



2023

**ASSOCIATE
BENEFITS**



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GETTING STARTED

BENEFITS ENROLLMENT

The 2023 Open Enrollment is held from October 24 to November 14 for a January 1, 2023, effective date. Log in to Employee Self-Service (ESS) and elect benefits by November 14 to have benefits for the 2023 plan year. **This year's Open Enrollment is passive, so your current benefit elections (besides FSA) will roll over to 2023 if you not do make changes. You must elect to enroll in the FSA even if you are not making any other changes.**

Open Enrollment is also a good time to verify your dependents' dates of birth and Social Security numbers to ensure completeness and accuracy.

All associates will be required to use the enrollment system for enrollment and/or changes. The enrollment system can be accessed through Employee Self Service (ESS) or from the Pulse under Human Resources > Benefits > Benefit Enrollment. All associates with a status of 60 hours or more per pay period are eligible to enroll in benefits.

If you are adding a dependent to your medical, dental, or vision plan who was not previously enrolled, you must provide proof of dependent eligibility by November 14, 2022, (See the Dependent Eligibility Verification section.)

NEW ASSOCIATES

New associates with a status of 60 or more hours per pay period have 30 days from the date of hire to enroll. Benefits are effective on the first of the month following date of hire.

OLATHE HEALTH'S MOBILE APPLICATION — OH TOTAL VALUE & BENEFITS

To view the Benefits Guide please download the Olathe Health App, click on the left hand side drop down and choose OH Associates Only, click on the link and download the OH Total Value & Benefits app. Follow the easy login instructions from there.

MAKING BENEFIT CHANGES DURING THE YEAR

Olathe Health realizes that certain life events may change your need for benefits during the year. You must experience one of these events to change your benefits after your initial enrollment or outside of the annual Open Enrollment period. If you experience a Qualifying Life Event, you must notify Olathe Health HR Department within 30 days after the event has occurred to report your change in eligibility.

If you miss your 30-day deadline to add or make changes to your benefits, your next opportunity to add or make changes to your benefits will not be until Open Enrollment for 2024 (no exceptions). Benefits are effective on the first of the month following the change in status. If you are dropping coverage, benefits will continue through the end of the month of eligibility.

EXAMPLES OF QUALIFYING LIFE EVENTS

- Birth, legal adoption, or placement for adoption.
- Marriage, divorce, or legal separation.
- Dependent child reaches age 26.
- Employment status change that results in gaining or losing eligibility for coverage.
- Spouse gains or loses employment or eligibility with their current employer.
- Death of your spouse or dependent child.
- Status change — reduction in hours and PRN status — if you meet specific eligibility requirements for health coverage under the Affordable Care Act (ACA), your health insurance coverage with Olathe Health will continue on through the end of the current year. Please see the information on the Pulse or email Ask.HR@olathehealth.org.

BENEFIT HIGHLIGHTS

BENEFITS BASICS

Eligibility

You are eligible to participate in the medical, dental, vision, long term disability, and flexible spending plans if you have a status of 60 or more hours per pay period.

If you have a status of 40 or more hours per pay period, you are eligible for the following voluntary benefits:

- Accident insurance
- Critical illness
- Hospital indemnity
- Identity theft
- Legal
- Pet insurance
- Short term disability
- Whole life

COVERING FAMILY MEMBERS

If you enroll in medical, dental, or vision, you may enroll your eligible dependents, which include your:

- Lawful spouse
- Domestic partner
- Children until the end of the year in which they turn 26 (born to or lawfully adopted by you, your legal spouse, or your domestic partner)
- Disabled children age 26 or older (born to or lawfully adopted by you, your legal spouse, or your domestic partner) who are incapable of self-support, provided the disability began before age 26

PLEASE NOTE:

If you are enrolled in a health savings account through your spouse's coverage, you cannot enroll in an Olathe Health flexible spending account.

DEPENDENT ELIGIBILITY VERIFICATION

Anyone adding dependents to the medical, dental, or vision plan must submit proof of eligibility. Forms need to be uploaded when enrolling. You have 30 days to provide the dependent verification documents.

Required Documents

Spouse

- Copy of marriage certificate
- Copy of a joint document, such as the most recent tax filing, an auto insurance bill, or a utility bill; both names must appear on the form
- Social Security number

Child(ren)

- Copy of birth certificate or signed court order
- Social Security number

Domestic Partner

- Declaration form
- Joint document
- Social Security number

SPOUSAL SURCHARGE

Enrolling a spouse or domestic partner in Olathe Health's medical plan?

If your spouse or domestic partner has access to another employer's medical plan and chooses to enroll in Olathe Health's medical plan, you will be charged a \$50 per month spousal surcharge.

If your spouse either gains or loses coverage through their employer, you must notify HR within 30 days.

BLUE KC MEDICAL AND PRESCRIPTION DRUG INSURANCE

Olathe Health provides medical insurance through Blue KC to all associates with a status of 60 or more hours per pay period and their eligible dependents. Dependent children meeting the eligibility requirements are covered through the end of the calendar year in which they turn 26. To locate a provider, visit www.bluekc.com or call 866-483-6261.

Olathe Health is proud to offer Associates a robust and affordable medical plan. We continue to offer the greatest savings when seeking care “domestically” or here at OHSI. You have two plans to choose from: the BlueSelect Plus and the Preferred Care Blue.

BLUESELECT PLUS

BlueSelect Plus is a narrow network of 4,100 physicians and 10 hospitals concentrated in and around the metro Kansas City area. It is designed to offer lower costs in exchange for a more select network of metro providers. Although you may live in any county in the Blue KC service area (30 counties in northwest Missouri, and Johnson and Wyandotte counties in Kansas) and choose this BlueSelect Plus network option; however, BlueSelect Plus is best suited to those who live or work in the Kansas City metro area because the in-network providers are concentrated in the six metro counties: Clinton, Clay, Jackson and Platte on the Missouri side, and Johnson and Wyandotte counties on the Kansas side.

The BlueSelect Plus health systems you have access to are:

- Olathe Medical Center & Miami County Medical Center*
- Advent Health
- Cameron Regional Medical Center
- Children’s Mercy Hospital
- Liberty Hospital
- North Kansas City Hospital
- Miami County Medical Center*
- Truman Medical Center — Hospital Hill
- Truman Medical Center — Lakewood
- The University of Kansas Hospital

*For Olathe Health members only

NOTE: The HCA and Saint Luke’s Health Systems are not included.

FREQUENTLY ASKED QUESTIONS

How do I know if BlueSelect Plus is a good fit for me?

If you live and/or work in the Kansas City metropolitan area, you can benefit from the savings of BlueSelect Plus when you visit a BlueSelect Plus hospital or provider. If you seek services outside of the Kansas City Metro area (outside of the 6 counties: Clinton, Clay, Jackson and Platte on the Missouri side, and Johnson and Wyandotte counties on the Kansas side).

If I'm outside the 32-county Blue KC service area, can I still choose the BlueSelect Plus plan?

Yes. Outside the 32-county Blue KC service area, BlueSelect Plus members are covered under BlueCard PPO coverage. However, you don't have BlueCard Coverage within the 32-county Blue KC Service area.

BlueSelect Plus Examples

- Joe resides in the Kansas City area but spends time in Florida during the winter. Joe can still choose BlueSelect Plus, which means he can access a BlueCard provider when he's in Florida, and BSP providers when he's home in the Kansas City metro area.
- Martha resides in Linn County (a County that is within the 32-county area but NOT within the 6-county BlueSelect Plus area). Martha wants to see a provider close to her home. The BSP plan is not a good option for her, as she will not have an in-network provider near her home because it is outside of the 6-county BSP area.
- Similar to Martha, Susie resides in Linn County. However, Susie likes to see a provider near her employer (within the 6-county BSP area). The BSP plan is a good option for Susie because she seeks services within the 6-county area. However, Susie must understand that she is limited to providers within the 6-county BSP area unless it is an emergency, or she is out of town using the BlueCard Network (and outside of the 32-county area).

PREFERRED-CARE BLUE

The Preferred-Care Blue network is a broad network of 6,800 providers covering all 32 counties of Blue KC, giving you the most choice of providers. This network includes all the providers within the BlueSelect Plus network as well as HCA, Saint Luke's Health System, and rural providers. It does not include St. Joseph and St. Mary's Medical Centers.

Regardless of what plan you're enrolled in; emergency services are always covered at the in-network level no matter where you are.

FINDING A PROVIDER

It's important to know that your provider/facility is in-network. You can search online for physicians and other healthcare providers using the following steps:


1. Visit the Blue KC website at www.bluekc.com
2. Log in to your online Blue KC account by clicking the LOGIN link in the top right-hand corner of the website
 - Enter your username and password or register
 - You will be taken to your Blue KC homepage
3. Select the FIND CARE tab on the left-hand side of the website
4. Click on FIND A DOCTOR OR HOSPITAL
 - You will be taken to the provider finder tool
5. You will be able to search for providers within your network on this page. Make sure you select the network that you're enrolled in, BlueSelect Plus or Preferred Care Blue.

DIGITAL HEALTH

Olathe Health offers you Digital Health through our own providers. You can call the Dr. Today line at 913-782-2224 (or 1-877-544-2224 from outside of the Kansas City area) to schedule an appointment. For more information, visit our website at www.olathehealth.org/services-and-specialties/telehealth.



2023 MEDICAL/RX PLAN OPTIONS — BENEFIT SUMMARY

				
Medical Plan	Domestic	"Friends of OHSI"	In-Network	Out-of-Network
Deductible (Single/Family)	\$750/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance (What the plan pays)	90%	90%	70%	40% (BSP)/50% (PCB)
Medical OOPM (Single/Family)	\$2,000/\$4,000	\$2,250/\$4,000	\$7,000/\$14,000	\$19,800/\$39,600
PCP Office Visit	\$10 copay	\$20 copay	\$40 copay	Deductible, then coinsurance
Specialist Office Visit	\$25 copay	\$45 copay	\$65 copay	Deductible, then coinsurance
Urgent Care	\$10 copay	\$45 copay	\$65 copay	Deductible, then coinsurance
Emergency Room	\$150 copay, plus deductible	\$150 copay, plus deductible	\$150 copay, 70% after deductible	\$150 copay, 70% coinsurance after in-network deductible

Laboratory Benefit Note: Basic laboratory services (UA and CBC) can be provided domestically and are covered at 100%. If you have advanced services or labs run through a non-domestic provider (i.e., Quest or LabCorp), the services will pay at the In-Network level which will apply toward your deductible and coinsurance.

PHARMACY BENEFITS

You will pay the lowest amount for your prescriptions if you fill your prescriptions with available generics.

You have the flexibility to receive a 90-day supply of your prescriptions from ANY source, including your favorite retailer (no longer limited to mail order only).

See below for the 2023 pharmacy benefit design.

Prescription Drugs	
Retail Copays (30-day supply)	Domestic and In-Network
Tier 1 – Generic	\$10 copay
Tier 2 – Brand Preferred	\$50 copay
Tier 3 – Brand Non-Preferred	\$80 copay
Tier 4 – Specialty Generic	20% coinsurance to maximum \$150 copay
Tier 5 – Specialty Brand Preferred	20% coinsurance to maximum \$150 copay
Tier 6 – Specialty Brand Non-Preferred	20% coinsurance to maximum \$250 copay
Mail Order and Retail (102-day supply)	Domestic and In-Network
Tier 1 – Generic	\$20 copay
Tier 2 – Brand Preferred	\$100 copay
Tier 3 – Brand Non-Preferred	\$160 copay

Rx Savings Solutions — Pharmacy Program, a program offered by Blue KC that can help you save money on your prescriptions. You will receive outreach from Rx Savings Solutions if you qualify for the program.

If you have questions, contact Blue KC Member Services at 816-395-3542.

If you have questions regarding specialty medications, contact Blue KC Specialty Pharmacy Member Service at 800-228-1436.

ASSOCIATE PREMIUMS

We know that the cost of your coverage is important to you and your family. Olathe Health remains committed to cover approximately 75% of the total cost of your medical coverage.

Monthly Associate Premiums	BlueSelect Plus Plan	Preferred Care Blue Plan
Associate Only	\$165.00	\$210.00
Associate + Spouse	\$425.00	\$560.00
Associate + Child(ren)	\$345.00	\$455.00
Family	\$510.00	\$675.00

Doesn't include any potential wellness premium.

THE PULSE

The Pulse houses important benefits documents and announcements. Make sure you check it out!

BLUE KC MEMBER TOOLS

MINDFUL BY BLUE KC — INCLUDED IN BOTH MEDICAL PLAN OPTIONS

Remember that you have access to Blue KC's Mindful program. The Mindful program provides access to resources that can help with stress, anxiety, burnout, and major life events like divorce, adoption, or loss.

You can have up to 3 visits per issue. All visits are at no cost to you!

- Be more present and productive at work
- Feel supported when you don't feel like yourself
- Manage responsibilities that are distracting and stressful
- Grow personally and professionally
- Be a caring and loving friend or family member
- Identify where to go for care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve your daily life, health, and happiness

To get started, call 833-302-MIND (6463) or the behavioral health number on the back of your member ID card to talk with a Mindful Advocate, or visit www.mindfulbluekc.com to learn more.

MOBILE APP

Blue KC's mobile app will allow our members to access their health insurance information anytime, wherever they go. You can use the mobile app to:

- Find in-network providers
- Download and access digital ID cards
- Access benefit information to learn about their plan
- Review spending for the current plan year
- View details about claims
- Understand costs for common services

WELLNESS PROGRAM

Olathe Health’s wellness program with Wellworks For You is an all-encompassing program that is personalized to not only help you achieve a state of total well-being, but reward you for completing activities that promote healthy behaviors! The Wellworks For You wellness portal allows you to track and monitor your health metrics and complete health assessments that identify your current health status and potential risk factors. The portal also provides access to educational resources, wellness challenges, a fitness and nutrition dashboard with device/app syncing capabilities, and more!

Your participation in Olathe Health’s wellness program will be tracked in the Wellworks for You portal. Follow the steps below to complete the 2023 wellness program and earn an incentive:

Step 1: Choose Your Incentive

- Receive up to \$600 in gift cards or up to \$600 premium differential in 2024.

Step 2: Complete a Biometric Screening

- Attend an on-site biometric screening event at Olathe Health or complete an annual physical with your primary care physician and obtain lab work to receive 200 points

Step 3: Complete Additional Wellness Activities

- Complete at least 50 points in wellness activities in all eight pillars of wellness



Eight Pillars of Wellness

Physical	Nutritional	Connectedness	Emotional
Financial	Social	Environmental	Intellectual

Earn your incentive by November 1, 2023!



NEED MORE INFORMATION?

You can view the program guide on the Pulse. Or contact Wellworks For You at 800-425-4657.

DELTA DENTAL OF KANSAS (DDKS) DENTAL INSURANCE

Dental insurance is offered to all associates with a status of 60 or more hours per pay period. DDKS offers three levels of coverage: PPO, Premier, and out-of-network. You may go to any dentist of your choosing; however, there may be a difference in coverage, depending on the network or if the dentist is not a participating dentist with Delta Dental. The base and buy-up dental plans differ on coinsurance for basic and major procedures and orthodontia coverage. See the chart below for more information.

To locate a provider or to ask questions, call 800-234-3375 or log in to www.deltadentalks.com.

2023 DENTAL PLAN OPTIONS — BENEFIT SUMMARY

	Base Dental Plan			Buy-Up Dental Plan		
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network
Calendar-Year Deductible*						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Calendar-Year Maximum	\$2,000 per covered member			\$2,000 per covered member		
Preventive						
Routine Exams	100%	80%	80%	100%	80%	80%
Cleanings						
X-Ray Examinations						
Basic						
Fillings	80%	60%	60%	90%	70%	70%
Tooth Extractions						
Endodontic Treatments						
Major						
Dentures						
Treatment of Periodontal Disease	50%	50%	50%	60%	60%	60%
Implants						
Orthodontia	Not covered			50% up to a lifetime maximum of \$1,000 per covered member (under age 19).		

*Does not apply toward preventive services.

2023 MONTHLY DENTAL ASSOCIATE PREMIUMS

Base Dental Plan	
Associate	\$22
Associate + Spouse	\$38
Associate + Child(ren)	\$34
Family	\$55
Buy-Up Dental Plan	
Associate	\$42
Associate + Spouse	\$62
Associate + Child(ren)	\$63
Family	\$92

REMEMBER

You can manage your dental benefits online!

Log in or register at
www.deltadentalks.com/member.

SURENCY VISION PLAN

Vision insurance is offered to all associates with a status of 60 or more hours per pay period. While you have in- and out-of-network coverage, you will receive a better benefit by going to in-network providers. The Surency vision network comprises both private practitioners and retail locations. Olathe Health is proud to offer two vision plans. The only difference between the plans is the frame/contact allowance. The base plan frame/contact allowance is \$150. The buy-up plan frame/contact allowance is \$200.

To find a complete provider listing, log on to www.surency.com, click on “Locate a Provider,” and select the “Access Network,” or call 866-818-8805.

In partnership with Surency, we are excited to announce a **hearing aid discount program through Amplifon!** Your hearing aid discounts include:

- 40% off hearing exams with participating providers
- Discounted pricing on hearing aids
- 60-day hearing aid trial periods

For more information and to find a provider, please call 888-407-7177.

BENEFIT SUMMARY

	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam Copay (every 12 Months)	\$10	Up to \$35	\$10	Up to \$35
Materials Copay	\$25	N/A	\$25	N/A
Frame Allowance (every 24 months)	\$150	Up to \$65	\$200	Up to \$65
Lenses (every 12 months)	Covered in full after \$25 materials copay		Covered in full after \$25 materials copay	
Single		Up to \$25		Up to \$25
Bifocal		Up to \$40		Up to \$40
Trifocal		Up to \$55		Up to \$55
Contact Lens Allowance (every 12 months)	\$150*	Up to \$100	\$200*	Up to \$100

*You will receive a 15% discount on amounts over \$150.

2023 MONTHLY VISION ASSOCIATE PREMIUMS

	Base Plan	Buy-Up Plan
Associate	\$7.22	\$9.38
Associate + Spouse	\$15.15	\$19.70
Associate + Child(ren)	\$12.98	\$16.87
Family	\$25.24	\$32.81

Visit your online member account at www.surency.com to manage claims and get details on the programs offered by Surency.

Note: All associates enrolled in the medical plan are eligible to receive one eye exam from a Blue KC provider for a \$10 copayment.

OLATHE HEALTH RETIREMENT PLAN

KEY FEATURES OF YOUR PLAN COMPANY MATCH

- You can make contributions on a pre-tax or after-tax (Roth) basis.
- All associates are eligible to contribute a percentage of their income to the 403(b) plan.
- Automatic enrollment at 5% for new hires.
- Automatic increase program capped at 10%.
- Olathe Health offers weekly enrollment for election changes.
- Fidelity will provide planning support, allowing you to put together a portfolio suited to your particular needs.
- It's easy to enroll or make changes. Call Fidelity at 800-343-0860, or visit www.netbenefits.com/atwork and click Enroll under Quick Links.

Your matching contributions will be allocated to the investment options you select, according to the percentages you choose. Please see the plan document for complete explanation of benefits.

Olathe Health helps your retirement savings grow by offering a match of 100% on the first 3% that you defer into the plan.

You are eligible for the company match immediately upon the first 30 days of your employment.

VESTING SCHEDULE

The vesting schedule would be as follows:

- 0-1 years of service = 0%
- 1-2 years of service = 20%
- 2-3 years of service = 40%
- 3-4 years of service = 60%
- 4-5 years of service = 80%
- 5+ years of service = 100%

YOUR CONTRIBUTION LIMIT

Your contributions are subject to the IRS annual limit, which is \$22,500 in 2023. If you wish to change your deferral amount, you must notify Fidelity at 800-343-0860 or visit www.netbenefits.com/atwork.

CATCH-UP CONTRIBUTION

If you will be age 50 or older during the calendar year and are making the maximum IRS pre-tax contribution, you may make an additional catch-up contribution each pay period. The 2023 IRS annual limit is \$7,500.



MEDICAL AND DEPENDENT CARE SPENDING ACCOUNTS

A medical spending account is offered to all associates with a status of 60 or more hours per pay period. The medical spending account annual maximum is \$2,850 or the IRS limit. This account allows you to utilize your pre-tax deductions to help pay for certain healthcare expenses, such as deductibles, copays, and miscellaneous out-of-pocket medical expenses.

The dependent care/eldercare annual maximum is \$5,000. This account also allows you to utilize pre-tax deductions for the care of your dependent children/elders while you are at work. Your dependent must be claimed on your federal income tax and reside at least eight hours a day in your home.

You are allowed to incur expenses until March 15 of the following year. Associate contributions that are not used within this time period are forfeited. For more information, call 866-308-2030. You MUST enroll online by November 14, 2022.



UNUM LIFE INSURANCE

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Olathe Health will provide associates with a status of at least 40 hours per pay period fully paid group basic term life and accidental death and dismemberment insurance. The benefit is 1 x your annual salary up to \$100,000. The benefit begins the first of the month following 30 days of employment.

SUPPLEMENTAL LIFE

You have the opportunity to add supplemental life benefits for yourself and your dependents. Newly eligible associates may purchase coverage in increments of \$10,000, up to a maximum 5 x your salary up to \$750,000, or per plan guidelines.

During Open Enrollment, current participants may add \$10,000 to existing coverage with no evidence of insurability. Applications for coverage amounts of more than \$200,000 will require a medical evidence of insurability form to be completed. New enrollments beyond the initial eligibility period require proof of good health, and the coverage is subject to approval by Unum. If you enroll in supplemental life coverage for yourself, you may also elect coverage on the lives of your spouse up to age 70 and dependent children to age 26.

The spouse/dependent life options listed in the box below are available and may be subject to a statement of health and approval by Unum. Please see the plan document for complete explanation of benefits.

	Spouse	Child
Option 1	\$15,000	\$10,000
Option 2	\$30,000	\$20,000
Option 3	\$75,000	N/A

DURING ANNUAL ENROLLMENT, ASSOCIATES WHO ARE ALREADY PARTICIPATING IN THE PLAN:

- May increase up to the guaranteed issue amount without evidence of insurability.
- May increase coverage by \$10,000, even over the guaranteed issue amount, without evidence of insurability.
- Will be subject to evidence of insurability for any increase of more than \$10,000 for coverage over the guaranteed issue amount.

SUPPLEMENTAL AD&D

Olathe Health is pleased to offer an accidental death and dismemberment policy through Unum at a minimal cost to you. All associates with a status of 40 or more hours per pay period are eligible to purchase additional AD&D coverage.

UNUM DISABILITY INSURANCE

BASE LONG TERM DISABILITY (LTD)

Olathe Health provides eligible associates LTD insurance through Unum at no cost. See below for high-level plan provisions.

Plan Provision	
Eligibility	Full-time associates with 60+ hours per pay period
Elimination Period	180 days
Monthly Benefit	40% of base salary to a maximum of \$3,000 per month

BUY-UP LONG TERM DISABILITY (LTD)

You have the option to purchase additional LTD coverage through Unum to supplement the coverage Olathe Health offers to you. See below for high-level plan provisions.

Plan Provision	
Eligibility	Full-time associates with 60+ hours per pay period
Elimination Period	180 days
Monthly Benefit	60% of base salary to a maximum of \$5,000 per month

SICK LEAVE

Sick leave is a benefit provided to all associates with a status of 40 or more hours per pay period. The sick leave benefit may be used following completion of the 90-day introductory period.

Upon employment, eligible staff will begin accumulating sick benefit time at the rate of 0.03077 hours of sick benefit per hour of work up to 80 hours per pay period, exclusive of call-back overtime. This benefit allows for accumulation of up to eight sick days per year. Associates may accrue up to a maximum of 480 hours of sick leave.

*Remember to enroll by
November 14!*



PAID TIME OFF

Full and part-time associates accrue paid time off. Although Olathe Health strongly encourages associates to take earned time off to rest, recharge, and spend quality time with family and friends, PTO may be carried over to future years, allowing up to 240 hours in 2023. The PTO model is designed to include vacation, holiday, and personal time.

- Upon employment, associates accumulate paid time off benefit time based on all hours paid, up to 80 hours per pay period, exclusive of call-back overtime.
- Please refer to your Associate Experience and Policy Guide (AE and PG) for more detailed information.

Years of Service	Accrual Rate	PTO Days
0-2	0.0885	23
3-6	0.0962	25
7-10	0.1077	28
11-14	0.1154	30
15+	0.1231	32

Based on 80 hours per pay period.
Assumes an 8-hour shift.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Olathe Health partners with Unum for the EAP, which is available to all associates. This program provides confidential assistance with personal, family, or work life that may affect your physical and emotional health.

Some examples are interpersonal difficulties, marriage and family concerns, stress management, emotional upsets, financial matters, support for child care, and alcohol/drug problems.

The EAP is a confidential resource to help you deal with these concerns by connecting you with a licensed professional who provides diagnostic assessment and treatment referrals, if needed.

To speak to a representative, please call 800-854-1446 or visit www.unum.com/lifebalance; user ID and password: lifebalance.





EDUCATION ASSISTANCE

Olathe Health is committed to the importance of ongoing education. Olathe Health provides tuition reimbursement for all associates with a minimum status of 48 hours per pay period after six months of employment. Up to \$5,250 per calendar year is available for full-time (60 hours per pay period) associates and up to \$2,625 per calendar year for part-time (48-59 hours per pay period) associates for approved college credit toward an associate, bachelor's, or master's degree or course work applicable to the non-physician-associate's job.

We also cover the expense of initial certifications. All course work or degree programs must be applicable to a current job classification at Olathe Health.

See the plan document for additional details.

ADOPTION ASSISTANCE

Olathe Health is proud to now offer you adoption assistance! Complete the Olathe Health Adoption Assistance plan form to receive \$5,000 per child.

You are eligible for adoption assistance if:

- You are a full-time associate with 30+ hours per week.
- You have been employed at Olathe Health for 181 continuous days.
- You must complete the Olathe Health Adoption Assistance Plan form and provide supporting documentation.

PAID PARENTAL LEAVE

Olathe Health offers paid parental leave. You may take up to **five consecutive days** of paid time off if you have given birth to a child, adopted a child, are a spouse or committed partner of an individual who has given birth to a child, or if you are the parent of the newborn child or adopted child.

You must provide your supervisor and HR with a request for leave notice at least 30 days prior to the proposed date of the leave and provide all the required documentation.

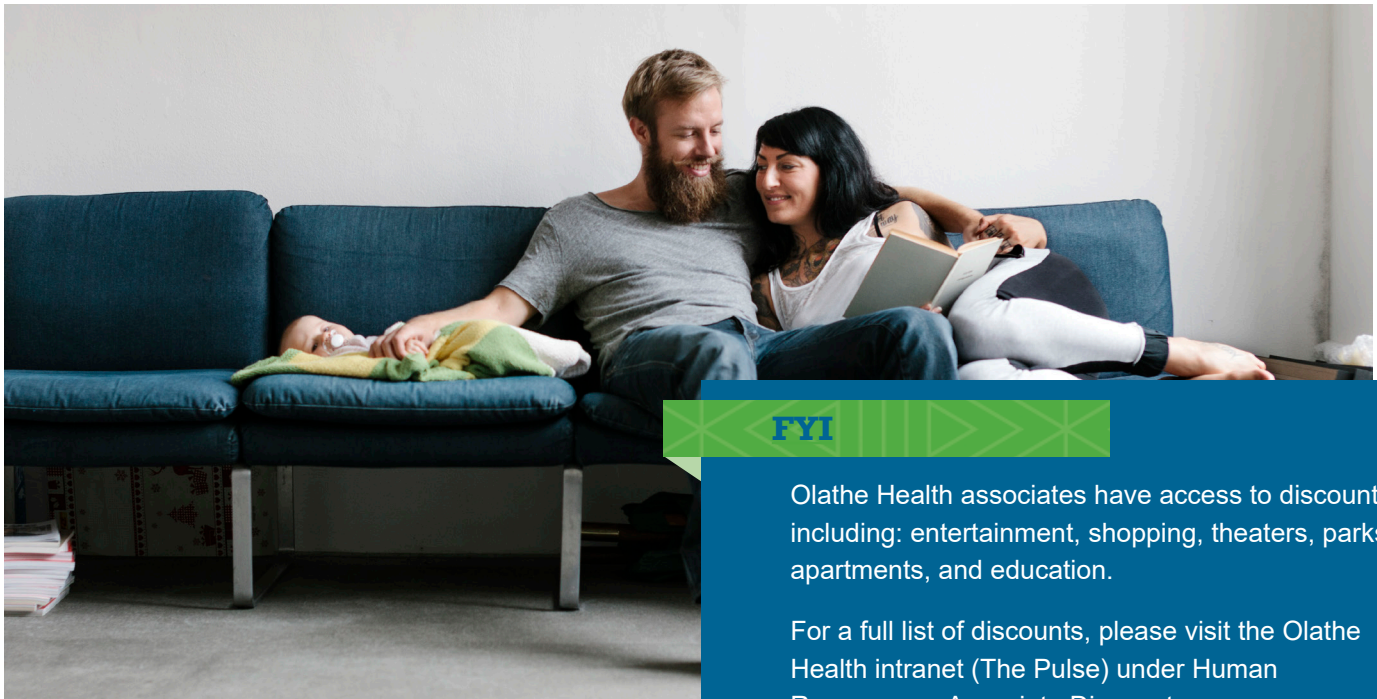
You are eligible for paid parental leave if:

- You are a full-time associate with 30+ hours per week.
- Have been employed at Olathe Health for 181 continuous days.

ADDITIONAL OLATHE HEALTH BENEFITS

Benefit	Who Pays	Who Receives	What You Get
Cafeteria	Associate	All associates	Meals at reduced rates
Bereavement Leave	Olathe Health	FT/PT associates	3 days*
Jury Leave	Olathe Health	FT/PT associates	Pay for your normally scheduled hours

* See Associate Experience and Policy Guide for more information.



FYI

Olathe Health associates have access to discounts including: entertainment, shopping, theaters, parks, apartments, and education.

For a full list of discounts, please visit the Olathe Health intranet (The Pulse) under Human Resources > Associate Discounts.

VOLUNTARY BENEFITS

VOLUNTARY BENEFITS ARE AVAILABLE TO ALL ASSOCIATES WITH A STATUS OF 40 HOURS OR MORE PER PAY PERIOD.

You do not have to be enrolled in the employer-sponsored medical plan to enroll in these benefits. Contact the Benefit Communication Specialist at 913-355-4500 for more information, unless otherwise noted below.

UNUM: ACCIDENT/CRITICAL ILLNESS, SHORT TERM, WHOLE LIFE

Accident Insurance

Designed to supplement employer-sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from non-work-related injuries or accidents. Hospitalization, physical therapy, intensive care, transportation, and lodging are some of the out-of-pocket expenses that this accident insurance could cover.

Coverage is available for you, your spouse, and/or your child(ren).

Critical Illness

Critical illness insurance can help supplement major medical coverage by helping associates pay the direct and indirect costs associated with a critical illness or event. Conditions covered under this program include cancer, heart attack, stroke, major organ transplant, kidney failure, and paralysis (due to an accident). The coverage also includes an annual health screening benefit. Benefits are paid tax-free in a lump sum ranging from \$10,000 to \$50,000 to be used at the claimant's discretion.

Short Term Disability

This income protection policy can help replace a portion of your salary should you experience a disability. The plan pays monthly benefits in the event of sickness and off-the-job accidents.

As with most short term disability plans, this policy has a 12-month pre-existing condition limitation. Premiums are based on income, attained age, and amount of coverage purchased.

Whole Life Insurance

Interest-sensitive whole life insurance is designed to provide death benefits to your beneficiaries if you pass away, but it can also build cash value that you can utilize while you are still living. At an affordable premium, you can have the added financial protection that you and your family may need during times of uncertainty. Coverage can be secured without a physical exam.

Coverage options are available to you, your spouse, and/or your child(ren) and grandchild(ren). As long as the premium continues to be paid, your rate is guaranteed never to increase, and your benefits can never decrease.

AFLAC: HOSPITAL INDEMNITY PLAN

Hospital indemnity insurance provides financial assistance to enhance your current coverage. This is a voluntary plan that helps during a hospital stay so that you can avoid dipping into savings or having to borrow to cover out-of-pocket expenses that health insurance was never intended to cover. Examples include transportation, meals for family members, help with child care, and time away from work. For more information, please visit www.aflacgroupinsurance.com.

LEGALSHIELD: IDENTITY THEFT AND LEGAL PLAN COVERAGE

Identity Theft

Identity theft provides protection for your credit history, your good name, and your peace of mind. LegalShield believes that your most valuable asset is your identity. Without it, your life simply comes to a halt. LegalShield Identity Theft delivers comprehensive protection focused on prevention, detection, and restoration.

Legal Plan

The legal plan provides you access to quality legal services while protecting you from the high cost of legal fees. This is a voluntary plan that you may enroll in anytime throughout the year. When you use a plan attorney, you have unlimited telephone advice and office consultations on all personal legal matters, including consumer protection, family law, debt matters, immigration assistance, defense of civil lawsuits, traffic matters (except DUI), and wills and estate planning. Please note that the plan does not cover business- and employment-related matters.

NATIONWIDE: PET INSURANCE

Pet insurance is available for dogs, cats, and a select list of other exotic pets. You can use any veterinarian, including specialists and emergency providers. Plans cover surgeries, lab fees, diagnostic tests, hospitalization, prescription drugs, and more. Affordable wellness coverage can be added to any medical plan for an additional premium. You have two ways to apply for coverage that reflects a group discount: Call 877-738-7874 for more information and tell the pet insurance specialist that you are with Olathe Health, or go online to www.petsvpi.com and enter “Olathe Health” in the search box.

IMPORTANT BENEFITS CONTACT INFORMATION

CORE PLANS (ASSOCIATES WITH 60+ HOURS)

Blue KC — Medical/Rx
866-483-6261
www.bluekc.com

Surency — Vision
866-818-8805
www.surency.com

Unum — Life & Disability
866-679-3054
www.unum.com

Delta Dental of Kansas — Dental
800-234-3375
www.deltadentalks.com

HBS Flex — Flexible Spending
Accounts
866-308-2030
www.hbsflex.com

Wellworks
800-425-4657
www.wellworksforyou.com

VOLUNTARY PLANS (ASSOCIATES WITH 40+ HOURS)

Unum — Accident, Critical Illness,
Short Term Disability and Whole
Life
866-679-3054
www.unum.com

Aflac — Hospital Indemnity
800-433-3036
www.aflacgroupinsurance.com

Nationwide — Pet Insurance
877-738-7874
www.petsvpi.com

LegalShield — Identity Theft &
Legal Plan
800-654-7757
www.legalshield.com

ALL ASSOCIATES

Employee Assistance Program
(EAP)
800-854-1446
www.unum.com/lifebalance

Fidelity — Retirement
800-343-0860
www.netbenefits.com/atwork

Unum — FMLA
866-779-1054
www.unum.com

HUMAN RESOURCES (HR)

Human Resources Department
913-791-4243
Ask.HR@olathehealth.org

Benefit Communication Specialist
913-355-4500

Benefits Specialist
913-791-4244

ALL CHANGES MUST BE MADE BY NOVEMBER 14!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

FINAL NOTES

This summary of benefits is not intended to be a complete description of Olathe Health's insurance benefit plans. Please refer to the plan documents located on the Pulse for a complete description.

Please contact the vendor or Olathe Health Human Resources representative at Ask.HR@olathehealth.org with questions regarding the information provided in this overview.