Welcome to Open Enrollment Mercy Hospital and Medical Center!

Trinity Health and Mercy Hospital and Medical Center are pleased to provide you with the information you will need to enroll in benefits for next year. Throughout the rest of this communication, you will see Trinity Health and Mercy Hospital and Medical Center referred to as simply Trinity Health. If you have more questions after reviewing this guide, refer to the "For More Information" section to learn where you can get answers.

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Who Is Eligible

Eligible Individual	Definition
Colleague	Regularly scheduled full- or part-time colleague with 32 or more budgeted hours per pay period.
Spouse/Eligible Adult	You may cover your spouse or Eligible Adult. An Eligible Adult is an adult who resides and has financial interdependence with the colleague, and is not a tax-qualified dependent or related by blood, adoption or marriage to the colleague. If an eligible adult qualifies as a tax dependent, you must complete the Non-Spouse Eligible Adult Dependent Certification form posted on MyBenefits each year in order to receive pre-tax deductions. If the form is not submitted, the deductions will be post-tax. For 2021, you must submit the Certification form by Nov. 18, 2020.
Dependent Children	Dependent children are eligible for coverage through the end of the Plan Year in which they turn age 26, regardless of marital status, student status, residency, financial dependency or other requirements provided they meet the following criteria: They are: • Your or your eligible adult's natural children; • Your or your eligible adult's legally adopted children or children placed with you or your eligible adult for adoption; or • Children for whom you or your eligible adult are the court-appointed legal guardian. • Not otherwise covered under the Plan or any other group health plan offered by the Employer. **NOTE:** Children of eligible adults may be covered only if their eligible adult is covered.

New Hires

New hires are eligible for benefits on the first day of the month on or after 30 days of employment.

Whats New for 2021

- This year you will also be able to elect your benefits through the Workday mobile app. Please refer to the Job Aid on MyBenefits.
- You will have the opportunity to contribute an additional $50, up to a maximum of $2,750 to your Health Care Flexible Spending Account.
- HealthEquity is managing Trinity Health's Health Care and Dependent Care Flexible Spending Accounts (HCFSA and DCFSA). If you choose to contribute to the HCFSA for the first time in 2021, a HealthEquity Health Card will be mailed to your home. If you already participate in the HCFSA, you will only receive a new HealthEquity Health Card when your current WageWorks card expires.

Other Information About Enrolling

Your enrollment requirements

If you don't make benefit elections on or before Nov. 12, 2020, your health, dental, vision and supplemental life will remain the same as 2020.

Your current elections for the health care or dependent care flexible spending accounts will NOT carry forward. If you wish to participate in these programs next year, you must complete your enrollment by Nov. 12, 2020 at 10:59 p.m. CST.

Benefit elections are effective for the entire year

Remember, the benefits you elect during open enrollment will be in effect from Jan. 1 through Dec. 31, 2021. Open enrollment is your only opportunity during the year to make elections for your 2021 benefits unless you experience a qualified family status change.

If you experience a qualified family status change or certain employment status changes *and* provide any required documentation to your Human Resources representative within 30 days of the event, you will be allowed to make certain benefit changes as long as they are consistent with the status change. For example, if you get married or have a baby during the plan year, you'll be able to add your spouse or newborn to your coverage within 30 days of the marriage or birth because this is consistent with the status change. For more information on qualified family status changes, visit http://mybenefits.trinity-health.org.

Adding family members

If you're adding family members to your benefit plan **for the first time** during this year's open enrollment, you're required to provide written documentation (for example, marriage certificate or birth certificate) verifying their dependent status to Human Resources representative **no later than Nov. 18, 2020**. If you don't submit the required paperwork by the deadline, your dependents will not be enrolled in coverage for 2021, and you'll be required to wait until next year's open enrollment period to add them to the plan – provided they remain eligible, and you provide written documentation verifying their dependent status at that time.

You are required to provide a Social Security number for each of your dependents age one or older in order for them to be covered.

Please note, you have the option to purchase coverage for your spouse, civil union partner, eligible adult and dependents. If you and your spouse, civil union partner, eligible adult or dependent(s) both work for Trinity Health and are benefits eligible, you cannot elect dual coverage (enrolled as a colleague and a dependent). In addition, only one of you will be able to elect coverage for your child(ren). If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.

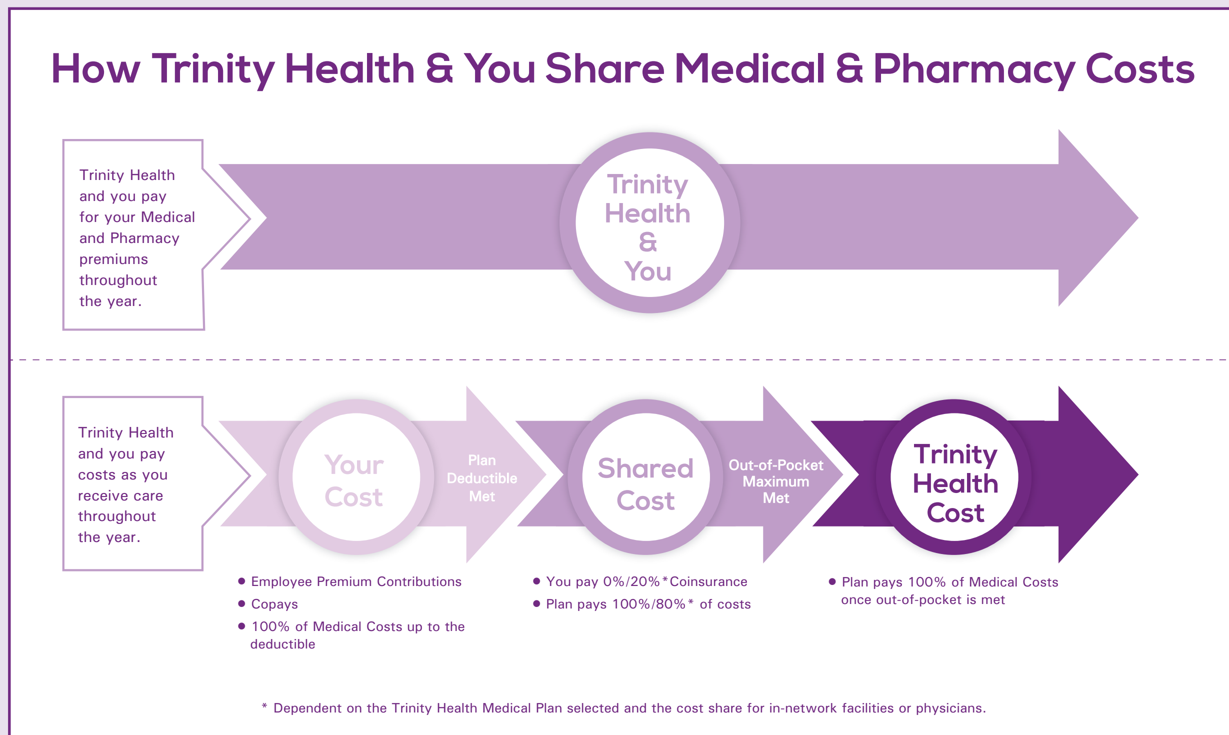
To view the complete eligibility rules and documentation requirements for you and your family members, visit http://mybenefits.trinity-health.org.

Understanding your out-of-pocket medical costs

Medical Terms To Know

- **Premiums** – the amount paid for your medical plan. Trinity Health pays a portion of your medical plan premiums and you pay a portion which is deducted from each of your paychecks.
- **Deductibles** – the amount you pay for covered health care services before your medical plan starts to pay. Typically, you pay only a copayment or coinsurance for covered services once you pay your deductible.
- **Coinsurance** – percentage of costs of a covered health care service you pay after you've paid your deductible.
- **Copay** – the fixed amount you pay for covered health care services.
- **Out-of-Pocket Maximum** – the most you pay during a plan year before your medical plan starts to pay 100 percent of covered health benefits.

You may be wondering how Trinity Health and you share medical and pharmacy costs each year. The graphic below shows how costs are shared for both premiums and coverage. Keep in mind, your costs will vary depending on the plan and the network you access at time of service.



Medical and Pharmacy Coverage

You have a choice between three medical plans: the Blue Cross Blue Shield of Illinois Blue Advantage HMO, Blue Cross Blue Shield of Illinois HMO Illinois, and Blue Cross Blue Shield of Illinois PPO. For more information about your medical and pharmacy coverage, visit http://mybenefits.trinity-health.org.

Medical Plan Highlights	Blue Cross Blue Shield of Illinois Blue Advantage HMO	Blue Cross Blue Shield of Illinois HMO Illinois	Blue Cross Blue Shield of Illinois Illinois PPO	
			In-network	Out-of-network
Annual deductible Individual Family	N/A	N/A	$500 $1,500	$750 $2,250
Coinsurance (Colleague responsibility, after deductible is met)	N/A	N/A	20%	40%
Preventive services (See Summary Plan Description for definition of covered preventive services)	100% covered	100% covered	100% covered	60%
Physician Office visits[1]	$15 PCP copayment, $25 specialist copayment	$20 PCP copayment, $30 specialist copayment	$25 PCP copayment, $35 specialist copayment	60%
Hospital emergency services	$75 (waived if admitted to hospital)	$75 (waived if admitted to hospital)	80%	80%
Hospital care	No cost	No cost	80%	60%
Outpatient surgery	No cost	No cost	80%	60%
Out-of-pocket maximums Individual Family	$2,500 $5,000	$2,500 $5,000	$2,250 $5,750	$10,000 $30,000

[1]Copayments, coinsurance amounts and deductibles will apply toward your out-of-pocket maximums.

Medical Plan Highlights	Blue Cross Blue Shield of Illinois Blue Advantage HMO		Blue Cross Blue Shield of Illinois HMO Illinois		Blue Cross Blue Shield of Illinois Illinois PPO	
					In-network	**Out-of-network**
Prescription drug copayment/coinsurance Generic Brand formulary Brand non-formulary Generic Brand formulary Brand non-formulary	34-day supply $15 $40 $60 90-day supply $30 $80 $120				34-day supply $15 $40 $60 90-day supply (mail order only) $30 $80 $120	75% after appropriate copayment at non-participating pharmacy (Deductible does not apply)
Your per pay period cost	**Full-time**	**Part-time**	**Full-time**	**Part-time**	**Full-time**	**Part-time**
*For colleagues earning less than the 2020 SSTWB** Colleague only Colleague plus spouse Colleague plus child(ren) Colleague plus family	Please contact your Human Resources representative for medical plan rates.					

Be a smart health care consumer

As you know, the cost of high-quality health care continues to increase each year. Being a smart consumer means getting the best price on something you need, whether it's a new car or health care.

Being a smart health care consumer doesn't mean you should avoid trips to the doctor – it means making the best decisions about *when* to go to the doctor. Regular checkups can improve your health and extend your life. By getting the recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Plus, preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because generally, it's covered by your medical plan. For more information on preventive care benefits, visit http://mybenefits.trinity-health.org.

An easy way to be a smart health care consumer is to choose an in-network provider when you or a family member needs medical care.

Dental coverage

You have a choice between two Delta Dental of Michigan Plan options – the High Plan and the Standard Plan. Visit www.deltadentalmi.com for providers in your area.

Dental Plan Highlights	High Plan		Standard Plan	
	Participating Dentist	Non-participating Dentist	Participating Dentist	Non-participating Dentist
Annual deductible				
Individual	$25	$50	$50	$100
Family	$50	$100	$100	$150
Class I - Preventive services	100% covered ($0 colleague cost)	100% covered (Usual and Customary rates apply)	100% covered ($0 colleague cost)	100% covered (Usual and Customary rates apply)
Class II - Basic services	20% after deductible	20% after deductible	40% after deductible	40% after deductible
Class III - Major restorative services	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Class IV - Orthodontics	50% after deductible	50% after deductible	Not covered	
Maximums				
Per person annual (non-orthodontics)	$1,750	$1,250	$1,500	$1,000
Per person lifetime (orthodontics)	$1,500	$1,500	Not applicable	Not applicable
Your per pay period cost				
Colleague only				
Colleague plus spouse/eligible adult	Please contact your Human Resources representative for dental plan rates.			
Colleague plus child(ren)				
Colleague plus family				

NOTE: When you receive services from a non-participating dentist, you will be responsible for the difference between what your dentist charges and the non-participating dentist fee. Fluoride treatments are covered once every 12 months to age 19. Bitewing x-rays are covered once every 12 months.

For more information about your dental plan options or about Delta Dental, visit http://mybenefits.trinity-health.org.

Vision care coverage

You have a choice between two United Health Care vision plan options: the High Plan and the Standard Plan. Visit www.myuhcvision.com for providers in your area.

UHC Vision Plan Highlights	High Plan		Standard Plan	
	In-network	Out-of-network (reimbursement schedule)	In-network	Out-of-network (reimbursement schedule)
Benefit frequency	Calendar year	Calendar year	Calendar year	Calendar year
Vision exam	Covered in full	Up to $40	$10 copayment	Up to $40
Pair of lenses				
Single vision	$0 copayment	Up to $40	$0 copayment	Up to $40
Bifocal		Up to $60		Up to $60
Trifocal		Up to $80		Up to $80
Lenticular		Up to $80		Up to $80
Frames Covered frame Non-covered frame	$150 retail allowance at retail locations	Up to $45	$150 retail allowance at retail locations	Up to $45
Contact lenses (in lieu of eyeglasses) Elective Necessary	Contact lens coverage is provided under the plan and may vary dependent on the type of contact lenses prescribed. Please see the benefit summary on My Benefits for additional information.			
Additional pair of eyeglasses or contact lenses	20% discount	20% discount	20% discount	20% discount
Additional lens options	The following lens options are covered in full: standard scratch-resistant coating, standard basic and high-end progressive lenses, standard polycarbonate lenses, standard anti-reflective coating, UV, tints, photochromic, Transitions®, edge coating		The following lens options are covered in full when from a network provider: standard scratch-resistant coating, standard polycarbonate lenses	
Your per pay period cost Colleague only Colleague plus spouse/eligible adult Colleague plus child(ren) Colleague plus family	Please contact your Human Resources representative for vision plan rates.			

For more information about your vision care plan options, visit http://mybenefits.trinity-health.org.

Children's Eye Care Program

Covered dependent children under the age 13 will be able to receive a second eye exam each calendar year. If a covered child experiences a prescription change of .5 diopter or greater, the enhanced benefit also provides for an additional pair of glasses. Copays for the exam and glasses still apply. This benefit ends on the covered child's 13th birthday.

Health care and dependent care flexible spending accounts

You have the opportunity to set aside before-tax money to offset eligible health care or dependent care expenses. There are two different types of Flexible Spending Accounts – a Health Care Flexible Spending Account (HCFSA) and a Dependent Care Flexible Spending Account (DCFSA).

	Health Care Flexible Spending Account (HCFSA)	Dependent Care Flexible Spending Account (DCFSA)
How much can I contribute?	Before-tax dollars in any amount between $130 and $2,750	Before-tax dollars in any amount between $130 and $5,000
What expenses will it cover?	Eligible health care products and services used by you and/or your eligible dependents. Examples include: • Vision care, including eyeglasses, contact lenses and saline solution • Dental care, both preventive and restorative • Orthodontia • Physical therapy, counseling, or psychological services • Chiropractic care and acupuncture • Copayments, coinsurance and deductibles • Prescribed Over-the-Counter (OTC) medications For a list of expenses that are eligible for HCFSA reimbursement, visit http://mybenefits.trinity-health.org.	Expenses for the care of your eligible dependents (child under age 13 or qualifying adult incapable of self-care) while you work: • Babysitting or au pair services • Before and after-school programs • Day care and nursery school • Pre-school programs • Elder care services **A DCSFA covers eligible care expenses for your dependents while you work.** Medical expenses for your dependents should **NOT** be contributed to the DCFSA.
When do I have to spend the money?	Contributions made to the HCFSA during the 2021 calendar year can be used for claims with dates of service between Jan. 1, 2021 and Mar. 15, 2022.	Contributions made to the DCFSA during the 2021 calendar year can be used for claims with dates of services between Jan. 1 and Dec. 31, 2021.
How do I access my FSA savings?	You can use a variety of payment options to access your FSA savings. These include the HealthEquity/WageWorks Health Card, Pay my Provider, Pay me Back, or by using the Mobile application.	You can use a variety of payment options to access your FSA savings. These include the Pay my Provider, Pay me Back, or by using the Mobile application.

Reminders:

- You must make Health Care and/or Dependent Care Flexible Spending Account elections for 2021 during open enrollment. Your prior year elections will NOT carry forward.
- Health Care Flexible Spending Account and Dependent Care Flexible Spending Account claims for the 2021 plan year must be postmarked on or before Mar. 31, 2022.
- If you choose to contribute to the Health Care Flexible Spending Account for the first time in 2021, a new HealthEquity/WageWorks Health Card will be mailed to your home. Otherwise, you will only receive a new Health Card when your current card expires.
- You may contribute to the HCFSA even if you do **not** elect coverage in a Trinity Health medical plan.

For more information about your FSA benefits and to obtain a list of eligible expenses, visit http://mybenefits.trinity-health.org.

How to use your remaining 2020 HCFSA funds

If you contributed to the HCFSA in 2020 and have funds remaining on Dec. 31, 2020, you can use the funds for claims incurred between Jan. 1, 2021 and Mar. 15, 2021. Claims must be submitted by Mar. 31, 2021. To ensure you use your remaining 2020 funds, you must pay for the claim at the time of service and submit your claims to HealthEquity. **Do not use** your WageWorks Debit Card to pay for claims during this period because the card will access 2021 funds.

Life Insurance

Colleague life insurance options

If eligible, you receive employer-provided basic life/AD&D insurance at one times your annual base salary.

In addition, you have the option to purchase supplemental coverage for yourself in the increments shown in the table below. If you purchase colleague supplemental life insurance and you're approved, the premium contributions will be deducted from your paycheck on an after-tax basis.

You will be eligible for will preparation services through The Hartford's EstateGuidance Will Services at no charge. To get started, access The Hartford's EstateGuidance Will Services online at www.estateguidance.com/wills and enter the Trinity Health Web ID "WILLHLF" in the Promotional Code box.

Colleague Life Insurance Plan Highlights (full- and part-time)	
Basic life/AD&D	One times your annual pay. Resident Physicians are limited to $20,000.
Supplemental life	One to eight times annual pay
Supplemental AD&D	One to eight times annual pay
Maximum amounts	$1.5 million Supplemental life: $1.5 million (Combined: $3 million)
Personal Health Application	Any increase in colleague Supplemental life coverage will require you to complete a Personal Health Application form. **NOTE:** The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2021.

Cost for colleague supplemental life insurance rates are based on your age as of Jan. 1, 2021, and will be available when you enroll online. Cost will be updated if your birthday moves you into a new age range rate.

Dependent supplemental life insurance options

You have the option to purchase coverage for your dependents (including your spouse, civil union partner, eligible adult or eligible children). You may elect coverage for your dependents without electing coverage for yourself. If you and your spouse, civil union partner or eligible adult both work for Trinity Health and are benefits eligible, you cannot elect both Colleague Supplemental Life and Spouse, Civil Union Partner or Eligible Adult Life coverage for the same person. Also, only one of you will be able to elect coverage for your child(ren). If your dependent child also works at Trinity Health and is benefits eligible, you cannot elect child life coverage for that individual. **If dual coverage is elected or you both elect Trinity Health coverage for your child(ren), the coverage elected by one of you will not become effective and any premiums paid for that non-effective coverage are not refundable.**

If you have elected dependent life insurance on your child(ren), you must waive dependent life insurance coverage once your youngest dependent child attains age 26.

Dependent Life Insurance Plan Highlights (full- and part-time)	
Spouse/eligible adult life[1]	Child(ren) life[2]
Coverage amount	Coverage amount
$10,000 $20,000 $50,000 $80,000 $100,000	$5,000 $10,000 $20,000
Personal Health Application	Any increase in spouse, civil union partner or eligible adult supplemental life coverage will require your spouse, civil union partner or eligible adult to complete a Personal Health Application form. **NOTE:** The Hartford will contact you directly via email or mail if a Personal Health Application is required for 2021.

Are your beneficiaries up-to-date?

You may want to take a moment to review the beneficiary(ies) you have on file for your basic life coverage. If some time has passed since you named beneficiaries, are they still appropriate? If you haven't yet designated beneficiaries, your life insurance benefits will be paid according to the plan provisions as outlined in the Summary Plan Description.

You'll have an opportunity to review (and change, if you wish) your life insurance beneficiary(ies) during the open enrollment process. Remember, to add or change your beneficiary(ies), you will need to provide their date of birth and Social Security Number.

Please note: The beneficiary for any basic life and supplemental life elections must be the same.

For more information about your life insurance benefits, visit http://mybenefits.trinity-health.org.

PTO cash-out

Under the PTO program, colleagues accrue PTO based on your “hours worked.” You are able to cash-out a certain amount of your unused PTO each year.

How much time can you cash-out	You can cash-out up to 80 hours. You must maintain a minimum PTO bank of 40 hours.
Electing to cash-out	Election for 2021 may only be made during open enrollment to avoid taxation on the value of your PTO bank. Your election is irrevocable and cannot be changed.
Payment date for cash-out	You will receive your cash-out in the first pay in November 2021.

You may only cash-out hours you will accrue during the calendar year in which you plan to receive payment. Consequently, you may not cash-out PTO hours carried over from previous years. For example, Jane has a PTO balance of 100 hours as of Dec. 31, 2020. During open enrollment, she elects to cash-out 40 hours in 2021. Jane cannot cash-out any of the 100 hours she earned in 2020 or earlier. She must plan her 2021 cash-out amount on only the hours she will accrue in 2021.

For more information about the program, visit http://mybenefits.trinity-health.org.

Voluntary Benefits

In addition to your group benefits, Trinity Health has partnered with the Farmington Company to provide eligible colleagues the opportunity to elect personal insurance plans. Individual policy options include :

- Whole life insurance
- Legal insurance
- Critical illness insurance
- Auto/home insurance
- Pet insurance
- Identity theft insurance
- Hospital indemnity
- Accident insurance
- Student loan relief services (Fiducius)

For more information, call 1-866-251-9529. Be sure to tell the representative that you are a member of Trinity Health and Mercy Hospital and Medical Center.

How to Enroll

Annual enrollment is conducted using our web-based tool which you access through your benefits website. It takes only about 10 minutes to make your benefit elections online, and you may not need to fill out any forms. If you don't have a computer with Internet access in your workplace or your home, you can enroll at computer stations provided by your Human Resources department during their regular business hours or at your local public library. You can enroll any time that's convenient to you during the open enrollment period – 24 hours a day, seven days a week.

During the three-week open enrollment period, you can make as many changes to your benefit elections as you wish. The last day to modify your choices is Nov. 12, 2020.

Be sure that your personal information is secure on the enrollment website. Trinity Health has taken extra precautions to ensure the integrity of all confidential records.

Step-by-Step instructions

1. Login to Workday. If you are using the mobile app or a personal computer, you must be enrolled in multi-factor authentication (MFA). If you haven't already done so, please follow directions given when prompted. Otherwise, you will be required to log in using the Trinity Network.
2. Enter your network user ID and password and click "sign in."

   For problems logging in, contact the Trinity Health IS Service Desk at 734-712-2288 and select option 2.
3. Click on the "Inbox" worklet.
4. Choose the "Open Enrollment" event from your "Actions" list.
5. Proceed to update your benefits by following the prompts under each benefit icon displayed.
6. After each benefit, click on "Continue and Confirm".
7. After you have reviewed each benefit, click "Review and Sign". A summary of your benefit elections will be displayed.
8. Once you have reviewed your benefit elections, click the "I agree" checkbox at the bottom of the last page to indicate your electronic signature.
9. Click "submit" at the end to save all changes/elections.
10. Click "View 2021 Benefit Statement" and be sure to print or save a copy for your records by clicking on the "print" button located at the bottom left-hand corner of the screen.

If you do not change or correct your benefit elections by Nov. 12, 2020 at 11:59 p.m. EST, IRS regulations require you to remain in your elections throughout 2021 or until you experience a qualified status change. For more information on qualified status changes, visit the HR4U colleague portal.

Job aid to assist in completing enrollment through Workday

Through the Open Enrollment article on the HR4U colleague portal, locate the job aid for step-by-step instructions for electing benefits and completing your enrollment.

Changing your elections during open enrollment

Should you need to change your submitted elections during the open enrollment period, use the "benefits" worklet in Workday and select "change open enrollment." Please be sure to submit with your electronic signature any time you use this feature whether you make changes or not.

For More Information

We hope this enrollment guide has provided you and your family with all of the information you need to make your benefit elections for 2021.

- If you have any questions, you should visit the Human Resources Department during our regular business hours which are Monday, Wednesday, Thursday and Friday from 7:30 am until 4:30 pm and Tuesdays from 7:30 am until 3:00pm.

Important reminders

Benefit elections are final for 2021

Remember, the benefits you elect during open enrollment will be in effect from Jan. 1 through Dec. 31, 2021. The choices you make now are final for 2021, because open enrollment is your only opportunity during the year to switch medical, dental and vision plan coverage unless you experience a qualified family status change.

If you experience a qualified family status change or certain employment status changes and provide any required documentation to your Human Resources representative within 30 days of the event, you will be allowed to make certain benefit changes as long as they are consistent with the status change. For example, adding your spouse to your coverage within 30 days of the marriage. For more information on qualified family or employment status changes, visit http://mybenefits.trinity-health.org.

HIPAA privacy notice is available online

Trinity Health and the Trinity Health Corporation Welfare Benefit Plan (Plan) take the security of colleagues' and family members' Protected Health Information (PHI) very seriously. To access a copy of the Plan's Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice, visit http://mybenefits.trinity-health.org. If you are unable to access the HIPAA privacy notice online, contact your Human Resources representative to request a paper copy by mail.

Plan Documents and Summary of Benefits and Coverage (SBC) are available online

A Summary of Benefits and Coverage (SBC) provides basic information about a medical plan, comparison examples, and a glossary of terms. To access the SBCs for the medical plan options, the Summary Plan Descriptions and certificates of coverage for the Plan benefits available to you, visit http://mybenefits.trinity-health.org. If you are unable to access any SBCs or Plan document online, contact your Human Resources representative to request a paper copy by mail.

Notice: Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 ("Act") requires all group health plans that cover mastectomies to provide certain reconstructive surgery and other post-mastectomy benefits. Trinity Health's medical benefit plan provisions are as follows:

- The Trinity Health medical benefit plan will not restrict benefits if you or your eligible dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy.
- Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with your (or your eligible dependent's) physician, and may include:
  - Reconstruction of the breast on which the mastectomy was performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
  - Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

Benefits for breast reconstruction may be subject to appropriate plan coverage provisions and limitations, including annual deductible, copayment and coinsurance provisions that are consistent with those established for other benefits under the plan.

If you have any questions about your medical plan provisions relating to the Women's Health and Cancer Rights Act of 1998, contact your Human Resources representative.

Additional **Notices**

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