



2023 EMPLOYEE BENEFITS GUIDE

TRILOGY HEALTH SERVICES, LLC



WELCOME TO YOUR BENEFITS!

At Trilogy, we're in relentless pursuit of becoming the Best Health Care Company in The Midwest. At the heart of achieving that goal is you – the team members and servant leaders that make up the Trilogy family. We believe in caring for you while you care for others, both at work and at home. That's why we've created a benefits program that offers support to you and your family physically, financially, emotionally, and spiritually.

Our comprehensive wellness program, TrilogyFIT, is filled with easy access to support services and perks that reward you for living a healthy lifestyle. We even offer a discounted wellness rate on medical premiums for employees who complete three easy steps - at no cost to you.

Through MyADP and our Benefits Resource Center (BRC), it's never been easier to review and sign up for your benefits. The BRC can help you navigate leaves of absence as well as benefits specifics and how you can enroll. These benefits are also conveniently outlined in this Benefits Guide, which can serve as a valuable resource as you make your decisions with the people that you love. Simply put, the Benefits Guide and BRC are here to make *your* life easier – whether you're looking for benefit costs or a doctor in your network. Explore and take full advantage of the resources available to you – including Purchasing Power, Marketplace Chaplains, Will Preparation, and more.

Whether you're reviewing your finances, living a healthier lifestyle, or are planning to grow your family, this guide offers you a path towards achieving your personal goals – and we're happy to help you get there. Please take time to explore all the options that are available to you, and don't forget that you can also access the Benefits Guide via MyADP and Red e App.

As always, thank you for making Trilogy the Best Place We've Ever Belonged!

Leigh Ann Barney | President / CEO
Trilogy Health Services, LLC



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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details. If you or your spouse are Medicare eligible, contact Transitions at 800-936-1405 to confirm your enrollment elections meet your needs.

WHAT'S NEW

At Trilogy, we are only as strong and healthy as our employees. We Care For You So You Can Care For Others, that's why we design benefits focused on your health and wellbeing. We are excited about the changes we're offering this year.

Additional details on these enhancements can be found within the guide. All changes noted below will take effect April 1, 2023, unless otherwise noted.

Open enrollment will be February 6 - 17, 2023. Don't miss this opportunity to review your coverage and make elections for yourself and your family.

TRILOGY BENEFITS EXPO

In addition to the resources available in this guide, you can also find benefit information at our Benefits Expo - a new website where you can read about all the amazing benefits that we have to offer. You can access our Benefits Expo beginning February 6, 2023, at trilogy.vfairs.com. The Benefits Expo is available year round and will be updated as we make enhancements to our benefit offerings.

TRANSITIONING TO CALENDAR YEAR PLANS

As part of our continued effort to provide best-in-class benefits that are easy to use and understand, we will be transitioning from an April 1 plan year to a January 1 plan year in 2024. The benefits noted in this guide will be in effect April 1 – December 31, 2023. Because this plan year only has nine months, the total amounts Trilogy and you contribute to your HSA, LSA, and FSAs have been pro-rated from the full twelve-month amounts. These will be adjusted back to the full twelve-month amount beginning January 1, 2024.

You will receive more information on open enrollment requirements for January 1, 2024, in October 2023.

MEDICAL PLAN CHANGES

TRADITIONAL PPO PLAN

- Increase the deductible to \$2,500 for Employee Only / \$5,000 for Employee + Child(ren) coverages.
- Decrease the out-of-pocket maximum to \$5,000 for Employee Only / \$10,000 for Employee + Child(ren) coverages.
- Increase the PCP office visit copay to \$30.
- Decrease the specialist office visit copay to \$60.
- Adjust the emergency room visit employee cost share to 20% after the deductible.
- Increase the urgent care copay to \$100.

SMART CHOICE HDHP PLAN

- Decrease the deductible for Employee Only coverage to \$2,500.
- Decrease the out-of-pocket maximum to \$5,000 Employee Only / \$7,500 Employee + Child(ren) coverages.

SPOUSE/FAMILY HDHP PLAN

- Decrease the deductible for Family coverage to \$9,000.
- Decrease the out-of-pocket maximum to \$6,000 Employee + Spouse / \$12,000 Family coverages.

WHAT'S NEW

LIFESTYLE SPENDING ACCOUNT EARNINGS FOR PARTICIPATION IN VIRGIN PULSE

As in previous years, full-time and part-time employees will have the ability to earn quarterly incentives by completing activities through Virgin Pulse. The total amount you can earn is \$225, but instead of Virgin Pulse Cash, your earnings will be deposited into a Lifestyle Spending Account (LSA) which can be used to pay for what you need, be it a gym membership, groceries, childcare, or new tires for your car! More details on your Merrill, a Bank of America Co LSA and how to earn incentives with Virgin Pulse are on page 13 of this guide.

PERSONAL HEALTH MOBILE APP – SYDNEY HEALTH

The Sydney Health mobile app works with you by guiding you to better overall health – and for you by bringing your benefits and health information together in one convenient place. The Sydney Health mobile app has everything you need to know about your benefits, so you can make the most of them while taking care of your health. More details about the Sydney Health mobile app can be found on page 16 of this guide.

DIGITAL MUSCULOSKELETAL (MSK) SOLUTION – HINGE HEALTH

Anthem is partnering with Hinge Health to provide you with the most comprehensive, effective, and clinically proven digital MSK solutions available. Hinge Health is a total, end-to-end solution that reduces pain, helps avoid surgeries, and controls costs by surrounding you with a complete care team and groundbreaking, wearable technology. See page 18 of this guide for more information on the Hinge Health digital musculoskeletal (MSK) solution.

WEIGHT LOSS PROGRAM – VIRTA

Trilogy is proud to announce that we have expanded our Virta offering! A new weight loss program through Virta will be available at no cost to employees and their dependents age 18 and above who are enrolled in the medical plan and have a BMI of 30 or greater.

TOBACCO CESSATION PROGRAM – QUIT FOR LIFE

Beginning April 1, 2023, Quit for Life will be replacing Clickotine as Trilogy's tobacco cessation program. With Quit for Life, you will have the option to choose from telephonic and video-based coaching in addition to in-app texting, and NRTs will be provided to you directly from SynchronyRx@HOME! For additional information on the Quit for Life tobacco cessation program, please review page 15 of this guide.

Important: Clickotine will remain the tobacco cessation vendor until March 31, 2023. Employees who are not marked nicotine free by their primary care provider or by LabCorp have the option to complete the tobacco cessation program as the reasonable alternative to satisfy the nicotine free step of the Wellness Rate.

SPENDING AND SAVINGS ACCOUNT VENDOR – MERRILL, A BANK OF AMERICA CO

Merrill, a Bank of America Co will be the administrator for Trilogy's spending and savings accounts (Health Care FSA, Dependent Care FSA, Health Savings Account and Lifestyle Spending Accounts) beginning April 1, 2023. You will receive one debit card for your FSAs and HSA, and will file for reimbursement for your LSA expenses. Review the following pages in this guide for more details on your available accounts:

- Lifestyle Spending Account — p. 13
- Health Savings Account — p. 22
- Health Care FSA — p. 24
- Dependent Care FSA — p. 25

401(K) ADMINISTRATOR – MERRILL, A BANK OF AMERICA CO

Merrill, a Bank of America Co will be the administrator for Trilogy's 401(k) Plan beginning January 1, 2023. Review page 31 of this guide for more information on your retirement benefits.

WHAT'S NEW

EDUCATION BENEFIT - GUILD EDUCATION

Trilogy has partnered with Guild Education to give eligible employees the ability to enroll in programs such as:

- Bachelor's and graduate degree programs
- Professional certificate course
- High school completion classes
- English language learning

Depending on the program you select, Trilogy will pay up front or reimburse eligible expenses. Review page 32 for detailed information on your Guild Education benefit.

PAID PARENTAL LEAVE

We are excited to provide paid leave benefits for parents following the birth or adoption of a child. Eligible employees will receive 100% of their salary, with the benefit duration being based on your continuous tenure with Trilogy. Additional information on Trilogy's parental leave benefit can be found on page 34 of this guide.



BENEFIT RESOURCE CENTER (BRC)

The BRC is completely free and confidential, and is available to you and your covered dependents as part of your benefits program.

Benefit and leave specialists are available to assist with all your benefits, disability, FMLA and Paid Family Leave requests such as:

- Answering any benefits-related questions during open enrollment, new hire enrollment or qualifying events.
- Listening to your leave needs and helping you decide which leave is right for you, and what type of leave you may qualify for based on your unique situation.
- Sending out all required notices, including instructions, on how to enroll in group health benefits and file a disability or Paid Family Leave claim.
- Following up as needed to ensure timely compliance and payments of your benefits.
- Coordinating your return to work date for a leave of absence.
- Supporting all of your benefits and leave-related questions.



*Benefit and Leave Specialists are available to assist you Monday – Thursday, 9am – 7pm EST, Friday 9am – 5pm EST and Saturday 9am – 1pm EST. You can reach the BRC by calling **888-350-0532**, emailing benefits@trilogyhs.com or visiting myhrworks.com/erc-trilogy.*



ELIGIBILITY AND ENROLLMENT

ELIGIBILITY

The chart below details who is eligible to participate in Trilogy's benefits and what benefits are available. Additional requirements may apply for each program (tenure, age, condition specific).

	FULL-TIME EMPLOYEE Regularly scheduled to work 30 hours or more per week.	PART-TIME EMPLOYEES Regularly scheduled to work 20 hours per week.
100% Paid Company Perks (Trilogy pays 100%)	<ul style="list-style-type: none"> - Benefit Resource Center - Marketplace Chaplains - Basic Life and AD&D - Virgin Pulse Wellbeing and Rewards Platform - Spending and Savings Accounts - Guild Education Benefit - Tobacco Cessation Programs - Trilogy 401(k) Plan - Paid Parental Leave - Trilogy Perks - Transitions Medicare Support - Will Prep 	<ul style="list-style-type: none"> - Benefit Resource Center - Marketplace Chaplains - Virgin Pulse Wellbeing and Rewards Platform - Spending and Savings Accounts - Guild Education Benefit - Tobacco Cessation Programs - Trilogy 401(k) Plan - Paid Parental Leave - Trilogy Perks - Transitions Medicare Support - Will Prep (Requires Voluntary Life Enrollment)
Voluntary Benefits (You and Trilogy share in the costs)	<ul style="list-style-type: none"> - Medical and Pharmacy (includes Anthem Specialty Programs) - Virta Prediabetes, Type 2 Diabetes and Weight Loss Programs (Requires Medical Enrollment) - Dental - Vision - Voluntary Accident and Critical Illness - Voluntary Life and AD&D - Short- and Long-Term Disability - Purchasing Power - Farmer's GroupSelect Auto and Home - Pet Insurance - IDShield and LegalShield 	<ul style="list-style-type: none"> - Dental - Vision - Voluntary Accident and Critical Illness - Voluntary Life and AD&D - Short- and Long-Term Disability - Purchasing Power - Farmer's GroupSelect Auto and Home - Pet Insurance - IDShield and LegalShield

NEW HIRES

You must enroll within 30 days from the date of hire or date of status change to a benefits eligible position. **If this date falls between February 1 – March 1, 2023**, get with the BRC and they will guide you through some additional steps you will need to pay attention to.

Your benefits will begin the first of the month following your date of hire or date of status change.

DEPENDENT ELIGIBILITY

In addition to electing coverage for yourself, you can elect to cover eligible dependents. You will be required to submit documents as proof of eligibility of your covered dependents. Eligible dependents include:

- Legal Spouse
- Children
 - o Under the age of 26
 - o Over the age of 26 are eligible only if they are incapacitated due to a disability and primarily dependent on you for support, named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

DEPENDENT VERIFICATION

You must provide proper documentation when you first add a spouse or child(ren) to your medical, dental or vision coverage. ADP will send a letter with the deadline by which you must provide the marriage certificate for spousal verification and birth certificates for child verification. Call ADP Dependent Verification Services at **800-553-3823** with any questions.

Your dependents will not have coverage if you do not provide supporting documents within 30 days.

ELIGIBILITY AND ENROLLMENT

QUALIFYING LIFE EVENTS

The elections you make during open enrollment and your new hire window cannot be changed, and you cannot elect benefits outside of these times, unless you experience a qualifying life event (QLE). QLEs are IRS-defined experiences such as marriage, divorce, birth, adoption, or change in eligibility. To confirm whether you can change your coverage due to a QLE, your first step is contacting the Benefit Resource Center at **888-350-0532** or submitting a general benefits inquiry at myhrworks.com/erc-trilogy.

After confirming your QLE does allow a change, log in to myadp.com and make the appropriate change for your benefits. The date of the event in MyADP must be the actual date of the life event (birth, marriage, etc.). You will be required to provide supporting documentation within 30 days of the date of your QLE.

COBRA

You may be eligible for COBRA for up to 18 months if you experience a reduction in hours, terminate employment, become Medicare eligible, or a dependent ages out at age 26, etc. If you become eligible, you will receive a packet of information from our COBRA administrator. If you have questions, you can call **877-722-2667**.



Stay in the Know

Take a moment now to make sure your personal information, such as your home address, email and date of birth, are updated in MyADP so you receive important communications. Simply log into myadp.com and select Your Profile to make changes.

BENEFITS ENROLLMENT

To enroll and/or update your benefits you can either call the BRC who will walk you through your options and complete the enrollment on your behalf, or:

- Log in to myadp.com.
- Select the Benefits Tile on the left.
- Select Enroll Now to get started.
- You must review and confirm your elections by clicking the button marked Confirm Enrollment at the end of the process. **YOUR ELECTIONS OR CHANGES WILL NOT BE RECEIVED UNLESS YOU DO THIS!**
- You have completed your enrollment.

Benefit Resource Center

The Benefit Resource Center (BRC) is completely free and confidential and is available to you and your covered dependents as part of your benefits program. The BRC can help you:

- *Enroll in benefits.*
- *Understand and use your benefits.*
- *Resolve claim and billing issues.*
- *Assist with filing for a leave of absence.*
- *Answer questions about your benefit options as you evaluate the best choice for your situation.*

*Questions? Contact the Benefit Resource Center by calling **888-350-0532**, emailing benefits@trilogyhs.com or visiting myhrworks.com/erc-trilogy.*

MEDICAL BENEFITS

All three medical plans are within the Anthem Blue Cross Blue Shield network, and all cover the same services, specialty care, and emergency services as well as 100% free preventive care. However, there are some important differences you should consider. Read the information in this guide to help you make the right choice.

	TRADITIONAL PPO	SMART CHOICE	SPOUSE/FAMILY
Annual Deductible	Employee Only: \$2,500 Employee + Child(ren): \$5,000	Employee Only: \$2,500 Employee + Child(ren): \$5,000	Employee + Spouse: \$4,000 Employee + Family: \$9,000
Out-of-pocket Max	Employee Only: \$5,000 Employee + Child(ren): \$10,000	Employee Only: \$5,000 Employee + Child(ren): \$7,500	Employee + Spouse: \$6,000 Employee + Family: \$12,000
Coinsurance	20% after deductible	20% after deductible	20% after deductible
PCP Office Visit	\$30 copay	20% after deductible	20% after deductible
LiveHealth Online Virtual Visit	\$10 copay	20% after deductible	20% after deductible
Sydney Health App Virtual Primary Care – Preventive Care – Routine PCP Visit	No charge \$10 copay	No charge 20% after deductible	No charge 20% after deductible
Specialist Office Visit	\$60 copay	20% after deductible	20% after deductible
Preventive Services	No charge	No charge	No charge
Urgent Care	\$100 copay	20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Available Accounts	Health Care Flexible Spending Account (FSA) Lifestyle Spending Account (LSA)	Health Savings Account (HSA) Lifestyle Spending Account (LSA)	Health Savings Account (HSA) Lifestyle Spending Account (LSA)
Trilogy Contributions FSA – PPO Plan HSA – Other 2 Medical Plans	FSA – employee contributions only	HSA - based on income Employee Only: \$225 – \$375 Employee + Child(ren): \$600 – \$900	HSA - based on income Employee + Spouse: \$225 – \$375 Employee + Family: \$600 – \$900
Trilogy LSA Contributions	Up to \$225 annually by completing quarterly activities through Virgin Pulse	Up to \$225 annually by completing quarterly activities through Virgin Pulse	Up to \$225 annually by completing quarterly activities through Virgin Pulse

MEDICAL BENEFITS

Both you and Trilogy share in the cost of your medical premiums. Employees who take steps to improve their health and wellbeing by completing the Wellness Rate steps will be rewarded with discounted medical premiums. The below table shows yours and Trilogy's weekly costs to participate in one of our medical plan options.

WEEKLY WELLNESS RATES

	TRADITIONAL PPO		SMART CHOICE		SPOUSE/FAMILY	
	Employee Pays	Trilogy Pays	Employee Pays	Trilogy Pays	Employee Pays	Trilogy Pays
Employee Only	\$70.00	\$118.37	\$20.00	\$118.11	—	—
Employee + Child(ren)	\$111.00	\$228.07	\$40.00	\$208.60	—	—
Employee + Spouse	—	—	—	—	\$113.00	\$219.79
Family	—	—	—	—	\$141.00	\$366.10

WEEKLY NON-WELLNESS RATES

	TRADITIONAL PPO		SMART CHOICE		SPOUSE/FAMILY	
	Employee Pays	Trilogy Pays	Employee Pays	Trilogy Pays	Employee Pays	Trilogy Pays
Employee Only	\$102.00	\$86.37	\$41.00	\$97.11	—	—
Employee + Child(ren)	\$143.00	\$196.07	\$72.00	\$176.60	—	—
Employee + Spouse	—	—	—	—	\$144.00	\$188.79
Family	—	—	—	—	\$176.00	\$331.10















KNOW WHERE TO GO

Save \$819 - \$1,365 This Plan Year by Taking Steps to Earn the Wellness Rate

The discounted Wellness Rate will be applied upon completion of all required activities (see page 14 for details). Adjustments on the Wellness Rate will only be refunded back to the date the Home Office is notified of the discrepancy.



HOW SHOULD I DECIDE WHICH HEALTH SETTING TO USE?

	TELEMEDICINE	CONVENIENCE CARE CLINIC	PRIMARY CARE PHYSICIAN	URGENT CARE	EMERGENCY ROOM
WHEN SHOULD I GO?	 <p>Cold & flu symptoms Allergies Bronchitis Skin problems Respiratory infection Sinus infection Urinary tract infection Rashes (e.g. poison ivy) Minor scrapes or cuts Bug bites</p>	 <p>Fever Sore throat Strep testing Earaches Coughs/congestion Sinus infection Minor scrapes or cuts Rashes (e.g. poison ivy) Bug bites Flu shot</p>	 <p>Visit your PCP for routine check ups or anytime you need urgent care but want to see your doctor who knows your history and has access to your medical records.</p>	 <p>Sprains Strains Minor broken bones Minor infections Small cuts that need a few stitches Minor burns X-rays</p>	 <p>Heavy bleeding Large open wounds Sudden loss of vision Chest pain Sudden weakness or trouble talking Major burns Spinal injury Severe head injury Difficulty breathing Major broken bones</p>
WAIT TIME	 <p>24/7/365 There is an average callback time of 16 minutes.</p>	 <p>No appointment required, so walk in any time. Typically open late.</p>	 <p>Appointments typically required and not open on weekends.</p>	 <p>Available at night and on weekends, but it could take hours to receive care.</p>	
COST	 <p>Costs the same or less than a visit with your primary care provider.</p>	 <p>Same or lower than a primary care physician.</p>	 <p>May charge copay, coinsurance and/or deductible.</p>	 <p>Lower than the emergency room.</p>	 <p>Highest cost.</p>

PRESCRIPTION DRUG BENEFIT



If you enroll in a Trilogy medical plan, prescription drug coverage is available through OptumRx for short term medications, like antibiotics, at a local retail pharmacy and SynchronyRx@HOME Pharmacy for your maintenance and specialty medications.

Managing Your Medications Just Got Easier!

You must complete a separate enrollment with SynchronyRx@HOME to begin receiving mail order prescriptions. Your account with SynchronyRx@HOME is a valuable resource where you can:

- Easily access your medications.
- Manage your account.
- Set-up automatic refills.
- View your medication profile.
- Manage dependent medications.

Set-up your SynchronyRx@HOME account in two easy steps:

1. Visit wellness.synchronyhs.com/login.
2. Use your email account on file to access your account.

If you are unsure of what email to use or need help setting up your account, contact the SynchronyRx@HOME pharmacy at 866-290-1480.

MAINTENANCE AND SPECIALTY MEDICATIONS: SYNCHRONYRX@HOME

Save money and time with mail order prescriptions delivered right to your home. SynchronyRx@HOME is the exclusive provider for all maintenance and most specialty medications. The benefit provides discounted rates, special deliveries, and the ability to pay through your FSA, HSA, LSA or payroll deductions.

You have the option to receive a 90-day supply if you are taking a long-term medication. Long-term medications are those taken regularly for chronic conditions such as high blood pressure, asthma, diabetes, or high cholesterol.

	TRADITIONAL PPO PLAN		SMART CHOICE AND SPOUSE/ FAMILY PLANS	
	30-day Supply	90-day Supply	30-day Supply	90-day Supply
Generic	\$4 copay	\$10 copay	20% after deductible	
Preventive Generic			\$4 copay	\$10 copay
Preferred Brand			20% after deductible	
Preventive Preferred Brand	\$35 copay	\$70 copay	\$30 copay	\$60 copay
Non-Preferred Brand			20% after deductible	
Preventive Non-Preferred Brand	\$55 copay	\$110 copay	\$50 copay	\$100 copay
Specialty*	25% no deductible	Not available	20% after deductible	Not available
Preventive Specialty			25% no deductible	

*If your specialty medication is not available through SynchronyRx@HOME, you can fill your prescription at an OptumRx Specialty retail pharmacy.

PRESCRIPTION DRUG BENEFIT

RETAIL PHARMACY: OPTUMRX

For short term prescriptions and other retail needs, find an in-network retail pharmacy near you by visiting optumrx.com.

	TRADITIONAL PPO PLAN		SMART CHOICE AND SPOUSE/ FAMILY PLANS	
	30-day Supply	90-day Supply	30-day Supply	90-day Supply
Generic	\$15 copay	\$30 copay	20% after deductible	
Preventive Generic			\$15 copay	\$30 copay
Preferred Brand	\$45 copay	\$90 copay	20% after deductible	
Preventive Preferred Brand			\$40 copay	\$80 copay
Non-Preferred Brand	\$65 copay	\$130 copay	20% after deductible	
Preventive Non-Preferred Brand			\$60 copay	\$120 copay



Save on Your Preventive Prescriptions

- ACA required drugs are covered at 100% for all plans.
- The Smart Choice and Spouse/Family plans also include an expanded preventive drug list to help you avoid expensive conditions and procedures.
- If enrolled in the Smart Choice or Spouse/ Family plan you will be able to receive preventive drugs on the expanded list for a copay, with no deductible.



HEALTH AND WELLBEING

VIRGIN PULSE

Virgin Pulse is our wellbeing partner available to all employees full-time and part-time age 18+. This is a personalized wellbeing and rewards platform that encourages you to make healthier decisions and guides you on your own wellbeing journey. With Virgin Pulse you can:

- Access journeys to broaden your knowledge on a variety of topics including embracing diversity, getting active, eating healthy, managing finances, and reducing stress.
- Connect a device or sync your smartphone.
- Complete daily healthy habits to establish wellbeing routines.
- Compete in challenges and so much more all while earning dollars for your Lifestyle Spending Account.

Register at: join.virginpulse.com/trilogyfit. Existing members sign in at member.virginpulse.com.

LIFESTYLE SPENDING ACCOUNT (LSA)

All full-time and part-time employees are eligible to earn reward dollars up to \$225 into a Lifestyle Spending Account (LSA). To receive reimbursement for your eligible expenses, you must file a claim with Merrill, a Bank of America Co - a debit card will not be issued. They will review your purchase to confirm it is for an eligible expense, and then send reimbursement to you either via check or direct deposit, whichever you prefer. To file a claim, log in to myhealth.bankofamerica.com or download the MyHealth BofA mobile app.

The LSA is available to use across areas that impact your life and wellbeing. Examples of expenses eligible for reimbursement include:

PHYSICAL WELLNESS

- Athletic equipment
- Gym memberships
- Fitness classes
- Fitness trackers
- Entry fees for marathons
- Nutritional supplements

FINANCIAL WELLNESS

- Down payments and closing costs
- Financial planning services
- Walmart Plus / Amazon Prime
- Groceries
- Rent / Mortgage

EMOTIONAL WELLNESS

- Marital / parental counseling
- Pet care
- Camping equipment
- Personal development classes
- Childcare

EARNING YOUR LSA INCENTIVES WITH VIRGIN PULSE

You can earn up to \$75 each quarter by earning points to reach various levels in Virgin Pulse. At the end of each quarter your points will be reset to 0 and your LSA will be funded as soon as reasonably possible.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Points	3,750	7,500	11,250	15,000
LSA Funding	\$10	\$15	\$20	\$30

Here is a sample of ways you can earn your points. Log in to member.virginpulse.com, and visit the **Rewards** section to see a list of all the ways you can earn and spend points.

Earning Period	WAYS TO EARN	EARNING PERIOD LIMIT	POINTS PER COMPLETION
Daily	Take 7,000 steps a day	1	70
	Complete a Journey Step	1	20
	Browse Healthy Recipes	1	10
Monthly	Create a Personal Challenge	1	50
	Track Healthy Habits for 20 Days	1	300
	Win the Promoted Healthy Habit Challenge	2	400
Quarterly	Set your interests	1	100
	Complete a Journey	3	150
	Choose your Eating Profile	1	250
Program Year	Preventive Screenings	4	500
	Complete Initial Virta Application	1	500
	Complete Annual Physical or Biometric Screening	1	10,000

Wellness Reasonable Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Virgin Pulse Member Services at 888-671-9395 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

HEALTH AND WELLBEING

EARNING THE WELLNESS RATE

All employees, part-time and full-time (age 18+) are encouraged to complete the Wellness Steps annually. Employees who complete the wellbeing exam and nicotine steps between October 1, 2022, through March 31, 2023 will be counted for the wellness rate that begins on April 1, 2023. To review completed wellness steps, please check the “Rewards” section of your Virgin Pulse account and view “My earnings”. It may take up to 3 weeks for the wellness rate to be reflected on your paycheck. For questions, please contact Benefits@Trilogyhs.com.

STEP 1: COMPLETE THE HEALTH CHECK SURVEY IN VIRGIN PULSE.

- Log on or [register](#) with Virgin Pulse.
- Set up your profile, complete health check survey, healthy habits, and sync your device.

STEP 2: COMPLETE ANNUAL PHYSICAL/BIOMETRIC SCREENING AND SUBMIT TO VIRGIN PULSE.

For an annual physical with your primary care provider (PCP)

- Download the Virgin Pulse Preventive Exams Form
- Log on to Virgin Pulse Account > Benefits > View All > Download Preventive Exams Verified Form > Start Now > Download
- Take Preventive Exams Form to appointment. Have your PCP **input the date** for the **annual physical/biometric screening and date** if you are **nicotine/tobacco free**. If you are not nicotine/tobacco free, please leave the date blank in the nicotine free row.
- Submit Preventive Exams Form
- Log on to your Virgin Pulse Account > Benefits > View All > Submit Preventive Exam Verified Form > Start Now > Upload Form.
Take a clear scan of your form, ensuring the entire form is visible in the photo. Save the photo file as a PDF (3MB or less in size) and upload to the site by clicking Upload Form.

For more details on how to upload your form, please visit TrilogyFIT.org/the-wellness-rate/.

For LabCorp appointments (through E-health)

- Follow the instructions for scheduling this appointment at [TrilogyFIT](#).
- Employees cannot walk into a LabCorp facility without generating a lab order first. You do not need the preventive exam form. Please take only the lab order with you that you receive via email. Results will be sent to Virgin Pulse on your behalf.



Your Annual Wellbeing Exam Made Easy

Your virtual primary care provider in the Sydney Health app can begin your wellbeing exam from the comfort of your home. Any lab work or testing that needs to be completed will occur at an in-network testing location (same as with an in-person primary care provider). The results from your virtual wellbeing exam can be submitted to Virgin Pulse just like an in-person visit, but without the hassle of scheduling and visiting a brick-and-mortar appointment.

HEALTH AND WELLBEING

STEP 3: BE NICOTINE/TOBACCO-FREE OR COMPLETE THE TOBACCO CESSATION PROGRAM

If your PCP inputs a date as being nicotine/tobacco free or you test as cotinine free at LabCorp this step is complete. If you are not nicotine/tobacco free, please utilize the information below to complete the tobacco cessation program to satisfy this step of the Wellness Rate.

How to get started (approximately an 8 week program): Download the Clickotine app on a smartphone (iPhone or Android device). Once the app has downloaded, swipe right to reach the Get Started page. Enter the 6-digit Clickotine Client ID code:

- **HDFRFF** for employees currently enrolled in a Trilogy medical plan
- **545371** for employees not currently enrolled in a Trilogy medical plan

To review completed wellness steps, please check the “Rewards” section of your Virgin Pulse account and view “My earnings”. It may take up to 3 weeks for the wellness rate to be reflected on your paycheck. The discounted Wellness Rate will be applied upon completion of all required activities. Adjustments on the Wellness Rate will only be refunded back to the date the Home Office is notified of the discrepancy. For questions, please contact Benefits@Trilogyhs.com.

Important: Effective April 1, 2023, Trilogy will be transitioning to the Quit for Life tobacco cessation program. Employees who are enrolled in the Clickotine tobacco cessation program prior to April 1, 2023, will be able to complete the program. Employees who begin their quit journey on or after April 1, 2023, will use Quit for Life tobacco cessation program.

QUIT FOR LIFE TOBACCO CESSATION PROGRAM

The Quit for Life tobacco cessation program includes the following topics and assistance:

- Access to a personalized online dashboard to track program progress and access support tools.
- Up to five sessions with a Quit Coach. Sessions may occur via text, chat, telephone, or group video.
- Receive up to eight weeks NRT (patch or gum) delivered directly to your home from the SynchronyRx@HOME Pharmacy.
- Interactive text messaging and reminders to help you on your journey.

To get started with Quit for Life beginning April 1, 2023, call **866-784-8454** or visit quitnow.net.

SPECIALTY HEALTH CARE PROGRAMS FOR ANTHEM MEMBERS

At Trilogy, we care for you so that you can care for others. While most companies consider “benefits” to be only about insurance, we want to be sure we provide options to address each employee’s wellbeing and unique personal needs.

SYDNEY HEALTH MOBILE APP

Use the Sydney Health mobile app to keep track of your health and benefits - all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellbeing resources. Sydney Health stays one step ahead – moving your health forward by building a world of wellbeing. The Sydney Health mobile app gives you access to personalized health and wellbeing information wherever you are.

FIND CARE

Search for doctors, hospitals and other health care professionals and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You’ll be matched with the best results based on your personal needs.

MY HEALTH DASHBOARD

Use My Health Dashboard to find news on health topics that interest you, health and wellbeing tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

CHAT

If you have questions about your benefits or need information, Sydney Health’s interactive chat feature helps you navigate your benefits with greater ease. Simply type your questions in the app to find answers quickly and to receive suggestions on resources to help you understand your benefits, improve your health, and save money.

MY HEALTH RECORDS

See a full picture of your family’s health in one secure place. Use a single profile to view, download and share information such as health histories and electronic medical records directly from your smartphone or computer.

Scan the QR code to download the Sydney Health mobile app from the Google Play or App store. You can also set up an account on [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer. If you need assistance with registering or logging in, contact Anthem at **833-916-2010**.



SPECIALTY HEALTH CARE PROGRAMS FOR ANTHEM MEMBERS

VIRTUAL PRIMARY CARE

With Virtual Primary Care integrated with the Sydney Health mobile app you no longer have to struggle with getting an appointment or taking time off to get an in-person visit for urgent or primary care services. From wherever you are, you can check your symptoms, find care, schedule an appointment, and connect seamlessly with providers via text-chat or video – for low or no cost.

Our virtual primary care providers can address more than 400 conditions and help individuals manage their chronic conditions, such as diabetes, high blood pressure, and asthma. Virtual primary care will also provide members urgent care for minor health issues, including allergies, cold and flu, and skin rashes.

Additionally, Virtual Primary Care can provide your annual wellbeing exam, which includes a complete health review along with age-appropriate screening recommendations, preventive labs, and overall health risk assessment. Your provider will update your personalized care plan based on findings from the comprehensive visit and may refer you for follow-up in-person services, such as lab work. Key features include:

- Symptom checker allowing you to assess your symptoms prior to your virtual care visit.
- Access to secure medical text chat for on-demand urgent care and scheduled primary care visits.
- Routine care support services including new prescriptions, refills, preventive tests, screenings, and labs.
- Customized care plans that include notes from the doctor on what was discussed along with recommendations and action items based on you condition and needs.
- Ability to follow-up with a doctor anytime to ask additional questions following a primary care visit without incurring additional costs.
- Referrals to in-network specialty and in-person providers as needed.

Virtual Primary Care through the Sydney Health mobile app is available to Anthem members age 18+. See page 16 for instructions on downloading the Sydney Health mobile app and information on additional tools and resources available to you.

TOTAL HEALTH CONNECTIONS

Total Health Connections is about making sure you and your family experience healthcare in a way that helps you feel confident, covered, and protected. With Total Health Connections, you have your own personal health champion, called a family advocate. Your dedicated family advocate is here to help you and your family through unexpected emergencies and everyday health needs. They stay one step ahead, helping you get care and support you need today and down the road – at no extra cost to you.

Your family advocate can help:

- Find top-quality doctors and care facilities and help schedule appointments.
- Stay on top of preventive care and manage chronic conditions.
- Quickly get pre-approvals for urgent medical needs, like surgery.
- Connect with our in-house clinical experts who will work with your doctor to create a personal care plan.

The Total Health Connections program is available through the Sydney Health mobile app. See page 16 for instructions on downloading the Sydney Health mobile app and information on additional tools and resources available to you.

SPECIALTY HEALTH CARE PROGRAMS FOR ANTHEM MEMBERS

HINGE HEALTH DIGITAL MUSCULOSKELETAL (MSK) PROGRAM

Hinge Health is an end-to-end digital musculoskeletal (MSK) clinic for preventive, acute, chronic and surgery recovery. With Hinge Health you get unlimited visits with a team of licensed therapists and specialists (orthopedic surgeons, nurses, nutritionists, and board-certified health coaches). Your digital therapist is the first point of contact and designs a program specific to your needs, while the health coach is your continual point of contact.

Hinge Health provides you with the following to help you feel healthier:

- Wearable monitor sensors and tablet (included in chronic and surgery recovery) for guided therapy with real time feedback.
- Combination of motion sensor technology and computer vision technology.
- Pain management – A high frequency impulse therapy device (ENSO) can be utilized for instant, long-term pain relief through nerve stimulation.

The Hinge Health program can be accessed through the Sydney Health mobile app. See page 16 for instructions on downloading the Sydney Health mobile app and information on additional tools and resources available to you..

BUILDING HEALTHY FAMILIES - MATERNITY SUPPORT PROGRAM

Every family grows in its own way. That's part of what makes each one unique. Anthem's new, all-in- one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising children. Building Healthy Families (previously Future Moms Maternity Support Program) offers personalized, digital support through the Sydney Health mobile app or on [anthem.com](https://www.anthem.com). This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

When you enroll in Building Healthy Families, you can count on personalized support at every stage, and be rewarded through Virgin Pulse for participating in the program.

DIGITAL TOOLS AND RESOURCES FOR PREGNANCY AND BEYOND

- Track your ovulation.
- Monitor prenatal health risks, such as blood pressure and weight.
- Receive updates on your pregnancy progress, like development of your baby and body changes.
- Log feedings, diaper changes, growth, vaccinations, and developmental milestones.

HEALTH AND WELLNESS EXPERTISE FOR YOUR FAMILY AND PREGNANCY

- Talk to a health coach via chat or phone during pregnancy about your questions and concerns.
- Explore a library with thousands of educational articles and videos.
- Connect with a maternity nurse and access lactation support.

The Building Healthy Families program is available through the Sydney Health mobile app under the My Health Dashboard. See page 16 for instructions on downloading the Sydney Health mobile app and information on additional tools and resources available to you.

SPECIALTY HEALTH CARE PROGRAMS FOR ANTHEM MEMBERS

CONCIERGE CANCER CARE PROGRAM

After a cancer diagnosis, it may be difficult to know what the next step is, or which treatment plan will work best for you. That's where the Concierge Cancer Care program comes in. It helps you through each step of your cancer journey by giving you the support and resources you need. With this program, you are cared for by world-renowned cancer experts, and two board-certified oncologists to review and oversee your entire health plan step-by-step. The Concierge Cancer Care program provides valuable resources such as:

- Virtual second opinions from a board-certified oncologist to ensure you are on the right track from your original diagnosis.
- Access to on-demand, clinical-quality medical exams from any location through TytoCare Technology.
- VIP services at best-in-class clinical trials.

To enroll in the Concierge Cancer Care program, contact Anthem at **833-916-2010**.



VIRTA PREDIABETES, TYPE 2 DIABETES AND WEIGHT LOSS PROGRAM

Trilogy is fully covering the cost of Virta for all medically-enrolled employees and dependents with type 2 diabetes or prediabetes. Virta is also covered for those with a BMI of 30 or greater who are interested in safe and sustainable weight loss. With Virta, you can lose weight, reduce medications, and save money so you can get back to what you love.

- **Diabetes Reversal:** Virta makes reversal possible. Our virtual clinic can help you lose weight, lower your blood sugar, and reduce medications.
- **Prediabetes:** Stop prediabetes in its tracks. Our virtual clinic can help you lose weight and prevent rising blood sugar.
- **Weight Loss:** Lose weight without counting calories. Our health coaches can help you gain control of cravings and keep you on track.
- **Diabetes Management:** Get tips to manage your A1c levels. Access to a health coach and free testing supplies will get you started.

Our safety and efficacy has been proven in a large-scale clinical trial, which demonstrated the safe reversal of type 2 diabetes, prediabetes, and metabolic syndrome without the use of surgery or pharmaceuticals. Most patients see meaningful results in a matter of weeks, and they are able to sustain this success with the support of their Virta health coach and medical provider.

To begin the application process and see if your condition qualifies you to join the Virta program, visit virtahealth.com/join/trilogy.

TRILOGY C.A.R.E.

COMPASSIONATE ASSISTANCE AND RESOURCES FOR EMPLOYEES

At Trilogy, your health and wellbeing are very important. You and your holistic wellbeing, matter. We understand that your mental wellbeing is especially important because it influences everything – your physical, emotional, and financial health. Trilogy offers programs at no-cost to you or your family to help support your mental health.

MARKETPLACE CHAPLAINS

Trilogy is pleased to offer you a Personalized Employee Care Service for you and your immediate family members. Your Care Team is available 24/7 to extend care, concern, compassion, and hope to you and your family in any situation such as: stress management, suicide prevention, grief/discouragement, aging parents, crisis response and health concerns.

All conversations you share with a chaplain are strictly confidential and will not be revealed to anyone, and support provided by them is independent of any religious beliefs. There is never a cost to you or your immediate family members for use of this Chaplain Care Team service.

Use the below QR code or go directly to the app store for a free download of the MyCHAP app. Use this app to connect with your Chaplain Care Team by phone, email, or text; to schedule an appointment; or to receive helpful resources through the app. Once downloaded you will need to enter one of the following location id numbers:

- **Trilogy Home Office and Health Synchrony Services** – 121193
- **Kentucky Campuses** – 121197
- **Ohio Campuses** – 121198
- **Indiana Campuses** – 121199
- **Michigan Campuses** – 121200



ANTHEM LIVEHEALTH ONLINE THERAPY

Trilogy employees and their eligible dependents enrolled in a Trilogy medical plan can receive online therapy with Anthem LiveHealth Online. Find a therapist or psychiatrist who's right for you with flexible scheduling. At a significantly lower cost than the average office visit and no monthly fees, LiveHealth Online provides mental health care that fits your budget and your schedule.

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LIVEHEALTH ONLINE PSYCHOLOGY

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less. Making an appointment is easy: Log in at livehealthonline.com using your mobile app or computer and select LiveHealth Online Psychology and choose the therapist you'd like to see.

LIVEHEALTH ONLINE PSYCHIATRY

With LiveHealth Online Psychiatry you can visit with a psychiatrist who can evaluate your condition and provide medication management, so you feel your best. Unlike therapists who offer counseling support, psychiatrists are available to provide medical treatment if you require a prescription to help manage a behavioral health condition such as anxiety, stress, or depression.

It's easy to get started. Log in at livehealthonline.com using your mobile app or computer and select LiveHealth Online Psychiatry and a date that works best for you to meet with an available board-certified Psychiatrist in your state.

LEARN TO LIVE BEHAVIORAL HEALTH PROGRAM

Your emotional health is an important part of your overall health. With Emotional Wellbeing Resources, administered by Anthem's Learn to Live, Trilogy employees and their eligible dependents enrolled in an Anthem medical plan can receive support to help you live your happiest, healthiest life.

Built on the principals of Cognitive Behavioral Therapy (CBT), digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance abuse and sleep issues.

Log in to anthem.com, go to MY Health Dashboard, choose Programs, and select Emotional Well-being Resources to see the resources available to you.

TRILOGY C.A.R.E.

COMPASSIONATE ASSISTANCE AND RESOURCES FOR EMPLOYEES

ANTHEM INCLUSIVE CARE

Part of living a healthy life is finding a doctor you trust. To make this easier for our members who are lesbian, gay, bisexual, transgender, and/or queer (LGBTQIA+), Anthem is introducing Inclusive Care. This no-cost program is available to members enrolled in a Trilogy medical plan and can help you find doctors who will treat you with dignity and respect, and who are experienced in providing compassionate, high-quality LGBTQIA+ health care.

SPECIALTY TRAINED HEALTH GUIDE

Health Guides help you find the quality care you need. Working under the guidance of a clinician, they have an increased knowledge and understanding of LGBTQIA+ concerns and can identify medical doctors and behavioral health care professionals who are familiar with and sensitive to your needs. They can also help you locate community programs and other resources for support.

LGBTQIA+ PROVIDER DIRECTORY

Using the Find Care tool on the Sydney Health app, you can search for a behavioral health professional who has experience with LGBTQIA+ issues. Over time, the Find Care tool will also include a filter for medical doctors who are LGBTQIA+ friendly.

GENDER AFFIRMATION SURGERY CONCIERGE

If you are interested in exploring gender affirmation surgery, a Health Guide can connect you to the Inclusive Care Team for confidential counseling and guidance through the process. This team will help you understand your benefits, find a surgery center near you, coordinate multiple service providers, and in some cases arrange travel.

BENEFITS THAT FOCUS ON YOUR WHOLE HEALTH

In addition to the unique resources and services available to you through the Inclusive Care program, your health plan benefits include:

- Expert, whole-health care regardless of gender identity.
- Access to our large network of medical and behavioral health professionals.
- World Professional Association for Transgender Health (WPATH) Standards of Care for gender affirmation, based upon your benefit coverage.

The Anthem Inclusive Care program is available through the Sydney Health mobile app. See page 16 for instructions on downloading the Sydney Health mobile app and information on additional tools and resources available to you.



HEALTH SAVINGS AND FLEXIBLE SPENDING ACCOUNTS

Effective April 1, 2023, Merrill, a Bank of America Co will become the sole provider for Trilogy's Health Savings Account, Health Care FSA and/or Dependent Care FSA.

HEALTH SAVINGS ACCOUNT (HSA)

Your HSA administered by Merrill, a Bank of America Co is a valuable, employee-owned tax-saving tool to help you pay for eligible health care expenses.

HSA ELIGIBILITY

Since the HSA is a tax-advantaged account, the IRS has certain restrictions about who is eligible to participate in an HSA. You are not eligible if you are:

- Covered by a non-high deductible health plan (HDHP) like the Traditional PPO plan.
- A participant in a regular health care flexible spending account, including your spouses.
- Covered under Medicare, Medicaid, or Tricare.
- Claimed as a dependent on someone else's tax return.

GETTING STARTED WITH YOUR HSA

Your Health Savings Account will automatically be opened on your behalf by Merrill, a Bank of America Co. Once your enrollment has been successfully processed, a welcome kit including step-by-step instructions on how to maximize the benefits of your account will be emailed to you. If you have not yet added your email information in MyADP, the welcome kit will be mailed to your home address within five to seven business days.

A debit card will also be sent to your home around the same time that the welcome kit is sent. **This debit card will also be used for any eligible Dependent Care FSA expenses (if elected).** You can use the debit card to pay for eligible expenses at the point of service, or you can pay for expenses up front and submit the claim to Merrill, a Bank of America Co for reimbursement. **Remember:** Keep your receipts as you may need to provide proof that your expenses were considered eligible for IRS purposes.

Update Your Email And Home Address In MyADP

Be sure to confirm that your email and home address listed in MyADP are correct before completing your enrollment to ensure you receive your welcome kit, debit card, and other important communications from Merrill, a Bank of America Co.

HEALTH SAVINGS AND FLEXIBLE SPENDING ACCOUNTS

IDENTITY VERIFICATION REQUIRED

To comply with Federal Regulations Merrill, a Bank of America Co is required to verify the identity of anyone that wishes to open an HSA. Most employees can be automatically verified, but if more information is needed, Merrill, a Bank of America Co will reach out to you both via email and to your home address. You can still make contributions and view your HSA on the Merrill, a Bank of America Co member website, but cannot make withdrawals until you have submitted information to Merrill, a Bank of America Co and your identity has been verified.

If you do not provide the required information within 90-days of your first contributions being deposited into your HSA, you will receive an account closure notification via mail and your account will be closed. The amounts you have contributed will be returned on a post-tax basis as soon as administratively possible.

TRILGY CONTRIBUTIONS

The amount that Trilogy contributes to your HSA is based on your projected income. The total amount Trilogy contributes has been adjusted to account for the short plan year (nine months versus twelve months).

Projected Income	TRILGY'S AUTOMATIC CONTRIBUTIONS (ANNUAL/WEEKLY)			
	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
\$0-\$49,999	\$375/\$9.62	\$900/\$23.08	\$375/\$9.62	\$900/\$23.08
\$50,000-\$99,999	\$300/\$7.69	\$750/\$19.23	\$300/\$7.69	\$750/\$19.23
\$100,000+	\$225/\$5.77	\$600/\$15.38	\$225/\$5.77	\$600/\$15.38

IN ADDITION TO THE AUTOMATIC HSA CONTRIBUTION, TRILOGY ALSO MATCHES 100% OF EMPLOYEE CONTRIBUTIONS UP TO \$225 PRO-RATED FROM FULL AMOUNT TO ACCOUNT FOR SHORT PLAN YEAR!

CONTRIBUTIONS DURING THE SHORT PLAN YEAR

You may contribute pre-tax money to your account via payroll deductions. The plan year beginning April 1, 2023, will only have nine months as we are moving a calendar year plan cycle. Because of this, your and Trilogy's combined contributions may not exceed \$2,887.50 for Employee Only coverage and \$5,812.50 for all other coverage tiers. Additionally, you can contribute an extra \$750 annually if you are age 55 or older during the April 2023 plan year. Your allowed contributions will be increased to the full twelve month amount beginning January 1, 2024.

USING YOUR MONEY

You can use the money in your account to pay for qualified medical, dental, vision and prescription expenses – including expenses for your tax dependents who are not covered under a Trilogy medical plan. For a full list of qualified expenses, visit www.irs.gov/publications/p502.

When possible, use your HSA debit card to pay for expenses and keep records of your receipts. You will need them to prove that you spent the money on qualified expenses if you are audited by the IRS.

To save the most money, you should only use your HSA funds for qualified expenses. Before you are age 65, if you use HSA funds on ineligible expenses you will owe a 10% penalty plus income tax on the withdrawal. After age 65, if you use HSA funds for ineligible expenses you will only owe the income tax. Employees enrolled in Medicare are not eligible to make their own contributions nor receive Trilogy contributions to an HSA.

Unused funds roll over each plan year. If you leave Trilogy the money in your account goes with you. You can contribute up to the maximum allowed amount for the year at any time up to the tax filing deadline of the following year (generally April 15th).

All Your Accounts in One Place

Easily access all your accounts with the MyHealth BofA mobile app where you can quickly view all of your Spending and Savings Accounts, submit and track claims for reimbursement, and manage your investments.

To get started today, download the MyHealth BofA mobile app using the Google Play or App Store.

HEALTH SAVINGS AND FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE FSA

The Health Care FSA, administered by Merrill, a Bank of America Co is a valuable account where you can contribute pre-tax dollars via payroll deductions to pay for eligible medical, dental and vision expenses. You will receive one debit card to use for your HSA and FSAs.

WHAT IS A HEALTH CARE FSA?

A Health Care FSA lets you set aside money — before it's taxed — through payroll deductions. The money can be used for eligible health care expenses you and your family expect to have over the next plan year.

The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. Unlike the HSA which builds from year-to-year, you must use the money in your FSA by the end of the grace period (see Important Plan Deadlines for information). Otherwise, that money is lost, so plan carefully. Also unlike the HSA, your elections cannot be changed during the plan year unless you have a qualifying life event that applies to Health Care FSA coverage. You must re-enroll in this program each year.

This plan allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars. Eligible expenses include medical, pharmacy, dental or vision costs including plan deductibles, copays, coinsurance amounts and other noncovered health care costs for you and your tax dependents.

HEALTH CARE FSA ELIGIBILITY

You can elect the Health Care FSA if you are enrolled in the Traditional PPO Plan or have waived medical coverage. You are not eligible to participate in a Health Care FSA if you enroll in the Smart Choice or Spouse/Family HDHP Plans. Health Care FSA funds can be used for you, your spouse, and your tax dependents, even if they are not covered under a Trilogy medical plan

CONTRIBUTION LIMITS AND THE SHORT PLAN YEAR

The IRS limits the total amount that employees can contribute to their Health Care FSA each 12-month plan year. For plan years that begin January 1, 2023, or later, contributions may not exceed \$3,050 per twelve-month period.

The plan year beginning April 1, 2023, will only have nine months as we are moving to a calendar year plan cycle. Because of this, the maximum you are allowed to contribute will be \$2,287.50. Your contribution limits will be increased to the full twelve-month maximum beginning January 1, 2024. The full amount you have elected for the plan year will be available the first day of the plan year.

GETTING STARTED WITH YOUR HEALTH CARE FSA

Your Health Care FSA will automatically be opened on your behalf by Merrill, a Bank of America Co. Once your enrollment has been successfully processed, a welcome kit including step-by-step instructions on how to maximize the benefits of your account will be emailed to you. If you have not yet added your email information to MyADP, the welcome kit will be mailed to your home address within five to seven business days.

A debit card will also be sent to your home around the same time that the welcome kit is sent. **This debit card will also be used for any eligible Dependent Care FSA expenses (if elected).** You can use the debit card to pay for eligible expenses at the point of service, or you can pay for expenses up front and submit the claim to Merrill, a Bank of America Co for reimbursement. **Remember:** Keep your receipts as you may need to provide proof that your expenses were considered eligible for IRS purposes.

IMPORTANT PLAN DEADLINES

Please keep in mind the following deadlines as you decide on the amount you will contribute to your Health Care FSA this plan year:

- **Trilogy's Health Care FSA includes a grace period**, this means the funds contributed to your Health Care FSA during the April 1, 2023, plan year are available to use for expenses incurred through March 15, 2024.
- **Use it or Lose It:** You have until March 31, 2024, to submit claims incurred during the plan year and grace period – any remaining funds will be forfeited.

HEALTH SAVINGS AND FLEXIBLE SPENDING ACCOUNTS

DEPENDENT CARE FSA

WHAT IS A DEPENDENT CARE FSA?

The Dependent Care FSA administered by Merrill, a Bank of America Co allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. You will receive one debit card to use for your HSA and FSAs. All benefits eligible employees may participate in the Dependent Care FSA, regardless of medical enrollments, and eligible expenses may include day care centers, in-home childcare and before or after school care for your dependent children under age 13. A Dependent Care FSA does not cover any medical, dental, pharmacy or vision expenses. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care.

CONTRIBUTION LIMITS AND THE SHORT PLAN YEAR

Because we are moving to a January 1 plan year cycle, the plan year beginning April 1, 2023, will only have nine months. To account for this, the maximum you can contribute to the Dependent Care FSA for this plan year is \$3,750. Elections cannot be changed during the plan year unless you have a qualifying life event that applies to Dependent Care FSA coverage. Funds will be available as deductions are withheld from your paycheck each pay period

GETTING STARTED WITH YOUR DEPENDENT CARE FSA

Your Dependent Care FSA will automatically be opened on your behalf by Merrill, a Bank of America Co. Once your enrollment has been successfully processed, a welcome kit including step-by-step instructions on how to maximize the benefits of your account will be emailed to you. If you have not yet added your email information to MyADP, the welcome kit will be mailed to your home address within five to seven business days.

A debit card will also be sent to your home around the same time that the welcome kit is sent. **This debit card will also be used for any eligible HSA or HC FSA expenses (if accounts are elected).** You can use the debit card to pay for eligible expenses at the point of service, or you can pay for expenses up front and submit the claim to Merrill, a Bank of America Co for reimbursement. **Remember:** Keep your receipts as you may need to provide proof that your expenses were considered eligible for IRS purposes.

IMPORTANT PLAN DEADLINES

Please keep in mind the following deadlines as you decide on the amount you will contribute to your Dependent Care FSA this plan year:

- **Trilogy's Dependent Care FSA includes a grace period**, this means the funds contributed to your Dependent Care FSA during the April 1, 2023 plan year are available to use for expenses incurred through March 15, 2024.
- **Use it or Lose It:** You have until March 31, 2024 to submit claims incurred during the plan year and grace period – any remaining funds will be forfeited.



DENTAL

As a Delta Dental of Kentucky member, you can see any licensed dentist and receive discounts, but you'll save the most when using a provider in the PPO network. Visit ky.deltadental.com to find a dentist, check claims and coverage, view your ID cards, and more.

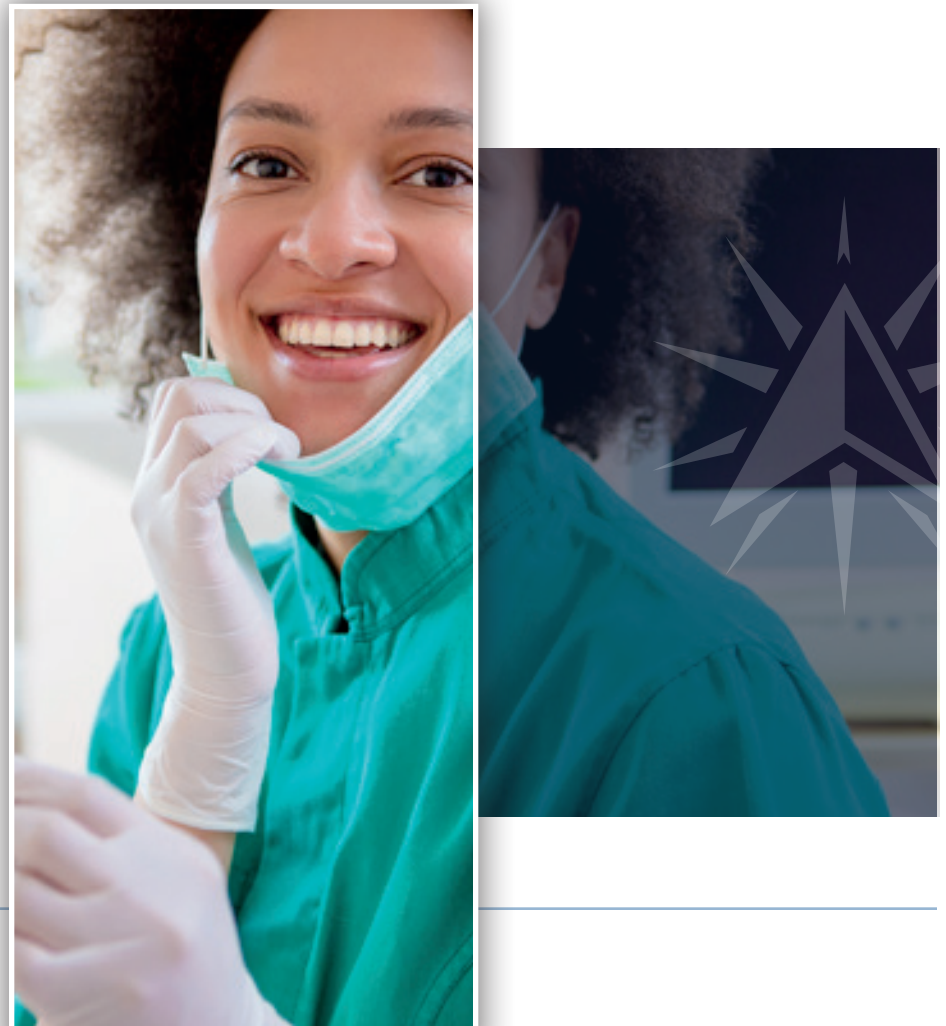
	PPO NETWORK	PREMIER NETWORK	OUT-OF-NETWORK
Plan Provisions - Based on Calendar Year			
Individual	\$50	\$100	\$100
Family	\$150	\$300	\$300
Annual Max	\$2,000	\$2,000	\$2,000
Services			
Diagnostic and Preventive	No charge	No charge	No charge
Basic Services	20% after deductible	50% after deductible	50% after deductible
Major Services — 12 month waiting period*	50% after deductible	50% after deductible	50% after deductible
Orthodontia — 6 month waiting period* (full-time employees only, for dependent children 18 and under)	50% after deductible	50% after deductible	50% after deductible
Ortho Lifetime Max	\$1,000 per dependent	\$1,000 per dependent	\$1,000 per dependent

* Documentation of previous coverage may waive certain waiting periods.

While the PPO, Premier and Out-of-network coinsurance percentages may appear the same, you save more by utilizing a PPO Network provider. Out-of-network dentists do not have agreements with Delta Dental and can charge a higher price for the same services.

YOUR WEEKLY EMPLOYEE PAYROLL CONTRIBUTION

Employee Only	\$4.80
Employee + One	\$9.27
Family	\$15.09



VISION

Regular vision care is an important part of your overall health. That's why we offer Anthem Blue View Vision which has a national network including both private practice and retail chain providers. Visit anthem.com to find an in-network provider, check claims and coverage, view your ID cards, and more.

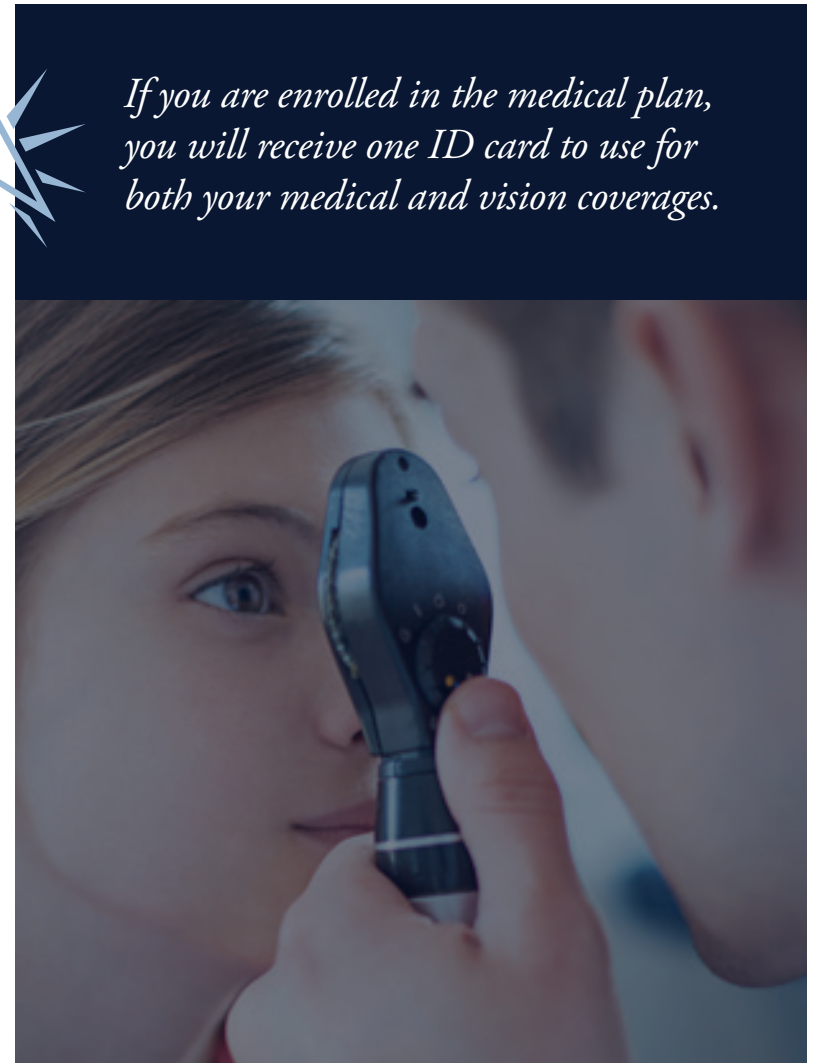
Covered Benefits	ANTHEM BLUE VIEW VISION IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Vision Exam	\$10 copay	Up to \$46
Lenses (once every 12 months)	\$20 copay	Up to \$85 based on lens type
Frames (once every 24 months)	\$130 allowance, then 20% off remaining balance	Up to \$47
Contact Lenses		
Elective	\$130 allowance, then 15% off remaining balance	Up to \$105
Elective (disposable)	\$130 allowance	Up to \$105
Non-elective (medically necessary)	No charge	Up to \$120

YOUR WEEKLY EMPLOYEE PAYROLL CONTRIBUTION

Employee Only	\$1.00
Family	\$2.50



If you are enrolled in the medical plan, you will receive one ID card to use for both your medical and vision coverages.



GROUP VOLUNTARY BENEFITS

Voluntary Accident and Critical Insurance coverage is available to you at discounted group rates through MetLife. The benefits are paid directly to you and can be used to pay for medical plan deductibles and copays, out-of-network treatments, and your family's everyday living expenses.

ACCIDENT INSURANCE

If you complete certain health screenings and preventive measures, Voluntary Accident and Critical Illness insurance will each pay you a \$50 benefit per calendar year.

Accident insurance provides a lump-sum payment in the event you or your covered dependents experience a covered accident or related medical treatment and service. The following chart provides a summary of benefits under the Group Accident policy. Your cost for coverage can be found at myadp.com.

	BENEFIT
Death Benefit	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000
Major Surgery	\$1,000
Emergency Room Visit	\$50
Doctor's Visit	\$50
Ambulance (Ground/Air)	\$200/\$750
Hip Fracture (Closed/Open)	\$1,500/\$3,000
Ankle Fracture (Closed/Open)	\$250/\$500
Collar Bone (Closed/Open)	\$500/\$1,000
Paralysis (Quadriplegia)	\$10,000

CRITICAL ILLNESS INSURANCE

Critical illness insurance pays a lump sum benefit to you if you or your eligible dependents are diagnosed with a covered illness or condition such as cancer, heart attack or stroke. If elected, your benefit amount will be \$15,000. If you are diagnosed with multiple conditions, the benefit will pay up to a maximum of \$45,000. The following chart provides a summary of benefits under the Group Critical Illness policy. Your cost for coverage can be found at myadp.com.

	INITIAL BENEFIT	RECURRENCE BENEFIT
Alzheimer's Disease	100% of Benefit Amount	None
Full Benefit Cancer	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	25% of Benefit Amount
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
Major Organ Transplant	100% of Benefit Amount	None
Stroke	100% of Benefit Amount	100% of Benefit Amount

LIFE AND AD&D INSURANCE

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

Trilogy provides eligible employees with financial protection through Basic Life and AD&D Insurance administered by MetLife.

Eligible full-time employees will automatically qualify for a basic life and AD&D benefit of either \$15,000 or one times basic annual earnings (up to a maximum of \$100,000), at no cost. The benefit you are eligible to receive will show when completing your enrollment through ADP or with the BRC. Your total benefit is reduced by 35% at age 65, 60% at age 70, 75% at age 75, and 85% at age 80.



Will Preparation

All full-time employees and part-time employees enrolled in Voluntary Life Insurance will also have access to a participating plan attorney who will prepare or update your or your spouse's will at no cost to you. Contact MetLife at 800-821-6400 for details.

VOLUNTARY INSURANCE

You can supplement your Trilogy-paid benefits by purchasing additional Voluntary Insurance through MetLife for you and your eligible dependents at discounted group rates. Voluntary coverage can be purchased without answering medical questions up to the Guaranteed Issue amount if elected upon hire or upon status change to a benefit eligible position. Your cost for coverage under the Voluntary Insurance plans can be found in myadp.com.

	BENEFIT	COVERAGE AMOUNT	MAXIMUM COVERAGE	GUARANTEED ISSUE AMOUNT
Employee	Supplemental Life and AD&D	1-5 times basic annual earnings, in increments of \$1,000	\$250,000	\$250,000
Spouse	Life Insurance	Up to 50% of the employee's Supplemental Life benefit, in increments of \$5,000	\$50,000	\$25,000
Children (15 days and older)	Life Insurance	\$10,000 per child	\$10,000 per child	\$10,000 per child

GUARANTEED ISSUE

If you purchase Voluntary Insurance during your new hire enrollment, you are guaranteed coverage of up to \$250,000 for yourself and \$25,000 for your spouse.

For coverage amounts over the Guaranteed Issue amount or if you apply for coverage after your new hire enrollment period, you will be required to answer medical questions before MetLife will approve your requested coverage amount. MetLife will review your request and will notify you of approval or denial.

VOLUNTARY DISABILITY INSURANCE

You can purchase short-term disability (STD) and long-term disability (LTD) coverages at discounted group rates from MetLife. Disability insurance is designed to provide you with continued income while you are out of work due to an illness, accident, or life event. Your cost for coverage under the Voluntary Disability Insurance plans can be found in myadp.com.

SHORT-TERM DISABILITY (STD)

STD insurance provides a benefit amount of 60% of your weekly pre-disability earnings, up to a weekly maximum benefit of \$750, for as long as you remain disabled (up to 24 weeks). Benefits begin following a 14-calendar day waiting period from your first date of absence. If STD is taken for pregnancy, six weeks is the maximum time for vaginal delivery and eight weeks for cesarean.

LONG-TERM DISABILITY (LTD)

The LTD plan pays a benefit of 60% of your monthly income up to a maximum of \$10,000. Monthly income means the monthly compensation you earn from your normal occupation. It does not include earnings from overtime, bonuses, or any other form of pay. Benefits begin on the 181st calendar day of absence and may last for five years for non-work-related accident/sickness.

Note: The LTD plan includes a pre-existing condition clause, including pregnancy.

Important!

If you choose to waive Long-Term Disability coverage during your new hire enrollment period and decide to enroll at a later date, you will be required to answer medical questions before MetLife will approve your requested coverage amount. MetLife will review your request and will notify you of approval or denial.



TRILOGY 401(K) PLAN

The Trilogy 401(k) Retirement Savings Plan, which will be administered by Merrill, a Bank of America Co starting January 1, 2023, provides you with an excellent way to save for your retirement.

ELIGIBLE EMPLOYEE CONTRIBUTION	TRILOGY CONTRIBUTION	PRE-TAX CONTRIBUTION	AFTER-TAX ROTH CONTRIBUTIONS
If you are at least age 21 and are a full-time or part-time employee, you may contribute from your paycheck up to the plan IRS limit (\$22,500 for 2023) on the first of the month following date of hire.	Trilogy matches \$0.25 for every \$1.00 you contribute up to 10% of your weekly pay. This applies to both your pre-tax and/or after-tax Roth deferrals.	You can elect to defer either pre-tax or after-tax Roth contributions. Simply contact Merrill, a Bank of America Co at 1-800-228-4015.	
If you are age 50 or older, you may be eligible to contribute an additional \$7,500 for 2023.	All Trilogy contributions are subject to the five-year vesting schedule based on your date of hire. However, you are eligible for the employer match as soon as you become eligible to contribute to the plan.	Your deferred contribution is withheld from your paycheck before taxes.	Your deferred contribution is withheld from your paycheck after taxes.
You can change the amount you contribute at any time and all employee contributions are immediately 100% vested.	Vesting schedule: company contributions vest 20% each year over five years.	Funds withdrawn from your account during retirement are subject to income tax.	Funds withdrawn from your account during retirement are not subject to income tax, provided you are at least 59½.
EMPLOYEES EARNING \$150,000 OR ABOVE FOR 2023 MAY BE CAPPED ON DEFERRAL OPTIONS.			

Rollover Your 401(k) Balance

*Full-time and part-time employees are eligible to rollover applicable balances. Contact Merrill, a Bank of America Co at **800-228-4015** or visit benefits.ml.com beginning April 1, 2023 to determine eligibility and for information on how to begin.*

NEED HELP?

Call **800-228-4015** to speak with a Merrill, a Bank of America Co representative who can answer questions and walk you through any transactions you want to make in your account. Additional financial wellness resources can be found at benefits.ml.com.

HOW TO ENROLL? WHEN TO ENROLL?

To enroll log in to benefits.ml.com or call Merrill, a Bank of America Co at **800-228-4015**. You are eligible to defer to the plan on the first of the month following date of hire.

CONTINUING EDUCATION

Trilogy cares for you while you care for others. Trilogy provides multiple options for you to further develop your career and education.

GUILD EDUCATION BENEFITS – YOUR FUTURE JUST GOT A LOT BRIGHTER

With a variety of fully-funded and partially-funded education program options, you can find an opportunity that matches your goals and helps you pursue your dreams, no matter where you are in your career journey. With Guild you have the following education opportunities available:

- Diplomas, degrees, and certificate programs,
- Career prep courses,
- High-quality Learning Partners,
- Flexible, self-paced online classes,
- Plus, student loan support.

Important: Before applying, employees must discuss program enrollment and education goals with their manager and must have evidence that their manager approves of their program enrollment.



Ready to get started with Guild? It's simple!

Just follow these steps to apply:

- 1. Visit trilogyhs.guildeducation.com.*
- 2. Create an account and complete your profile.*
- 3. Browse the catalog to view all programs available to you.*
- 4. Choose a program, then click Apply Now.*

If you are seeking tuition reimbursement for a program outside of the Guild academic network, you must submit receipts and a course syllabus for reimbursement as soon as 2 weeks after the term start date up to 90 days after the term's end. Failure to submit the required paperwork and receipts within the required time frame will result in a denial of reimbursement. Employees will receive approved reimbursement in their pay as soon as administratively feasible (typically within two to three pay cycles from the request approval date).



CONTINUING EDUCATION

GET TO KNOW YOUR OPTIONS!

	TUITION PAYMENT FULL*	TUITION PAYMENT PARTIAL*	TUITION REIMBURSEMENT
What Is the Benefit?	100% of your tuition and mandatory fees are paid directly to the fully-funded Learning Partner option you select in the Guild catalog.	Up to the \$5,250 annual program cap paid directly to the partially-funded Learning Partner option you select in the Guild catalog.	Trilogy reimburses employees up to the \$5,250 annual program cap for employees seeking education outside of the Guild catalog.
What Programs Are Covered?	Fully-funded Learning Partners in the Guild catalog including: – Undergraduate degrees, certificate programs, and clinical certifications – English language learning courses – College and career prep programs	Partially-funded Learning Partners in the Guild catalog including: – Bachelor’s and master’s degrees in a variety of disciplines – Undergraduate and graduate certificates	Approved programs provided by an education partner outside of the Guild catalog including: – Bachelor’s and master’s degrees in a variety of disciplines – Undergraduate and clinical certificates
Are Text Books Included?	Yes – required books and fees as specified in the course syllabus are covered at 100%. Payments are made by you, and expenses are submitted to Guild for reimbursement.	Yes – required books and fees as specified in the course syllabus are included in the \$5,250 annual program cap. Payments are made by you, and expenses are submitted to Guild for reimbursement.	Yes – required books and fees as specified in the course syllabus are included in the \$5,250 annual program cap. Payments are made by you, and expenses are submitted to Guild for reimbursement.
Who Is Eligible?	All full-time and part-time employees are eligible after 6 months of employment. Must have less than 4 attendance points to be eligible.	All full-time and part-time employees are eligible after 6 months of employment. Must have less than 4 attendance points to be eligible.	All full-time and part-time employees are eligible after 6 months of employment. Must have less than 4 attendance points to be eligible.

*Funding covers tuition and mandatory fees after the required application of federal and state grants and scholarships.

TRILOGY FOUNDATION SPONSORED CAREER AND PERSONAL DEVELOPMENT PROGRAMS

At Trilogy, we believe in investing in YOU and we are committed to providing you opportunities to grow and develop! Current programs include:

- Mentor Programs
- Nurse Director in Training Program
- Administrator in Training Program
- CNA Certification
- Comprehensive Onboarding Programs
- Leadership Development
- Certifications
- Career Pathways, including Registered Apprenticeship Programs Online Learning



EMPLOYEE SUPPORT PROGRAMS

PARENTAL LEAVE BENEFIT

Trilogy supports employee's financial wellbeing during leaves associated with the birth or adoption of a child. Parental leave is available to all full-time and part-time employees who have worked at Trilogy for at least six consecutive months.

Trilogy's parental leave benefit pays you 100% of your weekly earnings. The length of your benefit is based on how long you have worked with Trilogy.

- **Six months to one year of consecutive employment with Trilogy:** 100% salary replacement for three weeks.
- **One year or more of consecutive employment with Trilogy:** 100% salary replacement for six weeks.

Your paid parental leave can begin as soon as two weeks before the expected day of your birth or adoption but must be taken within the first twelve months of the birth or adoption event. If both parents work for Trilogy, they are not required to take their paid leave at the same time.

STARS

The STARS program is Trilogy's employee recognition and award system that allows employees to be recognized consistently and to focus on being the best place our employees have ever belonged. STARS gives us the capacity to showcase our Trilogers through social recognition, performance and incentives rewards, milestones, and tenure awards.

- **Celebration of employee anniversaries (tenure):** full-time and part-time employees' years of service are celebrated through meaningful awards via monthly tenure boxes. Each employee receives 100 STARS (50 STARS for part-time) per year of service to spend within the STARS site.
- **Peer to Peer recognition:** interface by giving STARS to one another. Also there are over 100 E-cards as an additional feature for employees to celebrate each other, where they can wish each other Happy Birthday, Get Well, Thank You, Happy Holidays, and many more.

- **Excellence in Action:** leaders can recognize employees for various Trilogy values such as team approach, responsiveness, and Servant's Heart to name a few.
- **Ordering Trilogy Polos:** employees are able to order tenure anniversary shirts and purchase uniform polo shirts with their STARS on the site.
- **OGO:** the O' Great One nomination process is in the STARS site, this will allow all campus employees, Executive Directors, and Home Office employees to nominate their peers. Noting the OGO Award is awarded to Trilogy employees who are valued, appreciated and who make outstanding contributions to the company. These employees go above and beyond daily, have a Servants Heart, Pay Attention to the Details (PATD), are strong team players who believe that a Team Approach Works Best (TAWB), and are seen as a leader amongst their peers by Leading by Example (LBE). In a nutshell, each recipient of the OGO Award is an integral member of the team and deserves recognition for their contributions.

Leaders can also award Shift Pickups, Professional Achievements, Customer Service Moments, OGO (O' Great One), and Welcome a New Hire through the STARS program.

**Additional tenure items such as shirts and jackets are also ordered through the site.*

GAS BONUS

During times of escalated fuel costs, Trilogy may provide a bonus to full-time and part-time Trilogy Campus employees with at least 90 days employment.

TAX PREPARATION

The average cost for filling taxes is over \$200. Keep this money in your pocket while applying to get the maximum refund that you are entitled to! Tax slayers offers employees completely free federal and state tax filings – for more information visit trilogyfit.org. Additionally, you have access to the Abenity Trilogy Perks discount program for other tax filing discounts. Simply visit trilogyperks.employee discounts.co/GO register and login, and go to the Financial Services category for savings on tax preparation.

EMPLOYEE SUPPORT PROGRAMS

TRILOGY PERKS DISCOUNT PROGRAM

Trilogy Perks offers local and national discounts on hotels, restaurants, movie theaters, theme parks, and more. Trilogy Perks has more than 100,000 available offers such as cell phone and retail discounts. In addition, over 150 national attractions and theme parks also participate in the program.

Trilogy Perks is available to all employees by following these easy steps:

- Visit trilogyperks.employeediscounts.co/GO.
- First-time users register with the registration code: TrilogyPerks411.
- Repeat visitors simply enter your login and password.

TRANSITIONS MEDICARE SUPPORT

Preparing for Medicare can feel overwhelming and deciding when the right time to enroll can bring anxiety as well. Transitions is here to help you understand your options and assist with your enrolment. We recommend speaking with an advisor prior to Medicare eligibility as well as prior to the Trilogy open enrollment. Active employees can choose to enroll into Medicare on an ongoing basis which gives you special enrollment periods that your advisor can assist with coordinating with you. We want to make sure that you have the information you need to make important decisions about Medicare as well as your own personal needs. In preparation for your call, these are the items that will be reviewed:

- Your current benefits as well as a personalized costs analysis.
- Understanding your enrollment options.
- Types of Medicare plans and provider networks.
- Cost-savings strategies and HSA utilization.

To get started, contact Transitions at [800-936-1405](tel:800-936-1405) to learn how Transitions can help you.



ADDITIONAL BENEFITS FOR YOUR LIFE

Trilogy provides you with the opportunity to participate in additional programs to help with your financial and spiritual wellbeing with discounted group rates and payroll deductions. Your cost for coverage under these programs can be found at www.myadp.com.

PURCHASING POWER

Purchasing Power lets eligible employees purchase computers, electronics, exercise equipment, education, and household goods through payroll deductions. There is no credit check and the risk often associated with sub-prime financing is eliminated. Eligible employees are full-time and part-time employees who meet all the following criteria:

- Are at least 18 years of age.
- Earn a minimum of \$20,000 annually.
- Have either a bank account or credit card (to be used in the event of non-payment through payroll deduction).

Employees with less than one year of service are eligible for an introductory credit limit of \$250, giving you access to over 15,000 items. After one year of service has been attained the \$250 limit is removed.

To register for Purchasing Power:

- Go to trilogy.purchasingpower.com or call 888-923-6236.
- Enter your email address.
- Enter your personal information.
- In the Employer Organization box type TRILOGY HEALTH SERVICES, LLC (if a drop-down menu appears, select TRILOGY HEALTH SERVICES, LLC).
- Click Register and the catalog will appear.

FARMERS GROUPSELECT AUTO & HOME INSURANCE

Choose from a variety of insurance policies to meet your coverage needs, including home, boat, condo, motor home, recreational vehicle, and renter's insurance. You may apply for auto and home insurance through this group program at any time by calling 800-438-6381 or by visiting farmers.com/groupselect.

METLIFE PET INSURANCE

Benefits include treatments related to accidents and illnesses, including cancer. Pet Insurance policies covers diagnostic tests, X-rays, prescriptions, hospitalization, and more. You can enroll for coverage at any time – just call 800-438-6388 or visit metlife.com/getpetquote.

IDSIELD

Includes privacy and security monitoring, consultation, and 24/7 covered emergencies with a free mobile app. Complete identity recovery services are provided by Kroll Licensed Private Investigators with a \$5 million service guarantee to ensure that if your identity is stolen, it will be restored to pre-theft status. Dependents can also be covered up to age 19 or 24 if a full-time student. Find out more information by contacting IDShield at 800-654-7757 or visiting shieldbenefits.com/tmservices.

LEGALSHIELD

Talk to an attorney about an unlimited number of personal legal matters without worrying about the hourly costs. Examples include adoption, child support and custody, divorce, real estate, traffic violations, trusts, power of attorney, bankruptcy consultation and debt collection. Dependents can also be covered up to age 19 or 24 if a full-time student. Find out more information by contacting LegalShield at 800-654-7757 or visiting shieldbenefits.com/tmservices.

IMPORTANT CONTACTS

VENDOR	BENEFIT	PHONE NUMBER	WEBSITE	
ADP	Dependent Verification	800-533-3823	adpvs.com	
	Garnishment Questions	866-324-5191	myadp.com	
	Username & Password Assistance	800-551-1236		
Benefit Resource Center	Benefits, Enrollment and Leave Questions	888-350-0532	myhrworks.com/erc-trilogy	
Anthem	Medical	833-916-2010	anthem.com	
	Vision	866-723-0515		
Delta Dental	Dental	800-955-2030	ky.deltadental.com	
Farmers GroupSelect	Auto/Home Insurance	800-438-6381	farmers.com/groupselect	
Guild	Education Benefit	800-985-4027	trilogyhs.guilededucation.com	
IDShield	Identity Protection	800-654-7757	shieldbenefits.com/tmservices	
LegalShield	Legal Services			
LiveHealth Online	Urgent Care and Behavioral Health Therapy	—	livehealthonline.com	
Marketplace Chaplains	Emotional and Mental Support	800-775-7657	mchapusa.com	
MetLife	Basic and Voluntary Life and AD&D	800-438-6388	mybenefits.metlife.com	
	Voluntary Group Accident and Critical Illness			
	Pet Insurance			metlife.com/getpetquote
	Short- and Long-Term Disability			mybenefits.metlife.com
	Will Preparation			
Merrill, a Bank of America Co	401(k)	800-228-4015	benefits.ml.com	
	Spending & Savings Accounts	866-791-0250	myhealth.bankofamerica.com	
OptumRx	OptumRx Member Services	855-812-4308	optumrx.com	
Purchasing Power	Purchasing Program	888-923-6236	trilogy.purchasingpower.com	

IMPORTANT CONTACTS

VENDOR	BENEFIT	PHONE NUMBER	WEBSITE
Quit For Life	Tobacco Cessation	866-784-8454	quitnow.net
STARS Program	Employee Recognition and Reward	—	stars.360recognition.com/
SynchronyRx@HOME	Mail Order Pharmacy	866-290-1480	wellness.synchronyhs.com/login
Transitions	Medicare Support	800-936-1405	transitionsrbg.com
Trilogy Perks	Trilogy Sponsored Discount Program	—	trilogyperks.employee discounts.co/support
Vfairs	Benefits Expo	—	trilogy.vfairs.com
Virgin Pulse	Wellbeing Partner	888-671-9395	join.virginpulse.com/trilogyfit
Virta Health	Diabetes Reversal and Weight Loss	—	virtahealth.com/join/trilogy
WageWorks	COBRA	877-722-2667	—

LEGAL NOTICES

STATEMENT OF MATERIAL MODIFICATIONS

The benefits outlined in this guide are only a summary and are not intended to be controlling. For a detailed description, contact HR for the complete contract.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. For further details on WHCRA benefits, please refer to the Plan's Summary Plan Description.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in your employer's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in your employer's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

HIPAA: NOTICE OF PRIVACY PRACTICES

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. This notice is available to you by contacting Trilogy Management Services Human Resources.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

WHAT YOU NEED TO KNOW ABOUT THE "NO SURPRISES" RULES

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

[View a sample notice and consent form \(PDF\).](#)

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

ACA DISCLAIMER

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.61% in 2022 of your modified adjusted household income.

LEGAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.asksba.dol.gov or call **1-866-444-EBSA (3272)**. If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA: MEDICAID

myalhipp.com
855-692-5447

ALASKA: MEDICAID

The AK Health Insurance Premium Payment Program: myalhipp.com
866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS: MEDICAID

myarhipp.com
855-MyARHIPP (855-692-7447)

CALIFORNIA: MEDICAID

Health Insurance Premium Payment (HIPP)
Program: dhcs.ca.gov/hipp
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

COLORADO: HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)

Health First Colorado: <https://www.healthfirstcolorado.com>
800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
855-692-6442

FLORIDA: MEDICAID

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
877-357-3268

GEORGIA: MEDICAID

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678-564-1162, Press 1
GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678-564-1162, Press 2

INDIANA: MEDICAID

Healthy Indiana Plan for low-income adults
19-64: in.gov/fssa/hip
877-438-4479
All other Medicaid: <https://www.in.gov/medicaid>
800-457-4584

IOWA: MEDICAID AND CHIP (HAWKI)

Medicaid: <https://dhs.iowa.gov/ime/members>
800-338-8366
Hawki: dhs.iowa.gov/Hawki
800-257-8563
HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
888-346-9562

KANSAS: MEDICAID

<https://www.kancare.ks.gov>
800-792-4884

KENTUCKY: MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855-459-6328
KIHIPPProgram@ky.gov
KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx>
877-524-4718

Kentucky Medicaid: <https://chfs.ky.gov>

LOUISIANA: MEDICAID

Medicaid: medicaid.la.gov
888-342-6207
LaHIPP: ldh.la.gov/lahipp
855-618-5488

MAINE: MEDICAID

<https://www.maine.gov/dhhs/ofi/applications-forms>
800-442-6003 (TTY: Maine relay 711)
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
800-977-6740 (TTY: Maine relay 711)

MASSACHUSETTS: MEDICAID AND CHIP

<https://www.mass.gov/masshealth/pa>
800-862-4840 (TTY: 617-886-8102)

MINNESOTA: MEDICAID

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
800-657-3739

MISSOURI: MEDICAID

dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA: MEDICAID

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
800-694-3084
[HHSIPPProgram@mt.gov](https://www.hhsipp.com)

NEBRASKA: MEDICAID

ACCESSNebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA: MEDICAID

dhcfp.nv.gov
800-992-0900

NEW HAMPSHIRE: MEDICAID

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
603-271-5218
Toll free number for the HIPP program: 800-852-3345, ext 5218

NEW JERSEY: MEDICAID AND CHIP

Medicaid: state.nj.us/humanservices/dmahs/clients/medicaid
609-631-2392
CHIP: njfamilycare.org/index.html
800-701-0710

NEW YORK: MEDICAID

https://www.health.ny.gov/health_care/medicaid
800-541-2831

NORTH CAROLINA: MEDICAID

<https://medicaid.ncdhhs.gov>
919-855-4100

NORTH DAKOTA: MEDICAID

nd.gov/dhs/services/medicalserv/medicaid
844-854-4825

OKLAHOMA: MEDICAID AND CHIP

insureoklahoma.org
888-365-3742

OREGON: MEDICAID

healthcare.oregon.gov/Pages/index.aspx
oregonhealthcare.gov/index-es.html
800-699-9075

<https://www.hca.wa.gov>

800-562-3022

PENNSYLVANIA: MEDICAID

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
800-692-7462

RHODE ISLAND: MEDICAID AND CHIP

eohhs.ri.gov
855-697-4347, or 401-462-0311 (Direct Rte Share Line)

SOUTH CAROLINA: MEDICAID

<https://www.scdhhs.gov>
888-549-0820

SOUTH DAKOTA: MEDICAID

dss.sd.gov
888-828-0059

TEXAS: MEDICAID

gethipptexas.com
800-440-0493

UTAH: MEDICAID AND CHIP

Medicaid: <https://medicaid.utah.gov>
CHIP: health.utah.gov/chip
877-543-7669

VERMONT: MEDICAID

greenmountaincare.org
800-250-8427

VIRGINIA: MEDICAID AND CHIP

<https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid: 800-432-5924
CHIP: 800-432-5924

WASHINGTON: MEDICAID

WEST VIRGINIA: MEDICAID AND CHIP

<https://dhhr.wv.gov/bms/mywvhipp.com>
Medicaid: 304-558-1700
CHIP: 855-MyWVHIPP (855-699-8447)

WISCONSIN: MEDICAID AND CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
800-362-3002

WYOMING: MEDICAID

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>
800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

LEGAL NOTICES

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. It has been determined that the prescription drug coverage offered by the Trilogy Medical Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your Trilogy Medical Plan coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Trilogy medical plan is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Trilogy medical plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Trilogy and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least one percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base

beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Trilogy changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 04/01/23

Name of Entity/Sender: Trilogy Management Services

Address: 303 N. Hurstbourne Parkway, Suite 200 Louisville, KY 40220

Phone Number: 502-213-7402

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



TRILOGY

HEALTH SERVICES, LLC