

2023 Benefit Enrollment Guide



FISHER | TITUS

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Health Care Benefits Philosophy

Fisher-Titus provides health care benefits to our employees to support our mission and core values. Specifically, we want to:

- Improve the health of our employees, families, patients, and community.
- Demonstrate our commitment to our employees and their families.
- Achieve perfection at the point of care by attracting and retaining top talent.

Providing the highest quality health care services requires us to take care of our own health, too.

Fisher-Titus wants to help each employee make good decisions about his or her own health. By creating a healthy working atmosphere, we are demonstrating our commitment to excellence.

Our Commitment

- Encourage employees and their families to make healthy decisions
- Provide education and tools to help employees and their families manage their health and wellness
- Offer competitive health care coverage that provides financial protection and promotes preventive care and supports the use of Fisher-Titus facilities and affiliated providers
- Provide valuable benefits at an affordable cost
- Provide recognition and reward when employees work to achieve a healthy lifestyle

Employee Responsibility

- Understand our benefits to know what options are best for them
- Consider cost and quality when making decisions about health and wellness
- Work toward a culture of wellness, where employees partner with health care providers to make proactive health decisions, utilize preventive care services, and follow treatment plans
- Seek high-quality care from Fisher-Titus facilities and affiliated providers whenever possible, which is often the most cost-effective option
- Share the responsibility for health care costs with the organization

Welcome to Fisher-Titus Health!

At Fisher-Titus, we have a long history of providing our team with rewarding employment and pride ourselves on offering a portfolio of benefits that give you peace of mind in knowing that the most important things in life are protected - your family, your finances, and your future. As such, we work diligently to maintain our comprehensive and competitive benefit programs.



This guide is designed to familiarize you with the benefits that are available. Benefits are a significant part of your total rewards package. It is important to be aware of the benefits and the value they signify to you. We encourage you to review this guide carefully for highlights of our benefits and discuss these options with your family.

Learn More

Our online benefits library puts your benefit information right at your fingertips – anytime, anywhere. This is your go-to, online resource for your benefit needs and to learn more about your new hire enrollment period. Visit FisherTitus.MyBenefitsLibrary.com to learn more!

Additional Information

To ensure you understand all the options available, you can choose your benefit options with the guidance of a professional benefit counselor. Benefit counselors are available by phone to speak with you one-on-one. During your individual appointment, you will have the opportunity to ask questions, get more information, and enroll yourself and your dependent(s) in coverage. See page 4 for instructions on how to schedule your enrollment appointment.

We are extremely proud of the dedication and resourcefulness our team members show. Thank you for joining us in our commitment to providing outstanding care and support to our patients, their families, our community, our mission, and each other.

If you have any questions, please contact hrbenefits@ftmc.com.

Sincerely,
Brent W. Burkey, M.D.
President & CEO



Certified Benefits Counselors to Offer Enrollment Support

You have the opportunity to speak with a professional benefit counselor to learn more about your benefit options. During your individual appointment, you can ask questions, get more information, and enroll yourself and your dependent(s) in coverage. Counselors are available by phone. Bilingual support is also available. Please be prepared to confirm your beneficiary(s) and dependent information.

To schedule your confidential appointment, call 855-656-1386 from 7:00 am - 7:00 pm Eastern, scan the QR code or visit: FisherTitus.MyBenefitsAppointment.com.



All new hires must complete enrollment within 15 of your hire date. **It is important to log into the UltiPro portal to:**

- Update your dependent and beneficiary information (social security number, date of birth and spouse certification are mandatory).
- **If you choose to cover your spouse under the Fisher-Titus medical plan, you must complete the Spouse Certification form via the link within the online enrollment. This is an annual requirement each Benefits Open Enrollment.** (Not required if your spouse works for Fisher-Titus Medical Center, NCEMS, or Fisher-Titus Medical Care LLC.)
- See 2023 benefit options and premiums.
- Reminder: Print confirmation of your 2023 elections for your records.

Mission Statement:

Deliver compassionate and convenient care to the highest level of excellence that promotes lifelong health and wellness for our community.

Vision Statement:

Be the first choice for healthcare and employment within our community.

Organizational Priorities are People, Patients, Community.



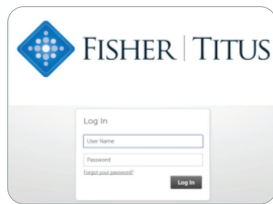
ULTIPRO LOG-IN INSTRUCTIONS

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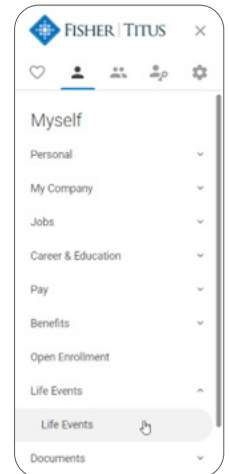
Employees may elect coverage online using the UltiPro system. This is the same system currently used to access pay and benefit information. The enrollment module is not compatible with the mobile app. To access your new hire enrollment in UltiPro, follow these steps:

1 **At Work:** Log in to the Intranet, under Quick Links, select Ultipro.
At Home: Visit www.office.com/apps. Enter system username/password. Enter cell phone for authentication. Enter code texted to phone. Click on Ultipro App from page of apps. *Microsoft Edge is the preferred browser.*

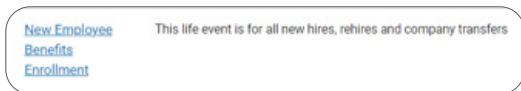
2 Enter your UltiPro Username and Password. Click "Log In".



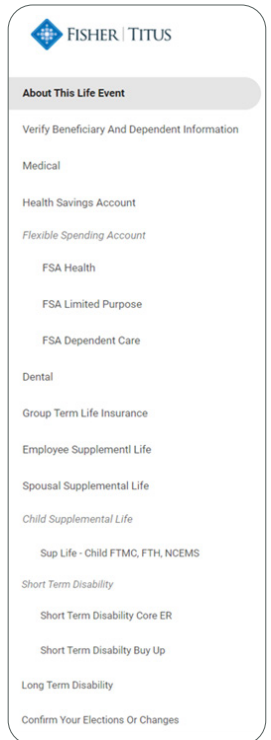
3 Click on the "Person icon" and scroll down to select "New Hire Enrollment".



4 At the new employee benefits enrollment page, the open session will be available with open/close dates and status. Click on the Session hyperlink to begin your new hire enrollment. The description will be "New Employee Benefits Enrollment".



5 Have beneficiary and dependent information available; including Social Security Number(s) and birthdate(s). As you are working through pages, a menu will be highlighted at the left margin. Click on the specific page if you need to return. Once you are satisfied with your elections, click on the green submit button, print a copy of your benefit elections for your records.



6 The right menu under "Things I can Do", offers a tour through the new hire enrollment process as well as how to upload documents.



Questions?

If you have questions about your logon, please contact the IS Help Desk at extension 6260 or 419-660-2919. For enrollment questions, please email hrbenefits@ftmc.com or contact ext. 6121, 6113 or 6141, or schedule an enrollment appointment with a benefits counselor at 855-656-1386.

PLEASE NOTE: All leaders will have to turn in hard copies of documents to HR.

Eligibility

If you are an active employee of Fisher-Titus regularly scheduled for 24 or more hours per week, you are eligible to enroll in the medical plan. If you enroll, you may also cover your eligible dependents, including:

- Your legal spouse who is not eligible for coverage under a health plan sponsored by his/her employer, or if eligible, has enrolled in such coverage as primary.
- Your, or your spouse's, children up to age 26—coverage ends at 11:59 p.m. the last day of the month in which the dependent turns 26, except where noted. This includes:
 - Natural children, stepchildren, legally adopted children, children placed with you for adoption, or children for whom you (or your spouse) are named as legal guardian, according to letters of guardianship, or for whom you have legal custody pursuant to a valid court order.
 - Natural or legally adopted children for whom the plan is obligated under a Qualified Medical Child Support Order (QMSCO), or a National Medical Support Notice form provided by a state agency, to provide medical coverage, or
 - Physically or mentally incapacitated children (if the disability occurred before age 19). The age 26 requirement is waived. Proof of incapacity must be furnished to the Plan Administrator, or its designee, and additional proof may be requested from time to time.

Covering Your Spouse

- If your spouse is not offered medical benefits through an employer – You may enroll your spouse in Fisher-Titus' benefits. Regardless of whether you elect the Traditional PPO Plan or High Deductible Health Plan for you and your spouse, **you must complete and submit the Mandatory Spouse Certification Form.**
- If your spouse is enrolled in a Traditional PPO Plan through their employer – The IRS rules state that you may not enroll your spouse in the High Deductible Health Plan as secondary coverage. You may, however, enroll your spouse in Fisher-Titus' Traditional PPO Plan as secondary coverage.
- If your spouse is enrolled in a High Deductible Health Plan through their employer – The IRS rules state that you may not enroll your spouse in Fisher-Titus' Traditional PPO Plan, but you may enroll them in the High Deductible Health Plan as secondary coverage.

Look carefully at whether it makes sense to cover your spouse under more than one medical plan. Sometimes, the coordination of benefit rules do not provide any additional coverage for the spouse, while you pay premiums to both employers for the coverage.

Mandatory Spouse Certification

If you cover your spouse under the Fisher-Titus Medical Plan, you must certify your spouse's eligibility by completing the Spouse Certification Form annually. You do not have to complete this form if your spouse works for Fisher-Titus Medical Center, North Central EMS, or Fisher-Titus Medical Care LLC.

Fisher-Titus would be primary coverage for your enrolled spouse if:

- Your spouse is retired
- Your spouse is unemployed
- Your spouse is self-employed and has no business medical insurance
- Your spouse works but his/her employer does not offer medical insurance
- Your spouse is in a waiting period for his/her employer's medical insurance (**your spouse must enroll in his/her employer's medical plan at the first available opportunity**)

Fisher-Titus would be secondary coverage for your enrolled spouse if:

- Your spouse works and is enrolled in his/her employer's medical plan as primary. If your spouse does not enroll in his/her employer's plan, your spouse is not eligible for Fisher-Titus Medical Plan coverage.

How the Medical Plans Work

Fisher-Titus provides high-quality medical and prescription drug coverage through a network of participating doctors, hospitals, and other health care professionals who have agreed to provide health care services to you at negotiated, reduced rates. You are free to use any health care provider, but your choice determines the level of coverage you receive:

- **TIER 1:** When you receive care at Fisher-Titus, you receive the highest level of benefits. Fisher-Titus providers include Fisher-Titus and affiliated physicians. Choosing to receive your medical care through the use of Fisher-Titus facilities and affiliated providers ensures those payments go directly to our health care system further strengthening and building our future. This allows Fisher-Titus to remain an independent local health care organization. **NOTE: Services that cannot be performed at Fisher-Titus Medical Center will not be covered as Tier 1. These services will be covered in the applicable Tier depending on the provider/network.**
- **TIER 2:** You receive a higher level of coverage than Tier 3 when you receive care from Magruder, Firelands, and Bellevue hospitals, facilities and providers who are in the North Coast Healthcare Collaborative providers (NCHC) network. Fisher-Titus joined the NCHC to offer services to our plan participants at a lower deductible, coinsurance and copays than Tier 3. Support the region by keeping healthcare dollars local.
- **TIER 3:** You receive a higher level of coverage than Tier 4 when you receive care from other providers who are in the Medical Mutual SuperMed PPO network. The MMO SuperMed network offers broad network access and a national network to Cigna for members residing or traveling outside of Ohio.
- **TIER 4:** When you receive care **out-of-network**, you receive the **lowest level of benefits and can be balance billed**. Out-of- network providers are those who are not affiliated with Fisher-Titus, the NCHC or the Medical Mutual SuperMed PPO Network.

You are encouraged to seek care through Fisher-Titus facilities and affiliated providers. Contact Medical Mutual of Ohio to determine the physician tier. *(Note - this listing is subject to change.)*

Coverage Categories

Employee Only
Employee + Spouse
Employee + Child(ren)*
Employee + Family

*You can enroll your dependent children up to age 26.



Having a Baby?

Employees and their dependent spouse who are enrolled in the Fisher-Titus medical plan and choose to deliver their baby at Fisher-Titus Medical Center, will have the facility portion of the delivery covered at 100%. This represents a considerable savings for our staff who entrust their maternity care to our outstanding maternity team here at Fisher-Titus. Individuals eligible for this benefit will still be responsible for delivery related professional fees, such as physician and anesthesia services.

Medical Plan Choices

Choose from two medical plans: the High Deductible Health Plan or the Traditional PPO Plan. Both plans are administered by Medical Mutual of Ohio (MMO). Be sure to use Fisher-Titus, North Coast Healthcare Collaborative (NCHC), or other in-network providers to receive the highest level of benefits and save money.

The High Deductible Health Plan (HDHP) option will have a higher deductible than the Traditional PPO plan, but the lowest per pay contributions. The HDHP plan also allows for employees to set aside pre-tax savings for health care related expenses into a Health Savings Account. Remember, the highest level of benefit will come when receiving care at Tier 1 providers.

The Traditional PPO Plan offers our employees lower deductibles and provides copays for many office-related services compared to the High Deductible Health Plan (HDHP). Contributions for this plan will be higher than those of the HDHP. Remember, the highest level of benefit will come when receiving care at Tier 1 providers.



HIGH DEDUCTIBLE HEALTH PLAN

Administered by Medical Mutual

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	TIER 1 Fisher-Titus	TIER 2 NCHC	TIER 3 MMO/ SuperMed	TIER 4 Out-of-Network
<p>Deductible - Embedded You pay the entire cost for medical and prescription services until you meet the deductible.</p> <p>Amounts applied to Tier 1, Tier 2 & Tier 3 deductibles cross-apply, but do not include Tier 4 deductibles.</p>	\$3,000 per individual \$6,000 family maximum	\$3,500 per individual \$7,000 family maximum	\$4,000 per individual \$8,000 family maximum	\$6,000 per individual \$12,000 family maximum
<p>Health Savings Account Contribution from Fisher-Titus Employees must establish an HSA with WealthCare Saver, administered by MMO to receive the employer contribution.</p>	<p>Year 1 HDHP Participants: \$1,000 for Employee Only \$1,750 for all other coverage levels</p>		<p>Year 2+ HDHP Participants: \$750 for Employee Only \$1,500 for all other coverage levels*</p>	
<p>Coinsurance Once you reach the deductible, you pay a percentage of expenses and Fisher-Titus pays the rest.</p>	Fisher-Titus pays 85% You pay 15%	Fisher-Titus pays 75% You pay 25%	Fisher-Titus pays 70% You pay 30%	Fisher-Titus pays 50% You pay 50%
<p>Coinsurance out-of-pocket Limits - Excludes deductible</p> <p>Amounts applied to Tier 1, Tier 2 & Tier 3 cross-apply, but do not include Tier 4</p>	\$1,200 per individual \$2,400 family	\$2,400 per individual \$4,800 family	\$2,900 per individual \$5,800 family	Unlimited
<p>Out-of-pocket (OOP) Maximum Includes applicable deductible, coinsurance and copays. After you reach the OOP maximum, Fisher-Titus pays remaining allowed medical expenses during the year.</p>	\$6,900 per individual \$13,800 family			Unlimited
Benefit Summary	You Pay			
Office visits	Deductible + coinsurance			
Specialist office visits	Deductible + coinsurance			
Preventive services	No charge; covered 100%			Deductible + coinsurance
Emergency room - Emergency Medical Condition	Deductible then Fisher-Titus pays 85% - You pay 15%			
Emergency Room - Non-Emergency	Deductible + coinsurance			
Urgent care (Note: Urgent Care is not available at Tier 1)	n/a	Deductible + coinsurance		
Annual routine eye exam	No charge for annual routine eye exam for participants			
Prescription Drugs See page 17 for more information.	Pharmacy deductible applies first then coinsurance as a percentage of the cost based on the drug type: generic, formulary brand-name, non-formulary brand-name, or specialty.			

*Fisher-Titus Medical Center Health Savings Account contributions are not guaranteed. This decision is reevaluated each calendar year.

HIGH DEDUCTIBLE HEALTH PLAN

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As you consider your medical plan options, keep the following in mind about the High Deductible Health Plan (HDHP):

- 1. Lower premium contributions.** You will pay less in premium contributions than the Traditional PPO Plan.
- 2. Opportunity to save in an HSA.** The HDHP features a Health Savings Account (HSA) to help you pay for current and future medical expenses tax-free. You and Fisher-Titus contribute to your HSA.

Note: The Fisher-Titus contribution is not guaranteed each year. You will only receive the employer contribution if you open an HSA account with MMO's preferred partner, WealthCare Saver.

Here's how the HDHP works with Tier 1 expenses if you set up your HSA:

1 Deductible
You pay the full cost of medical & pharmacy expenses until you reach the deductible.
Individual: \$3,000 | Family: \$6,000

2 Coinsurance - Medical
Once you reach the deductible, you pay coinsurance. You pay 15% coinsurance for Tier 1 expenses until you reach the coinsurance maximum.
You Pay 15% | Fisher-Titus Pays 85%

3 Out-of-Pocket (OOP) Maximum
You pay 15% of the expenses until you reach the OOP maximum. After you pay this amount, the Plan pays for all remaining eligible, covered expenses during the year.
Individual: \$6,900 | Family: \$13,800

Note: These amounts are Tier 1 levels of coverage. Tier 2, Tier 3 and Tier 4 coverage works differently

What is a Health Savings Account (HSA)?

An HSA, is a personal savings account that works with a qualified HDHP. Your HSA will be administered by the bank of your choice. However, you will only receive the employer contribution if you open your HSA with WealthCare Saver, administered by MMO.

Contribution deposits are made twice a year in January and July. You can also contribute to this account through pre-tax, payroll deductions. Use the money in your HSA to pay for eligible medical expenses – like those that apply to the deductible.

HSA Contribution (Employer + Employee)

Individual: \$3,850 | Family: \$7,750

Note: HSA Catchup available age 55+ - \$1,000.

High Deductible Health Plan (HDHP) Prescription Coverage

Under the HDHP, prescription drugs are paid just like other medical services. When you have a prescription filled, you pay the full cost of the medication until you meet your HDHP deductible (which includes both medical and prescription). Once you meet your HDHP deductible, you pay for prescriptions under the same schedule as the Traditional PPO Plan.

TAX SAVINGS

The money you and Fisher-Titus contribute to your HSA is not taxed and can be used to pay for qualified medical expenses for yourself, and for your spouse and tax dependents. It can also be used to pay for qualified expenses during retirement taxfree. See a tax advisor for more details.

CONVENIENT PAYMENT OPTIONS

With your WealthCare Saver MasterCard or other applicable HSA debit card, you can pay for prescriptions, doctors' visits, dental expenses and more. Funds will automatically be deducted from your HSA.

TRADITIONAL PPO PLAN

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	TIER 1 Fisher-Titus	TIER 2 NCHC	TIER 3 MMO/SuperMed	TIER 4 Out-of-Network
Deductible - Embedded You pay the entire cost for medical and prescription services until you meet the deductible. Amounts applied to Tier 1, Tier 2 & Tier 3 deductibles cross-apply, but do not include Tier 4 deductibles.	\$250 per individual \$500 family maximum	\$750 per individual \$1,500 family maximum	\$1,500 per individual \$3,000 family maximum	\$3,000 per individual \$6,000 family maximum
Coinsurance Once you reach the deductible, you pay a percentage of expenses and Fisher-Titus pays the rest.	Fisher-Titus pays 85% You pay 15%	Fisher-Titus pays 75% You pay 25%	Fisher-Titus pays 70% You pay 30%	Fisher-Titus pays 50% You pay 50%
Coinsurance out-of-pocket limits - Excludes deductible Amounts applied to Tier 1, Tier 2 & Tier 3 cross-apply, but do not include Tier 4.	\$4,250 per individual \$8,500 family	\$6,250 per individual \$12,500 family	\$6,650 per individual \$13,300 family	Unlimited
Out-of-pocket (OOP) Maximum Includes applicable deductible, coinsurance and copays. After you reach the OOP maximum, Fisher-Titus pays remaining allowed medical expenses during the year.	\$8,150 per individual \$16,300 family			Unlimited
Benefit Summary	You Pay			
Office visits	\$20 copay	\$30 copay	\$40 copay	Deductible + 50% coinsurance
Specialist office visits	\$30 copay	\$50 copay	\$60 copay	Deductible + 50% coinsurance
Preventive services	No charge; covered 100%			Deductible + coinsurance
Emergency room – Emergency Medical Condition (Copay waived if admitted)	\$250			
Emergency Room - Non-Emergency	Deductible + coinsurance			
Urgent care Note: Urgent Care is not available at Tier 1	n/a	\$75 copay	\$150 copay	Deductible + 50% coinsurance
Annual routine eye exam	No charge for annual routine eye exam for participants			
Prescription Drugs See page 17 for more information.	Pharmacy deductible of \$200/single and \$400/family applies first then coinsurance as a percentage of the cost based on the drug type: generic, formulary brand-name, non-formulary brand-name, or specialty.			

Important Things to Know about Your Medical Plan Options

How the Deductible for Family Coverage Works

In both the HDHP and the Traditional PPO Plan, the deductible for family coverage contains two components:

1. An individual deductible
2. A family deductible

The family deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual deductible amount. In other words, if one person in the family meets the individual deductible, then the plan will begin paying the coinsurance percentage on that person, even though the family deductible has not yet been met. You may hear this referred to as an “embedded” or “cumulative” deductible.

For example: Joe, Susie, and their son, Charles, are enrolled in a family plan with a \$250 individual and a \$500 family deductible. Joe incurs \$300 of medical bills. Even though this bill is below the family deductible of \$500, Joe must only meet the individual deductible of \$250. Then, Joe will pay coinsurance on the remainder of the bill (and any subsequent bills), not to exceed the individual out-of-pocket maximum.

How the Out-of-Pocket Maximum Works

The Out-of-Pocket (OOP) Maximum for your medical coverage is the most that you will pay in a calendar year for covered medical services and prescription drug expenses. After you reach the OOP maximum, Fisher-Titus pays the remaining allowed medical expenses during the year. Under both the HDHP and the Traditional PPO Plan, the medical and prescription expenses that apply to out-of-pocket maximum in Tier 1, Tier 2 and Tier 3 cross. (In other words, the amounts apply to each other.)

Here's how it works:

	HDHP	Traditional PPO Plan
What is the most that one person would have to pay if he or she used only Fisher-Titus (Tier 1) providers?	\$6,900	\$8,150
What is the most that one person would have to pay if he or she used both Fisher-Titus (Tier 1) providers and other network (Tier 2 and Tier 3) providers?	\$6,900	\$8,150
What is the most that a family would have to pay if they only used Fisher-Titus (Tier 1) providers?	\$13,800	\$16,300
What is the most that a family would have to pay if they used both Fisher-Titus (Tier 1) providers and other network (Tier 2 and Tier 3) providers?	\$13,800	\$16,300
What is the most that one person or a family would pay if he or she used Tier 4 providers?	No Maximum Limit	No Maximum Limit

MEDICAL PLAN COMPARISON

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	HDHP	Traditional PPO Plan
Type of Plan	Both plans offer more coverage if you use Tier 1, Tier 2 or Tier 3 providers. Tier 4 providers are considered out-of-network and you pay the most when you use those providers.	
Premium Contributions	You pay lower premium contributions when you enroll in the HDHP.	Premium contributions are higher for the Traditional PPO Plan.
Deductibles	The HDHP has a higher deductible. Remember, Fisher-Titus contributes to your HSA to offset your higher out-of-pocket costs if you open your account with WealthCare Saver, administered by MMO.	The Traditional PPO Plan has a lower deductible. This means the Plan starts paying benefits and you start paying coinsurance sooner.
Offices Visit Copays (Non-Wellness Exams)	You pay for all medical expenses, including office visits, until you meet the annual deductible amounts. Then prescriptions are covered with the copay coinsurance amounts until you meet your out-of-pocket maximum.	You pay \$20 for primary care office visits and \$30 for specialist office visits when services are rendered at a Tier 1 provider. These copay amounts apply to your out-of-pocket maximum amounts.
Health Savings Account (HSA) or Flexible Spending Account (FSA)	<p>Health Savings Account (HSA) The HSA contribution limits (employer + employee) are self-only - \$3,850 and all other coverage - \$7,750 of pre-tax dollars to your HSA to help pay for qualified medical, dental, and vision expenses. Fisher-Titus will make a contribution to your HSA if you open your HSA with WealthCare Saver, administered by MMO. Any unused money at the end of each year is yours to keep in the HSA. Employees age 55+ are eligible to contribute an additional \$1,000 catch up to their HSA.</p> <p>You will also have access to a Limited Purpose FSA to pay for vision and dental expenses only. For more information on the Limited FSA (LPFSA), see page 24.</p>	<p>Health Care Flexible Spending Account (FSA) You can contribute up to \$3,050 of pre-tax dollars in 2023 to your FSA to help pay for qualified medical, dental, and vision expenses. Fisher-Titus does not make a contribution to your FSA. IRS regulations require any unused money over \$610 remaining in the health FSA accounts at the end of the plan year be forfeited. Amounts up to \$610 in health care FSA may carry over into the following year. You have until March 31, 2023 to submit reimbursement claims for expenses incurred through December 31, 2022. You may not use your FSA Card in 2023 to pay for 2022 expenses.</p>
Preventive Care	Preventive care is 100% covered when you enroll in either plan for Tiers 1, 2 and 3. The 100% coverage does not apply if out-of-network providers are used. The guidelines for preventive care services vary based on gender and age. For a complete list of covered services, contact MMO before you visit a physician.	
Prescription Drugs	You pay the full negotiated cost of your medication until you reach the combined medical and prescription deductible. After you reach the deductible, you pay a percentage of the cost based on the drug type: generic, formulary brand-name, nonformulary brand-name, or specialty.	You pay a separate deductible for prescription drugs. After you meet this deductible, you pay a percentage of the cost based on the drug type: generic, formulary brandname, non-formulary brand-name, or specialty.

National Medical Support Notice

If you are obligated under a National Medical Support Notice to cover your children, you may not make changes to your child(ren)'s coverage unless you provide written proof the child(ren) will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from this plan.

Terms You Should Know

Here are some definitions to help understand how your benefits work.

COPAYMENT OR COPAY

The specific dollar amount you will pay before the Plan pays for a particular service or supply, e.g. \$20 or \$30 office visit Copay or \$250 Emergency Room Copay.

DEDUCTIBLE

This is the amount you pay each Plan Year before the Plan starts to pay its portion of your expenses. The Traditional PPO Plan includes a separate deductible for covered medical services and a separate deductible for covered prescription drug expenses. However, the High Deductible Health Plan's deductible includes both Medical and Prescription expenses. Deductibles for Tier 1, Tier 2 and Tier 3 cross apply, meaning any deductible paid for Tier 1 is credited to Tier 2 and Tier 3 and vice versa. A Tier 4 deductible would not apply to Tier 1, 2 or 3.

An Individual deductible is the amount each individual covered person must pay in applicable covered expenses during a calendar year before the Plan begins paying benefits for that person.

A Family deductible limit is the maximum amount all family members who are covered under the same participant must pay in deductible expense in a calendar year. Once this accumulative family limit is satisfied, the deductible is considered to be satisfied at the applicable tier of coverage for all

family members who are covered under the same participant during that calendar year that has met the individual deductible.

Each covered family member only needs to meet the individual deductible (not entire family deductible) before coinsurance begins for that individual that has met the individual deductible.

COINSURANCE

This is the specific percentage of the covered expenses you will pay after any Deductible and/or Copayments are taken for covered services, such as 15%, 30% or 50%. The covered person must pay the balance of the covered expenses after the coinsurance has been applied.

OUT-OF-POCKET MAXIMUM

The Out-of-Pocket Maximum is the most you would pay in deductibles, coinsurance and copays for eligible expenses during the Plan Year. After you reach the OOP maximum, Fisher-Titus pays the remaining allowed expenses during the remainder of the plan year up to reasonable and customary charges.

BENEFITS COVERAGE

See SBCs for benefits coverage based on plan type. The SBC can be found on My Health Plan on Medical Mutual's website.

Please note: Fisher-Titus Health Benefit Plan SPD presides. Any conflict arising between this guide and the Plan will follow the Plan Document.

WELLNESS PROGRAM

Administered by Medical Mutual

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Fisher-Titus has partnered with Medical Mutual to offer the Fisher-Titus Wellness Program for employees enrolled in the medical plan. The expanded wellness activities offered are aimed at keeping you healthy and reducing the need for medical care now and in the future. Identifying health issues early through preventative care screenings can lead to earlier intervention, easier and lower cost treatment options, and a positive outcome for your health - improving your overall health and wellbeing!

Employees will have access to wellness challenges, online courses, device sync, exercise videos, recipes, articles, WW (formerly Weight Watchers), fitness center discounts, tobacco cessation program and maternity care management.

The program does not apply to covered spouses or dependents, though we encourage family members to complete all preventative screenings and exams recommended by their provider based on age/gender/risk factors. If you are not able to participate or meet the goals of the Wellness Program, Medical Mutual will work with you and your doctor to find an alternative way to earn the reward.

EARNING POINTS

2024 Health care premiums will be based upon completion of the Wellness Program for 2023. Cut off for Wellness Requirement is Benefit Effective date of July 1. Any new hire with a benefits effective date of July 1 and after are not able to participate until the next calendar year. The points that you accumulate by participating in the Wellness Program impact your health care premium in the following year. For 2023, here is how that works for points earned in 2022 as an illustration of the savings/surcharges you may see:

- Gold level participants (400 points) will receive a wellness credit (for 2023, the reward is \$30) added to their bi-weekly pay.
- Silver level participants (200-399 points) will not have a discount or surcharge applied to their biweekly pay.
- Bronze level participants (0-199 points) will have a surcharge (for 2023, the surcharge is \$30) added to their bi-weekly pay.

GETTING MORE INFORMATION

Access your Wellness Portal to register for the program and to get started! Questions? Please reach out to our Wellness Partner, Medical Mutual at 1-855-553-1006 or email WellnessSupport@medmutual.com. If you cannot resolve issues with Medical Mutual, HR is also available to provide assistance. Please visit the Wellness Program page on the Intranet under Our People > MMO Wellness Program as well as under the Benefits Info.

The Fisher-Titus medical plan provides diet counseling for adults at higher risk for chronic diseases per ACA guidelines; also for children or adults already overweight/obese and have a cardio-vascular disease disorder. These must be prescribed by a physician and must be furnished by in-network provider. These individuals are eligible for up to 9 visits per year covered at 100%.

Employees and their dependents covered under the Fisher-Titus medical plan also have access to Nutrition Counseling provided at Fisher-Titus by our qualified dietitians. Employees and their covered dependents will be able to self-refer for up to 2 visits covered at 100%. The nutrition counseling will help patients set nutrition goals to improve their health. The dietitian will:

- Review your eating habits and lifestyle
- Do a thorough assessment of your nutritional status
- Help you create a personalized nutrition treatment plan

While anyone looking to improve their nutrition can benefit from this service, it can be especially helpful for individuals with diabetes, cardiovascular disease, renal disease, gastrointestinal disorders, and other health conditions. Talk to your doctor to see if you could benefit and call 419-660-2700 to schedule for this free service. Please let Scheduling know you are a Fisher-Titus employee/covered dependent and want to self-refer for a dietitian appointment and let them know what they are requesting to be seen for to help our dietitians be prepared to assist you. Or if you or a qualified dependent are eligible under the ACA for up to 9 free visits, please work with your physician to have a referral sent to our scheduling department. **The nutrition counseling sessions may also be used as a reasonable alternative for the Wellness Program. Please contact MMO Wellness for additional details.**

Our Fisher-Titus Dietitians provide two types of Nutrition Based Counseling:

1. Medical Nutrition Therapy
2. Diabetes Education (accredited through Diabetes Association) – 10 hours of education. Dietitian, nurse, and classes.

For employees who are not covered by the Fisher-Titus Health plan, but are covered by another medical plan, nutrition counseling and/or training may be a benefit available to you under the Affordable Care Act (ACA). Under the ACA, insurance plans must cover diet counseling for people with risk factors for heart disease, like high blood pressure. Depending on your insurance plan, you may be able to get diet counseling at no cost to you. Check with your insurance company to find out more.

If you don't have insurance, you may still be able to get free or low-cost help. Find a health center near you and ask about diet counseling - findahealthcenter.hrsa.gov

To learn more, check out these resources:

Free preventive care for adults covered by the Affordable Care Act: www.healthcare.gov/preventive-care-adults

PRESCRIPTION COVERAGE

Administered by Express Scripts (ESI)

Eligibility

When you enroll in a Medical Plan, you automatically have coverage for the prescription drug coverage plan. This coverage allows you to fill your prescriptions at the Fisher-Titus pharmacy, Walgreens' Advantage Network or by Express Scripts mail order. CVS is an excluded pharmacy. For a complete listing of participating pharmacies; please visit My Health Plan. Coverage for Compound and "Discretionary" drugs are excluded from the Prescription Plan.

High Deductible Health Plan Prescription Coverage

Under the HDHP, prescription drugs are paid just like other medical services. When you have a prescription filled, you pay the full negotiated cost of the medication until you meet your HDHP deductible (which includes both medical and prescription). Once you meet your HDHP deductible, you pay for prescriptions under the same schedule as the Traditional PPO Plan.

Benefits You Receive

Your cost is determined by where you purchase your prescription and the category of drug. As in the past, in most cases, you will pay the lowest cost-share for prescriptions filled at the Fisher-Titus pharmacy. **There is a separate deductible for the Traditional PPO Plan - \$200 Single, \$400 Family.**

Category	Fisher-Titus Pharmacy	MMO Walgreens Advantage Network	Out-of-Network
Generic Drugs			
30 day supply	\$5 copay	\$15 copay	Not Covered
90 day supply – Only allowed at the Fisher-Titus pharmacy and Express Scripts mail order	\$10 copay	\$30 copay via Express Scripts Mail Order Only	Not Covered
Preferred Brand Drugs			
30 day supply	30%	40%	Not Covered
90 day supply – Only allowed at the Fisher-Titus pharmacy and Express Scripts mail order	30%	40% via Express Scripts Mail Order Only	Not Covered
Non Preferred Brand Drugs			
30 day supply	30% + \$15 copay	40% + \$45 copay	Not Covered
90 day supply – Only allowed at the Fisher-Titus pharmacy and Express Scripts mail order	30% + \$30 copay	40% + \$90 copay via Express Scripts Mail Order Only	Not Covered
Specialty Drugs			
Specialty Drugs	30% + \$15 copay	30% + \$75 copay	Not Covered

As an incentive to use generics, your plan offers a program where the "member pays the difference." With this program, if a generic equivalent is available and the member still buys the brand-name medication, the difference in cost between the generic and brand medications does not apply to the member's deductible or out-of-pocket amounts. Plus, the member will continue to pay the difference in cost after the member meets their deductible.

If you choose to fill your prescription at Tier 2, the first fill will equal the cost of Tier 1, but any subsequent fills will be subject to the higher copays.

Eligibility

If you are an active employee regularly scheduled for 24 or more hours per week, you can elect dental coverage. With this plan, you are free to receive treatment from any licensed dentist. When you enroll, you will be able to choose from either the Preventive Plan or the Premium Plan options. You also have the option to waive coverage. You can enroll in the following coverage levels:

- Employee only
- Employee plus child(ren)
- Employee plus spouse
- Family

Preventive Plan Details

The Preventive Plan covers 100% of diagnostic and preventive services (cleanings, exams, fluoride, sealants and X-rays), with no deductible. The Preventive Plan also covers basic services such as fillings, root canals, periodontics or oral surgery for the treatment of gum disease and oral surgery, once the annual deductible is met (see deductible and maximum information in the chart).

It does not cover major services including crowns, bridges, implants, dentures, or repair of crowns, bridges, and dentures. However, members will pay a discounted rate for these services when they use a Delta PPO or Delta Dental Premier dentist. If you or your dependents need more extensive dental care, you may wish to consider the Premium Plan.

Premium Plan Details

The Premium plan pays 100% for preventative and diagnostic services (cleanings, exams, fluoride, sealants and X-rays). If visiting a Delta Dental PPO provider, the plan pays 80% for basic services (fillings, root canals, periodontics, and oral surgery), 50% for major services (crowns, bridges and implants), and 50% for orthodontic services with no age limitation (see maximum information in the chart).

Choosing a Dentist

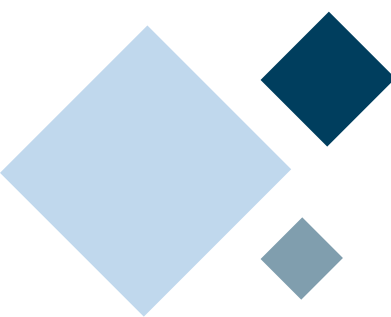
You can go to any dentist, but your out-of-pocket costs will vary depending on the level of the dentist's participation with Delta Dental. Your lowest out-of-pocket costs will be with a Delta Dental PPO dentist. A Delta Dental Premier dentist participates with Delta Dental but your out-of-pocket costs may be higher. If you visit a nonparticipating dentist, you will be responsible for any charges above Delta Dental's fee schedule, in addition to any copay or deductible.

Deductible

Both dental plan options have an annual \$50 deductible per person and a maximum deductible of \$150 per family. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services. The Premium Plan also has a separate \$1,000 lifetime maximum for orthodontia benefits.

No ID Cards Needed

No matter which option you choose, Delta Dental will issue ID cards when you enroll however, you do not need a card to receive services. When you make an appointment, you will simply need to let the dental office know that you have coverage with Delta Dental of Ohio. If you still want an ID card, you can print a ID card on demand using Delta Dental's Member Portal (www.memberportal.com)



DENTAL COMPARISON

Administered by Delta Dental of Ohio

	Preventative Plan Option		Premium Plan Option	
	Delta Dental PPO or Premier Dentist	Non-participating Dentist	Delta Dental PPO or Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays*	Plan Pays	Plan Pays*
Diagnostic & Preventative				
Annual Deductible <small>*does not apply to Diagnostic and Preventative Services or Orthodontic Services</small>	\$50 per person / \$150 per family			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%		100%	
Emergency Palliative Treatment – to temporarily relieve pain	100%		100%	
Sealants – to prevent decay of permanent teeth	100%		100%	
Brush Biopsy – to detect oral cancer	100%		100%	
Radiographs – X-rays	100%		100%	
Basic Services				
Minor Restorative Services – fillings and crown repair	80%		80%	70%
Endodontic Services – root canals	80%		80%	70%
Periodontic Services – to treat gum disease	80%		80%	70%
Oral Surgery Services – extractions and dental surgery	80%		80%	70%
Other Basic Services – misc. services	80%		80%	70%
Relines and Repairs – to bridges, implants, and dentures	80%		80%	70%
Major Services				
Major Restorative Services – crowns	n/a		50%	
Prosthetic Services – bridges, implants, and dentures	n/a		50%	
	\$500 Annual Maximum		Annual Maximum: \$1,000 Orthodontic Services (No age limit) Ortho Lifetime Maximum: \$1,000	
Orthodontic Services – braces	n/a		50%	

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

Preferred Provider NOMS/North Central Eye

Fisher-Titus employees and their immediate family receive a 20% discount on a complete pair of glasses when visiting Dr. Zahler and Dr. Allen, in Med Park III. Fisher-Titus health insurance provides one annual routine eye exam under the wellness check that carries with it no out of pocket cost. You can receive a complete eye exam from a trained ophthalmologist. Employees will need to provide proof of employment to receive the discount, such as their badge or insurance card.

VSP Vision Savings Pass

VSP Vision Savings Pass is a discount vision program that offers immediate savings on eye care and eyewear. This is not an insurance plan. **Discount program available at no additional cost for participants enrolled in MMO medical plan.**

Unlimited Annual Material Use³

Your VSP Vision Savings Pass can be used as often as you like throughout the year. With the best choices in eyewear, we make it easy to find the perfect frame that’s right for you, your family, and your budget.

MEMBER OUT-OF-POCKET COST

WellVision Exam <i>Once every calendar year</i>	<ul style="list-style-type: none"> • \$50 with purchase of a complete pair of prescription glasses. • 20% savings without purchase.
Retinal Screening	<ul style="list-style-type: none"> • Guaranteed pricing with WellVision Exam, not to exceed \$39.
Lenses	<ul style="list-style-type: none"> • With purchase of a complete pair of prescription glasses; Single vision \$40, lined trifocals \$75, lined bifocals \$60.
Lens Enhancements	<ul style="list-style-type: none"> • Average savings of 30% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings.
Frames	<ul style="list-style-type: none"> • 25% savings when a complete pair of prescription glasses is purchased.
Sunglasses	<ul style="list-style-type: none"> • 20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam.
Contact Lenses	<ul style="list-style-type: none"> • 15% savings on contact lens exam (fitting and evaluation).
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

How to use your VSP Vision Savings Plan

1. Find a VSP network doctor at vsp.com or call 800.877.7195.
2. Tell your VSP network doctor that you’re a VSP member to save immediately on an eye exam¹ and eyewear.
3. Take advantage of your VSP Vision Savings Pass over and over—use is unlimited on materials.³

1. This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% savings on an eye exam only. 2. Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost. 3. Unlimited use is for materials only. An eye exam is limited to once a year per member.

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. There is no cost to join this discount program. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.

Eligibility

If you are an active employee regularly scheduled for 24 or more hours per week, you can contribute to an FSA. There are three types of accounts: Health Care FSA, Limited Purpose FSA and Dependent Care FSA, all of which are described in detail below and on the following page. A Health Care FSA is only available to those employees electing a Traditional PPO Health Plan. A Limited Purpose FSA is available for those employees electing a HDHP with an HSA. **Please make certain you enroll in the correct one as you cannot change your election until the next open enrollment period unless you experience a Qualifying Event per IRS Guidelines.**

Health Care Flexible Spending Account (HCFSA)

This program, available to employees who elect a Traditional PPO Health Plan, allows employees to pay for certain IRS-approved medical care expenses not covered by their insurance plans with pre-tax dollars. Any unused funds in 2023, up to a maximum of \$610, may be rolled over to the following year. You have until March 31, 2024 to submit paper reimbursement claims for expenses incurred through December 31, 2023. Substantiation of purchases will be required in most cases in accordance with IRS guidelines. Maximum contributions for 2023 is \$3,050.

Some HCFSA examples include:

- Deductibles, copays and coinsurance amounts
- Certain over-the-counter drugs with prescription only (e.g., allergy and sinus, cough, cold and flu, pain relief, stomach remedies); note: Insulin will not require a prescription to be considered a qualified medical expense
- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, eyeglasses and corrective eye surgery
- Dental services and orthodontia
- Chiropractic services
- Acupuncture

Limited Purpose Flexible Spending Account (LPFSA)

If you choose to elect a HDHP with an HSA, you're eligible to enroll in a LPFSA. While similar to an HCFSA, money may be set aside in a LPFSA for eligible dental and vision expenses only. Any unused funds in 2023, up to a maximum of \$610, may be rolled over to the following year. You have until March 31, 2024 to submit paper reimbursement claims for expenses incurred through December 31, 2023. Maximum contributions for 2023 is \$3,050.

Debit Card

If you enroll in a HCFSA or LPFSA, you will automatically receive a prepaid debit card that can be used to pay for eligible medical care, goods, and services at a number of providers and merchants that accept MasterCard debit cards, such as: physician, dentist, and eye care provider offices, hospitals, pharmacies, and discount stores and supermarkets that can identify FSA-eligible items at checkout. Purchases made with your Debit Card may require substantiation in accordance with IRS guidelines.

NOTE: LPFSAs are able to reimburse dental and vision expenses ONLY.

Remember, you do not have to wait until the end of the year for reimbursement from your HCFSA or LPFSA. At any time during the year, you have access to a full amount of your FSA you elected to deposit for the year, less any reimbursements you have already received.

Dependent Care Flexible Spending Account (DCFSA)

A DCFSA can be used to pay for daycare, preschool or senior care needed while you and your spouse work, go to school full time, or look for work.

Eligible Expenses	Ineligible Expenses
<ul style="list-style-type: none">• Child in-home care or daycare centers• Senior in-home care or daycare centers• Nursery schools• After-school and latchkey programs• Summer activities provided while you work	<ul style="list-style-type: none">• Expenses for days you are not working, including sick leave or vacation days• Services provided by another of your dependent children• Expenses you already claimed as deductions or credits on an income tax return

Tax-Free Dollars for Dependent Daycare Expenses

Set aside money on a pre-tax basis to pay for dependent care while you work. You can use the dependent daycare account to pay for the care of children 12 years of age or younger or anyone you claim on your tax return who is not capable of self-care.

Money is deducted from each paycheck and added to your dependent care account. You may not be reimbursed more than the current balance. Care while you are not working such as overnight camp is not eligible. Family members who are not tax dependents may be eligible caregivers*.

The annual maximum amount you may contribute to the DCFSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. **There is no carry-over option for DCFSA accounts.**

Once you make your election to contribute to an HCFSA or LPFSA, you cannot change or stop your contributions until the next open enrollment or unless you have a corresponding qualified change in status per IRS regulations.

IMPORTANT REMINDERS

Regarding Health Care, Limited Purpose and Dependent Care FSAs

- HCFSA's are set up for health care expenses. LPFSA's are set up for dental and vision expenses only. DCFSA's are set up for child or elder care expenses.

CAUTION: You will need to plan your FSA contributions carefully. IRS regulations require any unclaimed money over \$610 remaining in an HCFSA or LPFSA at the end of the plan year be forfeited. Amounts up to \$610 in an HCFSA or LPFSA may carry over into the following year. There is no carry over option for DCFSA's.

USE IT – DON'T LOSE IT!

Eligibility

If you are an active employee who is regularly scheduled to work 24 or more hours per week, you are automatically enrolled in Basic Life and Accidental Death & Dismemberment insurance. Fisher-Titus pays the cost of this insurance for you.

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Fisher-Titus provides you with term life insurance equal to 1.5 times your base annual compensation — rounded up to the next \$1,000, up to the maximum amount shown below for both Basic Life and AD&D insurance.

	Life Insurance	AD&D Insurance
Basic Coverage (Employer Paid)	1.5 x base annual compensation (\$300,000 maximum)	1.5 x base annual compensation (\$300,000 maximum)
Basic Coverage (Employer Paid)	1.5 x base annual compensation Executives/Physicians (\$750,000 maximum)	1.5 x base annual compensation Executives/Physicians (\$750,000 maximum)

Supplemental Life Insurance

Fisher-Titus offers you the opportunity to supplement the Basic Life Insurance benefits provided by Fisher-Titus by purchasing additional term life insurance. When you enroll yourself and your dependents in this benefit, you pay the full cost of the premiums through after-tax bi-weekly payroll deductions. *You must be actively at work to sign up for Supplemental Life Insurance. You, your spouse and covered dependents must be in generally good health and not under the care of a physician. **During your new hire enrollment period only, you can elect coverage up to the Guaranteed Issue Amount without answering medical questions!**

Evidence of Insurability

When electing Supplemental Life coverage for yourself or eligible dependents above the Guaranteed Issue Amount (see chart) you will be required to complete evidence of insurability (EOI). EOI is an application process in which you provide information on the condition of your health or your dependent's health for insurance purposes. The EOI form must be completed via the online link provided within the UltiPro Benefits within 30 days of your hire date.

The following chart demonstrates the key coverage limits of the plan.

	Minimum Coverage	Coverage Increments	Guaranteed Issue Amount	Maximum Coverage
Employee	\$10,000	\$10,000	\$200,000	Lesser of 5 x base annual compensation or \$500,000
Spouse	\$5,000	\$5,000	\$50,000	Lesser of 100% of employee coverage or \$100,000
Children Age 7 days to 26 years	\$2,500	\$2,500	\$10,000	Options of \$2,500, \$5,000, \$7,500, or \$10,000

Note: You must purchase coverage on yourself in order to purchase dependent coverage. Premiums are based on the age of the covered employee. If you currently have Supplemental Life Insurance for you and your spouse, your premiums may increase in coming years if you move into a new age band.

SHORT-TERM DISABILITY

Administered by Lincoln Financial Group

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Do you have sufficient resources to endure a disability that might last up to six months? This type of disability is more common than you might think. It can result in a loss of income, independence, and financial security. Consider how long your savings would pay for the following: mortgage or rent; credit cards and other debts; health, life, home and auto insurances; and groceries, utilities, car payments, transportation, clothing, and other expenses.

If you are an active employee who is regularly scheduled to work 24 or more hours per week, you are automatically enrolled in the Core Short-Term Disability Insurance. Fisher-Titus pays the cost of this coverage for you. You are also eligible to enroll in the Buy-Up Short-Term Disability. The Buy-Up Plan is a voluntary plan and the employee pays the full cost.

Core Short-Term Disability Insurance

Core Short-Term Disability Insurance is provided by Fisher-Titus to eligible employees to provide income in the event they should become temporarily unable to work due to injury or illness. This plan may provide up to 60% of an employee's base salary after they have completed an elimination period of 30 days. Under the Core Short-Term Disability Plan, Short-Term benefits are available up for up to 22 weeks. There are no pre-existing conditions under the Core Short-Term Disability Plan.

Buy-Up Short-Term Disability Insurance

A voluntary Buy-Up Short-Term Disability Plan is available to eligible employees. The eligible employee receives the benefit on the 8th day of their disabling injury or illness. If an employee enrolls for the Buy-Up Plan, Short-Term Disability benefits are available for up to 26 weeks. Pre-existing conditions will apply.

Note: You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Lincoln Financial Group will offset STD payments by any Fisher-Titus Extended Sick Pay and CTO that you use (in other words, you cannot receive 100% Fisher-Titus pay plus 60% Short-Term Disability payments during a period of disability). Lincoln Financial Group will pay a minimum \$20 weekly benefit in the case that STD is being offset by a deductible source. **There are pre-existing conditions that could apply to your disability if you are diagnosed or receive care for a disabling condition within the three consecutive months just prior to the effective date of your coverage unless you have been insured under this policy for 6 months before your disability begins.**



LONG-TERM DISABILITY

Administered by Lincoln Financial Group

Eligibility

If you are an active employee who is regularly scheduled to work 24 or more hours per week, you are automatically enrolled in LTD at no cost to you. Fisher-Titus pays the cost of this insurance for you.

Tax Consequences of LTD Benefit:

Every year, covered employees have the option of having the appropriate taxes applied to the employer paid premium, as taxable income. If this option is selected; any LTD benefits payable will not be taxable income. If the employee chooses not to have the appropriate taxes applied to the employer paid premium; taxes will be applied at the time of any LTD benefit paid to the employee.

Benefits You Receive

LTD coverage is intended to replace a portion of your monthly earnings if you are totally disabled for an extended period of time and are unable to work. Eligible employees will receive 60% of monthly pre-disability earnings up to a maximum of \$10,000 per month after you have been disabled for 180 days (accumulated within a 360 calendar day period). Benefits will continue as outlined in the Maximum Benefits Period in the Summary Plan Description (SPD). Applications for LTD benefits must be approved by the insurance carrier prior to any benefits payments. Your LTD benefit payment will be offset by any money received from Social Security, Worker's Compensation, or other statutory benefits. The definition of disability for your LTD benefits will be your own occupation for the first two (2) years and benefits for self-reported disabilities will be limited to 24 months.

This policy also includes a Progressive Income Benefit, which may increase the core benefit by 10 percentage points when an insured employee suffers a serious cognitive impairment or the loss of two or more Activities of Daily Living (ADLs): bathing, dressing, using the restroom, transferring (to and from a bed, chair or wheelchair), continence or eating. If the base benefit amount is 60% of pre-disability income, a qualifying disability triggers the Progressive Income Benefit, increasing coverage from 60% to 70% of pre-disability income. And this additional benefit is not reduced by income from other sources.

Long-Term Disability Insurance	
Benefits Begin	Monthly Benefit Percentage
After 180th day of illness or injury	60%



ACCIDENT INSURANCE

Administered by Lincoln Financial Group

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Eligibility

If you are an active employee who is regularly scheduled to work 24 or more hours per week, you and your eligible dependents are eligible to enroll in Accident Insurance.

What is Accident Insurance?

Having an unexpected accident can cause more than physical injury, it can hurt your bank account, too. Accident Insurance can help cover the out-of-pocket costs associated with off-the-job accidents by paying you a benefit depending on the injuries you suffer and the treatment you receive. Coverage applies towards events such as concussions, dislocations, fractures, physical therapy, and x-rays.

Plan Features:

- Receive an additional 25% on each benefit for injuries sustained by a child under age 18 in a school-sanctioned sport or a competitive sport requiring registration.
- Every year that you complete a qualified health screening, you're eligible for a \$50 Health Screening Benefit. Your covered dependent(s) is also eligible to receive the benefit.
- No medical history is required for coverage to be issued
- Fully Portable: You can keep your coverage even if you change jobs or retire
- Accident Insurance also includes several assistance programs through Lincoln Financial Group. Refer to page 30 to learn more!
 - *TravelConnect* services offer help, comfort and reassurance — helping make travel less stressful.
 - *LifeKeys* provides access to a wide range of services to help you and your loved ones through life's most important matters.
 - *EmployeeConnect* offers professional, confidential services to help you and your loved ones improve your quality of life.
 - *WellnessPATH* provides tools and personalized steps to manage your financial life.

Example Benefits*

Ground Ambulance	\$225
Air Ambulance	\$1,125
X-ray	\$30
Major diagnostic exam	\$150
Fractures	Up to \$3,500
Laceration	Up to \$400
Concussion	\$150
Transportation (100+ miles from home)	\$300 per trip

*This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

CRITICAL ILLNESS INSURANCE

Administered by Lincoln Financial Group

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Eligibility

If you are an active employee who is regularly scheduled to work 24 or more hours per week, you and your eligible dependents are eligible to enroll in Critical Illness Insurance.

What is Critical Illness Insurance?

No one saves to get sick, which is why being diagnosed with a condition can be especially draining, both emotionally and financially. This policy provides you with a lump sum cash benefit in the event you or a covered dependent is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important—getting better. You also have the option to select your level of coverage so you can make sure you have the right protection for your family. Your covered spouse and dependent(s) (if applicable) are also eligible to receive the benefit.

Plan Features:

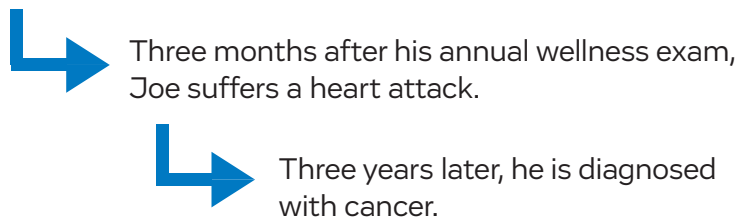
- Every year that you complete a qualified health screening, you and your covered dependent(s) are eligible for a \$50 Wellness Benefit
- Full Portability: You can keep your coverage even if you change jobs or retire as long as you pay your premiums
- Critical Illness Insurance also includes several assistance programs through Lincoln Financial Group. Refer to page 30 to learn more!
 - *TravelConnect* services offer help, comfort and reassurance — helping make travel less stressful.
 - *LifeKeys* provides access to a wide range of services to help you and your loved ones through life's most important matters.
 - *EmployeeConnect* offers professional, confidential services to help you and your loved ones improve your quality of life.
 - *WellnessPATH* provides tools and personalized steps to manage your financial life.

LIMITED TIME ENROLLMENT OPPORTUNITY

During your new hire enrollment period only, you can elect coverage up to the guaranteed issue amount without answering medical questions!

HOW THE COVERAGE WORKS*

Joe meets with a benefit counselor and elects \$30,000 of coverage.



Joe's Critical Illness policy provided the following benefits:

Wellness Benefit:	\$50
Heart Attack Benefit:	\$30,000
Cancer Benefit:	\$30,000
Total Benefits:	\$60,050

*This example is for illustrative purposes only; your actual benefits may differ.

HOSPITAL INDEMNITY INSURANCE

Administered by Lincoln Financial Group

Eligibility

If you are an active employee who is regularly scheduled to work 24 or more hours per week, you and your eligible dependents are eligible to enroll in Hospital Indemnity Insurance.

What is Hospital Indemnity Insurance?

Even with health insurance, a stay in the hospital can quickly become costly as out-of-pocket expenses begin to add up. Hospital Indemnity Insurance can reduce the financial and emotional stress of a hospital stay by providing a lump sum cash benefit directly to you that can be used however you need, whether that's for deductibles, coinsurance or even child care expenses.

Plan Features:

- Every year that you complete a qualified health screening, you and your covered dependent(s) are eligible for a \$50 Wellness Benefit
- No medical history is required for coverage to be issued
- Coverage available for your spouse and eligible dependents
- Fully Portable: You can keep your coverage even if you change jobs or retire
- Hospital Indemnity Insurance also includes several assistance programs through Lincoln Financial Group. Refer to page 30 to learn more!
 - *TravelConnect* services offer help, comfort and reassurance — helping make travel less stressful.
 - *LifeKeys* provides access to a wide range of services to help you and your loved ones through life's most important matters.
 - *EmployeeConnect* offers professional, confidential services to help you and your loved ones improve your quality of life.
 - *WellnessPATH* provides tools and personalized steps to manage your financial life.

Example Benefits*

Hospital Admission	\$1,000 per day for one day per calendar year
Hospital Confinement	\$200 per day for 30 days starting on the 2 nd day of confinement
ICU Confinement	\$400 per day for 30 days starting the 1 st day of confinement

*This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.

Reporting Qualifying Status Changes

The benefits you elect during your new hire enrollment period will remain in effect through December 31, 2023. During the year, you can make changes only if you have a qualified change in status according to IRS regulations, which means a change in one of the following:

Legal Marital Status

These are events that change your legal marital status, including marriage, death of a spouse, divorce, legal separation, or annulment.

Number of Dependents

These are events that change the number of dependents, including birth, adoption, placement for adoption, or death.

Employment Status

This is a termination or commencement of employment by you, your spouse, or your dependent child that causes a loss or gain of eligibility for an employer's benefit coverage.

Work Schedule

A reduction or increase in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time, a strike or lockout, or commencement or return from an unpaid leave of absence that affects the eligibility of the individual to participate in the plan.

IMPORTANT

Any benefit changes must be made within 30 days of the event and must be consistent with the change in status per IRS guidelines. You will be required to submit documentation supporting the status change. You may submit these changes in the Life Events module of UltiPro.

Eligibility of a Dependent

This includes any event that causes a dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, or any similar circumstance, as provided in the plan under which you receive coverage.

Residence or Worksite

A change in the place of residence or work of you, your spouse, or your dependent child that removes the affected individual from the Plan's service provider area.

Other

Any other event determined to be a qualified change in status by the IRS.



FISHER-TITUS RETIREMENT PLAN

Administered by Fidelity

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Strengthen Your Financial Well-Being by Participating in the Fisher-Titus Retirement Plan

Fisher-Titus offers the 401(k) Salary Savings Plan to help employees save for their retirement. This generous retirement savings plan may offer special tax advantages and the opportunity to receive matching contributions from Fisher-Titus to make saving even easier. You have the option to defer pre-tax (Traditional) and after-tax (Roth) or a combination of both.

Take Advantage of the Company Match

Fisher-Titus provides 100% match on the first 2% of pay you defer and 50% match on the next 4% of pay you defer.

Vesting

You are always 100% vested in your contributions. There is a 2-year waiting period from your date of eligibility to be fully vested in Fisher-Titus matching contributions.

Auto Enrollment

If you make no enrollment election you will be automatically enrolled at 3% of pay with an increase of 1% each January 1, up to maximum of 6%.

Make Sure to Rollover if Changing Employers

You may be able to avoid early withdrawal penalties for cashing out your 401(k) or 403(b) plan held with a previous employer by rolling those funds directly over to the Fisher-Titus 401(k) plan. The consolidation of funds makes it easy to manage your accounts.

Asset Allocation

The Fidelity plan offers a variety of investment funds to choose from, including individual funds, portfolios, target retirement funds or create your own portfolio.

Fees

By participating in Fisher-Titus' 401(k) Plan with more than \$100 million in assets, you benefit from the Plan's ability to realize low investment costs. Fee disclosures are distributed to employees annually.

Protect your Account

2-factor authentication provides an extra layer of security and help prevent unauthorized access. Log into www.netbenefits.com and access the security section to enable 2-factor authentication. Employees who enroll in the 2-factor authentication can print off confirmation and turn into Human Resources to receive 5 FT&Me points.

Where to Find More Information

Manage your account at www.netbenefits.com or by calling 1-800-835-5095. Your 401(k) Retirement Plan offers the services of Brian Cahill and his team at UBS Financial Services to assist you in making decisions about saving and investing for retirement in this 401(k) Plan. They can be reached at 440-414-2745.



Your valuable Total Rewards Package also includes the following in addition to your benefits and competitive compensation.

Combined Time Off (CTO)

Combined Time Off (CTO) is designed to provide and encourage a healthy work/life balance for the employees of Fisher-Titus. CTO is available to full time and part time employees, which includes time for vacation, day to day illness, holidays and allows for greater flexibility to take paid time off for day to day illness, childcare and personal reasons.

Family Medical Leave

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. Provides certain employees with up to 12 weeks (26 weeks in the case of military leave) of unpaid, job-protected leave per year. It also requires that group health benefits be maintained during the leave.

Educational Assistance

Fisher-Titus remains committed to developing our employees and continues to offer the Educational Assistance benefit for employees to further their education in areas that support the needs of the organization. Employee development is one key factor in continuing to enhance The Fisher-Titus Way: Every Patient...Every Time. Applications for educational assistance are accepted during a specified timeframe for the upcoming funding year.

Adoption Assistance

The Adoption Assistance Program provides financial support to eligible Fisher-Titus employees who are adopting a child. The program is available for regular fulltime and part-time employees (as defined in the Employment Classification Policy). Please review the Adoption Assistance Policy for additional details.

Jury Duty

Fisher-Titus encourages employees to fulfill their civic responsibilities by serving jury duty when required. Please reference the Jury Duty employment policy for additional details.

Paid Parental Leave

Employees will be eligible to receive the equivalent of one regularly scheduled week of paid parental leave that can be used during the 12 months immediately following the birth, adoption, or foster care placement of a child. Paid Parental Leave is available to full and part-time staff who have been employed for at least 6 months.

Bereavement

Fisher-Titus grants paid time off in the event of a death in the employee's family as covered under the policy to help employees cope with their loss. Please reference the Bereavement employment policy for additional details

Additional Benefits and Perks

In addition to the benefits mentioned, employees may also be eligible to take advantage of the following:

- Fisher-Titus Wellness Program
- Educational Assistance
- Employee Referral Bonus
- Paid Maternity Facility Fee
- Adoption Assistance
- Worldwide Travel Assistance
- Life Planning, Financial & Legal Resources
- Uniform Allotment Provided
- Junior Explorers Child Care Program
- Employee Assistance Program (EAP)
- Employee Referral Program
- Verizon Wireless discounts
- Cedar Point ticket discounts
- Moll Photography discounts
- Sam's Club membership discounts
- Cafeteria and Gift Shop discounts
- Payroll Deductions
- F-T & Me Recognition Program
- Don Tester Ford Lincoln Mercury Preferred Pricing
- Kalahari special offers

TravelConnect Through Lincoln Financial Group

You and your loved ones can count on *TravelConnect* services 24 hours a day, 7 days a week. Services include:

- Arranging travel if you're injured and need emergency medical evacuation to a medical facility.
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort.
- Planning and paying for a safe evacuation because of a natural disaster, or a political or security threat.
- Arranging transportation of a deceased traveler.
- Securing emergency pet boarding and/or return and vehicle return.

If you need medical, security or travel assistance, regardless of the nature or severity of your situation, contact *On Call* 24 hours a day at 603-328-1955 (collect from anywhere in the world) or 866-525-1955 (toll free from U.S. or Canada). For a complete list of *TravelConnect* services, go to mysearchlightportal.com and enter Group ID: LFGTravel123. To enroll, identify yourself as a Fisher-Titus Health employee.

LifeKeys Through Lincoln Financial Group

Help and support are nearby — thanks to *LifeKeys* services from Lincoln Financial Group. Services include:

- Save money on shopping and entertainment
- Online will preparation
- Protection against identity theft
- Guidance and support for your beneficiaries

For your beneficiaries:

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. These services are available for up to one year after a loss. Your beneficiaries will have access to six in-person sessions for grief counseling, legal, or financial information and unlimited phone counseling.

For more information, visit GuidanceResources.com, download the GuidanceNow mobile app, or call 855-891-3684. (Web ID: LifeKeys) To enroll, identify yourself as a Fisher-Titus Health employee.

Employee Assistance Program - EmployeeConnect Through Lincoln Financial Group

EmployeeConnect offers professional, confidential services to help you and your loved ones improve your quality of life. Services include:

- ✓ Unlimited, 24/7 access the following services anytime — online, on the mobile app or with a toll-free call:
 - Information and referrals on family matters, such as child and elder care, and more
 - Legal information and referrals for family law, estate planning, consumer and civil law
 - Financial guidance on household budgeting and short- and long-term planning
- ✓ In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- ✓ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

For more information, visit GuidanceResources.com, download the GuidanceNow mobile app, or call 888-628-4824. (Username: LFGSupport / Password: LFGSupport1) To enroll, identify yourself as a Fisher-Titus Health employee.

Financial WellnessPATH Through Lincoln Financial Group

WellnessPATH provides tools and personalized steps to manage your financial life. From creating a budget to building an emergency fund to paying down debt, our easy-to-use online tool helps you turn information into action so you can focus on both short- and long-term goals, such as providing protection for your loved ones. To enroll, identify yourself as a Fisher-Titus Health employee.

- See all your accounts in one place
- Get your financial house in order
- Set goals and track your progress

Visit bit.ly/FisherTitusWellnessPATH to get started!

- The EAP is for anyone with questions or concerns – no matter how big or small they might be.
- The Employee Assistance Program is designed to help Fisher-Titus employees resolve personal problems.
- The EAP provides problem assessment, referrals, short-term counseling, education and convenient appointments. It offers confidential assistance from a counselor and other professionals to assist in finding resolutions to problems that may be affecting your job or personal life.
- All information relayed in **confidence** will remain just that – confidential.
- Employees may contact the EAP on their own or HR would be glad to assist you.

The Employee Assistance Program is useful for employees dealing with the following issues:

- Emotional stress, like depression, anxiety and anger
- Conflicts at work
- Addiction disorders, like gambling, alcohol or drugs
- Family/marital problems
- Physical or emotional abuse
- Domestic Violence
- Health concerns
- Legal issues
- Financial problems

Signs of personal problems:

- Job performance deterioration
- Changes in job efficiency and effectiveness
- Irritability with patients, customers and co-workers
- Excessive tardiness or absenteeism
- Appearance changes
- Damage or disregard to Fisher-Titus property or policies

When to call for help:

- Feeling overly preoccupied by a concern or problem
- Repeated failure to solve a problem on one's own
- Denial about a problem, or hoping it will go away
- Feeling the need for outside resources to resolve the issues
- Recognizing that a specific problem is interfering with job performance

Call directly to any of our EAP Counseling Resources:

- Fisher-Titus Behavioral Health: 419-668-0311
- Family Health Services: 419-219-9776
- Firelands Counseling and Recovery Services: 419-663-3737

Please identify yourself as a Fisher-Titus Employee when scheduling. Appointments are available during day and evening hours.

Access:

- Employees may access the EAP on their own, whenever needed.
- Managers may also refer employees to the EAP.
- A manager will only be notified if an employee made and kept an appointment after being referred by a manager and only with a written release. No other information will be reported to the manager.
- **All information stays confidential and will not affect an employee's work record, work files or performance appraisal.**

Cost:

- EAP services are provided at no cost to Fisher-Titus employees. Fisher-Titus will cover the cost up to 3 sessions per calendar year. However, if an employee is referred to an outside agency, there may be fees involved.
- It is important to determine if some of these costs can be covered under the Fisher-Titus health plan by contacting 1-800-423-3151.

Employer Resource Network (ERN)

The ERN is a free confidential program offered to help employees alleviate everyday stresses and solve challenges. It provides assistance related to:

- Stress reduction
- Childcare assistance
- Financial pressures
- Public benefits
- Relationship conflicts
- And more!

Contact Luis Quezada at 419.366.1396 or luis@firelandsforward.com.

How do I make my elections during my New Hire Enrollment Period?

You will have the opportunity to speak with a professional benefit counselor to elect benefits for 2023. During your individual appointment, you can ask questions, get more information, and enroll yourself and your dependent(s) in coverage. Counselors are available by phone. Bilingual support is also available. Please be prepared to confirm your beneficiary(s) and dependent information.

To schedule your confidential appointment, call 855-656-1386 from 7:00 am - 7:00 pm Eastern, scan the QR code or visit: FisherTitus.MyBenefitsAppointment.com.



You will make your elections online using the UltiPro Benefits New Hire Enrollment portal. Instructions are included in this Enrollment Guide.

What additional forms need to be completed?

Spouse Certification — If you cover your spouse under the Medical Plan, you must complete this form to certify your spouse's eligibility unless your spouse works for Fisher- Titus Medical Center, North Central EMS, or Fisher-Titus Medical Care LLC. The form can be found within the UltiPro benefits New Hire Enrollment portal.

Will I need to complete a Lincoln Financial Group Evidence of Insurability Form?

This form is required if you elect Supplemental Life and/or Critical Illness Insurance for you and your spouse in excess of the Guaranteed Issue Amount. To access the EOI, go to the link within the UltiPro benefits New Hire Enrollment portal.

When are the forms due and where do I return them?

All forms are due to Human Resources within 15 days of your hire date.

Who do I contact with questions?

Contact a member of the Benefits team at hrbenefits@ftmc.com or: Becky, (ext. 6121), Nichole (ext. 6141). For UltiPro system issues, contact Olivia (ext. 6113), Nichole or Becky.

CONTACT INFORMATION

Plan	Plan Provider	Phone Number	Website / Email
Medical	Medical Mutual of Ohio	1-800-382-5729	www.medmutual.com
Prescription	Express Scripts	1-800-417-1961	www.medmutual.com
Wellness Program	Medical Mutual of Ohio	1-855-553-1006	WellnessSupport@medmutual.com
Dental	Delta Dental of Ohio	1-800-524-0149	www.deltadentaloh.com www.memberportal.com
Vision Discount Program	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts, Health Savings Account	Medical Mutual of Ohio	1-800-522-2037	www.medmutual.com
Basic Life and AD&D	Lincoln Financial Group (LFG)	1-800-423-2765	www.lincolnfinancial.com
Supplemental Life and AD&D	Lincoln Financial Group (LFG)	1-800-423-2765	www.lincolnfinancial.com
Short-Term Disability	Lincoln Financial Group (LFG)	1-800-423-2765	www.lincolnfinancial.com
Long-Term Disability	Lincoln Financial Group (LFG)	1-800-423-2765	www.lincolnfinancial.com
Voluntary Hospital Indemnity	Lincoln Financial Group (LFG)	1-800-423-2765	www.lincolnfinancial.com
Voluntary Accident	Lincoln Financial Group (LFG)	1-800-423-2765	www.lincolnfinancial.com
Voluntary Critical Illness	Lincoln Financial Group (LFG)	1-800-423-2765	www.lincolnfinancial.com
Retirement Plan (401K)	Fidelity	1-800-835-5095	www.netbenefits.com
Financial Advisor	UBS Financial Services	Brian Cahill: 877-855-8449	
Employee Assistance Program (EAP)	Lincoln Financial Group (LFG) - EmployeeConnect	1-855-891-3684	GuidanceResources.com Username: LFGSupport Password: LFGSupport1
	Fisher-Titus Behavioral Health	1-419-668-0311	
	Family Health Services	1-419-219-9776	
	Firelands Counseling & Recovery Services	1-419-663-3737	
Additional Resources			
TravelConnect	Lincoln Financial Group (LFG)		mysearchlightportal.com Group ID: LFGTravel123
LifeKeys		855-891-3684	GuidanceResources.com Web ID: LifeKeys
EmployeeConnect (Employee Assistance Program)		888-628-4824	GuidanceResources.com Username: LFGSupport Password: LFGSupport1
Financial WellnessPATH			bit.ly/FisherTitusWellnessPATH

About this Enrollment Guide

This enrollment guide is designed to provide an easy-to-read overview of the Fisher-Titus benefit plans. Should there be any conflict between the explanations in this guide and the actual terms and provisions of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits because of a misstatement or omission in this guide. None of the information should be interpreted as a guarantee of employment. Fisher -Titus reserves the right to amend, change, or terminate any benefit plan at any time.