



Employee Benefits

# Summa Coverage that Cares!



2026 Outside Ohio Employee Annual Benefits Enrollment  
**Monday, October 20 - Tuesday, November 4, 2025**



## 2026 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, 2026.

Online enrollment begins on Monday, October 20 and ends on Tuesday, November 4, 2025.

Note: Deductions come out based on pay date, not pay period. For more information, visit the Summa@Work Benefits page: [Human Resources / Benefits](#).

You can also contact the Benefits Call Center: **855.482.9669** or Email: **Summabenefits@summahealth.org**.

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## Visit Summa Health's Virtual Benefits Fair!

Gather your family and explore the choices available for 2026. You can access helpful videos, tools and vendor links from any device while at home, work or anywhere in between!

Visit [summahealth.org/virtualbenefitsfair](https://summahealth.org/virtualbenefitsfair)  
from October 1 through November 4.



# Medical & Prescription Insurance Plan

## Family Member Eligibility Guidelines

ACT NOW!

If you wish to add a family member to your 2026 medical plan who is not already enrolled on your plan, you must provide verification documents by **November 30**.

### 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 your most current federal 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

Upload your documents no later than November 30 to <https://my.tbx360.com/summahealth> or you can scan the QR code.



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

# The Summa Health Employee Medical Insurance



First Health Network



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 network providers based on the tier they are in. Services obtained by non-network providers are not covered by the plan.

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	\$91.85	\$110.31	You Only	\$69.69	\$84.00
You + Spouse	\$225.69	\$338.31	You + Spouse	\$172.15	\$258.00
You + 1 or 2 Children	\$173.54	\$260.31	You + 1 or 2 Children	\$132.46	\$198.92
You + 3 or More Children	\$217.38	\$326.31	You + 3 or More Children	\$165.69	\$249.23
You + Spouse + 1 or 2 Children	\$274.62	\$411.69	You + Spouse + 1 or 2 Children	\$209.08	\$314.31
You + Spouse + 3 or More Children	\$319.85	\$480.00	You + Spouse + 3 or More Children	\$244.15	\$366.46

# The Summa Health Outside Ohio Employee Medical Benefit Plan

## Summary of Benefits (Highlights) Comparison Grid

You have a choice of medical plans!

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 In-Network Providers and the tier they are in, see [www.summacare.com](http://www.summacare.com) or call 330.252.5922. For more information, go to the Summa@Work Benefits page: Human Resources/Benefits/Annual Enrollment.

	GOLD PLAN SummaCare		SILVER PLAN First Health Network	
FEATURE/SERVICE	Summa+	Network	Summa+	Network
Annual Deductible	Applies to Inpatient Hospital & Facility services only • Individual \$500 • Family \$1,000	Applies to Inpatient Hospital & Facility services only • Individual \$750 • Family \$1,500	• Individual \$1,000 • Family \$2,000	• Individual \$1,500 • Family \$3,000
<b>Note:</b> Network deductible expenses are applicable toward Summa+ deductible.				
Out-of-Pocket Maximum for the Calendar Year	Medical & Pharmacy combined • Individual \$2,000 • Family \$4,000	Medical & Pharmacy combined • Individual \$3,000 • Family \$6,000	Medical & Pharmacy combined • Individual \$4,000 • Family \$8,000	Medical & Pharmacy combined • Individual \$6,000 • Family \$12,000
<b>Note:</b> Network out-of-pocket expenses are applicable toward Summa+ out-of-pocket maximum. In-Vitro Fertilization and Weight Loss Surgery are excluded.				
COVERED SERVICES	Summa+	Network	Summa+	Network
Allergy Tests	N/A	\$35 Co-pay per visit	N/A	20% after deductible
Allergy Desensitization Treatment	\$0 Co-pay	\$0 Co-pay	15% after deductible	20% after deductible
Ambulance	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay	\$0 Co-pay
Autism	\$10 Co-pay per visit	\$20 Co-pay per visit	\$15 Co-pay per visit	\$25 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	15% after deductible	20% after deductible
Chiropractic Services	N/A	\$35 Co-pay per visit	N/A	20% after deductible
20 visits per calendar year				
Dialysis	N/A	\$0 Co-pay	N/A	20% after deductible
Durable Medical Equipment	\$0 Co-pay through Homelink	\$0 Co-pay	15% after deductible	20% after deductible
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 Home Health	\$20 Co-pay	15% after deductible	20% after deductible

	GOLD PLAN SummaCare		SILVER PLAN First Health Network	
COVERED SERVICES	Summa+	Network	Summa+	Network
<b>Inpatient Hospital &amp; Facility Services (including Maternity stays)</b>	Applies to deductible • Individual \$500 • Family \$1,000	Applies to deductible • Individual \$750 • Family \$1,500	15% after deductible	20% after deductible
Out-of-network coverage for emergency admissions only will be covered at the Network benefit level.				
<b>Inpatient Physician Services</b>	\$0 Co-pay	\$0 Co-pay	15% after deductible	20% after deductible
<b>Lab/X-Ray &amp; Other Diagnostic</b>	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	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
<b>Observation Stay</b>	100% after Emergency Room Co-pay			
<b>Outpatient Surgery</b>	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	15% after deductible	20% after deductible
Includes Ambulatory Surgery Center and Outpatient Hospital				
<b>Physical/Occupational Therapy</b>	\$10 Co-pay per visit	\$20 Co-pay per visit	15% after deductible	20% after deductible
60 visits per calendar year (physical and occupation therapy combined)				
<b>Physician (PCP) Office Visits (Diagnostic)</b>	\$0 Co-pay per visit	\$0 Co-pay per visit	\$15 Co-pay per visit	\$20 Co-pay per visit
Includes Mental Health and Substance Abuse Office Visits				
<b>Preventive Services</b>	\$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			
<b>Radiation Therapy</b>	\$0 Co-pay per visit	\$35 Co-pay per visit	15% after deductible	20% after deductible
<b>Skilled Nursing Facility</b>	N/A	\$0 Co-pay	N/A	20% after deductible
100 days per calendar year				
<b>Specialist Office Visit</b>	\$25 Co-pay per visit	\$35 Co-pay per visit	\$30 Co-pay per visit	\$40 Co-pay per visit
<b>Speech Therapy</b>	\$10 Co-pay per visit	\$20 Co-pay per visit	15% after deductible	20% after deductible
30 visits per calendar year				
<b>Transplants</b>	N/A	Applies to deductible • Individual \$750 • Family \$1,500	N/A	20% after deductible
<b>Urgent Care</b>	\$40 Co-pay per visit at any Summa urgent care center	\$60 Co-pay per visit at any urgent care center	\$40 Co-pay per visit at any Summa urgent care center	\$60 Co-pay per visit at any urgent care center

	<b>GOLD PLAN</b> SummaCare		<b>SILVER PLAN</b> First Health Network	
<b>COVERED SERVICES</b>	<b>Summa+</b>	<b>Network</b>	<b>Summa+</b>	<b>Network</b>
<b>Vision Care (Medical)</b>	\$25 Co-pay per visit	\$35 Co-pay per visit	\$30 Co-pay per visit	\$40 Co-pay per visit
<b>Weight Loss Surgery &amp; Treatment</b>	<p>Surgery = \$2,850 Co-pay</p> <p>Non-surgical services = covered at the applicable benefit based on services provided.</p> <p>Services are ONLY covered at the Summa Bariatric Center. Contact the Bariatric Center about covered procedures and services at <b>330.375.6554</b>.</p>		<p>Surgery = \$1,900 Co-pay after deductible</p> <p>Non-surgical services = covered at the applicable benefit based on services provided.</p> <p>Services are ONLY covered at the Summa Bariatric Center. Contact the Bariatric Center about covered procedures and services at <b>330.375.6554</b>.</p>	
<b>Women's Health</b>	<p>\$0 Co-pay</p> <p>Services include:</p> <ul style="list-style-type: none"> <li>• Well-women's visits</li> <li>• Contraceptive methods/devices and sterilization</li> <li>• Breastfeeding counseling, support and pump</li> <li>• Preventive tests and screenings</li> <li>• Counseling to prevent illness, disease, or other health problems</li> </ul>			

## Medical Drug Benefit (includes chemotherapy, infusions and injections)

	<b>GOLD PLAN</b> SummaCare		<b>SILVER PLAN</b> First Health Network	
<b>COVERED SERVICE</b>	<b>Summa+</b>	<b>Network</b>	<b>Summa+</b>	<b>Network</b>
<b>Office</b>	\$0 Co-pay per visit	\$35 Co-pay per visit	15% after deductible	20% after deductible
<b>Home</b>	\$0 Co-pay per visit	\$0 Co-pay per visit	15% after deductible	20% after deductible
<b>Center/Hospital</b> (if drug is on the home infusion list)	\$150 Co-pay per visit	\$300 Co-pay per visit	15% after deductible	20% after deductible
<b>Center/Hospital</b> (if drug is <b>NOT</b> on the home infusion list)	\$0 Co-pay per visit	\$35 Co-pay per visit	15% after deductible	20% after deductible

# Prescription Drug Benefit

Prescription Drug Benefit	Gold Plan		Silver Plan		
	Summa+ Summa Health pharmacies, Acme and Giant Eagle	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
<b>Tier 1</b>	\$10 Co-pay	\$25 Co-pay	\$25 Co-pay	\$75 Co-pay	\$25 Co-pay
<b>Tier 2</b>	\$35 Co-pay	\$87.50 Co-pay	\$70 Co-pay	\$210 Co-pay	\$87.50 Co-pay
<b>Tier 3</b>	\$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 healthcare 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.

# 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](http://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 + Spouse	\$17.54
You + Child/ren	\$20.54
Family	\$32.29

## Coverage by Plan

Feature/Service	Delta Dental Standard	Delta Dental High
<b>Preventive &amp; Diagnostic</b>	100%	100%
<b>Basic</b>	50%	80%
<b>Major</b>	30%	60%
<b>Annual Maximum</b>	\$1,000	\$1,500
<b>Deductible</b>	\$50 / \$150 - does not apply to Preventive & Diagnostic or Orthodontic coverage	\$50 / \$150 - does not apply to Preventive & Diagnostic or Orthodontic coverage
<b>Orthodontics: Child</b>	50%	50%
<b>Orthodontics: Adult</b>	Not Covered	Not Covered
<b>Lifetime Orthodontics Maximum</b>	\$500	\$1,500
<b>Orthodontics Age Limit</b>	20 for dependent child	20 for dependent child
<b>Out-of-Network Reimbursement</b>	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

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

## Value Added Features

<b>White Fillings</b>	Composite resin (white) restorations are payable on posterior teeth.	White fillings are covered for anterior and/or posterior teeth.
<b>Evidence-Based Dentistry</b>	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.
<b>Implant Coverage</b>	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](http://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.

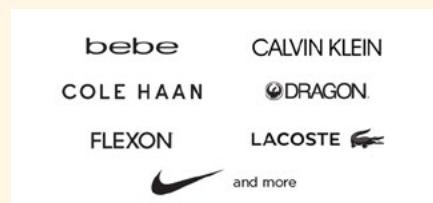
Bi-Weekly Pre-Tax Deductions | Full-Time & Part-Time

## Coverage by Plan | Using a VSP Premier Program Provider

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



Additional \$50 to spend  
on Featured Brands<sup>†</sup>



See all brands and offers at  
**[vsp.com/offers](http://vsp.com/offers)**.



Up to **40%** Savings on  
lens enhancements<sup>‡</sup>

Enroll through your employer today.

Contact VSP:  
**800.877.7195** or [vsp.com](http://vsp.com)

## Prescription Glasses and Contacts

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

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

<sup>‡</sup>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.

<sup>+</sup>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](http://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](http://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: (U.S.) 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.
- Enroll for Supplemental Life and AD&D at the first coverage level of \$50,000 without health questions required.
- Enroll for Spouse Dependent Life, or increase your current coverage amount by one level of \$25,000, without health questions required.
- If Reliance Matrix requires evidence of insurability 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 <b>\$50,000</b> at no cost!
Part-time Employees	Equal to <b>\$15,000</b> 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 2026 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 / Human Resources / Benefits / Flexible Spending Account

- 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 online or by paper claim form.
- 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 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 2026, 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.
- The last payroll contribution for 2025 participants will be taken on December 18, 2025. Active employees have until March 31, 2026, to remit eligible expenses incurred in the 2025 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 2026 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 2026, Plan participants who are active on payroll through December 31, 2026, will have their final DCFSA contribution taken on December 31, 2026. You have until March 31, 2027, to remit eligible expenses you incurred in the 2026 Plan Year.
- At the end of the 2026 Plan Year, unused DCFSA funds will be **forfeited** in accordance with the IRS "use-it or lose-it" rule.
- During 2026, 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 online or paper submission for expenses incurred prior to cancellation.

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

## Attention All 2025 FSA Participants

- Active employees have until March 31, 2026, to submit claims for 2025 incurred expenses.
- If you terminate employment with Summa Health prior to December 31, 2025, 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 – 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.

### 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 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.



**The New Standard in Group Pet Insurance**

\*Enrollment is no longer available on the TBX benefits enrollment site. Please call Pet Partners to enroll, change or cancel: **1.866.774.1113**. No more payroll deductions. Pet Partners will direct bill you. This benefit will not roll over to next year. You need to re-enroll to get coverage.

**As a Summa Health employee, you have the ability to enroll in Pet Insurance directly with PetPartners. Visit the benefits page on Summa@Work for more detail.**

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 Retirement Plan.



### Visit **FidelityNetBenefits®** 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 50% of each dollar you contribute to the plan, up to 6% - for a total match of 3% 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.

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.**

# Enrollment Instructions



Online enrollment begins Monday, October 20 and continues through Tuesday, November 4.

**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.

## Accessing Your Portal

To get to your benefits portal just type in

<https://thebenefitsexpert.com/summahealth>

or scan the QR code to the right.



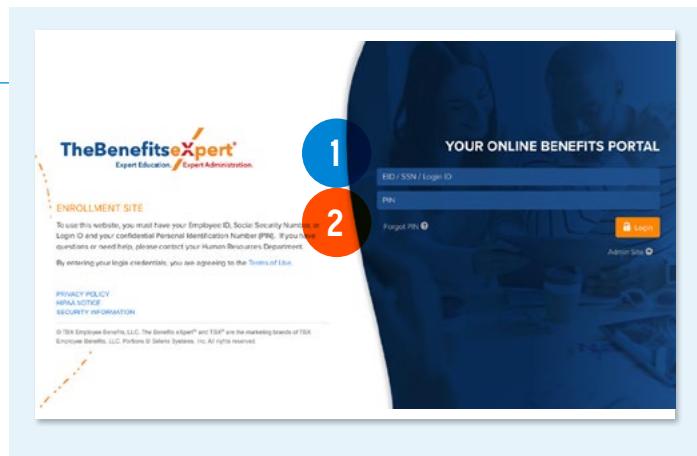
### QR Code Instructions:

- 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**.

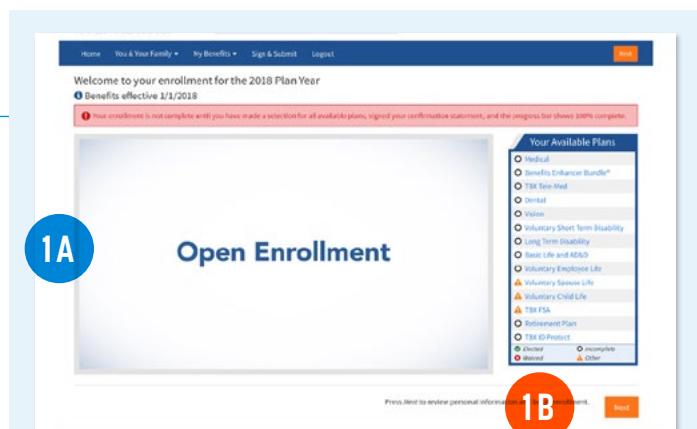
# Login Credentials

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



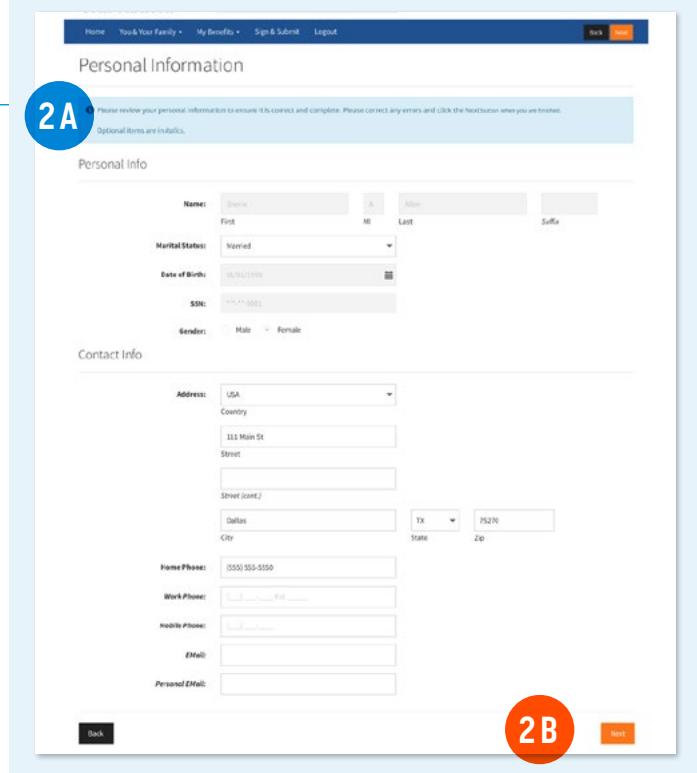
## 1. Start Here

- A. Once you log in, view your company's open enrollment video.
- B. Click "Next" to continue.



## 2. Personal Information

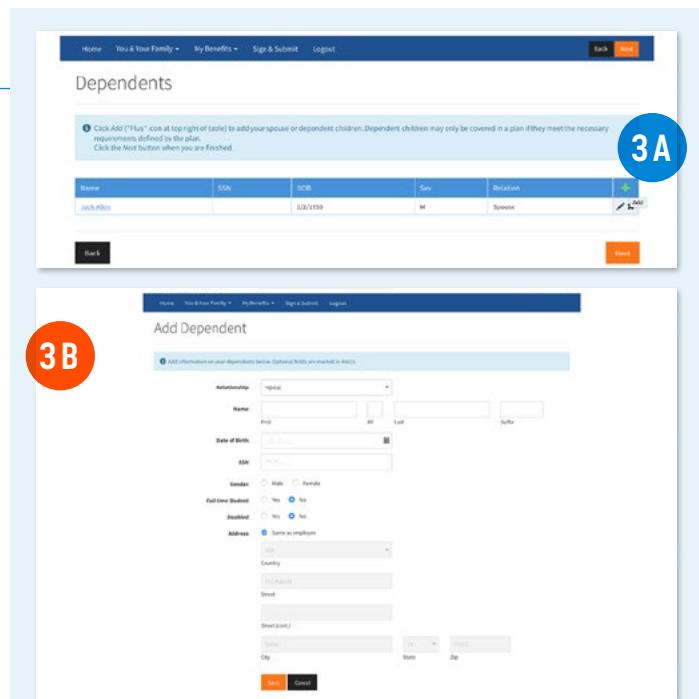
- A. Personal Information: Update, Review and Verify
- B. Click "Next" to continue.



# 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.



Name	SSN	DOB	Sex	Relation
Jackie Doss		03/21/1990	M	Spouse

**Add Dependent**

Relationship: Spouse

Name: First: Last: Middle: Suffix:

Date of Birth: MM/YY

SSN:

Gender: Male Female

Full-time Student: Yes No

Disabled: Yes No

Address: Same as employee

Country: United States

Street: Street Line 1, Street Line 2, Street Line 3

City: State: Zip:

Save Cancel

# 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.



**You & Your Family**

**Health** **Tobacco Use**

**4A**

**4B**

**4C**

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# 5. My Benefits

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

5A

Preferred Provider Organization

My Benefits

Benefit	Cost
Medical	\$0.00
TBX Tele-Med	\$0.00
Dental	\$0.00
Vision	\$0.00
Voluntary Short Term Disability	\$0.00
Long Term Disability	\$0.00
Basic Life and AD&D	\$0.00
Voluntary Employee Life	\$25.00
Voluntary Spouse Life	\$2.70
Voluntary Child Life	\$0.00
TBX FSA	\$0.00
Retirement Plan	\$66.67
TBX ID Protect	\$0.00

Employer Cost: \$25.00  
Pre-tax cost: \$25.00  
Post-tax cost: \$0.00  
**Total Cost** Per Pay Period: \$0.00

# 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.

6A

My Benefits

Benefit	Cost
Medical	\$108.21
Benefits Enhancer Bundle®	\$84.45
TBX Tele-Med	\$13.00
Dental	\$10.00
Vision	\$5.00
Voluntary Short Term Disability	\$13.85
Long Term Disability	\$0.00
Basic Life and AD&D	\$0.00
Voluntary Employee Life	\$25.00
Voluntary Spouse Life	\$2.70
Voluntary Child Life	\$0.00
TBX FSA	\$0.00
Retirement Plan	\$66.67
TBX ID Protect	\$0.00

Employer Cost: \$386.50  
Pre-tax cost: \$189.88  
Post-tax cost: \$139.00  
**Total Cost** Per Pay Period: \$328.88

6B

6C

# 7. Plan Details

**A.** Get Plan Details here.

7A

BCBS BLUEEDGE HSA

Your Cost: Per Pay Period  
 Employee Only: \$108.21  
 Employee + Children: \$461.55  
 Employee + Spouse: \$428.82  
 Employee+Family: \$822.32

Covered People: Sheri A. Allen

BCBS HIGH

Your Cost: Per Pay Period  
 Employee Only: \$120.00  
 Employee + Children: \$500.00  
 Employee + Spouse: \$470.00  
 Employee+Family: \$900.00

Covered People: Sheri A. Allen

BCBS LOW

Your Cost: Per Pay Period  
 Employee Only: \$138.91  
 Employee + Children: \$526.01  
 Employee + Spouse: \$480.22  
 Employee+Family: \$920.24

Covered People: Sheri A. Allen

7B

DECLINE COVERAGE

You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reason for declining.

## 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.**

Home
You & Your Family
by Benefits
Sign & Submit
Logout

Back
Next

## Basic Life and AD&D

8A
Choose Beneficiaries

Beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Mark a checkbox next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Once a beneficiary is marked, you can move the order of persons in the list.
- Clicking the percentage, as long as there are 100%, will clear all.
- Clicking All Living children will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

8B

1 Note: Editing a beneficiary that is of a convertible type (such as spouse or child) will edit that dependents information as well. For this reason, it is recommended to add a new beneficiary (rather than edit one that is already in the list as a dependent).

Beneficiary	Relationship	Primary	Contingent	
Jack Dillen	Spouse	<input checked="" type="checkbox"/>	100.00% <input type="checkbox"/>	0.00% <input type="checkbox"/>
All Living Children		<input type="checkbox"/>	0.00% <input type="checkbox"/>	0.00% <input type="checkbox"/>
Estate		<input type="checkbox"/>	0.00% <input type="checkbox"/>	0.00% <input type="checkbox"/>
Succession of Heirs		<input type="checkbox"/>	0.00% <input type="checkbox"/>	0.00% <input type="checkbox"/>

Back
Next

8 B

Home > You & Your Family > My Benefits > Sign & Submit > Logout

## Sign and Submit

**A** Here's a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each benefit.

**Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the **"NEXT!"** button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.

• **Need To Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Plan	Description	PreTax Cost	PostTax Cost	Employer Paid
Medical	BCBS BlueEdge HSA, EO	\$109.21	\$0.00	\$105.00
Benefits Enhancer (Bundle)*	Benefit Enhancer Bundle* Low Plan; EO	\$1.00	\$84.45	\$0.00
TBx Tele-Med	TBx TeleMed, EO	\$1.00	\$13.00	\$0.00
Dental	Guardian Dental PPO, EO	\$1.00	\$0.00	\$0.00
Vision	Guardian VSP Vision, EO	\$1.00	\$0.00	\$0.00
Voluntary Short Term Disability	Guardian STD; \$623.08	\$1.00	\$13.85	\$0.00
Long Term Disability	Guardian LTD; \$10,000	\$1.00	\$0.00	\$133.33
Basic Life and AD&D	\$25,000	\$1.00	\$1.00	\$1.30
Voluntary Life Insurance	\$125,000	\$1.00	\$25.00	\$0.00
Voluntary Accident Life	\$18,000	\$1.00	\$2.70	\$0.00
Voluntary Child Life	N/A			
TBx FSA	N/A			
Retirement Plans	401(k)	\$64.67	\$0.00	\$64.67
TBx 401(k) Project	Waived			
<b>Total</b>		<b>\$189.88</b>	<b>\$135.00</b>	<b>\$386.50</b>

**1** To complete your enrollment, you must sign the following forms. Press **Next** to begin signing forms.

Form Name	Status	Date Signed/Reviewed
Required Notices	Unsigned	
Benefit Confirmation	Unsigned	

**9 B**

9B

## 10. Review and Sign Forms

#### A. Make sure to REVIEW all the forms.

**B. Click "Sign Form" as indicated.**

Review / Sign Forms

10A

HEALTH INSURANCE PORTABILITY AND TITLE VI  
MEDICARE INDIVIDUAL CREDITABLE COVERAGE NOTICE LANGUAGE  
Version 1.0, Effective January 1, 2010

Important Notice from [Present Name of Entity] About  
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice is provided to you by [Present Name of Entity] and [Present Name of Entity] about your options under Medicare's prescription drug coverage. This notice is not a plan document. It is not a contract between you and [Present Name of Entity]. If you are considering joining, you should compare your current coverage, including any prescription drug coverage you have, with the coverage offered by [Present Name of Entity]. If you are not currently enrolled in Medicare, you should contact the plan offering Medicare prescription drug coverage in your area. Information about how to join [Present Name of Entity] and make decisions about your prescription drug coverage is at the end of this notice.

There are four important things you need to know about your current coverage and the changes you may be considering:

1. Medicare prescription drug coverage becomes available in 2010 to everyone with Medicare. You can get this coverage if you enroll in Medicare Prescription Drug Plan B or if you are already enrolled in a Medicare Prescription Drug Plan and have drug coverage. All Medicare drug plans provide at least a standard level of prescription drug coverage. Some Medicare drug plans offer more coverage for a higher monthly premium.
2. If you want to join [Present Name of Entity] Plan B, or if you are already in a Medicare Prescription Drug Plan and want to change plans, you will have to pay no more than standard Medicare prescription drug coverage pays and no more than the standard Medicare prescription drug coverage premium. If you join [Present Name of Entity] Plan B, you will not have to pay a higher premium [a premium is a monthly payment you pay for a plan].

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When Can You Join a Medicare Drug Plan?

This notice is a summary of drug plans when you first become eligible for Medicare and each year thereafter.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join [Present Name of Entity] Plan B.

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# 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 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: <https://my.tbx360.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.



**Family member verification documents must be uploaded to the TBX benefits site or emailed to Employee Benefits within the 31 day window or coverage for your legal spouse and/or child will be delayed until such documentation is provided. Upon approval, coverage will be effective on the first of the following month.**

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/](http://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](http://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](http://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](http://summacare.com)

SummaCare Privacy Officer

Phone: **800.361.3908** (TTY **800.750.0750**)

Email: [compliance@summacare.com](mailto:compliance@summacare.com)

# Contact Information

**SummaCare**  
**330.252.5922**  
[summacare.com](http://summacare.com)  
Group # G011317DA

**Delta Dental of Ohio**  
**800.524.0149**  
[deltadentaloh.com/summahealth](http://deltadentaloh.com/summahealth)  
Group Numbers:  
Delta Dental Standard 2104-0001  
Delta Dental High 2104-1000

**VSP**  
**800.877.7195**  
[vsp.com](http://vsp.com)  
Group Numbers:  
VSP Standard Plan: 12337123-0003  
VSP High Plan: 12337123-1000

**AllOne Health Employee Assistance Program (EAP)**  
**800.227.6007**  
[myimpactsolution.com](http://myimpactsolution.com)  
Account Login: summa

**HealthEquity WageWorks FSA**  
**877.924.3967**  
[wageworks.com](http://wageworks.com)  
[healthequity.com](http://healthequity.com)

**Reliance Matrix**  
**Basic & Voluntary Life and AD&D**  
Policy 70290  
**855.482.9669**

**Fidelity Investments**  
**800.343.0860**  
[NetBenefits.com](http://NetBenefits.com)

**Unum**  
**(Critical Illness, Accident and Hospital Indemnity)**  
**855.482.9669**

**Trustmark Universal Life**  
**855.482.9669**

**LifeLock with Norton Benefits**  
**800.607.9174**

**Pet Partners**  
**866.774.1113**  
<http://www.petpartners.com/enroll?p=Summa>

**Purchasing Power**  
**866.670.3479**  
[summa.purchasingpower.com](http://summa.purchasingpower.com)

**Daily Pay**  
**866.432.0472**  
[dailypay.com](http://dailypay.com)

**Summa Health Employee Wellness Program**  
**330.375.7385**  
[wellnessworks@summahealth.org](mailto:wellnessworks@summahealth.org)

**TBX Benefits Enrollment**  
**855.482.9669**  
[thebenefitsexpert.com/summahealth](http://thebenefitsexpert.com/summahealth)



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

**Corporate Office**

1077 Gorge Blvd  
Akron, OH 44310  
p 234.312.6262



Employee Benefits

Our investment in you.