



2023

CAREGIVER
BENEFITS GUIDE





Benefits Overview

Sinai Chicago’s goal is to provide you with the most comprehensive benefit package possible while balancing our fiscal commitments and obligations.

You must enroll in benefits during your first 30 days of eligible employment. Benefits coverage starts on the 1st of the month that occurs on or after 30 days of new eligibility or new hire employment. Some benefits require enrollment for coverage. Coverage may include:

- ◆ Medical
- ◆ Dental
- ◆ Employer Paid Life and Accidental Death & Dismemberment (AD&D)
- ◆ Supplemental Life
- ◆ Short-Term and Long-Term Disability
- ◆ Vision
- ◆ Health Savings Account (HSA) and Flexible Spending Account (FSA)
- ◆ Transit and Parking Accounts
- ◆ Employee Assistance Program
- ◆ Voluntary Aetna, Lincoln Financial, Chubb and Legal Access Benefits through EOI Service Company
- ◆ Student Loan Assistance

These additional benefits are provided as part of your comprehensive benefits package:

- ◆ Tuition Reimbursement
- ◆ Employee Discounts
- ◆ PTO (or vacation if Union)
- ◆ Train Shuttle

Who Is Eligible?

Benefits are available to all Caregivers and their dependents who meet specific eligibility requirements. The plans generally allow coverage for a Caregiver’s legal spouse, civil union partner and/or child(ren), including biological, adopted, or stepchildren, covered from birth to the end of the month they turn age 26; to age 30 for honorably discharged veterans. When enrolling dependents you will be required to submit proof of dependent eligibility. Please see page 3 for a list of supporting documentation that is required for enrolling eligible dependents in benefits through Sinai Chicago.

Medical Plan Eligibility

If your spouse/civil union partner has a job at another employer and is eligible for comparable insurance with the other employer, your spouse will not be eligible for Sinai Chicago insurance.

- ◆ **EOI Service Company:** If you have any questions about the online enrollment process or do not have access to the Internet, you may call the EOI Service Company and a Representative will assist you.

To schedule an appointment with and EOI Service Company Representative:

- ◆ Phone: Call **1.833.717.3641**, Monday-Friday, 9 a.m. to 6 p.m. CST
- ◆ Online: Log on to sinaihealth.mybenefitsappointment.com
 - » Select benefit appointment and click continue.
 - » Select the date and time on the calendar that works for you; click continue.
 - » Fill out the contact information page and click complete appointment.
 - » Check your email for your confirmation reminder. You will receive a call at your chosen appointment time at the phone number you provided.

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This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Enrolling is Easy!

All Caregivers must actively enroll in benefits and submit your beneficiary information for the employer-provided life insurance.

◆ **Online 24/7:** To login to bswift, Sinai's enrollment system, you will need the following information:

Web address www.sinaibenefits.bswift.com

You will then need to enter the following:

User ID Date of birth (6 digit) plus last four of SSN
(MMDDYYSSSS)

Password Date of birth (8 digit) (MMDDYYYY)*

*For your privacy, you will be prompted to update your 8-digit password during your initial login.

◆ You can also elect coverage through the guidance of a professional benefit counselor. During your phone call with the benefit counselor, you will be able to ask questions, receive detailed information, and complete your enrollment. To schedule your appointment with a benefit counselor, visit SinaiChicago.mybenefitsappointment.com or call **833.717.3641**, Monday – Friday, 9 a.m. – 6 p.m. CST.

Acceptable Documents for Covering Eligible Dependents

Spouse

- ◆ Marriage certificate
- ◆ Civil Union certificate

If you are enrolling dependents in the Medical Plan, dependent eligibility documentation is required.

Biological Child

- ◆ Birth certificate of biological child
- ◆ Documentation on hospital letterhead indicating the birth date of child(ren) under 6 months old

Adopted Child

- ◆ Official court/agency papers (initial stage)
- ◆ Official Court Adoption Agreement (mid-stage)
- ◆ Birth certificate (final stage)

All Caregivers must verify dependent information for benefits enrollment.

Stepchild

- ◆ Child's Birth certificate showing the child's parent is the Caregiver's legal spouse/civil union partner
- ◆ Certificate showing legal marriage/civil union between the Caregiver and the child's parent
- ◆ Court document showing that your spouse has custody of the child or is required to cover child

Guardianship

- ◆ Court papers demonstrating legal guardianship, including the person named as legal guardian
- ◆ Court-Ordered Medical Coverage
- ◆ Qualified Medical Child Support Order (QMCSO)
- ◆ National Medical Support Notice (NMSN)

Child Age 26 or Older

- ◆ Certified Handicapped Child/Disabled Student Attending Physician Statement signed by the Caregiver and the child's attending physician
- ◆ DD-214 military documents showing honorable discharge from military branches

Qualifying Events

Changing Your Benefits During the Year

With the SHS Cafeteria Plan, including Caregiver contributions on a pretax basis, it is important that you make your elections during your enrollment period carefully because you can only make changes during the year if you have a qualified life event according to IRS regulations listed below. **Changes to your benefits may be made only if preceded by a documented qualified life event and they are made within 30 days of the event.** Your change must be consistent with your life event/status change.

Listed below are some events that qualify for a change in coverage:

- ◆ Marriage
- ◆ Civil Union
- ◆ Divorce or legal separation
- ◆ Birth or placement for adoption of a child
- ◆ Ineligibility of a dependent
- ◆ Loss of other coverage
- ◆ Change in your employment status or that of your spouse
- ◆ A court order
- ◆ Entitlement to Medicare or Medicaid

If you experience one of these events and want to change your benefits, you must make the change within 30 days of the event.

Contact Human Resources/Benefits for details on any benefit changes permitted. If you miss the window for making a change, you will need to wait until the next open enrollment period to make a change.

These elections are made by contacting Human Resources and completing a change form within 30 days at **773.257.1190** or email **HumanResources@Sinai.org**.

Important Contact Information

If you would like to find an in-network provider, or ask detailed questions about your benefits, you may contact the insurance companies/service providers directly. See page 23.

Sinai Chicago Caregivers are responsible to keep Human Resources updated on personal information including:

- ◆ Address changes
- ◆ Phone number changes
- ◆ Marital status
- ◆ Divorce or legal separation or dependent birth/adoption
- ◆ Change in beneficiary designation
- ◆ Court order coverage changes
- ◆ Emergency contacts
- ◆ Dependent child(ren) reaches age 26

Your personal contact data may be updated by Human Resources Action Form. Much of this information is time-sensitive and can affect your coverage; please contact Human Resources at **773.257.1190** or email **HumanResources@Sinai.org**.



Medical Benefits

Administered by Blue Cross Blue Shield of Illinois

Medical Insurance Options

Sinai provides several options through Blue Cross Blue Shield of Illinois, including Blue Advantage HMO, the Traditional PPO, and the High Deductible Health Plan PPO with an HSA.

For our insurance plans we offer Single, Single + 1 and Family coverage levels (2 or more dependents for coverage is family). You may also elect coverage for civil unions.

You have three medical plan options and will pay less out-of-pocket when you see an in-network provider.

The BCBSIL Participating Provider Options (PPO) Providers are In-Network for

- ◆ Sinai Traditional PPO
- ◆ Sinai HDHP PPO

The BCBSIL Blue Advantage HMO Providers are In-Network for

- ◆ Sinai BA HMO

However, if you see a Sinai PPO or HMO “Home Hospital” provider, your savings are even greater! See details on pages 6-8.

Prescription Drug Programs

Enrollment in a Sinai medical plan also provides prescription drug coverage. You have the option to fill prescriptions at Sinai Community Pharmacy where generic copays cost less or at your local drug store through Prime using your medical ID card. Mail order prescriptions are now available through Express Scripts Pharmacy. Contact Express Script at **833.715.0942** or visit express-scripts.com/rx.

Also, if you need specialty prescriptions, our new provider is Accredo. To start using Accredo, call **833.721.1619**. An Accredo representative will work with your doctor on the rest. Once registered, you can manage your prescriptions on accredo.com or through the mobile app.

Costs to Purchasing the Insurance (Rate Information):

Based on your employment status, your base salary compensation and coverage election, the rates will vary plan to plan and Caregiver group to Caregiver group. Compensation* is separated into three categories:

- ◆ \$0 – \$49,999.99
- ◆ \$50,000 – \$99,999.99
- ◆ \$100,000 +

*base salary compensation is calculated by taking your hourly rate (seen on your paycheck), multiplied against your scheduled pay period hours (not worked) recorded in the payroll system.

For medical plan costs, please see the Sinai Caregiver rates sheets on page 24.

Insurance deductions are taken out of 24 paychecks, Retirement deductions are taken out of 26 paychecks!

Caregivers whose compensation changes during the calendar year as a result of events such as changing job codes, changing status (FT to PT), adding/deleting dependents will have the contribution tier recalculated based on the *base salary at that time. It will not be recalculated if the only change affecting you is your merit increase.

Updating Your Primary Care Physician (PCP)

Updates to your Primary Care Physician (PCP) must be done directly through Blue Cross Blue Shield and cannot be done on the Sinai Enrollment site. Changes to your address/phone number can be updated directly with Human Resources by completing an HR Action form.

New ID cards will only be sent for new elections/changes in elections. Log into Blue Access for Members (BAM) at www.bcsil.com/member to access information about the coverage.

Family Coverage — You and your dependents must be covered on the same health care plan. In most cases, the HMO benefits are not available for you or your dependents if you reside outside the service area. Some provisions are available for children away at college. Please follow up with Blue Cross and Blue Shield if you have concerns about specific benefit limitations or exclusions. When enrolling in the HMO, keep in mind that you may be required to pay copays at the time of visit, unless you are using a Sinai provider.

Important notice for Registry Status Caregivers – Your hourly rate of pay will depend on whether or not you elect to receive medical coverage under the group health plan sponsored by Sinai Chicago. If you elect either of the PPO medical coverage options, your hourly rate of pay will be reduced by 10% while you are covered by the plan (your base rate will not go below minimum wage). Your current hourly rate of pay will be the same as it is currently as long as you are not covered by either of the offered medical plans.



Sinai Spotlight

Caregivers and dependents covered on Sinai Health PPO and HMO plans can receive most treatments at Sinai Home Hospital facilities at no or lower costs.

Medical Benefits

Administered by Blue Cross Blue Shield of Illinois

	BCBS Traditional PPO		
	Home Hospital	In-Network	Out-of-Network
WHAT YOU WILL PAY			
Annual Deductible one person can fill no more than the individual deductible amount	\$0 individual \$0 family	\$1,250 individual \$3,000 family	\$2,500 individual \$5,000 family
Coinsurance	No charge	20% after deductible	50% after deductible
Annual Out-of-Pocket Limit	\$0 individual \$0 family	\$5,000 individual \$12,000 family	\$12,000 individual \$36,000 family
PHYSICIAN SERVICES			
Physician Office Visits	No charge	20% after deductible	50% after deductible
Specialist Office Visits	No charge	20% after deductible	50% after deductible
Preventive Care	No charge	No charge	50% after deductible
INPATIENT HOSPITAL – FACILITY SERVICES			
Inpatient Hospitalization and Facility Services	No charge	20% after deductible	\$300 copay then 50% after deductible
OUTPATIENT CARE			
X-Rays and Independent Laboratory Services	No charge	20% after deductible	50% after deductible
Procedure Room	No charge	20% after deductible	50% after deductible
EMERGENCY/URGENT CARE			
Hospital Emergency Room	\$250 copay	\$250 copay	\$250 copay
Urgent Care	N/A	20% after deductible	50% after deductible
OUTPATIENT REHABILITATION			
Physical, Speech Cardiac and Occupational Rehabilitation Therapy Mental Health and Substance Abuse	No charge	20% after deductible	50% after deductible
PRESCRIPTION DRUGS-RETAIL (UP TO A 30-DAY SUPPLY) USING YOUR MEDICAL ID CARD AT THE SINAI COMMUNITY PHARMACY OR YOUR LOCAL PHARMACY			
Generic	\$10 copay	\$15 copay	Not covered
Preferred Brand	\$35 copay	\$35 copay	Not covered
Non-Preferred Brand	\$60 copay	\$60 copay	Not covered
MAIL-ORDER (90-DAY SUPPLY) USING THE EXPRESS SCRIPTS MAIL ORDER PROGRAM FOR ALL PRESCRIPTIONS UNDER ALL PLANS			
Generic	\$20 copay	\$30 copay	Not covered
Preferred Brand	\$70 copay	\$70 copay	Not covered
Non-Preferred Brand	\$120 copay	\$120 copay	Not covered
SPECIALTY (90-DAY SUPPLY) USING THE ACCREDO SPECIALTY PHARMACY PROGRAM FOR SPECIALTY DRUGS UNDER ALL PLANS.			
Retail or Mail-Order	45% coinsurance up to \$3,000 OOP max	45% coinsurance up to \$3,000 OOP max	Not covered

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.



Sinai Spotlight

Copays and deductibles on the Sinai medical plans are lower than 75% of other healthcare employers.



Medical Benefits

Administered by Blue Cross Blue Shield of Illinois

	BCBS High Deductible Health Plan (HDHP) HSA		
	Home Hospital	In-Network	Out-of-Network
WHAT YOU WILL PAY			
Annual Deductible one person can fill no more than the individual deductible amount	\$1,600 individual \$3,500 family	\$2,250 individual \$4,500 family	\$3,500 individual \$7,500 family
Coinsurance	0% after deductible	20% after deductible	50% after deductible
Annual Out-of-Pocket Limit	\$1,800 individual \$3,600 family	\$4,000 individual \$7,500 family	\$11,000 individual \$22,000 family
PHYSICIAN SERVICES			
Physician Office Visits	\$0 copay after deductible	20% after deductible	50% after deductible
Specialist Office Visits	\$0 copay after deductible	20% after deductible	50% after deductible
Preventive Care	No charge	No charge	50% after deductible
INPATIENT HOSPITAL-FACILITY SERVICES			
Inpatient Hospitalization and Facility Services	No charge after deductible	20% after deductible	\$300, +\$150/day up to 15 days, then 50% after deductible
OUTPATIENT CARE			
X-Rays and Independent Laboratory Services	No charge after deductible	20% after deductible	50% after deductible
Procedure Room	No charge after deductible	20% after deductible	50% after deductible
EMERGENCY/URGENT CARE			
Hospital Emergency Room	No charge after deductible	No charge after deductible	50% after deductible
Urgent Care	N/A	20% after deductible	50% after deductible
OUTPATIENT REHABILITATION			
Physical, Speech Cardiac and Occupational Rehabilitation Therapy Mental Health and Substance Abuse	No charge after deductible	20% after deductible	50% after deductible
PRESCRIPTION DRUGS-RETAIL (UP TO A 30-DAY SUPPLY) USING YOUR MEDICAL ID CARD AT THE SINAI COMMUNITY PHARMACY OR YOUR LOCAL PHARMACY			
Generic	\$10 copay after deductible	\$15 copay after deductible	Not covered
Preferred Brand	\$35 copay after deductible	\$35 copay after deductible	Not covered
Non-Preferred Brand	\$60 copay after deductible	\$60 copay after deductible	Not covered
MAIL-ORDER (90-DAY SUPPLY) USING THE EXPRESS SCRIPTS MAIL ORDER PROGRAM FOR ALL PRESCRIPTIONS UNDER ALL PLANS			
Generic	\$20 copay after deductible	\$30 copay after deductible	Not covered
Preferred Brand	\$70 copay after deductible	\$70 copay after deductible	Not covered
Non-Preferred Brand	\$120 copay after deductible	\$120 copay after deductible	Not covered
SPECIALTY (90-DAY SUPPLY) USING THE ACCREDO SPECIALTY PHARMACY PROGRAM FOR SPECIALTY DRUGS UNDER ALL PLANS.			
Retail or Mail-Order	45% coinsurance up to \$2,000 OOP max after deductible	45% coinsurance up to \$2,000 OOP max after deductible	Not covered

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

Medical Benefits

Administered by Blue Cross Blue Shield of Illinois

	Blue Advantage HMO	
	Home Hospital	In-Network
WHAT YOU WILL PAY		
Annual Deductible one person can fill no more than the individual deductible amount	\$0 individual \$0 family	\$0 individual \$0 family
Coinsurance	N/A	N/A
Annual Out-of-Pocket Limit	\$3,000 individual* \$6,000 family*	\$3,000 individual* \$6,000 family*
PHYSICIAN SERVICES		
Physician Office Visits	No charge	\$40 copay
Specialist Office Visits	No charge	\$50 copay
Preventive Care	No charge	No charge
INPATIENT HOSPITAL-FACILITY SERVICES		
Inpatient Hospitalization and Facility Services	No charge	\$750 copay
OUTPATIENT CARE		
X-Rays and Independent Laboratory Services	No charge	\$300 copay
Procedure Room	No charge	No charge
EMERGENCY/URGENT CARE		
Hospital Emergency Room	\$250 copay	\$250 copay
Urgent Care	N/A	\$20 copay
OUTPATIENT REHABILITATION		
Physical, Speech Cardiac and Occupational Rehabilitation Therapy Mental Health and Substance Abuse	\$40 copay	\$40 copay
PRESCRIPTION DRUGS-RETAIL (UP TO A 30-DAY SUPPLY) USING YOUR MEDICAL ID CARD AT THE SINAI COMMUNITY PHARMACY OR YOUR LOCAL PHARMACY		
Generic	\$10 copay	\$15 copay
Preferred Brand	\$35 copay	\$35 copay
Non-Preferred Brand	\$60 copay	\$60 copay
MAIL-ORDER (90-DAY SUPPLY) USING THE EXPRESS SCRIPTS MAIL ORDER PROGRAM FOR ALL PRESCRIPTIONS UNDER ALL PLANS		
Generic	\$20 copay	\$30 copay
Preferred Brand	\$70 copay	\$70 copay
Non-Preferred Brand	\$120 copay	\$120 copay
SPECIALTY (90-DAY SUPPLY) USING THE ACCREDO SPECIALTY PHARMACY PROGRAM FOR SPECIALTY DRUGS UNDER ALL PLANS.		
Retail or Mail-Order	45% coinsurance up to \$2,000 OOP max	45% coinsurance up to \$2,000 OOP max

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

*Separate drug out-of-pocket limit of \$4,000 individual / \$8,000 family.



Sinai Spotlight

Generic medications filled at the Sinai "Home Hospital" Community pharmacy costs only \$10 copay under Traditional PPO and HMO plans (HDHP PPO plan, then copay after deductible)



Premium and Out-of-Pocket Cost Considerations/Comparisons

Here are two examples of the three plan options and your potential in-network out-of-pocket expenses. See pages 6,7, and 24 for specific costs in your rate tier and plan.

Plan – Tier 1 Pay Rates Employee Only Coverage	Traditional PPO*	HDHP PPO**	HMO***
Premium Per Pay Date	\$62.00	\$42.50	\$44.00
Premium 2x Per Month	\$124.00	\$85.00	\$88.00
Annual Premium	\$1,488.00	\$1,020.00	\$1,056.00
Annual Individual Deductible	\$1,250	\$2,250	N/A
Annual Individual Out-of-Pocket Limit	\$5,000	\$4,000	\$3,000

Plan – Tier 2 Pay Rates Family Coverage	Traditional PPO*	HDHP PPO**	HMO***
Premium Per Pay Date	\$411.50	\$184.50	\$227.50
Premium 2x Per Month	\$823.00	\$369.00	\$455.00
Annual Premium	\$9,876.00	\$4,428.00	\$5,460.00
Annual Family Deductible	\$3,000	\$4,500	N/A
Annual Family Out-of-Pocket Limit	\$12,000	\$7,500	\$6,000

*The Traditional Plan only covers Medical costs after the participant pays the entire Annual Deductible. Once paid, Medical costs are subject to copays/coinsurance Prescription costs are subject to copays.

**The HDHP Plan only covers Medical and Prescription Drug costs after the participant pays the entire Annual Deductible. Once paid, Medical and Rx Drug costs are subject to copays/coinsurance. When enrolled in the HDHP PPO, you may set aside pre-tax dollars Health Savings Account (HSA). Participants may use this account for qualified medical, Prescription Drug and vision costs.

***The HMO Plan has a separate prescription drug out-of-pocket limit of \$4,000 individual / \$8,000 family.

Medical Plan Options – Your Choice

	Pros	Cons
Traditional PPO	<ul style="list-style-type: none"> Extensive BCBSIL Participating Provider Options (PPO) Provider Network No referrals required Lower deductible than HDHP 	<ul style="list-style-type: none"> Higher employee premiums More out-of-pocket expense than HMO
HDHP PPO	<ul style="list-style-type: none"> Extensive BCBSIL Participating Provider Options (PPO) Provider Network No referrals required Lower employee premiums Both Medical and Drugs apply to out-of-pocket maximums Option to use tax-free Health Savings Account (HSA) program 	<ul style="list-style-type: none"> Highest Annual Deductible Per IRS regulations, participants must pay the entire individual or family annual deductible before any medical and/or prescription drug costs are paid for by the plan
BA HMO	<ul style="list-style-type: none"> Lower employee premiums Lower out-of-pocket expense Fixed predictable copays on services 	<ul style="list-style-type: none"> Limited to BCBSIL HMO provider network Primary Care Provider (PCP) group referrals required for services No out-of-network coverage, except ER Separate prescription drug out-of-pocket maximums

For the complete list of medical plan costs per paycheck, see page 24.

Health Savings Account (HSAs)

Administered by HSA Bank

Per IRS regulations, you may enroll in a Health Savings Account (HSA) **ONLY** if you are enrolled in the HDHP PPO plan. HSA participants have the opportunity to place pretax dollars aside to be used for qualified medical expenses. To take advantage of the convenience of payroll deduction you must enroll with HSA Bank. Once you enroll online through the benefit administration system HSA Bank will be provided your information to establish your account.

HSA Bank will reach out to you if there is any additional information needed; please respond promptly to avoid a delay in your benefit deposits!

With a Health Savings Account (HSA), any unused balances will earn interest and are rolled forward to the subsequent plan years. You can use your Health Savings Account (HSA) to:

- ◆ Pay for qualified expenses (including medical, Rx, dental, and vision care) from the account.
- ◆ Save money for future qualified health expenses.

In 2023, if you elect coverage as an individual you can contribute a maximum of \$3,850 to your HSA on a pretax basis. If you elect coverage for you and your family, you can contribute up to a maximum of \$7,750 to your HSA on a pretax basis. If you don't use up all of the money by the end of the year, the balance rolls over into the following year. Since you own your HSA, you keep all balances, even if you change health plans or change jobs.

Note: HSA accounts require re-enrollment every year. HSA participants age 55 and older are allowed to save an additional catch-up contribution of \$1,000 for 2023.

The deductible is what you pay out of your own pocket before the health plan starts to pay. Under an HDHP, the deductible applies to both medical and prescription drugs. You can use the money to pay for current out-of-pocket expenses or save for reimbursement later. You also have the option to enroll in a limited purpose Flex Spending Account for those items such as vision and dental care.



Flexible Spending Accounts (FSAs)

Administered by PayFlex

For the Flexible Spending we offer two separate FSAs: medical and dependent care. You can enroll in one, both or none. At the time of enrollment, you elect an annual goal amount and the amount is broken down into the number of paychecks remaining for the year. These plan rules and limits are set by the IRS which includes a forfeiture rule (use it or lose it) for any unused funds. These plans are administered through PayFlex.

- ◆ Healthcare Flexible Spending (FSA) maximum for 2023 is \$3,050. NOTE: Please pay attention to the limited allowable over the counter eligible items when electing your 2023 amount. A listing of eligible items is available online www.payflex.com.
- ◆ Dependent Care Flexible Spending (FSA) maximum for 2023 will be \$5,000
- ◆ All Flexible Spending Accounts (FSAs) funds must be used by March 15 of the subsequent year or any remaining balance will be forfeited.

What is Pretax? When those amounts are “Pretax” it means money put into the FSA accounts are not subject to taxes. The amount must be confirmed each year during open enrollment. You may reduce or drop your participation only at the beginning of each calendar quarter by providing written request to HR. Once you cancel your participation, your next opportunity to enroll is during the next annual enrollment.

Note: Flex accounts require re-enrollment every year.

	HSA	FSA	Limited FSA
Eligibility	Caregiver must enroll in a qualified high deductible health plan	Caregiver cannot be enrolled in a qualified high deductible health plan	Caregiver must enroll in a qualified high deductible health plan
Use of funds	To pay for qualified medical expenses	To pay for qualified medical expenses	In conjunction with HSA for out-of-pocket dental and vision expenses
Which dependents are eligible	Caregiver, spouse and dependents	Caregiver, spouse and dependents	Caregiver, spouse and dependents
Annual Contribution Limits	Self-only: \$3,850 Family: \$7,750 55 or older can contribute additional \$1,000	\$3,050	\$3,050
Deadline for using your money	Funds do not expire from year-to-year. Rollover money is in addition to contribution limits	Caregiver forfeits any remaining balance if not used by March 15 of the following year	Caregiver forfeits any remaining balance if not used by March 15 of the following year
Advantage for Caregivers	<ul style="list-style-type: none"> • Contributions are pretax • Unused money rolls over and is the caregiver's for life until used • Can use it to pay for dependent and spouse medical expenses • Can make incremental contributions, but only the balance in the account may be used 	<ul style="list-style-type: none"> • Contributions are pretax • Can make incremental contributions, but still use the full amount right away 	<ul style="list-style-type: none"> • Contributions are pretax • Can make incremental contributions, but still use the full amount right away

	Dependent Care FSA
Eligibility	All Caregivers
Use of funds	To pay for day care expenses in order for you to work
Which dependents are eligible	Caregiver
Annual Contribution Limits	\$5,000
Deadline for using your money	Caregiver forfeits any remaining balance if not used by March 15 of the following year
Advantage for Caregivers	Contributions are pretax

Pretax Transit and Commuter Accounts

Administered by PayFlex

Transit and Commuter Spending Accounts for 2023 are subject to the following IRS limits. The IRS has not yet released the new spending limits. The monthly amounts for Transit is \$300 (\$3,600 annual) and \$300 (\$3,600 annual) for Commuter Parking (train lot parking, **not Sinai lots**) pretax on a monthly basis.

Note: Transit and Commuter Spending Accounts require re-enrollment every year.

	Transportation Account	Parking Account
Eligibility	All Caregivers	All Caregivers
Use of funds	To pay for the costs of mass transit transportation expenses and/or parking to-from work	To pay for the costs of mass transit transportation expenses and/or parking to-from work
Which dependents are eligible	Caregiver	Caregiver
Monthly Contribution Limits	\$300	\$300
Annual Contribution Limits	Mass Transit—\$3,600	Parking—\$3,600
Deadline for using your money	N/A	N/A
Advantage for Caregivers	Contributions are pretax	Contributions are pretax



Dental Benefits

Administered by Lincoln Financial Group and Guardian

Dental insurance is offered to Caregivers and their eligible dependents. You have a choice of the Lincoln Financial PPO or the Guardian DHMO plans. Good oral care is important to your overall physical health and mental well-being.

Benefits	Lincoln PPO Plan		Guardian DHMO Plan
	In-Network	Out-of-Network	In-Network
DEDUCTIBLE			
Individual	\$50	\$50	N/A
Family	\$150	\$150	N/A
Waived for Type A	Yes	Yes	See Schedule
Annual Maximum	\$2,000	\$2,000	Unlimited
Lifetime Ortho Maximum	\$5,000	\$5,000	See copayment schedule
TYPE A PREVENTIVE SERVICES			
Cleanings, fluoride treatment, exams, x-rays, space maintainers, sealants	100%, 3 cleanings per year	100%	No copay *sealants require \$10 copay per tooth
TYPE B DIAGNOSTIC/BASIC SERVICES			
Palliative treatment, fillings, oral surgery, endodontics, periodontics	80% after deductible	80% after deductible	Copay schedule Sample copays: Composite filling, 1 surface, anterior tooth colored \$26 Removal of erupted tooth \$20
TYPE C MAJOR SERVICES			
Bridges, crowns, dentures, implants	70% after deductible	60% after deductible	Copay Schedule Sample copays: Crown-porcelain fused to high noble metal \$430 Complete dentures upper \$550
ORTHODONTIC SERVICES			
(Adults and Dependent children up to age 19 only)	50% to \$5,000 both In/Out		Comprehensive Orthodontics for child up to 19th birthday- Banding \$1,495

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

If you have questions about the dental coverage before making your final enrollment decision, you can contact Lincoln at [800.243.2765](tel:800.243.2765) or go to lincolnfinancial.com/findadentist or contact Guardian Dental at [888.600.1600](tel:888.600.1600) or go to guardiananytime.com for answers.

For dental rates, please see the Sinai Caregiver rates sheets on pages 24.

Note: Orthodontia treatment under a prior plan will not be continued with Lincoln Financial or Guardian Dental programs.



Sinai Spotlight

The Lincoln PPO plan \$2,000 Annual Maximum and \$5,000 Lifetime Ortho Maximum are more generous than plans offered by 75% of healthcare employers.



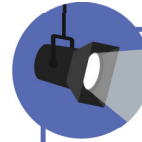
Sinai Spotlight

The Guardian DHMO plan offers a College Tuition Benefit Program that allows you to earn credits each year you are covered that can be used at over 400+ four-year undergraduate colleges and universities across the U.S.

Vision Benefits

Administered by Superior Vision

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Care for the eyes should be a major concern to everyone.



Sinai Spotlight

Your Sinai Vision Plan covers eye exams, lenses and frames once per year. This is the most generous benefit frequency available for vision coverage in the market.



Vision plan benefits for Sinai Health System

Copays		Monthly premiums		Services/frequency	
Exam	\$10	Emp. only	\$13.11	Exam	1 per calendar year
Materials ¹	\$10	Emp. + 1 dependent	\$19.72	Frame	1 per calendar year
Contact lens fitting (standard & specialty)	\$25	Emp. + family	\$28.29	Contact lens fitting	1 per calendar year
				Lenses	1 pair per calendar year
				Contact lenses	1 allowance per calendar year

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$37 retail
Exam (optometrist)	Covered in full	Up to \$28 retail
Frames	\$200 retail allowance	Up to \$91 retail
Contact lens fitting (standard ²)	Covered in full	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$29 retail
Bifocal	Covered in full	Up to \$43 retail
Trifocal	Covered in full	Up to \$53 retail
Progressives ³	Covered in full	Up to \$50 retail
Standard anti-reflective	Covered in full	Not covered
Polycarbonate	Covered in full	Not covered
Photochromic	Covered in full	Not covered
Factory scratch coating	Covered in full	Not covered
UV coating	Covered in full	Not covered
Contact lenses	\$150 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

* One pair of glasses and one contact lens allowance are included within the above service frequencies.

Discount features

Discounts on covered materials⁴

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

Discounts on non-covered exam, services and materials⁴

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Laser vision correction (LASIK)⁴

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts⁴

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Lens type*	Member out-of-pocket ⁴
Tints, solid	\$15
Tints, gradient	\$18
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses	
Premium/Ultra/Ultimate	\$110 / \$150 / \$225
Anti-reflective coating	
Premium/Ultra/Ultimate	\$70 / \$85 / \$120
Polarized lenses	\$75
High Index (1.67 / 1.74)	\$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs⁴ and are not available for premium/upgraded options unless otherwise noted.

⁴Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

Superior Vision Services, Inc. P.O. Box 967 Rancho Cordova, CA 95741 (800) 507-3800 superiorvision.com

The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life



Basic Life Insurance and Accidental Death & Dismemberment

Administered by Lincoln Financial Group

Group Life Insurance helps provide financial stability and protection for your family in the case of a death. You have access to a variety of life insurance options to ensure you have the amount of coverage that best fits your needs.

Basic Life Insurance and AD&D is paid for by Sinai Chicago and provided at no cost to you. Please see your Human Resources Department to determine your eligibility status.

Supplemental Life Insurance Options

Administered by Lincoln Financial Group

Voluntary Life Insurance is available in addition to your Sinai Chicago-provided basic life. You may purchase life insurance for your dependents if you purchase additional coverage for yourself.

If you would like to enroll or increase your coverage, evidence of insurability may be required.

Supplemental Life — You can elect to purchase supplemental life insurance for yourself or your eligible dependents. You can select an amount up to 5 times your salary, not to exceed \$400,000, in increments of \$10,000. You will not be required to show proof of good health if you enroll or within 30 days of becoming eligible. If you choose to purchase supplemental life insurance at any other time, you may be required to submit proof of good health.

Spouse Life — Supplemental life is available for your spouse. You can elect \$25,000 to \$250,000 in \$5,000 increments. The guarantee issue is \$25,000.

Child Life is offered at \$10,000 per eligible dependent child or \$250 per child less than 6 months. You must provide the names of all eligible dependent children that you want covered. The cost of this coverage is paid completely by the you.



Supplemental Life

Caregivers may enroll in Supplemental Life, in \$10,000 increments, up to 5 times annual compensation to a maximum benefit of \$1,000,000 during the New Hire enrollment. Coverage may be increased annually during Open Enrollment by one \$10,000 increment without providing medical evidence of insurability, up to a \$400,000 maximum benefit. Spousal coverage is also available without medical evidence of insurability, in \$5,000 increments, up to \$25,000. (The Spousal benefit cannot exceed 100% of the Caregiver's Basic and Supplemental coverage amount).

Supplemental Life Insurance Rates
Monthly per \$1,000 of coverage

Caregiver and Spouse Rates ¹	
Under Age 20	\$.05
20 – 24	\$.05
25 – 29	\$.05
30 – 34	\$.08
35 – 39	\$.09
40 – 44	\$.11
45 – 49	\$.17
50 – 54	\$.29
55 – 59	\$.54
60 – 64	\$.66
65 – 69	\$1.28
70 – 74	\$1.28
75 – 79	\$1.28
80 – 84	\$1.28
85 – 89	\$1.28
90 – 94	\$1.28
95 – 99	\$1.28

¹ Spouse rate is based on Caregiver's age

Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers.

In recognition of these differences, we offer supplemental benefits, which you can purchase at group rates.



Long-Term Disability

Administered by Lincoln Financial Group

Disability income protection insurance provides a benefit when you are unable to work due to from a serious covered injury or sickness.

Sinai Chicago provides Long-Term Disability protection for all **Non-Union Caregivers**. The Base Plan pays a benefit following 180 days of disability. The monthly benefit is an amount equal to 40% of your covered earnings, up to a maximum monthly benefit of \$5,000 per month, and continues for a two year benefit period. You can enhance this coverage, protecting more of your earnings, with a Supplemental Plan. The Supplemental Plan increases your disability benefit to replace 60% of your covered earnings to a maximum monthly benefit of \$7,000 and increases the duration of benefits to your Social Security Normal Retirement Age.

Your Supplemental coverage will cost \$.45 per \$100 of covered monthly earnings. To calculate the cost of your coverage, multiply your gross or pre-tax monthly pay (not to exceed \$7,000) times \$.45. Divide that number by 100 to determine the amount that will be deducted from your paycheck each month. Divide by 2 for your bi-weekly rate.

Supplemental Coverage for Union Caregivers

Union Caregivers may still enroll in Supplemental Coverage equal to 60% of your covered earnings with a maximum monthly benefit of \$10,000 and a benefit period to your Social Security Normal Retirement Age. Rates are calculated based on your covered earnings and age. Please visit bswift for your benefit cost.

Union Caregivers	Percentage of Cover Earnings	Maximum Monthly Benefit
	60%	\$10,000

Executives, Directors, Managers, Physicians and Residents working 72 hours per pay period are not eligible for the *voluntary* long-term disability. Coverage is provided by Sinai Chicago. Please login to www.sinai.bswift.com to review your benefit and make your election to receive disability benefits on a tax-free basis. Directors and above are eligible for Sinai provided short-term disability insurance.

What Happens if I Become Ill or Injured and Can't Work?

Days of Disability:	Days 1-3	Days 1-21	Days 21-179	What happens if I am still disabled after 179 days?
Sinai Provides:				
How much of my current pay will I get if I become disabled?	Your PTO Bank	Coordination of PTO (vacation) and Sick pay – until 21st day, as available*	After sick bank hours are used, 50%	40%
Maximum Monthly Benefit				\$5,000 a month
How long will I receive the benefit?		Until time runs out	Based on length of service	24 months from day 180
Voluntary Benefits		Voluntary STD, if elected	Voluntary STD, if elected	Buy Up LTD, if elected
Full-Time Non-Union Caregivers can Buy Up Extra Coverage:		Voluntary STD, choice of 14 or 30 day elimination period	Voluntary STD, choice of 14 or 30 day elimination period	Lincoln LTD
How much of my current pay will I get?	Your PTO Bank	60%	60%	60%
Maximum Monthly Benefit		\$6,000	\$6,000	\$7,000
How long will I receive the benefit?		Until Day 179 *Refer to your individual PTO benefit, HCH, TOP	Until day 179	Until Social Security Normal Retirement Age Also available to Part Time Caregivers

*Executives, Residents and Union Members should refer to HR or bswift for benefit coverage.



Retirement Benefits

Administered by MetLife

Retirement Savings Options

Sinai provides retirement savings options. If you already are saving for retirement, you can elect to increase or decrease your contribution anytime (subject to IRS limits). **The 2023 calendar year limit for Caregivers under 50 years old is \$22,500 and the age 50 catch-up contribution limit is \$7,500.** All Caregivers can participate in the 403(b) tax sheltered annuity at any time. MetLife is our retirement vendor plan administrator. UBS Financial Services provides participants with investment and planning assistance.

- ◆ **Retirement Match** — After 1 year of employment on the next July 1 or January 1 in a non-union benefit eligible position, you will be notified of your eligibility to participate in the matching program and be automatically enrolled. Then you will have the option to increase your contribution or opt out. Those eligible will be matched dollar for dollar on the first 1% of eligible compensation and 50% on the next 2%. The matching contribution is made based on the calendar year following the 1 year of service requirement to join the matching plan.
- ◆ **Retirement Match MSH Union** — Subject to the bargaining agreement, Union Caregivers may participate in the retirement match plan, too. If you have more than 1 year of service, you can sign up to withhold 1% of your pay to receive the negotiated matching contribution from the hospital.

UBS Financial Services Retirement Advisors

UBS Financial Services Advisors can provide you an overview of the Plan’s provisions and features, as well as a description of all available investment options within the plan. They will work with you objectively to help develop a customized planning solution whether you are nearing retirement, are several years away from retirement, or investing in the 403(b) Plan for the first time. Below is a list of items you should reach out to UBS Financial Services for:

UBS Financial Services	UBS will also serve as an intermediary
Helps Caregivers to:	Will assist Caregivers with:
<ul style="list-style-type: none"> ◆ Design a portfolio based upon risk tolerance and time horizon ◆ Understand the difference between a mutual fund and target date fund ◆ Understand income needs in retirement ◆ Maximize retirement plan deferrals ◆ Maximize social security benefits ◆ Budgeting strategies ◆ Understanding Healthcare costs in retirement 	<ul style="list-style-type: none"> ◆ Steps to set up account with MetLife ◆ Review of investment options ◆ Understand tools and retirement calculators ◆ Change contribution deferral amounts ◆ Process distributions <ul style="list-style-type: none"> » Hardships » Rollovers ◆ Update beneficiary information ◆ Retrieve statements ◆ Identify account performance

Please take the opportunity to speak to a UBS Financial Advisor today:

Sam Moroni, CRPS
 Senior Wealth Strategy Associate
samuel.moroni@ubs.com
 312.525.4867

Joe Schultz
 Registered Client Service Associate
joseph.schultz@ubs.com
 312.525.4310

Voluntary Benefits – Administered By Aetna, Lincoln Financial, Chubb, and Legal Access

On the first of the month following 30 days of service you are eligible for additional benefits administered by Aflac, Chubb, and Legal Access.

- ◆ All Voluntary Programs are individually owned and fully portable. For more information and to enroll in these plans contact EOI Service Company at **800.229.3642** during your new hire eligibility period.

Chubb Voluntary Short-Term Disability Insurance

With Chubb Disability Income Insurance, you can receive a monthly benefit check to help replace your income if you have a sickness, injury, or pregnancy that causes you to miss work. You can enroll in a disability benefit amount of up to 60% of your monthly income not to exceed \$6,000/month. It protects your most valuable asset – your ability to earn income. This benefit is inexpensive and portable. For more details, please call EOI Service Company at **833.717.3641**.



Prepared Patrice | Sample Rate

Patrice and her spouse are looking to expand their family. She elected a Short-Term Disability policy as she would like to protect her income if she has a child.

Patrice’s salary, as a non-union caregiver, is \$75,000 and she would like to take maternity leave after having the baby. She will receive \$3,750 a month through her Short-Term Disability policy after she satisfies the 14 day elimination period.

*Your coverage must be in force for 10 months after your effective date to receive a pregnancy benefit.

Aetna Critical Illness Insurance

Provides a cash benefit upon first diagnosis of a covered condition. You select the cash benefit amount — from \$5,000 to \$50,000. The benefit is paid in full in addition to any other insurance including group health insurance. Can help to cover copays, deductibles and out-of-network costs. Covered conditions include invasive cancer, infection diseases, such as COVID-19, occupational HIV, heart attack, stroke, kidney failure etc. For more details, please call **888.238.4840**. And every year you and a covered spouse complete a qualified health screening, you are eligible for a \$50 Health Screening Benefit. This Health Screening Benefit includes a COVID-19 diagnostic test!

Budget Breanna | Sample Rate



At 49 years old, Breanna enrolled in a \$20,000 policy. Ten years later, at the age of 59, Breanna is diagnosed with cancer and receives 100% of his benefit or a lump sum of \$20,000.

This year, Breanna was also diagnosed with COVID-19 and was unfortunately admitted to the hospital for a week. She received 25% of his benefit or a lump sum of \$5,000. BBreanna receives a total of \$25,000.

Benefit Payout:

Cancer Diagnosis \$20,000

COVID-19 Diagnosis \$5,000

Total Benefit Payout \$25,000

Aetna Accident Insurance

Most people don't budget for the costs of accidents and health insurance only covers so much. This policy pays benefits in addition to your group health insurance and any other medical insurance — helps to cover copays, deductibles and out-of-network costs. For more details, please call **800.433.3036**. This plan also pays 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. And every year you and a covered spouse complete a qualified health screening, you are eligible for a \$50 Health Screening Benefit. This Health Screening Benefit includes a COVID-19 diagnostic test!

Active Amy | Sample Rate



At 27 years old, Amy elected Accident Insurance and suffered a leg fracture while hiking with her friends. She rode to the hospital in an ambulance and she was admitted and kept overnight. She was temporarily unable to work and lost out on a week's wages.

Amy is enrolled in Sinai's HDHP Plan, but since she chose to visit a Sinai physician to treat her leg fracture, she was only responsible for the home hospital out-of-pocket maximum of \$1,800. Amy receives a total of \$5,265 through her Accident policy so she can use this money to cover her medical expenses plus any other expenses.

Benefit Payout:

- Open Leg Fracture \$3,500
- Ambulance (ground) \$300
- Emergency Treatment \$200
- Hospital Admission \$1,000
- X-ray: \$40
- Crutches: \$75
- Two Follow-up Visits: \$150
- Total Benefit Payout \$5,265

Lincoln Financial Hospital Indemnity

A Hospital Indemnity plan provides benefits for financial protection against the costs associated with unexpected trips to the hospital. The plan pays a benefit for hospital confinement, admission, and intensive care. It also includes a mammography benefit. All program premiums offer payroll deduction — no checks to write and are easy to qualify for — no medical exams. For more details, please call **888.238.4840**.

Ready Reginald | Sample Rate



At 60 years old, Reginald elected the Hospital Indemnity Plan and was admitted to the hospital with COVID-19 a year later. He spent 6 days in the hospital before he was sent home.

Reginald is enrolled in Sinai's Traditional PPO plan, and since he chose to receive care at Sinai, his \$250 Emergency Room copay is waived. Connor receives a total of \$2,000 through his Hospital Indemnity policy so he can instead use this money any way he sees fit.

Benefit Payout:

- First Day Hospital Confinement \$1,000
- Daily Hospital Confinement \$1,000
- Total Benefit Payout \$2,000

Chubb LifeTime Benefit Term Insurance with Long-Term Care Coverage

Permanent Life Insurance — Long-Term Care Benefits — Terminal Illness Benefits — all in one flexible policy. Coverage for you, your spouse and children! A guaranteed future benefit increase option is also available. For more details, please call EOI Service Company at **833.717.3641**. LifeTime Benefit Term provides money to your family at death, and while you are living if you need home health care, assisted living, or nursing care.

Protected Paulette | Sample Rate

Paulette is a 40-year-old non-smoker and enrolls in a \$50,000 death benefit policy.

Her Long Term Care coverage is equal to three times her death benefit or \$150,000.

If Paulette needs Long Term Care, she will receive \$2,000 or 4% of her death benefit per month until the \$150,000 benefit is exhausted.



Paulette’s plan costs \$22.14 bi-weekly.

At age 67, Paulette requires Long Term Care and is on claim for 6 years (72 months) before passing.

Paulette uses \$144,000 of her Long Term Care benefit, and pays a total of \$15,542.28 in premiums.

Paulette’s premium is waived upon filing a Long Term Care claim after the 90-day elimination period.

Paulette drained her death benefit after being on claim for more than 25 months. However, due to the Restoration of Benefits rider automatically included in her plan, she has an additional \$25,000 benefit for her beneficiary.

Family Legal Protection Plan with Identity Theft Protection

Legal coverage for the entire family — covered members include the Caregiver (member), spouse, all dependents under the age of 23, while residing at home or away at school and parents of both the member and the member’s spouse. This program gives you the basic services that cover the most common legal services that you will probably ever need. For more details, please call **800.562.2929**.

- ◆ Access to an outstanding network of quality local attorneys/law firms.
- ◆ Assistance for identity theft recovery.

Covered Carlos | Sample Story



Carlos’ personal information was stolen from a hotel guest database due to a large data breach. The cyber criminals gained access to his credit card number, home address, and more.

The cyber criminals attempted to open a credit card in Carlos’ name, but Carlos was alerted of this activity by Legal Access. He confirmed the fraudulent activity with his identity restoration agent, who then took the necessary steps to resolve Carlos’ ID theft issues.

MetLife Pet Insurance

Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. MetLife Pet Insurance can be customized to best meet pet parents' and their pets' needs. Pet parents can select from a range of annual limits, deductibles and coinsurance levels. Each pet's premium will be unique based on the species, breed, age, gender and ZIP code, as well as the coverage amount the pet parent selects.

Lorna and Her Labradoodle | Sample Story

Lorna has a 1-year-old Labradoodle named Luna. Luna is goofy, mischievous, and full of energy. One morning Lorna woke up to Luna vomiting. After the vomiting continued, Lorna brought Luna to the vet. Results from the radiograph indicated an obstruction in Luna's stomach. Luckily, the vet was able to retrieve the item via an endoscopic foreign body retrieval. Turns out Luna swallowed a sock! Between the radiographs, anesthesia, and examination fees, the vet bill totaled \$2,434.18.



Claim Details

Actual Vet Bill \$2,434.18

Annual Deductible \$250

Total Reimbursement (90% of Total Claim) \$1,965.76

Contact Metlife at [800.GET.MET8](tel:800.GET.MET8) or www.metlife.com for a quote today.

These are fictional illustrations. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.



Student Loan Assistance from Fiducius

You and your dependents can tackle student loan debt with the new **Loan Relief** benefit. Receive personalized education and support by working with expert Advisors as part of the free **Student Loan Financial Planning** service. Loan restructuring options include forgiveness, refinancing and consolidation. Join thousands of healthcare professionals who are already **saving an average of \$811 each month** with forgiveness. For more information about the enrollment process and answers to frequently asked questions, please read the Loan Relief Quick Start Guide found in bswift and watch for additional communications.

Tuition Reimbursement

Sinai Chicago has partnered with Bright Horizons EdAssist Solutions to offer you a streamlined, enhanced tuition reimbursement. Examples include: a simple web-based approach to applying for and receiving tuition assistance. Personalized education coaching from the EdAssist team of experts. An education plan that aligns with your career goals and helps you save on tuition. Exclusive tuition discounts and other savings at 220+ schools. Helpful webinars and online resources.

Financial Wellness from Lincoln Financial

WellnessPATH through Lincoln Financial is a financial wellness tool that provides the confidence and actionable steps you need to achieve financial security in retirement. Visit bit.ly/SinaiWellnessPATH to get started!





Benefit Providers

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Phone	Website/Email
Sinai Traditional PPO Blue Cross/Blue Shield – PPO Group Number P67760 BCBSIL Participating Provider Options (PPO) Provider Network	855.691.8003	www.bcbsil.com
Sinai BA HMO Blue Cross/Blue Shield – BAHMO SHS Group Number B75386; and HCH Group Number B01248 BCBSIL Participating Provider Options (PPO) Provider Network	855.691.8003	www.bcbsil.com
Sinai BA HMO Blue Cross/Blue Shield – BAHMO SHS Group Number B75386; and HCH Group Number B01248 BCBSIL Blue Advantage HMO Provider Network	800.892.2803	www.bcbsil.com
Prime (use medical ID card/Prime at your retail pharmacy)	855.457.0007	www.primetherapeutics.com
Express Scripts Mail Order Pharmacy	888.327.9791	www.express-scripts.com/rx
Accredo Specialty Drugs	833.721.1619	www.accredo.com
HSA Bank	800.357.6246	www.hsabank.com
PayFlex	800.284.4885	www.payflex.com
Lincoln Financial Group Dental PPO, Life, LTD, Hospital Indemnity	800.423.2765	www.lincolnfinancial.com
Guardian Dental HMO	888.600.1600	www.guardiananytime.com
Superior Vision	800.507.3800	www.superiorvision.com
Aetna Accident, Critical Illness	1.800.607.3366 (TTY:711)	www.myaetnasupplemental.com
Legal Access	800.562.2929	www.legalaccessplans.com
Chubb Life with Long-Term Care, STD	866.445.8874	www.chubb.com
Chubb Voluntary STD	833.717.3641 EOI Service Company	www.chubb.com
MetLife Retirement Savings	800.543.2520	www.mlrm.lifemoney.com
HealthCare Associates Credit Union	800.942.0158	www.hacu.com
Employee Assistance Program	800.292.2780	www.ers-usa.org
UBS Financial Services	312.525.4310	www.ubs.com/financialwellness
Fiducius Student Loan Assistance	513.645.5400	www.getfiducius.com
Metlife Pet Insurance	800.GET.MET8	www.metlife.com
Human Resources	773.257.1190	humanresources@sinai.org



2023 Rates

Per Pay Period Contributions (2x per month)

A tobacco surcharge of \$25 per pay, or \$50 per month, will be will be charged to tobacco users.

Salary Tier	Plan	Tier	Sinai / Holy Cross		Mt. Sinai Hospital Union		Schwab Rehabilitation Hospital Union		Residents	Registry
			FT	PT	FT	PT	FT	PT	FT	FT/PT
Tier 1 \$0 – \$49,999.99	BAHMO	EE Only	\$44.00	\$102.50	\$44.00	\$102.50	\$44.00	\$102.50	\$0.00	Not eligible
		EE + 1	\$97.50	\$212.00	\$97.50	\$212.00	\$97.50	\$212.00	\$0.00	Not eligible
		Family	\$157.50	\$332.50	\$157.50	\$332.50	\$157.50	\$332.50	\$0.00	Not eligible
	BCBSIL PPO	EE Only	\$62.00	\$144.00	\$62.00	\$144.00	\$62.00	\$144.00	\$62.00	\$391.50
		EE + 1	\$215.00	\$380.00	\$215.00	\$380.00	\$215.00	\$380.00	\$215.00	\$784.00
		Family	\$312.00	\$561.50	\$312.00	\$561.50	\$312.00	\$561.50	\$312.00	\$1,185.00
	BCBSIL HDHP HSA PPO	EE Only	\$42.50	\$51.00	\$42.50	\$51.00	\$42.50	\$51.00	\$0.00	\$51.00
		EE + 1	\$54.00	\$198.00	\$54.00	\$198.00	\$54.00	\$198.00	\$0.00	\$684.50
		Family	\$97.50	\$314.50	\$97.50	\$314.50	\$97.50	\$314.50	\$0.00	\$1,030.50
Tier 2 \$50,000 – \$99,999.99	BAHMO	EE Only	\$67.50	\$126.00	\$67.50	\$126.00	\$67.50	\$126.00	\$0.00	Not eligible
		EE + 1	\$143.50	\$258.00	\$143.50	\$258.00	\$143.50	\$258.00	\$0.00	Not eligible
		Family	\$227.50	\$402.50	\$227.50	\$402.50	\$227.50	\$402.50	\$0.00	Not eligible
	BCBSIL PPO	EE Only	\$94.50	\$177.00	\$94.50	\$177.00	\$94.50	\$177.00	\$94.50	\$391.50
		EE + 1	\$281.00	\$446.00	\$281.00	\$446.00	\$281.00	\$446.00	\$281.00	\$784.00
		Family	\$411.50	\$661.00	\$411.50	\$661.00	\$411.50	\$661.00	\$411.50	\$1,185.00
	BCBSIL HDHP HSA PPO	EE Only	\$50.50	\$122.50	\$50.50	\$122.50	\$50.50	\$122.50	\$0.00	\$342.50
		EE + 1	\$111.50	\$256.00	\$111.50	\$256.00	\$111.50	\$256.00	\$0.00	\$684.50
		Family	\$184.50	\$401.50	\$184.50	\$401.50	\$184.50	\$401.50	\$0.00	\$1,030.50
Tier 3 \$100,000+	BAHMO	EE Only	\$88.50	\$147.00	\$88.50	\$147.00	\$88.50	\$147.00	\$0.00	Not eligible
		EE + 1	\$185.00	\$300.00	\$185.00	\$300.00	\$185.00	\$300.00	\$0.00	Not eligible
		Family	\$291.50	\$466.50	\$291.50	\$466.50	\$291.50	\$466.50	\$0.00	Not eligible
	BCBSIL PPO	EE Only	\$125.00	\$207.00	\$125.00	\$207.00	\$125.00	\$207.00	\$125.00	\$391.50
		EE + 1	\$341.50	\$506.50	\$341.50	\$506.50	\$341.50	\$506.50	\$341.50	\$784.00
		Family	\$502.50	\$752.00	\$502.50	\$752.00	\$502.50	\$752.00	\$502.50	\$1,185.00
	BCBSIL HDHP HSA PPO	EE Only	\$77.00	\$149.00	\$77.00	\$149.00	\$77.00	\$149.00	\$0.00	\$342.50
		EE + 1	\$164.50	\$308.50	\$164.50	\$308.50	\$164.50	\$308.50	\$0.00	\$684.50
		Family	\$263.50	\$480.50	\$263.50	\$480.50	\$263.50	\$480.50	\$0.00	\$1,030.50
Dental PPO	EE Only	\$16.42	\$16.42	\$16.42	\$16.42	\$16.42	\$16.42	\$16.42	Not eligible	
	EE + 1	\$30.62	\$30.62	\$30.62	\$30.62	\$30.62	\$30.62	\$30.62	Not eligible	
	Family	\$47.34	\$47.34	\$47.34	\$47.34	\$47.34	\$47.34	\$47.34	Not eligible	
Dental HMO	EE Only	\$6.57	\$6.57	\$6.57	\$6.57	\$6.57	\$6.57	\$6.57	Not eligible	
	EE + 1	\$11.79	\$11.79	\$11.79	\$11.79	\$11.79	\$11.79	\$11.79	Not eligible	
	Family	\$17.68	\$17.68	\$17.68	\$17.68	\$17.68	\$17.68	\$17.68	Not eligible	
Vision	EE Only	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	\$6.56	Not eligible	
	EE + 1	\$9.86	\$9.86	\$9.86	\$9.86	\$9.86	\$9.86	\$9.86	Not eligible	
	Family	\$14.15	\$14.15	\$14.15	\$14.15	\$14.15	\$14.15	\$14.15	Not eligible	

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This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting