

2027

Employee Benefits Guide

Adventist Health
Adventist Health and Rideout
Adventist Health Mendocino Coast
Adventist Health Columbia Gorge



Employee Benefits Guide

Dear Adventist Health Employee,

Authentic and long-lasting happiness is rooted in purpose, connected to faith, and driven by strong relationships and a positive outlook. You are essential to living our mission, and we are committed to providing you with the resources and tools to experience optimal well-being and inspire health, wholeness, and hope in your community.

Adventist Health offers comprehensive benefits that emphasize a whole-person focus on physical, mental, spiritual, and social healing to support your well-being.

When you join Adventist Health, and annually during open enrollment, you have an opportunity to tailor your benefits to meet your needs and those of your family.

Benefits that support all aspects of your well-being

Through more than 50 years of research on happiness and well-being, the Gallup organization has identified five elements of well-being that work together to create a life that flourishes:



Physical Well-Being

Whole person well-being begins with inside-out physical health



Community Well-Being

Liking where you live and feeling like you're making a difference



Social Well-Being

Belonging to the "right tribe" and expanding your circle to include healthy-minded, encouraging friends and loved ones



Career Well-Being

Liking what you do every day and experiencing ikigai, a term from Okinawa, Japan, that means a clear understanding of what gives your life meaning and purpose



Financial Well-Being

Financial security, not only for today, but for your future

When these areas are working cohesively in your life, you experience a vibrant life of health, wholeness, and hope. Adventist Health wants to partner with you by offering the tools to help make each of these elements a reality. In this benefits guide, you will learn about the resources that will empower you to live your life to the fullest.

This guide provides an overview of your Adventist Health benefit options. Thank you for being an essential member of our Adventist Health community. Together, let's live the healthiest life possible!

Your Adventist Health Human Resources team

This guide provides a benefits overview only. For detailed benefits information, refer to the Summary Plan Description. In any occurrence where the information in the guide differs, the SPD shall be the governing document.

Benefits Guide

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Made to inspire generations



You deserve more well-being

Adventist Health is committed to creating a culture of well-being, where all employees are empowered to be rooted in purpose, experience joy at work, and flourish in every element of well-being.

We understand you're more than just a dedicated, mission-driven employee. That's why we invite you to pursue your best life by taking advantage of the well-being benefits that we provide.

Learn about experiencing:

- More emotional support
- More financial peace of mind
- More engagement through well-being activities
- More whole-person health through screenings with your primary care provider

We hope these benefits help you fill each day with more of what matters most.

Adventist Health is a faith-based, nonprofit, integrated health system serving more than 100 communities on the West Coast and Hawaii with over 440 sites of care, including 27 acute care facilities. Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care, and hospice agencies in both rural and urban communities. Our compassionate and talented team of more than 38,000 includes employees, physicians, Medical Staff, and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. We are committed to staying true to our heritage by providing patient-centered, quality care. Together, we are transforming the healthcare experience with an innovative and whole-person focus on physical, mental, spiritual, and social healing to support community well-being.

Benefit Enrollment

Benefits-eligible newly hired employees must make benefit elections within 30 days of hire. Most of your benefits are effective on the first day of the month following your date of hire. You may enroll your eligible dependents, including your spouse/domestic partner and children under 26 years of age, in medical, dental, and vision benefits.

All employees must enroll during the annual open enrollment period to have or maintain benefits for the 2027 plan year. Mid-year changes can only be made if you experience a qualifying life event, such as marriage, the addition of a child, or a change in your access to coverage.



Before enrolling:

- Review your benefit materials.
- Have dates of birth and Social Security numbers for all dependents to be covered.
- Have dependent verification documents such as:
 - Birth or adoption certificates for children
 - Marriage license for spouse

After enrolling:

- Review, print, and save a copy of your confirmation statement as proof of your enrollment.
- Report any discrepancies in your benefits enrollment by opening an inquiry with the Human Resources (HR) Contact Center within your enrollment window, or prior to the last day of the open enrollment period.

Questions?

Call the HR Contact Center at 844-574-5686.

How To Enroll

Remember
to review
and update your
beneficiaries



Select the "AH Benefits Enrollment" icon from "My Toolbox" on the Connect page.



If you do not have access to Connect, visit www.ElectBenefits.com/Adventist.



Elect the benefits you want for the year.



Save or submit your elections, and print your confirmation statement.

As a new hire, during annual open enrollment, or if you have a qualifying life event, you can elect or make changes to:

- Medical plan
- Dental plan
- Vision plan
- Critical illness insurance
- Accident insurance
- Legal and identity theft protection
- Health savings account (HSA)
- Flexible spending account (FSA) for medical and/or dependent care
- Hospital indemnity insurance
- Voluntary short- and long-term disability
- Supplemental life and accidental death and dismemberment insurance

Employees may elect or make changes at any time to:

- Pet insurance
- Retirement plan

Adventist Health automatically provides:

- Long-term disability
- Basic life and accidental death and dismemberment insurance
- Contributions to your retirement savings
- Behavioral health support
- Employee assistance program
- Perks at Work

If enrolling from a personal computer, visit www.ElectBenefits.com/Adventist

1. Login: Employee ID (EPID)
2. Password: Last 4 digits of your
- SSN+Lastname
- Example: 1234Doe
3. Click the **"Sign In"** button to begin the enrollment process
4. Click on **"Start your annual enrollment 2027"**
5. Click on **"Enroll Now"**

If you leave the enrollment process at any time prior to completion, your elections **will NOT** be saved.



ALERT!

- If required dependent verification documents are not received within 30 days of a qualifying life event and/or date of hire, enrollments will be voided retroactively to benefit effective date.
- Evidence of insurability may be required for some coverages if not elected when you are first eligible.



MORE PHYSICAL WELL-BEING

Whole person well-being begins with
inside-out physical health.



Physical

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1 | Adventist Health Employee Health Plans

The Adventist Health Employee Health Plans provide comprehensive medical coverage designed to support your overall well-being. With two medical plan options, you may choose which plan is best for your family.

Comparing the two plan options

Both plans cover the same types of care. The difference is how you pay for services and when your benefits begin.

Employee Health Plan (EHP)

- **Contributions:** Higher per paycheck than the HDHP
- **Deductible and out-of-pocket maximum:** You pay a lower deductible and out-of-pocket max
- **Co-pays:** You pay a fixed amount for a doctor or specialist visit
- **Preventive care:** 100% covered (no differences from the HDHP).
- **Pharmacy:** No deductible before coverage kicks in.
- **Member experience:** You pay more from your paycheck each month, but most services have predictable, fixed costs when you use them.

High-Deductible Health Plan (HDHP)

- **Contributions:** Lower per paycheck than the EHP
- **Deductible:** You pay the full cost of care until you meet your deductible (preventive care is still covered in full).
- **Out-of-Pocket Maximum:** Higher than the EHP
- **Coinsurance:** After the deductible, you share the cost with the plan (a percentage of billed services) until you reach your out-of-pocket maximum. You can use your health savings account (HSA) to lower your out-of-pocket expenses.
- **Preventive care:** 100% covered (no differences from the EHP).
- **Pharmacy:** Your deductible must be met before pharmacy coverage kicks in.
- **HSA eligible:** You can contribute pre-tax dollars to a HSA to pay for care now or later, and unused funds roll over each year.
- **Member experience:** You pay less from your paycheck each month, but you'll pay the full cost of care upfront until your deductible is met. You can use your HSA to lower your out-of-pocket expenses.

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 employee"** is any employee of Adventist Health who works:

- **Full-time regular:** Works a regular schedule with an average of at least 35 scheduled hours per week*
- **Part-time regular:** Works a regular schedule between 20 and 34.99 scheduled hours per week*

**Unless specified differently in a collective bargaining agreement or memorandum of understanding.*

Am I eligible for the Adventist Health Employee Health Plans?

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

How to enroll

If you are a new employee 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.

Health savings account

A health savings account (HSA) is a personal, tax-advantaged account paired with a high-deductible medical plan. You can use it to save and pay for qualified medical expenses. Funds roll over yearly and are yours to keep — even if you change jobs.

Can I have an HSA and FSA?

No. If you enroll in an HSA, you cannot also enroll in a traditional flexible spending account (FSA), as IRS rules prohibit participation in both accounts at the same time. Please review your benefit options carefully to ensure compliance and select the plan that best fits your needs.

How to use an HSA

To get the most out of your HSA, consider contributing at least enough to cover your expected out-of-pocket medical expenses for the year.

Learn more at

[AdventistHealth.org/
EmployeeHealthPlan](https://AdventistHealth.org/EmployeeHealthPlan)

2027 Adventist Health Employee Health Plan Comparison

	Employee Health Plan		High-Deductible Health Plan	
	Tier 1 Adventist Health, UC Davis Health, OHSU, & Loma Linda University Medical Center	Tier 2 Anthem Blue Cross and Blue Shield	Tier 1 Adventist Health, UC Davis Health, OHSU, & Loma Linda University Medical Center	Tier 2 Anthem Blue Cross and Blue Shield
Medical deductible (applies first before OOP)	\$0	\$500 per individual	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000
Medical out-of-pocket (OOP) (applies after deductible)	Individual max: \$2,500 Family max: \$6,000		Individual max: \$4,500 Family max: \$9,000	Individual max: \$6,200 Family max: \$12,400
Pharmacy deductible and out-of-pocket	Deductible: \$0 Individual max: \$3,700 Family max: \$4,500		Included in Tier 1 medical deductible and out-of-pocket.	
Total out-of-pocket max	Individual max: \$6,200 Family max: \$10,500		Individual max: \$4,500 Family max: \$9,000	Individual max: \$6,200 Family max: \$12,400
Medical Benefits				
Hospital Services	100%	80% or 0%**	90% (D)	80% or 0%** (D)
Office Visits Primary care physician, specialists	100% \$25 Co-pay*	100% \$35 Co-pay*	90% (D)	70% (D)
Physician Services Other (non-office visits such as minor surgery, labs, imaging, sleep lab)	100% AH Clinics 90% Non-AH Clinics	80% (D)	90% (D)	70% (D)
Habilitation/Rehabilitation Services Outpatient (PT/OT/Speech)	100% AH Facility & AH Clinics \$25 Co-pay*	100% \$35 Co-pay*	90% (D)	70% (D)
Preventive Health Hospital services	100%	100%	100%	100%
Preventive Health Provider services	100%	100%	100%	100%
Maternity Fees/Provider	100%	80% (D)	90% (D)	70% (D)
Maternity Hospital care	100%	80% or 0%**	90% (D)	80% or 0%** (D)
Emergency Care Emergency services	100% \$200 Co-pay*	100% \$200 Co-pay*	90% (D)	70% (D)
Urgent Care (Includes out-of-network providers who will be paid under the PPO level of benefits)	100% \$25 Co-pay*	100% \$35 Co-pay*	90% (D)	70% (D)
E-Visits & Telehealth	\$10 Co-pay* Adventist Health OnDemand	\$35 Co-pay*	90% (D)	70% (D)
Mental Health				
Office Visits	100% \$25 Co-pay*	100% \$35 Co-pay*	90% (D)	70% (D)
Thriveworks	100%	100%	100%	100%
E-Visits & Telehealth (mental health)	100%	100%	100%	100%
Mental Health and Chemical Dependency (Facility) Inpatient	100%	80% or 0%**	90% (D)	80% or 0%** (D)
Mental Health and Chemical Dependency (Facility) Outpatient	100%	80% or 0%**	90% (D)	80% or 0%** (D)

High-Deductible Health Plan Only

The deductible must be met before coinsurance and co-pays apply, except for preventive care.

Both Plan Options

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

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

**Covered at 80% after deductible with an approved unavailable service request form.

(D) = Deductible applies

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

Health Plan networks

With both the Employee Health Plan (EHP) and the High-Deductible Health Plan (HDHP) options, you have access to two tiers of medical coverage. To receive the highest level of coverage, you must utilize services in Tier One. If a provider or facility is not available in Tier One, you have the option of utilizing our Tier Two network; however, you can expect to pay more than if you were to remain in Tier One.

Tier One

All states: Adventist Health, Loma Linda University Medical Center, Oregon Health & Science University, and UC Davis Health.

Tier Two

All states: Anthem Blue Cross and Blue Shield

For non-urgent hospital services, an Unavailable Service Request Form (USRF) will be required before scheduling at a Tier 2 facility. (Not needed for urgent or emergency care.)

How to find a provider

- Visit AdventistHealth.org/EmployeeHealthPlan and select Find a Provider to find an in-network provider or facility.
- To schedule with a **UC Davis provider**, please call our designated UC Davis scheduling line at **916-734-1700**.

Learn more at

AdventistHealth.org/
EmployeeHealthPlan

Emergency and urgent care

In an unpredictable world, immediate access to quality healthcare during emergencies is a necessity. The Adventist Health Employee Health Plans are here to support you when life takes unexpected turns, ensuring you receive the care you need when it matters most.

Emergency room and urgent care

In the event of an emergency, the Plan provides 100% coverage if you go to the nearest emergency room or urgent care facility, regardless of your network status. Prior authorization is not required for any emergency room or urgent care visit. Co-pay and deductible apply. Refer to the Schedule of Benefits in the Summary Plan Document for further details.

No Surprises Act

Under the No Surprises Act, you are protected from receiving a surprise bill or balance bill for emergency services rendered in out-of-network facilities, services rendered by out-of-network providers at in-network facilities, and services rendered by air ambulance providers. If you receive a balance bill, please call the Adventist Health Employee Health Plan's customer service department at **800-441-2524**.

Telehealth

Adventist Health OnDemand

Skip the urgent care — talk to a doctor 24/7/365 via mobile app

Getting sick doesn't follow a schedule. Day or night, wherever you happen to be, members of our Adventist Health Employee Health Plans have access to U.S. board-certified physicians, certified in internal medicine, family practice, and pediatrics. The Adventist Health OnDemand doctors can diagnose, treat, and prescribe medication via mobile app for many non-emergency conditions, including:

- Cold and flu
- Bronchitis
- Cuts and scrapes
- Stomach and GI issues
- Allergies
- Rashes
- Pink eye
- Urinary tract infection
- Respiratory infection
- Ear infection
- And more!

For non-emergency conditions, skip the urgent care and get quality medical care on your schedule. Whenever and wherever you need care, a doctor is available within minutes.

Set up your account today:

Download the **Adventist Health OnDemand** app or visit AdventistHealthOnDemand.com so you don't have to worry about it when you need care.

Health Plan covered programs

Care management

Care management services support and help navigate the care of our members with illnesses or injuries that require special or extended care. Care managers educate, facilitate, and advocate for your care, and are available to you for as long as support is needed.

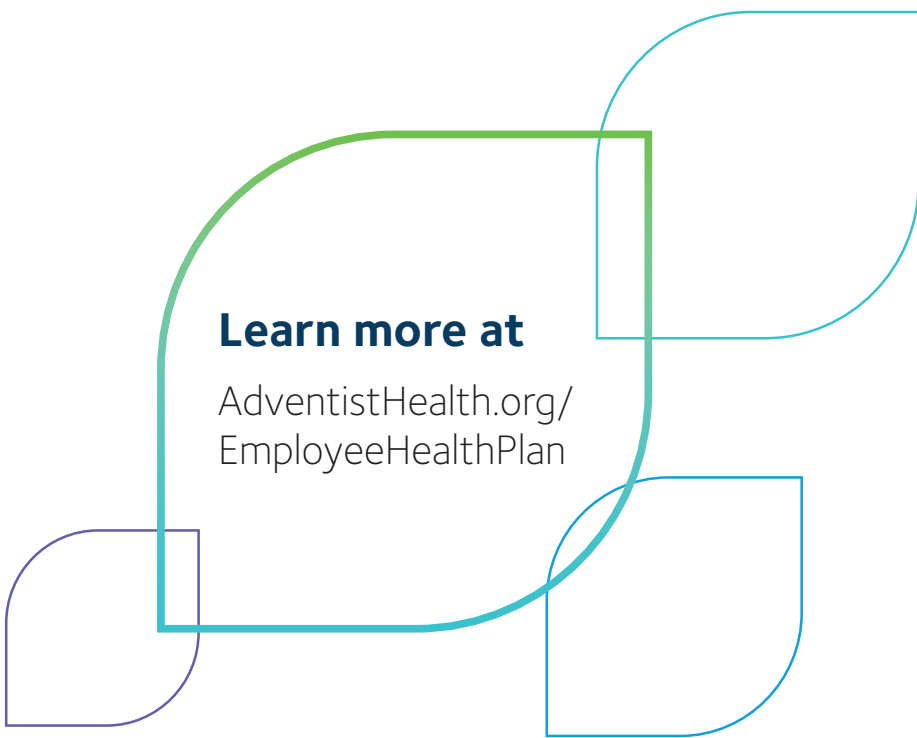
The care management team is made up of nurse care managers, utilization review nurses, behavioral health specialists, dietitians, and pharmacists who work together to:

- Assist members in coordinating medical care and identifying available medical resources.
- Complete a comprehensive health assessment to help members take charge of their health and medical care.
- Develop a care plan and work with members in setting goals to improve their health status and quality of life.
- Provide services specific to behavioral health issues.
- Address questions regarding medications or pharmacy benefits.
- Provide disease-specific nutrition counseling.
- Provide additional one-on-one assistance for members who are dealing with multiple diagnoses and have greater potential for increased hospitalizations, emergency room visits, and/or extensive medical treatment.

To contact care management: Call **800-441-2524** and ask to speak with a care manager.

Weight Watchers

Weight Watchers is available at local meeting sites to our members with a physician's referral. Adventist Health pays 100% of the fee upon documented completion.



Learn more at

AdventistHealth.org/
EmployeeHealthPlan

Pharmacy

The Adventist Health Employee Health Plans include comprehensive pharmacy coverage. Co-pays are lowest at Adventist Health in-house pharmacies.

In-house pharmacies

- Adventist Health Columbia Gorge
- Adventist Health Delano
- Adventist Health Glendale
- Adventist Health Hanford
- Adventist Health Howard Memorial
- Adventist Health Lodi Memorial
- Adventist Health Portland (excludes specialty)
- Adventist Health Roseville
- Adventist Health Sonora
- Adventist Health St. Helena

Community partner and home delivery savings

If you are unable to access one of Adventist Health's in-house pharmacies, filling your prescriptions at one of our community partner or home delivery pharmacies will provide the greatest savings.

A list of in-house and community partner pharmacies is available online at AdventistHealth.org/EmployeeHealthPlan

Learn more: To find an in-network and retail pharmacy, refer to the resources page at the end of this guide.

	Tier 1 Generic	Tier 2 Preferred Brand	Tier 3 Non-Preferred	Comments
Traditional	\$17	\$45	\$70	• Price is per 30-day supply, up to a 90-day supply • Save \$10 per 30-day supply on your co-pay by using an Adventist Health in-house pharmacy • Get three months for the price of two at Adventist Health in-house pharmacies, community partner pharmacies, or home delivery.
Specialty	\$45	20%, \$200 max	20%, \$225 max	• Specialty medications are limited to a 30-day supply maximum • Specialty medications can only be filled at Adventist Health in-house or preferred specialty pharmacies • Save \$10 on generic, \$20 on brand when using an Adventist Health in-house pharmacy
HDHP members You will pay 100% of medication costs until you reach your deductible. After deductible is met, the co-pays above will apply. See Medical Plan Comparison section for deductibles.				

We take your privacy seriously and no personally identifiable health information will be shared with your employer, including the HR department, managers, supervisors, or other non-Benefits Administration staff. The Benefits Administration database is separate and apart from our IT services and, to ensure your privacy, is hosted by a third-party vendor. Your employer will receive only aggregated statistics stripped of any identifying information.

Have questions about your Adventist Health Employee Health Plans?

Call Employee Health Plan Customer Service at 800-441-2524, or visit AdventistHealth.org/EmployeeHealthPlan.

Medical and pharmacy ID card

Each enrolled member of an Adventist Health Employee Health Plan must have an ID card. Present your ID card at the time of service when visiting a provider or filling a prescription at any pharmacy.

2027 Health Plan ID cards: All members of an Adventist Health Employee Health Plan will be mailed a new ID card. This card contains your new member ID number. **It is critical that you share this new ID number with your provider to avoid claim payment delays.**

If you need to request a replacement ID card, please visit AdventistHealth.org/EmployeeHealthPlan and select "View Claims & Eligibility" to log in to your member portal and order a new card, or call **800-441-2524**.

Receipt of an ID card is not an indication of current coverage. In the event that required dependent verification documents are not provided within the required time frame, coverage will be voided retroactively to coverage start date.

Health Plan FAQs

What if I need to see a provider who is out of network?

In the event you need to see a provider or use a facility that is not in network, **you must submit a Prior Authorization/Unavailable Service Request form to the Plan for review BEFORE scheduling services.** *This is not required for any emergency room or urgent care visit, but co-pay and deductible apply.*

Where do I find a Prior Authorization form?

Prior Authorization forms may be found by visiting AdventistHealth.org/EmployeeHealthPlan.

What should I tell my provider or facility when they ask what insurance I have?

If your provider/facility is in Tier 1:

Let them know you're covered by the Adventist Health Employee Health Plan or the Adventist Health Employee High-Deductible Health Plan.

If your provider/facility is in Tier 2:

Let them know you have the Anthem Blue Cross and Blue Shield network.

If your provider has questions about your eligibility, coverage, or whether they're in-network, they can call our **Customer Service team at 800-441-2524**.

Learn more at

[AdventistHealth.org/
EmployeeHealthPlan](https://AdventistHealth.org/EmployeeHealthPlan)

2 | Dental and Vision

Dental coverage — Delta Dental



Choose between two plan options: PPO or HMO

Delta Dental PPO¹

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

DeltaCare USA HMO

Under this HMO plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist who will then coordinate any needed referrals to a specialist. Covered services provided by your DeltaCare USA dentist have preset co-payments, which are listed in your plan booklet² available at [DeltaDentalins.com/AH](https://www.DeltaDentalins.com/AH).

Set up an online account

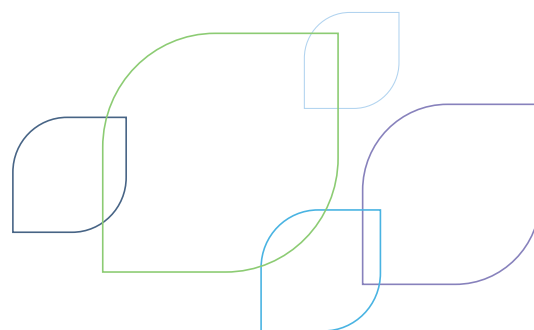
Get information about your plan anytime, anywhere by signing up for an online account at [DeltaDentalins.com/AH](https://www.DeltaDentalins.com/AH). This useful service, available once your coverage begins, lets you check benefits and eligibility information, find a network dentist, and more.

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.

Check in without an ID card

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



Eligibility	Delta Dental PPO	DeltaCare USA HMO
Primary enrollee, spouse (including domestic partner), and eligible dependent children through the end of the month in which the dependent turns 26		
Deductible (Single/Family)	\$50 / \$150	N/A
Individual Annual Maximum	\$1,500	N/A

¹ You can 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 Plan coverage varies by state. Please refer to your state-specific plan booklet for additional details.

Learn more:

Refer to the Resources page at the end of this guide.

Compare plan features

	Delta Dental PPO	DeltaCare USA HMO
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits.
What procedures are covered?	Your plan covers a wide range of services, with no exclusions for most preexisting conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers over 300 procedures with no exclusions for most preexisting conditions. Preventive care, like routine cleaning and exams, has low or no co-payments.
Are there deductibles and maximums?	Yes.	No, there are no annual deductibles or maximums. ³
Am I covered for treatment I began under a different employer-sponsored dental plan?	Coverage is only provided for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. ⁴ Orthodontic treatment may be an exception to this rule.
What if I started orthodontic treatment under my previous dental plan?	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the co-payments and fees subject to the provisions of your prior dental plan.
What happens if I need to see a specialist?	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral. ⁵
What is my out-of-area coverage?	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
How do I change my dentist?	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by phone. ⁶
Do I need to fill out my claims?	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan. ⁷

Benefits and Covered Services ¹	Delta Dental PPO and Non-Delta Dental PPO dentists ²	DeltaCare USA HMO
Diagnostic and preventive services (D & P) exams, cleanings, X-rays, and sealants	100%	100%
Basic services — Fillings	80%	Co-pay dependent upon service
Endodontics (root canals) Covered under basic services	80%	Co-pay dependent upon service
Periodontics (gum treatment) Covered under basic services	80%	Co-pay dependent upon service
Oral surgery Covered under basic services	80%	Co-pay dependent upon service
Major services Crowns, inlays, onlays, and cast restorations	50%	Co-pay dependent upon service
Prosthodontics Bridges, dentures, and implants	50%	Co-pay dependent upon service
External teeth bleaching	50%	50%
Orthodontic benefits Adults and dependent children	50%	Co-pay dependent upon service
Orthodontic maximums	\$2,500 lifetime	N/A

1. 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.

2. 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. 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.

3. In AK, CT, ND and SD, you have an out-of-network calendar year maximum of \$500 when you visit an out-of-network dentist.

4. Except in Texas; please refer to your plan booklet.

5. Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

6. In the following states, you can change your dentist anytime without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

7. You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

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 in-network doctor at low out-of-pocket costs.

Value and savings you love

Save on eyewear and eye care when you see a VSP in-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? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need

You'll get great care from a VSP in-network doctor, including a WellVision Exam® — a comprehensive exam designed to detect important 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.

Average annual savings with VSP: \$518

An ID card is not required

Learn more:

Refer to the Resources page at the end of this guide.



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
YOUR COVERAGE WITH A VSP PROVIDER*			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription glasses		\$25	See frame and lenses
Frames	• \$195 featured frame brands allowance • \$175 frame allowance • 20% savings on the amount over your allowance • \$175 Walmart®/Sam's Club®/Costco® frame allowance	Included in prescription glasses	Every calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in prescription glasses	Every calendar year
Lens enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	\$0 \$95–\$105 \$150–\$175	Every calendar year
Contacts (instead of glasses)	• \$150 allowance for contacts; co-pay does not apply • Contact lens exam (fitting and evaluation)	Up to \$50	Every calendar year
Primary Eyecare SM	• Retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Diagnosis and treatment of eye conditions, including pink eye, vision loss and cataracts, are available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed
Lightcare SM	• \$175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.	\$25	Every calendar year
Extra savings	Glasses and sunglasses • 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 Retinal screenings • No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam Laser vision correction • 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 Member Services for out-of-network plan details.

*Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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 Care, Inc., is the legal name of the corporation through which VSP does business.



3 | Additional physical benefits

Family-building benefits

Carrot provides comprehensive care and on-demand resources at no cost to members of the Adventist Health Employee Health Plan.

What can Carrot help with?

- Fertility – from testing to trying to get pregnant
- Egg, embryo, and sperm freezing
- Assisted reproduction – including IUI and IVF

Adventist Health will reimburse:

- 100% of eligible expenses
- \$60,000 lifetime maximum

Your employer-provided funds may be considered additional income and therefore may be a taxable benefit. This is important to consider as it may affect the amount of income shown on your year-end tax statement and create a tax liability that we want you to plan for.

With Carrot you can:

- Get funds to help pay for eligible care, products, and services
- Get recommendations for high-quality providers online and near you
- Receive an expert-made plan for your needs, with personalized next steps
- Learn from on-demand resources – no more endless online searching
- Share your benefits by adding a partner or spouse to your account
- Save money with exclusive discounts from Carrot partners

Whole life insurance with long-term care

Whole life insurance with long-term care can pay money to your family if you pass away, or help finance expenses for long-term care services should you need them. The long-term care benefits will pay you 4% of your elected benefit amount, per month, if you receive services from a long-term care facility, assisted living facility, adult day care, or receive home health care services. Even if you utilize funds for long-term care, your beneficiaries will still receive your full death benefit if you pass away.

Accident insurance

- Voluntary accident insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.
- If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

Critical illness insurance

- Voluntary critical illness insurance provides cash to help pay for medical expenses not covered by your medical plan, as well as day-to-day expenses.
- With critical illness insurance, if you are diagnosed with a covered illness (such as a heart attack or cancer), you get a lump-sum cash benefit, even if you receive other insurance benefits.
- If you enroll in critical illness insurance, you and your covered family members may be eligible for wellness incentives by completing certain preventive health activities.

Active & Fit Direct

Get active with a flexible and inexpensive fitness plan. Take advantage of your Adventist Health **Active & Fit Direct** benefit and step into a stronger new year. Find your favorite gym from thousands of options nationwide and set your fitness goals in motion today. Plus, access to 1:1 well-being coaching is included in your membership.



Learn more:

Refer to the Resources page at the end of this guide.



MORE COMMUNITY WELL-BEING

Liking where you live and
feeling like you're making
a difference



Community

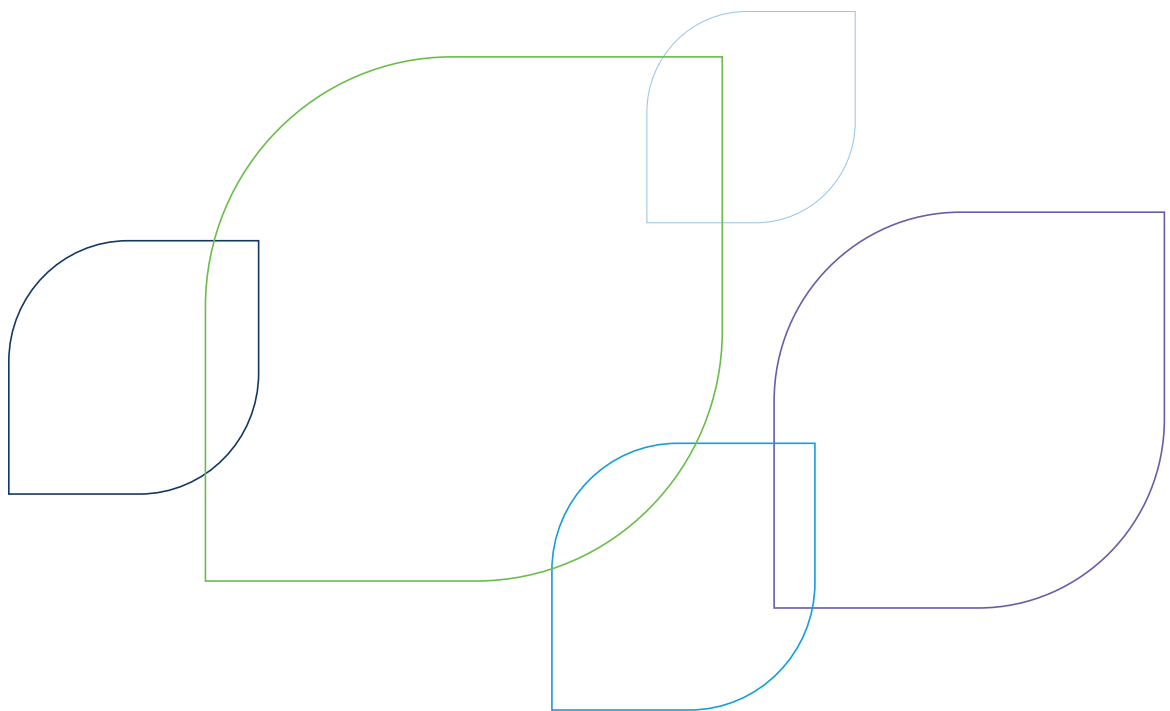
1 | Associate giving

Adventist Health is more than a healthcare system of talented and passionate caregivers ministering to the needs of our communities. We give of ourselves, and we give back to make our health system stronger and to support the communities we serve.

Within Adventist Health, we have many causes to support, including special strategic projects at each of our hospitals, programmatic needs such as cancer and cardiac care, community well-being projects, and funds that provide assistance to patients in need or our own employees experiencing a crisis. Through your contribution, you can join many others in making a difference.

To give where you feel called, or to learn more about our collective impact through associate giving, go to the philanthropy page of your local hospital or check out Give.AdventistHealth.org/associate-giving-campaign.

To learn about your local employee assistance fund, including how to apply for assistance, please reach out to your local HR department.





MORE SOCIAL WELL-BEING

Experiencing belonging and
expanding your circle to include
health-minded, encouraging
friends and loved ones



Social

1 | Behavioral health support

Adventist Health offers a flexible and convenient way to get support for all aspects of your emotional well-being. Whether you are struggling with stress, anxiety, grief/loss, depression, or could use some help with your relationships, our behavioral health services are a great resource to support you in your mental health and emotional well-being. You don't have to go through challenges alone: Let an eligible provider become part of your support system. Behavioral health services include face-to-face video sessions, access to master's level therapists, and crisis support. Participation is 100% voluntary and confidential.

Free counseling is available through an eligible provider to all employees.

All Adventist Health employees and their dependents have access to up to eight hours of no-cost counseling through a designated behavioral health program.

- If you're enrolled in the Adventist Health Employee Health Plans, you and your dependents have access to unlimited counseling sessions and virtual appointments for a \$0 co-pay.

Note: Counseling sessions are only covered when accessed through this specific program.

2 | Employee assistance program

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 well-being including:

Legal

Speak with an attorney about legal issues such as 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 caregiving needs.

Childcare services

Back-up/emergency care, day-care centers, summer camps, nurseries and preschools, 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 find support when you return to work.

Crisis and disaster resources

Connect with essential resources during times of crisis.

Employee discounts

Log in to Resources for Living and visit the discount center to access a complete list of discounts through LifeMart.

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.

888-802-8846

Learn more at

[AdventistHealth.org/
EmployeeHealthPlan](https://AdventistHealth.org/EmployeeHealthPlan)



MORE CAREER WELL-BEING

Bringing purpose and meaning to
your life by living our mission and
loving what you do every day





1 | Perks at Work

- Access Perks at Work, a one-stop shop for exclusive discounts at many of your favorite national and local merchants.
- Perks at Work is completely free, and gives you access to discounts in dozens of categories.
- You also have access to Community Online Academy, where you can access free online classes on a variety of topics.

2 | Tuition reimbursement

Adventist Health encourages you to enhance your professional knowledge and skills. Reach out to your local HR department to learn what educational assistance may be offered to help with your job.

3 | Service recognition awards

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

Learn more:

Refer to the
Resources page
at the end of
this guide.

A man with glasses and a beard, wearing a blue button-down shirt, and a woman with long brown hair, wearing an orange sweater, are sitting at a desk. They are both smiling and looking at a document the man is holding. On the desk are a laptop, a blue mug, and several papers. In the background, there is a potted plant and a round clock on the wall. The entire image is covered with a semi-transparent blue overlay.A white line-art icon of a bar chart with three bars of increasing height. A circle is superimposed over the tallest bar, containing a dollar sign (\$).

MORE FINANCIAL WELL-BEING

Financial security, not only for
today, but for your future



Financial

Learn more:

Refer to the Resources page at the end of this guide.

1 | 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.

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% 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.

Due to IRS nondiscrimination rules, certain highly compensated employees may not be eligible to participate. If you fall into this category, enrollment will not be permitted. To determine whether you meet the IRS definition of a highly compensated employee, please refer to the current salary threshold posted on the IRS website.

Your FSA features an online portal where you can:

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

Your FSA option also includes:

- An automatically issued debit card (additional ones may be requested)
- My Mobile Account Assistant mobile application
- The option for direct deposit

It is important to estimate your expenses accurately as money not used will be lost. The IRS defines qualified medical expenses for Flexible Spending Accounts in Publication 502.

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 employee, you have 30 days from your date of hire to enroll.

Important: If you enroll in the Adventist Health Employee High-Deductible Health Plan and health savings account, you cannot also add an FSA, as IRS rules prohibit participation in both savings accounts at the same time.

How pre-tax savings work

With a \$100 payment or contribution to a pre-tax account, the employee's paycheck is only \$70 less because they saved \$30 on taxes.

	 Income	 Pre-Tax Payment/ Contribution	 Taxes*	 Paycheck	 After Eligible Expense	
Payroll	\$1,000	N/A	- \$300 (\$1,000 taxable)	\$700	\$100 out of your paycheck	= \$600
Payroll With Pre-Tax Benefit	\$1,000	- \$100	- \$270 (\$900 taxable)	\$630	\$100 from your pre-tax payment/ contribution	= \$630

*This tax example is a broad approximation of tax liability. Your specific savings depend on your tax bracket. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all pre-tax payment and contribution matters and are subject to change.

2 | Retirement savings plan

The Adventist Healthcare Retirement Plan (AHRP) or the Adventist Health 401(k) Plan for Adventist Health are one of the best ways to save for your retirement. Take advantage of the opportunity to save for your future via both traditional tax-deferred contributions and taxable Roth contributions that grow tax-free. You will also be eligible to receive employer contributions.

Employee contributions	Adventist Health contributions
Contributions may be made on a pre-tax (up to IRS limits) or Roth after-tax basis. New employees are automatically enrolled: To make it easier for you to save, you are automatically enrolled with a pre-tax contribution of 4%, or 6% (Adventist Health Columbia Gorge), unless you opt out within 30 days of your date of hire. Your savings rate will automatically increase by 1% in July of each year until you reach 15%. You may make changes to your retirement contributions at any time. You are always fully vested in your own contributions.	Basic: Adventist Health also automatically contributes an additional discretionary employer basic contribution of 3% of eligible pay if the employee works at least 1,000 hours of credited service during the year. Basic contributions are made annually, following the end of the Plan Year. Match: The company will match up to 50% of the first 4% you contribute to a plan, up to a total match of 2%. Matching contributions are deposited to your retirement account each pay period. Employer contributions are subject to a three-year vesting schedule. Note: Adventist Health matching and/or discretionary contributions vary for those subject to a collective bargaining agreement.

Example of contributions for a \$40,000 annual salary	
Adventist Health annual discretionary 3% basic contribution	\$1,200/3%
Employee contribution of 4% of eligible salary	\$1,600/4%
Adventist Health match 2% of eligible salary (deposited each pay period)	\$800/2%
Total annual contributions: 9%	\$3,600/9%

How to enroll

New employees can enroll, change contributions, or opt out effective beginning the Wednesday following their first paycheck. Thereafter, employees can change deferral elections at any time. Enroll and find more information at [AHRP.com](https://www.ahrp.com) or 800-730-AHRP.

Learn more:

Refer to the Resources page at the end of this guide.

3 | Supplemental retirement savings plan

Adventist Health also offers a supplemental tax-deferred 457(b) retirement savings plan for employees at church-affiliated markets only. The Adventist Health 457(b) Plan is an unfunded deferred compensation plan for recognized Adventist Health entities. Contribution elections will take effect the month following the election, and changes can only be made monthly. As required by law, participants must make a distribution election within 60 days following termination of employment.

4 | Earned wage access

Access your pay when you need it

Adventist Health offers earned wage access, at no cost to enroll, to give you more control over your finances between paydays. Through EarnedIt, eligible associates can access a portion of their earned pay before payday, helping you manage unexpected expenses and reduce reliance on credit cards or high-interest loans. A small, flat fee applies only when you choose to transfer funds. You can also use EarnedIt to track hours worked and monitor your timecard for accuracy, giving you better visibility into your earnings. Eligible associates earning less than \$100/hour (or \$200,000 annually) may participate.

5 | Student loan support

Take control of your student debt

Adventist Health offers a financial wellness platform, at no cost to you, to help you manage and reduce student debt, save for college, and build long-term financial resilience. Through Candidly, you can find and enroll in the federal repayment plan that best fits your situation, pay down loans faster with spare change and extra payments, and compare refinancing or private lender offers. You can also explore 529 college savings plans and get support with Public Service Loan Forgiveness (PSLF), including automated tools to complete your forgiveness forms and track your 120 qualifying payments. To get started, visit register.getcandidly.com and enter your Adventist Health employee ID. All associates are eligible.

6 | Hospital indemnity insurance

Helps pay for out-of-pocket costs associated with being hospitalized. Provides a financial safety net for unplanned expenses brought on by a hospital stay. Hospital indemnity insurance benefits are in addition to any medical plan benefits.

7 | Short-term disability insurance

- Short-term disability coverage replaces some of your income if you become disabled for a non-work-related illness or injury before you are eligible for the company-provided long-term disability insurance.
- Elect 40% or 60% of your wages for 11 or 24 weeks, up to \$4,000 per week.

Note: This is not available to employees in locations with state-sponsored programs, such as California and Hawaii.

8 | Long-term disability insurance

- **Employer-paid:** Adventist Health automatically provides long-term disability coverage at no cost to benefits-eligible employees.
- After 180 days of an approved disability, you will receive 50% of your wages for two years, up to a maximum of \$10,000 per month.
- **Optional additional coverage:** You can elect additional long-term disability coverage of 60% of your wages, up to a maximum of \$10,000 per month, through your Social Security Normal Retirement Age. Coverage for corporate employees may differ.

9 | Life and accidental death and dismemberment insurance

- **Employer-paid:** Adventist Health automatically provides benefits-eligible employees basic life and accidental death and dismemberment insurance at no cost to you.
- **Full-time employees:** *Basic life insurance* coverage is 1x annual salary with a minimum of \$50,000 coverage and a maximum of \$750,000 coverage. *Accidental death and dismemberment insurance* is 1x annual salary plus \$50,000, with a minimum of \$10,000 coverage and a maximum of \$800,000 coverage.
- **Part-time employees:** *Basic life insurance* coverage of \$10,000, plus *accidental death and dismemberment insurance* coverage of \$10,000.

Optional additional coverage: You may purchase supplemental life and accidental death and dismemberment insurance, up to \$1,000,000 for yourself, and up to \$500,000 (or 100% of employee coverage) for your spouse/domestic partner.

10 | Group legal and identity protection plan

- Legal plans provide 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.
- When you use legal plans for covered services, all attorney fees are paid by the plan.
- You also have the option to purchase active credit monitoring.

Learn more:

Refer to the Resources page at the end of this guide.



Estate planning and will preparation

Most of us know we need estate planning documents, but finding the time to complete these documents can be a challenge. If you enroll in the group legal plan or supplemental life insurance, you have access to estate planning tools to create:

- Last will and testament: Leave property to loved ones and choose guardians for minor children.
- Advance directive: Plan for a medical emergency and select medical care preferences.
- Durable financial power of attorney: Choose someone to manage finances in case of an emergency.

11 | Pet insurance

Pet insurance helps protect your furry family members by providing coverage for unexpected veterinary expenses. Plans typically offer flexible options to suit your needs and budget. As an employee, you'll have access to exclusive discounts on pet insurance plans. Pet insurance is direct billed; therefore, payroll deduction is not available.

NOTES



Resources

Adventist Health Employee Health Plans

Find a provider, view claims and eligibility, order a new ID card, and access Plan forms and documents, and covered programs.

- AdventistHealth.org/EmployeeHealthPlan
- 800-441-2524

Pharmacy

Plan information and formulary

- AdventistHealth.org/EmployeeHealthPlan

Dental

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

Vision

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

Family Building

- Get-Carrot.com/SignUp
- 888-817-9040

Voluntary Insurance Benefits*

Accident, Critical Illness, Hospital Indemnity, Whole Life

- unum.com/employees
- 800-635-5597

Legal

- shieldbenefits.com/adventisthealth
- 888-807-0407

Long-Term Disability*

- unum.com/employees
- 800-985-2429

Group Life/Accidental Death*

- unum.com/employees
- 800-445-0402

Pet Insurance*

- aspcapetinsurance.com/AdventistHealth
- 877-343-5314
- Priority code: EB25AdventistHealth

Flexible Spending Account

- EBCFlex.com
- 800-346-2126

Health Savings Account

- Myfidelitysite.com/AdventistHealthHSA
- 800-343-0860

Retirement

- AHRP.com
- 800-730-AHRP

Earned Wage Access

- 866-406-8876

To enroll: Visit HR Support Self Service on Connect and select the Journeys task.

Student Loan Support

- Register.GetCandidly.com

Employee Assistance Program

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

Behavioral Health Support

- AdventistHealth.org/Thriveworks
- 916-249-9356

Adventist Health OnDemand

- AdventistHealthOnDemand.com
- Download the Adventist Health OnDemand app
- For scheduling assistance, call 855-224-7316

Active & Fit Direct

- ActiveAndFitDirect.com/fitness/AF79215-4AD
- Or visit the Associate Well-Being SharePoint site on the Connect homepage under "Resources".

Perks at Work

PerksAtWork.com

Contact Center

For questions regarding any of the plan options or the enrollment process, visit HR Support Self Service on Connect or call 844-574-5686.

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.

Balance bill — A bill for the difference between what the provider or facility charged and what the plan paid. This bill may be substantial.

Co-pay or co-payment — A fixed dollar amount that you pay each time you receive specified healthcare 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 HR 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 summary plan descriptions for details.

Flexible spending account — Allows you to set aside pre-tax money from your pay and reimburse yourself for eligible healthcare 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 healthcare service or treatment 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 Employee Health Plans.

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%.

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, Consolidated Omnibus Budget Reconciliation Act (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 Employee Health Plans' summary plan description.

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 healthcare 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 such as cancer and multiple sclerosis. Purchase of these prescription drugs requires the highest co-pay from you.

Spouse — The employee's legal spouse for whom proof of marriage has been provided.

Summary plan Description (SPD) — A detailed summary that describes a plan's provisions.

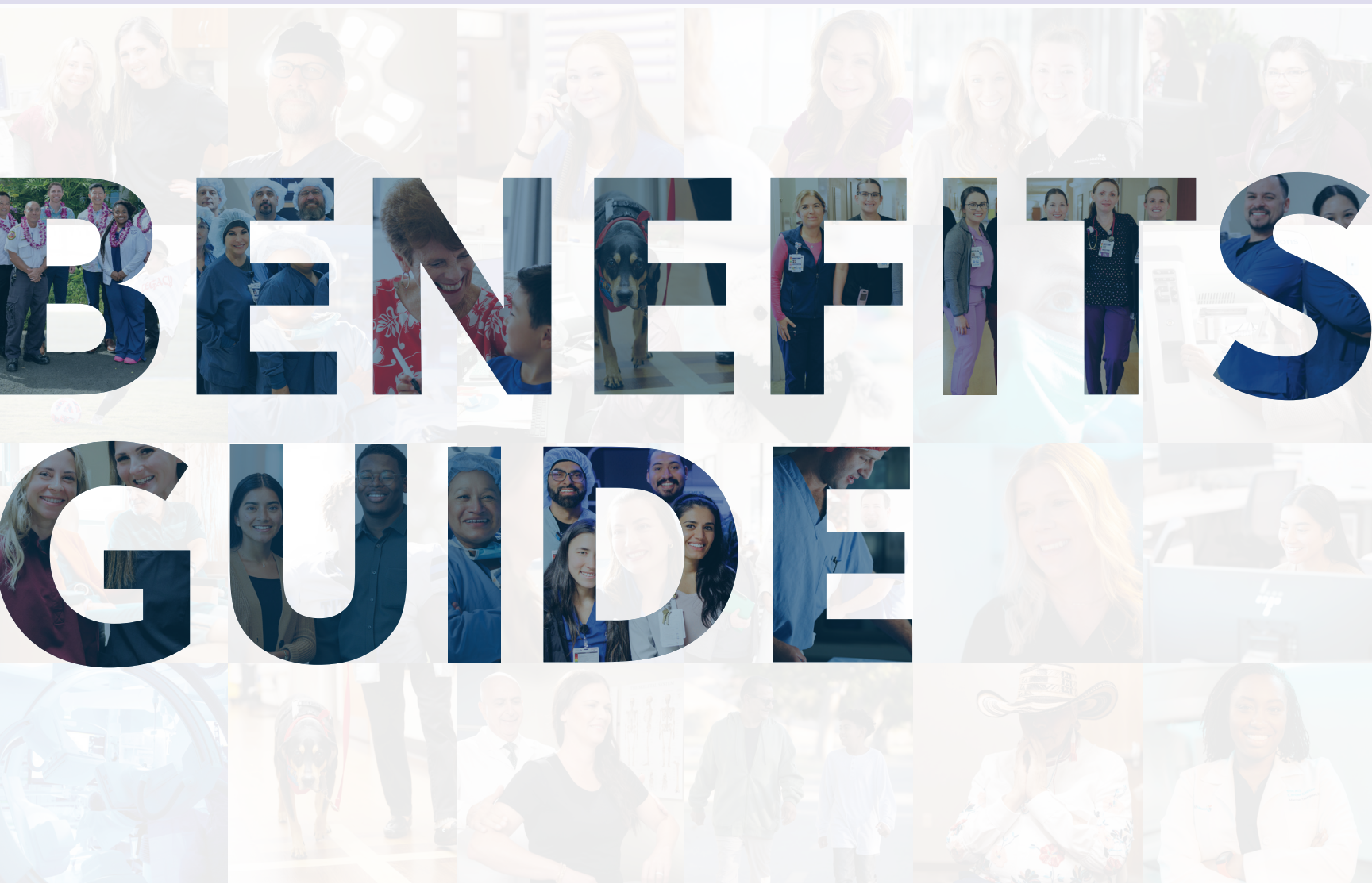
Tier One, generic drugs — Versions of brand-name drugs no longer under patent, allowing them to be competitively manufactured by other companies, and providing the lowest overall cost and co-pays.

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 One.

Tier Three, nonformulary or nonpreferred prescription drugs — Brand-name drugs manufactured by more than one company 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, non-emergency care for mild to moderate injuries and/or illnesses without scheduling appointments.

Vesting — The years of Adventist Health service required to gain 100% ownership of Adventist Health's contributions to your defined contribution plan account(s).



ONE Adventist Health Way
Roseville, CA 95661
[AdventistHealth.org](https://www.AdventistHealth.org)