

Benefits Enrollment Guide 2021



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There's a lot of technical language in here, but we're here to help you get through it. Let's get started setting you up for a healthy, happy 2021.

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Starting with the basics: Your benefits at a glance.

This table provides a summary of the benefits available to you in 2021. You are automatically enrolled in the benefits that are checked below, and they are 100 percent paid for by CHG. Remember that this brochure is a summary only and lists benefits for in-network services. Please refer to the plan documents on the benefits intranet page for full details.

HEALTHCARE BENEFITS*

<input type="radio"/> High medical plan	Competitive PPO plan with a \$500 individual deductible, 90% coinsurance, \$20 primary care co-pay, three-tier Rx benefit, and 100% preventive care coverage
<input type="radio"/> Low medical plan	Competitive PPO plan with an \$1000 individual deductible, 70% coinsurance, \$25 primary care co-pay, three-tier Rx benefit, and 100% preventive care coverage
<input type="radio"/> Dental insurance	\$50 deductible, 100% coverage for preventive care
<input type="radio"/> Vision	\$5 co-pay for eye exams and allowances for glasses and/or contacts
<input checked="" type="radio"/> Teladoc Health	Consult with a doctor from the comfort of your own home
<input checked="" type="radio"/> Fertility coverage	Comprehensive fertility coverage is included with a CHG medical plan
<input checked="" type="radio"/> Quantum Health	Customer service hub dedicated to assisting you with your benefits needs.

FINANCIAL BENEFITS

FLEXIBLE SPENDING ACCOUNTS

<input type="radio"/> Medical	Pretax deductions for eligible healthcare expenses
<input type="radio"/> Dependent daycare	Pretax deductions for eligible daycare expenses
<input type="radio"/> Mass transit	Pretax deductions for eligible mass transit commuter expenses

401(K) RETIREMENT PLANS BY FIDELITY

<input type="radio"/> Traditional 401(k)	Pretax contributions matched at 50% of the first 7% you contribute
<input type="radio"/> Roth 401(k)	Posttax contributions matched at 50% of the first 7% you contribute

DISABILITY AND LIFE INSURANCE

<input checked="" type="radio"/> Long-term disability	Income replacement for extended illness
<input checked="" type="radio"/> Short-term disability	Income protection for yourself for disabilities up to 12 weeks
<input checked="" type="radio"/> Basic Life and AD&D	Automatic Life and AD&D policies equal to one year's salary
<input type="radio"/> Supplemental Life insurance	Available for yourself, your spouse, and your children
<input type="radio"/> Supplemental AD&D	Covers Accidental Death & Dismemberment of you and your family

OPTIONAL INSURANCE

<input type="radio"/> Identity theft protection and legal services	Individual identity theft protection and legal services coverage offered at a group rate
<input type="radio"/> Auto & home insurance	Individual auto and home products offered at a group rate
<input type="radio"/> Critical illness	Lump-sum benefit to help with out-of-pocket expenses associated with a critical illness diagnosis
<input type="radio"/> Accident insurance	Can provide a cushion to help cover expenses and living costs if an unexpected injury occurs
<input type="radio"/> Pet insurance	Medical and preventive care coverage options for your pets

WORK/LIFE BENEFITS

<input checked="" type="radio"/> Tuition reimbursement	Up to \$5,250 per year for eligible education expenses
<input checked="" type="radio"/> Employee Assistance Program	Confidential resource for behavioral, financial, and legal assistance
<input checked="" type="radio"/> PTO, VTO, and holidays	Paid time off, including 10 paid holidays and eight hours of Volunteer Time Off

*Benefits quoted are for in-network services. CHG offers these programs at no cost to you.

Before we get into the nitty gritty, let's address some common questions on eligibility, enrollment, and what to expect.

Who's eligible for healthcare benefits?

If you are an employee averaging at least 20 hours per week, you are eligible to participate in CHG's health insurance and benefits program. Your coverage is effective the first of the month following date of hire, and you must complete your enrollment elections online within 30 days of your effective date (see enrollment process). Coverage for your benefits ends on the last day of the month in which employment terminates.

WHAT ABOUT MEMBERS OF MY FAMILY?

If you enroll in coverage, you may also cover your eligible dependents:

- Your legal spouse (unless you are legally separated)
- Your registered domestic partner (same or opposite gender) and any domestic partner children
- Your married and unmarried children under age 26, including biological children, stepchildren, adopted children, and children for whom you are the legal guardian
- Your dependent children, ages 26 or older, primarily supported by you and totally disabled and unable to sustain employment because of a physical or mental ailment

Note: Failure to comply with CHG's eligibility guidelines is considered an ethics violation and could result in termination.

HAVE A PARTNER? TAKE 60 SECONDS AND GIVE THIS SECTION A GOOD READ.

CHG welcomes your same- or opposite-sex domestic partner and his or her dependents to participate in CHG's healthcare coverage. A domestic partner is someone not related to you with whom you share financial interdependence. Please call the benefits team if you have questions about your status as a domestic partner and how to register with CHG.

1. According to U.S. tax law, your deductions for your domestic partner must be deducted posttax. Additionally, contributions by CHG toward domestic partners and the domestic partner's children are treated as income and thereby must be taxed by CHG.
2. Domestic partners and their children are not eligible for special enrollment rights or COBRA coverage.

How do I enroll? When do I do it? What if I'm new?

Enrolling in benefits is an important and time-sensitive part of your orientation. As a new employee, your benefits are effective on the first day of the month following your hire date. You must complete your elections within 30 days of your effective date. If you are an existing employee you have the opportunity to make changes each year during Open Enrollment. Changes made during Open Enrollment are effective on January 1. To make changes as a new hire or during Open Enrollment, please follow these steps below:

1. Review your options and decide on the best plans for you and your family.
2. For your convenience, CHG provides an online benefits enrollment system. All employees must actively elect or decline benefits. You will receive an email from the benefits team once you are able to access the online enrollment system.
 - To access the online enrollment system from home, please visit: chgbenefits.hrintouch.com
 - Log in to the enrollment system
 - Verify your address and update it as needed

- Enter your eligible dependents; birth dates and social security numbers are required
 - Elect or decline each benefit for you and any dependents
 - Designate beneficiaries for company-paid life insurance and any voluntary benefits
 - Review and finalize your elections. You may print or save your confirmation statement as proof of your enrollment
3. Refer to the new-hire enrollment page on the CHG benefits intranet for important information about your new benefits, including instructions to register for your individual medical, dental, vision, and FSA accounts.
 4. You may set up 401(k) contributions, investment elections, and beneficiaries anytime at 401k.com.

Important: Mandatory New-Hire Enrollment

You are required to complete your online benefits enrollment even if you are waiving all coverage. You may elect to waive all coverage on the online enrollment system, but you still need to provide beneficiary information for the company-paid life insurance policy. If you choose to enroll in the 401(k) benefit, you will need to provide beneficiary information through the Fidelity Investments site (401k.com).



That sounds great, but what if I need to make a change?

Each fall, Open Enrollment allows you to make changes to your benefits for the following year. During the year, events in your life may impact your benefits needs. If these events qualify as a change-of-life event and you are an active employee, you may be allowed to make changes to your benefits midyear. Changes to your benefits must be consistent with the change-of-life event. For example, if you have a baby or adopt a child, you may add him or her to your current plan, but you would not be able to change to a different medical plan. You also have a responsibility to meet the timeline and documentation requirements that are written and governed by the IRS for life events such as:

- Change in legal marital or domestic partner status: marriage, divorce, legal separation, etc.
- Change in number of dependents (as defined by Section 125 of the IRS code): birth, adoption, etc.
- Change in employment status: Termination or commencement of employment by the employee's spouse, domestic partner, or dependent
- Gain or loss of other coverage

The requirements for change-of-life events are dictated by the IRS and the plan document. If you and/or your family members experience any of the change-of-life events listed above, documentation to support the change must be received by the benefits team within 30 days of the event. Due to IRS code, we are not able to make exceptions to this rule. No changes can be made to your benefits until this documentation is received. If you are missing documentation, it is important that you contact the benefits team to discuss the best way to proceed. You will be responsible for paying all premium costs for your coverage from the date of change.

HOME ADDRESS UPDATE

Please be sure the benefits team has your most up-to-date address. You can change your address anytime through the online enrollment system. This is important in processing your healthcare claims and sending time-sensitive healthcare information.

New this year: Quantum Health and UMR.

Quantum Health is our new health plan provider. They are a customer service hub focused on guiding people through the healthcare system. CHG has a dedicated team at Quantum Health to answer any benefits or healthcare-related questions (plan information, confirm provider network status, send ID cards, create pre-authorizations for surgeries, claims, etc.) our people have. You can call Quantum at anytime or visit their website mychghealth.com.

Also, UMR will be our new claims vendor and healthcare network. They are replacing Cigna and SelectHealth. Quantum Health has the ability to assist you with any claims or network questions.

QUANTUM HEALTH CAN HELP:

- Explain and educate how to best use your benefits
- Resolve claims and billing issues
- Clarify the total and out-of-pocket costs for services
- Provide cost and quality comparisons for upcoming elective procedures to help you make informed decisions
- Negotiate with non-network providers when necessary
- Assist with referrals and prior authorization
- Help with appeals and grievances
- Schedule appointments with your doctor
- Answer questions regarding healthcare reform, including assistance with choosing a plan within the Health Insurance Exchange (HIX) and clarifications about subsidies and qualification rules

Now let's talk benefits. First up, here are your medical plan options.

CHG offers two medical plan options. No matter where you live within the country, you are offered both the high and the low plan through UMR. Both are competitive, preferred provider organization (PPO) plans that offer different advantages depending on your unique health and financial situation.

- **THE HIGH PLAN** has a \$500 individual deductible. If you receive services from an in-network provider, in most cases you will be responsible for 10 percent of the bill after the deductible. Primary care office visit co-pays are \$20, and specialist visit co-pays are \$40. Preventive care is covered at 100 percent.
- **THE LOW PLAN** has a \$1000 individual deductible. If you receive services from an in-network provider, in most cases you will be responsible for 30 percent of the bill after the deductible. Primary care office visit co-pays are \$25, and specialist visit co-pays are \$50. Preventive care is covered at 100 percent.

With both plans, you always have the freedom to choose your provider. However, when you use in-network providers, you receive the highest level of benefits.

PRESCRIPTION COVERAGE

All specialty drugs will be covered by Vivio Health. Vivio makes use of discounts that you may already be eligible for such as prescription copayment cards, before moving on to other cost-saving methods.

- Both plans offer a three-tier prescription benefit. You will pay a \$10 co-pay for tier 1 drugs. Both plans use a managed formulary that assesses a drug's efficacy and cost to determine tier assignment.
- On the high plan, you will pay 25 percent of the entire cost of the drug up to \$40 for tier 2 drugs, and 50 percent of the cost of the drug up to \$80 for tier 3 drugs
- On the low plan, you will pay 25 percent of the entire cost of the drug up to \$50 for tier 2 drugs and 50 percent of the cost of the drug, up to \$100 for tier 3 drugs
- Please consult the prescription drug list (PDL) by visiting the website of the medical plan that you have elected

A mail-order service that delivers a three-month supply of your prescription to your home for a two-month co-pay is also available. Below are more details about the high and low plan options and pharmacy coverage.

Both plans use several programs to help control cost for our members while increasing compliance of care. These programs include, but are not limited to:

- Supply limits: The dosage approved through the plan is consistent with the approved dosage determined by the drug manufacturer or FDA
- Specialty pharmacy program: Certain medications, including biotech and specialty drugs that require injection, must be accessed through a specialty pharmacy. These drugs include, but are not limited to, Embrel, Humira, and Saizen.

VIVIO COPAYMENT CARDS

Please note that Vivio makes use of discounts that you may already be eligible for such as prescription copayment cards, before moving on to other cost-saving methods.

If you need further assistance with prescription drug coverage or have questions regarding the above programs, contact Quantum Health.

2021 COVERAGE	2021 PREMIUMS*	WELLNESS PAYS PREMIUMS*
High – employee only	\$97.00	\$67.00
High + 1	\$187.00	\$157.00
High – family	\$299.00	\$269.00
Low – employee only	\$58.00	\$28.00
Low + 1	\$118.00	\$88.00
Low – family	\$211.00	\$181.00

**Per semimonthly pay period*

WHO IS NAVITUS?

The Navitus pharmacy network is a large group of national pharmacies that have contracted with your plan to accept discounted rates in order to reduce the effect of rising healthcare costs.

When you visit a pharmacy and present your medical ID card, your pharmacist will access the Navitus pharmacy system to apply the correct copays to your prescriptions.

Get all that? Here's a chart summarizing your benefits just in case.

The below information is intended as a benefits summary only. It does not include all of the benefits provisions, limitations, and qualifications. If this information conflicts in any way with the contract, the contract will prevail. AD means after the deductible is met.

Effective Date: January 1, 2021 Renewal Date: January 1, 2022

GENERAL PLAN INFORMATION	LOW PLAN*		HIGH PLAN*	
	In-network benefits	Out-of-network benefits	In-network benefits	Out-of-network benefits
Annual deductible/individual	\$1000	\$3,000	\$500	\$1,500
Annual deductible/family	\$3,000	\$9,000	\$1,500	\$4,500
Coinsurance	70% AD	50% AD	90% AD	70% AD
Primary care office visit	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Outpatient specialist office visit	\$50 co-pay	50% AD	\$40 co-pay	70% AD
Annual out-of-pocket limit/individual	\$6,000	\$8,300	\$4,000	\$5,700
Annual out-of-pocket limit/family	\$9,500	\$16,400	\$7,000	\$12,200
Deductible included in out-of-pocket limits?	Yes	Yes	Yes	Yes
MOST COMMONLY USED BENEFITS				
PREVENTIVE CARE SERVICES				
Well-child care, well-woman care, adult preventive care, immunizations	100%	50% AD	100%	70% AD
PHYSICIAN'S OFFICE SERVICES (SICKNESS & INJURY)				
Primary care physician office visit	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Specialist physician office visit	\$50 co-pay	50% AD	\$40 co-pay	70% AD
Minor diagnostic labs and X-rays	Included w/ co-pay	50% AD	Included w/ co-pay	70% AD
In-office surgeries, treatments, and procedures	70% AD	50% AD	90% AD	70% AD
MATERNITY CARE				
First visit to OB-GYN	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Prenatal care and delivery	70% AD	50% AD	90% AD	70% AD
URGENT CARE				
Urgent care visit	\$50 co-pay	50% AD	\$50 co-pay	70% AD
Minor diagnostic labs and X-rays	Included w/ co-pay	50% AD	Included w/ co-pay	70% AD
In-office surgeries, treatments, and procedures	70% AD	50% AD	90% AD	70% AD
EMERGENCY HEALTH SERVICES*				
Emergency room care	\$400 co-pay, 70% AD	\$400 co-pay, 70% AD	\$200 co-pay, 90% AD	\$200 co-pay, 90% AD
Ambulance - air or ground	70% AD	70% AD	90% AD	90% AD
LAB AND X-RAY SERVICES				
Physician office, ER, and urgent care	Included in office co-pay	50% AD	Included in office co-pay	70% AD
Advanced/major radiological imaging	70% AD	30% AD	90% AD	70% AD

PRESCRIPTION DRUG BENEFITS**LOW PLAN****HIGH PLAN****RETAIL**

Tier 1 - Generic	\$10 co-pay	\$10 co-pay
Tier 2 - Preferred brand name	25% (max \$45 co-pay)	25% (max \$40 co-pay)
Tier 3 - Non-preferred brand name	50% (max \$90 co-pay)	50% (max \$80 co-pay)

MAIL ORDER

Tier 1	\$20 co-pay	\$20 co-pay
Tier 2	25% (max \$90 co-pay)	25% (max \$80 co-pay)
Tier 3	50% (max \$180 co-pay)	50% (max \$160 co-pay)

LOW PLAN***HIGH PLAN*****HOSPITAL SERVICES**

	In-network benefits	Out-of-network benefits	In-network benefits	Out-of-network benefits
Inpatient hospital services	70% AD	50% AD	90% AD	70% AD
Outpatient surgical services	70% AD	50% AD	90% AD	70% AD
Preservice notification required?	No	Yes	No	Yes
Semiprivate room, board, services, and supplies	70% AD	50% AD	90% AD	70% AD

MENTAL HEALTH AND ALCOHOL AND SUBSTANCE ABUSE

Outpatient office visits	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Inpatient and intermediate care	70% AD	50% AD	90% AD	70% AD

OTHER SERVICES AND SUPPLIES

Home healthcare (max 60 visits per year)	70% AD	50% AD	90% AD	70% AD
Skilled nursing facility (max 120 days per year)	70% AD	50% AD	90% AD	70% AD
Hospice	70% AD	50% AD	90% AD	70% AD
Durable medical equipment	70% AD	50% AD	90% AD	70% AD
Hearing aids (\$5,000 lifetime max)	70% AD	50% AD	90% AD	70% AD

OUTPATIENT REHABILITATIVE THERAPY SERVICES

Physical, occupational, pulmonary, and speech therapy (limited to 25 visits each therapy)	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Autism services: Physical, occupational, and speech therapy	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Chiropractor (limited to 25 visits)	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Cardiac rehabilitation (limited to 36 visits)	\$25 co-pay	50% AD	\$20 co-pay	70% AD
Post-cochlear implant aural therapy (limited to 30 visits)	\$25 co-pay	50% AD	\$20 co-pay	70% AD

*Co-pay is waived if you or a dependent is admitted.

Want additional physician assistance around the clock? You qualify for that.

Teladoc Health is a physician telephone consultation service available 24 hours, seven days a week. This network of board-certified primary care physicians is available to diagnose nonemergency medical problems, recommend treatment and, if necessary, prescribe medication. You can reach Teladoc by calling 800.TELADOC (835.2362).

WHEN SHOULD I USE TELADOC?

Call Teladoc whenever you or someone in your family, including children, has a nonemergency medical issue:

- When your primary care physician is not available
- With nonemergency-related medical issues, questions or concerns
- When you want a second opinion
- For limited refills on short-term prescriptions
- If you are traveling and need medical care

PLEASE READ, BECAUSE THIS IS A PRETTY GREAT BENEFIT

CHG has already registered all employees for Teladoc. To get started, visit teladoc.com.

- Watch for your welcome kit and ID card in the mail
- You will need to fill out the online medical history, which acts as a medical clipboard for the physician. We recommend that you complete the medical history information as soon as you receive your ID card (prior to your first consultation).
- Call 800.TELADOC (835.2362) when you are suffering from a short-term, nonemergency illness at home or on the road. A parent or guardian must be present for all pediatric consults.
- You will receive a call back within about 15 minutes from a state-licensed, board-certified physician who will provide you with treatment and prescriptions (if needed)

WHAT DOES TELADOC COST?

Teladoc is free for all employees and their dependents regardless of whether or not they are enrolled in a CHG medical plan. Using Teladoc may be a more cost-effective alternative to going to an urgent care facility and provides convenient access to medical care whenever and wherever you need it. Because Teladoc is not affiliated with our medical plans, claims will not be filed with UMR.

TELADOC BENEFITS

This service is free for you and your dependents regardless of whether you enroll in a CHG medical plan. *Simply call 800.835.2362 and let them know you are a CHG employee.*

CAREGIVER PLAN

Caring for a loved one? Teladoc is now offered to all members of your extended family. You can add your parents, siblings, grandparents, or other loved one you care for to your Teladoc account (even if they are not covered on your medical plan). For a \$45 consult fee, you will be able to request a visit for your family member and even join a three-way consultation with your loved one and a doctor once your care recipient is activated. Just register them online (teladoc.com/myconsults) and you are good to go.

NOW INTRODUCING BEHAVIORAL HEALTH COVERAGE THROUGH TELADOC!

CHG now offers behavioral health counseling as part of your Teladoc coverage. Give them a call today to schedule an appointment with a licensed behavioral health provider.

*“I love the work
I do, the people
I work with, and
the benefits are
AMAZING!”*

Fertility coverage.

CHG has partnered with leading fertility specialist Progyny to help with the path to parenthood. Progyny offers individualized treatment (e.g., intrauterine insemination, in vitro fertilization, egg freezing, fertility medications, surrogacy, and adoption counseling). To be eligible for this coverage, you and your spouse or domestic partner receiving treatment must be covered under a CHG medical plan. To learn more or get started call Progyny at 855.369.3342.



Next up, your dental benefits.

To help you get the dental care you need, CHG offers comprehensive dental coverage through MetLife, a dental preferred provider organization (DPPO). CHG pays more than 50 percent of the cost of your dental coverage.

If you enroll, this benefit pays 100 percent for preventive care, including two cleanings and exams per member per year. Basic services like fillings and extractions are covered at 80 percent after your \$50 individual deductible, and major services are covered at 50 percent after the deductible. All services are subject to the \$2,000 annual maximum.

FIND AN IN-NETWORK DENTIST

To find an in-network dentist through MetLife's Preferred Dentist Program, go to [metlife.com](https://www.metlife.com) and click "Find a Dentist" on the right of your screen.

COVERED DENTAL SERVICES

COVERED LEVEL

Annual deductible	\$50 individual, \$150 family
Benefit maximum per person	\$2,000
Class 1 – Preventive care (i.e., checkups, cleanings)	100%, deductible waived
Class 2 – Basic restorative (i.e., fillings, root canals, extractions)	80% after deductible
Class 3 – Major restorative (i.e., crowns, bridge work, implants)	50% after deductible
Class 4 – Orthodontia (only for dependents under 19)	50%, \$1,500 lifetime max

You may visit the dentist of your choice, but choosing an out-of-network dentist costs you more money. In-network dentists contract with MetLife to accept a reduced rate in exchange for being a preferred provider. Non-network dentists often charge significantly higher rates, so MetLife only reimburses 90 percent of the reasonable and customary (R&C) amount – this is the average rate for a specific procedure in a specific geographic area. You are responsible to pay any charges above the 90 percent of R&C.

DENTAL COVERAGE

YOUR 2021 PREMIUMS

Employee only	\$9.00
Employee + 1	\$20.00
Employee - family	\$34.00

**Per semimonthly pay period*

And of course, your vision plan.

The vision plan covers refractory eye exams and glasses and/or contact lenses per the schedule of benefits below. Our EyeMed plan uses the Select network, with thousands of major retail and independent providers across the country. The vision benefit allows one eye exam with new eyeglass lenses or contact lenses every 12 months. A new pair of frames is covered every 24 months.

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
VISION EXAM	\$5 co-pay	Up to \$30
FRAMES	80% of balance over \$130 plan allowance	\$45 allowance
STANDARD PLASTIC LENSES		
Single vision	\$5 co-pay	Up to \$25
Bifocal	\$5 co-pay	Up to \$40
Trifocal	\$5 co-pay	Up to \$55
Lenticular	\$5 co-pay	Up to \$55
Basic progressive	\$70 co-pay	Up to \$40
LENS OPTIONS		
UV coating	\$10 co-pay	Not covered
Tint (solid and gradient)	\$15 co-pay	Not covered
Standard scratch-resistant	\$0 co-pay	Up to \$5
Standard polycarbonate – adults	\$40 co-pay	Not covered
Standard polycarbonate – children under 19	\$0 co-pay	Up to \$5
Standard anti-reflective coating	\$45 co-pay	Not covered
Other add-ons and services	20% off retail price	Not covered
CONTACT LENSES		
Conventional	85% of balance over \$120 plan allowance	Up to \$100
Disposable	100% of balance over \$120 plan allowance	Up to \$100
Medically necessary	\$0 co-pay, balance paid in full by member	Up to \$200
OTHER SERVICES		
Lasik and PRK procedures	15% off retail price or 5% off promotional price	Not covered
Second pair of glasses	Up to 40% discount	Not covered
Retinal imaging benefit	Up to \$39	Not covered

VISION COVERAGE **YOUR 2021 PREMIUMS***

Employee only	\$3.63
Employee + 1	\$6.88
Employee – family	\$10.11

*Per semimonthly pay period

And for everything else, there are Flexible Spending Accounts (FSAs).

CHG offers pretax deductions for your medical, dental, and vision premiums. In addition, special accounts are available to help you plan for certain healthcare, dependent daycare, and commuter expenses, while potentially saving you taxes in two ways:

- Pretax contributions to your account may reduce your taxable income
- You pay for eligible expenses using tax-free money

MEDICAL AND DEPENDENT DAYCARE FSA

In 2021, you may contribute up to \$2,750 to a *medical flexible spending account (FSA)* and \$5,000 to a *dependent daycare flexible spending account*. Your initial election takes effect on your benefit effective date and continues through December 31. You must re-enroll in this benefit each year at Open Enrollment for the upcoming calendar year. Your new elections remain in effect for the entire calendar year unless you make changes due to a qualifying event or change in family status.

MEDICAL FSA

The medical FSA allows you to use tax-free dollars to pay for non-reimbursable medical, dental, and vision expenses for you, your spouse or dependent children. *Domestic partners and their children are not eligible dependents per the IRS.* Eligible expenses may include prescription co-pays, office visit co-pays, insurance deductibles, contacts and eyeglasses, and prescribed over-the-counter drugs. IRS Publication 502 defines eligible services and products and is available at discoverybenefits.com.

DEPENDENT DAYCARE FSA

The dependent daycare FSA allows you to use tax-free dollars to pay for dependent care services while you (and your spouse) work, look for work, or attend school full-time. Dependent care services include child daycare and care for adult dependents. You and your spouse are limited to a combined maximum of \$5,000 per year or \$2,500 each if filing separately.

FEATURES OF BOTH FLEXIBLE SPENDING ACCOUNT PLANS INCLUDE:

- Online claims submission and email communication
- 48-hour turnaround for hard-copy claims reimbursement
- Direct deposit of reimbursements
- Debit cards that work for both medical and dependent daycare FSAs
- Automatic payment arrangements for orthodontics and daycare

Additional requirements and rules governing these plans are explained in the summary plan description. Reimbursement forms are available on the benefits website or directly from Discovery Benefits at discoverybenefits.com.

“USE IT OR LOSE IT”

The plan year is January 1 through December 31, 2021, both medical and dependent daycare FSA have a grace period through March 15, 2022. You may request reimbursement for services performed during the plan year and grace period. You have until March 31, 2022, to submit your claims or your claims will be forfeited.

Mass transit plan? Yep, we've got that.

CHG offers a transportation benefit that allows you to set aside pretax money for qualified commuter and parking expenses that you incur in getting to work, thereby reducing your commuting expenses. Eligible commuting expenses include money paid for mass transit fares (train, bus, subway, ferry) and qualified parking expenses either at work or at a mass transit station for your commute. The maximum monthly pretax amount you may set aside for transit is \$270, and the maximum monthly pretax amount for parking is \$270. You may enroll in this benefit at any time and discontinue or modify your elections each month as your transportation situation dictates. For more information, please contact the benefits team at 800.811.1796.

Ok, now that your health is covered, let's talk savings.

401(k) retirement plans.

401(k) plans are available to all employees on the first day of employment. The plan allows you the opportunity to contribute 1 to 75 percent of your pay.

CHG offers two types of 401(k) plans – Traditional and Roth 401(k). If you elect the Traditional 401(k) plan, contributions will automatically be deducted from your pay as a pretax deferral. You don't have to pay federal or state taxes on the deferred amount until you withdraw money from your plan. If you choose the Roth 401(k) plan, contributions will be deducted posttax. When you withdraw the money you are not subject to federal or state taxes on the original contribution.

EMPLOYER MATCHING

CHG provides matching contributions, the percentage of which is determined annually. Currently, the match is 50 percent of your contribution (up to a maximum of the first 7 percent contributed) and is paid semimonthly. This means that the company will pay to your account 50 percent of the amount you defer into your 401(k) account, not to exceed the first 7 percent you defer.

INVESTMENT FLEXIBILITY

All contributions to your account are invested in the hope that earnings will make your account grow more quickly. You have multiple accounts available for your investment election. All earnings are automatically reinvested in the applicable funds on a tax-free basis. This reinvesting (called "tax-free compounding") will help your account grow faster than it would if you weren't participating in this type of plan. You decide how you want your savings invested. Through Fidelity Investments, you have many accounts from which to choose. Each account has different investment goals, you decide how to use them to meet your own goals. Research your investment options by using the tools available at 401k.com.

VESTING

Your savings contributions and their investment earnings always belong to you 100 percent. 401(k) plans call this being "100 percent vested" in these amounts. See the schedule at right to determine when the employer-matching contributions and their investment earnings become yours.

YEARS OF SERVICE FOR VESTING %

Less than 1 year of service: 0%	3 years: 60%
1 year: 20%	4 years: 80%
2 years: 40%	5 years: 100%

LOANS

Loans are available to plan participants for up to 50 percent of their vested account balance for any purpose. The minimum loan amount is \$1,000. A participant may only have one loan outstanding at any time and may only make one loan application each plan year. Contact Fidelity Investments at 800.835.5097 or visit Fidelity online at 401k.com for definitions and limitations.

ACCOUNT STATEMENTS

All 401(k) plan participants receive a quarterly individual statement showing all contributions to their account in the plan and the investment earnings on those contributions. Account statements may also be accessed at any time by calling Fidelity Investments. Internet access is also available anywhere any time at 401k.com.

MAKING CHANGES

Making changes to the plan is easy. Name, address, and beneficiary changes can be made at any time by visiting 401k.com. The CHG benefits team can provide you with more detailed information about the plan with the exception of financial advice. If you need financial advice, you are encouraged to see your independent financial planner.

The CHG 401(k) plans are administered through Fidelity Investments. If you have questions, or would like to enroll or gain other assistance, please call Fidelity Investments at 800.835.5097 or visit 401k.com.

Here's what to expect when life changes happen.

Leaves of absence.

CHG offers several leaves of absence for a variety of circumstances including bereavement, jury duty, military service, personal leaves, and FMLA. To obtain the associated forms and paperwork regarding leaves, email LEAVES@chghealthcare.com.

For additional information and requirements for each type of leave, please reference the CHG Employee Handbook.

FIRST YEAR OF EMPLOYMENT

While you are not eligible for the Family and Medical Leave Act (FMLA) or the CHG paid leave program during your first year at CHG, you may be eligible for up to six weeks of personal leave. This includes: parental and medical leaves. You may also be eligible to receive short-term disability.

MORE THAN ONE YEAR OF EMPLOYMENT

If you have worked for CHG for more than one year, you may be eligible for up to 12 weeks of job-protected leave under the Family and Medical Leave Act (FMLA). To ensure your job is protected, you will need to fill out all appropriate paperwork, which can be obtained by contacting the Leaves Specialist at leaves@chghealthcare.com.

Also, employees who have worked with the company for over a year are eligible to receive paid time off for the following life events:

MEDICAL LEAVE – After taking five days of either PTO or unpaid leave, employees are eligible for up to a total of 12 weeks of approved short-term disability pay for a medical leave. After the 12 weeks of short-term disability pay is exhausted, employees will be eligible to apply for long-term disability coverage.

MEDICAL LEAVE

FIRST YEAR OF EMPLOYMENT

Week 1	PTO, gifted PTO, or unpaid
Weeks 2 - 6	Short-term disability (70% of income)

MORE THAN ONE YEAR OF EMPLOYMENT

Week 1	PTO, gifted PTO, or unpaid
Weeks 2 - 11	The Hartford short-term disability (70% of income)
Week 12 - forward	The Hartford long-term disability (60% of income)

Parental leave.

After taking five days of either PTO or unpaid leave, the employee giving birth is eligible to receive short-term disability pay. Once short-term disability pay is exhausted (typically five weeks for a normal delivery), CHG will provide six additional weeks of paid paternal leave at 100 percent of regular pay including commissions,* but not annual bonuses.

**Each divisional vice president will set standards for commission/bonus payouts for qualifying employees while on leave.*

FIRST YEAR OF EMPLOYMENT

Week 1	PTO, gifted PTO, or unpaid
Weeks 2 - 6	Short-term disability (70% of income)

MORE THAN ONE YEAR OF EMPLOYMENT

Week 1	PTO, gifted PTO, or unpaid
Weeks 2 - 6	Short-term disability (70% of income)
Weeks 7 - 12	CHG parental leave (100% of income)

Employees who do not give birth (i.e. spouses, domestic partners or adoptive parents) will be provided five weeks of parental leave following the first five days of either PTO or unpaid leave. Additional PTO or unpaid leave can be taken to cover up to 12 weeks of approved leave under FMLA.

FIRST YEAR OF EMPLOYMENT

Up to 6 weeks PTO, gifted PTO, or unpaid

MORE THAN ONE YEAR OF EMPLOYMENT

Week 1 PTO, gifted PTO, or unpaid

Weeks 2 - 6 CHG parental leave (100% of income)

Weeks 7 - 12 PTO, gifted PTO, or unpaid

FOSTER CARE LEAVE – After taking five days of either PTO or unpaid leave, CHG will provide parents up to one week of paid leave for an approved foster care leave. Additional PTO or unpaid leave can be take to cover up to 12 weeks of approved leave under FMLA.

Short-term disability.

This Hartford-administered plan provides supplemental coverage in the event of a disabling illness or accident and can also be used to cover part of your maternity leave. The short-term disability premium is paid by CHG and is provided to all employees beginning on the first day of employment. This benefit has a five-day waiting period and covers 70 percent of your base salary (including commissions and annual bonuses) up to a \$2,500 weekly maximum. Keep in mind that tax and benefit deductions will apply. Short-term disability provides up to 12 weeks of coverage once the leave has been approved. Be aware that the length of time you will receive short-term disability pay is based upon your condition.

Long-term disability.

As an employee of CHG you are automatically enrolled in long-term disability (LTD) coverage at no cost to you. You may apply for LTD benefits once you have been out of work for 90 days. The LTD benefit pays the lesser of 60 percent of your base salary plus commissions, or \$10,000 per month. For more information pertaining to your LTD policy provided by CHG, please contact the employee relations team at LEAVES@chghealthcare.com.

Please contact the Leaves Specialist at LEAVES@chghealthcare.com to discuss all leaves of absence, including the Family and Medical Leave Act (FMLA).

“CHG has stood with me through a few life challenges. I can’t tell you what it means to me to work for a company where core values are real and not contrived.”

You're more than an employee here – you're family. Take a look at the life insurance benefits you qualify for.

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

Regardless of whether you are enrolled in medical coverage, CHG provides you with a Basic Life and Accidental Death and Dismemberment (AD&D) policy in the amount of one year's base salary at no cost to you. These company-paid benefits provide protection for you and your family in the case of a disabling injury or death. In addition to this basic coverage, you can purchase optional Life and AD&D insurance for yourself and your family members (see Supplemental Term Life and Supplemental AD&D benefits).

Supplemental Term Life insurance.

Life insurance offers an important source of financial protection. Whether single or raising a family, you should examine your lifestyle and consider what level of protection is appropriate based on your family and financial obligations. CHG offers you the opportunity to purchase optional term life insurance for yourself, your spouse, your domestic partner, and your children. You must enroll in employee coverage in order to enroll in spouse or dependent coverage. As a new employee, you may enroll in the guaranteed issue amount of coverage during your initial 30-day eligibility period. Amounts over the guaranteed issue and applications after your initial eligibility period are subject to approval by medical underwriting. For more information, please read the life insurance summary available on the CHG benefits site (benefits@chghealthcare.com).

LIFE INSURANCE ELIGIBILITY

Employee	Up to five times base salary in increments of \$10,000, not to exceed \$1 million Guaranteed issue amount for new employees is \$200,000
Spouse	Up to 100% of employee coverage amount in increments of \$10,000, not to exceed \$500,000 Guaranteed issue amount for spouse coverage for new employees is \$50,000
Children	Up to 100% of employee coverage amount in increments of \$2,000, not to exceed \$10,000

SUPPLEMENTAL TERM LIFE PLAN RATES

The rates below apply to employee or spouse coverage elections and are monthly rates per \$10,000 of coverage. The child(ren) rate is \$2 per \$10,000.



EMPLOYEE LIFE PER MONTH (BANDED RATE)	PER \$10,000 EMPLOYEE NON-SMOKER*	PER \$10,000 EMPLOYEE SMOKER*	PER \$10,000 SPOUSE NON-SMOKER OR SMOKER*
0-20	\$0.50	\$0.89	\$0.61
20-29	\$0.60	\$0.89	\$0.61
30-34	\$0.80	\$0.94	\$0.80
35-39	\$0.90	\$1.25	\$0.90
40-44	\$1.00	\$2.02	\$1.44
45-49	\$1.50	\$3.43	\$2.54
50-54	\$2.30	\$5.30	\$3.93
55-59	\$4.30	\$8.77	\$6.72
60-64	\$6.60	\$10.46	\$8.01
65-69	\$12.70	\$19.42	\$15.41

*Per monthly period

Supplemental Accidental Death and Dismemberment (AD&D).

This plan provides supplemental coverage in the event of a disabling illness or accident. A covered accident is a sudden, unforeseeable, external event that causes bodily injury, i.e., loss of life, paralysis, loss of speech, or loss of eyesight. Full or partial payment of the policy may occur based on such events. CHG offers you the opportunity to purchase this optional benefit at a group rate.

SUPPLEMENTAL AD&D ELIGIBILITY

EMPLOYEE ONLY (PLAN 1)	
	You may elect up to 10 times your annual earnings to a maximum of \$1 million.
FAMILY (PLAN 2)	
Employee	Same coverage options as Plan 1, but spouse and children are also covered.
Spouse	On the family plan, your spouse's benefit will be 40% of yours or 50% if you have no dependent children, to a maximum of \$150,000.
Child(ren)	On the family plan, each of your covered child's benefit amount will be 10% of yours or 15% if you have no eligible spouse, to a maximum of \$50,000 per child.

YOUR MONTHLY COST

Your cost depends on the benefit amount and coverage option you select. The chart below shows the most common benefit amounts. Other amounts are available, subject to the maximums indicated on the previous page. Costs are subject to change.

YOUR BENEFIT AMOUNT	MONTHLY COST FOR YOU ONLY*	MONTHLY COST FOR YOU AND YOUR FAMILY*
\$500,000	\$7.50	\$13.50
\$400,000	\$6.00	\$10.80
\$300,000	\$4.50	\$8.10
\$200,000	\$3.00	\$5.40
\$100,000	\$1.50	\$2.70
\$50,000	\$0.75	\$1.35
\$40,000	\$0.60	\$1.08
\$30,000	\$0.45	\$0.81
\$20,000	\$0.30	\$0.54
\$10,000	\$0.15	\$0.27

*Per monthly period

Critical illness insurance.

Critical illness insurance provides a lump-sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

HIGHLIGHTS OF CRITICAL ILLNESS INSURANCE

- Coverage is guaranteed issue – no evidence of insurability is required at initial enrollment (enrolling after the enrollment period requires evidence of insurability)
- Benefits are paid directly to you unless assigned to someone else
- Coverage supplements your existing medical benefits
- Coverage is portable and may be continued if you leave CHG
- Covered dependents receive 50 percent of the basic-benefit amount shown in your employer-selected plan and 100 percent of the wellness benefit
- Coverage for diagnosis of heart attack, stroke, coronary artery bypass surgery, major organ transplant, end-stage renal failure, invasive cancer, carcinoma in situ, Alzheimer's disease, advanced Parkinson's disease, benign brain tumor, and coma
- The wellness benefit pays \$100 per covered person, per year, for completing a covered wellness exam

If you enroll in critical illness coverage during the initial enrollment period or as a new employee within 31 days of eligibility, you will not be required to submit evidence of insurability. If, however, you choose to enroll at a later time in conjunction with the annual Open Enrollment period, evidence of insurability will apply and your application for critical illness protection could be declined for coverage.

If you have questions or would like more information, please call MetLife at 800.438.6388.



YOUR CONTRIBUTIONS FOR CRITICAL ILLNESS INSURANCE

The rates below show the monthly premium per \$1,000 of coverage. Multiply the premium listed by 15 to calculate the monthly cost for the Low Plan \$15,000 Benefit and by 30 for the monthly cost for the High Plan \$30,000 Benefit.

Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at

less than the Initial Benefit Amount. Please be aware that this benefit reduces by 25% at age 65 and 50% at age 70. MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of 22 Listed Conditions. A Covered Person may only receive one benefit payment of a Listed Condition in his/her lifetime. You can find the most up-to-date List of Conditions [here](#), or by going to the CHG intranet.

MONTHLY PREMIUM PER \$1,000 OF COVERAGE (NON-TOBACCO)*

ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
<25	\$0.51	\$0.86	\$0.77	\$1.12
25 - 29	\$0.51	\$0.87	\$0.77	\$1.13
30 - 34	\$0.68	\$1.13	\$0.94	\$1.40
35 - 39	\$0.92	\$1.51	\$1.18	\$1.77
40 - 44	\$1.36	\$2.19	\$1.62	\$2.45
45 - 49	\$1.87	\$2.98	\$2.13	\$3.24
50 - 54	\$2.49	\$3.94	\$2.76	\$4.20
55 - 59	\$3.15	\$4.95	\$3.41	\$5.21
60 - 64	\$3.86	\$6.02	\$4.12	\$6.29
65 - 69	\$4.37	\$6.81	\$4.63	\$7.07
70 +	\$5.24	\$8.15	\$5.50	\$8.41

*Per monthly period

MONTHLY PREMIUM PER \$1,000 OF COVERAGE (TOBACCO)*

ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
<25	\$0.73	\$1.18	\$0.99	\$1.44
25 - 29	\$0.73	\$1.20	\$0.99	\$1.46
30 - 34	\$1.01	\$1.64	\$1.27	\$1.90
35 - 39	\$1.41	\$2.27	\$1.67	\$2.53
40 - 44	\$2.17	\$3.43	\$2.43	\$3.69
45 - 49	\$3.03	\$4.76	\$3.29	\$5.02
50 - 54	\$4.08	\$6.39	\$4.34	\$6.66
55 - 59	\$5.20	\$8.13	\$5.46	\$8.39
60 - 64	\$6.43	\$9.99	\$6.69	\$10.25
65 - 69	\$7.36	\$11.43	\$7.63	\$11.69
70 +	\$8.95	\$13.87	\$9.21	\$14.13

*Per monthly period

Have a non-life-threatening accident happen? We care about that too.

Accident insurance.

Accident insurance can provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it

doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance the benefits you receive can help take care of these extra expenses and anything else that may arise.

If you enrolled in accident insurance during the initial enrollment period or as a new employee within 31 days, you will not be subject to preexisting conditions. If, however, you choose to enroll at a later time in conjunction with the annual Open Enrollment period, preexisting conditions will apply.

SCHEDULED COVERAGE	LOW PLAN OPTION	HIGH PLAN OPTION
AD&D benefit (Employee)	\$25,000	\$50,000
AD&D benefit (Spouse)	\$12,500	\$25,000
AD&D benefit (Child)	\$5,000	\$10,000
Ambulance ground	\$200	\$300
Ambulance air	\$750	\$1,000
Emergency room	\$50	\$100
Emergency dental	\$25 - \$100	\$50 - \$200
Urgent care	\$25	\$50
Hospital admission (Non-ICU)	\$500	\$1,000
ICU admission	\$1,000	\$2,000
Hospital confinement (Non-ICU)	\$100/day up to 31 days	\$200/day up to 31 days
ICU hospital confinement	\$200/day up to 31 days	\$400/day up to 31 days
MRI and CT scan	\$100	\$200
X-ray	\$100	\$200
Lacerations	\$25-\$200	\$50-\$400

SCHEDULED COVERAGE	LOW PLAN OPTION	HIGH PLAN OPTION
Dislocations	\$50-\$3,000	\$100-\$6,000
Fracture (open)	\$100-\$3,000	\$200-\$6,000
Fracture (closed)	\$50-\$1,000	\$100-\$3,000
Tendons, ligaments, or rotator cuff surgery	\$100-\$750	\$150-\$1,000
Burns (second/third degree)	\$50-\$5000	\$100-\$10,000
Concussion	\$200	\$400
Coma	\$5,000	\$10,000
Paralysis	\$5,000-\$10,000	\$25,000-\$50,000
Eye injury	\$200	\$300
Blood, plasma, and platelets	\$300	\$400
Medical appliance	\$50-\$500	\$100-\$1,000
Prosthetic device(s)	\$500/\$1,000	\$750/\$1,500
Follow-up doctor visit	\$50	\$75
Physical therapy	\$15	\$25
Transportation per trip	\$200	\$400
Family lodging per day	\$100	\$200

YOUR CONTRIBUTIONS FOR ACCIDENT INSURANCE

COVERAGE	LOW PLAN OPTION*	HIGH PLAN OPTION*
Employee only	\$3.09	\$5.76
Employee + spouse	\$6.01	\$11.22
Employee + children	\$6.35	\$11.84
Employee + family	\$7.82	\$14.69

**Per semimonthly pay period*

METLIFE CONTACT INFO FOR BOTH CRITICAL ILLNESS AND ACCIDENT COVERAGE

MetLife phone: 800.GETMET8 (800.438.6388)
MetLife website: metlife.com/mybenefits

METLIFE SCREENING BENEFIT

Don't forget about MetLife's Health Screening Benefit. Each member of your family who has an eligible preventive screening or exam in a given calendar year can receive \$50 if they are enrolled in accident coverage, and/or \$100 if they are enrolled in critical illness coverage.

No one has time to get their identity stolen. Here's how to stay ahead of that one.

Identity theft and legal protection.

More than 12 million Americans are victims of identity theft each year. One of the best ways to protect

you and your family against identity theft is to take preventive measures.

IDShield equips you with the information, expertise, and resources you need to protect you and your family. Unlike some identity theft programs, IDShield provides you the help you need to get issues resolved as quickly as possible. Offered at an employee discount rate through CHG, there are two available service plans based on the level of coverage elected (for a full list of service features, visit idshield.com).

Dependents aged 18 - 26 do not receive credit monitoring, but are still eligible for reactionary measures from IDShield should their identity be breached.

WHAT IDSHIELD DOES TO PROTECT YOU

- ⊙ Notification of credit and noncredit threats within our extensive network
- ⊙ Monitoring of known criminal websites for illegal trading of personal information
- ⊙ Stolen or lost wallet remediation services
- ⊙ Direct access to fraud resolution teams within our extensive network
- ⊙ Alerts when new checking and savings accounts are opened
- ⊙ Scans for changes to contact information on existing checking and savings accounts
- ⊙ Surveillance of unregulated global networks and file-sharing sites
- ⊙ Tri-bureau credit report alerts
- ⊙ 24/7 online access to your annual TransUnion credit report and score

Expected and unexpected legal issues arise every day. That's why we now offer a Legal Plan through LegalShield. A small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues directly from a lawyer.

- Motor vehicle services (traffic violation assistance, criminal charges, driver's license reinstatement)
- IRS audit services
- Trial defense services

Included in this plan is assistance with:

- Document preparation (will, healthcare power of attorney, residential loan assistance)

YOUR CONTRIBUTIONS FOR IDENTITY THEFT PROTECTION*

	IDSHIELD	LEGALSHIELD	BOTH IDSHIELD AND LEGALSHIELD
Individual plan	\$4.23	\$7.48	\$11.70
Family plan	\$7.98	\$7.98	\$14.45**

*Per semi-monthly pay period - payroll deduction

**Sign up for a family plan with both IDSHIELD and LEGALSHIELD for a discounted rate

Roof, wheels, and paws. We help cover more than you think.

Auto and home insurance.

MetLife Auto & Home is a voluntary group benefit program that provides you with access to insurance coverage for your personal insurance needs. Policies available include auto, landlord's rental dwelling, condo, mobile/motor home, renters, recreational vehicle, boat, and personal excess liability ("umbrella") policies.

The program provides you access to special group rates and company tenure policy discounts. If desired, you can choose to have the premiums deducted from your paycheck for an additional discount. To find out if this program is available in your state, please contact MetLife at 800.GETMET8 (438.6388). An insurance consultant will provide you with free, no-obligation premium quotes.

Pet insurance.

CHG offers pet insurance to help you cover the costs of caring for your cats and dogs when they are ill or injured. MetLife provides medical coverage for veterinary services, such as diagnostic tests, prescriptions, X-rays, and surgeries, as well as an option for vaccinations and routine care. Preexisting, hereditary, or congenital conditions are usually excluded from coverage. For more information or to get a quote for your pet, please call 866.792.4638. Premiums for pet insurance are not payroll deducted.

You can't put a price on good education, but we try to keep it as low as possible for you anyway.

Tuition reimbursement.

CHG offers a comprehensive tuition reimbursement program to assist employees with the cost of higher education. You are eligible to apply for reimbursement for any qualified course beginning after your six-month anniversary. Reimbursement amounts increase with tenure. Employees with six months to 1.5 years are eligible for \$1,000 per year; employees with 1.5 years up to three years are eligible for \$3,000 per year; and employees with three or more years are eligible for \$5,250 per year. Reimbursement requirements include achieving a "C" or better in the course and agreeing to continue employment with CHG for at least one year after the semester ends.

CHG's tuition program is administered by Andlosa Education. To apply please access your Andlosa profile through the Tuition Reimbursement page of the CHG intranet. Additional features such as access to expert consultations are available to all CHG Healthcare employees and their dependents. For more information reach out to chghealthcare@andlosa.com.

Employee Assistance Program (EAP).

CHG understands and supports you and your family's work/life balance. As part of this initiative, CHG provides an Employee Assistance Program (EAP) through Optum Health. Optum Health is a leader in the behavioral health space. The EAP offers free, confidential assistance with legal, financial, or behavioral health issues. Employees and all members of their households are eligible for 60-minute telephonic consultations for financial concerns, 30-minute telephonic or in-person legal consultations, and five face-to-face visits for mental health needs.

We're generous with PTO, and we allow you to be generous with it, too. No, really.

Paid time off, volunteer time off, and holidays.

PAID TIME OFF

CHG provides generous paid time off (PTO) that can be used to cover sickness, vacation, and most other personal reasons. Your annual PTO allowance accrues throughout the year starting on your first paycheck and is based on years of service.

Unused PTO may be carried over from year-to-year up to a maximum of 160 hours. With the approval of your supervisor, you may borrow against your full annual PTO allowance and use your PTO in advance. However, if your employment terminates, the amount of PTO that was used in advance will be deducted from your final earnings.

CHG also has a PTO gifting program to allow you to share your unused PTO with coworkers who are seriously ill and have exhausted their own PTO.

VOLUNTEER TIME OFF

- Employees can use VTO to provide volunteer help for nonprofit organizations and projects, including service at schools, churches, community, or political organizations.
- VTO may be taken in increments between two to eight hours. You will need to enter your time into the time card system as VTO.
- Your leader must approve all VTO before you take time away.
- VTO time will not carry over from year-to-year. Any VTO not used by December 31 or at separation of employment will be forfeited.

For more information about VTO, see the CHG Employee Handbook on the HR intranet page.

HERE'S HOW YOUR PTO BREAKS DOWN ANNUAL PTO ALLOWANCE

SERVICE TIME	PTO ANNUAL ALLOWANCE
Less than 1 year	14 days
1 - 3 years	18 days
3 - 8 years	22 days
8 + years	26 days

HOLIDAYS

CHG offers employees the paid holidays listed below. In addition, you may take two floating holidays per year, for any purpose at any time with the approval of your supervisor. The floating holidays are available to new employees after completing six months of employment. They do not carry over and must be used during the calendar year they were earned.

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve – (half-day holiday)
- Christmas Day
- New Year's Eve – (half-day holiday)

Please refer to the CHG Employee Handbook on the HR intranet page for the most recent information about PTO, VTO, and holidays.

And that's it. If questions pop up, we've put together all the numbers you could possibly need to get answers. We hope you have the best year yet with CHG.

Email our benefits team at benefits@chghealthcare.com for additional information and forms.

PLAN	VENDOR	CONTACT	
Healthcare concierge	Quantum Health	877.559.3455 (Phone lines open on Nov. 1, 2020.)	mychghealth.com
401(k)	Fidelity Investments	800.835.5097	401k.com
Accident insurance Critical illness insurance Auto and home insurance Dental <i>PDP plan</i>	MetLife	800.438.6388 800.942.0854	metlife.com/mybenefits
Basic Employee Life and AD&D Long-term disability Short-term disability Supplemental Term Life insurance	The Hartford	800.523.2233	thehartfordatwork.com
Dependent care spending account Mass transit Medical spending account	Discovery Benefits	866.451.3399	discoverybenefits.com
Employee Assistance Program (EAP)	Optum Health	855.205.9185	liveandworkwell.com
Identity theft and legal services	IDShield and LegalShield	800.654.7757	idshield.com legalshield.com
Pet insurance	MetLife	866.792.4638	benefits.petinsurance.com/ chgcompaniesinc
Comprehensive fertility coverage	Progyny	855.369.3342	progyny.com
Telaphonic Physician Consultation Service	Teladoc Health	800.TEL.ADOC 800.835.2362	teladoc.com
Tuition reimbursement	Andlosa Education	800.811.1796	chghealthcare@andlosa.com
Vision <i>Select Plan</i>	EyeMed Vision Care	866.939.3633	eyemedvisioncare.com

