More THAN A Job

2025 New Hire Benefits Enrollment Guide

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

When Benefits Begin

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

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

Eligibility

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

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

Dependent Eligibility

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

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

All medical plans are subject to a spousal restriction, based on the cost of the plan available to the spouse through their own employer. If the working spouse's employer covers 51% or more of the cost, then they must elect medical coverage through their employer. The spouse can then be covered as secondary on Akron Children's plan.

Steps to Enroll

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

- Go to myKidsnet > HR > Benefits > Benefits Log In
- Outside of myKidsnet, go to www. akronchildrens.bswift.com
  When not logging in from myKidsnet, enter your Children's user name preceded by chmca\ (for example: chmca\abc1234) and your Children's network password.

Questions?

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

Visit myKidsnet > HR > Benefits

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

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

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

More THAN A Job

Paid Time Off (PTO) and Holiday Pay

Akron Children's understands that time away from work is important for your overall well-being and work/life balance. Under our PTO program, employees budgeted to work 32 or more hours per pay period accrue PTO.PTO is accrued based on job classification, date of hire, the number of years employed by Akron Children's and the number of qualifying hours worked.

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

PTO accruals increase over time based on your job classification and years of service. Below are the accruals for new hires:

Full-Time and Part-Time Non-Exempt Employees

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

Exempt Employees

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

Management Employees

Hours Worked in Week	12 Month Accrual*
40	272 Hours = 34 days

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

Holiday Pay – if working a holiday
Full-time and Part-time non-exempt staff are paid 1.5 times regular pay for each hour worked. PRN employees are paid 2.5 times regular pay for each hour worked.

Learn About Your Medical Plan Choices

Take a few moments to get up to speed on the three medical plan options available for 2025. Here's a quick overview of your choices:

	Children's Conventional PPO Plan	Children's Gold Plan	Children's Silver Plan
Employee premium cost (Deductions from your paycheck)	Highest	Middle	Lowest
Health Savings Account (HSA)	N/A	✓	✓
Children's contributes to your HSA	N/A	✓	N/A
Annual deductible			
Tier 1: Akron Children's, Memorial Health System, MetroHealth and Summa Health	$500/$1,000	$3,300/$5,800	$3,500/$7,000
Tier 2: MMO SuperMed network (except Cleveland Clinic)	$1,200/$2,400	$3,300/$5,800	$3,500/$7,000
Tier 3: Cleveland Clinic	$2,000/$4,000	$5,000/$10,000	$5,000/$10,000
Tier 4: Out-of-Network	$5,000/$10,000	$7,500/$15,000	$7,500/$15,000
In-network preventive care covered at 100%	✓	✓	✓
Caremark prescription drug coverage	✓	✓	✓
Network	MMO	MMO	MMO

Saving for Health Care Expenses Makes Sense

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

If you enroll in the Gold Plan, Children's will contribute to your HSA based on your enrollment tier. You can add to the account with pre-tax contributions through payroll deductions. There is no hospital HSA contribution with enrollment in the Silver Plan.

Medical Mutual
www.medmutual.com or the MedMutual app

To search the network, select Find a Provider, then select Group plan and Medical.

Preventive Care Supports Your Well-Being

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

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

2025 Medical Plan Comparison

	Akron Children's Gold Plan			
Plan Feature	**Tier 1** Akron Children's Memorial Health MetroHealth Summa Health	**Tier 2** MMO's SuperMed Network (except Cleveland Clinic)	**Tier 3** Cleveland Clinic	**Tier 4** Out-of-Network
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	60% after deductible
Deductible Single	$3,300*	$3,300*	$5,000*	$7,500*
Deductible Family	$5,800*	$5,800*	$10,000*	$15,000*
Member Coinsurance	0%	20%	50%	60%
Coinsurance Max Single	N/A	$2,500	$800	$7,500
Coinsurance Max Family	N/A	$5,000	$1,800	$15,000
Office Visit	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Specialty Office Visit	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Urgent Care Visit	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Emergency Room Visit	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible
Emergency Room Visit (non-emergency)	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Out of Pocket Max - Single		$5,800		$15,000
Out of Pocket Max - Family		$10,800		$30,000
Hospital's HSA Contribution**	$1,300 Employee only; $1,900 Employee + child(ren); $2,100 Employee + spouse; $2,400 Family			

	Akron Children's Silver Plan			
Plan Feature	**Tier 1** Akron Children's Memorial Health MetroHealth Summa Health	**Tier 2** MMO's SuperMed Network (except Cleveland Clinic)	**Tier 3** Cleveland Clinic	**Tier 4** Out-of-Network
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	60% after deductible
Deductible Single	$3,500*	$3,500*	$5,000*	$7,500*
Deductible Family	$7,000*	$7,000*	$10,000*	$15,000*
Member Coinsurance	0%	20%	50%	60%
Coinsurance Max Single	N/A	$2,500	$1,000	$7,500
Coinsurance Max Family	N/A	$5,000	$2,000	$15,000
Office Visit	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Specialty Office Visit	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Urgent Care Visit	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Emergency Room Visit	$0 after deductible	$0 after deductible	$0 after deductible	$0 after deductible
Emergency Room Visit (non-emergency)	$0 after deductible	20% after deductible	50% after deductible	60% after deductible
Out of Pocket Max - Single		$6,000		$15,000
Out of Pocket Max - Family		$12,000		$30,000

*Prescription drug expenses apply to this plan's deductible, coinsurance limit and maximum out-of-pocket. See the Pharmacy Benefit Chart on page 10 for your cost-share AFTER the deductible is met.

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

	Akron Children's PPO Plan			
Plan Feature	**Tier 1** Akron Children's Memorial Health MetroHealth Summa Health	**Tier 2** MMO's SuperMed Network (except Cleveland Clinic)	**Tier 3** Cleveland Clinic	**Tier 4** Out-of-Network
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	60% after deductible
Deductible Single	$500	$1,200	$2,000	$5,000
Deductible Family	$1,000	$2,400	$4,000	$10,000
Member Coinsurance	10%	20%	50%	60%
Coinsurance Max Single	$2,500	$4,000	$4,600	$10,000
Coinsurance Max Family	$5,000	$8,000	$9,200	$20,000
Office Visit	$20	$35	$50	60% after deductible
Specialty Office Visit	$30	$45	$75	60% after deductible
Urgent Care Visit	$40	$65	$100	60% after deductible
Emergency Room Visit	$400	$400	$400	$400
Emergency Room Visit (non-emergency)	$400 co-pay then 10%	$400 co-pay then 20%	$400 co-pay then 50%	$400 co-pay then 60%
Out of Pocket Max - Single		$6,600		N/A
Out of Pocket Max - Family		$13,200		N/A

Note: For Prescription Drugs benefits, see the Pharmacy Benefit chart on the next page for your cost-share. No deductible applies.

Learn About Your Pharmacy Benefit

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

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

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

CVS Caremark has partnered with PrudentRx to offer a copay assistance program for specialty medications dispensed through the CVS Caremark Specialty Pharmacy. Visit myKidsnet > HR > Benefits or call CVS Caremark member services at 888-202-1654 to learn more about this program. When enrolling in the Gold and Silver Plan options, there are important out-of-pocket cost impacts to consider before opting into the PrudentRx program.

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

Akron Children's pharmacy benefit includes preventive care drugs with 100% coverage.

Learn Where to Get the Right Level of Care

Affordable, Convenient Care Options

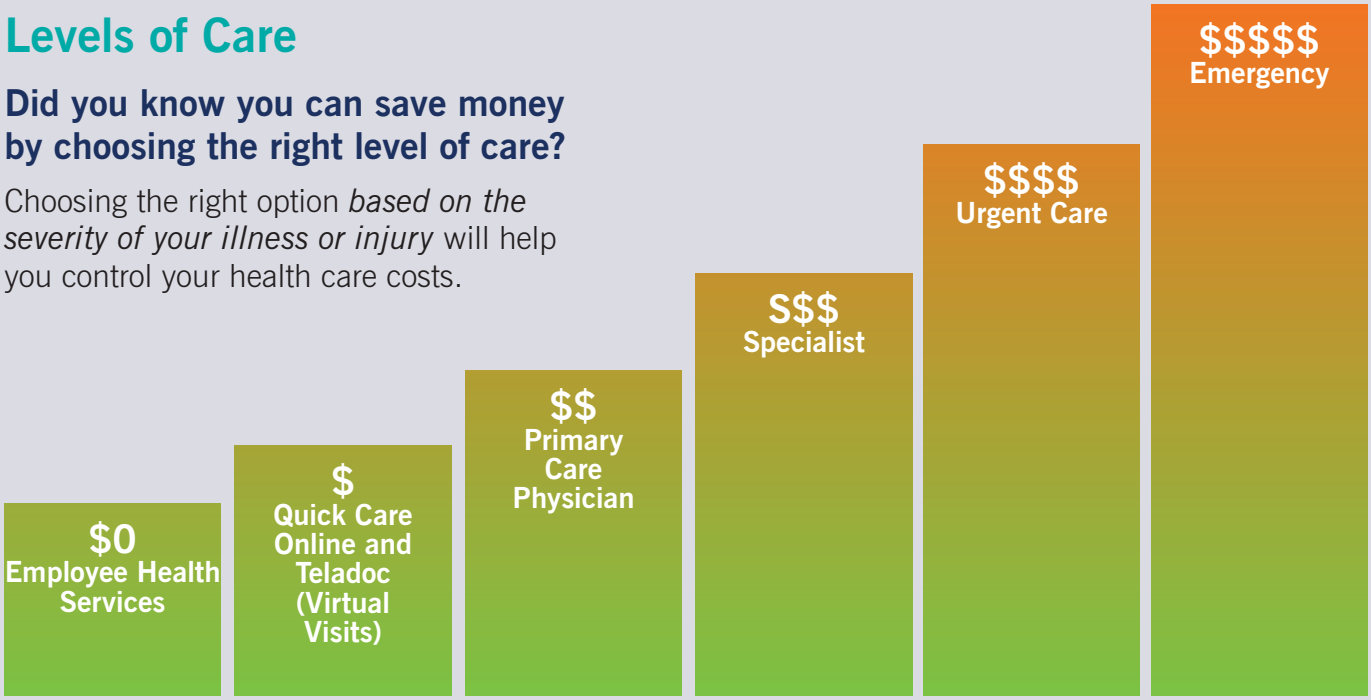
When you or a family member is faced with an illness or injury, it's important to understand your level of care options and how to select the most appropriate one. Depending on the severity of the medical issue, choosing the most appropriate level of care can make a big difference in cost and treatment.

If you are ever unsure where to seek treatment, start by calling the Medical Mutual Nurse Line or contacting your doctor for a recommendation for your health and safety. Always seek treatment at the ER for life-threatening medical situations. **You should dial 911 immediately for any medical problem that appears to be life-threatening.**

Levels of Care

Did you know you can save money by choosing the right level of care?

Choosing the right option *based on the severity of your illness or injury* will help you control your health care costs.



Estimate Your Costs

Healthcare costs can vary by hundreds or even thousands of dollars depending on which doctor and facility you visit. Understand your options and estimate your costs before you get care. Log in to My Health Plan at MedMutual.com/Member or via the MedMutual mobile app. Click here to learn more about finding care and estimating your costs.

Nurse Line

Medical Mutual offers **Nurse Line**, a free call-in service that provides 24/7 access to registered nurses for answers to health-related questions. Call 888-912-0636. See the next page for details.

Learn about Medical Mutual's Nurse Line

If you have a medical question and you're not sure where to start, call the Medical Mutual Nurse Line at **888-912-0636**. A trained nurse is available 24/7 — at no cost — to answer your questions and help you decide where to go if you need medical care.

A nurse will evaluate your symptoms, provide an assessment and help you take the most appropriate action. The Nurse Line staff will help you make the most informed decisions about how to handle a variety of health and wellness concerns and connect you with the appropriate resources. If it's an emergency, the nurse will tell you what steps to take immediately and will follow up later to see how you're doing.

Nurse Line is a valuable health benefit

Nurse Line is available 24/7 to Medical Mutual members at no charge. It's a convenient and easy way to get answers to your health care questions—even when your doctor's office is closed. The Nurse Line will:

- Advise you personally, no matter the size of the concern
- Provide easy-to-understand explanations about medical tests and results
- Talk you through self-care for treating minor medical conditions at home
- Help determine if you need to visit your doctor, an urgent care clinic or the emergency room
- Assess symptoms using nationally accredited guidelines
- Stay on the line until you feel you understand next steps

Note: If the MMO Nurse Line gives advice to seek treatment at the emergency room, the associated claim will be processed at the higher benefit level of a true emergency, even if it is determined to have been a non-emergency situation.

24/7 Medical Mutual Nurse Line:
888-912-0636

Live Healthier with Livongo!

Akron Children's strives to add programs that will enhance the benefits we offer and help maintain and improve your health — and the health of your dependents.

Our benefits program includes chronic condition management programs, which are fully paid for by Akron Children's — meaning they are cost-free to you. These programs — administered by Livongo, a part of Teladoc Health — help make it easier to manage weight and nutrition, high blood pressure, prediabetes and diabetes. Each program empowers you with tools, insights and expert support to help you reach your health goals.

The Livongo program features:

- **Top technology:** All programs offer advanced technology that enables you to track and manage your health on the go by automatically logging your data in a private dashboard and easy-to-use app.
- **Personalized insights:** Get real-time tips and personalized feedback to help you learn and improve — and encouragement to keep up the good work!
- **Trusted coaching:** Talk to a Livongo health coach for advice on nutrition, weight loss and more whenever you need extra support.
- **Important benefits at no cost to you:** Livongo offers even more program-specific benefits that make it easier for you to manage your health.

Below are the individual programs, along with the technologies, that may be available to you:

This program is offered at **no cost** to employees and dependents — with weight management needs, hypertension, prediabetes and diabetes — who are enrolled in one of Akron Children's health plans. Program qualifications include diagnosis, prediabetes program qualification or elevated BMI (25+) for weight management. During your registration for this program, prompts will help identity the programs for which you are eligible.

Learn about Livongo!
Visit go.livongo.com/AKRONCHILDRENS/now (registration code: AKRONCHILDRENS).
Livongo Member Support: 800-946-4355

Livongo for Diabetes	Livongo for Hypertension	Livongo Diabetes Prevention or Weight Management Nutrition
• Connected blood glucose meter • Unlimited strips shipped right to you • Personalized insights & more	• Connected blood pressure monitor • One-on-one coaching • Real-time tips & more	• Connected smart scale • One-on-one coaching • Community support & more
		

Programs include trends and support on your secure Livongo account and mobile app but do not include a tablet or phone.

Learn about Lyra: Mental Health Support

Lyra provides mental health coaching, therapy and other support for emotional well-being.

Employees and their spouses and dependents, regardless of enrollment in ACH medical benefits, are able to access a range of confidential support services, including:

- **25 coaching or therapy sessions per person per year at no cost** to employees, and their spouses and dependents. With Lyra, individuals will be able to select the mental health coach or therapist who best matches their preferences and begin care right away.
- **24/7 support** through Lyra's Care Navigator Team.
- Unlimited access to an **on-demand self-care library** of research-backed videos, articles, meditations and more.
- **Work-life services** and expert advice including legal, financial, identity theft and dependent care services.

No matter what you're going through, Lyra is here to support you. Choose the most convenient option for your busy life — meet with providers in person, via video or use Lyra's self-care app for support on the go.

Get started by visiting akronchildrens.lyrahealth.com or downloading the Lyra app. When registering, enter **Akron Childrens** for the sponsoring organization.

Having the tools to support your mental health can empower you to better understand yourself and navigate challenges at home and in the workplace.

Learn about Lyra!
Visit Akronchildrens.lyrahealth.com, email Care@lyrahealth.com or call 833-511-0837.

Learn About Your Health Savings Account

Fidelity Investments is the service provider for Akron Children's **Health Savings Account** (HSA) program. With Fidelity, you'll have:

- **A streamlined online experience**—Manage your health care spending and retirement goals easily by accessing your retirement plans and HSA all in one place on Fidelity NetBenefits.
- **Debit card**—Pay for qualified medical expenses with your debit card, and the amount will automatically be deducted from the appropriate account.
- **Flexible investing platform**—Your HSA investing choices include more than 10,000 mutual funds, individual stocks and bonds, CDs and ETFs on Fidelity's brokerage platform.

Learn more about the Fidelity advantage here.

Gold Plan – Annual Contributions

	Children's contributes*	You can contribute up to
Single	$1,300	$3,000
Employee+ Child(ren)	$1,900	$6,650
Employee+ Spouse	$2,100	$6,450
Family	$2,400	$6,150

Silver Plan – Annual Contributions

	Children's contributes	You can contribute up to
Single	N/A	$4,300
Employee+ Or Family	N/A	$8,550

If you are 55 or older, you may contribute an additional $1,000 each year in "catch up" contributions.

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

Take a Look at the HSA's Triple Tax Advantages

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

Your Prescription Drug Expenses and the HSA

When you enroll in the Gold or Silver Plan, your prescription drug expenses will be applied to your medical plan deductible. After you meet the plan deductible, you will pay the prescription drug co-pay or coinsurance amounts (depending on the category of the drug). The plan covers certain preventive medications with $0 co-pay, not subject to deductible.

You can use your HSA to pay for the prescription, but keep in mind that you cannot withdraw more for health care costs than the balance available in the account. For example, if you have a balance of $325 in your HSA and you have a health care expense of $400, you can use the full amount of the HSA toward the bill, and you will have to pay the remainder outside the HSA. You can then reimburse yourself from the HSA for the $75 you had to spend out of pocket, once additional deposits are made into the account.

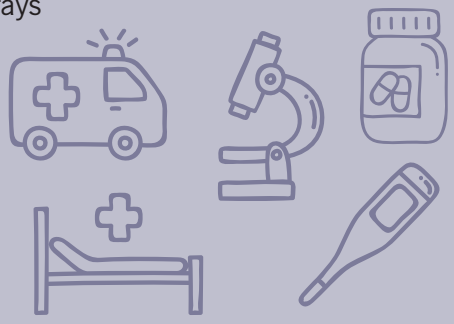
The amount you pay for prescription drug co-pays or coinsurance during the plan year is capped at the Gold or Silver Plan out-of-pocket maximum amount. If you meet that maximum, your prescriptions are covered at 100% for the remainder of the year.

If you are enrolled in the Gold Plan, the hospital will make its first quarterly contribution to your Fidelity HSA account in January, so you'll have an HSA balance to help cover health care costs at the start of 2025.

Reminder, you can change your HSA contributions at any time by going to akronchildrens.bswift.com.

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

- Ambulance
- Dental (including orthodontia)
- Eyeglasses, contacts and eye exams
- Hospital services (inpatient and outpatient)
- Laboratory fees
- Operations (cosmetic surgery not covered unless medically necessary)
- Prescription medication
- X-rays



Review this IRS publication to learn about eligible qualified expenses: https://www.irs.gov/publications/p502.

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

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

Learn About Your Flexible Spending Accounts (FSAs)

You can incur eligible expenses for your 2025 accounts until March 15, 2026. It is important to carefully estimate your yearly out-of-pocket FSA expenditures. Any amounts contributed to your account for which a reimbursement claim is not made by the deadline will be forfeited.

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

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

Health Care FSA

If you are not enrolled in the Gold or Silver Plan, you may contribute to the Health Care FSA, which provides reimbursement of medical, prescription drugs, dental and vision expenses. You can set aside up to $3,300 annually in this account.

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

- Ambulance
- Dental (including orthodontia)
- Eyeglasses, contacts and eye exams
- Hospital services (inpatient and outpatient)
- Laboratory fees
- Operations (cosmetic surgery not covered unless medically necessary)
- Prescription medication
- X-rays

Go to https://www.irs.gov/publications/p502 for a complete list of eligible expenses.

Learn about your FSAs!
Visit Inspira, download the Inspira mobile app or call 855-516-8593.

Dependent Care FSA

You may enroll in a Dependent Care FSA to pay expenses for child or elder care for your eligible dependents. You may contribute up to $5,000 (or $2,500 if married and filing separate tax returns). However, in conjunction with this limit, the IRS requires that we perform nondiscrimination testing on an annual basis, and to adjust the annual contribution amounts of highly compensated employees if necessary, based on the results of those tests.

Akron Children's Hospital - Essential

40% OFF
additional complete pair of prescription eyeglasses

20% OFF
non-covered items, including non-prescription sunglasses

Find an eye doctor
(Select Network)

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

Heads Up
You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$10 copay	Up to $30
Retinal Imaging	$20 copay	Up to $10
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to $40	Not covered
Fit and Follow-up - Standard < 19 years of age	$0 copay	Up to $10
Fit and Follow-up - Premium	10% off retail price	Not covered
Fit and Follow-up - Premium < 19 years of age	$0 copay; 10% off retail price less $40 allowance	Up to $10
FRAME		
Frame	$0 copay; 20% off balance over $130 allowance	Up to $65
LENSES		
Single Vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal	$25 copay	Up to $55
Lenticular	20% off retail price	Not covered
Progressive - Standard	$90 copay	Up to $40
Progressive - Premium	$90 copay; 20% off retail price less $120 allowance	Up to $40
LENS OPTIONS		
Anti Reflective Coating - Standard	$45	Not covered
Anti Reflective Coating - Premium	20% off retail price	Not covered
Polycarbonate - Standard	$40	Not covered
Polycarbonate - Standard < 19 years of age	$0 copay	Up to $5
Scratch Coating - Standard Plastic	$0 copay	Up to $5
Tint - Solid and Gradient	$0 copay	Up to $5
UV Treatment	$0 copay	Up to $5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	$0 copay; 15% off balance over $130 allowance	Up to $104
Contacts - Disposable	$0 copay; 100% of balance over $130 allowance	Up to $104
Contacts - Medically Necessary	$0 copay	Up to $200
OTHER		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1-877-203-0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	**ALLOWED FREQUENCY - ADULTS**	**ALLOWED FREQUENCY - KIDS**
Exam	Once every calendar year	Twice every calendar year
Lenses	Once every calendar year	Twice every calendar year
Frame	Once every 2 calendar years	Once every 2 calendar years
Contact Lenses	Once every calendar year	Once every calendar year
Contact Lens Fit and Follow-up		Twice every calendar year

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

Akron Children's Hospital - Enhanced

40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor

(Select Network)

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

Heads Up

You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

SUMMARY OF BENEFITS

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

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28.

Guardian®

Your dental coverage

Option 1 or 2: ESSENTIAL PLAN or ENHANCED PLAN plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**Option 1: ESSENTIAL PLAN**		**Option 2: ENHANCED PLAN**	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Individual	$50	$50	$50	$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%	100%	100%
Basic Care	80%	75%	90%	80%
Major Care	50%	45%	60%	50%
Orthodontia	50%	45%	50%	45%
Annual Maximum Benefit	$2000		$2500	
Lifetime Orthodontia Maximum	$1000		$2000	
Dependent Age Limits	26		26	

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

ALL ELIGIBLE EMPLOYEES

Kit created 09/05/2024

Group number: 00461377

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: ESSENTIAL PLAN *Plan pays (on average)*		Option 2: ENHANCED PLAN *Plan pays (on average)*	
		In-network	*Out-of-network*	*In-network*	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 per calendar year		2 per calendar year	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 19		Under Age 19	
	Oral Exams	100%	100%	100%	100%
	Periodontal Maintenance	100%	100%	100%	100%
	Frequency:	4 per calendar year		4 per calendar year	
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	80%	75%	90%	80%
	Fillings‡	80%	75%	90%	80%
	Perio Surgery	80%	75%	90%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	75%	90%	80%
	Root Canal	80%	75%	90%	80%
	Scaling & Root Planing (per quadrant)	80%	75%	90%	80%
	Simple Extractions	80%	75%	90%	80%
	Surgical Extractions	80%	75%	90%	80%
Major Care	Bridges and Dentures	50%	45%	60%	50%
	Dental Implants	50%	45%	60%	50%
	Inlays, Onlays, Veneers**	50%	45%	60%	50%
	Single Crowns	50%	45%	60%	50%
Orthodontia	Orthodontia	50%	45%	50%	45%
	Limits:	Child(ren)		Child(ren)	

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

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

ALL ELIGIBLE EMPLOYEES

Kit created 09/05/24

Group number: 00461377

Guardian®

Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Life Insurance Programs

Basic Employee Life and Accidental Death & Dismemberment (AD&D) Coverage

Children's provides basic life insurance and AD&D coverage equal to one times your base annual earnings up to a maximum of $750,000 at no cost to you. Coverage above $450,000 is subject to evidence of insurability.

Employee Optional Life/AD&D Coverage You have the option to elect Employee Optional Life/Accidental Death & Dismemberment (AD&D) coverage:

- Elect 1x to 5x your annual earnings to a maximum of $750,000.
- Coverage above $500,000 is subject to evidence of insurability.

Review your coverage options and rates when making your new hire enrollment elections.

Not sure how much coverage you need? Click here to review additional information from Lincoln and use the life insurance needs calculator.

Basic Dependent Life Insurance

Basic Dependent Life Insurance is a bundled spouse and dependent child(ren) coverage, which includes:

- $10,000 of life coverage for your spouse, and
- $10,000 of life coverage for each of your dependent child(ren).

Spouse Optional Life Insurance

If you enroll in Employee Optional Life/AD&D coverage, you have the option to also elect coverage for your spouse.

- Spouse Optional Life Insurance may be elected in increments of $10,000, up to a maximum$100,000.
- The amount of Optional Spouse Life Insurance may not exceed the amount of Employee Optional Life Insurance.
- Coverage above $50,000 is subject to evidence of insurability.

As you are completing your Open Enrollment, you must add a spouse to your Family Information in order to elect Spouse Optional Life coverage.

Lincoln Financial
800-216-5023
mylincolnportal.com

Lincoln Financial Group®

Akron Children's Hospital
2025 Short Term Disability Insurance
Benefits Highlight Sheet

What is Short Term Disability Insurance?	Short Term Disability Insurance pays a portion of your earnings if you cannot work because of a disabling illness or injury. This benefit commences after a 7-day waiting period and is payable for up to 26 weeks (including the 7-day waiting period).
Who is Eligible?	You are eligible if you are a regular full-time or part-time employee, budgeted to work at least 16 hours per week
How much coverage will I have?	**For part-time non-exempt employees, two options are available:** Option 1: Waive Coverage Option 2: 50% of your weekly earnings for 25 weeks (Contributory)
	For full-time non-exempt employees, three options are available: Option 1: 50% of your weekly earnings for 25 weeks Option 2: 66 2/3% of your weekly earnings for 25 weeks (Contributory) Option 3: 80% of your weekly earnings (Contributory)
	For non-management exempt employees, the coverage options are: Option 1: 80% of your weekly earnings for the first 12 weeks, then 66 2/3% for the next 13 weeks Option 2: 80% of your weekly earnings for the full 25 weeks (Contributory)
	For management exempt employees, the non-contributory coverage option is: 100% of your weekly earnings for the first 12 weeks, then 80% for the next 13 weeks
	For Physicians, Residents, Advance Practice Providers and Administrators, the non-contributory coverage option is: 100% of your weekly earnings for 25 weeks
What Earnings is my benefit based on?	Covered earnings are your base rate times your budgeted hours, excluding shift differential, overtime, bonuses or any other extra compensation.
When can I enroll?	You must elect coverage within 31 days of your initial eligibility, or during an annual Open Enrollment Period.
When does my coverage become effective?	Coverage becomes effective on the first day of the month coincident with or next following three months from your date of hire in a benefits-eligible class, provided you have elected coverage before this date. Coverage elected during an annual open enrollment becomes effective the first day of the next Plan Year (January 1) provided you were hired prior to October 2. You must be Actively at Work with your employer on the day your coverage takes effect.
How long do I have to wait before I can receive my benefit?	You must be totally or partially disabled for at least 7 calendar days before you are eligible to commence Short Term Disability benefit payments. Employees are required to use PTO to cover the work days missed.
How long will my disability payments continue?	Payments continue for as long as you remain disabled and are under the care of a physician for up to a maximum benefit period of 26 weeks (including the 7-day waiting period).
Are there any pre-existing condition exclusions?	No, pre-existing conditions are not excluded.
Are there any other limitations?	No benefit is payable for any period during which you are not an eligible employee, under the regular care of a Doctor, are not Totally or Partially Disabled, do not incur at least a 20% loss of income, or are receiving Workers' Compensation benefits from any employer and/or Long Term Disability benefits through the Hospital.
Are there any exclusions?	You cannot receive benefit payments for disabilities that are caused or contributed by: * Occupational Illness of Injury (as determined by the Bureau of Workers' Compensation) * War (declared or not) or active duty in any armed service during a time of war * The commission of, or attempting to commit, a felony * Any intentionally self-inflicted injury * Participation in a Riot. You must be under the regular care of a physician to receive benefits. See Plan for exclusions.

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

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Akron Children's Hospital
2025 Long Term Disability Insurance
Benefits Highlights

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

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

Retirement Benefits

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

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

Fidelity
Account Inquiries: 800-343-0860
Consultations: 800-642-7131
www.netbenefits.com/atwork
NetBenefits Mobile app

Children's Retirement Security Plan 401(a)

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

Here are several highlights:

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

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

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

There are two ways to save:

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

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

Learn About Your Voluntary Benefits

During Open Enrollment, you may choose to enroll in voluntary benefits that are designed to provide savings or financial protection. You pay the full cost of coverage for the voluntary programs you select.

Voluntary benefits enhance your health care and income protection benefits.

Critical Illness Insurance

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

Accident Insurance

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

Learn about your Voluntary Benefits!
Visit myKidsnet > HR > Benefits > Additional Benefits > Voluntary Benefits or log into the bswift enrollment tool for more details about voluntary benefits.

Hospital Indemnity Insurance

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

Identity Theft Insurance

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

Legal Services

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

Pet Insurance

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

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

2025 Rates (Employee Per Pay Deductions)

FULL-TIME EMPLOYEES							
	Children's Gold Plan	Children's Silver Plan	Children's Conventional Plan	Essential Dental Plan	Enhanced Dental Plan	Essential Vision Plan	Enhanced Vision Plan
SINGLE	$47.00	$0	$128.00	$6.00	$8.00	$2.56	$7.98
EMPLOYEE + CHILD(REN)	$79.00	$30.00	$220.00	$10.00	$16.00	$5.33	$16.59
EMPLOYEE + SPOUSE	$96.00	$44.00	$292.00	$12.00	$15.00	$4.87	$15.17
FAMILY	$138.00	$82.00	$419.00	$16.00	$25.00	$7.82	$24.35

PART-TIME EMPLOYEES							
	Children's Gold Plan	Children's Silver Plan	Children's Conventional Plan	Essential Dental Plan	Enhanced Dental Plan	Essential Vision Plan	Enhanced Vision Plan
SINGLE	$55.00	$0	$168.00	$6.00	$8.00	$2.56	$7.98
EMPLOYEE + CHILD(REN)	$94.00	$37.00	$284.00	$10.00	$16.00	$5.33	$16.59
EMPLOYEE + SPOUSE	$117.00	$55.00	$381.00	$12.00	$15.00	$4.87	$15.17
FAMILY	$167.00	$102.00	$543.00	$16.00	$25.00	$7.82	$24.35

Additional Important Information

About this Booklet

This enrollment guide is designed to provide an overview of the changes to the Akron Children's benefit plans. Should there be any conflict between the explanation 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 booklet. None of the information should be interpreted as a guarantee of employment. Akron Children's reserves the right to amend, change or terminate any benefit at any time.

Questions?

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

For language interpretation services, which are free of charge, email interpreting@akronchildrens.org, or see the Language and Special Access Services page on myKidsnet.