



Employee Benefits

2027 Employee Benefits Annual Open Enrollment



Monday, October 19 - Tuesday, November 3, 2026

Enrollment is required to have coverage in 2027!



Welcome to Summa Health's 2027 Employee Benefits Annual Open Enrollment!

This is your once-a-year opportunity to review your current elections and explore different options to make the right benefit choices for you and your family beginning January 1, 2027.

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This year, your current elections will not automatically carry over to next year.

You must submit your benefit elections before the Open Enrollment deadline to have benefit coverage in 2027!

Online enrollment begins on Monday, October 19 and ends on Tuesday, November 3, 2026.

Note: Deductions come out based on pay date, not pay period.

Your Enrollment Resources

Summa Health.

Home What's New Core Benefits Voluntary Benefits Resources FAQs

Virtual Benefits Fair Home

Countdown To Site Launch

00 Days 02 Hours 25 Minutes 55 Seconds

Welcome to Summa Health's Annual Virtual Benefits Fair!

Our Virtual Benefits Fair provides an opportunity for you and your family to view, explore, learn and discuss the choices available for the 2027 Benefits Plan Year online at a time and place that is most convenient to you.

If you do not participate, you will not have benefits in 2027.

Visit the various sections of the Virtual Benefits Fair available from September 30th through November 3rd, 2026.

What do I do next?

- Review your 2027 Benefits Enrollment Guide on this site.
- Complete your online enrollment through the TBX/Selerix Enrollment Site between October 19th and November 3rd. Instructions are located in the Benefits Enrollment Guide.
- Contact the Benefits Call Center at [855.482.9669](tel:855.482.9669) with any benefit questions, or email summabenefits@summahealth.org.

Useful Links

- Benefits Enrollment Guide
- Outside of Ohio Benefits Enrollment Guide
- Employee Assistance Program (EAP)
- FAQs
- Find Your Doctor or Hospital

Virtual Benefits Fair: summahealth.org/virtualbenefitsfair

Visit the site from September 30 through November 3! Explore the benefit options available for 2027, access helpful videos, tools, vendor sites, and the Annual Enrollment Guide from any device, anytime, anywhere!

Benefits Support Center: **855.482.9669**

Contact for assistance with the Benefits Enrollment Site and your Benefits Portal: account access, password resets, website navigation, enrollment support, and general benefit questions.

Summa@Work:

Departments → Human Resources → Benefits: [Benefits - Home](#)

Your go-to Benefits resource throughout the year, accessible only while on the Summa network.

Summa Employee Benefits: summabenefits@summahealth.org

Email the Benefits Administration team with your benefit questions.

Transcarent:

Coming January 1, 2027: The new, all-in-one health app to get the most out of your company benefits! Learn more: [Transcarent Summary](#), accessible while on the Summa network.

Medical & Prescription Insurance Plan

Family Member Eligibility Guidelines

If you wish to add a family member to your 2027 medical plan who is not already enrolled on your plan, you must provide verification documents by **November 30**. Gather these documents in advance to upload them during your Annual Benefits Enrollment.



Definition of legal spouse: • Legally married spouse You may not cover your spouse on your Summa Health medical plan if eligible for group medical coverage through their own employer. It is your responsibility to notify Employee Benefits if your spouse's coverage status changes during the year.	Required Verification Documents • Copy of Page 1 of the prior year jointly-filed federal income tax return (cross out Social Security numbers and wage information) OR Copy of marriage certificate AND one of the following: • Current joint bank account statement • Current joint credit card statement • Joint ownership of residence • Sharing of household expenses (current utility bill, etc.) • Designation of Power of Attorney • Designation of one another as sole executor or beneficiary
Definition of eligible child: • Natural child or step-child • Adopted child • Foster child or child under legal guardianship • Children age 26 or older who are mentally or physically handicapped. Contact Employee Benefits for full details.	Required Verification Documents • Birth certificate • Copy of adoption papers • Copy of custodial papers or legal guardianship papers • Proof of child's incapacity and dependency must be furnished

Family member verification documents must be provided or coverage for your legal spouse and/or child may be delayed until such documentation is provided. Upload documents during your annual enrollment, by logging into your [Benefits Portal](#) or by email to Employee Benefits no later than November 30, 2026.

If you or your family member(s) reside outside of the SummaCare 20-county service area:

Refer to page 12 of this Enrollment Guide for important out-of-service area plan information and what to do to ensure coverage.

Summa Health reserves the right to conduct dependent audits to confirm dependent eligibility.

The Summa Health Employee Medical Benefit Plan



NewHealthConnect Network



The Summa Health Employee Medical Benefit Plan is a comprehensive medical and prescription plan that includes levels – or Tiers – of coverage. The provider you choose determines the coverage Tier (Summa+, Tier 1, Tier 2). Please visit summacare.com to search for your providers to see which Tier will apply. Services received from non-network providers are not covered by the plan.

You decide which plan fits the healthcare needs of you and your family: **Gold or Silver.**

Bi-Weekly Pre-Tax Deductions: The Summa Health Employee Medical Benefit Plan

Gold Plan			Silver Plan		
	Full-Time	Part-Time		Full-Time	Part-Time
You Only	\$101.54	\$124.62	You Only	\$75.23	\$92.31
You + Spouse	\$270.46	\$408.92	You + Spouse	\$191.08	\$293.54
You + 1 or 2 Children	\$205.85	\$310.15	You + 1 or 2 Children	\$147.23	\$233.08
You + 3 or More Children	\$242.77	\$381.23	You + 3 or More Children	\$184.15	\$280.62
You + Spouse + 1 or 2 Children	\$313.85	\$532.15	You + Spouse + 1 or 2 Children	\$231.23	\$372.92
You + Spouse + 3 or More Children	\$367.85	\$622.62	You + Spouse + 3 or More Children	\$270.00	\$440.31

The Summa Health Employee Medical Benefit Plan

Summary of Benefits (Highlights) Comparison Grid

You have two medical plans to choose from: **Gold or Silver.**

Use the “**Benefits Genius**” support tool on the Medical Election page during your enrollment to compare your options and identify the plan that may be the best fit for your unique healthcare needs. See page 10 of this Enrollment Guide to learn how to determine a provider’s coverage Tier.

	GOLD PLAN NewHealthConnect Summa Health			SILVER PLAN NewHealthConnect Summa Health		
FEATURE/SERVICE	Summa+	Tier 1	Tier 2	Summa+	Tier 1	Tier 2
Annual Deductible	Applies to Inpatient Hospital & Facility services only			• Individual \$1,000 • Family \$2,000	• Individual \$1,500 • Family \$3,000	• Individual \$2,000 • Family \$4,000
	• Individual \$500 • Family \$1,000	• Individual \$750 • Family \$1,500	• Individual \$1,500 • Family \$3,000			
	Note: Tier 2 deductible expenses are applicable toward Summa+ and Tier 1 deductible. Tier 1 deductible expenses are applicable toward Summa+ deductible.					
Out-of-Pocket Maximum for the Calendar Year	Medical & Pharmacy Combined			Medical & Pharmacy Combined		
	• Individual \$2,000 • Family \$4,000	• Individual \$3,000 • Family \$6,000	• Individual \$6,850 • Family \$13,700	• Individual \$4,000 • Family \$8,000	• Individual \$6,000 • Family \$12,000	• Individual \$6,850 • Family \$13,700
	Note: Tier 2 out-of-pocket expenses are applicable toward Summa+ and Tier 1 out-of-pocket maximum. Tier 1 out-of-pocket expenses are applicable toward Summa+ out-of-pocket maximum. In-Vitro Fertilization and Weight Loss Surgery are excluded.					
COVERED SERVICES	Summa+	Tier 1	Tier 2	Summa+	Tier 1	Tier 2
Allergy Tests	\$25 Co-pay per visit	\$35 Co-pay per visit	\$70 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
Allergy Desensitization Treatment	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	15% after deductible	20% after deductible	25% after deductible
Ambulance	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Autism	\$10 Co-pay per visit	\$20 Co-pay per visit	\$35 Co-pay per visit	\$15 Co-pay per visit	\$25 Co-pay per visit	\$40 Co-pay per visit
	Coverage for ages 0-21 includes: • Speech and Language Therapy – limited to 20 visits per calendar year • Occupational Therapy – limited to 20 visits per calendar year • Clinical Therapeutic Intervention, including Applied Behavioral Analysis (ABA) – limited to 20 hours per week • Mental/Behavioral Health Outpatient Services (follows MH benefits)					
Cardiac Rehab Therapy	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	15% after deductible	20% after deductible	25% after deductible
Chiropractic Services	N/A	\$35 Co-pay per visit	\$70 Co-pay per visit	N/A	20% after deductible	25% after deductible
	20 visits per calendar year			20 visits per calendar year		
Dialysis	N/A	\$0 Co-pay per visit	\$250 Co-pay per visit	N/A	20% after deductible	25% after deductible
Durable Medical Equipment	\$0 Co-pay through HomeLink		No coverage	15% after deductible through HomeLink		No coverage
Emergency Services	\$250 Co-pay per visit for all emergency service providers; Co-pay waived if admitted to the hospital.					
Home Health Care	\$0 Co-pay for Summa Health at Home	\$20 Co-pay	\$40 Co-pay	15% after deductible	20% after deductible	25% after deductible

	GOLD PLAN NewHealthConnect Summa Health			SILVER PLAN NewHealthConnect Summa Health		
COVERED SERVICES	Summa+	Tier 1	Tier 2	Summa+	Tier 1	Tier 2
Inpatient Hospital & Facility Services (including Maternity stays – deductible applies to both mom and baby)	Applies to deductible • Individual \$500 • Family \$1,000	Applies to deductible • Individual \$750 • Family \$1,500	Applies to deductible • Individual \$1,500 • Family \$3,000	15% after deductible	20% after deductible	25% after deductible
	Out-of-network coverage for emergency admissions only will be covered at the Tier 2 benefit level.					
Inpatient Physician Services	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	15% after deductible	20% after deductible	25% after deductible
Lab/X-Ray & Other Diagnostic	Lab \$0 Co-pay per visit X-Ray & Other Diagnostic \$0 Co-pay per visit High Tech Imaging \$50 Co-pay per visit Summa+ Labs: Summa Facility Labs Quest Diagnostics	Lab \$25 Co-pay per visit X-Ray & Other Diagnostic \$55 Co-pay per visit High Tech Imaging \$150 Co-pay per visit Tier 1 Labs: Akron Children's Hospital	Lab \$50 Co-pay per visit X-Ray & Other Diagnostic \$100 Co-pay per visit High Tech Imaging \$400 Co-pay per visit Tier 2 Labs: Aultman Hospital University Hospitals	Lab \$15 Co-pay per visit X-Ray & Other Diagnostic 15% after deductible High Tech Imaging 15% after deductible Summa+ Labs: Summa Facility Labs Quest Diagnostics	Lab \$30 Co-pay per visit X-Ray & Other Diagnostic 20% after deductible High Tech Imaging 20% after deductible Tier 1 Labs: Akron Children's Hospital	Lab \$50 Co-pay per visit X-Ray & Other Diagnostic 25% after deductible High Tech Imaging 25% after deductible Tier 2 Labs: Aultman Hospital University Hospitals
Observation Stay	100% after Emergency Room Co-pay					
Outpatient Surgery	Ambulatory Surgery Center \$0 Co-pay per visit Outpatient Hospital \$150 Co-pay per visit	Ambulatory Surgery Center \$200 Co-pay per visit Outpatient Hospital \$300 Co-pay per visit	Ambulatory Surgery Center \$400 Co-pay per visit Outpatient Hospital \$500 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
				Includes Ambulatory Surgery Center and Outpatient Hospital		
Physical/ Occupational Therapy	\$10 Co-pay per visit	\$20 Co-pay per visit	\$35 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
	60 visits per calendar year (physical and occupational therapy combined)					
Physician (PCP) Office Visits (Diagnostic)	\$0 Co-pay per visit		\$35 Co-pay per visit	\$15 Co-pay per visit	\$25 Co-pay per visit	\$40 Co-pay per visit
	Includes Mental Health and Substance Abuse Office Visits.					
Preventive Services	\$0 Co-pay Preventive Services include: • Well childcare visits • Specific women's preventive services • Counseling to prevent illness, disease, or other health problems • Immunizations • Adult preventive visits • Preventive lab work, tests and screenings					
Radiation Therapy	\$0 Co-pay per visit	\$35 Co-pay per visit	\$250 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
Skilled Nursing Facility	N/A	\$0 Co-pay per day	\$40 Co-pay per day	N/A	20% after deductible	25% after deductible
	100 days per calendar year					
Specialist Office Visit	\$25 Co-pay per visit	\$35 Co-pay per visit	\$70 Co-pay per visit	\$30 Co-pay per visit	\$40 Co-pay per visit	\$70 Co-pay per visit

	GOLD PLAN NewHealthConnect Summa Health			SILVER PLAN NewHealthConnect Summa Health		
COVERED SERVICES	Summa+	Tier 1	Tier 2	Summa+	Tier 1	Tier 2
Speech Therapy	\$10 Co-pay per visit	\$20 Co-pay per visit	\$35 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
	30 visits per calendar year					
Transplants	N/A		Applies to deductible • Individual \$1,500 • Family \$3,000	N/A		25% after deductible
Urgent Care	\$40 Co-pay per visit at any Summa urgent care center	\$60 Co-pay per visit to any urgent care center		\$40 Co-pay per visit at any Summa urgent care center	\$60 Co-pay per visit to any urgent care center	
Vision Care (Medical)	\$25 Co-pay per visit	\$35 Co-pay per visit	\$70 Co-pay per visit	\$30 Co-pay per visit	\$40 Co-pay per visit	\$70 Co-pay per visit
Weight Loss Surgery & Treatment	Surgery = \$2,850 Co-pay Non-surgical services = covered at the applicable benefit based on services provided. Services are ONLY covered at the Summa Bariatric Center. Contact the Bariatric Center about covered procedures and services at 330.375.6554 .			Surgery = \$1,900 Co-pay after deductible Non-surgical services = covered at the applicable benefit based on services provided. Services are ONLY covered at the Summa Bariatric Center. Contact the Bariatric Center about covered procedures and services at 330.375.6554 .		
Women’s Health	\$0 Co-pay Services include: • Well-women’s visits • Contraceptive methods/devices and sterilization • Breastfeeding counseling, support and pump • Preventive tests and screenings • Counseling to prevent illness, disease, or other health problems					

Medical Drug Benefit (includes chemotherapy, infusions and injections)

	GOLD PLAN NewHealthConnect Summa Health			SILVER PLAN NewHealthConnect Summa Health		
COVERED SERVICES	Summa+	Tier 1	Tier 2	Summa+	Tier 1	Tier 2
Office	\$0 Co-pay per visit	\$35 Co-pay per visit	\$70 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
Home	\$0 Co-pay per visit	\$0 Co-pay per visit	\$0 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
Center/Hospital (if drug is on the home infusion list)	\$150 Co-pay per visit	\$300 Co-pay per visit	\$500 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible
Center/Hospital (if drug is NOT on the home infusion list)	\$0 Co-pay per visit	\$35 Co-pay per visit	\$250 Co-pay per visit	15% after deductible	20% after deductible	25% after deductible

Prescription Drug Benefit

The following co-Pays and prescription drug benefits apply to both the Gold and Silver plan options.

GOLD PLAN

SILVER PLAN

PRESCRIPTION DRUG BENEFIT	Summa+ Summa Health pharmacies, Acme and Giant Eagle	Summa+ Summa Health pharmacies	Retail Pharmacy All other SummaCare Network Pharmacies		*Mail Order Birdi
	30-Day Supply	90-Day Supply	30-Day Supply	90-Day Supply	90-Day Supply
Tier 1	\$10 Co-pay	\$25 Co-pay	\$25 Co-pay	\$75 Co-pay	\$25 Co-pay
Tier 2	\$35 Co-pay	\$87.50 Co-pay	\$70 Co-pay	\$210 Co-pay	\$87.50 Co-pay
Tier 3	\$70 Co-pay	\$175 Co-pay	\$140 Co-pay	\$420 Co-pay	\$175 Co-pay

Specialty Drugs: \$300 Co-pay per 30-day supply. Specialty drugs are high-cost drugs that require special storage of handling and close monitoring of a patient's drug therapy. Specialty drugs are noted on the SummaCare Drug Formulary with an asterisk (*) and are used to treat medical conditions such as cystic fibrosis and multiple sclerosis. These drugs must be obtained through SummaCare's specialty drug network.

Special \$0 Co-pay Items: Under the Affordable Care Act, certain preventive drugs and over-the-counter recommended items/services are required to be covered without cost when prescribed by a health care provider as preventive measures. Examples include:

- Generic fluoride supplements for children up to the age of 6 years old.
- Generic folic acid supplements for women between the ages of 16 and 50.
- Generic aspirin formulations for members between the ages of 45 and 79 (quantity limits apply).
- Generic iron supplements for members ages 6 months to 1 year old.
- Generic oral, vaginal ring and injectable contraceptive products, contraceptive devices, brand formulations of the contraceptive patch (Prior Authorization may be required) and all other brand formulations where a generic alternative is not available (Except for employer groups who qualify for a religious exception as outlined under federal law). An exception for a brand with a generic alternative will be made if the attending Provider recommends a particular brand contraceptive product based on a determination of medical necessity.
- Prescription smoking cessation products; varenicline (up to 180 days in a 365-day period), bupropion (generic only), nicotine nasal spray and inhaler forms (up to 90 days of therapy in a 365-day period).
- Prescription medications tamoxifen and raloxifene when prescribed for preventing breast cancer.
- Select preventive vaccinations, as identified on the formulary; limits may apply.
- Pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to people who are determined to be at high risk of Human immunodeficiency Virus (HIV) acquisition.

*SummaCare's mail-order pharmacy partner, Birdi, provides an online portal to manage and order prescription medications.

• Register or Sign In to Your Account

To create your online account or to sign in, visit [MedImpact](#).

• Getting Started

To get your medications from MedImpact Direct, complete the [Medication Order Form](#).

• 90-Day Supply

[Follow these instructions](#) to get your 90-day supply.

The Summa Health Employee Medical Benefit Plan

Providers, Hospitals and Facilities

Use the SummaCare [Find A Provider](#) page to search for network providers, hospitals & facilities and to determine which Tier (Summa+, Tier 1, Tier 2) will apply:

NewHealthConnect: Summa Health: providers within the 20 core counties in Ohio

Ohio PPO Connect: providers in Ohio, but outside the 20 core counties

Cigna: providers if you reside outside of Ohio

Important updates to SummaCare network providers:

- Effective January 1, 2027, Cleveland Clinic Mercy Hospital in Canton will no longer be a participating Tier 2 provider for the health plan. The provider will be out-of-network and services will not be covered.
- At the same time, Aultman Hospital and its affiliated providers will become a Tier 2 network provider effective January 1, 2027.
- If you currently receive care at Cleveland Clinic Mercy Hospital, we encourage you to review your healthcare needs and discuss continuity of care options with your provider before the transition date. Please visit summacare.com to search for other providers and facilities.

Note: Medical providers may move from one coverage Tier to another. Although SummaCare's website reflects the current status of a provider, it is recommended that you periodically confirm your physician's continued active status and Tier level.

Services obtained by non-network providers are not covered by the plan.



It is your responsibility to notify Employee Benefits of a change in residency status for you and/or your applicable family member(s) during the year.

If you or your family member(s) reside outside of the SummaCare 20-county service area:

Refer to page 12 of this Enrollment Guide for important out-of-service area plan information and what to do to ensure coverage.

Summa+ Labs

Summa Health and our partner, Quest Diagnostics, use the latest laboratory technology to provide you with prompt testing and accurate results.

Summa Health Labs Locations

Location	Address	Phone Number
Akron Campus	95 Arch St. Suite G-30. Akron. OH 44304	330.375.3308
Wadsworth-Rittman Medical Center	195 Wadsworth Rd., Wadsworth, OH 44281	330.331.1320
Quest Diagnostics	Various locations	866.MYQUEST (866.697.8378)

- Early morning, lunch time and Saturday hours at some locations
- Professional, trained phlebotomists

For assistance visit summacare.com or call **330.252.5922**.

Summa+ Pharmacies

Summa Health operates conveniently located outpatient pharmacies on our Campuses. We also partner with other community pharmacies.

Pharmacy Name	Address	Phone Number
Summa Health Retail	70 Arch St, Akron (Enter at 70 Arch Street & turn right)	330.375.4911
Summa Health Retail	155 5th St NE, Barberton	330.615.3265
Summa Health Rootstown Pharmacy	4211 State Route 44, Ste 1500, Rootstown	330.325.0589
Giant Eagle*	All	Varies
Acme*	All	Varies

* Acme & Giant Eagle are Summa+ Tier for 30-day prescriptions only; 90-day prescriptions are considered Retail Pharmacy.

Employee or Dependent Residence Outside the Service Area

*Employees who reside Outside Ohio do not need to apply

Do you or your family member reside outside the SummaCare 20-county service area on a permanent or temporary basis? Or do you have a dependent child who may be residing outside the service area while attending school on a full-time basis? Visit [Summa@Work:Human Resources/Benefits/SummaCare](#) for the service areas. **This form must be completed every year.**

To apply for this exception, fully complete the form on the back page of this Guide. Email your completed form to summabenefits@summahealth.org. Incomplete forms will be returned and may delay coverage of claims. Employee Benefits will review to validate residence status and notify SummaCare of your or your family member's approved residency status exception.

Upon approval, covered services are provided at the in-network Tier 2 coverage level when an approved network is utilized.



Ohio Health Choice
Preferred Health Choice-Plus
Quality Care Partners Plus
OSU Health Plan



Note: You or your family member can utilize the **Summa+** and Tier 1 network at any time you are in the service area.

The Cigna Healthcare® PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

Cigna Healthcare® is an independent company and not affiliated with Akron Assurance Hospital Company, LLC, dba Summa Health. Access to the Cigna Healthcare PPO Network is available through the contractual relationship between Akron Assurance Hospital Company, LLC, dba Summa Health and Cigna Healthcare. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

How to Find a Tier 2 Provider

for Employees or Dependents Residing Outside the Service Area

1. Visit SummaCare's [Find A Provider](#) page.
2. Scroll down to see outside of service area networks or call **330.252.5922**.
3. For employees or family members in Ohio, select Ohio PPO Connect; for employees and family members **outside** Ohio, select Cigna Healthcare® PPO Network.



It is your responsibility to notify Employee Benefits of a change in residency status for you and/or your applicable family member(s) during the year.

Dental Insurance



We do dental. **Better.**



Delta Dental of Ohio is the largest dental carrier in the dental insurance market.

Choose from the **Delta Dental Standard Plan** or the **Delta Dental High Plan** (Point-of-Service). Both Plans offer access to the most extensive network of dentists in the nation through the Delta Dental PPO Network and the Delta Dental Premier Network. Select a dentist from either network; please know that Delta Dental PPO Network providers offer lower out-of-pocket expenses and deeper discounted services.

Visit Delta Dental's website at deltadentaloh.com/summahealth to search for a network dentist or call Delta Dental at 800.524.0149 for more information.

Bi-Weekly Pre-Tax Deductions Full-Time & Part-Time

Delta Dental Standard		Delta Dental High	
You Only	\$9.25	You Only	\$19.02
You + Spouse	\$17.54	You + Spouse	\$36.08
You + Child/ren	\$20.54	You + Child/ren	\$40.95
Family	\$32.29	Family	\$64.85



Your dental office can verify your coverage when you schedule services - no insurance card required!

Coverage by Plan

Feature/Service	Delta Dental Standard	Delta Dental High
Preventive & Diagnostic	100%	100%
Basic	50%	80%
Major	30%	60%
Annual Maximum	\$1,000	\$1,500
Deductible	\$50 / \$150 - does not apply to Preventive & Diagnostic or Orthodontic coverage	\$50 / \$150 - does not apply to Preventive & Diagnostic or Orthodontic coverage
Orthodontics: Child	50%	50%
Orthodontics: Adult	Not Covered	Not Covered
Lifetime Orthodontics Maximum	\$500	\$1,500
Orthodontics Age Limit	20 for dependent child	20 for dependent child
Out-of-Network Reimbursement	Claim payments will be based on Delta Dental's heavily discounted PPO fee schedule regardless of the provider used. You may be responsible for additional charges if you use a Premier or out-of-network provider.	Claim payments will be based on the respective fee schedule depending on the contracting status of the provider. You may be responsible for additional charges if you use an out-of-network provider.

Service Category

Exam	Preventive	Preventive
Sealants	Preventive	Preventive
Brush Biopsy	Diagnostic	Diagnostic
X-Rays	Diagnostic	Diagnostic
Endodontics – root canal	Basic	Basic
Periodontics – to treat gum disease	Basic	Basic
Periodontal Surgery	Basic	Basic
Silver Fillings	Basic	Basic
Removal of Bony Impactions	Major	Major
Crowns	Major	Major

Value Added Features

White Fillings	Composite resin (white) restorations are payable on posterior teeth.	White fillings are covered for anterior and/or posterior teeth.
Evidence-Based Dentistry	Members with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. Member should speak with their dentist about treatment.	Members with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. Member should speak with their dentist about treatment.
Implant Coverage	Not Covered (Including crowns over implants)	Covered – once per tooth in any eight year period. (including crowns over implants)

Vision Insurance



With VSP and Summa Health, your health comes first.

Barberton Union employees are eligible for vision through AFSCME. Refer to your Agreement for further details.

Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionwork retail locations nationwide.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

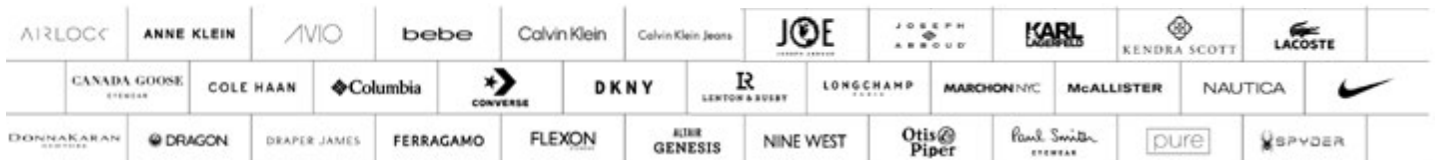
Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Bi-Weekly Pre-Tax Deductions | Full-Time & Part-Time

VSP Standard Plan		VSP High Plan	
You Only	\$4.03	You Only	\$7.74
You + Spouse	\$7.10	You + Spouse	\$13.59
You + Child/ren	\$7.60	You + Child/ren	\$14.55
Family	\$11.25	Family	\$21.56



Find a wide selection of Featured Frame Brands at a VSP Premier Edge™ location on vsp.com



*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association. †Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. ‡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. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington. Availability of VSP Premier Edge™ may vary.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies. ©2026 Vision Service Plan. All rights reserved. VSP, VSP (Heart) Logo, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™+ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 142819 VCCM

Coverage by Plan | Using a VSP Premier Program Provider

Benefit	Standard Coverage with a VSP Provider	High Plan Coverage with a VSP Provider
WellVision Exam	• \$10 Co-Pay (Up to \$39) • Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year	• \$0 Co-Pay (Up to \$39) • Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year
Essential Medical Eye Care	• \$20 per exam • Retinal screening for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details. • Available as needed	

Prescription Glasses

Frame*	• \$10 Co-Pay (Included in Prescription Glasses) • \$220 Featured Frame Brands allowance • \$220 Visionworks or Eyemart Express frame allowance on any frame • \$170 frame allowance • 20% savings on the amount over your allowance • \$170 Walmart®/Sam's Club® frame allowance • \$95 Costco® frame allowance • Every other calendar year	• \$0 Co-Pay • \$270 Visionworks or Eyemart Express frame allowance on any frame • \$220 frame allowance • 20% savings on the amount over your allowance • \$220 Walmart®/Sam's Club® frame allowance • \$120 Costco® frame allowance • Every calendar year
Lenses	• \$10 Co-Pay (Included in Prescription Glasses) • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	• \$0 Co-Pay • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year
Lenses Enhancement	• Standard progressive lenses; \$0 • Premium progressive lenses; \$95-\$105 • Custom progressive lenses; \$150-\$175 • Average savings of 30% on other lens enhancements • Every calendar year	• Standard progressive lenses; \$0 • Premium progressive lenses; \$95-\$105 • Custom progressive lenses; \$150-\$175 • UV protection; \$0 • Average savings of 30% on other lens enhancements • Every calendar year
Contacts (instead of glasses)	• \$170 allowance for contacts; co-pay does not apply • Contacts lens exam (fitting and evaluation); Up to \$60 • Every calendar year	• \$220 allowance for contacts; co-pay does not apply • Contacts lens exam (fitting and evaluation); Up to \$60 • Every calendar year
VSP Easy Options* (Members can choose one of these upgrades)	• N/A	• Included in Prescription Glasses • An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance. • Every calendar year
VSP LightCare™+	• \$170 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every other calendar year	• \$320 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every calendar year
EXTRA SAVINGS	Glasses and Sunglasses • Discover all current eyewear offers and savings at vsp.com/offers. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.	
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.	
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. • Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values.	

Group Term Life Insurance Plans



Reliance Matrix offers an affordable way to provide financial protection for you and your loved ones during your working years.

Visit their website to find many resources to help you understand your personal life insurance needs and determine the right coverage for you and your family: reliancematrix.com.

Your Summa-provided Basic life policy and any Supplemental life you purchase includes Accidental Death & Dismemberment (AD&D) coverage.

As an added value, Bereavement Counseling and Travel Assistance are provided at no additional cost.

Employee Supplemental Life and AD&D:

- Enroll for new Supplemental Life and AD&D at the first coverage level of \$50,000 without health questions (Evidence of Insurability/EOI) required.
- Increase your current level of Employee Supplemental Life and AD&D by one level, up to a maximum of \$350,000, without health questions (EOI) required.

Spouse Supplemental Life and AD&D

- Enroll for Spouse Dependent Life for \$25,000 without health questions (EOI) required.
- Increase your current Spouse coverage amount by one level of \$25,000 up to a maximum of \$50,000 without health questions (EOI) required.

Dependent Supplemental Life and AD&D

- Coverage levels of \$10,000 or \$25,000 without health questions (EOI) required.

If Reliance Matrix requires the health questionnaire based on your Annual Enrollment election, you will be notified via email explaining how to complete the required health questionnaire online within 31 days.

Employee Basic Life and AD&D

Am I provided life insurance through my workplace?

Yes.

Basic Life and AD&D Policy	
Full-time, Non-Management Employees	Maximum \$50,000 at no cost!
Part-time Employees	Equal to \$15,000 at no cost!

Travel Assistance is also included with Basic Life.

Employee Supplemental Life and AD&D

What is Supplemental Life and AD&D Insurance?

If you are interested in a higher amount of life insurance than the amount provided to you by Summa Health at no cost, you can increase the total amount of life insurance payable upon your death by purchasing Supplemental (or additional) Life and AD&D insurance.

How much Supplemental Life can I choose?

Select from the amounts below:

\$50,000	\$100,000	\$150,000	\$200,000
\$250,000	\$300,000	\$350,000	\$400,000
\$450,000	\$500,000		

What is the cost for Supplemental Life?

Your bi-weekly cost depends on your age and the amount of insurance you purchase. Your options and costs are displayed in the benefits enrollment system. As your age increases over time, you automatically move into the new age bracket with a new cost per-pay deduction. If your birthday is January 1, your per-pay deduction will increase for that year. If your birthday is on or after January 2, your per-pay deduction will not increase until the following year.

What happens to my life insurance at age 65 and age 70?

At age 65, your life insurance (basic, AD&D, Supplemental and Spouse Dependent Life) will reduce to 67% of the amount in force prior to age 65. At age 70, your life insurance coverage will reduce to 45% of the amount in force prior to your first reduction.

Spouse and Child Dependent Life

What is Dependent Life Insurance?

Dependent Life Insurance offers you peace of mind knowing you'll have financial help if your legal spouse or dependent child passes away.

Who is eligible to be covered?

Eligible covered family members include:

- Your legal spouse
- Your natural, step, adopted or foster children* who depend on you for support and maintenance
- A child that resides with you on a permanent basis for whom you are the legal guardian*
- Your child from live birth up to age 26*

What Spouse and Child Dependent Life options are available to me?

The options and per-pay (after-tax) deductions are shown below:

Spouse Coverage Amount	Per-pay Deduction
\$25,000	\$2.59
\$50,000	\$5.18
\$75,000	\$7.76
\$100,000	\$10.34
Child* Coverage Amount	Per-pay Deduction
\$10,000	\$0.47
\$25,000	\$1.16

*Natural, legally adopted or stepchildren who are less than 26 years old. Children age 26 and over if physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on you for more than one-half their support and maintenance.

Beneficiary Information

You can establish and change your beneficiary information during your annual enrollment. Once your designation is on file, click **View Beneficiary** to see your information and click **Update Designation** if you need to make changes.

Summa Health Medical Group and Barberton Union employees: please refer to your Agreement for your specific details.

Health Care FSA (HCFSA)

Consider the benefits of a Health Care Flexible Spending Account! A HCFSA can help you pay for eligible healthcare expenses that you would normally pay for out-of-pocket for you, your legal spouse, and dependent children*. Generally, eligible expenses include items that are meant to diagnose, cure, mitigate, treat, or prevent illness or disease. Common examples are co-pays, deductibles, co-insurance, prescriptions, eyeglasses, braces, etc.

- Estimate your expenses for 2027 to help you determine the total amount - or annual maximum contribution - you wish to deposit into your HCFSA Account. Each pay, your contribution is taken pre-tax which lowers your taxable income. Note that if your spouse is also eligible for a HCFSA, your spouse can contribute up to their plan's annual maximum contribution amount - even if you both work for Summa Health.
- You don't need to be enrolled in Summa Health's medical, dental, and/or vision plan(s) to participate in the HCFSA.



More information can be found on the benefits page on Summa@Work / Departments / Human Resources - Benefits / Health Equity Flexible Spending Accounts

- The Annual Maximum contribution for the Health Care FSA will follow the IRS established limit for this year.
- If your Health Equity HealthCare Card is expiring this year, and you make an election or have a carry over balance, you will receive a new HealthEquity Healthcare card.



How do I pay for eligible expenses?

- Pay for eligible expenses using your Health Equity Healthcare Card at your appointment, online or by phone to pay a healthcare bill. You can request a reimbursement for paid healthcare expenses by submitting a claim form through the Health Equity website or phone app.
- Your HCFSA is fully funded and available for immediate use on January 1!
- Get immediate access to all of your money when using your Health Equity HealthCare Card. Use at qualified healthcare providers who offer eligible services and products; or at merchants who offer eligible over-the-counter items and comply with Internal Revenue Service (IRS) approval requirements.
- If you submit a claim form, be certain to provide copies of your receipt(s) as well. Save all your receipts; you could be asked by Health Equity or the IRS to prove your expenses!

What else should I know?

- At the end of the Plan Year, unused HCFSA funds of up to the IRS established limit may carry forward to the next year; unused funds above the limit are **forfeited**.
- Remember, a healthcare expense is incurred on the date it is provided - not when formally billed, charged or paid.
- During 2027, if you cancel participation due to a qualifying event, transfer to an ineligible position, or terminate your Summa employment, you have 60 days after the end of the month in which you terminate the plan to file a claim for expenses incurred prior to cancellation.
- 2027 HCFSA participants who are active on payroll through December 31, 2027, have until March 31, 2028 to remit eligible expenses incurred in the 2027 Plan Year.

*Dependent child is defined as "qualified to be counted as a dependent on your tax return".

Dependent Care FSA (DCFSA)

Consider a DCFSA to help you save on work-related daycare expenses for your tax-dependent child under the age of 13.

- Eligible babysitting or au pair services
- Daycare and nursery school costs
- Pre-school programs
- Before- and after-school programs
- Summer day camps

The Dependent Care FSA will cover **elder care** and **adult daycare** for a spouse or other relative living in your home who is physically or mentally incapable of self-care and that you claim as a dependent on your federal income tax return. Eligible expenses for your tax-dependent adult family member include:

- Adult daycare center
- Custodial elder care (work-related)
- Elder care (while you work, to enable you to work or look for work)
- Senior daycare

Estimate your 2027 expenses to help determine the total amount - or Annual Maximum contribution - you wish to deposit into your DCFSA Account. Contributions are withheld on a pre-tax basis which lowers your taxable income.

How much can I contribute into my DCFSA?

You can contribute up to the Annual Maximum by the Internal Revenue Service (IRS) guidelines for this year.

Can I submit health, dental or vision care expenses through my DCFSA?

No. Enroll in a Health Care FSA (see prior page) to help pay medical, dental and vision expenses for you and your legal spouse and eligible children.

What else should I know about a DCFSA?

- You decide how much to contribute into your DCFSA for the year.
- Your DCFSA is funded as deductions are taken from your paycheck. This means you may only be reimbursed up to the available balance in your DCFSA for eligible expenses for services incurred prior to reimbursement.
- 2027 DCFSA participants who are active on payroll through December 31, 2027, have until March 31, 2028 to remit eligible expenses incurred in the 2027 Plan Year.
- At the end of the 2027 Plan Year, unused DCFSA funds will be **forfeited** in accordance with the IRS "use-it or lose-it" rule.
- During 2027, if you cancel participation due to a qualifying event, transfer to a benefits ineligible position, or terminate your employment with Summa, you have 60 days after the end of the month in which you terminate the plan to file claims online for expenses incurred prior to cancellation.

Visit HealthEquity at [healthequity.com](https://www.healthequity.com) to find helpful resources about FSAs.

Attention All 2026 FSA Participants

- Active employees have until March 31, 2027, to submit claims for 2026 incurred expenses.
- If you terminate employment with Summa Health prior to December 31, 2026, you have 60 days after the end of the month in which you terminate employment to file eligible claims via online or paper submission.



Additional Benefits



Unum and Trustmark have helped millions of employees protect their families, their finances, and their futures. Comprehensive coverages and unparalleled support - delivered where and when it's needed most.

Hospital Indemnity Insurance

Unum's Group Hospital Indemnity Insurance can complement your health insurance to pay for the cost of a hospital stay due to a covered accident or illness. This benefit can be used to help you pay for out-of-pocket medical expenses such as co-pays and deductibles. You do not need to be enrolled in Summa Health's Employee Medical Benefit Plan to enroll!

What's included?

- \$1,500 for each covered hospital admission – once per calendar year, per insured
- \$250 for each day of a covered hospital stay, up to 15 days, twice per calendar year

Who can get coverage?

- You (if you are actively working)
- Your legal spouse (ages 17-64)
- Your child(ren) until their 26th birthday regardless of marital or student status

What is my per-pay cost for coverage?

Choose from the following:

Employee	Employee & Spouse	Employee & Child(ren)	Employee, Spouse & Child(ren)
\$9.87	\$16.94	\$12.48	\$19.55

To ask questions, contact the Benefits Support Center: **855.482.9669**.

Barberton Union employees are not eligible for Hospital Indemnity.

Critical Illness Insurance

A critical illness can impact your family at any time. Unum's Critical Illness Insurance is designed to help pay for the costs associated with the initial occurrence of the following, as defined in the policy.

COVERED CONDITIONS!

100%	• Heart Attack • Major Organ Transplant • Invasive Cancer • Loss of Sight • Coma* • Occupational HIV	• Stroke • End Stage Renal Failure • Paralysis • Cerebral Palsy • Carcinoma in Situ (cancer) • Cystic Fibrosis
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*As a result of a severe traumatic brain injury

What benefit will I receive through Critical Illness Insurance?

You are paid a lump sum to help manage expenses (medical and/or non-medical related) so you can focus on recovery. You may choose coverage of \$10,000, \$20,000 or \$30,000 for yourself, you and your spouse, you and your children or you and your spouse and children (up to age 26). Some exceptions apply - see summary plan description for details.

- Guaranteed issue - no health questions asked!
- Coverage is portable; keep your policy even if you change jobs or retire
- \$50 Wellness Benefit - you and other covered family members can receive a valuable incentive just for participating in important annual tests or screenings

Note: Pre-existing condition limitations may apply.

Individual Universal Life with Long Term Care

The rising costs of long-term care services may be a serious financial concern. You could end up needing assistance with basic things like bathing or dressing. This care can be provided in your home or in a facility. Basic long-term care can cost hundreds of dollars per day. The Trustmark Universal Life benefit offers two-in-one protection. It combines permanent life insurance with benefits that can help with the costs of long-term care. The long-term care benefit will pay up to 25 months for long-term care services, and the full death benefit remains even if the benefits for long-term care are paid. This benefit is portable and premiums won't go up as you get older.

Who is eligible for coverage?

Apply for coverage for your spouse as well as yourself, on a guaranteed issue basis (age 18-64).

Accident Insurance

Accidents happen. Would you and your family members be prepared for the financial impact of an accident or injury? After an accident, you may realize you have expenses that you never considered. Even with medical coverage, you may have out-of-pocket costs that result from the accident. That's where Accident Insurance through Unum can help.

Accident Insurance will pay benefits directly to you in an amount based on the type of injury sustained and the type of treatment you receive. You may use the benefit payment however you see fit, for medical and non-medical costs that may result from a covered accident, including anything from copays and deductibles to household expenses and childcare costs while you recover. This benefit covers you 24 hours a day, meaning that benefits will be paid for injuries and accidents that take place on the job and specific accident-related injuries. It is portable, meaning that you can roll coverage over if you change employment, and there are no pre-existing condition limitations.

Who is eligible for coverage?

You, your legal spouse, your dependent children to age 26.

What additional features are offered?

Organized Sports Benefit – Allows for a 10% increase in payable benefits when an injury is sustained while playing organized sports.

Per pay premiums:

Employee	Employee & Spouse	Employee & Child(ren)	Employee, Spouse & Child(ren)
\$3.55	\$5.86	\$8.63	\$10.94

Other important facts:

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of their company's business locations. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of their last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

To ask questions, contact the Benefits Support Center: **855.482.9669**.

Identity Theft Protection



Help protect yourself with Norton LifeLock Benefit Plans

Norton LifeLock Benefit Plans offer Financial and Digital Wellness in one powerful benefit.

Identity Protection - Keep you and your family's information and finances safer

- Proactive monitoring and expert support help limit long-term impact, protecting financial stability, confidence, and productivity as responsibilities grow.

Financial Wellness (New!) - Help manage and grow your finances

- Secure financial wellness tools help you understand, manage, and feel confident about your finances.

Privacy Online - Take control of your personal data

- As digital footprints expand over time, personal data becomes easier to exploit. Privacy tools help reduce data exposure—lowering the risk of scams and identity theft.

Digital Protection - Help protect your online life from scams and security threats

- Scams and cyberthreats increasingly target entire households, not just individuals.
- Always-on digital protection helps reduce exposure across everyday devices, supporting you as your digital life expands to include families, shared finances, and multiple users.

To learn more, please visit
the Norton LifeLock microsite at
Norton.com/PremierPlus.

No one can prevent all cybercrime or prevent all identity theft.
We do not monitor all transactions at all businesses.

As an employee of Summa Health, you receive exclusive, discounted pricing. Choose from the coverage levels below:

Coverage Level	After-Tax Deduction Per-Pay
Employee Only	\$3.69
Family*	\$6.91

Important information for this benefit:

- Family includes eligible dependents who live within the employee's household or are financially dependent on the employee.
- Action required: Complete the LifeLock enrollment when you receive the Welcome email so coverage can begin January 1.
- You must complete enrollment information for each family member. If you don't, that family member won't receive LifeLock protection, but you will continue to be charged the full premium.
- Refunds or credit will not be issued for coverage your family couldn't use because you didn't submit the information necessary to complete enrollment.



If you have an existing LifeLock membership elsewhere you must cancel it prior to joining Summa's plan before January 1.

Employee Assistance Program (EAP)



Life comes with challenges. AllOne Health is here to help.

Your Employee Assistance Program (EAP) provides free, confidential support for you and your eligible family members—whether you're managing stress, navigating a major life event, or simply looking for expert guidance.

Your EAP includes access to:

- Six short-term counseling sessions through in-person, virtual, or phone
- Life coaching to help you reach personal and professional goals
- Financial consultations for budgeting, debt management, retirement planning, taxes, and more
- Legal referrals for personal legal matters
- Work-life resources for childcare, eldercare, education, housing, pet care, and everyday needs
- Medical advocacy to help navigate healthcare and insurance questions

Getting support is simple with the [AllOne Health App and Member Portal](#). You can self-schedule virtual counseling appointments, browse on-demand articles and self-help tools, and connect with Izzy, your AI mental health navigator, for guidance to the right resources—24 hours a day, 365 days a year, AllOne Health is also available via phone: **800.227.6007**.



As a Summa Health employee, you can enroll in discounted Pet Insurance directly with PetPartners. Plans feature coverage for accidents, illnesses and injuries including cancer coverage.

Visit [PetPartners](#) or call **866.774.1113** to get a quote, register for pet insurance, and make payment arrangements with PetPartners. Payroll deduction is not available for this benefit option.

With PetPartners, you will be able to visit any vet in the U.S.

Plan Options: Underwritten by Independence American Insurance Company

Thinking About Your Financial Wellness?

Start by saving in your Summa Health 401(k) Plan.

> Visit **FidelityNetBenefits®**

- Enroll at netbenefits.com and choose your deferral elections.
- Choose your **investment elections** or default to an age-based fund.
- Make your **beneficiary(s)** election.
- Add your preferred email address in the **Profile** section.

You are eligible for Summa contributions after one (1) year of employment in which you have worked at least 1,000 hours or more. Summa contributes 50% of each dollar you contribute to the plan, up to your first 6% - for a total contribution of 3% when you contribute 6% or more. You become entitled to (are vested in) Summa's contributions once you have completed three years of service in which you have worked at least 1,000 hours each year. Bargaining unit employees should refer to the union contract for further information.

Participants must be in an active employment status on the last day of the plan year (12/31) to be eligible for employer contributions. Employer contributions are deposited to participant accounts following close of the plan year.

>> Meet with your Fidelity Workplace Financial Consultant

Plan for your financial future through a complimentary consultation or attending a virtual help desk with a Fidelity Workplace Financial Consultant dedicated to Summa Health. Schedule today or call **800.642.7131**.



Power of Small Amounts

Use this tool to see what a difference even a small increase in contributions to your Plan can make.



Financial Wellness Checkup

Answer a few questions to see your personal financial wellness score in each of our four categories: budgeting, debt management, savings, and protection.



Contribution Calculator

Helps you determine the maximum elective salary deferral contribution you may make in your 401(k) plan.



Go Mobile.

Download the NetBenefits® app today for an Apple® or Android device.

Questions?

Fidelity is here to help. Call **800.343.0860**.

Investing involves risk, including risk of loss.

Enrollment Instructions



Online enrollment begins Monday, October 19 and continues through Tuesday, November 3.

I don't want to make any benefit changes for next year. Should I still enroll online?

Yes. 2027 Enrollment is required. If you do not enroll, you will not have benefits in 2027. Annual Enrollment is your opportunity to review your current elections, costs and covered family members, and to take action to enroll or decline plans for the following year.

Can I use my cell phone or tablet to enroll?

Yes. You can use any smart device, laptop or desktop computer to enroll.

Accessing Your Portal

To access the Benefits Enrollment Site and your Benefits Portal, visit my.tbx360.com/summahealth or use the QR code below. Here you will find:

- User ID & login information
- Enrollment instructions
- Summa's Virtual Benefits Fair link
- More benefit information

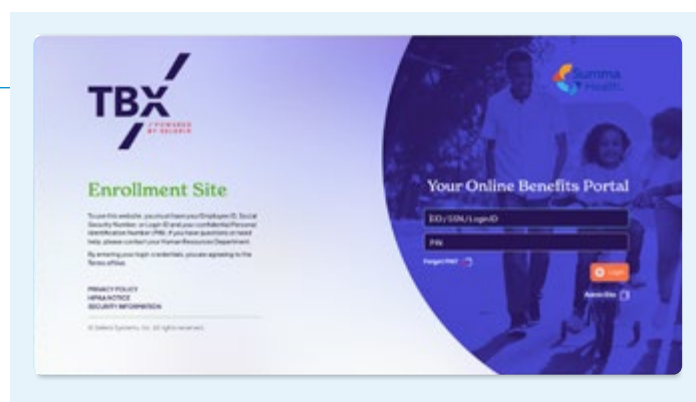


Click on My Benefits to log into your Benefits Portal and begin your enrollment. If you need assistance, call the Benefits Support Center: **855.482.9669**.

Login Credentials

User ID: Enter your Employee ID Number or Social Security Number. NO DASHES required.

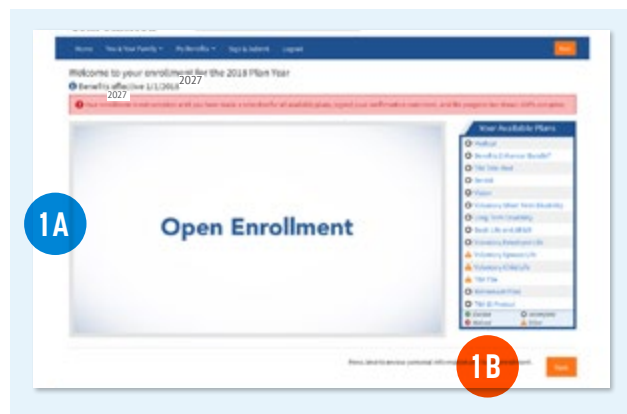
Personal ID Number (PIN): Enter the last 4 digits of your Social Security Number and the last 2 digits of your birth year. NO DASHES required.



1. Start Here

A. Once you log in, view your company's open enrollment video.

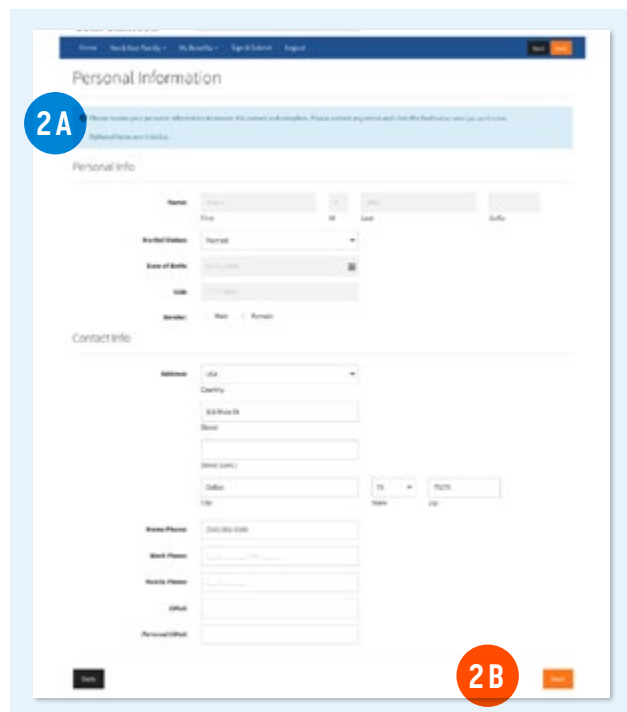
B. Click "Next" to continue.



2. Personal Information

A. Personal Information:
Update, Review and Verify

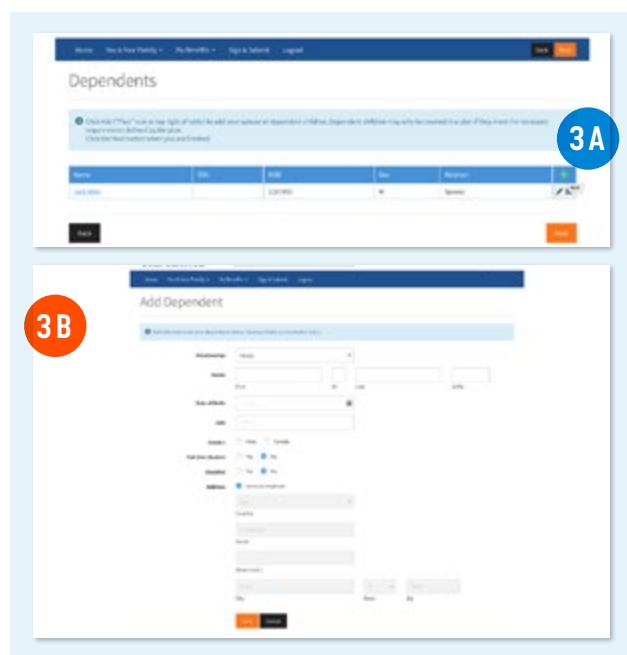
B. Click "Next" to continue.



3. Dependents

A. To add a dependent, click the "+" symbol

B. After clicking the "+" symbol, this page will appear. Make sure to save after filling out your information.



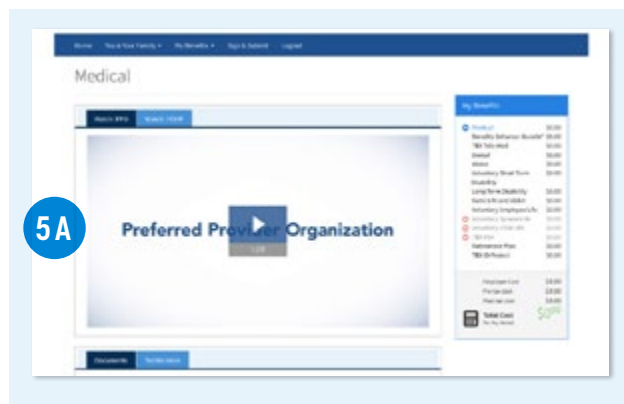
4. Benefit Genius

- A.** State-of-the art decision support tool, helps ensure you find the benefits that work best for you and your family in three simple steps.
1. Indicate who will be covered.
 2. Assign a health grade for each covered member.
 3. Provide their tobacco status.
- B.** Based on your answers, Benefits Genius uses data analytics to provide personalized plan recommendations based on the unique needs of you and any covered family members.
- C.** To further customize your results try our Fine Tuning tool that takes into account any prescriptions you may regularly take, planned surgical procedures you may have or chronic health conditions you may suffer from.



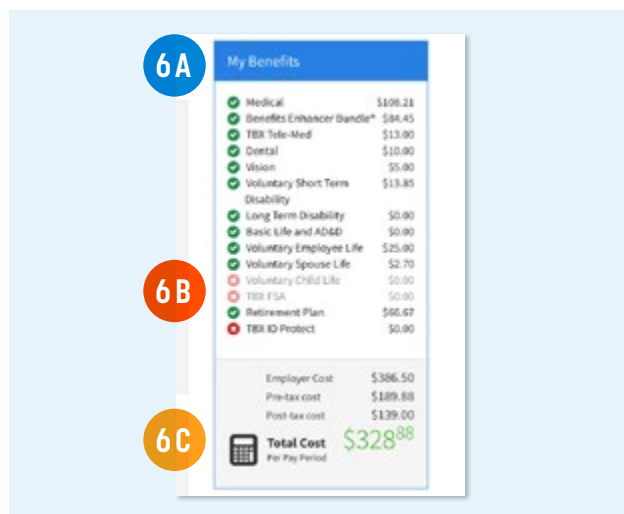
5. My Benefits

- A.** This is your benefits education and selection screen.



6. My Benefits

- A.** This area will keep the status of your selections with:
- B.** A **GREEN** check mark for plans you elect, or a **RED** mark for plans you waive.
- C.** Here you can see a running total of your deductions per paycheck.



7. Plan Details

A. Get Plan Details here.

B. Make Plan Selections here.

8. Beneficiary Designation

A. After each selection, follow the instructions on screen to complete the applicable required material.

B. Click "Next" to continue.

9. Sign and Submit

A. Plan Summary: Once you've completed all your benefits elections, you'll be taken to this screen. Here you can see a recap of your enrollment and your total paycheck deductions.

Just a few more items to review and electronically acknowledge before completing your enrollment.

B. Click "Next" to continue.

10. Review and Sign Forms

A. Make sure to REVIEW all the forms.

B. Click "Sign Form" as indicated.

7A

7B

8A

8B

9A

9B

10A

10B

About This Guide

This guide has been developed to provide Summa Health employees with a summary of the annual enrollment process; and to illustrate major plan provisions for comparison purposes.

Benefit Eligibility

The information contained in this guide pertains to full-time and part-time benefit eligible employees in positions of 20 hours per week or greater.

Benefit Premiums

Benefit Premiums are deducted based on pay date, not pay period. Your 2027 Benefit Premiums will be deducted on the first pay date in January.

Coordination of Benefits (COB)

If a covered family member is also enrolled in another medical plan that is their “primary” payor of benefits, then benefits under Summa Health’s medical plan are paid as “secondary”, using the Non-Duplication of Benefits methodology of COB. Under this COB method, the secondary plan calculates its benefit as though it was primary; subtracts the payment already made by the primary plan; and then pays the balance, if any. Benefits payable under a secondary plan are determined on a claim by claim basis, with plan deductibles, co-insurance, co-payment and exclusions also being applied. If you have specific questions regarding the COB claims payment process, please contact SummaCare Customer Service at 330.252.5922.

Making Benefit Changes During the Year

Outside of the annual enrollment period, you can only make changes to your existing benefits if you experience a **qualifying event** such as: marriage; birth of a baby; divorce; legal spouse’s loss of coverage; employment or coverage status change for you or your legal spouse; child becoming newly eligible or ceasing to be eligible, etc.

To ensure any benefit coverage changes you wish to make as a result of a qualifying life event are permitted, you must take the following action steps **within 31 days**.

1. Visit: thebenefitsexpert.com/summahealth or you can scan the QR code.



2. Qualifying Life Event Documentation – Upload the Qualifying Life Event documents (Example: marriage certificate; divorce document; loss of coverage letter; newborn’s birth certificate; etc.)
3. Family Member Verification Documentation – If adding a legal spouse or eligible child to your medical coverage, you must prove their relationship to you. Upload the required acceptable verification documents, for each family member, as outlined on the Family Member Guidelines page of this Guide.



Your Qualifying Life Event request & supporting verification documents must be uploaded to your Benefits Portal within the 31-day eligibility window or coverage for your legal spouse and/or child may be denied or delayed.

Summa Health Employee Benefits has made every attempt to ensure the accuracy and reliability of the information provided in this document for educational and information purposes. In case of any conflict between the provisions of the plan(s) and those provided in this document, the provisions of the plan document(s) shall take precedence. For more information, please consult the Summary Plan Description(s) available on Summa@work or contact Employee Benefits. External website links, provider materials and information are maintained by the vendor; therefore, Summa Health is not responsible, nor does it guarantee, the accuracy, relevance, timeliness, or completeness of any such provider information.

Notice of Privacy Practices



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Summary

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get an electronic or paper copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- We've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by calling the number on the back of your Member ID card.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **877.696.6775** (TTY **800.750.0750**) or visiting hhs.gov/ocr/privacy/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care
- Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the healthcare treatment you receive

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

We can use and disclose your information to run our organization, develop better services for you, and contact you when necessary. Examples include:

- To evaluate the quality of care you get from in-network or preferred providers.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
- To work with vendors that provide services such as billing, consulting, or information technology.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- Example: We share information about you with vision, dental, pharmacy providers to coordinate payment.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- Example: Your company contracts with us to provide a health plan and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information visit **hhs.gov**.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research only if you agree or if an Institutional Board or Privacy Board approves it.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your oral, written and electronic protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information visit **hhs.gov**.

Other Laws May Apply

State and other federal laws may have stricter requirements than the Health Insurance Portability and Accountability Act of 1996 (HIPAA) on how we use and share your health information. If any of these laws apply, we will follow them. For example, in some situations, the law may require us to get your written permission to use or share your health information related to mental health, substance use disorder treatment, developmental disability, reproductive health, genetic test results, and communicable diseases such as HIV or sexually transmitted infections.

Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the contents of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Changes to the Terms of this Notice

If we change the terms of this notice, the changes will apply to all information we have about you, starting with the new notice's effective date. The new notice will be available upon request, on our website, and we will mail a copy to you.

Effective date: February 1, 2004

Revised date: November 18, 2025

SummaCare
1200 E. Market Street, Suite 400
Akron, OH 44305
summacare.com

SummaCare Privacy Officer
Phone: **800.361.3908** (TTY **800.750.0750**)
Email: **compliance@summacare.com**



Contact Information

For plan details, please visit Summa@Work/Departments/Human Resources/Benefits.

SummaCare
330.252.5922

summacare.com

Group # G0113111A Gold
G0113113A Silver
G0113112A Gold Outside of Ohio
G0113114A Silver Outside of Ohio

Delta Dental of Ohio
800.524.0149

deltadentaloh.com/summahealth

Group Numbers:
Delta Dental Standard 2104-0001
Delta Dental High 2104-1000

VSP
800.877.7195

vsp.com

Group Numbers:
VSP Standard Plan: 12337123-2003
VSP High Plan: 12337123-3000

AllOne Health Employee Assistance Program (EAP)
800.227.6007

allonehealth.com

Account Login: summa

HealthEquity Wageworks FSA
877.924.3967

healthequity.com

Reliance Matrix
Basic & Voluntary Life and AD&D
855.482.9669

Fidelity Investments
800.343.0860

NetBenefits.com

Unum
(Critical Illness, Accident and Hospital Indemnity)
800.635.5597

Trustmark Universal Life
855.482.9669

LifeLock with Norton Benefits
800.607.9174

Pet Partners
866.774.1113
petpartners.com

Purchasing Power
866.670.3479
summa.purchasingpower.com

Daily Pay
866.432.0472
dailypay.com

TBX Benefits Enrollment
855.482.9669
thebenefitsexpert.com/summahealth



Email Employee Benefits at summabenefits@summahealth.org

Resident Outside SummaCare's Service Area Request Form*

Employee Name _____ Employee Date of Birth _____ SummaCare ID# _____

Fully complete this form if you, and/or your legal spouse, and/or your dependent child/ren (up to age 26) have a residential address change and are requesting access to services using approved networks outside of the NewHealthConnect Summa Health 20-county service area.

Please check the following to validate your understanding:

- ☐ **The person(s) identified below do not live within the SummaCare 20-county service area for the Summa Health medical benefit plan.** The service area is exclusive of the following counties: Ashland, Ashtabula, Carroll, Cuyahoga, Erie, Geauga, Holmes, Huron, Lake, Lorain, Mahoning, Medina, Ottawa, Portage, Sandusky, Stark, Summit, Trumbull, Tuscarawas and Wayne.
- ☐ **Covered services for myself and/or my dependents residing outside of the NewHealthConnect Summa Health service area are provided at the in-network Tier 2 coverage level if an approved network is utilized.** Approved networks include: Ohio PPO Connect (residence in Ohio) and Cigna Healthcare® PPO Network** (residence outside of Ohio). Note: My dependent or I may opt at any time to come into the Summa+ or Tier 1 network and pay the associated Summa+ or Tier 1 co-pays for services.
- ☐ **To find a Tier 2 Provider for myself and/or dependent(s) outside of the service area, I will need to:** Visit SummaCare's website summacare.com, click: "Find a Doctor" in the chat box and select "I am a Summa Health Employee". Scroll down to see outside of service area networks (or call 330.252.5922).
- ☐ **If approved by Employee Benefits,** the person(s) I've listed below will receive coverage at the Tier 2 coverage level, if an approved network is utilized; and are covered for ER & urgent care services only in accordance with the provisions of the plan.
- ☐ Approved coverage will continue for the remainder of this calendar year (12/31) or sooner if my or my dependent(s) residency status changes back to the covered service area. **I understand that I will need to submit a new "Resident Outside of the Service Area" form each annual open enrollment period or during the year should residency status change.**
- ☐ **I understand my dependent(s) may be mailed a separate ID card.**

Effective Date _____ End Date _____

Who lives outside of the service area? (Full address is required in order to process this form)

Employee Full Name _____ (Employee) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Legal Spouse Full Name _____ (Spouse) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Dependent Child Full Name _____ (Child) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Dependent Child Full Name _____ (Child) Date of Birth _____

Address _____ City _____ State _____ Zip _____

Dependent Child Full Name _____ (Child) Date of Birth _____

Address _____ City _____ State _____ Zip _____

I certify that the above information is true and accurate to the best of my knowledge. Further, I acknowledge that it is my responsibility to ensure access to SummaCare's approved network in order to receive coverage at the Tier 2 provider level. I understand I am responsible to submit an updated form to Employee Benefits when I or my dependents have a change of residence or no longer reside outside of the Summa Health service area.

Employee Signature _____ Date _____

Return completed form to Summa Employee Benefits: summaenefits@summahealth.org

*Must be submitted annually.

** The Cigna Healthcare® PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

Cigna Healthcare® is an independent company and not affiliated with Akron Assurance Hospital Company, LLC, dba Summa Health. Access to the Cigna Healthcare PPO Network is available through the contractual relationship between Akron Assurance Hospital Company, LLC, dba Summa Health and Cigna Healthcare. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.



Corporate Office

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Akron, OH 44310
summabenefits@summahealth.org



Employee Benefits

Our investment in you.