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Welcome to open enrollment!

Trinity Health and St. Mary Mercy Livonia are pleased to provide you with the information you'll need to enroll for next year's benefits in this easy-to-navigate booklet. We believe that this comprehensive enrollment guide will make it easier for you to learn about your benefit plan options, decide on the levels of coverage that are right for you and your family, and compare costs *before* you log in to the My Benefits website to complete your online enrollment.

In addition to details about the benefit plans that are available for 2010, this enrollment guide provides other important information, such as associate and dependent eligibility requirements, step-by-step instructions on how to enroll online, and how to get answers to your questions.

Before you enroll, take a few minutes to review all of your benefit plan options and their corresponding premium contributions before making your selections for 2010.

Be sure to consider what your needs may be for the upcoming year, and choose your benefits accordingly. Refer to the "For more information" section if you have questions about open enrollment that aren't addressed in this enrollment guide.

If you don't enroll

You must enroll to elect benefits of your own choosing for 2010. If you don't make benefit elections on or before November 4, 2009, you automatically will receive a default package of benefits, which includes the same elections you had last year for medical, dental, vision, life insurance, disability (where applicable) and legal (where applicable) benefits.

However, **your current elections for the health care and dependent care flexible spending accounts, paid time off cash-out opportunity (where applicable), and/or medical discount program* will NOT carry forward.** If you wish to participate in these programs next year you must complete your online enrollment between October 21 and November 4, 2009. For details on the medical discount program*, see the "Your benefit options" section of this enrollment guide.

*The medical discount program is available only to those associates who meet eligibility and income criteria.

Benefit elections are effective for the entire year

Remember, the benefits you elect during open enrollment will be in effect from January 1 through December 31, 2010. The choices you make now are final for 2010 because open enrollment is your only opportunity during the year to switch medical, dental or vision plans – for example, changing from one medical plan to another.

If you experience a qualified status change or certain employment status changes AND provide any required documentation to your OTE/HR representative within 31 days of the event, you will be allowed to make certain benefit changes that are consistent with the status change. For example, getting married is considered a qualified status change. If you get married during the plan year you'll be able to add your spouse to your coverage within 31 days of the marriage because this is consistent with the status change. However, getting married is not consistent with switching from one medical plan to another, so you wouldn't be able to make this type of change until the next enrollment period. For more information on qualified status changes, visit <http://mybenefits.trinity-health.org>.

So before you enroll, be sure to consider what your needs may be for the upcoming year — and to choose your benefits accordingly.

What's new for 2010

Updated dependent child eligibility rules

Dependent children may be eligible for coverage under the plan through the end of the calendar year in which they turn age 26, provided they meet certain criteria as defined under the IRS tax code. To view the complete eligibility rules and documentation requirements for you and your family members, visit <http://mybenefits.trinity-health.org>.

Are you a smart health care consumer?

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

Being a smart health care consumer doesn't mean you should avoid trips to the doctor — it means making the best decisions about *when* to go to the doctor. Regular checkups can improve your health and extend your life. However, fewer than 30 percent of associates currently use the preventive care benefits provided by our medical plans. By getting the recommended exams and tests, you increase your chances of discovering problems before an illness significantly affects your health. Plus, preventive care is beneficial not only to your physical well-being, it also makes sense for your financial health because generally, it's covered by your medical plan (some services may require a copayment). For more information on preventive care benefits, visit <http://mybenefits.trinity-health.org>.

An easy way to be a smart health care consumer is to choose a Trinity Health location when you or a family member needs medical care. Besides receiving excellent care at our own facilities, you receive the highest level of benefits while paying the lowest available copayment and coinsurance amounts.

Associates (and their eligible family members) who are not enrolled in a Trinity Health medical plan are eligible to receive a 20 percent discount on services at Saint Mary Mercy Hospital.

Adding family members

If you're adding family members to your benefit plan for the first time during this year's open enrollment, you are required to provide written documentation verifying their dependent status to OTE/HR no later than November 18, 2009. If you don't submit the required paperwork by the deadline your dependents will not be enrolled for coverage for 2010, and you'll be required to wait until next year's open enrollment period to add them to the plan — provided they remain eligible, and you provide written documentation verifying their dependent status at that time.

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

Medical discount program

A medical plan discount program is available to increase access to health care services for all of our associates. This program, which applies to all available medical plans, makes benefits more affordable for eligible associates enrolled in a Trinity Health medical benefit plan by reducing the monthly contribution amount by 25 percent or 50 percent.

To participate in the medical discount program, you must meet specific income and eligibility guidelines and have at least one year of continuous service at the time of open enrollment. To apply, you must complete an application form and submit it with a copy of your most recent Federal Income Tax Form 1040 or 1040EZ to OTE/HR by November 4, 2009.

REMINDER: If you qualify for the medical discount program, you must complete the application for 2010. Your prior year election will NOT carry forward.

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

Your benefit options

Medical coverage

You're eligible for medical coverage if you're a regularly scheduled full- or part-time associate with 32 or more budgeted hours per pay period, and have satisfied the required waiting period. You have a choice between three medical plans to protect you and your family from illness and injury: the Healthy Blue Solutions Plan B PPO, the Priority Health - HealthbyChoice HMO, and the Personal Care Account (PCA) PPO plan. The table on the next page highlights some of the important features of each of the plans.

The information provided presents associate coinsurance/copayment responsibility, as well as a brief summary of features, for each of the plans.



MEDICAL Plan Highlights	Healthy Blue Solutions Plan B PPO						Priority Health – HealthbyChoice HMO				PCA PPO		
	Enhanced Benefit Level			Standard Benefit Level			Choice Plan		Standard Plan				
	Trinity Health facility ¹	In-network (BCBS – Community Blue)	Out-of-network ²	Trinity Health facility ¹	In-network (BCBS – Community Blue)	Out-of-network ²	Trinity Health Tier 1	Priority Health Tier 2	Trinity Health Tier 1	Priority Health Tier 2	Trinity Health facility ¹	In-network (BCBS – Community Blue)	Out-of-network ²
Personal Care Account (PCA) Funded by Trinity Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Individual/two person/family \$400/\$800/\$1,200		
Annual deductible³ Individual Family	\$0 \$0	\$400 \$800	\$800 \$1,600	\$0 \$0	\$750 \$1,500	\$1,500 \$3,000	N/A	N/A	N/A	N/A	\$0 \$0	Individual/two person/family \$1,250/\$2,500/\$3,750	
Coinsurance³ (Associate responsibility, after deductible is met)	0%	20% subject to deductible	40% of R&C, subject to deductible	10%	20% subject to deductible	40% of R&C, subject to deductible	0%	20%	10%	20%	0%	20%	40% of R&C
Preventive services (See Summary Plan Description for definition of covered preventive services)	\$20 copayment	\$20 copayment	40% of R&C, subject to deductible	\$25 copayment	\$25 copayment	40% of R&C subject to deductible	\$20 copayment	\$20 copayment	\$30 copayment	\$30 copayment	100% covered	100% covered	100% of R&C covered
Office visits	\$20 copayment	\$20 copayment	40% of R&C, subject to deductible	\$25 copayment	\$25 copayment	40% of R&C, subject to deductible	\$20 copayment	\$20 copayment	\$30 copayment	\$30 copayment	20% after deductible	20% after deductible	40% of R&C, after deductible
Urgent care visits (Non-life threatening)	\$30 copayment	\$30 copayment	40% of R&C, subject to deductible	\$35 copayment	\$35 copayment	40% of R&C, subject to deductible	\$35 copayment	\$35 copayment	\$45 copayment	\$45 copayment	10% after deductible	20% after deductible	40% of R&C, after deductible
Emergency room visits³ (Life threatening)	\$75 copayment	\$75 copayment	100% of R&C, subject to deductible after \$75 copayment	\$100 copayment	\$100 copayment	100% of R&C, subject to deductible after \$100 copayment	\$75 copayment	\$75 copayment	\$100 copayment	\$100 copayment	\$75 copayment	\$75 copayment	100% of R&C, subject to deductible after \$75 copayment
Inpatient admissions	\$0	20% subject to deductible after \$250 copayment	40% of R&C, subject to deductible after \$500 copayment	10% subject to deductible after \$250 copayment	20% subject to deductible after \$500 copayment	40% of R&C, subject to deductible after \$1,000 copayment	\$250 copayment	\$750 copayment per admission, 20% coverage thereafter	\$500 copayment per admission, 10% coverage thereafter	\$750 copayment per admission, 20% coverage thereafter	100% covered	20% after \$250 copayment and deductible	40% of R&C, after \$500 copayment and deductible
Outpatient surgery	\$50 copayment	20% subject to deductible after \$100 copayment	40% of R&C, subject to deductible after \$200 copayment	10% after \$50 copayment	20% subject to deductible after \$100 copayment	40% of R&C, subject to deductible after \$200 copayment	Varies based on service; refer to summary plan description				0%	20% after \$75 copayment and deductible	40% of R&C, after \$150 copayment and deductible
Out-of-pocket maximums⁴ Individual Family	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$2,000 \$4,000	\$4,000 \$8,000	\$8,000 \$16,000	N/A	\$1,500 \$3,000	\$750 \$1,500	\$1,500 \$3,000	Individual/two person/family In-network - \$1,500/\$2,250/\$3,000 Out-of-network - \$3,000/\$4,500/\$6,000		
Prescription drug copayment/coinsurance⁴ Generic (required if available) Brand formulary Brand non-formulary	Retail (34-day supply)/mail (90-day supply) \$10/\$25 copayment 20% (\$20 min; \$70 max)/20% (\$50 min; \$175 max) coinsurance 40% (\$40 min; \$90 max)/40% (\$100 min; \$225 max) coinsurance												
Lifetime maximum	\$2 million						N/A				\$2 million		
Your per pay period cost	Full-time			Part-time			Full-time		Part-time		Full-time		Part-time
Associate only	\$32.32			\$64.63			\$28.91		\$57.83		\$13.46		\$38.46
Associate plus spouse	64.63			129.27			69.39		138.78		29.62		79.61
Associate plus child	48.48			96.95			63.61		127.21		20.19		57.68
Associate plus family	85.64			171.28			80.95		161.91		35.67		101.91

¹Applies to facility fee only; does not include professional fees.

²Patient is subject to balance billing when using an out-of-network provider.

³In-network deductibles apply for non-emergency use of a Trinity Health emergency room.

⁴Copayments and deductibles do not apply to out-of-pocket maximums.

Dental coverage

You're eligible for dental coverage if you are a regularly scheduled full- or part-time associate with 32 or more budgeted hours per pay period, and have satisfied the required waiting period. You have a choice between two dental plan options: the Premier High plan and Premier Standard plan. Shown below is a brief summary of each plan's features, along with your portion of the coinsurance/copayment responsibility.

DENTAL Plan Highlights	Premier High Plan		Premier Standard Plan	
	Full-time	Part-time	Full-time	Part-time
Annual deductible				
Individual	\$25		\$50	
Family	\$50		\$100	
Preventive services	100% covered (\$0 associate cost)		100% covered (\$0 associate cost)	
Basic services	20% after deductible		40% after deductible	
Major restorative services	50% after deductible		50% after deductible	
Orthodontics (to age 19)	50% after deductible		Not covered	
Maximums				
Per person annual (non-orthodontics)	\$1,500		\$1,000	
Per person lifetime (orthodontics)	\$1,500		Not covered	
Your per pay period cost	Full-time	Part-time	Full-time	Part-time
Associate only	\$2.16	\$4.32	\$1.71	\$3.42
Associate plus spouse	4.15	8.30	3.28	6.56
Associate plus child	4.92	9.84	3.68	7.36
Associate plus family	7.95	15.89	5.87	11.75

Notes: Fluoride treatments are covered once every 12 months to age 14. Bitewing x-rays are covered once every 12 months.

Vision care coverage

You're eligible for vision coverage if you're a regularly scheduled full- or part-time associate with 32 or more budgeted hours per pay period, and have satisfied the required waiting period. You have a choice between two United Health Care vision plan options: the High plan and the Standard plan. Shown below is a brief summary of each plan's features, including how much the Plan covers, and your per pay period cost. Visit www.myuhcvision.com for providers in your area.

UHC VISION Plan Highlights	High Plan		Standard Plan	
	In-Network	Out-of-Network (reimbursement schedule)	In-Network	Out-of-Network (reimbursement schedule)
Benefit frequency	12 months	12 months	12 months	12 months
Vision exam	Covered in full	Up to \$40	\$10 copayment	Up to \$40
Pair of lenses Single vision Bifocal Trifocal Lenticular	\$0 copayment	Up to \$40	\$0 copayment	Up to \$40
		Up to \$60		Up to \$60
		Up to \$80		Up to \$80
		Up to \$80		Up to \$80
		Up to \$80		Up to \$80
Frames Covered frame Non-covered frame	The preferred price is a \$50 wholesale allowance at independent locations or a minimum of \$150 retail allowance at retail locations	Up to \$45	The preferred price is a \$50 wholesale allowance at independent locations or a minimum of \$150 retail allowance at retail locations	Up to \$45
Contact Lenses (in lieu of frames) Elective Necessary				
Additional pair of eyeglasses or contact lenses	20% discount	20% discount	20% discount	20% discount
Your per pay period cost				
Associate only	\$5.09		\$3.14	
Associate plus spouse	10.83		5.28	
Associate plus family	17.12		8.35	

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

Life insurance

Associate life insurance options

If you're a regularly scheduled full-time or part-time associate with 32 or more budgeted hours per pay period, you receive basic life insurance provided at 2 times annual pay, with the option to "buy down" to one times annual pay.

In addition, you have the option to purchase supplemental coverage for yourself in the increments shown in the table below. If you purchase associate supplemental life insurance, the premiums will be deducted from your paycheck on an after-tax basis.

If you elect supplemental life insurance and you're approved, you will be eligible for will preparation services through Hyatt Legal Plans at no charge.

ASSOCIATE LIFE INSURANCE Plan Highlights	Full-time	Part-time
Basic Life	2x annual pay (employer-paid)	2x annual pay (employer-paid)
Supplemental life	1x annual pay 2x annual pay 3x annual pay 4x annual pay 5x annual pay	1x annual pay 2x annual pay 3x annual pay 4x annual pay 5x annual pay

Costs for associate supplemental life insurance coverage are based on your age, and will be available when you enroll online.

Spouse and/or child life insurance options

You have the option to purchase coverage for your dependents in the increments outlined below. You may elect coverage for your dependents without electing coverage for yourself. Spouse life insurance rates are based on the age of the associate.

DEPENDENT LIFE INSURANCE Plan Highlights (Full-time and Part-Time)	
Spouse Life ¹	Child(ren) Life ²
Coverage amount	Coverage amount
\$10,000	\$2,000
\$20,000	\$5,000
\$50,000	\$10,000
\$100,000	\$20,000

¹Costs for spouse life insurance coverage are based on your age, and will be available when you enroll online.

²Child(ren) life insurance costs per pay period cover all of your eligible children.

Some associate and dependent life insurance elections may require you to complete and submit a Statement of Health form. If your election requires a Statement of Health, the enrollment system will prompt you to submit the form. For more information about your life insurance benefits or to obtain a Statement of Health form, visit <http://mybenefits.trinity-health.org>.

Review your beneficiaries

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

You'll have an opportunity to review (and change, if you wish) your life insurance beneficiary(ies) during the open enrollment process.

Short-term disability

Trinity Health and St. Mary Mercy Hospital provide short-term disability (STD) coverage equal to 66-2/3 percent of base pay (subject to a maximum monthly payment) to regularly scheduled, active full-time associates with 72 or more budgeted hours per pay period. You become eligible to receive benefits as of the first day of the month following 30 days of continuous active employment. Benefits begin after a 14 calendar day elimination period following an injury or illness, and continue for up to 26 weeks. Please note that no election is required to receive this benefit.

Long-term disability

Trinity Health and St. Mary Mercy Hospital provide long-term disability (LTD) coverage equal to 60 percent of base pay (subject to a maximum monthly payment) to regularly scheduled, active associates with 32 or more budgeted hours per pay period. Benefits begin after your STD benefits are exhausted.

You have the option to “buy up” LTD coverage to 66-2/3 percent of base pay, or “buy down” LTD coverage to 50 percent of base pay.

LONG-TERM DISABILITY Plan Highlights	
Benefit amount	
	50% of pay
	60% of pay (employer provided/paid)
	66-2/3% of pay

NOTE: You will be required to complete an Evidence of Insurability (EOI) form only if you apply to “buy up” two levels – that is, if you wish to go from 50% to 66-2/3% of pay. No EOI is required to “buy up” one level, such as from 50% to 60% or from 60% to 66-2/3% of pay.

Costs/credits for LTD “buy up” or “buy down” are based on your income level, and will be available when you enroll online.

For more information about your disability benefits or to obtain an Evidence of Insurability form, visit <http://mybenefits.trinity-health.org>.



Health care and dependent care flexible spending accounts

You are eligible to participate in the flexible spending accounts if you're a regularly scheduled full- or part-time associate with 32 or more budgeted hours per pay period, and you have satisfied the required waiting period. Eligible associates have the option to contribute before-tax money to offset health care or dependent care expenses.

You can elect one of two methods for flexible spending account reimbursement: receiving a check in the mail, or having the funds direct-deposited into your checking or savings account.

Health Care Spending Account (HCSA)

You have the option to contribute before-tax dollars in any amount between \$130 and \$5,000 annually. Contributions made to the HCSA during the 2010 calendar year will be eligible for reimbursement for claims with dates of service between January 1, 2010 and March 15, 2011.

Dependent Care Spending Account (DCSA)

You have the option to contribute before-tax dollars in any amount between \$130 and \$5,000 annually. Contributions made to the DCSA during the 2010 calendar year will be eligible for reimbursement for claims with dates of service between January 1, 2010 and December 31, 2010.

Example

A family with an annual income of \$50,000, tax bracket of 23 percent, and out-of-pocket health and dependent care expenses of \$2,000 can increase the amount of their take-home pay by over \$450 as shown below.

Annual tax savings	FSA	No FSA
If your taxable income is	\$50,000	\$50,000
Before-tax FSA contribution	(\$2,000)	\$0
Taxable income	\$48,000	\$50,000
Federal income and Social Security taxes	\$7,857	\$8,310
After-tax dollars spent on eligible expenses	\$0	\$2,000
Available after-tax income	\$40,143	\$39,690
Savings with an FSA	\$453 or 23%	N/A

IMPORTANT: Claims for the 2010 plan year must be received by Aetna on or before March 31, 2011.

REMINDER: You must make health care and/or dependent care spending account elections for 2010. Your prior year elections will NOT carry forward.

For more information about your medical and dependent care flexible spending account benefits, visit <http://mybenefits.trinity-health.org>.

An extra 2½ months to "use it"

The IRS is giving you two-and-a-half extra months during the 2010 plan year to use any unspent amounts remaining in your Health Care Spending Account (HCSA) at the end of 2009.

This means that you have until March 15, 2010 to use the money you contribute to your HCSA this year. Be sure to use it by March 15 and submit your claims to Aetna so that they are received on or before March 31, because you'll be required to forfeit any amounts still in your account after that.

Let's look at an example. During open enrollment, LuAnn decides to set aside \$1,500 in her Health Care FSA for 2010, \$500 of which is to purchase new eyeglasses for her children. It's an exceptionally busy year for LuAnn, and she realizes in January 2011 that she neglected to take the kids to the eye doctor as planned. Thanks to the IRS grace period, the money she had set aside to pay for this expense is still accessible. LuAnn buys the new glasses before March 15 and submits a claim to Aetna before March 31, so she is able to receive reimbursement for this eligible expense – even though it was incurred in 2011.

For a list of expenses that are eligible for HCSA reimbursement, visit <http://mybenefits.trinity-health.org>.

Legal plan

You're eligible for the legal plan if you are a regularly scheduled full- or part-time associate with 32 or more budgeted hours per pay period, and you have satisfied the required waiting period. You have the option of electing legal coverage through Hyatt Legal. The table below contains a brief summary of the plan's features and your per pay period cost.

HYATT LEGAL Plan Highlights	
In-Network All covered services are paid in full No waiting periods No deductibles or copayments No claim forms	Out-of-Network You may choose a non-plan attorney and be reimbursed according to a set fee schedule
Following is a brief outline of personal legal services provided:	
<ul style="list-style-type: none"> • Office consultation and telephone advice • Consumer protection • Wills and codicils • Living wills • Living trusts • Sale, purchase or refinancing of home • Debt collection defense • Personal bankruptcy • Tax audits • Administrative hearing representation • Juvenile court defense • Eviction defense (tenant only) • Tenant negotiation (tenant only) • Civil litigation defense 	<ul style="list-style-type: none"> • Incompetency defense • Document preparation – affidavits, deeds, demand letters, mortgages, notes, powers of attorney • Document review • Uncontested divorce • Premarital agreement • Uncontested adoption, guardianship or conservatorship • Name change • Protection from domestic violence • Property tax assessment • Traffic ticket defense (no DUI) • Identity theft defense • Immigration assistance
Your per pay period cost	
Associate only:	\$5.12
Associate plus family:	\$6.97

For more information about the legal plan, visit <http://mybenefits.trinity-health.org>.

PTO cash-out

For Union associates: You can cash out between 8 and 80 hours provided you cash out hours that you will accrue during the calendar year in which you plan to receive payment. You will receive your cash out on December 10, 2010.

For all other associates: You can cash out between 8 and 80 hours, provided you maintain a minimum PTO bank of 80 hours (full-time status) and 40 hours (part-time status). You may elect one of three cash-out dates: April 20, July 23 or October 29, 2010.

Your PTO cash-out election for 2010 may only be made during open enrollment to avoid taxation on the value of your PTO bank, including the hours that you do not intend to cash out. Your election is irrevocable and cannot be changed. You may only cash out hours that you will accrue during the calendar year in which you plan to receive payment. Consequently, you may not cash out PTO hours carried over from previous years. For example, Jane has a PTO balance of 100 hours as of December 31, 2009. During open enrollment, she elects to cash out 40 hours in 2010. Jane cannot cash out any of the 100 hours she earned in 2009 or earlier. She must plan her 2010 cash-out amount on only the hours she will accrue in 2010.

REMINDER: If you want to cash out PTO in 2010, you must make a new PTO cash-out election. Your prior year election will NOT carry forward.

For more information about PTO cash-out, visit <http://mybenefits.trinity-health.org>.

How to enroll

Annual enrollment will once again be conducted via our web-based tool, which allows you to make all of your benefit choices electronically via the My Benefits website. This ensures greater accuracy and efficiency when it comes to delivering the benefits you choose for yourself and your family. And you can be sure that your personal information is secure on the enrollment website. Trinity Health has taken extra precautions to ensure the integrity of all confidential records.

It takes only about 10 minutes to make your benefit elections online, and you don't have to fill out any forms. Keep in mind, if you qualify for the medical discount program, you must make an election for 2010 by completing an application form.

If you don't have a computer with Internet access in your workplace or your home, you can enroll at computer stations provided by your OTE/HR department or at your local public library. You can enroll any time that's convenient to you during the open enrollment period – 24 hours a day, seven days a week.

Following are step-by-step instructions for enrolling for your 2010 benefits:

1. Access the Trinity Health My Benefits website through the Internet at <http://mybenefits.trinity-health.org>. If you do not have a computer with Internet access in either your office or your home, you can enroll from computers provided by the Human Resources department or at your local public library. The My Benefits website is available 24 hours a day during open enrollment (October 21 through November 4, 2009).
2. From the My Benefits home page, click on the section titled "My Health & Welfare."
3. From the My Health & Welfare page, click on the "Name/Location of your Trinity Health Ministry Organization."
4. From St. Mary Mercy Livonia's page, select "2010 Open Enrollment." This area of the website provides you with complete information to help you make your enrollment decisions, including an overview of the benefits program, links to provider directories, and a selection of useful benefits forms (for times when a paper signature is required).
5. Once you have read through the information provided, click the "Enroll Now" button. This button will connect you to the "Ceridian Benefits Online" enrollment logon page.
6. To view your personal benefits information, enter your user ID and password:
 - **User Name:** Your Social Security number (for example, if your Social Security number is 123-45-6789, you would enter 123456789).
 - **Password:** Last 4 digits of your Social Security number (for example, 6789).

Click on "Sign In." You may be prompted to change your password. Change the password to something you can easily remember by following the instructions. This will allow you to re-enter the benefit enrollment system if you need to make any changes to your elections in the future. When you have successfully changed your password, click "Next."

7. You may be directed to choose either:

Current Year's Benefits

Next Year's Benefits

If you are not directed to this screen, please proceed to Step 8. Otherwise, click on "Next Year's Benefits" to begin your 2010 enrollment process.

8. The Benefits Online home page is the starting point for enrolling in your benefits.

You may choose from the following options:

Review Benefits

Elect Benefits

Complete Enrollment Survey

Change Password

Logout

Select "Elect Benefits" to begin the enrollment process.

9. At the end of your enrollment session, you will see a page titled "Confirmation for Current Coverage." Print this page for your records. You will want to compare this information with the confidential confirmation statement that will be mailed to your home shortly after open enrollment ends, as well as to the information printed on your first paycheck stub in January.

10. After you have printed your online confirmation statement, scroll to the bottom of the page and click "Save." You will be directed back to the Ceridian Benefits Online home page.

11. Click "Log out" in the upper right portion of the page to end your enrollment session.

12. Close the browser window by clicking on the "X" in the upper right corner of the screen. You will be returned to OTE/HR area of the My Benefits website.

During the two-week open enrollment period, you can make as many changes to your benefit elections as you wish. The last day to modify your choices is November 4, 2009. If the confirmation statement that you receive in your home mail does not match the benefits that you elected, it is imperative that you contact your OTE/HR representative immediately to make the necessary corrections to your benefit enrollment record. If you do not change or correct your benefit elections, IRS regulations require you to remain in your elections until 2011 or until you experience a qualified status change. For more information on qualified status changes, visit <http://mybenefits.trinity-health.org>.

For more information

We hope this enrollment guide has provided you and your family with all of the information you need to make your benefit elections for 2010. However, if you still have questions, you can:

- Contact your OTE/HR representative:
 - **Janet Searight** at 734.655.2938 from 6:30 a.m. to 4:00 p.m. Monday through Friday or searighj@trinity-health.org
 - **OTE/HR Representative** at 734.655.2933 from 7:30 a.m. to 4:00 p.m. Monday through Friday.
- Attend a benefits fair, where you'll receive additional information and have an opportunity to ask questions regarding your benefits options.

Day	Time(s)	Room
Monday October 19, 2009	7:30 a.m. to 4:00 p.m.	Auditorium

- Visit <http://mybenefits.trinity-health.org>.

Important reminders

Benefit elections are final for 2010

Remember, the benefits you elect during open enrollment will be in effect from January 1 through December 31, 2010. The choices you make now are final for 2010, because open enrollment is your only opportunity during the year to switch medical, dental or vision plans.

If you experience a qualified family status change or certain employment status changes AND provide any required documentation to your OTE/HR representative within 31 days of the event, you will be allowed to make certain benefit changes that are consistent with the status change. For example, getting married is considered a family status change. If you get married during the plan year you'll be able to add your spouse to your coverage within 31 days of the marriage because this is consistent with the status change. However, getting married is not consistent with switching from one medical plan to another, so you wouldn't be able to make this type of change until next year. For more information on qualified family status changes, visit <http://mybenefits.trinity-health.org>.

So before you enroll, be sure to consider what your needs may be for the upcoming year — and to choose your benefits accordingly.

HIPPA privacy notice is available online

Trinity Health takes the security of its associates' and family members' Personal Health Information (PHI) very seriously. To access a copy of the Health Information Portability and Accountability Act (HIPAA) Privacy Notification, visit <http://mybenefits.trinity-health.org>. If you are unable to access the HIPAA notice online, contact your OTE/HR representative to request a paper copy by mail.

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

The Women's Health and Cancer Rights Act of 1998 requires all employers who provide a medical benefit plan to its employees to communicate the coverage provisions established under the Act. Trinity Health's medical benefit plan provisions are as follows.

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

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

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

