



Employee Benefits

Benefits Too Good to be True!



2025 Outside Ohio Employee Annual Benefits Enrollment
Monday, October 21 - Tuesday, November 5, 2024

Our investment in you.



2025 Employee Annual Benefits Enrollment

Welcome to Summa Health’s Employee Annual Benefits Enrollment! This is your once-a-year opportunity to review your current elections, explore different options, and make the right benefit choices for you and your family beginning January 1, 2025.

Online enrollment begins on Monday, October 21 and ends on Tuesday, November 5, 2024.

Note: There are 27 pay periods in 2025. The last pay of the year will be free of benefits deductions. Deductions come out based on pay date, not pay period.

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Visit Summa Health's Virtual Benefits Fair!

Gather your family and explore the choices available for 2025. You can access helpful videos, tools and vendor links from any device while at home, work or anywhere in between!

Visit summahealth.org/virtualbenefitsfair from October 1 through November 5.

Medical & Prescription Insurance Plan

Family Member Eligibility Guidelines



If you wish to add a family member to your 2025 medical plan who is not already enrolled on your plan, you must provide verification documents by **November 30, 2024**.

<p>Definition of legal spouse:</p> <ul style="list-style-type: none"> Legally married spouse <p>You may not cover your spouse on your Summa Health medical plan if eligible for group medical coverage through their own employer.</p> <p>It is your responsibility to notify Employee Benefits if your spouse's coverage status changes during the year.</p>	<p>Required Verification Documents</p> <ul style="list-style-type: none"> Copy of Page 1 of your most current federal tax return (cross out Social Security numbers and wage information) <p>OR</p> <p>Copy of marriage certificate AND one of the following:</p> <ul style="list-style-type: none"> 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
<p>Definition of eligible child:</p> <ul style="list-style-type: none"> Natural child or step-child Adopted child Foster child or child under legal guardianship Unmarried child age 26 or older who is mentally or physically handicapped. Contact Employee Benefits for full details. 	<p>Required Verification Documents</p> <ul style="list-style-type: none"> Birth certificate Copy of adoption papers Copy of custodial papers or legal guardianship papers Proof of child's incapacity and dependency must be furnished

Upload your documents no later than November 30 to <https://my.tb360.com/summahealth> or you can scan the QR code.



The Summa Health Employee Medical Insurance



First Health Network

NEW OPTION ADDED!



The Summa Health Employee Medical Benefit Plan is a comprehensive medical and prescription plan that includes levels – or Tiers – of coverage. You decide how to use your plan to save money when you choose services from **Summa+**, Tier 1 or Tier 2 providers and hospitals/facilities.

You decide which plan fits the needs of you and your family.

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	\$84.92	\$102.00	You Only	\$67.85	\$81.69
You + Spouse	\$209.08	\$313.38	You + Spouse	\$167.08	\$250.62
You + 1 or 2 Children	\$160.62	\$240.92	You + 1 or 2 Children	\$128.77	\$192.92
You + 3 or More Children	\$201.23	\$302.31	You + 3 or More Children	\$161.08	\$241.85
You + Spouse + 1 or 2 Children	\$254.31	\$381.23	You + Spouse + 1 or 2 Children	\$203.08	\$305.08
You + Spouse + 3 or More Children	\$296.31	\$444.46	You + Spouse + 3 or More Children	\$237.23	\$355.85

The Summa Health Outside Ohio Employee Medical Benefit Plan

Summary of Benefits (Highlights) Comparison Grid

You now have a choice of medical plans for 2025!

Be sure to use the decision support tool, located in the enrollment site, to help identify what plan may be the best fit based on your unique needs. For a list of Summa+, Tier 1 or Tier 2 In-Network Providers, see www.summacare.com or call 330.252.5922.

	GOLD PLAN First Health Network		SILVER PLAN First Health Network		
	Summa+	Tier 1	Summa+	Tier 1	
ANNUAL DEDUCTIBLE					
Individual	\$500 (inpatient hospital only)	\$750 (inpatient hospital only)	\$1,000	\$1,500	
Family	\$1,000 (inpatient hospital only)	\$1,500 (inpatient hospital only)	\$2,000	\$3,000	
Note: Tier 1 deductible expenses are applicable toward Summa+ deductible.					
GENERAL PLAN PROVISIONS					
Out of Pocket Maximum (Calendar Year)	Medical & Pharmacy Combined		Medical & Pharmacy Combined		
Individual	\$2,000	\$3,000	\$4,000	\$6,000	
Family	\$4,000	\$6,000	\$8,000	\$12,000	
Note: Tier 1 out-of-pocket expenses are applicable toward Summa+ out-of-pocket maximum. In-Vitro Fertilization and Weight Loss Surgery are excluded.					
COMMON MEDICAL BENEFITS – Co-pay per visit					
Inpatient Hospitalization and Facility Services (Including Maternity stays)	\$0 after deductible		15% after deductible	20% after deductible	
Lab (No Deductible)	\$0	\$25	\$15	\$30	
Outpatient Hospital Surgery	\$150 no deductible	\$300 no deductible	15% after deductible	20% after deductible	
Physician (PCP) Office Visits (Diagnostic) (No Deductible)	\$0 Includes Mental Health and Substance Abuse office visitscharges		\$15 Includes Mental Health and Substance Abuse office visitscharges	\$25	
Urgent Care (No Deductible)	\$40 at any Summa Urgent Care Center	\$60 at any Urgent Care Center	\$40 at any Summa Urgent Care Center	\$60 at any Urgent Care Center	
Prescription Drug Benefits	Summa+ Summa Health pharmacies, Acme, Giant Eagle, and Mac Pharmacy		Retail Pharmacy All other SummaCare Network Pharmacies		Mail Order Birdi
Quantity	30-Day	90-Day	30-Day	90-Day	90-Day
Tier 1 Co-pay	\$5	\$15	\$25	\$75	\$60
Tier 2 Co-pay	\$35	\$105	\$70	\$210	\$125
Tier 3 Co-pay	\$70	\$210	\$140	\$420	\$250
Specialty Drugs Co-pay per 30-Day Supply	\$300 Per prescription at our designated Specialty pharmacy for Summa+ and Tier 1.				



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**. 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	\$8.60	You Only	\$16.80
You + Spouse	\$16.30	You + Spouse	\$31.86
You + Child/ren	\$19.09	You + Child/ren	\$36.15
Family	\$30.00	Family	\$57.26

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	\$4.34	You Only	\$8.32
You + Spouse	\$7.63	You + Spouse	\$14.62
You + Child/ren	\$8.17	You + Child/ren	\$15.65
Family	\$12.10	Family	\$23.18

Coverage by Plan | Using a VSP Premier Program Provider

Feature/Service	Standard Coverage with a VSP Provider	High Coverage with a VSP Provider
WellVision Exam	<ul style="list-style-type: none"> • \$10 Co-Pay • Focuses on your eyes and overall wellness • Every calendar year 	<ul style="list-style-type: none"> • \$0 Co-Pay • Focuses on your eyes and overall wellness • Every calendar year
Essential Medical Eye Care	<ul style="list-style-type: none"> • \$0 per screening / \$20 per exam • Retinal screening for members with diabetes • 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 doctor for details. • Available as needed 	



Additional \$50 to spend on Featured Brands†



See all brands and offers at vsp.com/offers.



Up to **40%** Savings on lens enhancements‡

Enroll through your employer today.

Contact us:
800.877.7195 or vsp.com

Prescription Glasses and Contacts

Frame	<ul style="list-style-type: none"> • \$10 Co-pay for prescription glasses • \$170 frame allowance • \$220 featured frame allowance • \$170 Walmart®/Sam's Club® frame allowance • \$95 Costco® frame allowance • 20% savings on the amount over your allowance • Every other calendar year 	<ul style="list-style-type: none"> • \$0 Co-pay for prescription glasses • \$220 frame allowance • \$270 featured frame allowance • \$220 Walmart®/Sam's Club® frame allowance • \$95 Costco® frame allowance • 20% savings on the amount over your allowance • Every calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year 	
Lenses Enhancement	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Standard progressive lenses; \$0 • UV protection; \$0 • Premium progressive lenses; \$95-\$105 • Custom progressive lenses ; \$150-\$175 • Average savings of 30% on other lens enhancements • Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$170 allowance for contacts; co-pay does not apply • Contacts lens exam (fitting and evaluation); Up to \$60 • Every calendar year 	<ul style="list-style-type: none"> • \$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)	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • 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
LightCare™+	<ul style="list-style-type: none"> • \$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 	<ul style="list-style-type: none"> • \$220 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
Feature/Service	Standard Coverage with a VSP Provider	High Coverage with a VSP Provider
EXTRA SAVINGS	Glasses and Sunglasses	
	<ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 	
	Routine Retinal Screening	
	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
	Laser Vision Correction	
	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+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.

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.

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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](https://www.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, Reliance provides 24-Hour Travel Assistance: (US) 800-456-3893 (Worldwide) 603-328-1966.

- Increase your current level of Supplemental Life and AD&D by one level, up to a maximum of \$350,000, without health questions required.
- Newly enroll for Supplemental Life and AD&D at the first coverage level \$50,000 without health questions required.
- Newly enroll for Spouse Dependent Life, or increase your current coverage amount by one level, without health questions required.
- If Reliance Matrix requires evidence of insurability based on your Annual Enrollment election, you will be notified explaining how to complete the required health questionnaire online.

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.

You can establish and change your beneficiary information. 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 2025 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.



- 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 be sent a new HealthEquity Healthcare card. Your current orange and blue Health Equity card will remain active and can be used for three years from the date of issue.



How do I pay for eligible expenses?

- Pay for eligible expenses with your Health Equity Healthcare Debit Card or by paper claim form.
- Your HCFSA is fully funded and available for immediate use on January 1, 2025!
- 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 paper 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 2025, 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.
- The last payroll contribution for 2024 participants will be taken on December 19, 2024. Active employees have until March 31, 2025, to remit eligible expenses incurred in the 2024 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 **senior 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 elder 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 2025 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.
- For 2025, Plan participants who are active on payroll through December 31, 2025, will have the final DCFSA contribution taken on December 18, 2025. You have until March 31, 2025, to remit eligible expenses you incurred in the 2025 Plan Year.
- At the end of the 2025 Plan Year, unused DCFSA funds will be **forfeited** in accordance with the IRS "use-it or lose-it" rule.
- During 2025, 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 via paper submission.

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

Attention All 2024 FSA Participants

- Active employees have until March 31, 2025, to submit claims for 2024 incurred expenses.
- If you terminate employment with Summa Health prior to December 31, 2024, you have 60 days after the end of the month in which you terminate employment to file eligible claims via 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 – twice 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 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.



100%	<ul style="list-style-type: none"> • Heart Attack • Major Organ Transplant • Invasive Cancer • Loss of Sight • Coma* • Occupational HIV 	<ul style="list-style-type: none"> • 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?

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

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 Center: 855.482.9669.

Identity Theft Protection



Summa Health offers Norton LifeLock... a global leader in consumer Cyber Safety. For more than four decades, their experience in cybersecurity and identity theft protection helps you live your digital life safely.

Everyday things like online shopping, banking and even browsing can expose personal information and make you vulnerable to identity theft. With every door that opens possibilities online, a new door can open for cybercriminals. LifeLock™ with Norton™ Benefit Plans was created to help you feel protected and confident in our connected world. You can have peace of mind with their comprehensive all-in-one protection for your identity, personal information and connected devices.

LifeLock helps monitor your personal accounts and sends you alerts if potential identity threats are detected. If you become a victim of identity theft, they will work to resolve it. Through multi-layered, advanced security, you are protected against existing and emerging malware threats to your devices and protection of your private and financial information when online.

Norton is a leader in identity theft protection and cyber security. Their forward-thinking plans combine leading identity theft protection and device security against online threats, at home, and on-the-go. Once enrolled, you will be able to activate and manage your plan on the Norton online portal.

Here are Just Some of the Features Norton LifeLock Offers You:

- LifeLock Identity Alert System
- Up to \$1 million in identify restoration
- Prior ID Theft Remediation
- 3 Bureau Credit Monitoring
- 3 Bureau Credit Reports + Scores
- Norton Secure VPN
- Privacy Monitor
- Home Title Monitoring
- Financial Account Activity Alerts
- New Checking & Savings Application Alerts
- Bank Account Takeover Alerts
- Dark Web Monitoring
- ID Verification Monitoring
- Lost Wallet Protection
- Norton Family Parental Controls
- Norton Device Protection
- 50 GB Online Backup
- Wi-Fi Security
- Password Manager

As an employee of Summa Health, you will receive special, reduced pricing. Choose from the coverage levels below:

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

*Family includes eligible dependents who live within the employee’s household, or are financially dependent on the employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the membership selected until you cancel or modify your plan at your employer’s next open enrollment period. Note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date, due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

- **Take action when you receive your LifeLock Welcome email to complete the enrollment process so that your coverage is active January 1.**
- **Have an existing LifeLock membership elsewhere? Don’t forget to cancel it prior to joining Summa’s plan before January 1.**

Required Terms & Conditions Acceptance

By submitting your enrollment in the LifeLock with Norton Benefit Plan, you represent that you have the authority to enroll those dependents indicated in the LifeLock with Norton Benefit Plan and you have read and agreed to the Terms and Conditions and Privacy Policy, which can be found at <https://www.nortonlifelock.com/content/dam/nortonlifelock/pdfs/eulas/licensing-agreement/customer-agreement-en.pdf> and <https://www.nortonlifelock.com/privacy>, on behalf of yourself and on behalf of any member of your family you are enrolling.

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



Plan Options

Underwritten by Independence American Insurance Company

As a Summa Health employee, you have the ability to enroll in Pet Insurance through PetPartners. With this plan, you can rest easy knowing that your pets are protected against unexpected accidents, issues, and illnesses, including surgeries, digestive issues, broken bones, prescription medications, foreign body ingestion, cancer, hospitalization, toxin ingestion, alternative treatments, and behavioral issues. Coverage can be elected on the benefits enrollment system and premiums will be deducted through payroll. Coverage is available for cats and dogs, and you can elect accident only coverage or accident coverage with illness. Each plan has a \$300 deductible and a \$5,000 annual limit. There is no maximum age limit

for any pet you would like to cover. Waiting periods for injuries and illnesses will be waived, and pre-existing conditions apply. Visit the benefits page on Summa@Work for more detail.

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

Per Pay Premiums	
Accident Only – per Covered Pet	\$4.44
Accident + Illness – per Covered Dog	\$24.29
Accident + Illness – per Covered Cat	\$13.59

Base Plan	Accident Only	Accident and Illness
Annual Deductible The amount you are responsible for per coverage period per pet before we will pay a claim for covered expense.	\$300	\$300
Coinsurance (% the policy pays) The reimbursement portion of covered expenses after the deductible is met per pet.	80%	80%
Annual Limit The maximum amount we will reimburse you for all covered expenses during a coverage period.	\$5,000	\$5,000
Minimum Issue Age of Pet at Effective Date	8 Weeks	8 Weeks
Maximum Issue Age of Pet at Effective Date	No Maximum Age Limit	No Maximum Age Limit
Expiration Age of Pet	None	None

Benefit Waiting Periods

The time period each pet must wait before coverage is payable. The Benefit Waiting Period starts from the effective date of coverage. Conditions that occur during the Benefit Waiting Period will be excluded from coverage as pre-existing conditions.

Base Plan	Accident Only	Accident and Illness
Injuries	Waived	Waived
Illnesses	Not Applicable	Waived
Cruciate Ligament (knee) Injury	6 Months	6 Months
Pre-Existing Conditions	Covered after 12 months (look back period is from date of birth)	Covered after 12 months (look back period is from date of birth)
Prior Coverage Credit Credit toward satisfying the Benefit Waiting Periods and the Pre-Existing Condition provision for comparable, prior pet insurance which was in effect immediately before the Effective Date.	Not Applicable	Included

Continuity of Coverage

In the event you are no longer eligible for coverage under this group plan, don't worry! You may apply for individual pet insurance through PetPartners, Inc and receive credit for the time covered under the group pet insurance plan. This means that credit will be given for the time covered under the group pet insurance plan toward satisfying the Pre-Existing Condition waiting period and the Benefit Waiting Periods. You must have no lapse in coverage between the two plans in order to qualify.

Additional Benefits (Riders)

Base Plan	Accident Only	Accident and Illness
Rehabilitation and Physical Therapy Provides reimbursement toward the rehabilitation and physical therapy treatment for a covered condition, such as hydrotherapy and therapeutic massage.	Included - Subject to Deductible & Coinsurance	Included - Subject to Deductible & Coinsurance
Inherited and Congenital Care Provides reimbursement, after a 30-day Benefit Waiting Period*, toward covered expenses for congenital and inherited conditions, such as hip dysplasia and birth defects.	Not Applicable	Included - Subject to Deductible & Coinsurance Behavioral Care subject to \$1,000 Annual Limit and 14-day Benefit Waiting Period
Final Respects Provides reimbursement toward the cremation or burial expenses of your pet due to death or humane euthanasia.	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance	Included \$300 Limit Paid in excess of Annual Limit Not subject to Deductible or Coinsurance

Thinking About Your Financial Wellness?

Start by saving in a Summa Health Retirement Plan.

> Register on **Fidelity Net Benefits®** and:

- Enroll in your retirement savings plan in about five minutes.
- Choose your **investment elections** or default to an age-based fund.
- Add your **beneficiary** (Beneficiary does not carry over from other benefit plans.)
- Add your preferred email address in the **Profile** section.



You are eligible for Summa matching contributions after one (1) year of employment in which you have worked at least 1,000 hours or more. Summa matches 25% of each dollar you contribute to the plan, up to 6% - for a total match of 1.5% when you contribute 6% or more. You become entitled to (are vested in) Summa's matching contributions once you have completed three years of service in which you have worked at least 1,000 hours each year. Union employees refer to your union contract.

Physician employees of Summa Health Medical Group are eligible for Summa matching contributions after one (1) year of employment in which you have worked at least 1,000 hours or more. Summa matches 25% of each dollar you contribute to the plan, up to 4% - for a total match of 1% when you contribute 4% or more. You become entitled to (are vested in) Summa's matching contributions once you have completed three years of service in which you have worked at least 1,000 hours each year.

Must be employed on 12/31 to receive employer contributions.

>> 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 403(b)/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.

System availability and response times may vary. Apple® is a registered trademark of Apple Inc. Android™ is a trademark of Google Inc. Any third-party trademarks or service marks appearing herein are the property of their respective owners. All other trademarks and service marks appearing herein are the property of FMR LLC or an affiliated company and may be registered. Fidelity Brokerage Services LLC, Member NYSE, SIPC, 900 Salem Street, Smithfield, RI 029171080166.1.0



Enrollment Instructions



Online enrollment begins Monday, October 21 and continues through Tuesday, November 5.

To Enroll: Visit <https://my.tbx360.com/summahealth> to enroll from any computer, tablet or phone.

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

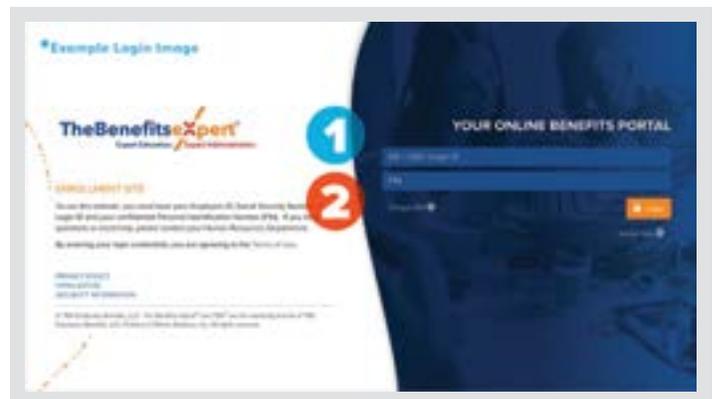
Yes. It is important to enroll online every year. Annual Enrollment is your opportunity to review your current elections, costs and covered family members, and to take action to enroll or decline plans for the following year.

Can I use my cell phone or iPad to enroll?

Yes. You can use Apple or iPad devices, smartphones or tablets.

Your Portal

- 1. Under User ID: Enter your Employee ID Number or Social Security Number, Remember NO DASHES.**
- 2. Under Personal ID Number (PIN): Enter the last 4 digits of your Social Security Number and the last 2 digits of your birth year.**



To get to your benefits portal just type in <https://thebenefitexpert.com/summahealth> or scan the QR code below.

QR Code Instructions:

- Open the Camera app on your phone.
- Then point your camera at the QR code to scan it. You don't have to fill the entire screen, but make sure that all four corners of the QR code are in view. Once you correctly scan the QR code, a pop-up notification will appear on top of your screen.
- Finally, tap the pop-up notification at the top of your screen. This will send you directly to the website.



If you need assistance, call the Benefits center: **855.482.9669**.

Start Here

1. Once you log in, view your company's open enrollment video.
2. Click "Next" to continue.



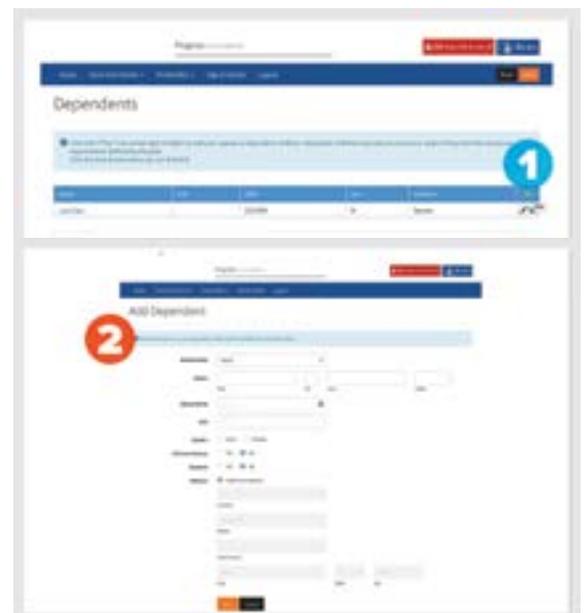
Personal Information

1. Personal Information: Update, Review and Verify
2. Click "Next" to continue.



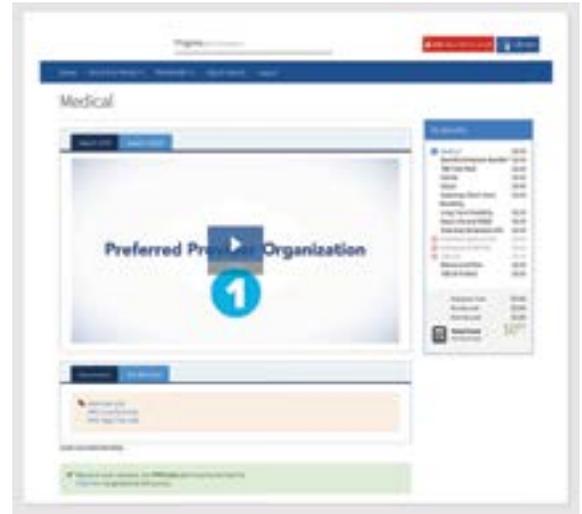
Dependents

1. To add a dependent, click the "+" symbol
2. After clicking the "+" symbol, this page will appear. Make sure to save after filling out your information.



My Benefits

1. This is your benefits education and selection screen. View your educational video here.



My Benefits

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



Plan Details

1. Get Plan Details here.
2. Make Plan Selections here.



Beneficiary Designation

1. After each selection, follow the instructions on screen to complete the applicable required material.
2. Click "Next" to continue.



Sign and Submit

1. Plan Summary: Once you've completed all your elections on your benefits, 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.
2. Click "Next" to continue.



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.

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 life status** 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 event are permitted, you must take the following action steps.

1. Visit: <https://my.tbx360.com/summahealth> or you can scan the QR code.



2. Qualifying Event Documentation – Make a copy of the Qualifying Event document (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. Make a copy of the required acceptable verification documents, for each family member, as outlined on the Family Member Guidelines page of this Guide.
4. Upload all documents to the benefits enrollment site.

Caution: Failure to provide **all** required information as indicated within the 31 day window will result in 1) a denial of your request and/or 2) delay or denial of coverage for your legal spouse and/or eligible child(ren).

Family member verification documents must be submitted to Employee Benefits within 31 days of the qualifying event or coverage for your legal spouse and/or child will be delayed until such documentation is provided. Once the information is provided, your spouse and/or child will be enrolled on the 1st of the month following receipt.



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/](https://www.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](https://www.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](https://www.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.

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: August 26, 2024

SummaCare
1200 E. Market Street, Suite 400
Akron, OH 44305
[summacare.com](https://www.summacare.com)

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

Contact Information

Delta Dental of Ohio

800.524.0149

deltadentaloh.com/summahealth

Group Numbers:

Delta Dental Standard 2104-0001

Delta Dental High 2104-1000

Fidelity Investments

800.343.0860

NetBenefits.com/Easy

IMPACT Solutions Employee Assistance Program

800.227.6007

myimpactsolution.com

Account Login: summa

LifeLock with Norton Benefits

800.607.9174

Purchasing Power

(Specialty e-retailer offering consumer products)

866.670.3479

summa.purchasingpower.com

Reliance Matrix

Basic & Voluntary Life and AD&D

Policy 70290

855.482.9669

TBX Benefits Enrollment

855.482.9669

thebenefitsexpert.com/summahealth

SummaCare

330.252.5922

summacare.com

Group # G011317DA

Summa Health Employee Wellness Program

330.375.7385

wellnessworks@summahealth.org

Unum

(Critical Illness, Accident and Hospital Indemnity)

Benefits Call Center **855.482.9669**

VSP

800.877.7195

vsp.com

Group Numbers:

VSP Standard Plan: 12337123-0003

VSP High Plan: 12337123-1000

HealthEquity WageWorks FSA

877.924.3967

wageworks.com

healthequity.com

Daily Pay

866.432.0472

dailypay.com

Pet Partners

844.738.4242

Trustmark Universal Life

855.482.9669



**WE'RE HERE
TO HELP**

- Visit the Virtual Benefits Fair (live on October 1)
summahealth.org/virtualbenefitsfair
- Email Employee Benefits at summabenefits@summahealth.org

Corporate Office

1077 Gorge Blvd
Akron, OH 44310
p 234.312.6262



Employee Benefits

Our investment in you.