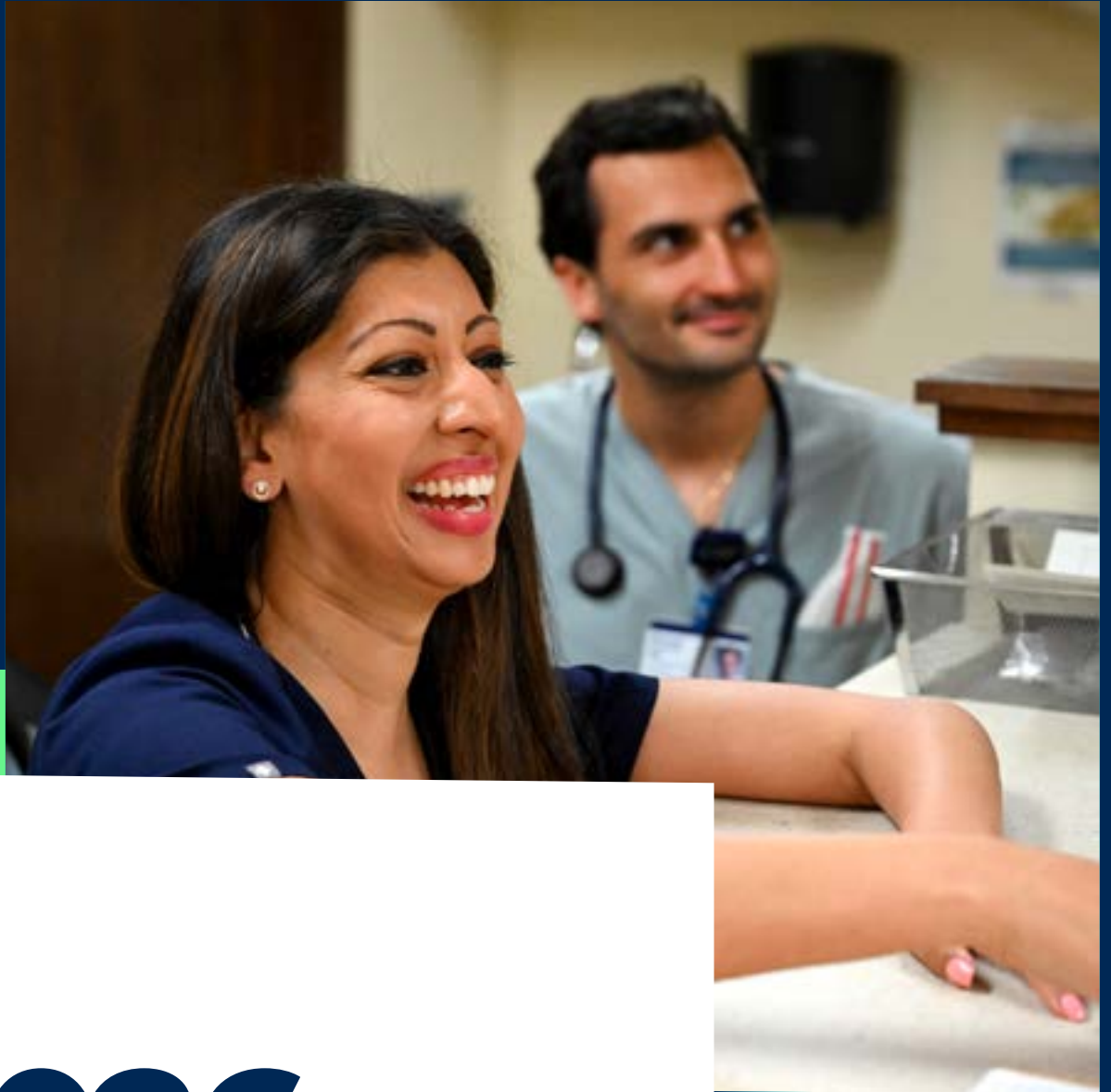




2026

Corewell Health Benefits Guide



Empowering your journey.

At Corewell Health, we're committed to supporting you, your family and the communities we serve. That's why we offer a comprehensive benefits program designed to give you choices — so you can build a package that fits your unique needs.

From medical and dental coverage to life insurance and AD&D, our benefits are here to help you care for what matters most. We want you to feel confident and informed when making decisions about your coverage. That means having access to the right information and knowing the right questions to ask — so you can choose the options that work best for you and your loved ones.

Table of contents

Benefits eligibility and coverage overview.....	4
Enrollment details.....	6
Medical benefits	8
Voluntary benefits: supplemental medical plans	17
Savings and spending accounts (HSA and FSA)	19
Dental benefits.....	25
Vision benefits.....	28
Healthy Lifestyles program	30
Life insurance.....	32
Accidental death and dismemberment insurance.....	35
Disability insurance and leaves	37
Additional benefits	41
Voluntary benefits.....	44
Contacts	46
Required notices	49

Questions? We're here to help!

Contact AskHR through live chat in ServiceNow, by submitting an inquiry or by calling **877.AskHR11 (877.275.4711)** Monday through Friday from 7:30 a.m. to 4:30 p.m.



Benefits eligibility and coverage overview

Eligibility

You're eligible for benefits if:

- You're in a regular or temporary status in Workday
- Your Full-Time Equivalent (FTE) is 50% or higher

Work hours classification:

- Full-time: 72–80 hours per pay period
- Part-time: 40–71 hours per pay period

Enrolling in benefits

Enrollment is completed in Workday. It's time-sensitive — make sure to enroll by your deadline.

Enrollment deadlines

- New hires or newly eligible team members: You have 31 days from your hire date or status change to enroll
- Annual open enrollment: Occurs Nov. 1 – 15 each year

What you'll need

Before enrolling, gather the following:

- **Dependent information** (if enrolling dependents):
 - Full name
 - Date of birth
 - Social Security Number (SSN)
- **Documentation** (if adding new dependents):
 - Spouse: Marriage certificate (electronic copy)
 - Children: Birth or adoption certificate (electronic copy)
If these aren't available, you may submit the first page of your last two years' tax returns showing the dependent's name, SSN, and relationship
- **Beneficiary information** (for life insurance and related benefits)

Paying for your benefits

- Premiums are deducted from every paycheck as a payroll deduction.
- Deductions begin the month your coverage starts and end the month your coverage ends

Coverage levels

You can choose different coverage levels for each benefit plan:

- Team member only
- Team member + spouse
- Team member + child(ren)
- Team member + family (includes spouse and child(ren))

Dependent coverage

You may cover eligible dependents:

- **Spouse** (legally married with government issued certificate)
- **Children up to age 26**
Includes biological, step, adopted or court-appointed guardianship. Coverage ends the last day of the month they reach the age limit.
- **Disabled child of any age**
Must be unmarried, unable to support themselves and claimed on your tax return. Disability must begin before age limit.

Coverage start and end dates

- **Start:** First of the month after hire or status change (unless you're a resident/fellow — then coverage starts on that date)
- **Enrollment window:** 31 days from eligibility or during Open Enrollment (Nov. 1–15)
- **End:**
 - Life, AD&D, STD, LTD: Ends on your last day worked or when eligibility ends
 - All other benefits: Ends on the last day of the month eligibility ends or the plan terminates



Enrollment details

Annual benefits open enrollment

Corewell Health's annual benefits open enrollment takes place each year from Nov. 1 through Nov. 15. It is critical that you review your elections and dependent information to ensure accuracy, as this is the only time you can make changes to your benefit elections. Changes made during open enrollment take effect Jan. 1 of the following year. In most cases, your elections will remain in place through Dec. 31, unless you experience a qualifying life event.

If you do not enroll during this period, you will not be able to make changes until the next open enrollment, unless you have a qualifying event.

Mid-year enrollment changes

You may be eligible to make changes to your benefits mid-year if you experience a qualifying event. These include changes in employment status or family status.

Employment status changes

- **From regular status (0–39 hours per pay period) to eligible (40+ hours per pay period):**
You have 31 days from the date of change to enroll. Coverage begins the first of the month following the change.
- **From casual status to regular status (40+ hours per pay period):**
You have 31 days from the date of change to enroll. Coverage begins the first of the month following the change.
- **Change in FTE, from full-time (72–80 hours) to part-time (40–71 hours) or vice versa:**
Since you were benefits eligible prior and remain benefit eligible no changes in benefit election are allowed with this change in employment status. Premium costs will change automatically based on your new status, effective the first of the month following the change.

Family status changes

If you experience a qualifying family life event (such as marriage, divorce, birth, adoption, or loss or gain of other coverage), you may update your benefit elections. You must submit a Life Event change in Workday within 31 days of the event. This is a self-service process.

When you can make a benefit level change

You may be eligible to make changes to your benefit elections outside of open enrollment if you experience a qualifying life event. The timing of your coverage depends on the type of event.

Immediate coverage effective date

You can make a benefit level change with coverage effective immediately if:

- You gain a new dependent through birth or adoption
Required documentation: Birth certificate, verification of birth or adoption certificate
- Your spouse or dependent dies
Required documentation: Death certificate
- You become married
Required documentation: Marriage certificate
- You want to change your life insurance beneficiary
- You want to change your Health Savings Account (HSA) contribution

Coverage effective the first of the following month

You can make a benefit level change with coverage effective the first of the month following the event if:

- You become divorced or legally separated
Required documentation: Divorce decree
- Your spouse gains* or loses employment
Required documentation: Letter confirming coverage loss or gain, including effective date
- Your spouse has a significant change in coverage due to a job change (e.g., full-time to part-time or vice versa)
Note: This does not apply to the health care FSA
- You or your spouse experience a significant change in health care coverage due to employment
- A child gains or loses dependent status*
- You need to change your dependent care FSA due to a change in daycare
Examples: Daycare closure, cost increase or decrease, no longer needing care, or switching daycare providers
Required documentation: Statement from the daycare provider describing the change

***Note:** If you opted out of medical coverage, you may not enroll in a medical plan due to these qualifying events.



Medical benefits

Our partner: Priority Health

Phone: 833.404.6610

Website: priorityhealth.com

You have three medical benefits options to choose from:

1

HMO

(Health Maintenance Organization)

- ✓ Is a co-payment plan, meaning most services, other than hospital-based visits or services, are not subject to the deductible in this plan.
- ✓ Has a lower deductible, applying only to hospital-based visits and services.
- ✓ Has higher premiums but lower cost at time of service. pay more out of your paycheck and less when you need care.
- ✓ Prescription drugs covered with a co-payment; this keeps your prescription costs consistent.
- ✓ Cost savings with limited coverage outside the plans network.

2

HDHP – POS

(High-Deductible Health Plan – Point of Service)

- ✓ You must meet the deductible prior to any co-insurance or co-payments.
- ✓ Lower premium because of higher cost at time of service, pay less out of your paycheck but more when you seek care.
- ✓ Prescription drugs are subject to the deductible, once met co-payments/co-insurance kicks in.
- ✓ Allows for additional coverage outside of the network, this is the only option for non-emergent out of network care.
- ✓ Comes with the benefit of a health savings account (HSA) bank account, which allows you to save pre-tax dollars for current and future expenses.

3

HDHP – HMO

(High-Deductible Health Plan – Health Maintenance Organization)

- ✓ You must meet the deductible prior to any co-insurance or co-payments.
- ✓ Lower premium because higher cost at time of service, this is the most cost-efficient plan offering the lowest premium taken from your paycheck, more expensive when you seek care, limited in-network care only, except in true emergency situations.
- ✓ Prescription drugs are subject to the deductible, once met co-payments/co-insurance kicks in.
- ✓ Comes with the benefit of a high-deductible health plan plus a health savings account (HSA) bank account, pre-tax savings that can be used for current or future expenses.

A detailed look at each plan:

	HMO medical plan		HDHP-HMO medical plan*		
	Tier 1** network only	Tier 2** network only	Tier 1** network only	Tier 2** network only	Tier 3 Not applicable
			HDHP-POS medical plan*		
			Tier 1** network only	Tier 2** network only	Tier 3 Out-of-network
Annual deductible					
Single	\$650	\$2,000	\$1,700	\$2,000	\$5,000
Family	\$1,300	\$4,000	\$3,400	\$4,000	\$10,000
Annual employer HSA contribution	Not applicable		Single: up to \$500, Family: up to \$750***		
Hospital services	80% after deductible	70% after deductible	90% after deductible	70% after deductible	60% after deductible
PCP physician office visit	\$20 co-payment	\$35 co-payment	90% after deductible	70% after deductible	60% after deductible
Retail clinics	\$25 co-payment	\$55 co-payment	90% after deductible	70% after deductible	60% after deductible
Preventive care	Covered in full. Deductible does not apply.		Covered in full. Deductible does not apply.		
	Refer to Priority Health preventive care guidelines available on priorityhealth.com				
Virtual care (medical and mental health care)	Covered in full. Deductible does not apply.		Covered in full after deductible.		Not applicable
Specialist office visit	\$40 co-payment	\$50 co-payment	90% after deductible	70% after deductible	60% after deductible
Urgent care	\$40 co-payment	\$65 co-payment	90% after deductible	70% after deductible	60% after deductible
Prescriptions	\$15 tier 1, \$50 tier 2 & 4 \$100 tier 3 & 5 At a participating pharmacy		\$15 tier 1, \$50 tier 2 \$80 tier 3, 20% max of \$150 tier 4 & 20% max of \$300 tier 5 At a participating pharmacy, after deductible (Certain RXs for certain chronic conditions may be covered prior to deductible, see summary)		
Emergency department	\$200 co-payment		\$200 co-payment, after deductible		
Out-of-pocket limit per year total					
Single	\$4,550		\$5,000	\$5,000	\$10,000
Family	\$9,100		\$10,000*	\$10,000*	\$20,000
	*No more than \$9,200 per person under family				
Out of area child dependent coverage	Most services covered at 70% after deductible.		Out-of-network benefit level applies for the HDHP-POS. For the HDHP-HMO, most services covered at 70% after deductible.		

Additional details

The HDHP – POS plan is the only option for team members living in Michigan's Upper Peninsula.

*Under family coverage, no individual can be charged more than \$9,200 per year.

**For details about providers and services, refer to the next page.

***Corewell Health contributes to your Health Savings Account (HSA) each paycheck:

- \$19.23 per pay for single coverage
 - \$28.75 per pay for all other coverage levels
- Contributions continue until the yearly maximum is reached.

How deductibles and out-of-pocket costs work

- Tier 2 services count toward both Tier 1 and Tier 2 deductibles.
- Tier 1 services only count toward the Tier 1 deductible.
- Tier 1 and Tier 2 out-of-pocket maximums are tracked together.
- Tier 3 services do not count toward Tier 1 or Tier 2 on the HDHP – POS plan.

HDHP – HMO Plan

- The HDHP – HMO plan uses a network similar to the standard HMO plan.
- It does not cover out-of-network providers unless emergent.



Medical benefit providers and service areas

Corewell Health's medical plans use a tiered structure to give you flexibility, savings and access to care based on where you live, work and choose to receive services. You'll save the most when you get care from Corewell Health and affiliated providers or facilities. Your home address in Workday determines which provider tiers apply to you and how much you'll pay. To find providers in your plan and tier, visit priorityhealth.com, use the "Find a Doctor" tool, and select Corewell Health Employer Group under the employer plan section.

	HMO medical plan		HDHP-HMO medical plan*		
	Tier 1** network only	Tier 2** network only	Tier 1** network only	Tier 2** network only	Tier 3 Not Applicable
			HDHP-POS medical plan*		
			Tier 1** network only	Tier 2** network only	Tier 3 out-of-network
Live in the defined Michigan counties	Corewell Health network	Priority Health network	Corewell Health network	Priority Health network	Out-of-Network – any provider
Live in Michigan outside of the defined counties	Corewell Health & Priority Health networks	Not applicable	Corewell Health, Priority Health & Cigna networks	Not applicable	Out-of-Network – any provider
Live out of the state of Michigan	Corewell Health, Priority Health & Cigna networks	Not applicable	Corewell Health, Priority Health & Cigna networks	Not applicable	Out-of-Network – any provider

Here are the details:

Live in the defined Michigan Counties of: Allegan, Barry, Berrien, Cass, Ionia, Kent, Lake, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Van Buren, Washtenaw or Wayne



You have the option to flex between Tier 1 and Tier 2 to meet your care needs, as long as you're still in the Priority Health network*.

Tier 1: Corewell Health facilities across Michigan including all legacy Beaumont Health, Lakeland and Spectrum Health and providers, Answer Health, BACO, Holland Hospital facilities and providers and We Are for Children as well as affiliated ancillary facilities such as Mary Free Bed, Pine Rest and Forest View. Co-payments and deductibles are lower when you choose Tier 1 services. Everyone is eligible to Tier 1 services, no one is excluded. Tier 1 providers may refer to Tier 2 facilities/providers. You are encouraged to contact Priority Health Customer Service to confirm benefits prior to engaging in services.

Tier 2: includes all other Priority Health participating facilities and providers.

**To find providers under your plan and tier, visit priorityhealth.com, select the find a doctor tool and under the employer plan section select Corewell Health Employer Group.

Live in Michigan outside of the defined counties OR out of the state of Michigan

You'll receive Tier 1 coverage no matter where you receive your health care, as long as you're still in the network.

Tier 1: includes all Priority Health participating facilities and providers. If you live outside of Michigan, you will also have access to both the Priority Health and Cigna networks in whatever plan you choose.

For a complete list of Corewell Health facilities, visit corewellhealth.org

Selecting a primary care provider (PCP)

If you enroll in a medical plan through Priority Health, you must choose a primary care provider (PCP) for each covered family member. Each person can have a different PCP.

Your PCP is your main doctor. They help manage your overall health, keep track of your medical history, coordinate care and arrange hospital services if needed.

If you don't choose a PCP, Priority Health will assign one for you.

Team member contributions for medical benefits

Your benefit premiums will be payroll deducted from each payslip.

Cost per pay period		HMO medical plan	HDHP-HMO medical plan	HDHP-POS Medical plan
Full time (72-80 hours per pay period)	Team member	\$76.40	\$35.22	\$44.89
	Team member+spouse	\$138.07	\$53.95	\$68.76
	Team member+child(ren)	\$132.94	\$52.39	\$66.77
	Team member+family	\$179.19	\$66.43	\$84.66
Part time (40-71 hours per pay period)	Team member	\$102.10	\$42.98	\$54.78
	Team member+spouse	\$194.61	\$71.01	\$90.51
	Team member+child(ren)	\$186.90	\$68.68	\$87.54
	Team member+family	\$256.29	\$89.71	\$114.34

If you're a Priority Health member through Corewell Health, you can lower your medical premium costs by enrolling in the Healthy Lifestyles program. Once enrolled, you can receive a \$25 credit per pay period, adding up to \$650 per year.

To learn more or get started, search "Healthy Lifestyles" in ServiceNow.

 Medical plans





Prescription drugs

Reduce your out-of-pocket costs by choosing Tier 1 medications. These are typically generic drugs that are both effective and affordable. Here's how it works:

- Tier 1 medications have the lowest copay.
- If a Tier 1 option is available and you choose a higher-tier drug (like Tier 2 or Tier 3), you may be responsible for paying the cost difference between the two.
- This cost-saving strategy encourages the use of clinically effective, lower-cost medications.

To better understand how your plan works, review [“Prescription Drug Coverage — Medical Plans”](#) in ServiceNow.

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
\$	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$
Lowest cost generic drugs, select brand-name drugs	Preferred brand drugs, some higher cost generic drugs	Non-preferred brand drugs, highest cost generics	Most expensive brand drugs and preferred specialty medications	Non-preferred specialty medications

Mail-in prescription drug program

Use the mail order prescription drug program through Express Scripts to lower your prescription costs. You may be eligible for a three-month supply of your prescription for two co-payments (after deductible with the HDHP medical plans).

Prescription drug coverage - medical plans

Understanding your out-of-pocket medical costs

Ever wonder how Priority Health and you share the cost of medical and pharmacy care each year? The graphic below breaks it down, showing how expenses are split between premiums and coverage.

It's important to remember that your out-of-pocket costs can vary based on the health plan you choose and the network you use when receiving care.

Understanding this can help you make informed decisions and feel more confident about your coverage.

All year:

Corewell Health and you pay for your medical benefit premiums.

At the beginning of the year:

Priority Health and you pay for your medical and pharmacy costs until your deductible is met. With the HMO plan, your services may just be co-payments.



Once your deductible is met:

You pay a percentage of the costs or co-payments based on the plan you choose until your out-of-pocket maximum is met.



Once your out-of-pocket maximum is met:

Priority Health pays 100% of your plan eligible costs.



Added value in your medical plan: Did you know about these perks?!

- **Hormonal health, fertility, and family-building support** through **Carrot**. This works with our expanded infertility rider, which offers up to **\$50,000** in lifetime benefits.
- **Nutrition support** to help lower blood sugar and reduce the need for type 2 diabetes medications, available through **Virta**.
- A **virtual GI clinic** through **Ayble**, offering tools and care for chronic stomach and digestive issues.
- **Online addiction care** through **Boulder**, with peer support and care navigation for opioid and alcohol addiction — all on your terms.
- **Diabetes prevention** online program with tools to help prevent diabetes through **Omada**.
- **Hearing support** access discounts on hearing exams and hearing aids through **TruHearing**.
- Free **mental wellness support**, access self-help tools for stress, sleep, and more — powered by **Teladoc**.
- **Fitness perks**, get discounted gym memberships and access 2,500+ online workouts via **Active & Fit**.
- Free online tools that link Michigan residents to affordable programs and essential social services through Priority Health Connect.
- **Other programs** include Cost Estimator, Care Management, Behavioral Health, PriorityMOM, PriorityBABY and BenefitHub.

In addition to these programs, Corewell Health medical plans include special riders — or bonus features — to support your health journey:

- **Expanded Infertility Rider:** Covers assisted reproductive technologies and artificial conception, with a lifetime benefit of **\$50,000**.
- **Habilitation Services Rider:** Helps children and adults build foundational skills affected by developmental challenges or disabilities.
- **Cranial Prosthesis Rider:** If you lose your hair due to a medical condition, this rider helps cover the cost of a medical wig.
- **Tailored Lab Coverage Rider:** CBC, CMP, and vitamin D labs are fully covered — before deductible with HMO plans, and after deductible with HDHP plans.
- **Chronic Conditions Rider:** Available with HDHP plans, this rider lets members with certain chronic conditions access specific medications at a co-payment before meeting the deductible.
- **Obesity Medication Rider:** Covers prescription drugs for obesity treatment, based on Priority Health's formulary requirements.



Medical plan perks





Voluntary benefits: Supplemental medical plans

Our partner: Voya

Website: presents.voya.com/EBRC/CorewellHealth

Corewell Health offers additional benefits you can enroll in to complement your medical benefits. With these policies you are paid a cash benefit that can be used for anything you would like such as covering your deductibles, co-insurance, co-payments or other expenses such as groceries, utilities, housing or other care needs.

These policies can continue if you leave employment by applying within 31 days and paying premiums directly to Voya, our partner in managing these benefits.

Group accident	
Pays a benefit when you receive medical treatment for covered injuries due to an accident including sports injuries.	
Cost per pay period	
Team member	\$3.46
Team member+spouse	\$6.69
Team member+child(ren)	\$6.92
Team member+family	\$10.15

Group hospital indemnity	
Pays a benefit for initial hospitalization due to a covered accident or illness, including pregnancy. Additional benefits are payable for daily hospitalization.	
Cost per pay period	
Team member	\$7.75
Team member+spouse	\$14.16
Team member+child(ren)	\$12.66
Team member+family	\$19.07

Group critical illness	
Pays a lump-sum benefit when a covered specified event, such as heart-attack, stroke, or cancer occurs. Multiple benefits may be payable including reoccurrence. Special occupational infectious disease coverage exists for health care team members.	

Supplemental medical plans





Savings and spending accounts (HSA and FSA)

What's the difference between an HSA and an FSA?

	Health savings account (HSA)	Flexible spending account (FSA)
Eligibility	Requires enrollment in a high-deductible health plan (HDHP)	You just need to be a benefits-eligible team member
Uses	Qualifying medical expenses	Two options: Health care/limited health care (for those in HDHP) and daycare/dependent care
Contribution	Corewell Health provides \$500 annually for single coverage and \$750 annually for all other coverage levels, broken out each pay period. In addition, you can contribute money to this account on a pretax basis; it can grow with interest and investments.	This is pretax money; it does not earn interest.
Annual contribution limits	• \$4,400 for individuals • \$8,750 for families • 55+ years old can contribute an additional \$1,000 • Limits include the Corewell Health contributions	• Health care/limited health care: \$3,300 • Daycare/dependent care: \$7,500 • Or up to IRS limit if limit changes
Rollover	Money rolls over from year to year.	Money must be used for eligible claims incurred within the plan year; you have until March 31 of the following year to submit claims, unless you lose eligibility for the plan mid-year.
Ownership	The account is owned by you.	The account is owned by you; however, if all funds are not used for claims incurred within the year, the funds will be forfeited back to Corewell Health.
Portability	The account remains with you if you change jobs.	The account will be lost if you leave Corewell Health.
Tax benefits	Tax-deductible contributions and tax-free withdrawals for qualified expenses.	Tax-deductible contributions and tax-free withdrawals for qualified expenses.

	HSA	FSA
Pretax contributions (tax-advanced)	X	X
Funds accumulate year over year	X	
IRS contribution maximum	X	X
Deducted from payslip	X	X
Funded up front and paid back each payslip		X

Health savings account (HSA)

Our partner: HealthEquity

Phone: 866.346.5800

Website: learn.healthequity.com/corewellhealth

If you enroll in a high-deductible health plan (HDHP)—either the HDHP-HMO or HDHP-POS—you'll receive a health savings account (HSA), unless you live outside the United States.

Team members enrolled in an HDHP are eligible for Corewell Health employer contributions to their HSA:

- \$500 per year for single coverage, paid as \$19.23 each pay period
- \$750 per year for all other coverage tiers, paid as \$28.85 each pay period

You are not required to contribute to your HSA, but you may choose to. Contributions are deducted from each payslip. The 2026 IRS maximum annual contribution (including Corewell Health's portion) is:

- \$4,400 for single coverage
- \$8,750 for other coverage tiers

If you are 55 or older, you may contribute an additional \$1,000 as a catch-up contribution. You have until the tax filing deadline to reach the annual limit.

What are the benefits of an HSA?

A health savings account (HSA) offers flexibility and long-term financial advantages for managing health care costs.

- **Triple tax advantage:** You don't pay federal income tax on contributions, interest earned, or withdrawals for qualified medical expenses.
- **No expiration:** Funds roll over year to year. Your balance stays in the account until you use it.
- **Use after age 65:** At age 65, you can use HSA funds for any purpose. If not used for qualified medical expenses, withdrawals are taxed as income.
- **Covers family expenses:** You can use your HSA to pay for qualified medical expenses for dependents claimed on your annual tax return, even if they are not covered under your HDHP medical plan. See IRS Publication 502 for details.
- **Portable:** Your HSA stays with you if you leave or retire from Corewell Health. Your savings and earnings, including contributions from Corewell Health, are always yours to keep.
- **Transfers to beneficiary:** Any remaining funds transfer to your named beneficiary upon your death.



Health savings account (HSA) bank account

Flexible spending accounts (FSA)

Our partner: HealthEquity

Phone: 866.346.5800

Website: HealthEquity.com

Flexible spending accounts (FSAs) help reduce your taxable income by allowing you to pay for certain expenses with pretax dollars. This can lower your federal, and often state and local, tax liability.

You can choose from two types of FSAs:

- **Health care FSA**

Set aside up to \$3,300 (or up to IRS limit if limit changes) from your before-tax pay to cover any eligible health care expenses.

If you elect one of the HDHP medical plans, this account will be a “limited” purpose health care flexible spending account. You will only be able to use funds in this account for dental and vision expenses until you reach the deductible on the medical plan.

- **Dependent care FSA**

Set aside up to \$7,500 from your before-tax pay to cover any daycare/dependent care expenses so that you and your spouse can work.

Contribution limits

If your annual base salary is \$160,000 or more, your maximum annual election for the Dependent care FSA is limited to \$2,100. This limit helps ensure the plan meets IRS nondiscrimination testing requirements. If the plan does not pass IRS testing, your contribution may be adjusted. You will be notified if this applies to you..

FSA rules to know

If you enroll in a health care or dependent care FSA, plan your election carefully. FSAs are “use-it-or-lose-it” accounts, and unused funds may be forfeited after the claims filing deadline.

- You cannot transfer money between accounts.
- You cannot change or cancel your election midyear unless you have a qualifying family status change. Not all changes allow for election updates and any change must match the qualifying event.
- You lose any unused funds after the claims filing deadline.
- Claims must include itemized bills or insurance statements. These must show the patient’s name, provider name, date of service, description of the expense and the amount you owe after insurance.
- If you live outside of the United States your FSA will be with HealthEquity | WageWorks.



Flexible spending accounts (FSA)

Eligibility based on medical plan

	HMO Medical plan	HDHP-HMO	HDHP-POS Medical plan
Health Savings Account (HSA)		X	X
Health care (Flexible Spending Account (FSA))	X		
Daycare/Dependent care (Flexible Spending Account (FSA))	X	X	X
Limited purpose health care (Flexible Spending Account (FSA))		X	X



Dental benefits

Our partner: Delta Dental

Phone: 800.524.0149

Website: deltadentalmi.com

Dental benefits

A healthy mouth is about more than just a nice smile. Good oral health helps you eat, drink, talk and smile with confidence. It also supports your overall health, as oral and general health are closely connected.

To support your dental health, Corewell Health offers two dental coverage plans through Delta Dental of Michigan for you and your eligible dependents – a basic and an enhanced plan.

You're eligible to enroll if you're regularly scheduled to work at least 40 hours per two-week pay period in a benefits-eligible position.

	Basic plan	Enhanced plan
Class I benefits		
Diagnostic and preventive services—includes: prophylaxis, exams, fluoride treatments, and space maintainers (twice in a calendar year)	100%	100%
Emergency palliative treatment	100%	100%
Bitewing X-rays (once per calendar year)	100%	100%
Deductible for Class II and Class III benefits**	\$50 per person \$150 family	\$50 per person \$150 family
Class II benefits		
Minor restorative services—includes: amalgams fillings (silver), composite resin fillings (white) and resin restorations	80%	90%
X-rays—all others	80%	90%
Sealants (age limitations – see certificate of coverage)	80%	90%
Oral surgery	80%	90%
Periodontics (gum disease)	80%	90%
Endodontics (root canals)	80%	90%
Class III benefits		
Major restorative services—includes: cast restorations and crowns	50%	60%
Prosthodontics—includes: fixed bridgework and dentures	50%	60%
Class IV benefits		
Orthodontics (no age limit, child and adult coverage)	No coverage	50%
Plan maximums*		
Annual maximum for Class II & III benefits	\$1,000	\$2,000
Orthodontic lifetime maximum for Class IV benefits	No coverage	\$2,000

The dental provider you seek services from will determine your total out of pocket expenses, review the Delta Dental: dentist details on next page.

Diagnostic and preventive services

- 100% covered for eligible services like oral exams and cleanings (twice per calendar year)
- These services do not count toward the annual plan maximum

Minor services

- Covered at a percentage (after deductible) for services such as fillings, extractions, X-rays, lab tests, oral surgery and sealants, subject to the annual plan maximum

Major services

- Covered at a percentage (after deductible) for services such as crowns, bridgework and dentures
- Subject to the annual plan maximum

Orthodontic services

- Only available under the enhanced plan
- Covered at a percentage for all ages
- Subject to a lifetime maximum

Annual deductible

- \$50 per person, up to \$150 per family (three individuals meeting the deductible)

Annual maximum

- The plan pays a percentage of eligible minor and major services until the annual maximum is reached
- Once the maximum is met, no further services are covered until the next calendar year

Note: A pre treatment estimate is recommended before receiving services. Corewell Health is not responsible for unpaid claims.

Delta Dental: dentist details

Delta Dental has the largest network of dentists across the United States and Puerto Rico, so even if you live outside of Michigan there will be providers near you. To find which network your dentist is in visit deltadentalmi.com. There are three levels of providers within the Delta Dental plan, depending on which network your provider is a part of will determine your out-of-pocket expenses.

Delta Dental PPO dentists	• No balance billing on covered services • Most significant network discounts, providing the lowest out-of-pocket costs for services. • Dentists file claims
Delta Dental Premier dentists	• No balance billing on covered services • Significant network discounts, which will keep your out-of-pocket costs low • Dentists file claims
Out-of-network dentists	• Balance billing • No network discounts, you will obtain some coverage, but out-of-pocket costs can be high. • May need to file own claims

*Out-of-network providers that accept Delta Dental can charge you the difference between what they charge and what Delta Dental pays them; this is known as balance billing.

Team member contributions for dental benefits

Your benefit premiums will be payroll deducted from each payslip.

Cost per pay period		Basic plan	Enhanced plan
Full time (72-80 hours per pay period)	Team member	\$7.09	\$14.83
	Team member+spouse	\$14.18	\$29.67
	Team member+child(ren)	\$15.60	\$32.64
	Team member+family	\$22.68	\$47.47
Part time (40-71 hours per pay period)	Team member	\$13.09	\$21.64
	Team member+spouse	\$26.15	\$42.24
	Team member+child(ren)	\$27.99	\$47.04
	Team member+family	\$40.95	\$68.57



Vision benefits

Our partner: Vision Service Plan (VSP)

Phone: 800.877.7195

Website: vsp.com

Corewell Health offers two vision plan options – basic and enhanced – through Vision Service Plan (VSP) for benefit-eligible team members and their eligible dependents.

Plans include coverage for:

- Annual eye exams
- Frames and lenses or contact lenses (one option per calendar year)
- Discounts on laser vision correction

VSP also provides exclusive discounts on brand-name eyewear, prescription sunglasses, contact lenses, digital hearing aids and batteries. Details are available at vsp.com.

VSP has a national network, so providers are available even outside Michigan. To obtain the best coverage, seek services with VSP Providers. If you see a non-VSP provider, you can submit claims directly on the VSP website.

	Basic plan		Enhanced plan	
	VSP provider	Non-VSP provider	VSP provider	Non-VSP provider
Exam co-payment	\$10	Covered up to \$45	\$10	Covered up to \$45
Material co-payment	\$20*	\$20	\$20*	\$20
Frame allowance	Up to \$200	Covered up to \$70	Up to \$250	Covered up to \$70
Featured frames allowance	Up to \$220	Covered up to \$70	Up to \$270	Covered up to \$70
Lenses				
Single lenses	Covered*	Covered up to \$30	Covered*	Covered up to \$30
Bifocal lenses	Covered*	Covered up to \$50	Covered*	Covered up to \$50
Trifocal lenses	Covered*	Covered up to \$65	Covered*	Covered up to \$65
Progressive lenses	Covered*	Covered up to \$50	Covered*	Covered up to \$50
Contacts exam co-payment	Up to \$60	Covered up to \$105	Up to \$60	Covered up to \$105
Contacts allowance	Up to \$200	Covered up to \$105	Up to \$200	Covered up to \$105
Materials frequency: Exam/Lenses/Frames	12/12/12 (months)	12/12/12 (months)	12/12/12 (months)	12/12/12 (months)

*Lenses covered after material copayment.

Team member contributions for vision benefits

Your benefit premiums will be payroll deducted from each payslip.

Cost per pay period		Basic plan	Enhanced plan
Full time and part time (40-80 hours per pay period)	Team member	\$4.51	\$5.21
	Team member+spouse	\$7.17	\$8.27
	Team member+child(ren)	\$7.32	\$8.45
	Team member+family	\$11.82	\$13.62



Vision plan



Healthy Lifestyles program

Our partner: Personify Health

Phone: 866.941.2143

Website: personifyhealth.com

Living a healthy lifestyle means being empowered to make healthier choices to achieve personal well-being for your mind, body and spirit. Healthy Lifestyles is a voluntary wellness program, offered as part of our BeWell well-being program, designed to support Corewell Health team members in achieving personal well-being goals. The program is customizable and can evolve year to year based on your needs.

Eligibility and enrollment

All team members, 18 and up, are eligible to participate. To enroll, register for an account and complete the Personify Health online health assessment during enrollment. The assessment takes about 15 minutes and provides immediate feedback on health risks and opportunities.

Rewards

If you are enrolled in a Corewell Health medical plan and participate in Healthy Lifestyles, you can choose one of the following rewards during annual open enrollment in Workday:

- **Premium credit**

The premium credit is for \$25 per pay period paid to offset your medical plan premium. The credit is effective Jan. 1 through Dec. 31. This credit will begin the first paycheck after your enrollment in Healthy Lifestyles has been completed.

If no election is made, this premium credit will be the default reward.

- **Lifestyle spending account (LSA)**

The LSA is a Corewell Health funded account that can be used for goods or services to support your well-being. These funds can be used toward gym membership, massage therapy, day care expenses, student loan reimbursement, travel, utility bills and so much more! You will receive reimbursement for up to \$650 a year in eligible expenses. Your account will be through HealthEquity | WageWorks.

Note: New hires must wait until the next annual open enrollment to elect the LSA option.

For more information or to complete your health assessment, log into your Personify Health account.



Healthy Lifestyles



Life insurance

Our partner: Voya

Phone: 888.238.4840

Website: voya.com

Life insurance provides financial protection for your loved ones in the event of your death. Corewell Health offers a core life insurance benefit at no cost to you, with the option to purchase additional coverage for yourself and your dependents.

Core life benefit (paid by Corewell Health):

- **Individual contributors, managers, advisors, supervisors, APPs and advanced clinicians**
Receive 1x annual salary, rounded to the next \$1,000, up to a maximum of \$1 million.
- **Physicians, residents, fellows, executives, directors and principals**
Receive 2x annual salary, rounded to the next \$1,000, up to a maximum of \$1 million.

For physicians, residents, fellows and commission-based Priority Health team members, the salary used is the greater of:

- Current base salary, or
- Prior year’s W-2 earnings

Supplemental life benefit options — pretax deduction

Full time and part time team members who are benefit eligible may elect the following life insurance amounts for themselves:

Supplemental life benefit options
1, 2, 3, 4, 5, 6, 7 or 8 times annual base salary rounded to the next \$1,000 to a maximum of \$1,500,000. Guarantee issue is the lesser of three times salary or \$750,000, this means that elections made over the guarantee issue amount will be subject to evidence of insurability (EOI).

Dependent life benefit options — after-tax deduction

Full-time and part-time team members who are benefit eligible may elect the following life insurance amounts for legally married spouse and/or eligible dependents:

Spouse life options
\$20,000, \$40,000, \$60,000, \$80,000, \$100,000, \$120,000, \$140,000, \$160,000, \$180,000 or \$200,000. <i>Guarantee issue is \$60,000, this means that elections made over the guarantee issue amount will be subject to evidence of insurability (EOI).</i>
Child life options
\$10,000, \$15,000, \$20,000 or \$25,000 <i>There is no EOI for child life.</i>

Guarantee issue is the amount of life insurance a team member can obtain for themselves and/or their dependents (only when first eligible for coverage) without the proof of good health, otherwise known as evidence of insurability (EOI).

Evidence of insurability (EOI)

EOI may be required when electing or increasing supplemental or dependent life insurance coverage.

EOI is not required if:

- You are a new hire or newly benefit-eligible team member
- Your election is within the guaranteed issue amount

EOI is required if:

- You decline coverage when first eligible and want to enroll later
- You increase coverage during annual benefits enrollment or at an eligible life event.

EOI outcomes:

- **No action:** If you do not complete the EOI process, your current coverage amount will remain unchanged.
- **Approved:** If EOI is approved, the new coverage amount takes effect on the approval date. Cost will adjust automatically.
- **Denied:** If EOI is denied, your current coverage amount will remain unchanged.

Naming a beneficiary

It's important to name a beneficiary for your life insurance benefits. You can update your beneficiary at any time in Workday. In the event of your death, benefits will be paid to the person(s) listed in your beneficiary section.

If you elect dependent life insurance, you are automatically named the beneficiary.



Life insurance, AD&D



Accidental death and dismemberment insurance (AD&D)

Our partner: Voya

Phone: 888.238.4840

Website: voya.com

AD&D insurance provides financial protection in the event of death or serious injury resulting from a covered accident. Benefits are paid to your beneficiary or directly to you, depending on the type of loss.

Core AD&D benefit (paid by Corewell Health):

- **Individual contributors, managers, advisors, supervisors, APPs and advanced clinicians**
Receive 1x annual salary, rounded to the next \$1,000, up to a maximum of \$1 million.
- **Physicians, residents, fellows, executives, directors and principals**
Receive 2x annual salary, rounded to the next \$1,000, up to a maximum of \$1 million.

Salary definition:

For physicians, residents, fellows and commission-based Priority Health team members, the salary used is the greater of:

- Current base salary, or
- Prior year's W-2 earnings

Supplemental AD&D coverage (after-tax deduction)

Benefit-eligible full-time and part-time team members may elect additional AD&D coverage for:

- Themselves
- Legally married spouse
- Eligible dependents

This plan only pays benefits for losses resulting from covered accidents.

Supplemental AD&D benefit

1, 2, 3, 4, 5, 6, 7 or 8 times annual base salary rounded to the next \$1,000 to a maximum of \$1,500,000

Two plans to choose from:

- Team member only coverage
- Team member + family coverage (coverage for you, your legally married spouse and/or child(ren))

How the benefit works:

- Team member accidental death: The face value of the elected benefit of 1-8 times annual base salary will be paid out to your beneficiary(ies).
- Spouse accidental death: If no child(ren) are covered under the plan, you will receive 60% of the face value of the elected benefit. If child(ren) are covered under the plan, you will receive 50% of the face value of the elected benefit, maximum payout of \$500,000.
- Child accidental death: If no spouse is covered under the plan, you will receive 25% of the face value of the elected benefit. If spouse is covered under the plan, you will receive 20% of the face value of the elected benefit, maximum payout of \$200,000.

There is no EOI for this AD&D coverage.



Disability insurance and leaves

Phone: 877.AskHR11 (877.275.4711)

Family medical leave act (FMLA)

Corewell Health provides eligible team members up to 12 weeks of leave per year under the Family and Medical Leave Act (FMLA). Leave may be used for:

- Birth or adoption of a child
- Caring for a spouse or immediate family member with a serious health condition
- Your own serious health condition
- Certain military-related situations

Eligibility requirements:

- Must have worked at Corewell Health for at least one year
- Must have worked 1,250 hours in the previous 12 months

In addition to FMLA, Corewell Health offers medical leave, education leave, parental leave, living organ donor leave, personal leave and military leave. To learn more about all leave options, visit the HR Hub on The Well.

Short-term disability (STD) coverage

Corewell Health provides short-term disability (STD) coverage at no cost to eligible team members. This benefit offers financial protection if you are unable to work due to a non-work-related illness or injury, including maternity leave.

STD is a core benefit and is automatically provided to all benefits-eligible team members.

Core short-term disability benefit — provided by Corewell Health

Individual contributors
• 60% income replacement from days 8, up to 26 weeks* • You are eligible for this benefit the first of the month following date of hire or date of your status change*. • Once eligible, you must satisfy a seven-calendar day waiting period for this benefit to begin. • PTO can be used for the seven day waiting period but is not required to be used. PTO will automatically be paid unless you request to not be paid.
Managers, advisors and supervisors:
• 100% income replacement for days 8-60 and then 60% income replacement for days 61 on, up to 26 weeks • You are eligible for this benefit the first of the month following date of hire or date of your status change*. • Once eligible, you must satisfy a seven calendar day waiting period for this benefit to begin. • PTO can be used for the seven day waiting period but is not required to be used. PTO will automatically be paid unless you request to not be paid.
Physicians, residents, fellows, APPs, advanced clinicians, executives, directors and principals:
• 100% income replacement for up to 26 weeks • You are eligible for this benefit, the first of the month following date of hire or date of status change (due to program requirements residents and fellows eligible date of hire). • There is no waiting period for this benefit.

Payment for short-term disability (STD) is processed through regular payroll and is considered taxable income. Any benefit deductions will continue to be taken from STD pay.

If you are not receiving 100% income replacement, you may use paid time off (PTO) to supplement your STD benefit and receive full pay.

STD coverage lasts for up to 26 weeks. If you are unable to return to work after that period, you may be eligible for long-term disability benefits.

Core long-term disability coverage (LTD)

Corewell Health provides core long-term disability (LTD) coverage to eligible team members. Benefits generally begin after you have met the definition of disability for more than 180 days.

- Payment begins upon approval by the insurance carrier.
- Benefits are subject to the carrier's rules and restrictions.
- You may be required to submit periodic medical evaluations.

Benefit offsets:

- LTD payments may be reduced by other income sources, such as Social Security or workers' compensation.

Termination of benefits:

- Benefits end if you no longer meet the definition of disability, reach the maximum benefit period, fail to submit required documentation, or pass away.

Refer to the summary plan description for full details.

Individual contributors, managers, advisors, supervisors, APPs and advanced clinicians:
• 50% income* replacement for up to \$10,000 per month • Covers annual earnings up to \$240,000
Physicians, residents and fellows:
• 60% income* replacement for up to \$15,000 per month • Covers annual earnings up to \$300,000 • Includes own-occupation, specialty coverage
Executives, directors and principals:
• 60% income* replacement for up to \$30,000 per month • Covers annual earnings up to \$600,000

**Income for disability benefits for physicians, residents, fellows and/or commission-based Priority Health team members is the greater of current base salary OR prior year W-2 whichever is greater.*

Buy-up long-term disability (LTD) coverage

Buy-up LTD is optional coverage you can elect and pay for through payroll deductions. It offers higher income replacement and coverage for greater annual earnings in the event of a long-term disability.

Individual contributors, managers, advisors, supervisors, APPs, advanced clinicians

- You pay for this benefit
- 60% income* replacement, up to \$15,000/month
- Covers annual earnings up to \$300,000
- Premiums are deducted pretax; benefits are taxable when paid

Physicians, residents, fellows

- You pay for this benefit
- 66 2/3% income* replacement, up to \$25,000/month
- *Covers annual earnings up to \$450,000*
- Choose pretax or posttax premium deductions
- A portion of the benefit will be taxable regardless of selection
- Includes own-occupation, specialty coverage
- Cost-of-living adjustments: Payments increase by 3% annually, up to 10 increases

Executives, directors, principals

- No buy-up LTD option available

**Income for disability benefits for physicians, residents, fellows and/or commission-based Priority Health team members is the greater of current base salary OR prior year W-2 whichever is greater.*

Disability insurance





Additional Corewell Health benefits

Adoption assistance:	Benefit eligible team members are eligible for adoption assistance reimbursement after working at least 12 consecutive months. Reimbursement of up to \$5,000 per adoption process per 12-month period.
Bereavement pay:	Corewell Health provides paid time off for eligible team members to plan or attend the funeral service for qualified family members.
Compassionate PTO:	The Compassionate Paid Time Off (CPTO) Program is a PTO donation program designed to help meet a team member's emergency need for paid time off when they or a family member experience an extreme, unforeseen medical hardship.
Child and eldercare assistance:	Corewell Health partners with PerkSpot and Bright Horizons to offer childcare discounts. You can also access referral services through the employee assistance program. For more support, working parent and caregiving resources are available on the BeWell platform.
Employee assistance program (EAP):	Free, confidential support is available to all team members and their families. This benefit helps with personal or work-related challenges that may affect your well-being—at no cost to you.
Financial hardship assistance:	Life can get complicated — and that's okay. Corewell Health is here to support you through every stage, including times of financial hardship.
Holiday pay:	Corewell Health offers holiday benefit pay to eligible team members for seven national holidays. Non-exempt team members who work on these holidays may also receive premium pay.
Lactation rooms:	Corewell Health offers comfortable, private rooms to support breastfeeding team members. For questions, contact AskHR at 877-AskHR11 (877-275-4711).
Michigan Earned Sick Time Act (MESTA):	The Michigan Earned Sick Time Act (ESTA) provides eligible team members with paid time off for specific, protected reasons. This includes time off for personal or family illness, medical appointments, public health emergencies and more.
Parental leave:	Corewell Health honors the unique experiences of our diverse team members and their families. We offer up to four weeks of paid parental leave for both birthing and non-birthing parents who are benefits eligible. Leave is paid through regular payroll and is considered taxable income.

Paid time off (PTO):	Corewell Health offers paid time off (PTO) to eligible team members to recognize your dedication. PTO is encouraged — giving you time to rest, recharge or take care of personal matters without missing a paycheck.
Paid time off (PTO) sell back:	Eligible team members can cash out a portion of their accrued PTO during designated election periods. Elections are irrevocable, and payouts are made after the period closes.
PayActiv – on demand pay:	Payactiv gives you early access to the money you've already earned — before payday. The amount you use is then deducted from your next paycheck, giving you more flexibility to manage expenses on your schedule.
Retirement benefits:	As your employment partner, Corewell Health is here to help you build a financially secure retirement. Our retirement programs are designed to support your savings goals through a combination of Corewell Health's retirement plans, Social Security and your personal savings.
Tuition assistance:	The tuition assistance program helps benefits-eligible team members grow their careers by reimbursing costs for higher education programs.
BeWell – well-being resources:	Corewell Health cares about all dimensions of your well-being — emotional, financial, intellectual, physical, social and spiritual. We offer a wide range of programs, resources and benefits to help you reach your wellness goals and thrive, both at work and at home.
Student loan coaching:	Get expert help navigating repayment and forgiveness options. Including Public Service Loan Forgiveness program or Income-Driven Repayment Forgiveness.
Grief support, funeral planning and will prep:	Guidance for emotional, legal and financial challenges after loss through Empathy.
Discount directory:	Enjoy thousands of local and national discounts through PerkSpot— from phones to food.
Travel Assistance:	Peace of mind with emergency services when traveling 100+ miles from home, including pre-trip information, emergency personal services, medical assistance services, and emergency transportation services.
Calm: Mindfulness Meditation App:	Free access to meditations, sleep stories, and music to reduce stress and improve sleep.



Voluntary benefits: Your perks, your way

Our partner: Aon

Phone: 877.AskHR11

Think of voluntary benefits as your personal menu of extras — designed to help you protect what matters most. Whether it's your health, your wallet or even your pets, these optional plans let you customize your coverage to fit your lifestyle.

You choose. You control. You benefit.

Voluntary benefits are offered at group rates and deducted from your payslip, making it easy to get extra protection without extra hassle.

Enroll in these benefits in Workday:

Identity theft protection

This voluntary benefit includes active credit monitoring with all three major credit bureaus, along with identity, home title, social media, dark web monitoring and credit breach alerts. If your identity is compromised, support is provided to fully restore any credit damage or losses—up to \$1 million.

Partner: Norton LifeLock

Phone: 800.607.9174

Website: my.norton.com

Group legal

This voluntary benefit provides access to commonly used legal services, including will preparation, help with traffic violations, and tax or IRS issues. When you use an in-network attorney, covered legal services are fully paid—with no out-of-pocket costs.

Partner: LegalEASE

Phone: 800.248.900

Website: legalease.plan.com/corewellhealth

Universal life + LTC

This voluntary benefit provides extra life insurance coverage for you and your spouse, with built-in chronic illness benefits. If extended care is needed, you can access part of your death benefit to help cover costs — whether at home or in a facility. Offered on a guaranteed issue basis, with no health questions asked. The guaranteed issue period is when first eligible for benefits as well as during open enrollment. There is also a term rider option for your eligible children.

Partner: Transamerica

Enroll in these benefits in Aon's everyday marketplace:

Enroll: everyday.aon.com/corewellhealth

You must be living in the United States to purchase these benefits.

Pet insurance

This voluntary benefit reimburses costs related to the care of dogs, cats, birds, and exotic animals. Coverage includes accident and illness services provided at any licensed veterinary facility. Pre-existing conditions are not covered.

Auto insurance

Auto insurance is a contract between you and an insurance company that protects you against financial loss in the event of an accident, theft or other covered incident. In exchange for paying a premium, the insurer agrees to cover your losses as outlined in your policy.

Coverage typically includes:

- Liability for bodily injury and property damage
- Collision and comprehensive damage to your vehicle
- Medical payments or personal injury protection
- Uninsured/underinsured motorist protection

Home insurance

Homeowners insurance helps protect your home, belongings, and property from damage or loss. It can also cover injuries or accidents that happen in your home or on your land.

Paying for voluntary benefits

Premiums for your voluntary benefits will be taken out of each paycheck. If you miss payments, you'll be moved to direct billing with the vendor, outside of payroll deductions. If you decide to leave Corewell Health, you can choose to continue your benefits by making payments directly to the vendor.



Voluntary benefits



Contacts

Whether through an app, website or one-on-one conversation with a benefits expert, your resources are here to help find answers quickly and easily.

Dental Benefits

Delta Dental

800.524.0149

deltadentalmi.com

Claims: P.O. Box 9085
Farmington Hills, MI 48813

Claim appeal: P.O. Box 30416
Lansing, MI 48909

Employee Assistance Program

Ulliance

844.684.3422

LifeAdvisorEAP.com

Flexible Spending Accounts (FSA)

HealthEquity

866.346.5800

healthequity.com

Health Savings Account (HSA)

HealthEquity

866.346.5800

healthequity.com

Healthy Lifestyles

Personify Health

866.941.2143

support@personifyhealth.com

personifyhealth.com

Leaves of Absence

Short-term disability, long-term disability

877.AskHR11 (877.275.4711)

Submit a ServiceNow request

Life Insurance

Voya Financial

888.238.4840

voya.com

Claims: 877.AskHR11
(877.275.4711)

Submit a ServiceNow request

Mail Order Prescription Program

Express Scripts

844.586.5349

Priority Health Customer
Service

833.404.6610

Medical Benefits

Priority Health

1231 E. Beltline Ave. NE
Grand Rapids, MI 49525-4501

priorityhealth.com

**Priority Health Customer
Service:** 833.404.6610

TruHearing: 844.806.7074

priorityhealth.com/truhearing

Retirement Benefits 403(b)

Fidelity

866.866.3818
netbenefits.com

Tuition Assistance

EdAssist

877.276.7106
corewellhealth.edassist.com

Vision Benefits

Vision Service Plan

3333 Quality Drive,
Rancho Cordova, CA 95670
800.877.7195
vsp.com

TruHearing: 877.396.7194
truhearing.com/vsp

Voluntary Benefits

Aon

877.AskHR11 (877.275.4711)
everyday.aon.com/
corewellhealth

AskHR

Questions? We're here to help.
Monday-Friday 7:30 a.m. to
4:30 p.m.

877.AskHR11 (877.275.4711)

Submit a ServiceNow request

Required notices

To view full benefit plan information, legal documents and required notices, visit ServiceNow.

A note about Social Security

When you pay for benefits using pretax dollars, you save on federal income tax—but you also contribute less to Social Security. This could slightly reduce your future Social Security benefits. However, the savings and value you gain from participating in Corewell Health's benefit program far outweigh any potential reduction.

Disclaimer

This guide offers a general overview of your benefit plans. For complete details, visit ServiceNow. If there's a conflict between this guide and the legal documents, the legal documents will take precedence. Corewell Health may change the benefit program at any time, with or without notice.

Team members covered under a collective bargaining agreement may have a variation in benefits. See union agreement for more details.



Benefit plan details, legal plan documents and notices

