

2020



Associate Benefits Guide

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Founded on Seventh-day Adventist values, Adventist Health is a faith-based, nonprofit integrated health system headquartered in Roseville, California. We provide compassionate care in more than 80 communities on the West Coast and Hawaii.



Dear Adventist Health Associate,

Caring for our communities begins at home — with you, our valued associate.

Adventist Health offers comprehensive benefits which emphasize whole-person health, our long-held philosophy that encompasses the mind, body and spirit. Our plans focus on providing access to high quality healthcare while supporting the health and wellness of all our associates.

This Benefits Guide includes helpful information and resources for evaluating the many benefits you can take advantage of. In this guide you will find information on the medical, dental and vision plans; your Voluntary Insurance benefits (such as Pet Insurance, Auto and Home Insurance); your Flexible Spending Account benefit, retirement plans and additional benefits (such as paid time off, Life Insurance, associate discounts, and more).

This year, we are pleased to highlight our enhanced, systemwide Employee Assistance Program (EAP) — Resources for Living. Offered at no cost to you and your entire family, there are a wide variety of resources, programs and courses available, including counseling services (via phone, video or in-person), daily life assistance, legal and financial advice, help for new parents, childcare services, online education courses teaching coping strategies, personal development, and so much more. Adventist Health's Resources for Living program is a completely confidential service, and has been designed to support and enhance your work/life balance. Look for the Resources for Living section of the Benefits Guide to learn more.

We encourage you and your family to take an active role in your wellbeing. The medical plan offers preventive care, a robust wellness program, and one-on-one coaching to reduce your chance of serious illness. As a healthier team, we benefit from increased energy at work and at home, and overall lower healthcare costs for you.

Please carefully review and consider the information provided. Should you have any questions on any of the plan options, or need assistance enrolling or making changes, please call the Contact Center at 844-574-5686.

Thank you for being an important member of the Adventist Health community. Together, let's live the healthiest life possible!

Your Adventist Health benefits team



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All references to the Adventist Health Employee Health Plan and the Employee Health Plan also refer to the Adventist Health and Rideout Employee Health Plan.

2020 Medical, Dental and Vision Changes

Many of you participated in the Benefits Optimization Survey. The results launched a number of important changes to better meet your needs.

ALL MEMBERS

Medical plan changes

To better meet the needs and requests of our associates, the following changes have been made to the medical, dental and vision plans effective Jan. 1, 2020:

1. We're moving to one health plan— The Engaged! Plan

We're providing all our benefits-eligible associates with the same, robust medical plan — the Engaged! Plan — with no participation requirements. View page 8 for more detailed information.

- The 2020 Engaged! Plan will be similarly priced to the previous Engaged! Premier Program.
- The Base Plan and the Engaged! Premier Program will no longer be offered.
- There are no points requirements to be enrolled in the Engaged! Plan.
- The Engaged! Plan continues to provide our associates with excellent coverage at a competitive monthly contribution.
- The spouse and dependent surcharge has been removed.

2. Dental plan

As we continue to align our services under ONE Adventist Health, we have discovered an opportunity to have increased network coverage by moving from regional dental plans to one standard dental plan for all our associates — effective Jan. 1, 2020. The contracted rates with Delta Dental are better than with our previous dental network, stretching your benefits even further. View page 11 for more detailed information.

Key changes:

- Lower monthly contributions.
- Increased network of dental providers.
- Access to your benefit amount every calendar year.
- Major services are covered at 50 percent.
- Lifetime orthodontic maximum is \$2,500.

3. Vision plan

Our vision plan was identified as another opportunity to provide you with an improved benefit at a lower premium with a new vision plan network, Vision Service Plan (VSP) — effective Jan. 1, 2020. VSP will provide you with better coverage at a lower cost to you. View page 12 for more detailed information.

Key changes:

- Lower monthly contributions.
- Increased network of vision providers.
- Individual benefit maximum is every calendar year with no overall dollar maximum.
- \$10 co-pay for vision exams.
- \$25 co-pay for lenses.

CALIFORNIA MEMBERS ONLY

New medical network for California members

We have partnered with Incentive Health to build an expansive network that combines Adventist Health facilities and providers with the Incentive Health Provider Access Solution. The Incentive Health Provider Access Solution is built specifically to prioritize first class care at our facilities. Additionally, the California Foundation for Medical Care (CFMC) will be replacing our current Blue Shield network for professional services.

Below is an overview of the new coverage tiers. Refer to page 8 for a more detailed coverage explanation.

NEW! Incentive Health Provider Access Solution

Tier One: Adventist Health for professional and facility.

- 100% coverage: Facility and professional
- \$20 co-pay: Provider office visits

4. Flexible Spending Account (FSA)

We've moved our FSA to a new administrator — Employee Benefits Corporation (EBC). Your benefit remains unchanged; however, you will now contact EBC with any questions regarding your FSA enrollment and to submit claims. Additional information can be found on page 19.

5. Pharmacy benefits

In order to allow for more choice in your pharmacy benefit, non-preferred medications will now be covered at Tier Three rates. These medications were previously excluded from coverage. Specific information will be included in your open enrollment packet. Also watch your mail for notification from OptumRx that will provide you with preferred alternatives if you wish to change to a lower-cost option. Please refer to your open enrollment packet for more detailed information.

Tier Two: The California Foundation for Medical Care (CFMC) will be replacing the Blue Shield network for professional services. CFMC is one of California's largest networks.

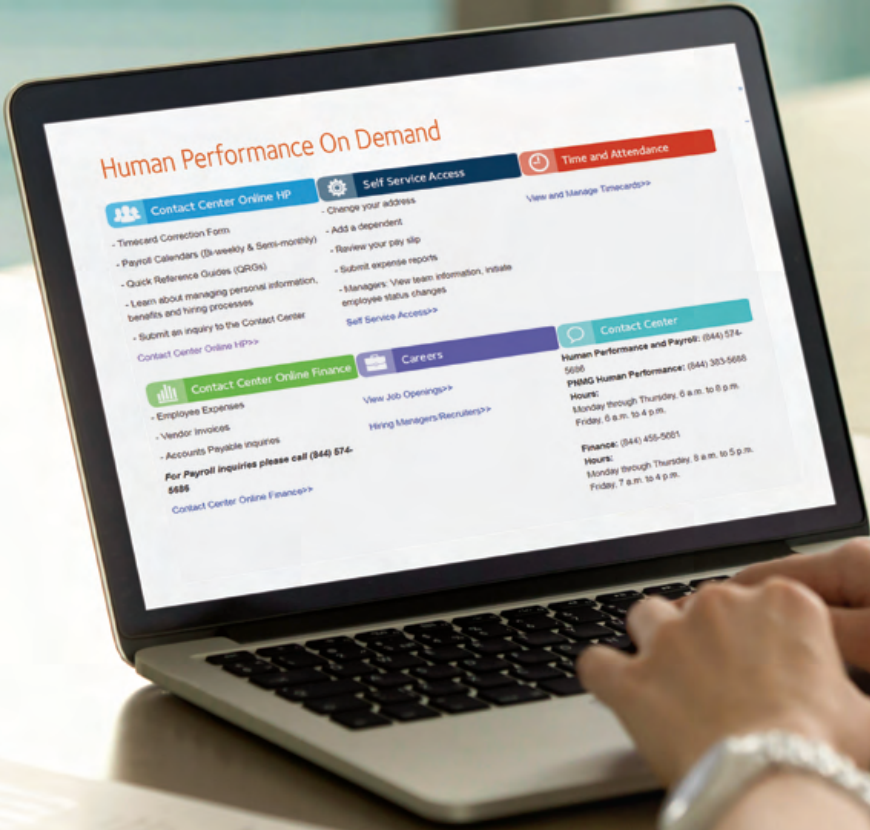
- 80% coverage: Professional
- \$30 co-pay: Provider office visits

Tier Three: Out-of-network coverage has been added to minimize any disruption in the transition from Blue Shield providers to CFMC providers.

- 80%* coverage: Out-of-network facility
- 60% coverage: Out-of-network professional
- \$30 co-pay: Provider office visits

* Prior Authorization (PA) required for any non-emergent facility admissions. Please refer to the plan description for a list of services that require prior authorization.





Re-enrolling is required for 2020 benefits:

- Medical
- Dental
- Vision
- and Flexible Spending Account (FSA)

How to Enroll

1. Visit HP on Demand via Connect.
2. Click on Self Service Access.
3. Click on the orange 2020 Benefits icon.
4. You will be automatically signed in to our new enrollment platform.
5. Begin your enrollment.

Before your enrollment

Have the following information available before you begin your enrollment:

- Social security numbers of enrollees and dependents.
- Dates of birth for enrollees and dependents.

During your enrollment

- Review each page carefully.
- If you leave the enrollment prior to completion, your elections will not be saved.
- Once you receive your confirmation number, your enrollment is complete.
- Pay attention to additional items that may be required based on your elections.

To print your confirmation statement

Click "Confirmation Statement" in the Explore Your Benefits Portal section under Benefits.

IMPORTANT: If you have completed your enrollment and need to change your elections, you can follow the process again as long as it is during your enrollment window. Your new elections will be saved.

2020 Employee Health Plan-at-a-glance

Receive the best coverage by staying within network

In order to receive 100 percent coverage for any non-emergent hospital based service, you must utilize a hospital that is in the Tier One Adventist Health network. We have an extensive network of services available for you to take advantage of throughout our system, and the facilities within our Adventist Health network are covered at 100 percent for members. By staying in our network, you will have a significantly lower co-pay, deductible and out-of-pocket (OOP).

2020 Engaged! Plan						
Medical Out-of-Pocket (OOP) and Deductible	Tier One	Tier Two	Tier Three California Members Only			
Deductible (applies first-before OOP)	\$0 AH Facility	\$500 per individual	\$500 per individual			
Out-of-pocket (OOP) (applies after deductible)	\$0 AH Facility	Individual max: \$1,700 Family max: \$5,100	Individual max: \$1,700 Family max: \$5,100	Common Deductible and Out-of-Pocket		
				OOP Max	Individual Max	Family Max
				Medical OOP Max	\$1,700	\$5,100
				Pharmacy OOP Max	\$3,700	\$4,500
		Total OOP Max	\$5,400	\$9,600		
Medical Benefits						
Physician Office Visits Primary Care Physician, Specialists	100% \$20 Co-pay*	100% \$30 Co-pay*	100% \$30 Co-pay*			
Physician Services Other (non-office visits such as minor surgery, x-rays, labs)	AH clinics 100% — lab and x-ray only 90% (D)	80% (D)	60% (D)			
Preventive Health Hospital Services	100%	N/A	100%			
Preventive Health Provider Services	100%	100%	100%			
Maternity Fees/Provider	100% (D)	80% (D)	60% (D)			
Maternity Hospital Care	100%	N/A	80%			
Emergency Care Emergency Services	100% \$100 Co-pay*	100% (D) \$100 Co-pay*	100% (D) \$100 Co-pay*			
Urgent Care (Includes out-of-network providers who will be paid under the Incentive Health Provider Access Solution level of benefits)	100% \$20 Co-pay*	100% \$30 Co-pay*	100% \$30 Co-pay*			
Telehealth (Adventist Health OnDemand)	\$5 Co-pay	\$30	\$30			

Refer to the Schedule of Benefits in the Summary Plan Document for further details PRIOR to receiving services and for additional benefits.

Notes:

(D) = Deductible applies

Definitions:

AH clinics: Adventist Health Physician Services entity and Adventist Health tax IDs. Applies to labs and x-ray services only.

Tier One

California members: Adventist Health and Incentive Health, also includes medical staff who participate in California Foundation of Medical Care.

Oregon members: Adventist Health and Healthcare Resources NW

Tier Two

California members: California Foundation of medical Care (CFMC)

Oregon members: First Choice

Tier Three

For California only, out-of-network

* Fixed dollar co-payments apply to annual out-of-pocket maximums. Fixed dollar co-payments apply PER visit/admission/occurrence.

The Engaged! Plan

Adventist Health offers a comprehensive medical plan to support you wherever you fall within the spectrum of health.

Engaged! Plan

The Engaged! Plan is designed to encourage benefits-eligible associates and their dependents to take an active role in their wellbeing. Engaged! Plan members pay low monthly contributions, deductibles and co-pays; and receive excellent coverage.

Eligibility

If you work full time or part time you may be eligible for benefits. You can elect medical/pharmacy, dental and vision coverage for yourself, your spouse or legal domestic partner, and dependents under 26 years of age. Documentation will be required for newly added dependents.

Enrollment

If you are a new associate who qualifies for and wants coverage, you must enroll within 30 days from your date of hire. Every fall during open enrollment, you will have the opportunity to explore options that are right for you and your family. If you are making changes or signing up for the first time, you can do so during the annual open enrollment period.

PREVENTION AND WELLNESS are part of Adventist Health's culture. Screenings, immunizations and annual wellness exams are covered at no cost to you.

A "benefits-eligible associate" is any employee of Adventist Health who works a regular schedule of at least eighteen (18) hours per week or more.

Making changes

You may make changes during the plan year only if you experience a qualifying life event (QLE). Examples include marriage, divorce, birth or adoption of a child, or a spouse/ domestic partner who loses or gains health coverage. For details, see the plan summary documents at AdventistHealth.org/employeehealthplan.

Have questions about Adventist Health's medical, pharmacy, dental and vision benefits? Call the Contact Center at 844-574-5686, or visit AdventistHealth.org/employeehealthplan.

Employee Health Plan Bonus

A bonus is offered to benefit-eligible associates enrolled in any medical plan offered by Adventist Health to assist members with the cost of coverage.

Upon proof of income level (as illustrated in the table to the right), associates may be eligible for an Employee Health Plan bonus of \$1,000 per year. Associates with a hire date of July 1, 2019 or later may be eligible for a health plan bonus of \$500.

To apply for the Employee Health Plan bonus, please visit the Contact Center Online via Human Performance On Demand. When you apply for the Employee Health Plan bonus, be prepared to provide a copy of the first page of your federal taxes (IRS Form 1040) from the previous year with the first five (5) digits of your social security number(s) redacted.

Persons in Household	2018 Annual Household Income Limit
1 (associate only)	up to \$18,000
2 (associate plus one dependent)	\$24,000
3	\$30,500
4	\$36,500
5	\$43,500
6	\$49,500
7	\$55,500
8	\$61,500

Medical Scenarios

Note:

All three examples are for illustrative purposes only and assumes compliance with all plan requirements. Please contact Employee Health Plan customer service at 800-441-2524 for specific questions.

Example 1: Outpatient Services

Mark schedules an office visit with a specialist to discuss a known issue with his knee. The specialist recommends an outpatient procedure in office to resolve.

Services	Tier One Provider	Tier Two Provider	Tier Three Provider California Members Only
Office Visit	\$20	\$30	\$30
Outpatient Professional Services			
Billed Charges	\$1,200	\$1,500	\$1,700
Allowable Charges	\$1,100	\$1,100	\$1,500
Annual Deductible	\$0	\$500	\$500
Balance after Deductible	\$1,000	\$600	\$1,000
Covered Percentage	100%	80%	60%
Covered Amount	\$1,000	\$480	\$600
Patient Responsibility	\$0	\$120	\$400
Outpatient Facility Charges			
Billed Charges	\$3,000	\$3,800	\$4,000
Allowable Charges	\$2,400	\$2,400	\$2,800
Covered Percentage	100%	80%	80%
Covered Amount	\$2,400	\$1,920	\$2,240
Patient Responsibility	\$0	\$480	\$560
TOTAL Patient Responsibility	\$20	\$1,130	\$1,490

Example 2: Inpatient Services

Mary needs to schedule an inpatient stay for the removal of her gallbladder. Here is how the different facility options would compare.

Services	Tier One Provider	Tier Two Provider	Tier Three Provider California Members Only
Inpatient Facility Fees			
Billed Charges	\$27,000	\$27,000	\$30,000
Allowable Charges	\$20,000	\$22,000	\$24,000
Annual Deductible	\$0	\$500	\$500
Balance after Deductible	\$20,000	\$21,500	\$23,500
Covered Percentage	100%	80%	60%
Covered Amount	\$20,000	\$17,200	\$14,100
Patient Responsibility (Before applying \$1,700 annual out-of-pocket (OOP) maximum)	\$0	\$4,800	\$9,900
Patient Responsibility (After applying \$1,700 annual out-of-pocket (OOP) maximum)	\$0	\$1,700	\$1,700
TOTAL Patient Responsibility	\$0	\$2,200	\$2,200

Example 3: Service Options

John is concerned about his child's fever. He is considering different options for care. Here is an overview of potential venues for assistance.

Services	Tier One Provider	Tier Two Provider	Tier Three Provider California Members Only
Telehealth (Adventist Health OnDemand)*	\$5	\$30	\$30
Primary Care	\$20	\$30	\$30
Urgent Care	\$20	\$30	\$30
Emergency	\$100	\$100	\$100
Coverage for additional outpatient services beyond the office visit	100%	80% after deductible	60% after deductible

* When utilizing Adventist Health OnDemand. Usage of other telehealth services will result in a higher co-pay.

Pharmacy Benefits

The medical plan includes pharmacy coverage, administered by OptumRx, our pharmacy benefit manager. Save money by using in-house and community partner pharmacies.

In-house pharmacies

Co-pays are lowest at an Adventist Health in-house pharmacy. You may fill up to a 90-day supply of your medicines at these pharmacies:

- Adventist Health Feather River
- Adventist Health Glendale
- Adventist Health Howard Memorial
- Adventist Health Lodi Memorial
- Adventist Health Sonora
- Adventist Health St. Helena

Community partner savings

If unable to access one of Adventist Health's in-house pharmacies, filling your prescriptions at one of our Community Partner Pharmacies will provide the greatest savings. As with our in-house pharmacies, you may fill up to a 90-day supply of your medicines.

Retail network and home delivery

If unable to access in house and Community Partner Pharmacies, you may use the pharmacy benefit manager's retail network and home delivery pharmacies. You may fill up to a 30-day supply at a network retail pharmacy, or a 90-day supply through home delivery.

Traditional Co-pays	Tier One (generic)		Tier Two (preferred brand)		Tier Three (non-preferred)	
	1-30 days supply	31-90 days supply	1-30 days supply	31-90 days supply	1-30 days supply	31-90 days supply
Adventist Health In-House Pharmacy	\$7	\$14	\$35	\$70	\$60	\$120
Community Partner Pharmacy	\$12	\$24	\$40	\$80	\$65	\$130
OptumRx Network Pharmacy	\$17 ¹	\$34 ¹	\$45	\$90	\$70	\$140
Specialty Co-pays (All specialty medications are all limited to a 30-day supply.)	Specialty Tier One (generic)		Specialty Tier Two (preferred brand)		Specialty Tier Three (non-preferred)	
Adventist Health In-House Pharmacy	\$35		20% – \$180 Max		20% – \$205 Max	
Community Partner Pharmacy	\$40		20% – \$190 Max		20% – \$215 Max	
BriovaRx Pharmacy (Optum Specialty Pharmacy)	\$45		20% – \$200 Max		20% – \$225 Max	

¹ Simi Valley and Portland members pay \$12 for a Tier 1 co-pay (1-30 day supply) at retail or \$24 (31-90 day supply) at home delivery. All other co-pays are as indicated on the table.

We take your privacy seriously. No personally identifiable health information will be shared with your employer, including the Human Performance department, managers, supervisors or other non-Employee Health Plan staff. The Employee Health Plan data base is separate and apart from our IT services and, to ensure your privacy, is hosted by a vendor outside of our service area. Your employer will receive only aggregated statistics stripped of any identifying information.

Dental Coverage — Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO network to maximize your savings.¹ These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.² Find a PPO dentist at DeltaDentalins.com/AH.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at DeltaDentalins.com/AH. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics	\$50 per person / \$150 per family each calendar year
Maximums D & P counts toward maximum	\$1,500 per person each calendar year
Waiting Period Applies to both associates and enrolled dependents	Basic Benefits: None Major Benefits: None Prosthodontics: None Orthodontics: 12 Months***

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Newly covered?

Visit DeltaDentalins.com/AH or call **888-335-8227**

Benefits and Covered Services*	Delta Dental PPO and Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100%
Basic Services Fillings	80%
Endodontics (root canals) Covered Under Basic Services	80%
Periodontics (gum treatment) Covered Under Basic Services	80%
Oral Surgery Covered Under Basic Services	80%
Major Services Crowns, inlays, onlays and cast restorations	50%
Prosthodontics Bridges, dentures and implants	50%
Orthodontic Benefits Adults and dependent children	50%
Orthodontic Maximums	\$2,500 lifetime

¹ You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

² You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. Additional fees may apply when seeing non-Delta Dental dentists.

** Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

***The waiting period will be waived for associates who are currently in orthodontic treatment. Associates who are partially through their 2019 waiting period will receive a credit for the number of months they've already waited.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Vision Benefits—VSP Vision Coverage



See healthy and live happy with help from Adventist Health and VSP

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

Value and Savings you love

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

Provider choices you want

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic® — the VSP preferred online retailer.

Quality Vision Care you need

You'll get great care from a VSP network doctor, including a WellVision Exam® — a comprehensive exam designed to detect eye and health conditions.

Choose Your Perfect Pair

VSP members get an extra \$20 to spend on featured frame brands. Plus, save up to 40% on lens enhancements.*

Our average annual savings with VSP: \$518

Newly covered?

Visit Adventist.VSPForMe.com
or call 800-877-7195

	Without VSP	With VSP
Eye Exam	\$181	\$10 co-pay
Frame	\$150	\$25 co-pay
Bifocal Lenses	\$154	\$25 co-pay
Photochromic Adaptive Lenses	\$115	\$70 co-pay
Anti-reflective Coating	\$117	\$69 co-pay
Total	\$717	\$199 co-pay



Your coverage with a VSP provider

Adventist Health and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials to give your eyes extra love.

Benefit	Description	Co-pay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance • \$80 Costco®/Walmart® frame allowance 	Included in prescription glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in prescription glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20–25% on other lens enhancements 	\$0 \$95–\$105 \$150–\$175	Every calendar year
Contacts (Instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts; co-pay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$50	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam <p>Retina Screenings</p> <ul style="list-style-type: none"> • No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your coverage with out-of-network providers

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

Exam	up to \$45	Lined Trifocal Lenses	up to \$65
Frame	up to \$70	Progressive Lenses	up to \$50
Single Vision Lenses.	up to \$30	Contacts	up to \$105
Lined Bifocal Lenses.	up to \$50		

Coverage with a retail chain may be different. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is a servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

Employee Assistance Program — Resources for Living

Everyday help for everyday living

We're here to provide you with resources to make your life easier. You can find services for all aspects of your wellbeing, including:

Emotional support

Talk to a counselor about what's on your mind — stress, relationships, mood issues and more. Meet face-to-face, by video stream or get in-the-moment support by phone.

Legal

Speak with an attorney about legal issues like estate planning and family and domestic issues.

Financial

Discuss budgeting, credit and more with a financial expert.

Daily life assistance

Let our specialists help you solve everyday issues and coordinate care giving needs.

Childcare services

Back-up/emergency care, day-care centers, summer camps, nurseries and pre-schools, adoption services, special needs and more.

Help for new parents

Manage your time, deal with emotional issues, access information and apps for new parents, and support when you return to work.

Crisis and disaster resources

Connect you with essential resources during times of crisis.

Training

On-site education on various life stressors, coping strategies, personal and professional development, financial education and more.

Website

Check out video resources, articles, assessments, webinars and more.

Confidential

We're here for you and your household members 24 hours a day, 365 days a year. It's free and confidential.

1-888-802-8846

ResourcesForLiving.com

User name: Adventist Health

Password: eap



Life Insurance (employer paid)

Adventist Health provides full-time associates with Basic Term Life insurance and accidental death and dismemberment (AD&D) as an employer paid benefit. This coverage helps to financially protect your loved ones should the unexpected happen.

If you work full-time and want to know how much coverage is provided for you, please call the Contact Center at 844-574-5686. Please see page 16 for voluntary benefits. Please be sure to confirm your beneficiary information during your enrollment process.

Long Term Disability (employer paid)

All benefit eligible associates will be provided, at no cost to the associate, an employer paid Long Term Disability (LTD) plan. After 180 days of total disability, you will receive 50 percent of your salary for a maximum monthly benefit of \$10,000 for up to two years. Directors, executives and corporate associates will maintain their current LTD coverage.

BUY-UP OPTION In addition to the employer paid LTD, benefit eligible associates will be offered the option to buy-up Long Term Disability coverage. The buy-up LTD option will be 60 percent of salary for a maximum monthly benefit of \$10,000 for up to Social Security Normal Retirement Age (SSNRA). The buy-up option will be offered at the rate of \$0.48 for each \$100 of earnings. For example, a person making \$50,000 a year would pay \$240 a year (\$10.00 a check for 24 pay periods) for the buy-up option.

ADVENTIST HEALTH'S MISSION,
Living God's love by inspiring health,
wholeness and hope, reflects the heritage
of the Seventh-day Adventist Church.



Choose added protection with Adventist Health's voluntary benefits

Adventist Health offers access to a comprehensive range of voluntary benefits for associates. These benefits are designed to help you save time and money by providing you quality insurance coverage and choices at discounted group rates.

Highlights of Adventist Health's Voluntary Benefits Program:

- **Special savings** — Because these plans are available to you as an Adventist Health associate, you could pay less.
- **Convenience** — These programs offer payroll deduction as an easy payment option, which means there's no need to write monthly checks.
- **Portability** — If you leave Adventist Health, you can continue your coverage on a direct-bill basis.
- **Guaranteed Issue** — Certain policies may offer a special enrollment opportunity (usually when an associate is first eligible to enroll) where coverage is automatically approved up to a specified amount without requiring a statement of health.

Auto and Home Insurance

Get a quote through our exclusive home and auto insurance provider, MetLife, and enjoy discounts that may be lower than anything you can find on your own.

Coverage

Auto insurance coverage includes liability protection, personal injury protection (where available) and optional coverage for physical damage that occurs in collisions.

Home insurance offers comprehensive coverage for your home and personal property. These policies include coverage for theft, liability and damage to your home and personal property. This insurance also provides personal liability protection.

Benefits

- Qualify for a group discount of up to 15%.
- Save an additional 10% right away with MetLife's "Welcome Discount" for new customers.
- Save more with MetLife's superior driver discount.
- Pay your premiums through automatic payroll deduction.
- Receive extra savings if you've been with MetLife for an extended period.
- Enjoy multi-vehicle savings when you insure more than one vehicle with us.
- Make the most of multi-policy discounts when you insure both your home and auto with MetLife Auto & Home.

Eligibility: All Adventist Health associates are eligible

Enrollment: Available at any time throughout the year

Pet Insurance

Our furry friends deserve and need our protection. Pet insurance can assist you with veterinary care costs — both expected and unexpected — providing peace of mind for you. My Pet Protection® from Nationwide® can provide your pet(s) with the very best care and wellness options available, in addition to preparing you for the unexpected emergency visit.

Coverage

The Nationwide® My Pet Protection Plan® reimburses up to 90% of vet bills including accidents, illnesses and even some hereditary conditions (some limitations apply). You're free to use any vet and get additional benefits for emergency boarding, lost pet advertising and more.

Benefits

- Access to a 24-hour vetHelpline® (a \$150 value) for all pet insurance members.
- Freedom to use your own vet for services (no networks).
- Multiple pet discounts of 10-15%.

Eligibility: All Adventist Health associates are eligible

Enrollment: Available at any time throughout the year

Group Critical Illness Insurance

As you consider your benefit options, take a moment to think about how you would protect yourself or your family from the financial impact of a critical illness. With the advances in medicine, the odds of surviving a critical illness — such as cancer, heart attack, stroke, end-stage renal failure or coronary artery disease — are greater than ever. But during treatment, there are still bills that must be paid.

Coverage

The group critical illness plan provides cash benefits if you're diagnosed with or treated for a covered critical illness, such as cancer, a heart attack or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills.

Important Note: Reimbursement levels may vary by state, depending on the level of coverage each individual state has approved/required.

Benefits

- Lump-sum benefit for a covered critical illness such as: heart attack, stroke, major organ transplant and end-stage renal failure.
- You may be eligible to receive total recurrence benefits of up to 3x the amount of the initial benefit.
- Eligible spouse/domestic partners are covered at 100% of the primary insured's amount at no additional charge.
- Eligible dependent children are covered at 50% of the primary insured's amount at no additional charge.

Please see the Critical Illness Insurance Certificate for complete details.

While MetLife group critical illness coverage provides a benefit for cancer, it is important for you to know the cancer coverage is not equivalent to benefits provided under a separate, individual cancer insurance policy. Benefits that may have accrued under an existing individual cancer policy are not transferable to a MetLife group critical illness insurance plan.

Eligibility: Eligible associates must work full-time or part-time and average a minimum of 18 hours per week.

Enrollment: Eligible associates must enroll within 30 days of your date of hire, or during annual open enrollment to receive guaranteed issue coverage.

Please note: Once enrolled, you will only be able to cancel during your next open enrollment period.

Accident Insurance

Accident insurance pays cash benefits that correspond with hospital and intensive care stays if you experience an accident. It is designed to compliment existing medical coverage and help narrow gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services.

Coverage

Your accident insurance plan includes coverage for a variety of occurrences, such as: dislocation or fracture; ambulance services; physical therapy and more. Cash benefits can be used to help pay for treatment, rent and more.

Benefits

- A safety net to meet unexpected accident-related expenses that might strain emergency funds.
- Useful if you have children in age groups that are more likely to experience accidents, especially broken bones, bicycle accidents, sports and playground injuries.
- Protect retirement savings against the risk of out-of-pocket medical expenses.

Eligibility: Eligible associates must work full-time or part-time and average a minimum of 18 hours per week.

Enrollment: Eligible associates must enroll within 30 days of your date of hire, or during annual open enrollment to receive guaranteed issue coverage.

Please note: Once enrolled, you will only be able to cancel during your next open enrollment period.



Group Legal Services

Many individuals fear the cost of legal fees and don't know how to find the right attorney for their needs. Hyatt Legal's services provide counsel for covered services in addition to telephone advice and office consultations on an unlimited number of matters. When you use Hyatt's Attorney Network for covered services, all attorney fees are paid by the plan.

Coverage

Provides affordable legal representation from a network of more than 14,000 plan attorneys for your personal legal needs, such as will preparation, traffic ticket defense, real estate matters, and more, for a low monthly rate.

Identity Services

Please note that identity theft services have been rolled into group legal services. Participating in the legal plan now gives you the benefit of both coverages!

Benefits

- Coverage for spouse and dependents.
- Trials for covered matters are covered from beginning to end, regardless of length, when using a network attorney.
- Live customer service — calls answered live within an average of 8 seconds during business hours (8 am –8 pm EST/EDT, Mon-Fri).
- Online access to the Attorney Locator, plus details on plan coverage, attorney network services and benefit definitions.

Eligibility: All Adventist Health associates are eligible to receive this benefit.

Enrollment: Eligible associates must enroll within 30 days of your date of hire, or during annual open enrollment.

Please note: Once enrolled, you will only be able to cancel during your next open enrollment period.

Short-Term Disability

Short-term disability insurance is an insurance product that replaces your income for a short period of time in the event that you experience a disability. According to the Council for Disability Awareness, 1 in 4 workers will experience a period of disability before they retire. This benefit protects your income if you are out of work due to a short-term disabling illness or non-occupational accidental injury.

Coverage

Pays either 40 percent or 60 percent of your wages, for 11 or 24 weeks depending on the plan option you elect to enroll in (maximum weekly benefit of \$4,000). **This coverage is not available to associates working in locations that have state-sponsored programs, including California (SDI) and Hawaii (TDI).**

Benefits

Protects against the financial impact of being unable to earn an income due to injury or illness. Provides a bridge to long-term disability coverage.

- **Eligibility:** Eligible associates must work full-time or part-time and average a minimum of 18 hours per week.
- **Enrollment:** Eligible associates may apply at any time, but you must enroll within 30 days of your date of hire to receive guaranteed issue coverage.

Supplemental Term Life (STL) and Voluntary Accidental Death and Dismemberment (VADD) insurance

Supplemental Term Life and Voluntary Accidental Death and Dismemberment Insurance is available to purchase for yourself and your eligible dependents. This coverage helps to financially protect you and your loved ones should the unexpected happen.

Note: These two coverages are now a combined product and are no longer available to purchase separately.

Coverage

Pays benefits if you or a family member dies or suffers injuries as a result of a covered accident. Choose your amount of coverage, up to a maximum of \$1,000,000 for associates, and \$500,000 for spouses and registered domestic partners. A Statement of Health is required for all non-guaranteed issue elected amounts.

Benefits

- Provides an additional layer of benefits beyond your employer-paid term life insurance.
- Choose a specific amount of coverage that is right for you and your family.
- Purchase coverage at group rates, which are far lower than individual rates.

Eligibility: Eligible associates must work full-time or part-time and average a minimum of 18 hours per week.

Enrollment: Eligible associates may apply at any time, but you must enroll within 30 days of your date of hire to receive guaranteed issue coverage of up to \$300,000 for associates and \$50,000 for spouses and registered domestic partners.

For more information and to enroll in Voluntary Benefits:

[MetLife.com/AdventistHealth](https://www.MetLife.com/AdventistHealth)

Adventist Health Human Performance Contact Center: 844-574-5686

SECTION **4**

Flexible Spending Account



A Flexible Spending Account (FSA) can save you money. An FSA lets you pay for qualified medical or dependent care expenses with money that has not been taxed — leaving more in your pocket.

The Employee Benefits Corporation Flexible Spending Account allows associates to redirect part of their salary before tax to pay for healthcare expenses and dependent care expenses incurred during the plan year.

Healthcare Expenses

You may claim healthcare expenses incurred but not reimbursed by any other plan. Eligible expenses include those incurred to prevent, diagnose, or treat a specific medical condition; therefore, general wellness expenses are not allowed. Through FSA, 100 percent of eligible expenses can be paid with pre-tax dollars.

Dependent Care Expenses

If you pay someone to care for your dependent(s) age 12 or under, or your spouse or dependent who is not capable of self-care, you may be able to claim qualifying dependent care expenses through your Dependent Care Expense Reimbursement Account.

Your Employee Benefits Corporation FSA features an online portal (EBCFlex.com) where you can:

- Upload claims electronically,
- Check claim status,
- Receive electronic account updates,
- Receive your account balance.

Your FSA option also includes:

- debit cards are automatically issued and additional ones may be requested as needed,
- a mobile application, My Mobile Account Assistant,
- and the option for direct deposit.

It is important to estimate your expenses accurately as money not used will be lost. For more information on which qualifying expenses can be claimed, and on orthodontia, please call 800-346-2126.

Savings example

Without FSA		With FSA	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	– \$18,000	Maximum annual Health-care FSA contribution	– \$2,700*
Net annual Pay	= \$42,000	Adjusted gross pay	= \$57,350
Estimated annual healthcare expenses	– \$2,600	Estimated tax rate (30%)	– \$17,220
Final take-home pay	= \$39,400	Final take-home pay	= \$40,130
All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate and healthcare expenses, and tax savings may be different.		Take home this much more: \$730	

*If the IRS increases the maximum contribution amount for 2020, you will have the opportunity to change your election amount through 12/31/19.

When to enroll:

You must sign up annually, during Open Enrollment or within 30 days of a qualifying life event, and set aside a portion of your pre-tax salary to cover anticipated expenses. If you are a new associate, you have 30 days from your date of hire to enroll. Call the Contact Center at 844-574-5686 to enroll.

More Information

Call 800-346-2126
EBCFlex.com

SECTION **5** Retirement

The Adventist Healthcare Retirement Plan (AHRP) (or the Adventist Health 401(k) Plan for AHRO only) is one of the best ways to save for your retirement. Adventist Health also offers a supplemental tax-deferred 457(b) savings retirement plan. The Adventist Health 457(b) Plan is an unfunded deferred compensation plan for recognized Adventist Health entities.

Associates can participate in the retirement plan by contributing a percentage of each paycheck, subject to limits specified by the Internal Revenue Service.

Eligible non-represented associates age 18 and older who choose to contribute to the AHRP or 401(k) plan receive Employer Matching Contributions of 50 percent of the first 4 percent of eligible pay (equal to a maximum of a 2 percent match if associate contributes 4 percent or more of eligible pay).

These employer matching contributions are deposited to associates' accounts on a per pay period basis. For non-represented associates, Adventist Health automatically contributes an additional discretionary Employer Basic Contribution of 3 percent of eligible pay if the associate works 1,000 hours or more during the year.

An associate vests in the employer contributions after three years of Credited Service at Adventist Health or another recognized Adventist entity.

Illustration using a \$40,000 annual wage

Employer Basic 3% of Salary	\$1,200 / 3%
Associate Contribution 4% of Salary	\$1,600 / 4%
Employer Match 2% of Salary	\$800 / 2%
Total Annual Savings	\$3,600 / 9%



How to Enroll

New associates can enroll online or by phone the Wednesday following their first paycheck. Associates can change deferral elections at any time. Enroll and find more information at AHRP.com or 800-730-AHRP.

LivingWell: Adventist Health's whole-person health and wellness program

LivingWell is offered to all associates

Taking part in LivingWell helps you get healthy, stay healthy and enjoy your life to the fullest. The program offers classes, activities and quarterly focuses to help you set and achieve your health goals.

At LivingWell.ah.org, you'll find tools to track your exercise, food, water intake and more. Quarterly focuses help motivate and inspire our associate family to eat well, be active and manage stress.

Visit LivingWell.ah.org to learn ways to earn LivingWell points.

Quarterly wellness focuses

Adventist Health associates are encouraged to participate in a quarterly wellness focuses. Topics may include the importance of sleep, tracking your beverages or food, and the importance of hydration for your health. All focuses are on full-body health and encourage individuals to take more steps throughout the day, learn new ways to relax and recharge, maintain their weight and find new ways to keep moving.

Sign up for LivingWell

Go to LivingWell.ah.org and create a new account by following the prompts. When asked for the security code, enter **livingwell**. Spouses enrolled in the plan will need to create a separate account. Call 1-888-252-8150 if you need website support.

Health coaching and care management

This free phone-based program provides education and support through one-on-one health coaching. Participants will learn how to reduce risk, identify resources, overcome barriers and set goals to make lifestyle changes to improve their health.

Adventist Health Benefits Administration has received the National Committee for Quality Assurance (NCQA) 3-year Case Management Accreditation for the following programs: Complex Case Management, Case Management and Transitional Case Management.

Employee Health Plan covered programs

For associates looking to participate in a health and wellness program, three options are available.

- **Weight Watchers** is available at local meeting sites to Engaged! Plan members with a physician's referral. Adventist Health pays 100 percent of the fee upon documented completion.
- **Complete Health Improvement Program (CHIP)**, is a lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and appropriate lifestyle modifications. This program is available to Engaged! Plan members with a physician's referral, and may be completed online. Adventist Health pays 100 percent of the fee upon documented completion.
- **TakeTEN™** is a proven ten-day lifestyle medicine program that uniquely combines expert medical care with nutrition, fitness, and spirituality into your personal lifestyle prescription. The TakeTEN program is covered by the Engaged! Plan, based on medical necessity and a physician's referral. For more information call 800-920-3438 or visit AdventistHealthTakeTen.org.



Service Recognition Awards

At each five-year employment milestone, associates are recognized and celebrated for their continuing service at Adventist Health.

Associate Discounts

Adventist Health offers many corporate and associate discounts for various services. For a complete list of discounts available to you, please call the Contact Center at 844-574-5686.

Fitness benefit

Adventist Health offers associates a fitness benefit through Active & Fit Direct, enabling you to self-pay at a negotiated rate for access to a fitness membership from over 9,000 fitness centers and YMCAs across the United States. Many of the nation's finest fitness centers and YMCAs contract with Active & Fit Direct, including, but not limited to, LA Fitness, Curves, Anytime Fitness, Snap Fitness and others, along with select Gold's Gyms, and Planet Fitness locations. Ask your smaller community fitness centers if they participate with Active & Fit.

For information and to participate, visit LivingWell.ah.org.

Time Off

Associates accrue Paid Time Off (PTO), sick time and extended illness time per period. Accrual rates are based upon years of service and/or location. The maximum of Paid Time Off hours that can be accrued is three-hundred (300) hours unless noted below.

Years of Service	Paid Time Off*	Sick Time Bank	Extended Illness Bank*
0-3.99 years	Hours PP: 6.48	Accrues at 1 hour for every (30) hrs. worked USAGE • CA: 3 shifts PY • Los Angeles Co: 48 hrs. PY • San Diego: 40 hrs. PY • OR: 40 hrs. PY	Hours PP: 1.54
4-8.99 years	Hours PP: 7.98		
9+ years	Hours PP: 9.58		

*Associates paid for less than eighty (80) hours per pay period earn a prorated percentage.

NOTE: Accruals for represented associates may differ slightly from the numbers above. Please refer to your CBA for details.

Tillamook, Oregon EMS Providers

Tillamook, Oregon EMS Providers working 24+ hour shifts earn Paid Time Off in the following manner:

Years of Service	Paid Time Off Accrual Max PP	Sick Time Bank	Extended Illness Bank*
0-4.99 years	Hours PP: 14.2	Accrues at 1 hour for every (30) hrs. worked Can Use: 40 hrs. PY	Hours PP: 1.54
5-8.99 years	Hours PP: 17.2		
9 years and over	Hours PP: 20.4		

*Associates paid for less than eighty (80) hours per pay period earn a prorated percentage.

Employee Association at Adventist Health Clearlake

Employee Association associates at Adventist Health Clearlake accrue Paid Time Off per the Memorandum of Understanding.

Hawaii Associates

Years of Service	Paid Time Off*	Sick Time Bank	Extended Illness Bank*
0-3.99 years	Hours PP: 7.7	N/A	Hours PP: 1.54
4-9.99 years	Hours PP: 9.2		
10 years and over, and Directors	Hours PP: 10.8		

*Associates paid for less than eighty (80) hours per pay period earn a prorated percentage.

Western Health Resources Private Duty

Private Duty associates of Western Health Resources accrue and use Paid Time Off in the following manner:

Years of Service	Paid Time Off Accrual Max PP	Sick Time Bank	Extended Illness Bank*
All Associates	Hours PP: 1.538461538	Accrues at 1 hour for every (30) hrs. worked USAGE • CA: 3 shifts PY • Los Angeles Co: 48 hrs. PY • San Diego: 40 hrs. PY • OR: 40 hrs. PY	Hours PP: 1.54
Accrual Yearly Max	Balance Max	Taking Minimum	Overdraft
40 hours	80 hours	1 hour	0

*Associates paid for less than eighty (80) hours per pay period earn a prorated percentage.

Resources

Medical, Dental and Vision Benefits

Adventist Health Employee Health Plan (Medical)

For questions regarding claims and plan coverage, contact 800-441-2524.

- AdventistHealth.org/employeehealthplan
- Medical Plan customer service: 800-441-2524

Pharmacy

- OptumRx.com
- 866-534-7205
- List of in-house and community partner pharmacies available on Connect

Dental

- DeltaDentalins.com/AH
- 888-335-8227

Vision

- Adventist.VSPForMe.com
- 800-877-7195

Employee Assistance Program

We're here for you and your household members 24 hours a day, 365 days a year. It's free and confidential.

- 1-888-802-8846
- ResourcesForLiving.com
User name: Adventist Health
Password: eap

Voluntary Insurance Benefits

- MetLife.com/AdventistHealth
- 844-574-5686

Flexible Spending Account (FSA)

- EBCFlex.com
- 800-346-2126

Retirement

Adventist Healthcare Retirement Plan (AHRP)

- AHRP.com
- 800-730-AHRP

LivingWell

Adventist Health's whole-person wellness program

- LivingWell.ah.org (security code: livingwell)
- For website support: call 888-252-8150

Health and wellness information

- LivingWell.ah.org (Health Library tab)
- Adventisthealth.org (Health & Wellness tab)

Contact Center

For questions regarding any of the plan options or the enrollment process visit Human Performance OnDemand Self Service Access or call 844-574-5686



How do I enroll?

Refer to page 6 for enrollment instructions.

Glossary

Annual enrollment (open enrollment) – A period specified by Adventist Health during which you may change your plan options and benefits, as long as any change is consistent with plan eligibility rules and federal regulations.

Co-pay or co-payment – A fixed-dollar amount that you pay each time you receive specified health care services or prescription drugs.

Covered service or covered expense – A service or supply, or a charge for a service or supply, eligible for payment under a plan.

Coinsurance – The percentage of the cost that you or the plan pays for a covered medical expense after you have met your annual deductible.

Deductible – Amount of covered expenses that you are responsible to pay each calendar year before the plan starts paying.

Disability (physical or mental) – Inability of a person to be self-sufficient as the result of a condition such as a mental disability, cerebral palsy, epilepsy or another neurological disorder that has been diagnosed by a physician as a permanent and continuing condition.

Domestic partner – Same-gender or opposite-gender domestic partner with whom you have registered under a domestic partnership law. Registration may be in any jurisdiction that legally allows domestic partnerships. You must provide documentation of the registration to the HP Contact Center. Employees seeking coverage for a domestic partner cannot be legally married.

Eligible dependents – Your lawful spouse, your registered domestic partner and your child(ren) as defined under each plan. See the specific plan sections of this guide and the relevant SPDs for details.

Flexible spending account – Allows you to set aside pre-tax money from your pay and reimburse yourself for eligible health care and dependent “day care” expenses, while reducing your taxable income.

Formulary – A drug list utilized to determine the amount of your co-pay for each prescription medication purchased. Drugs listed in the formulary are typically available at a lower co-pay than those not listed. A formulary may also be called a preferred drug list.

In-network – A group of medical, dental or vision care providers who are members of a service administrator’s network. The service administrator has a pricing arrangement with the group that helps to hold down the cost of the services received.

Inpatient – Treatment in a hospital or facility for which a room and board charge is made.

Medically necessary or medical necessity – A health care service or treatment that’s generally accepted in medical practice as needed for the diagnosis or treatment of a patient’s condition and that can’t be omitted without harming the patient (as judged against generally accepted standards of medical practice). Medical necessity is defined under the terms of the Adventist Health Engaged! Plan.

Network – A group of providers of medical, dental or vision services and supplies approved by the service administrator.

Out-of-network – A non-network provider who doesn’t have a pricing or service arrangement with the medical, dental or vision service administrator.

Out-of-pocket maximum – Amount of eligible expenses you would pay in a calendar year before the plan begins to pay 100 percent.

Outpatient – A patient who receives medical treatment without being admitted to a hospital.

Participant – Any enrolled person eligible for benefits under the plan, including employees, their dependents, COBRA beneficiaries and retirees.

PPO or Preferred Provider Organization – A health or dental plan that offers in-network and out-of-network benefit levels. To receive the highest level of benefits, you must choose an in-network provider or an in-network facility.

Pre-authorization/prior notification requirements – A review by the service administrator of planned treatment to advise you of the services or expenses covered. Before you receive certain medical treatments or are admitted to a hospital, you must request that your doctor or other provider submit details about your condition and the proposed treatment, or the plan reduces the amount it will pay for the covered services or expenses. For further information, refer to the Adventist Health Engaged! Plan SPD.

Qualifying life event (QLE) – An event that changes your family or health insurance situation and qualifies you for a Special Enrollment Period. The most common qualifying life events are the loss of health care coverage, a change in your household such as marriage or birth of a child, or a change of residence.

Special Enrollment Period (SEP) – A specified period of time when you are allowed to make changes to your health insurance plan even though it is not an open enrollment period.

Specialty drugs – The most expensive drugs typically used to treat complex conditions like cancer and multiple sclerosis. Purchase of these prescription drugs requires the highest co-pay from you.

Spouse – The employee’s legal spouse or registered domestic partner for which proof of marriage or the registration of a domestic partnership has been provided.

Summary Plan Description (SPD) – A detailed summary that describes a plan’s provisions.

Tier One, generic drugs – Versions of brand-name drugs no longer under patent, allowing them to be competitively manufactured by other companies, and providing the lowest overall cost and co-pays.

Tier Two, brand-name drugs – patented drugs developed and manufactured by a single company, usually resulting in higher costs and co-pays compared to Tier 1.

Tier Three, nonformulary or nonpreferred prescription drugs – Brand-name drugs manufactured by more than one company and for which no special pricing has been negotiated. Your purchase of these prescription drugs usually requires a higher co-pay from you.

Urgent care facility – A public or private facility licensed and operated according to applicable state law, where ambulatory patients can receive immediate, nonemergency care for mild to moderate injuries and/or illnesses without scheduling appointments.

Vesting – The years of Adventist Health service required to gain 100 percent ownership of Adventist Health’s contributions to your defined contribution plan account(s).



Our Adventist Health Vision

We will transform the health experience of our communities by improving health, enhancing interactions and making care more accessible.



Together inspired.®



ONE Adventist Health Way
Roseville, CA 95661
AdventistHealth.org