

Employee Certification Statement for the Medical Plan Contribution Discount Program



I hereby certify that I meet the established income guidelines and that I am eligible to receive a

25%

50% (*please check one*) discount on my required medical contribution (payroll deductions) to a Trinity Health-sponsored medical program. This discounted payment applies to my medical coverage effective:

January 1, _____ - December 31, _____.

Your human resource representative will confirm the amount of your discount upon approval of your certification statement.

I understand that if I experience what is defined for benefit purposes as a "life event" during the year, other than termination of employment, this certification cannot be amended.

Employee Name (*Please print*) Date

Employee Signature Date

Human Resources Signature Date

Note: Any misrepresentation of material fact (or false information provided) as part of this certification is subject to the terms and conditions outlined in the appropriate Human Resource Policies and Procedures manual and, in this regard, can result in disciplinary action up to and including termination

Any dispute over the Trinity Health Employee Medical Plan Contribution Discount Program is subject to final ruling by the Plan Administrator. If you have any questions about the program, please contact your Human Resources department. Trinity Health reserves the right to modify or terminate this program at any time. Income guidelines will be reviewed annually for possible revision.

Medical Plan Contribution Discount Program for Employees

Our Mission as Trinity Health calls us to treat the entire well-being of those in our care – and that includes our employees. In order to increase access to health care and treatment for all of our employees, Trinity Health has developed a medical plan discount program. This program makes medical benefits more affordable for eligible employees enrolled in a Trinity Health medical benefit plan. The program does this by reducing the eligible employee's medical plan contribution.

Who Is Eligible?

You are eligible for the discount program if you:

- Are a full- or part-time benefit-eligible employee enrolled in a Trinity Health medical benefit plan, with at least one year of continuous service at the time of Open Enrollment (the annual period when employees may change their health benefits).
- Meet certain income requirements based on your household income and the size of your family (see below).

Note: If you or your dependents are covered under a state-sponsored medical assistance program, such as Medicaid or CHIP, you are not eligible for this program.

When Can I Enroll?

Eligible employees may sign up for the discount program during Open Enrollment. Assuming you remain eligible, you will need to recertify your eligibility each year during Open Enrollment.

What Is Discounted?

The discount reduces the premium contribution amount (taken through payroll deduction) that an employee pays for coverage under a Trinity Health-sponsored medical plan. The discount applies to single, two-person or family medical coverage. It does **not** apply to dental plan contributions.

How Much Is the Discount?

Depending upon income and family size, you may be eligible for a 25- or 50-percent discount on medical plan contributions. The chart on the right provides a breakdown of the discount.

How do I apply to take advantage of this program?

1. Take a copy of your most recent federal income tax Form 1040 (or 1040EZ) to your Human Resource (HR) department. An HR representative will then confidentially review it to confirm your eligibility.
2. Once your HR representative confirms your eligibility, you will complete the Certification Statement that is part of this brochure and give it to your HR representative.
3. Be sure to complete the application process before the annual Open Enrollment deadline at your Trinity Health location.

Medical Plan Discount Income Guidelines

Family Size*	25% Discount	50% Discount
	Annual Family Income** Must Be Less Than...	Annual Family Income** Must Be Less Than...
1	\$21,660.00	\$18,952.50
2	\$29,140.00	\$25,497.50
3	\$36,620.00	\$32,042.50
4	\$44,100.00	\$38,587.50
5	\$51,580.00	\$45,132.50
6	\$59,060.00	\$51,677.50
7	\$66,540.00	\$58,222.50
8***	\$74,020.00	\$64,767.50

* Based on the number of exemptions (yourself, spouse, dependents) reported on your most recent federal tax return under "Family Size."

** Based on 2009 IRS guidelines and the income amount indicated on Line 22 of your most recent federal income tax Form 1040 (refer to line 4 on the form 1040EZ).

*** Use eight even if your family size is greater.