

2023 New Hire Benefits Enrollment Guide

Akron Children's Hospital offers a comprehensive benefits program to meet the diverse needs of our employees and their families. You have the flexibility to choose different types and levels of benefits coverage, and many of your benefits costs can be paid with pre-tax dollars.

When Benefits Begin

Most benefits start on the first day of the month coinciding with or following your hire date. For example, if your hire date is May 11, your benefits are effective on June 1. If your hire date is May 1, your benefits are effective on May 1.

- Short Term Disability (STD) and Long Term Disability (LTD) coverage begins three months after your other benefits are effective.

Eligibility

Regular employees who are budgeted to work at least 16 hours per week are eligible for Akron Children's Hospital benefits:

- Full-time: budgeted for 36 – 40 hours per week
- Part-time: budgeted for 16 – 35 hours per week

Dependent Eligibility

You can enroll your eligible dependents for coverage. Your dependents include:

- Your legal spouse
- Your dependent children up to age 26.
- Your children age 26 or older may also be eligible if disabled.

Medical plans offered by Children's are subject to a spousal restriction: Working spouses must elect medical through their employer if coverage is available at 49% or less of the total cost of single coverage and can then be covered as secondary on Children's plan.

Steps to Enroll

You must enroll in your Akron Children's coverage within 31 days of your date of hire. To make your benefit elections:

- Go to myKidsnet > HR > Benefits > Benefits Log In
- Outside of myKidsnet, go to www.akronchildrens.bswift.com

When not logging in from myKidsnet, enter your Children's user name preceded by chmca\ (for example: chmca\abc1234) and your Children's network password.

Questions?

Resources are available to support you as you learn about your Akron Children's benefits.

Visit myKidsnet > HR > Benefits

Learn more about your benefits by viewing plan details and other benefits resources.

Call 888-261-1525 or email benefits@akronchildrens.org

Benefits representatives are available to answer any questions you have as you make your elections.



Akron Children's Hospital



Paid Time Off (PTO) and Holiday Pay

PTO is accrued based on job classification, date of hire, the number of years employed by Akron Children's and the number of qualifying hours worked.

PTO hours are used to cover time away from work for vacations, national holidays, minor illness, personal business and leaves of absence not covered by Short Term Disability, Long Term Disability or Workers' Compensation. PTO may only be used in the first 90 days to cover national holidays and own illness.

Accrual rates increase at 5, 10 and 15 years of service.

Full-Time and Part-Time Non-Exempt Employees

Hours Worked in Week	12 Month Accrual*	Maximum Hour Accrual
40	184 Hours = 23 days	240
36	165.59 Hours = 20.7 days	240
24	110.4 Hours = 13.8 days	240
16	73.6 Hours = 9.2 days	240

Exempt Employees

Hours Worked in Week	12 Month Accrual*	Maximum Hour Accrual
40	224 Hours = 28 days	240

Management Employees

Hours Worked in Week	12 Month Accrual*	Maximum Hour Accrual
40	268 Hours = 33.5 days	240

*Accrual days are based on an 8-hour shift.

Holiday Pay – if working a holiday

Full-time and Part-time non-exempt staff are paid 1.5 times regular pay for each hour worked. PRN employees are paid 2.5 times regular pay for each hour worked.

Your Medical Plan Choices



Akron Children's offers four medical plan options:

- Children's Gold Plan (MMO)
- Children's Silver Plan (MMO)
- Children's Conventional PPO Plan (MMO)
- AultCare PPO Plan



Here's a quick overview of the options:

	Children's Conventional PPO Plan and AultCare PPO Plan	Children's Gold Plan	Children's Silver Plan
Employee premium cost (Deductions from your paycheck)	Highest	Middle	Lowest
Health Savings Account (HSA)	N/A	✓	✓
Children's contributes to your HSA	N/A	✓	N/A
Annual deductible	Tier 1: \$300/\$600 Tier 2: \$1,000/\$2,000	\$3,000/\$5,600	\$3,500/\$7,000
In-network preventive care covered at 100%	✓	✓	✓
Caremark prescription drug coverage	✓	✓	✓
Network	Conventional PPO: MMO AultCare PPO: AultCare	MMO	MMO

Saving for Health Care Expenses Makes Sense

When you enroll in the Children's Gold or Silver plans, you can enroll in a Health Savings Account (HSA), a tax-advantaged savings account that you can use to pay for health care expenses for you and eligible family members now and in the future — even during retirement.

If you enroll in the Gold Plan, Children's will contribute to your HSA based on your enrollment tier. You can add to the account with pre-tax contributions through payroll deductions.

If you are nearing age 65, contact HealthEquity for important details regarding your HSA.

Pharmacy benefits are included with all of the medical plan options.

Preventive Care Supports Your Well-Being

All of the medical plan options include these wellness benefits covered at 100%:

- In-network preventive care visits
- Wellness screenings
- In-network immunizations for you and your covered dependents
- Preventive care prescriptions at \$0 co-pay

2023 Medical Plan Comparison

CHILDREN'S GOLD PLAN		CHILDREN'S SILVER PLAN		CHILDREN'S CONVENTIONAL PPO AND AULTCARE PPO PLANS	
PLAN FEATURE					
Akron Children's	In-Network	Akron Children's	In-Network	Akron Children's	In-Network
PREVENTIVE CARE					
Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
DEDUCTIBLE					
\$3,000 Single* \$5,600 Family*		\$3,500 Single* \$7,000 Family*		\$300 Single \$600 Family	\$1,000 Single \$2,000 Family
WHAT YOU PAY FOR MOST SERVICES					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	10% after deductible	20% after deductible
OFFICE VISIT					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$15	\$30 co-pay
SPECIALIST OFFICE VISIT					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$25	\$40 co-pay
URGENT CARE VISIT					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$35	\$60 co-pay
EMERGENCY ROOM VISIT					
\$0 after deductible		\$0 after deductible		\$350 co-pay	
PRESCRIPTION DRUGS					
See Pharmacy Benefit Chart for your cost-share portion AFTER the deductible is met.		See Pharmacy Benefit Chart for your cost-share portion AFTER the deductible is met.		See Pharmacy Benefit Chart for your cost-share, no deductible applies.	
PREVENTIVE CARE DRUGS					
Covered at 100%. See listing of covered preventive drugs on myKidsnet.		Covered at 100%. See listing of covered preventive drugs on myKidsnet.		Covered at 100%. See listing of covered preventive drugs on myKidsnet.	
COINSURANCE LIMIT EXCLUDING DEDUCTIBLE AND CO-PAYS					
\$2,500 Single* \$5,000 Family*		\$2,500 Single* \$5,000 Family*		\$2,500 Single \$5,000 Family	\$4,000 Single \$8,000 Family
COINSURANCE LIMIT PLUS DEDUCTIBLE					
\$5,500 Single* \$10,600 Family*		\$6,000 Single* \$12,000 Family*		\$2,800 Single \$5,600 Family	\$5,000 Single \$10,000 Family
HOSPITAL'S HSA CONTRIBUTION**					
\$1,100 Single \$1,700 Employee + Child(ren) \$1,900 Employee + Spouse \$2,200 Family		N/A		N/A	

*Prescription drug expenses apply to this plan's deductible, coinsurance limit and maximum out-of-pocket.

**Total annual hospital contribution shown. Hospital contributions are made to HSA accounts on a quarterly basis.

Pharmacy Benefit

All medical plan options include benefits for prescription drugs through CVS Caremark. If you are enrolled in the Children's Gold or Silver plans, the costs in the chart below apply after you have met the plan's annual deductible.

Akron Children's pharmacy benefit includes certain preventive care drugs with 100% coverage. Preventive medications are used to manage chronic conditions such as high blood pressure, diabetes, high cholesterol, COPD/asthma, multiple sclerosis, seizures, stroke, heart arrhythmia, women's health including breast cancer agents and prenatal vitamins, and mental health conditions such as depression. To qualify, the medications must be listed on the \$0 copay drug list. For more information, visit [myKidsnet > Benefits](#).

	PHARMACY BENEFIT		
	Children's Outpatient Pharmacy (for 30-day supply)	CVS/Caremark Retail Pharmacy Network (for 30-day supply)	Maintenance Choice or Mail Order (for 90-day supply)
Generic	\$10	\$15	\$30
Formulary Brand	25% \$15 minimum \$75 maximum	35% \$50 minimum \$150 maximum	30% \$75 minimum \$200 maximum
Non-Formulary Brand	35% \$30 minimum \$250 maximum	50% \$100 minimum \$500 maximum	40% \$150 minimum \$600 maximum
Specialty Medications*	\$0 if enrolled in PrudentRx. 30% if not enrolled in PrudentRx. (For Gold and Silver Plan members, this applies after the deductible is met.) \$15 generic/\$200 brand co-payment for non-PrudentRx eligible medications. 30-day supply maximum.		

*Most specialty medications are not available at Children's Hospital Outpatient Pharmacy or other retail pharmacies, but are available through CVS Caremark Specialty Pharmacy.




CVS Caremark
888-202-1654
www.caremark.com
CVS Caremark app

Akron Children's pharmacy benefit includes preventive care drugs with 100% coverage. View the \$0 Preventive Drug List at [myKidsnet > Benefits](#).



Your Health Savings Account

How the HSA Works

1.	Select the Children's Gold or Silver Plan.	3.	HealthEquity will send a welcome packet containing your debit card to your home.																									
2.	<p>Go to the bswift enrollment site to select your contribution amount.</p> <p>Gold Plan – Annual Contributions</p> <table border="1"><thead><tr><th></th><th>Children's contributes</th><th>You can contribute up to</th></tr></thead><tbody><tr><td>Single</td><td>\$1,100</td><td>\$2,750</td></tr><tr><td>Employee+ Child(ren)</td><td>\$1,700</td><td>\$6,050</td></tr><tr><td>Employee+ Spouse</td><td>\$1,900</td><td>\$5,850</td></tr><tr><td>Family</td><td>\$2,200</td><td>\$5,550</td></tr></tbody></table> <p>Silver Plan – Annual Contributions</p> <table border="1"><thead><tr><th></th><th>Children's contributes</th><th>You can contribute up to</th></tr></thead><tbody><tr><td>Single</td><td>N/A</td><td>\$3,850</td></tr><tr><td>Employee+ Or Family</td><td>N/A</td><td>\$7,750</td></tr></tbody></table> <p>If you are 55 or older, you may contribute an additional \$1,000 each year in "catch up" contributions.</p>		Children's contributes	You can contribute up to	Single	\$1,100	\$2,750	Employee+ Child(ren)	\$1,700	\$6,050	Employee+ Spouse	\$1,900	\$5,850	Family	\$2,200	\$5,550		Children's contributes	You can contribute up to	Single	N/A	\$3,850	Employee+ Or Family	N/A	\$7,750	 4.  Use your HealthEquity HSA debit card.	5. Grow your account! Unused balances roll over from year to year and can grow into a substantial nest egg during your career. 	6. Take it with you. All of the money in the HSA is yours to use for health care expenses, even if you retire or leave Children's.
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Single	\$1,100	\$2,750																										
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	Children's contributes	You can contribute up to																										
Single	N/A	\$3,850																										
Employee+ Or Family	N/A	\$7,750																										

You can change your HSA contributions at any time by going to akronchildrens.bswift.com.

HealthEquity
844-341-6998
my.healthequity.com
HealthEquity Mobile app

Take a Look at the HSA's Triple Tax Advantages

- 1.** You pay no federal income taxes on the money that you or Children's contribute to the account. In most states, you avoid state taxes on the account, too.
- 2.** The earnings on your HSA grow tax free. The account is a great way to save money for health care expenses during your retirement.
- 3.** The money you withdraw to pay for eligible medical expenses — today or in the future — is not subject to taxes.

If you are enrolled in Medicare Part A or B, you can enroll in the Gold or Silver Plan, but you aren't eligible to contribute to the Health Savings Account (HSA). This HSA eligibility restriction applies only to you (the employee), not your spouse. As long as you are not enrolled in Medicare Part A or B, you and your spouse can participate in the HSA, even if your spouse is enrolled in Medicare.

Contact HealthEquity at least six months before you reach age 65 for important information about your account.

Your Flexible Spending Accounts (FSAs)



Children's offers two pre-tax flexible spending accounts (FSAs) that you can use to help pay for out-of-pocket health and dependent care expenses throughout the year:

- Health Care Flexible Spending Account (HCFSA)
- Dependent Care Flexible Spending Account (DCFSA)

Health Care FSA

If you are not enrolled in the Gold or Silver Plan, you may contribute to the Health Care FSA, which provides reimbursement of medical, prescription drugs, dental and vision expenses. You can set aside up to \$3,050 annually in this account.

The Health Care FSA can be used for a wide variety of health care expenses. Here are just a few:

- Ambulance
- Dental (including orthodontia)
- Eyeglasses, contacts and eye exams

It is important to carefully estimate your yearly out-of-pocket FSA expenditures. Any amounts contributed to your account for which a reimbursement claim is not made by the deadline will be forfeited.

- Hospital services (inpatient and outpatient)
- Laboratory fees
- Operations (cosmetic surgery not covered unless medically necessary)
- Prescription medication
- X-rays

Go to <http://www.irs.gov/pub/irs-pdf/p502.pdf> for a complete list of eligible expenses.

Dependent Care FSA

You may enroll in a Dependent Care FSA to pay expenses for child or elder care for your eligible dependents. You may contribute up to \$5,000 (or \$2,500 if married and filing separate tax returns).

PayFlex
855-516-8593
payflex.com
PayFlex Mobile app

Akron Children's Hospital - Essential (Basic)



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Select Network)

- 866.299.1358
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits.

Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	\$20 copay	Up to \$10
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Standard < 19 years of age	\$0 copay	Up to \$10
Fit and Follow-up - Premium	10% off retail price	Not covered
Fit and Follow-up - Premium < 19 years of age	\$0 copay; 10% off retail price less \$40 allowance	Up to \$10
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
LENSES		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	20% off retail price	Not covered
Progressive - Standard	\$90 copay	Up to \$40
Progressive - Premium	\$90 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium	20% off retail price	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts - Medically Necessary	\$0 copay	Up to \$200
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Twice every calendar year
Lenses	Once every calendar year	Twice every calendar year
Frame	Once every 2 calendar years	Once every 2 calendar years
Contact Lenses	Once every calendar year	Once every calendar year
Contact Lens Fit and Follow-up (Plan allows the member to receive either contacts and frame, or frame and lens services.)		Twice every calendar year



40% OFF

additional complete pair of prescription eyeglasses

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SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	\$0 copay	Up to \$40
Fit and Follow-up - Premium	\$0 copay; 0% off retail price less \$40 allowance	Up to \$40
FRAME		
Frame	\$0 copay; 20% off balance over \$160 allowance	Up to \$80
LENSES		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$33
Progressive - Standard	\$10 copay	Up to \$40
Progressive - Premium	\$10 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$0 copay	Up to \$23
Anti Reflective Coating - Premium	20% off retail price	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$160 allowance	Up to \$128
Contacts - Disposable	\$0 copay; 100% of balance over \$160 allowance	Up to \$128
Contacts - Medically Necessary	\$0 copay	Up to \$210
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Twice every calendar year
Lenses	Once every calendar year	Twice every calendar year
Frame	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year
Contact Lens Fit and Follow-up	Once every calendar year	Twice every calendar year
(Plan allows the member to receive either contacts and frame, or frame and lens services.)		



Your dental coverage

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	75%
Major Care	50%	45%
Orthodontia	50%	45%
Annual Maximum Benefit	\$2000	
Lifetime Orthodontia Maximum	\$1000	
Lifetime Periodontal Maximum	\$1000	
Dependent Age Limits	26	



Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	2 per calendar year	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Periodontal Maintenance	100%	100%
	Frequency:	4 per calendar year	
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	75%
	Fillings‡	80%	75%
	Perio Surgery	80%	75%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	75%
	Root Canal	80%	75%
	Scaling & Root Planing (per quadrant)	80%	75%
	Simple Extractions	80%	75%
	Surgical Extractions	80%	75%
Major Care	Bridges and Dentures	50%	45%
	Dental Implants	50%	45%
	Inlays, Onlays, Veneers**	50%	45%
	Single Crowns	50%	45%
Orthodontia	Orthodontia	50%	45%
	Limits:	Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

2023 Rates (Employee Per Pay Deductions)

FULL-TIME EMPLOYEES							
	Children's Gold Plan	Children's Silver Plan	Children's Conventional Plan	AultCare Plan	Dental Plan	Vision Plan	Enhanced Vision Plan
SINGLE							
Regular Rate	\$57.00	\$10.00	\$120.00	\$126.00	\$6.00	\$2.56	\$7.98
Well-Being Rate	\$47.00	\$0	\$110.00	\$116.00			
EMPLOYEE + CHILD(REN)							
Regular Rate	\$89.00	\$40.00	\$200.00	\$211.00	\$10.00	\$5.33	\$16.59
Well-Being Rate	\$79.00	\$30.00	\$190.00	\$201.00			
EMPLOYEE + SPOUSE							
Regular Rate	\$106.00	\$54.00	\$262.00	\$263.00	\$12.00	\$4.87	\$15.17
Well-Being Rate	\$96.00	\$44.00	\$252.00	\$253.00			
FAMILY							
Regular Rate	\$148.00	\$92.00	\$372.00	\$387.00	\$16.00	\$7.82	\$24.35
Well-Being Rate	\$138.00	\$82.00	\$362.00	\$377.00			
PART-TIME EMPLOYEES							
	Children's Gold Plan	Children's Silver Plan	Children's Conventional Plan	AultCare Plan	Dental Plan	Vision Plan	Enhanced Vision Plan
SINGLE							
Regular Rate	\$65.00	\$10.00	\$155.00	\$161.00	\$6.00	\$2.56	\$7.98
Well-Being Rate	\$55.00	\$0	\$145.00	\$151.00			
EMPLOYEE + CHILD(REN)							
Regular Rate	\$104.00	\$47.00	\$255.00	\$271.00	\$10.00	\$5.33	\$16.59
Well-Being Rate	\$94.00	\$37.00	\$245.00	\$261.00			
EMPLOYEE + SPOUSE							
Regular Rate	\$127.00	\$65.00	\$339.00	\$340.00	\$12.00	\$4.87	\$15.17
Well-Being Rate	\$117.00	\$55.00	\$329.00	\$330.00			
FAMILY							
Regular Rate	\$177.00	\$112.00	\$480.00	\$500.00	\$16.00	\$7.82	\$24.35
Well-Being Rate	\$167.00	\$102.00	\$470.00	\$490.00			

Voluntary Benefits

A wide selection of voluntary benefits are offered to enhance your benefits and provide savings or financial protection.

Universal Life Insurance

You may elect up to \$300,000 of coverage for you and your spouse, and your children or grandchildren (whether or not you purchase coverage for yourself). Certain amounts may be available to newly eligible employees at guarantee issue — no health questions to apply. These individually owned policies build cash value, provide lifetime life insurance protection and include a Long Term Care benefit option for as long as you choose to keep your policy, regardless of your continued employment. Coverage is portable; premiums do not increase because of age.

Critical Illness Insurance

This plan pays a lump-sum cash payment when you are diagnosed with a covered condition in your policy, such as heart attack, stroke or cancer. There are no limits to the number of payouts for each insured family member and no reduction in payouts for later-diagnosed conditions. The plan also includes a \$50 health screening visit.

Accident Insurance

This insurance provides financial help to manage the medical costs associated with accidental injuries. Benefits for initial care, injuries and follow-up care are paid directly to you. The plan also offers an annual \$100 well-being benefit.

Visit [myKidsnet > HR > Benefits > Additional Benefits > Voluntary Benefits](#) or log into the [bswift](#) enrollment tool for more details about voluntary benefits.

Hospital Indemnity Insurance

This plan can help pay for out-of-pocket costs associated with a hospital stay. It pays both admission and daily benefits for these stays.

Identity Theft Insurance

This plan monitors your identity and alerts you to possible breaches. In the event of an identity breach, this plan also assists in restoration of your identity.

Legal Services

This plan provides access to legal services through an affordable payroll deduction.

Pet Insurance

ASPCA Pet Health Insurance is offered by one of the oldest and largest pet insurance providers in the US.

Pet insurance typically covers pets for injuries and illnesses. With ASPCA Pet Health Insurance, you can also cover your pet for hereditary and congenital conditions, alternative therapies, behavioral issues, and, for just a little extra per month, preventive care.





Well-Being Program

Way of Life is an exciting and engaging well-being program designed to help all Akron Children's Hospital employees grow and thrive in every area of life. By participating in this voluntary and confidential program, you'll make progress on your personal well-being goals, earn points toward rewards, and have fun achieving the program's levels.



Program Features

Access wide-ranging resources 24/7 through Way of Life to strengthen your mental and physical health, resilience, career development and financial well-being.

DAILY CHECK INS

Take daily positive action to reflect on your well-being. Earn points for recording your mood, reflecting on your gratitude and tracking personal "wins" toward achieving your well-being goals.

ACTIVITIES

Choose from a variety of digital activities, and engage on a monthly, weekly and daily basis to accomplish something new. Available activities evolve throughout the year, so be sure to log in often to see what's new.

ASSESSMENTS

Participate in annual and quarterly personal assessments to gain insight into your overall well-being and obtain guidance for meaningful actions you can take as you continue your well-being journey.

DIGITAL COACHING PATHS

Paths are programs of practices and habits that take on average 6 weeks to complete—and as a result, drive bigger change. Choose from Paths focused on health and fitness, growth and development and more.

KNOW YOUR NUMBERS

Completing a health screening and knowing your numbers is key to understanding your health status and risks. Earn points through the available flexible screening options: home test kit, LabCorp option or health care provider form.

1:1 COACHING

Talk with a coach over the phone for one-on-one support, expert guidance and help navigating your well-being journey. Aduro coaches help you build meaningful and achievable steps to reach your goals.

Sign up or log into your Way of Life account through Aduro, our well-being partner, at:
<https://akronchildrenshospital.adurolife.com>

Employee Assistance Program

Caring for your mental health is an essential element of overall wellness. Akron Children's has partnered with the Carebridge Corporation to provide professional and confidential support for personal and family issues. Employee Assistance Program (EAP) services are available to you and your family 24/7 every day of the year to help through day-to-day challenges, major life changes, and anything in between.

The EAP provides up to six consultations (virtual telehealth or in-person) with a professional behavioral health clinician at no cost to you. Carebridge counselors will listen to your concerns, help you identify the source of the problem, and work with you to develop a solution as quickly as possible. The EAP can help you handle situations including:

- Marital and relationship issues
- Alcohol and drug abuse
- Stress management
- Family/parenting problems
- Depression or anxiety
- Grief and loss
- Financial pressures
- Difficult emotional problems
- Spouse/child/parent abuse
- Legal assistance

Call Carebridge EAP at 800-437-0911 to start a consultation. Your sessions are confidential and meet HIPAA standards.

Carebridge Quick Tips & Resources

In addition to consultations with professional counselors, the EAP also offers online tips and resources. Here are a few:

- Five things you need to know about personal money management
- Talking to Your Teens About Healthy Relationships
- Adding Activity to Your Busy Schedule
- Help with Depression
- Depression Can Be Managed
- Protecting Your Memory as You Age

Carebridge Corporation

Access Code: H3C4C

800-437-0911

clientservice@carebridge.com

www.myliferesource.com

Available 24/7/365



**2023 Group Life and Accidental Death
& Dismemberment (AD&D) Insurance
Benefits Highlights**

What is Group Life/AD&D?	The Life Insurance Plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. You also have the option to have coverage for your dependents (payable to you in the event of a covered dependent's death). The Accidental Death and Dismemberment (AD&D) portion of this benefit provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death, or for you in the event of any other covered loss.
Who is Eligible?	You are eligible if you are a regular full-time or part-time employee, budgeted to work at least 16 hours per week
How much Life/AD&D coverage will I have?	<p>All benefit-eligible employees are provided a basic (noncontributory) benefit equal to one times annual earnings to a maximum of \$750,000. Amounts are rounded to the next higher multiple of \$1,000. The overall maximum (basic and additional coverage as indicated below) is \$1,500,000.</p> <p>You may choose to purchase additional coverage on a contributory basis. These options are:</p> <p>Option 1: One times annual earnings to a maximum of \$750,000</p> <p>Option 2: Two times annual earnings to a maximum of \$750,000</p> <p>Option 3: Three times annual earnings to a maximum of \$750,000</p> <p>If you are between the age of 70 and 75, your amount of life insurance will be reduced to 65%. If you are age 75 or older, your amount of life insurance will be reduced to 50%.</p>
How much is the Dependent Life Benefit?	Spouses are covered for a \$10,000 benefit. Children from live birth to 6 months are covered for \$100, and from 6 months to under 26 years are covered for \$5,000.
Is Evidence of Insurability required?	Evidence of Insurability (EOI) is required only if the amount of your basic life insurance exceeds \$450,000 or the amount of your additional life insurance is over \$250,000. EOI is also required if you increase your life insurance by more than one additional coverage level at Open Enrollment, or as the result of a life event change,
What Earnings is my benefit based on?	Covered earnings are your base rate times your budgeted hours on your date of hire in a benefits eligible status, and is subsequently updated each January 1 based on your covered earnings in effect at Open Enrollment. This coverage amount is frozen for the entire year, unless you have a change in employment status. Covered earnings do not include shift differential, overtime, bonuses or any other extra compensation.
When can I enroll?	You must elect coverage within 31 days of your initial eligibility, or during an annual Open Enrollment Period.
When does my coverage become effective?	Coverage becomes effective on the first day of the month coincident with or next following your date of hire in a benefits-eligible class, provided you have elected coverage before this date. Coverage elected during an annual open enrollment becomes effective the first day of the next Plan Year (January 1). You must be Actively at Work with your employer on the day your initial or increase in coverage takes effect.
How do I name my beneficiary?	It is important that you identify your Primary Beneficiary when you make your Life Insurance coverage election on-line. A Contingent beneficiary (to receive the benefit if your Primary beneficiary pre-deceases you) is optional. The default beneficiary is your spouse (if married) otherwise benefits will be paid to your Estate.
Are there any pre-existing condition exclusions?	No pre-existing condition exclusions apply.
Are there any exclusions?	<p>The Supplemental Life plan does not cover losses that are contributed to by, or results from suicide occurring within 24 months after you or your dependent's initial effective date.</p> <p>The AD&D plan does not cover any accidental losses caused by, contributed to by or resulting from:</p> <ul style="list-style-type: none"> * Suicide or self-destruction while sane * The commission of, or attempting to commit, a crime * Any self-inflicted injury, while sane or insane * The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance not prescribed by, or under the direction of, a physician * Disease of the body or diagnostic, medical or surgical treatment or mental disorder * War or any act of war, declared or undeclared <p>You must be under the regular care of a physician to receive benefits.</p>

This Benefit Highlights Sheet is an overview of the Life/AD&D Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance Policy issued to Akron Children's Hospital can fully describe all the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Benefits Highlights Sheet and the Insurance Policy, the terms of the Insurance Policy apply.

What is Short Term Disability Insurance?	Short Term Disability Insurance pays a portion of your earnings if you cannot work because of a disabling illness or injury. This benefit commences after a 7-day waiting period and is payable for up to 26 weeks (including the 7-day waiting period).
Who is Eligible?	You are eligible if you are a regular full-time or part-time employee, budgeted to work at least 16 hours per week
How much coverage will I have?	<p>For part-time non-exempt employees, two options are available: Option 1: Waive Coverage Option 2: 50% of your weekly earnings for 25 weeks (Contributory)</p> <p>For full-time non-exempt employees, three options are available: Option 1: 50% of your weekly earnings for 25 weeks Option 2: 66 2/3% of your weekly earnings for 25 weeks (Contributory) Option 3: Only available after 5 years of service - 80% of your weekly earnings (Contributory)</p> <p>For non-management exempt employees, the coverage options are: Option 1: 80% of your weekly earnings for the first 12 weeks, then 66 2/3% for the next 13 weeks Option 2: 80% of your weekly earnings for the full 25 weeks (Contributory)</p> <p>For management exempt employees, the non-contributory coverage option is: 100% of your weekly earnings for the first 12 weeks, then 80% for the next 13 weeks</p> <p>For Physicians, Residents, Advance Practice Providers and Administrators, the non-contributory coverage option is: 100% of your weekly earnings for 25 weeks</p>
What Earnings is my benefit based on?	Covered earnings are your base rate times your budgeted hours, excluding shift differential, overtime, bonuses or any other extra compensation.
When can I enroll?	You must elect coverage within 31 days of your initial eligibility, or during an annual Open Enrollment Period.
When does my coverage become effective?	Coverage becomes effective on the first day of the month coincident with or next following three months from your date of hire in a benefits-eligible class, provided you have elected coverage before this date. Coverage elected during an annual open enrollment becomes effective the first day of the next Plan Year (January 1) provided you were hired prior to October 2. You must be Actively at Work with your employer on the day your coverage takes effect.
How long do I have to wait before I can receive my benefit?	You must be totally or partially disabled for at least 7 calendar days before you are eligible to commence Short Term Disability benefit payments. Non-exempt employees are required to use PTO to cover the first three scheduled work days missed, up to a maximum of 24 hours of PTO. Additional PTO time may be requested.
How long will my disability payments continue?	Payments continue for as long as you remain disabled and are under the care of a physician for up to a maximum benefit period of 26 weeks (including the 7-day waiting period).
Are there any pre-existing condition exclusions?	No, pre-existing conditions are not excluded.
Are there any other limitations?	No benefit is payable for any period during which you are not an eligible employee, under the regular care of a Doctor, are not Totally or Partially Disabled, do not incur at least a 20% loss of income, or are receiving Workers' Compensation benefits from any employer and/or Long Term Disability benefits through the Hospital.
Are there any exclusions?	<p>You cannot receive benefit payments for disabilities that are caused or contributed by:</p> <ul style="list-style-type: none"> * Occupational Illness or Injury (as determined by the Bureau of Workers' Compensation) * War (declared or not) or active duty in any armed service during a time of war * The commission of, or attempting to commit, a felony * Any intentionally self-inflicted injury * Participation in a Riot. <p>You must be under the regular care of a physician to receive benefits.</p>

This Benefit Highlights Sheet is an overview of the Short Term Disability Insurance being offered and is provided for illustrative purposes only, and is not a contract. It in no way changes or affects the plan provisions as stated in the Plan Documents. Only the Plan Documents fully describe all the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Benefits Highlights Sheet and the Plan Documents, the terms of the Plan Documents apply.

What is Long Term Disability Insurance?	Long Term Disability Insurance pays a portion of your earnings if you cannot work because of a disabling illness or injury
Who is Eligible?	You are eligible if you are a regular full-time or part-time employee, budgeted to work at least 16 hours per week
How much coverage will I have?	Option 1: For all full-time employees and part-time Physicians, Administrators, Advance Practice Providers and Management, the Hospital provides coverage that pays you a benefit of 50% of your Earnings to a maximum benefit of \$17,500 per month. Other part-time non-exempt and exempt employees may purchase coverage that pays this 50% benefit. The plan includes a minimum benefit equal to the greater of 10% of the benefit based on Monthly Income Loss before the deduction of Other Income Benefits, or \$100 per month.
	Option 2: All employees may purchase coverage that pays a benefit of 66-2/3% of your Earnings to a maximum benefit of \$17,500 per month. This option also includes the minimum monthly benefit shown above.
	Waive Coverage: This option is available to part-time employees other than Physicians, Administrators, Advance Practice Providers or Management.
What Earnings is my benefit based on?	Covered earnings are your base rate times your budgeted hours on the date your disability commenced, excluding shift differential, overtime, bonuses or any other extra compensation. For Physicians only, covered earnings include bonuses paid in the preceding calendar year.
When can I enroll?	You must elect coverage within 31 days of your initial eligibility, or during an annual Open Enrollment Period.
When does my coverage become effective?	Coverage becomes effective on the first day of the month coincident with or next following three months from your date of hire in a benefits-eligible class, provided you have elected coverage before this date. Coverage elected during an annual open enrollment becomes effective the first day of the next Plan Year (January 1). You must be Actively at Work with your employer on the day your coverage takes effect.
How long do I have to wait before I can receive my benefit?	You must be totally or partially disabled for at least 26 calendar weeks before you can receive a Long Term Disability Insurance benefit payment.
How long will my disability payments continue?	If you become disabled prior to age 60, payments continue for as long as you remain disabled, or until you reach your Social Security Normal Retirement Age, whichever is sooner. For disabilities that commence at age 60 or older, benefits are payable according to a schedule based on your age when the disability commenced.
Are there any pre-existing condition exclusions?	In general, if you were diagnosed or received care for a condition within 3 months prior to your effective date, you will be covered for a disability due to that condition only if you have not received treatment for 3 months from your effective date of coverage, or you have been insured for 12 months. If you have already satisfied the pre-existing condition requirement under the prior plan, a new pre-existing condition period will not apply.
Are there any other limitations?	You can receive benefit payments for disabilities resulting from mental illness, alcoholism or substance abuse for a total of 24 months for all disability periods during your lifetime, with the exception of time that you are confined in a hospital or a licensed facility.
Are there any exclusions?	You cannot receive benefit payments for disabilities that are caused or contributed by: * War or act of war (declared or not) * The commission of, or attempting to commit, a felony * Any intentionally self-inflicted injury * Any case where your being engaged in an illegal occupation was a contributing cause to your disability. You must be under the regular care of a physician to receive benefits.
What other Income Benefits will reduce these benefits?	* Social Security Disability Insurance * Workers' Compensation * Other employer-based insurance coverage you may have * Unemployment benefits * Settlement or judgments for income loss * Retirement benefits that your employer fully or partially pays for (such as a pension plan).

This Benefit Highlights Sheet is an overview of the Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance Policy issued to Akron Children's Hospital can fully describe all the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Benefits Highlights Sheet and the Insurance Policy, the terms of the Insurance Policy apply.

Retirement Benefits

Akron Children's offers benefits to help you build your retirement savings:

- Children's Retirement Security Plan 401(a)
- Children's Retirement Income Benefit Plan 403(b)

Children's Retirement Security Plan 401(a)

The Children's Retirement Security Plan, a 401(a) defined contribution retirement plan provides benefits when you're no longer working.

Here are several highlights:

- You participate in the plan after one year of eligible service
- Akron Children's makes an annual contribution into your account based on your age and years of service. The contribution will be between 2% and 5% of covered wages
- You do not contribute to this account
- The contributions are directed into investment choices that you select
- You become 100% vested in your account after three years of eligible service
- The 401(a) benefit is payable at retirement

Corebridge Financial

(Formerly AIG Retirement Services)

www.corebridgefinancial.com/rs/akronchildrens

800-448-2542

Children's Retirement Income Benefit (CRIB) 403(b)

Akron Children's encourages every employee to save for retirement and the Children's Retirement Income Benefit (CRIB) Plan is designed for just that. Eligible employees are automatically enrolled at a 6% contribution level in the 403(b) plan.

There are two ways to save:

- **Traditional 403(b)** - In the traditional 403(b), your contributions are tax deferred from state and federal tax and the accumulation of earning on those contributions are deferred from taxation until withdrawn.
- **Roth 403(b)** - In the Roth 403(b), your contributions are after tax. Qualified distributions from Roth accounts are tax exempt.

You will receive matching contributions into your account after meeting the eligibility requirements.

