with company or brand names but typically cost more than generic drugs. If your physician prescribes a brand-name drug and if a generic equivalent is available, then you pay the cost difference between the generic and brand name drug.
- **Specialty** — specialty drugs are high-cost medications used to treat complex, chronic conditions such as cancer, rheumatoid arthritis and multiple sclerosis. They often require special handling such as refrigeration and administration.

The prescription drug formulary is determined by Highmark and is subject to regular review and updates. The formulary is the Comprehensive formulary; non-formulary drugs are not covered under the plan. To check to see if your drug is covered under the plan, visit [www.highmarkbcbs.com](http://www.highmarkbcbs.com) and select the “Comprehensive” formulary.

**Notes:**

- Mandatory generic: the member is responsible for the payment differential and the brand drug copay when generic drug is authorized by the physician and the patient chooses to purchase the brand drug.
- Copays do not apply to Health Savings Account EPO option until the deductible has been satisfied.
- Select the National network to locate a network retail pharmacy online at [www.highmarkbcbs.com](http://www.highmarkbcbs.com)

### AGH Nurses Bargaining Unit Employees Prescription Drug Copays

<table>
<thead>
<tr>
<th>Type</th>
<th>Retail</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$15</td>
<td>$33</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$50</td>
<td>$113</td>
</tr>
<tr>
<td>Specialty Drug</td>
<td>$100</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### AVH Nurses and Service Bargaining Unit Employees Prescription Drug Copays

<table>
<thead>
<tr>
<th>Type</th>
<th>Retail</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$15</td>
<td>$33</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$80</td>
<td>$180</td>
</tr>
<tr>
<td>Specialty Drug</td>
<td>$80</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Care Partner Program**

Eligible participants who are on a regular regimen of certain medications can obtain covered medications through the AHN Pharmacy in Wexford, the AHN #2 Pharmacy at West Penn Hospital, PharmSV at Saint Vincent Hospital, or AGH Apothecary at AGH. All home mail order requests for Pittsburgh area employees will be facilitated through the AHN Pharmacy in Wexford and they will reach out to you to set this up. The program allows the same access to prescription drugs you currently take, at no charge.

Care Partner does not replace your personal relationship with your physician, but is an additional health and wellness resource to help you maintain a healthy and sustainable lifestyle. You will continue to see your Primary Care Physician and/or Specialist, as usual.

Due to limited program capacity, you or your dependent must be taking certain medications to qualify for the program. Plan members who qualify will be contacted directly for further explanation of the program and answer any questions.
Highmark Member Site
Visit the member website to find in-network providers, review claims, access wellness information, and much more!

To find a provider for the plans being offered in 2018 or verify your current provider’s network status:

Go to the member website at www.highmarkbcbs.com.

1. Select the **Find a Doctor or Rx** tab.
2. Choose the **Find a Doctor, Hospital or Other Medical Provider** link.
3. Select the **Pick a Plan** link.
4. Enter the first three letters of your member ID.
5. Using the search box under Find Doctors & Hospitals, enter doctors’ names, specialties, or the conditions they treat.
   
   Note: As you type, you will see suggested search terms.
6. Choose **Search**.

You can also find providers on your mobile device. Simply type highmarkbcbs.com into your mobile browser and then follow the instructions above.

MyChart – Your Secure Online Health Connection
MyChart is a secure online portal that allows you to access your Allegheny Health Network (AHN) health record, when and where you need it. The system stores all your information and promotes a better patient experience and continuity of care.

Benefits of MyChart
- **Send and receive secure online messages** at your convenience and communicate with your doctor through MyChart messaging.
- **Access your health record at any time**, view a summary of your visit, and track your current health issues, medications, and medical history.
- **View your test results** without waiting for a phone call or letter, and refer to your doctor’s notes to better understand your results.
- **Make a primary care physician or OB-GYN appointment** and choose the dates and times that work best for you. You’ll also receive routine wellness reminders on MyChart, from which you can schedule appointments directly.
- **Request prescription renewals to refill** your medications.

Enrolling in MyChart
Registering for MyChart is simple and only takes a few minutes. Visit [MyChart.ahn.org](http://MyChart.ahn.org) and click “Sign Up Now” to create your account!

Once registered, you can download the **MyChartEpic** app on your tablet or smartphone and access your information from virtually anywhere.

Your Health and Well-being Is Important to You and Our Patients
AHN will continue to partner with Highmark to provide you access to health coaches, accessible by telephone. These health coaches are dedicated to AHN employees and dependents, offering programs tailored to address your specific healthcare needs. You may also receive a phone call from Blues On Call™ offering guidance on how to lower your risk for certain health conditions. Your participation is both voluntary and confidential between you and the health coach. To reach a health coach, call **1-888-BLUE-428** (888-258-3428) anytime day or night.
Dental Benefits

Good dental care plays an important role in your health and well-being. Both dental options are Preferred Provider Organization (PPO) plans, allowing you to receive care from any licensed dentist. However, the plan will pay a higher level of benefits when you visit a provider that is part of the United Concordia Advantage Plus network. To find a provider on-line, visit www.ucci.com and select ‘Find a Dentist’.

Participating providers accept the negotiated reimbursement as payment in full for covered services and you are only responsible for the applicable deductible and coinsurance. Also, the dentist will submit your claims for you.

Dental Plan Highlights
- Diagnostic and preventive services are covered at 100% with no deductible and do not count towards the calendar year maximum when using network providers for such services as cleanings and X-rays, under both options.
- Adult orthodontia is not covered under either option.

Summary of Dental Options
Review the chart below to choose which option is best for you and your family. Services are subject to frequency limitations. This is only a representative listing of covered services. Additional information is available at www.AHN.org/benefits.

<table>
<thead>
<tr>
<th>Types Of Service, Subject To Frequency Limitations</th>
<th>Standard Plan*</th>
<th>Premium Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Including exams, x-rays, cleanings, fluoride treatments, sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Including fillings, simple extractions, endodontics (root canals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Including inlays, onlays, crowns, bridges, dentures, implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic (Children to age 19)</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>$1,000 per child lifetime maximum benefit</td>
<td>$1,500 per child lifetime maximum benefit</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50 Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Excludes Diagnostic &amp; Orthodontic Services; deductible resets in January.</td>
<td>$150 Family</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Benefit Maximum</td>
<td>$1,000 per person</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td>(combination of network and non-network services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement (In and Out of Network)</td>
<td>United Concordia’s MAC</td>
<td>United Concordia’s MAC</td>
</tr>
</tbody>
</table>

*Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental’s standard exclusions and limitations apply.
Vision Benefits
You may choose vision coverage through Davis Vision or you may choose to waive coverage. Visionworks is the sole network retail provider. The plan provides:

- One vision exam and contacts every calendar year, and/or frames with lenses every other calendar year, subject to copays and allowances.
- One year eyeglass breakage warranty for repair or replacement of the frame and/or lenses. Most other network offices provide a 15% courtesy discount on items not covered by the benefit such as sunglasses and second pairs.

In addition, Davis Vision’s mail order contact lenses program available at www.davisvisioncontacts.com is fast, easy and convenient and will match any lower price you may find.

Vision Benefit Option
- Services are subject to frequency limitations; benefits listed below are every January 1 unless otherwise noted. Additional information is available at www.AHN.org/benefits.
- Visit the member site at www.davisvision.com or call 1-800-999-5431 to locate providers or for additional information.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-network Co-Pay</th>
<th>In-network Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$0</td>
<td>Covered in full. Includes dilation when professionally indicated.</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>$10</td>
<td>Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (There may be copays for additional lens options and coatings.)</td>
</tr>
<tr>
<td>Frame (every other calendar year)</td>
<td>$0</td>
<td>Covered in Full Frames:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR, Frame Allowance:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$130 toward any frame from provider</td>
</tr>
<tr>
<td>Contact Lens Evaluation, Fitting &amp; Follow Up Care</td>
<td>$0</td>
<td>Davis Vision Collection Contacts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Standard Contacts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialty Contacts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered in full.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15% discount</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15% discount</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of eyeglasses)</td>
<td>$10</td>
<td>Covered in Full Contacts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Planned Replacement:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disposable:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR, Contact Lens Allowance:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150 allowance toward any contacts from provider’s supply (No copay required)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR, Medically Necessary Contacts:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>After copay, covered in full with prior approval.</td>
</tr>
</tbody>
</table>

*Additional discounts not applicable at Walmart, Sam’s Club or Costco locations.
*The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.
*Including, but not limited to toric, multifocal and gas permeable contact lenses.

Can I use an out-of-network provider?
Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts:
2018 Employee Contributions
AHN pays the majority of the cost for benefits; however, eligible employees do share in the cost for certain benefits. Benefit costs vary by plan option, coverage level and employment status. When possible, your payroll deduction is made on a pretax basis, which benefits you by reducing your earnings subject to certain taxes. Based on the collective bargaining agreement, the following are the per-pay costs (based on 26 pay deductions) you will contribute for the plan you choose:

2018 Full-Time Bargaining Unit Employee Benefit Contribution Rates

Medical (Health Insurance with Prescription Drug)

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Savings Account EPO</td>
<td>$14.24</td>
<td>$27.89</td>
<td>$40.93</td>
</tr>
<tr>
<td>Standard EPO</td>
<td>$42.32</td>
<td>$81.63</td>
<td>$120.12</td>
</tr>
<tr>
<td>Premium EPO</td>
<td>$57.40</td>
<td>$110.79</td>
<td>$163.02</td>
</tr>
</tbody>
</table>

Dental

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>$7.80</td>
<td>$13.48</td>
<td>$18.09</td>
</tr>
<tr>
<td>Premium</td>
<td>$11.41</td>
<td>$20.31</td>
<td>$27.09</td>
</tr>
</tbody>
</table>

Vision

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>$1.89</td>
<td>$3.51</td>
<td>$5.59</td>
</tr>
</tbody>
</table>

2018 Part-Time Bargaining Unit Employee Benefit Contribution Rates

Medical (Health Insurance with Prescription Drug)

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Savings Account EPO</td>
<td>$45.94</td>
<td>$174.72</td>
<td>$260.01</td>
</tr>
<tr>
<td>Standard EPO</td>
<td>$109.34</td>
<td>$208.81</td>
<td>$318.14</td>
</tr>
<tr>
<td>Premium EPO</td>
<td>$125.95</td>
<td>$240.57</td>
<td>$366.53</td>
</tr>
</tbody>
</table>

Dental

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>$11.45</td>
<td>$19.78</td>
<td>$26.52</td>
</tr>
<tr>
<td>Premium</td>
<td>$16.72</td>
<td>$29.79</td>
<td>$39.73</td>
</tr>
</tbody>
</table>

Vision

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>$2.36</td>
<td>$4.38</td>
<td>$6.99</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

Flexible Spending Accounts (FSAs) help you manage your out-of-pocket costs while saving money using pretax funds to pay eligible healthcare or dependent care expenses. If you elect either or both of the FSA options, they are funded by you using pre-tax deductions from your pay check. Therefore, FSAs provide a tax-advantaged way to pay for health care and dependent care costs.

When you incur a qualified expense, you can pay for it using your FSA debit card or submit a claim for reimbursement. Our FSA administrator is Highmark.

The Healthcare FSA cannot be used in conjunction with a Health Savings Account. You may have an FSA or an HSA, but not both. Contribution elections must be made each year (elections do not carry over to the next year).

<table>
<thead>
<tr>
<th></th>
<th>Healthcare FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Annual</td>
<td>Up to $2,600 per year</td>
<td>Up to $5,000 per year</td>
</tr>
<tr>
<td>Contribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of Eligible</td>
<td>● Unreimbursed medical, dental, or vision</td>
<td>● Day care, including in-home care for dependents</td>
</tr>
<tr>
<td>Expenses</td>
<td>expenses, including orthodontics or laser eye surgery</td>
<td>under age 13 (or older if disabled) while you or</td>
</tr>
<tr>
<td></td>
<td>● Copays, deductibles and coinsurance expenses</td>
<td>your spouse work or are at school</td>
</tr>
<tr>
<td></td>
<td>● Hearing exams and aids</td>
<td>● Preschool and after-school child care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Elder care expenses while</td>
</tr>
</tbody>
</table>

Use it or Lose It

You should plan carefully when using a FSA because the IRS requires that any money left in your account at the end of the year be forfeited.

For Healthcare FSA expenses, you may apply for reimbursement through March 31, 2019 for qualified expenses incurred during January 1, 2018 through March 15, 2019.

For Dependent Care FSA expenses, you may apply for reimbursement through March 31, 2019; however, the expenses must be incurred during January 1, 2018 through December 31, 2018.

Notes: You cannot claim a tax credit on your income tax return for dependent care expenses reimbursed through the Dependent Care FSA. In some cases, the tax credit may be more beneficial; you may want to consult your personal tax advisor.

It's Easy to Manage Your Account

It’s just logical. Adding a spending account to your Highmark health plan makes money management convenient. And, because all your spending information is centralized, it makes money management efficient. Simply log onto your Highmark member website once enrolled at www.highmarkbcbs.com and click on Members then Your Spending. From the FSA link, you will be able to check your account balance, view your deposits and transactions history. For services and products not covered by your health plan, you can conveniently submit claims online and even upload receipts to save time and expenses.

WageWorks Commuter Program

WageWorks® Commuter is a pre-tax benefit account used to pay for public transit as part of your daily commute to work. WageWorks Commuter is a great way to put extra money in your pocket each month and make your commute more convenient and affordable.

● Save an average of 30% on public transit as part of your daily commute to work
● Easy to use—download a free mobile app and manage your account with your mobile device
● No waiting—sign up any time to start saving—and no “use it or lose it” as long as you’re enrolled

Simply decide how much to contribute up to the allowed monthly limit. Funds are withdrawn from your paycheck once per month for deposit to your account before taxes are deducted. You can change or cancel contributions to your account at any time. There’s no “use it or lose it” as long as you’re enrolled in the program. Additional information is available on www.AHN.org/benefits.
Life Insurance

Life insurance benefits protect your family’s financial security if you die or if you suffer a debilitating injury. AHN provides eligible employees with basic life and accidental death and dismemberment (AD&D) insurance through Sun Life. Eligible employees receive this benefit automatically; they do not pay for this benefit and cannot waive this coverage.

Basic life insurance provides protection if you should die due to accident or illness. AD&D insurance provides additional protection should you accidentally die, doubling your benefit level.

In addition to this basic life and AD&D coverage, eligible employees may purchase additional protection for themselves, spouses/domestic partners, and/or unmarried children. If you choose this additional coverage, your contributions are made on an after-tax basis. The cost of this benefit is based on your age as of December 31, 2017 and your annual salary. The cost of coverage will change during the year if your pay rate changes.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided to eligible full-time employees at no cost. Waiting period is 1st of the month following 6 months of employment.</td>
<td>• Basic life and AD&amp;D 1 times base annual salary (up to $1,000,000)</td>
</tr>
<tr>
<td>Available optional coverage to eligible employees for purchase:</td>
<td>• Optional life and AD&amp;D for employee 1 to 5 times base annual salary (up to $500,000)</td>
</tr>
<tr>
<td></td>
<td>• Optional life and AD&amp;D for spouse/domestic partner $10,000 increments (up to $100,000); amount may not be greater than basic or optional level selected for employee</td>
</tr>
<tr>
<td></td>
<td>• Optional life for children $10,000 per child up to age 26, regardless of the number of children</td>
</tr>
</tbody>
</table>

PLEASE NOTE: If your child(ren) turns age 26 they are no longer eligible and you must notify HR Services at 412-330-2600 to remove the Child Life and AD&D benefit.

Increasing or Decreasing Optional Life Coverage

When you are first eligible for coverage, you have Guaranteed Issue; which means no health questions or exams. Thereafter, you may increase by one coverage level only during open enrollment or qualifying event. For example, if you elect optional coverage for employee of two times earnings, you may choose three times earnings during open enrollment for the following year. In another example, if you do not elect optional coverage as a new hire, you may choose one times earnings during open enrollment for the following year. No evidence of insurability is required for coverage you elect as a New Hire or for changes during open enrollment. You may decrease your optional coverage levels by any amount during open enrollment for the following year.

If you did not elect optional spouse life during your new hire enrollment, you can elect up to $50,000 guaranteed issue. Thereafter, you may increase by one coverage level during open enrollment or a qualifying event.

Imputed Income

In accordance with current federal regulations, basic life and AD&D coverage levels over $50,000 result in imputed income. This will be noted on your paycheck. Under Internal Revenue Code Section 79, employer-paid life insurance amounts in excess of $50,000 are considered taxable income to you. You are taxed based on the value of the benefit (not the benefit itself). The value is determined by the IRS table published in the tax regulations. In most cases, the cost of up to $50,000 of group-term life insurance coverage provided to you by your employer is not included in your income. However, the cost of employer-provided insurance that is more than the cost of $50,000 of coverage reduced by any amount you pay toward the purchase of the insurance must be included in your income. A code for Basic Life or GTL will be listed on your paystub once the benefit begins.

Beneficiary Designation and Other Notes

• It is important to review/designate your beneficiary to ensure your intentions are properly documented. Employees may update or designate a beneficiary online through PRISM Employee Self-Service.
• Standard age reductions apply to coverage levels as you or your covered spouse/domestic partner get older. The plan will reduce your life benefit at age 70 by 50%.
• If you leave employment, you may be eligible to convert all or a portion of your optional life insurance coverage to an individual policy.
Short-term Disability (Employee Paid)
If you are unable to work for an extended period of time due to a non-work related personal illness or injury, your time off from work may be paid by a combination of unused sick time, voluntary STD, employer provided LTD or voluntary LTD. The short term disability benefit provides income protection once you have satisfied your elected elimination period and will continue through a duration period, which varies based upon your disability, occupation, age and terms of the plan. The insurance carrier, Liberty Mutual, is responsible for reviewing and approving a disability claim in accordance with the plan.

In addition to the disability program coverage as outlined below, AHN also provides sick time to eligible employees. Sick time is accrued on a biweekly basis and is based upon hours paid up to a maximum plan balance of 1200 hours. Dependent upon your plan balance, accrued sick time may be used to cover the duration of your disability period or used to cover the elected elimination period prior to receiving the STD benefit. Review the Supplemental Benefit Guide for your respective Collective Bargaining Unit for specific details on sick time accrual rates.

<table>
<thead>
<tr>
<th>Status</th>
<th>STD Benefit</th>
<th>Maximum (Weekly)</th>
<th>Elimination Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time (FTE &gt; .875)</td>
<td>60%</td>
<td>$5,800</td>
<td>15, 30, 60, or 90-Day</td>
</tr>
<tr>
<td>Part-Time (FTE .4 To .874)</td>
<td>60%</td>
<td>$1,150</td>
<td>15-Day</td>
</tr>
</tbody>
</table>

Part-Time STD Pre-existing Condition
Defined as any Injury, Sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or any manifestations, symptoms, findings, or aggravations related to or resulting from such Injury, Sickness, Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 90 day(s) period that ends the day before Your effective date of coverage or the effective date of a change in Coverage.

Long-term Disability
Waiting period is 1st of the month following 6 months of employment.

<table>
<thead>
<tr>
<th>Long-Term Disability</th>
<th>Paid By Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>50% base earnings</td>
</tr>
<tr>
<td>Benefit Monthly Maximum</td>
<td>$12,500</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>180 calendar days</td>
</tr>
<tr>
<td>Duration</td>
<td>Based upon disability &amp; occupation; may be payable to age 65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Voluntary Ltd</th>
<th>Paid By Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>60% base earnings</td>
</tr>
<tr>
<td>Benefit Monthly Maximum</td>
<td>$12,500</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>180 calendar days</td>
</tr>
<tr>
<td>Duration</td>
<td>Based upon disability &amp; occupation; may be payable to age 65</td>
</tr>
</tbody>
</table>

Pre-existing Condition
LTD does not cover any disability that begins during the first 12 months of coverage if you have a pre-existing condition that is determined to have caused or contributed to the disability. A pre-existing condition is defined as a disease, injury or condition that was treated, diagnosed or prescribed medication during the three months immediately preceding the effective date of coverage. LTD may cover work-related disabilities, but benefit payments will be offset by any other disability payments you are eligible to receive including Workers Compensation.
WorkLife Balance Program
Administered by Magellan Healthcare

Your WorkLife Balance Program is an easy, confidential consultation, resource, and referral service that can help you deal with everyday personal or work-related challenges — 24 hours a day, 7 days a week, 365 days a year. All employees, their family and household members and other dependents are eligible for unlimited telephonic consultations, web resources, educational information, and up to five in-person counseling sessions at no charge to the users. Assistance is provided for:

- Marital & Relationship problems
- Family & Parenting concerns
- Emotional issues
- Self-improvement planning
- Work-Life balance
- Adjusting to and coping with Change or Burnout
- Anger Management
- Co-worker challenges
- Time Management
- Grief and Bereavement
- Substance Abuse (alcohol & drugs)
- Stress and Anxiety
- Trauma support, And more!

WorkLife Service
- Specialized consultants provide consultations, resources, researched and pre-screened, qualified referral services for all of life’s major events
- Assistance and information on: preparing for pregnancy, parenting, child care, adoption, special needs, educational choices, elder care and active aging/retirement planning, relocation, and daily living/convenience services
- Educational materials & customized information packets tailored to meet your specific needs
- Extensive Web resources, including member discount center.

CALL 1-800-424-5808, FOR TTY USERS: 1-800-456-4006 / SELF-SCREENING: 1-866-540-2999
Internet Services at www.MagellanHealth.com/Member.

Online resources are available on a broad range of health and wellness and life management issues.
- Interactive Tools
- Self-assessments & screenings
- eChat with EAP specialists and clinicians
- Self-paced, confidential, cognitive behavioral therapy modules
- Seamless links to ancillary services
- Extensive Wellness resources —planners, trackers, etc.
- Community resources links
- On-demand Learning programs
- Search tools for EAP & Work-Life providers
- Comprehensive monthly Resource Centers, and more!

Additional information can be found on www.AHN.org/benefits
Employee Discount Program
An employee discount program is available to all AHN employees, including Highmark Health employees, for a variety of services and items. Categories include Auto, Dining, Fun, Retail, and Other Services. This list is managed by a third-party and is updated often.

Employees can access the My Employee Rewards discount program online by going to www.HighmarkRewards.com. There are also discounts available to employees enrolled in our medical coverage available through Highmark. These include discounts for fitness and nutrition, along with other offers. Learn more by logging in to www.highmarkbcbs.com and clicking on Member Discounts.

There may be other discount programs managed locally by each hospital or facility. These are not tracked across the network.

Fitness Center Option
Some Allegheny Health Network facilities have on-site fitness centers with affordable membership options available to employees. Employees also have access to the Highmark Fitness Center located at Penn Avenue Place in Pittsburgh. Employees may use this facility at no cost simply by showing their Allegheny Health Network identification badge and signing in. Because not every facility has a fitness center, employees also have access to fitness center discounts through their AHN medical coverage with Highmark. Fitness Your Way, part of Blue365Deals, provides access to nearly 9,000 fitness center locations nationally for a $25 per month membership and $25 initiation fee. Learn more by logging in to www.highmarkbcbs.com and clicking on Member Discounts.

How to Enroll
Open Enrollment begins October 31, 2017 and ends on November 9, 2017. Your benefit elections will be effective January 1, 2018. Regardless of the enrollment process, there are a few things you can do to make the enrollment process easier:

- Know which options are best for you by doing your research in advance.
- Have your dependent name(s), Social Security number(s), and date(s) of birth available if you will be adding dependents to your coverage for the first time. Also note that if you will be covering dependents you are required to provide dependent documentation to Human Resources.
- If you plan on making contributions to a FSA or HSA, determine what contribution levels are appropriate for you.

If you do not enroll your benefits by the deadline, your benefits will be defaulted to “waived” for the FSA and HSA, and medical, dental, vision and all other employee paid benefits will remain at the same level of coverage for 2018.

Enrollment Process and Instructions
You will make your benefit elections through PRISM Employee self-service.

Log on to PRISM from home or work at: http://prism.wpahs.org

1. Enter your User ID and Password:
   - User ID: your employee number, using a six-digit format
   - Password: Enter your password
     - Example: If John Doe’s Social Security Number is 123-45-6789, his password is: pwjd6789
     - If you forget your password call the Help Desk at (412) 359-HELP

2. Click Benefits and then Open Enrollment

3. You will be at the Welcome screen. Click on the Continue button at the bottom of your screen and begin making your selections.

4. Important: To complete the enrollment, click CONFIRM at the end. The CONGRATULATIONS screen will appear if you have successfully completed your enrollment. Print or email the confirmation page for your records.
Changing Your Benefit Elections

You may make changes during the year only if you experience a qualified Change in Status event.

Supporting documentation will be required. An overview of some types of qualifying events, along with the required documentation needed to validate the event, is provided below.

Please note you are only permitted to make changes that are consistent with your event. Some changes, like switching to a different plan, would be permitted only during annual open enrollment. If an Eligible Employee timely requests Special Enrollment, the enrollment date will become effective as of the date of birth, adoption or placement for adoption, or, marriage.

Please refer to the Flexible Benefit Summary Plan Document for all other events.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Documentation Requirements</th>
<th>Allowable Changes</th>
<th>Effective Date of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gain of Dependent (i.e. adoption, birth of child, marriage, domestic partner certification(1), legal guardianship)</td>
<td>Birth certificate/hospital document, footprints of newborn, marriage certificate, or court documents</td>
<td>• Add Dependent to current plan (i.e., medical, dental, etc.) &lt;br&gt;• Can increase annual amount for Flexible Spending Accounts or Health Savings Account up to IRS limits &lt;br&gt;• Can increase Optional Life Insurance according to plan rules</td>
<td>Event Date</td>
</tr>
<tr>
<td>Loss of dependent (death, divorce, annulment, termination of domestic partnership)</td>
<td>Death certificate, divorce decree, or court documents</td>
<td>• Remove Dependent from current plan (i.e. medical, dental, etc.) &lt;br&gt;• Can decrease annual amount for Flexible Spending Accounts or Health Savings Account &lt;br&gt;• Can decrease Optional Life Insurance according to plan rules</td>
<td>Date of death, or 1st of the month following event date.</td>
</tr>
<tr>
<td>Gain coverage for you, your spouse, certified domestic partner</td>
<td>Letter from employer or insurance carrier with effective date of coverage and names of individuals</td>
<td>• Remove coverage for applicable benefits you now have through another source (i.e. spouse’s employer, marketplace, etc.)</td>
<td>1st of the month following event date.</td>
</tr>
<tr>
<td>Loss of coverage for you, your spouse, certified domestic partner</td>
<td>Letter from employer or insurance carrier with termination date of coverage and names of individuals</td>
<td>• Add coverage for applicable benefits you lose through another source (i.e. spouse’s employer, marketplace, etc.)</td>
<td>1st of the month following event date.</td>
</tr>
</tbody>
</table>

You have 30 days from the date of the Qualifying Event to make your benefit election changes.

Any mid-year changes to your benefit election must be consistent with the qualifying event. For example, if you adopt a child, you can add your child as a dependent on your medical coverage, but you cannot switch medical options.

For more information or if you experience a qualified Change in Status Event, contact the HR Customer Service Call Center at reachhr@ahn.org or call (412) 330-2600, option 4.
Have a Human Resources Question?

We’re here to help!

AHN HR Customer Service Call Center
Contact the HR Customer Service Call Center about:

- Retirement
- Benefits
- Open Enrollment
- Wellness Rewards Program
- Employment Verification
- HR Policies
- Leave of Absence
- Tuition Reimbursement
- Payroll issue

MONDAY – FRIDAY | 7:30 A.M. TO 4 P.M.

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>412.330.2600</td>
</tr>
<tr>
<td>Fax</td>
<td>412.330.2644 or 412.330.2633</td>
</tr>
</tbody>
</table>

Or email us!

<table>
<thead>
<tr>
<th>Inquiries</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>General HR inquiries</td>
<td><a href="mailto:REACHHR@AHN.ORG">REACHHR@AHN.ORG</a></td>
</tr>
<tr>
<td>Leave of Absence inquiries</td>
<td><a href="mailto:LOAHR@AHN.ORG">LOAHR@AHN.ORG</a></td>
</tr>
<tr>
<td>Tuition Reimbursement inquiries</td>
<td><a href="mailto:TUITION@AHN.ORG">TUITION@AHN.ORG</a></td>
</tr>
</tbody>
</table>

We apologize that during high-volume times, you may experience a longer hold time. Please leave a message and an HR representative will get back to you by the next business day.

Carrier Contacts
Contact the Insurance carrier about:

- Claims questions
- ID Cards
- Finding a service provider

<table>
<thead>
<tr>
<th>Service</th>
<th>Carrier</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plans and Prescription (Rx)</td>
<td>Highmark</td>
<td><a href="http://www.highmarkbcbs.com">www.highmarkbcbs.com</a></td>
<td>1-800-472-1506</td>
</tr>
<tr>
<td>Dental Plans</td>
<td>United Concordia</td>
<td><a href="http://www.ucci.com">www.ucci.com</a></td>
<td>1-800-332-0366</td>
</tr>
<tr>
<td>Vision Plan</td>
<td>Davis Vision</td>
<td><a href="http://www.davisvision.com">www.davisvision.com</a></td>
<td>1-800-999-5431</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Highmark</td>
<td><a href="http://www.highmarkbcbs.com">www.highmarkbcbs.com</a> under the spending tab</td>
<td>1-800-472-1506</td>
</tr>
<tr>
<td>Flexible Spending Account (FSA)</td>
<td>Highmark</td>
<td><a href="http://www.highmarkbcbs.com">www.highmarkbcbs.com</a> under the spending tab</td>
<td>1-800-472-1506</td>
</tr>
<tr>
<td>Disability Insurance</td>
<td>Liberty Mutual</td>
<td><a href="http://www.MyLibertyConnection.com">www.MyLibertyConnection.com</a></td>
<td>1-800-713-7384</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>Sun Life</td>
<td><a href="http://www.sunlife-usa.com">www.sunlife-usa.com</a></td>
<td>1-800-500-5972</td>
</tr>
</tbody>
</table>

Visit [www.ahn.org/benefits](http://www.ahn.org/benefits) for more information about your benefits and wellness programs!

**Beginning in 2018, employees will use new tools and services to view benefit elections and make benefit changes. HR Services Resource Center is designed to make human resources tasks easier and launches at AHN on December 24, 2017. You can visit the HR Services Resource Center on AHN Central to learn more.**