



## 2024 New Hire Benefits Enrollment Guide

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

### When Benefits Begin

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

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

### Eligibility

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

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

### Dependent Eligibility

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

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

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

### Steps to Enroll

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

- Go to myKidsnet > HR > Benefits > Benefits Log In
- Outside of myKidsnet, go to [www.akronchildrens.bswift.com](http://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.

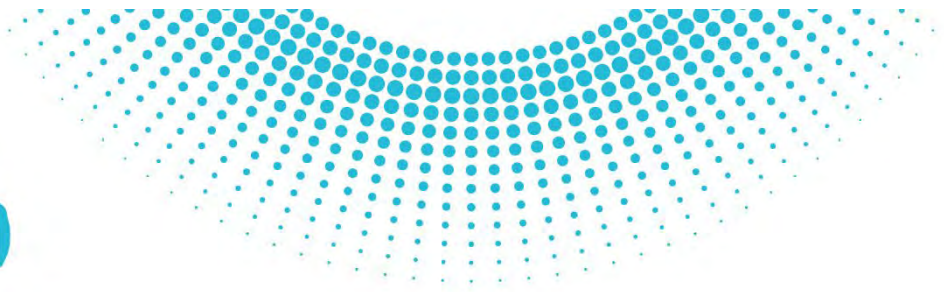
### Visit myKidsnet > HR > Benefits

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

### Call 888-261-1525 or email [benefits@akronchildrens.org](mailto:benefits@akronchildrens.org)

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





**Paid Time Off (PTO) and Holiday Pay**

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

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

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

**Full-Time and Part-Time Non-Exempt Employees**

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

**Exempt Employees**

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

**Management Employees**

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

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

**Holiday Pay – if working a holiday**

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



# Medical Plan Choices



Akron Children’s offers four medical plan options for 2024:

- Children’s Gold Plan
- Children’s Silver Plan
- Children’s Conventional PPO Plan
- AultCare PPO Plan

Here’s a quick overview of the options:

	Children’s Conventional PPO Plan and AultCare PPO Plan	Children’s Gold Plan	Children’s Silver Plan
<b>Employee premium cost (Deductions from your paycheck)</b>	Highest	Middle	Lowest
<b>Health Savings Account (HSA)</b>	N/A	✓	✓
<b>Children’s contributes to your HSA</b>	N/A	✓	N/A
<b>Annual deductible</b>	Tier 1: \$300/\$600 Tier 2: \$1,000/\$2,000	\$3,200/\$5,600	\$3,500/\$7,000
<b>In-network preventive care covered at 100%</b>	✓	✓	✓
<b>Caremark prescription drug coverage</b>	✓	✓	✓
<b>Network</b>	Conventional PPO: MMO AultCare PPO: AultCare	MMO	MMO

## Saving for Health Care Expenses Makes Sense

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

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

### Medical Mutual

[www.medmutual.com](http://www.medmutual.com)

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

Network: Super Med PPO and Cigna PPO

MedMutual app

## 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

# 2024 Medical Plan Comparison

CHILDREN'S GOLD PLAN		CHILDREN'S SILVER PLAN		CHILDREN'S CONVENTIONAL PPO AND AULTCARE PPO PLANS	
PLAN FEATURE					
Akron Children's	In-Network	Akron Children's	In-Network	Akron Children's	In-Network
<b>PREVENTIVE CARE</b>					
Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>DEDUCTIBLE</b>					
\$3,200 Single*		\$3,500 Single*		\$300 Single	\$1,000 Single
\$5,600 Family*		\$7,000 Family*		\$600 Family	\$2,000 Family
<b>WHAT YOU PAY FOR MOST SERVICES</b>					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	10% after deductible	20% after deductible
<b>OFFICE VISIT</b>					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$15	\$30 co-pay
<b>SPECIALIST OFFICE VISIT</b>					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$25	\$40 co-pay
<b>URGENT CARE VISIT</b>					
\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$35	\$60 co-pay
<b>EMERGENCY ROOM VISIT (EMERGENCY USE)</b>					
\$0 after deductible		\$0 after deductible		\$350 co-pay	
<b>PRESCRIPTION DRUGS</b>					
See Pharmacy Benefit Chart for your cost-share portion AFTER the deductible is met.		See Pharmacy Benefit Chart for your cost-share portion AFTER the deductible is met.		See Pharmacy Benefit Chart for your cost-share, no deductible applies.	
<b>PREVENTIVE CARE DRUGS</b>					
Covered at 100%		Covered at 100%		Covered at 100%	
<b>COINSURANCE LIMIT EXCLUDING DEDUCTIBLE AND CO-PAYS</b>					
\$2,500 Single*		\$2,500 Single*		\$2,500 Single	\$4,000 Single
\$5,000 Family*		\$5,000 Family*		\$5,000 Family	\$8,000 Family
<b>COINSURANCE LIMIT PLUS DEDUCTIBLE</b>					
\$5,700 Single*		\$6,000 Single*		\$2,800 Single	\$5,000 Single
\$10,600 Family*		\$12,000 Family*		\$5,600 Family	\$10,000 Family
<b>HOSPITAL'S HSA CONTRIBUTION**</b>					
\$1,300 Single					
\$1,900 Employee + Child(ren)		N/A		N/A	
\$2,100 Employee + Spouse					
\$2,400 Family					

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

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

# Pharmacy Benefit

All medical plan options include benefits for prescription drugs. 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)
<b>Generic</b>	\$10	\$15	\$30
<b>Formulary Brand</b>	25% \$15 minimum \$75 maximum	35% \$50 minimum \$150 maximum	30% \$75 minimum \$200 maximum
<b>Non-Formulary Brand</b>	35% \$30 minimum \$250 maximum	50% \$100 minimum \$500 maximum	40% \$150 minimum \$600 maximum
<b>Specialty Medications*</b>	\$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](http://www.caremark.com)  
CVS Caremark app

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





# Explore Livongo — Live Healthier!

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

Livongo, a part of Teladoc Health, makes 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 identify the programs for which you are eligible.

**Livongo Member Support:**  
 800-946-4355  
[go.livongo.com/AKRONCHILDRENS/now](http://go.livongo.com/AKRONCHILDRENS/now)  
 Registration code: AKRON CHILDRENS



Livongo for Diabetes	Livongo for Hypertension	Livongo Diabetes Prevention or Weight Management Nutrition
<ul style="list-style-type: none"> <li>• Connected blood glucose meter</li> <li>• Unlimited strips shipped right to you</li> <li>• Personalized insights &amp; more</li> </ul> 	<ul style="list-style-type: none"> <li>• Connected blood pressure monitor</li> <li>• One-on-one coaching</li> <li>• Real-time tips &amp; more</li> </ul> 	<ul style="list-style-type: none"> <li>• Connected smart scale</li> <li>• One-on-one coaching</li> <li>• Community support &amp; more</li> </ul> 

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

# Health Savings Account




## How the HSA Works

1. Select the Children’s Gold or Silver Plan for 2024.
2. Go to the bswift enrollment site to select your contribution amount.
 

Gold Plan – Annual Contributions		
	Children’s contributes	You can contribute up to
Single	\$1,300	\$2,850
Employee+ Child(ren)	\$1,900	\$6,400
Employee+ Spouse	\$2,100	\$6,200
Family	\$2,400	\$5,900

Silver Plan – Annual Contributions		
	Children’s contributes	You can contribute up to
Single	N/A	\$4,150
Employee+ Or Family	N/A	\$8,300

If you are 55 or older, you may contribute an additional \$1,000 each year in “catch up” contributions.
3. If you are enrolling in Children’s Gold or Silver Plan for the first time, HealthEquity will send a welcome packet containing your debit card to your home.
 
4. Use your HealthEquity HSA debit card.
 
5. Grow your account! Unused balances roll over from year to year and can grow into a substantial nest egg during your career.
 
6. Take it with you. All of the money in the HSA is yours to use for health care expenses, even if you retire or leave Children’s.

You can change your HSA contributions at any time by going to [akronchildrens.bswift.com](http://akronchildrens.bswift.com).

**HealthEquity**  
 844-341-6998  
[Myhealthequity.com](http://Myhealthequity.com)  
 HealthEquity Mobile app

### Take a Look at the HSA’s Triple Tax Advantages

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

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

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

# Flexible Spending Accounts (FSAs)



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

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

## Health Care FSA

If you are not enrolled in the Gold or Silver Plan, you may contribute to the Health Care FSA, which provides reimbursement of medical, prescription drugs, dental and vision expenses. You can set aside up to \$3,200 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

You can incur eligible expenses for your 2024 accounts until March 15, 2025. It is important to carefully estimate your yearly out-of-pocket FSA expenditures. Any amounts contributed to your account for which a reimbursement claim is not made by the deadline will be forfeited.

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

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

## Dependent Care FSA

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

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



## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$10 copay	Up to \$30
Retinal Imaging	\$20 copay	Up to \$10
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
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
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
<b>LENSES</b>		
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
<b>LENS OPTIONS</b>		
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
<b>CONTACT LENSES</b>		
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
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>		
Exam	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Lenses	Once every calendar year	Twice every calendar year
Frame	Once every calendar year	Twice every calendar year
Contact Lenses	Once every 2 calendar years	Once every 2 calendar years
Contact Lens Fit and Follow-up	Once every calendar year	Once every calendar year
(Plan allows the member to receive either contacts and frame, or frame and lens services.)		



### 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](http://eyemed.com/member) to see all plans included with your benefits.

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

## SUMMARY OF BENEFITS

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Fit and Follow-up - Premium	\$0 copay; 0% off retail price less \$40 allowance	Up to \$40
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$160 allowance	Up to \$80
<b>LENSES</b>		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
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<b>CONTACT LENSES</b>		
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
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
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to see all plans included with your benefits.

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.



# Your dental coverage

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

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



# Your dental coverage

## A Sample of Services Covered by Your Plan:

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

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



<b>What is Short Term Disability Insurance?</b>	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).
<b>Who is Eligible?</b>	You are eligible if you are a regular full-time or part-time employee, budgeted to work at least 16 hours per week
<b>How much coverage will I have?</b>	<p><b>For part-time non-exempt employees, two options are available:</b>  Option 1: Waive Coverage  Option 2: 50% of your weekly earnings for 25 weeks (Contributory)</p> <p><b>For full-time non-exempt employees, three options are available:</b>  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)</p> <p><b>For non-management exempt employees, the coverage options are:</b>  Option 1: 80% of your weekly earnings for the first 12 weeks, then 66 2/3% for the next 13 weeks  Option 2: 80% of your weekly earnings for the full 25 weeks (Contributory)</p> <p><b>For management exempt employees, the non-contributory coverage option is:</b>  100% of your weekly earnings for the first 12 weeks, then 80% for the next 13 weeks</p> <p><b>For Physicians, Residents, Advance Practice Providers and Administrators, the non-contributory coverage option is:</b>  100% of your weekly earnings for 25 weeks</p>
<b>What Earnings is my benefit based on?</b>	Covered earnings are your base rate times your budgeted hours, excluding shift differential, overtime, bonuses or any other extra compensation.
<b>When can I enroll?</b>	You must elect coverage within 31 days of your initial eligibility, or during an annual Open Enrollment Period.
<b>When does my coverage become effective?</b>	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.
<b>How long do I have to wait before I can receive my benefit?</b>	You must be totally or partially disabled for at least 7 calendar days before you are eligible to commence Short Term Disability benefit payments. Non-exempt employees are required to use PTO to cover the first three scheduled work days missed, up to a maximum of 24 hours of PTO. Additional PTO time may be requested.
<b>How long will my disability payments continue?</b>	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).
<b>Are there any pre-existing condition exclusions?</b>	No, pre-existing conditions are not excluded.
<b>Are there any other limitations?</b>	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.
<b>Are there any exclusions?</b>	<p>You cannot receive benefit payments for disabilities that are caused or contributed by:</p> <ul style="list-style-type: none"> <li>* Occupational Illness or Injury (as determined by the Bureau of Workers' Compensation)</li> <li>* War (declared or not) or active duty in any armed service during a time of war</li> <li>* The commission of, or attempting to commit, a felony</li> <li>* Any intentionally self-inflicted injury</li> <li>* Participation in a Riot.</li> </ul> <p>You must be under the regular care of a physician to receive benefits.</p>

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

<b>What is Long Term Disability Insurance?</b>	Long Term Disability Insurance pays a portion of your earnings if you cannot work because of a disabling illness or injury
<b>Who is eligible?</b>	You are eligible if you are a regular full-time or part-time employee, budgeted to work at least 16 hours per week
<b>How much coverage will I have?</b>	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.  <b>Buy Up Option:</b> All eligible 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.  <b>Waive Coverage:</b> This option is available to part-time employees other than Physicians, Administrators, Advance Practice Providers or Management.
<b>What Earnings is my benefit based on?</b>	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.
<b>When can I enroll?</b>	You must elect coverage within 31 days of your initial eligibility, or during an annual Open Enrollment Period.
<b>When would I receive a benefit?</b>	You must be totally or partially disabled for at least 26 calendar weeks before you can receive a Long Term Disability Insurance benefit payment.
<b>How long could I receive a benefit?</b>	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.
<b>Are there any pre-existing condition exclusions?</b>	In general, "Pre-Existing Condition" means a condition for which you were diagnosed or received treatment within three months prior to your effective date of LTD coverage. Disabilities which are caused or contributed to by, or results from, a Pre-Existing Condition are not covered in the first 12 months following your effective date.
<b>Are there any exclusions?</b>	There are plan exclusions. Refer to the insurance policy which describes all exclusions.
<b>Are there other limitations?</b>	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.

*This Benefit Highlight 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 Highlight Sheet and the Insurance Policy, the terms of the Insurance Policy apply.*

# 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 new hire 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](http://mylincolnportal.com)

# 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](http://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 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.





# 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.

## Universal Life Insurance

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

## Critical Illness Insurance

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

## Accident Insurance

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

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

## Hospital Indemnity Insurance

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

## Identity Theft Insurance

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

## Legal Services

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

## Pet Insurance

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

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



# Explore the Employee Assistance Program

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

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

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

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

## Carebridge Quick Tips & Resources

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

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

### Carebridge Corporation

Access Code: H3C4C

800-437-0911

[clientservice@carebridge.com](mailto:clientservice@carebridge.com)

[www.myliferesource.com](http://www.myliferesource.com)

Available 24/7/365







# Well-Being Program

Way of Life is an exciting and engaging well-being program designed to help all Akron Children’s employees grow and thrive in every area of life. By participating in this voluntary and confidential program, you’ll make progress on your personal well-being goals.



## Program Features

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

**DAILY CHECK-INS**

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

**ACTIVITIES**

Choose from a variety of digital activities, and engage on a monthly, weekly and daily basis. Activities evolve throughout the year; log in often to see what’s new. You’ll find more interactive options, including quarterly live webinars and earning points for blood donation, volunteering, and participating in Children’s well-being activities and charity walks/races.

**ASSESSMENTS**

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

**DIGITAL COACHING PATHS**

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

**KNOW YOUR NUMBERS**

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

**1:1 COACHING**

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

# 2024 Rates (Employee Per Pay Deductions)

FULL-TIME EMPLOYEES							
	Children's Gold Plan	Children's Silver Plan	Children's Conventional Plan	AultCare Plan	Dental Plan	Vision Plan	Enhanced Vision Plan
<b>SINGLE</b>							
Regular Rate	\$57.00	\$10.00	\$131.00	\$138.00	\$6.00	\$2.56	\$7.98
Well-Being Rate	\$47.00	\$0	\$121.00	\$128.00			
<b>EMPLOYEE + CHILD(REN)</b>							
Regular Rate	\$89.00	\$40.00	\$219.00	\$231.00	\$10.00	\$5.33	\$16.59
Well-Being Rate	\$79.00	\$30.00	\$209.00	\$221.00			
<b>EMPLOYEE + SPOUSE</b>							
Regular Rate	\$106.00	\$54.00	\$288.00	\$288.00	\$12.00	\$4.87	\$15.17
Well-Being Rate	\$96.00	\$44.00	\$278.00	\$278.00			
<b>FAMILY</b>							
Regular Rate	\$148.00	\$92.00	\$409.00	\$425.00	\$16.00	\$7.82	\$24.35
Well-Being Rate	\$138.00	\$82.00	\$399.00	\$415.00			

PART-TIME EMPLOYEES							
	Children's Gold Plan	Children's Silver Plan	Children's Conventional Plan	AultCare Plan	Dental Plan	Vision Plan	Enhanced Vision Plan
<b>SINGLE</b>							
Regular Rate	\$65.00	\$10.00	\$170.00	\$176.00	\$6.00	\$2.56	\$7.98
Well-Being Rate	\$55.00	\$0	\$160.00	\$166.00			
<b>EMPLOYEE + CHILD(REN)</b>							
Regular Rate	\$104.00	\$47.00	\$280.00	\$297.00	\$10.00	\$5.33	\$16.59
Well-Being Rate	\$94.00	\$37.00	\$270.00	\$287.00			
<b>EMPLOYEE + SPOUSE</b>							
Regular Rate	\$127.00	\$65.00	\$372.00	\$373.00	\$12.00	\$4.87	\$15.17
Well-Being Rate	\$117.00	\$55.00	\$362.00	\$363.00			
<b>FAMILY</b>							
Regular Rate	\$177.00	\$112.00	\$527.00	\$549.00	\$16.00	\$7.82	\$24.35
Well-Being Rate	\$167.00	\$102.00	\$517.00	\$539.00			



# Additional Important Information

## About this Booklet

This guide is designed to provide an overview of 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. Akron Children's reserves the right to amend, change or terminate any benefit at any time.

## Questions?

Contact our Benefits Cell Center at 888-261-1525 or send an email to [benefits@akronchildrens.org](mailto:benefits@akronchildrens.org).

For language interpretation services, which are free of charge, email [interpreting@akronchildrens.org](mailto:interpreting@akronchildrens.org), or see the [Language and Special Access Services page](#) on myKidsnet.

