

live
for what
matters

2020 Benefits Guide



**Connections
that matter**



CardinalHealth
Essential to care™

This guide contains benefits information specific to 2020 only, unless otherwise indicated.

Connections that matter

Helping you be at your best

Cardinal Health wants to help you be at your best. Our goal is to help you be happy and healthy. We understand that when you feel well, you do well — both at work and at home. One key to health and happiness is balancing your daily duties with your own well-being. To help you, Cardinal Health offers a variety of benefits that support your overall well-being...so you can live for what matters to you.

Need help with a definition or acronym you see in the guide?

Review the **Terms to know** section on pages 25-26 to help keep the common medical plan terms straight!

Get help from a benefits expert.

Starting January 1, 2020, you have a confidential healthcare expert on your side (for free). Healthcare Advisor provides a healthcare and benefits expert to answer your benefits questions and handle your benefits needs, even if you aren't enrolled in a UnitedHealthcare medical plan. It's simple: connect with your advisor once and they will guide you through it all! You can contact a Healthcare Advisor for questions about any of the benefits provided to you by Cardinal Health, from medical and well-being, to Health Savings Account and billing questions.

To reach a Healthcare Advisor, call **866.247.8292**.

Your journey is unique — shaped by the things that are most important to you and how you experience life. Cardinal Health offers you different types of health plans and accounts — so you can choose the coverage that best meets the needs of you and your family.

Your health is important to you. So it's important to us. **And Cardinal Health provides you with:**

- Preventive care covered at 100 percent when you use in-network providers
- Cardinal Health employer contribution in your funded savings account
- The opportunity to earn \$600 if you and your enrolled dependents pledge to be tobacco-free (including vaping and e-cigarette products) or complete a tobacco cessation alternative program.
- An additional \$750 if you (\$450) and your covered spouse/domestic partner (\$300) earn your Healthy Lifestyles Incentives for 2020 or Rally Rewards for 2021

Use these benefits and take action during enrollment to be your best self next year — and beyond!

How to enroll

You'll enroll online through the Benefits Center website, also known as UPoint®. It's a safe, fast and easy way to access your benefits information when it's convenient for you. If you have questions, call the Benefits Center at **866.866.8525** for help.

Do I need to enroll?

Some coverage is automatically provided to you. Other benefits may require you to take action.

Take action during enrollment to enroll in* or make changes to:	You automatically receive:
<ul style="list-style-type: none">• Medical — Health Savings Account (HSA)**• Dental• Vision• Flexible spending accounts (FSAs)• Supplemental long-term disability• Supplemental life insurance• Spouse/child life insurance• Supplemental Accidental Death and Dismemberment (AD&D)• Voluntary benefits (Voluntary Accident and/or Voluntary Critical Illness)	<ul style="list-style-type: none">• Short-term disability• Basic long-term disability• Basic employee life insurance• Basic Accidental Death and Dismemberment (AD&D)• Business travel accident insurance• Live and Work Well (Employee Assistance Program and Work Life Solutions)

*If you are new to Cardinal Health, you must enroll within 31 days of your hire date if you want coverage. Your coverage will be effective retroactive to your date of hire.

**You can change your HSA contribution at any time throughout the year.



How your Cardinal Health Group Benefits work

Cardinal Health may pay for all or a portion of the cost of your benefits. Your payments are taken out of your paycheck on either a before- or after-tax basis.

Before-tax benefits:

- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Flexible spending accounts (FSAs)
- Supplemental long-term disability

After-tax benefits:

- Supplemental life insurance
- Spouse life insurance
- Child life insurance
- Supplemental Accidental Death and Dismemberment (AD&D) insurance
- Voluntary Accident and/or Voluntary Critical Illness

Document eligibility for your dependents

Whenever you add a new dependent to coverage, you'll be required to provide documentation verifying that your covered dependent(s) is eligible for coverage through Cardinal Health.

You'll receive complete details in the mail after enrollment describing what types of documentation you must provide (for example, birth certificates, marriage certificates or adoption papers). You can also view these details on the Benefits Center website.

This ensures our medical plans cover only eligible participants, which helps manage costs for you and the company.

A benefits expert is here to help!

Starting January 1, 2020, you have a confidential healthcare expert on your side (for free). Healthcare Advisor provides a healthcare and benefits expert to answer your benefits questions and handle your benefits needs, even if you aren't enrolled in a UnitedHealthcare medical plan. It's simple: connect with your advisor once and they will guide you through it all! You can contact a Healthcare Advisor for questions about any of the benefits provided to you by Cardinal Health, from medical and well-being, to Health Savings Account and billing questions.

To reach a Healthcare Advisor, call **866.247.8292**.



Who you can cover

Choosing your coverage category

As you review each benefit option, consider which dependents you want to cover. You can choose from four levels of coverage:

- You only
- You + spouse or domestic partner
- You + child(ren)
- You + family (spouse or domestic partner + child[ren])

Determining who is eligible

You may cover "eligible dependents" under the medical, dental, vision, spouse/child life insurance and spouse accidental death and dismemberment (AD&D) options. Throughout this guide, the terms "dependent," "spouse/domestic partner" and "children" all refer to individuals who meet the following criteria:

- Your "spouse/domestic partner" refers to your husband, wife or domestic partner (see the details on page 5 for more information about covering domestic partners)
- Your "children" refer to:
 - Your children or the children of your spouse/domestic partner up to age 26
 - Your legally adopted children, stepchildren and other children for whom you are the legal guardian (or for whom your spouse/domestic partner is the legal guardian), up to age 26
 - Your unmarried children or the unmarried children of your spouse/domestic partner over age 26 who are totally and permanently disabled due to a mental or physical disability



Covering domestic partners*

You can cover your same-sex or opposite-sex domestic partner and any of their children under the Cardinal Health Group Benefits program. To qualify, you and your partner must meet these requirements:

- You and your partner must be 18 or older
- You share a residence
- You're both unmarried
- You're financially interdependent
- You're not related in a way that would prevent marriage

If you're adding a domestic partner or child of a domestic partner to your coverage, you will need to submit evidence that they meet these requirements.

***Important note:** The value of the coverage that's provided will be charged as imputed income. Imputed income is the value of the non-monetary compensation given to an employee by an employer in the form of a benefit. This amount will be added to your per-pay-period gross income, as shown on your pay stub. IRS regulations also state that before-tax dollars contributed to the HSA and/or healthcare or dependent care FSA can't be used to reimburse expenses incurred by domestic partners and their dependents, unless the person receiving the reimbursement qualifies as your IRS tax dependent.

Changing coverage during the year

Your benefit choices remain in effect through December 31, 2020, unless you have a "qualified life event." A qualified life event allows you to make limited changes to your benefit elections outside of the benefits enrollment period. Some of these events include:

- Marriage, or entering into a domestic partnership
- Divorce, or dissolving a domestic partnership
- Birth or adoption
- Death
- Your spouse/domestic partner loses or gains eligibility for coverage

If any of these events occur, you must add, drop or change coverage within 31 days of the qualified life event. Otherwise, you'll have to wait until the next benefits enrollment period to update your coverage.

Does your spouse/ domestic partner and/or child also work at Cardinal Health?

If your spouse/domestic partner and/or child works at Cardinal Health and is eligible for or enrolled in Cardinal Health Group Benefits, you have some unique choices. You may both choose "you only" for medical, dental or vision benefits. Or you may share coverage if one of you elects spouse or family coverage. However, if one employee chooses spouse or family coverage, the spouse and/or child must elect no coverage.

For life insurance, you may only be covered as an employee; you may not purchase supplemental insurance for your spouse/ domestic partner or child if he or she is also a Cardinal Health employee.

Need help quitting tobacco, vaping and/or e-cigarette products?

You must take the tobacco-free pledge (including vaping and e-cigarette products) during enrollment (or complete a tobacco cessation alternative program by June 30, 2020) to earn an additional \$600 off your medical premiums in 2020. If you are not able to take the tobacco-free pledge (including vaping and e-cigarette products) because one or more covered persons in your household use tobacco, vaping and/or e-cigarette products, you can still earn the tobacco-free credit by taking certain actions.

Employees and spouses/domestic partners:

Employees and covered spouses/domestic partners can complete a free phone-based tobacco cessation alternative program, which is available through Quit For Life® in addition to free nicotine replacement therapy. Employees and covered spouses/domestic partners can enroll by calling **866.247.8292** and saying “help me with Tobacco Cessation.”

Dependents: The Quit For Life tobacco cessation program is not available to tobacco-using dependents, so covered dependents are encouraged to call the Benefits Center at **866.866.8525** to arrange to meet one-on-one with their physician for a tobacco cessation consultation.

To earn the tobacco-free credit without taking the tobacco-free pledge, each covered person who uses tobacco, vaping and/or e-cigarette products must complete the Quit For Life tobacco cessation program* or, in the case of a dependent, have a physician complete a form certifying that the dependent has had a tobacco cessation consultation. If all covered users of tobacco, vaping and/or e-cigarette products complete these activities by June 30, 2020, you will earn the \$600 tobacco-free credit toward your 2020 premiums.

*If your physician believes that the Quit For Life tobacco cessation program is not right for you, we will work with you and your physician to develop a different way for you to earn the tobacco-free credit.

Cardinal Health rewards healthy

When you choose to make your health and well-being a priority in your life, Cardinal Health rewards you!

New health and well-being website

Beginning January 1, check out the UnitedHealthcare Rally website, a fresh and fun way to earn your well-being discount and additional rewards. Go to Rally at myuhc.com or the Benefits Center website. If you are not enrolled in UnitedHealthcare, go to werally.com.

Avoid tobacco, vaping and/or e-cigarette products — save money!

You'll pay \$600 less for medical coverage if you and your covered dependents don't use tobacco, vaping and/or e-cigarette products. You can receive a \$600 discount on your 2020 medical premiums by signing a household tobacco-free pledge (including vaping and/or e-cigarette products) during enrollment or completing a tobacco cessation alternative program by June 30, 2020. You can conveniently take this pledge during the online enrollment process. To enroll in Quit For Life, call Healthcare Advisor at **866.247.8292** and say “tobacco cessation,” or go to Rally at myuhc.com.

Employee Assistance Program (EAP) and Work Life Solutions

Optum, a UnitedHealthcare company, will administer a new and more comprehensive EAP and work-life program called Live and Work Well.

Through this confidential EAP service, you and any member of your household can access eight free counseling sessions per issue per year. Appointments can be held virtually or in person.

Live and Work Well will also be your enhanced work-life program. Connect with a highly qualified specialist who can save you time by finding numerous resources, including convenient child care, home services (such as finding a plumber or electrician) and other convenient services.

Visit liveandworkwell.com or call **877.434.3910**.

*If you were hired after September 1, 2019, you automatically receive the 2020 Healthy Lifestyles Kick Start Incentive — which translates into \$300 off your 2020 medical premiums. While your participation in Healthy Lifestyles programs is still encouraged, the \$300 Kick Start Incentive is the maximum credit you will earn for 2020.

Useful resources

Resource	What you'll find there	Web address
The Benefits Center	Personalized medical plan information, CDHP details, pricing and educational resources	Go to myHR at hr.cardinalhealth.com > Enroll (or Popular Tools > Alight) or digital.alight.com/cardinalhealth
Healthcare Advisor	A healthcare and benefits expert to answer your benefits questions and handle your benefits needs	866.247.8292
Enrollment Resource Center	Communication pieces, tools and a video library; links to other resources	cardinalhealth.com/enroll
UnitedHealthcare	Detailed information about your medical plan and flexible spending account(s), find a Healthcare Advisor and explore the myUHC website and app	myuhc.com
CVS Caremark	Detailed information about your prescription drug coverage	caremark.com
Optum Bank	Health Savings Account information, tools and resources	optumbank.com
Rally	Find information on well-being rewards and earn Rally coins by joining healthy missions and taking your Rally Health Survey. You can also connect to other well-being programs.	werally.com
Live and Work Well	Confidential Employee Assistance Program (EAP)	liveandworkwell.com
Kaiser Permanente	Find plan information, review health advice, refill prescriptions and keep an online health record	my.kp.org/cardinal
MetLife	Find a dental provider, learn more about the life insurance plans and access forms	metlife.com
EyeMed	Find a vision provider, learn how to use the plans and review your coverage	eyemedvisioncare.com

Link to enroll from myHR or go to digital.alight.com/cardinalhealth | **866.866.8525**

How to enroll

Follow these steps to enroll online:

1. The Benefits Center website (UPoint) is the tool you will use to enroll in your benefits.

If you're signed on to a computer on the Cardinal Health network:

- **During annual enrollment:** Go to **myCardinalHealth** or **myHR** (hr.cardinalhealth.com) and click on the **Enroll** banner.
- **Outside of annual enrollment:** Go to **myCardinalHealth** or **myHR** (hr.cardinalhealth.com). Go to **Popular Tools > Alight**.

Note: If you're signed on to myHR, you will not need to log on again when you reach the Benefits Center.

If you're on a mobile device or not signed on to a computer on the Cardinal Health network:

- Log on to the Benefits Center website directly at digital.alight.com/cardinalhealth.
- When accessing the Benefits Center website directly, you will need to log on with your existing user name and password.
- If this is your first time visiting the Benefits Center website, select **Are you a new user?** and create a new user name and password.

2. Once you're at the Benefits Center website, review your options and enroll.

3. Remember to complete the following steps to save money on your 2020 medical costs.

- Take the tobacco-free pledge (including vaping and e-cigarette products) during enrollment (or complete a tobacco cessation alternative program by June 30, 2020) to earn \$600 off your premiums in 2020.
- **For the 2020 incentive**, complete the activities required to earn your Healthy Lifestyles Incentive by December 1, 2019. To learn more, go to healthylifestyles.staywell.com or call StayWell at **866.280.9835**.
- **For the 2021 incentive**, complete the activities required to earn your Rally Rewards by December 1, 2020. To learn more, go to myuhc.com or if you are not enrolled in UnitedHealthcare, visit werally.com/client/cardinal/register or call Healthcare Advisor at **866.247.8292**.

When you're finished, select **Complete Enrollment**. Be sure to print a copy of your enrollment confirmation and keep it for your future reference. You can print a confirmation of enrollment at any time.

Benefits site also available in Spanish

Remember, you can choose to view your benefits information in Spanish — just log on to myHR and look for the **Spanish Resources** section, then select **Mis beneficios de salud y financieros**.

Forgot your myHR password?

You can reset your password or obtain a new one by calling the IT Help Desk at **866.300.4357** or by choosing "Need help logging in?" online. A temporary password received on the phone is only good for 24 hours, so go online immediately to create a permanent one.

Resources to help you enroll

- **The Enrollment Resource Center** has the information you need to learn about, choose and use your benefits. Visit cardinalhealth.com/enroll.
- **Get HSA planning help.** Access helpful HSA tools and resources before you enroll and throughout the year, at optumbank.com.

Enrolling in an HSA plan during the year

If you are newly hired or had a qualified life event and you choose to contribute to an HSA after the first of the month, your contributions to your HSA will be made on the first day of the following month. If you enroll on the first day of the month, your contributions to your HSA will be made that month.

Get connected on myuhc

Don't miss out on all the great programs and resources UnitedHealthcare has to offer. When you enroll, be sure to also register on myuhc.com.

Did you know your prescription drug program offers so many ways to save?

We all know that prescription drugs can be expensive. To help make your prescription drugs more affordable, Cardinal Health has made significant investments to enhance your CVS Caremark prescription drug program.

Coinsurance cap: The amount you are responsible for in coinsurance (that 20 percent you pay after you meet your deductible) is capped for each prescription. This additional cost protection is helpful for anyone who requires very expensive medications. See page 13 for more.

Preventive Drug List: This is a list of generic and brand-name drugs that are automatically paid at coinsurance (you pay 20 percent), regardless of whether you have met your deductible. The coinsurance cap also applies to drugs on the Preventive Drug List.

Go to the Enrollment Resource Center website at cardinalhealth.com/enroll to access the Preventive Drug List. Keep in mind that the Preventive Drug List is updated monthly by CVS Caremark.

Why in-network matters

If you use in-network providers, you'll pay lower negotiated network rates and stretch your healthcare dollars. Plus, in-network preventive care is covered at 100 percent! Use the Cost & Care tool at myuhc.com to search for in-network doctors and facilities by location or medical specialty.

Benefit plan details

Your medical plan options

Everyone's health and well-being needs are different. There's no "one-size-fits-all." That's why Cardinal Health offers you a variety of different types of medical plans. We've also designed our plans to encourage you to be healthy, with support like 100 percent coverage for in-network preventive care and savings for those who choose to be tobacco-free (including vaping and e-cigarette products).

Effective January 1, 2020, UnitedHealthcare is your medical plan administrator. The partnership with UnitedHealthcare will provide you with a more personalized, connected approach to healthcare that puts many of your benefits under one partner. **Important note:** You will continue to have your choice of the same valuable medical plan options — your plans and how they work are not changing for 2020.

Here's a snapshot of the plans available to you and your family:

Medical plan options and networks	Type of plan
Funded Health Savings Account (HSA) Mid-Tier Funded Health Savings Account (HSA)	Consumer-driven health plans with Health Savings Account (includes employer funding)
Basic Health Savings Account (HSA)	Consumer-driven health plan with Health Savings Account (does not include employer funding)
No Health Savings Account (HSA)*	Consumer-driven health plan with no Health Savings Account and no employer funding
Kaiser Permanente, available in California, Colorado, District of Columbia, Georgia, Maryland, and Virginia	Deductible health maintenance organization**
Kaiser Permanente, available in Hawaii	Point-of-service with coverage for in-network and out-of-network services

About your medical plan network options

UnitedHealthcare is a medical plan option available throughout the country.

Kaiser Permanente is a medical plan option available only in certain parts of the country.

To find out which medical options are available to you, visit myHR at hr.cardinalhealth.com and go to **Popular Tools > Alight**. If the UnitedHealthcare plans listed above are not available in your location, you'll have the option to choose Out-of-Area coverage through UnitedHealthcare.

*The No Health Savings Account (HSA) plan is not right for most employees and includes no Cardinal Health HSA contribution and no HSA. It is intended for those who are ineligible to have an HSA or make contributions to an HSA, like those enrolled in Medicare, those on TRICARE or VA benefits, etc.

**All Kaiser Permanente medical plans (except for Hawaii) include a deductible, coinsurance and out-of-pocket maximum.

Cardinal Health UnitedHealthcare plan options

If you earn in 2020:	Cardinal Health will contribute to your HSA*:
Annual salary less than \$40,000	\$500 (individual coverage) or \$1,000 (family coverage)
Annual salary \$40,000 - \$85,000	\$375 (individual coverage) or \$750 (family coverage)
Annual salary over \$85,000	\$250 (individual coverage) or \$500 (family coverage)

*If you enroll in a Funded HSA plan. You must be actively employed and eligible for HSA contributions as of the date the Cardinal Health contributions are made.

You have the choice of four UnitedHealthcare consumer-driven health plans for 2020. If you enroll in a Funded HSA plan, Cardinal Health will make semi-annual contributions to your HSA based on your salary.

Funded HSA plan (Cardinal Health contributes to your HSA)	In-network	Out-of-network
Preventive care	Covered at 100%	Covered at 60%
Deductible (individual/family)	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance (employee)	20%	40%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000
Prescription drugs	20% coinsurance after deductible is met*	N/A
Mid-Tier Funded HSA plan (Cardinal Health contributes to your HSA)	In-network	Out-of-network
Preventive care	Covered at 100%	Covered at 60%
Deductible (individual/family)	\$2,000/\$4,000	\$4,000/\$8,000
Coinsurance (employee)	20%	40%
Out-of-pocket maximum (individual/family)	\$3,675/\$7,350	\$7,350/\$14,700
Prescription drugs	20% coinsurance after deductible is met*	N/A
No HSA plan (No Cardinal Health contribution)	In-network	Out-of-network
Preventive care	Covered at 100%	Covered at 60%
Deductible (individual/family)	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance (employee)	20%	40%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000
Prescription drugs	20% coinsurance after deductible is met*	N/A
Basic HSA plan (No Cardinal Health contribution)	In-network	Out-of-network
Preventive care	Covered at 100%	Covered at 60%
Deductible (individual/family)	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance (employee)	20%	40%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$10,000/\$20,000
Prescription drugs	20% coinsurance after deductible is met*	N/A

*Certain preventive medications on the Preventive Drug List are not subject to deductible. If you fill a brand-name medication when a generic is available, you will pay the brand-name coinsurance plus the difference in cost between the brand-name and the generic medication. The prescription drug coinsurance cap limits the amount you have to pay in coinsurance for preventive prescription drugs.

Funded HSA and Mid-Tier Funded HSA

Overview

Consumer-driven health plans let you control how your healthcare dollars are spent. These plans offer comprehensive medical coverage as well as a tax-free Health Savings Account (HSA) (funded by Cardinal Health and you) that you use to pay for your medical and prescription drug expenses — today or even into retirement.

Both the Funded HSA and Mid-Tier Funded HSA include the same Cardinal Health HSA contribution, depending on level of coverage. However, the Funded HSA has a higher premium cost, but lower deductible, than the Mid-Tier Funded HSA.

How the Funded HSA plans work:

Cardinal Health contributes to your HSA.

When you enroll in one of the Funded HSA plans, an HSA is automatically opened for you, in order for you to receive the Cardinal Health contributions. See page 9 for 2020 Cardinal Health HSA contribution amounts.

Contributions from Cardinal Health will be deposited twice a year (January 10, 2020 and July 10, 2020) and may take up to 48 hours to appear in your account.

New hire contributions will be prorated based on your hire date.

You can contribute to your HSA.

You also can choose to make before-tax payroll contributions to your account up to the limits set by the IRS. Any before-tax contributions will reduce your taxable income — another benefit that the plan offers.*

- Annual HSA contribution limits for 2020 are **\$3,550 for individual coverage and \$7,100 for family coverage**, which includes the Cardinal Health contribution.
- If you're age 55 or older in 2020, you can make an additional catch-up contribution of up to \$1,000 to your account.

Before you meet your deductible.

In general, you are responsible for all of your medical and prescription drug costs until you meet the deductible. You can choose to use your HSA to pay these costs or pay for them out-of-pocket if your goal is to build up your HSA for future or retiree medical costs. The choice is yours.

After you meet your deductible. Once you reach your deductible, your medical and prescription drug costs are **covered at 80 percent by Cardinal Health** with you paying the remaining 20 percent coinsurance. You're protected by an annual out-of-pocket maximum, which also includes prescription drugs.

If your eligible expenses reach the out-of-pocket maximum during the plan year, then the plan will pay the full cost of your medical and prescription drug expenses for the rest of the plan year.

The Funded HSA plans have a “collective” or group deductible.

This means if you have family coverage, the plan cannot begin to pay benefits on any covered family member until the family deductible is satisfied. For example, if you cover yourself and any dependents in the Funded HSA plan, you must meet the group deductible of \$3,000 before coinsurance applies for anyone. But remember, Cardinal Health contributes to your HSA, and you may contribute your own before-tax money too.

Preventive care is free. To help you stay healthy, all in-network preventive care services (e.g., annual physical exams, Pap smears, cholesterol screenings and mammograms) as well as additional in-network preventive healthcare services for women (e.g., screening and counseling for HIV and domestic violence, counseling for sexually transmitted infections, and certain contraceptives) are **covered at 100 percent** with no deductible to meet.

Prescription drug coverage. Prescription drug coverage is integrated with medical coverage. This means your drugs are subject to the deductible and coinsurance. Once you've reached the out-of-pocket maximum, drugs are covered at 100 percent. Some preventive generic and brand-name drugs are automatically covered at coinsurance — even if you haven't met the deductible. That means you only pay the 20 percent coinsurance for eligible in-network drugs on the Preventive Drug List. The coinsurance cap also applies to drugs on the Preventive Drug List. If your preventive medication is a generic drug designated by the Affordable Care Act (ACA), it's covered at 100 percent — you pay nothing! To learn more, go to cardinalhealth.com/enroll.

The benefits of the HSA: Your HSA balance **grows tax-free*** in an interest-bearing cash account. Once your HSA balance reaches \$1,000, you can invest in your choice of several different funds.

The account is **yours to keep**, so if you don't use all of the money in your HSA by the end of the plan year, the remaining balance is still available in future years with no cap.

Your account is portable; **you take it with you** if you leave Cardinal Health.

***Please note: Alabama, California, New Jersey and Wisconsin** do not recognize HSAs for state income tax purposes.

About the No HSA plan

This plan works similar to the medical plan in the Funded HSA, but **offers no HSA**.

Important: This plan is not right for most employees and includes no Cardinal Health HSA contribution and no HSA. It is intended for those who are ineligible to have an HSA or make contributions to an HSA, like those enrolled in Medicare, those on TRICARE or VA benefits, etc.

More information about HSAs

Important notes about HSA restrictions:

- Based on IRS rules, HSA money cannot be used to pay for healthcare expenses for your domestic partner or your domestic partner's child, unless they are considered your dependent(s) for federal income tax purposes. They are still eligible dependents under the plan; you just cannot use tax-free HSA dollars to pay their expenses.
- Once you are enrolled in any part of Medicare, you cannot contribute to (or receive company contributions to) your HSA through Cardinal Health. In some cases, Medicare auto-enrolls you in Medicare Part A on your Medicare-eligible effective date. After you enroll or are auto-enrolled in Medicare, your HSA contributions will automatically stop. More information will be mailed to your home when you turn 65. Consider the **No** HSA plan for 2020.
- If you are a Service Member enrolled in TRICARE, you cannot contribute to (or receive company contributions to) an HSA while covered under TRICARE, even if you are enrolled in one of the Cardinal Health HSA plans. Consider enrolling in an FSA and contact the Benefits Center to ensure your FSA is not limited-purpose. Also, consider the **No** HSA plan for 2020.

Attention newly hired employees: If you participated in a healthcare FSA (or another non-qualifying health plan) this year before joining Cardinal Health, the amount you can contribute to an HSA this year may be limited. You are responsible for understanding how much you can contribute to an HSA; if you have any questions, please consult a tax advisor.

If you contribute to a healthcare flexible spending account (FSA) while enrolled in one of the Funded HSA plans (or while contributing to/receiving contributions to an HSA), how you use this money will be limited. You can use this "limited-purpose FSA" for dental, vision and post-deductible medical and prescription drug expenses not covered by the plan. You cannot use the limited-purpose FSA to help meet your deductible. Keep this in mind when you determine how much to contribute to your healthcare FSA.

Keep in mind, you need a prescription from your doctor to be reimbursed for some over-the-counter drugs that are covered under your plan.

If the UnitedHealthcare medical plans described are not available in your location, you'll have the option to choose coverage under the Funded HSA Out-of-Area (OOA) plan.



Accessing your HSA funds

You can use your Optum Bank HSA debit card to make payments to your provider(s). This is especially convenient to swipe for payment at the pharmacy. Most providers will also accept the card over the phone. In order for your card to work, you must have a balance available in your HSA; no overdraft is available. The card will not work at ATMs and will typically only work at appropriate medical facilities. The card should always be run as "credit" and no PIN is required. Lastly, be sure to keep all receipts as documentation of your purchases.

Basic HSA plan

Overview

The Basic HSA plan offers the tax-saving advantages of an HSA and low premiums, but **provides much less coverage and significantly higher deductibles and out-of-pocket maximums than the other plans and does not include employer funding.**

Here's how the Basic HSA plan works:

You pay for your healthcare expenses, including office visits, until you've reached the deductible.



Then, the plan pays a percentage of the cost of healthcare services you receive — you pay the remaining percentage.



If your eligible expenses reach the out-of-pocket maximum during the plan year, then the plan will pay the full cost of your healthcare expenses for the rest of the benefit plan year.

The Basic HSA plan has an “embedded” annual deductible and annual out-of-pocket maximum if you are covering dependents. This means individual family members only have to satisfy the individual deductible and out-of-pocket maximum amounts before coinsurance applies.

For example, if you reach the individual deductible of \$4,000 in the Basic HSA plan, you are then covered by coinsurance. You do not have to reach the group deductible of \$8,000 before coinsurance applies to your claims.

Preventive care is free. To help you stay healthy, all preventive care services (e.g., annual physical exams, Pap smears, mammograms

and cholesterol screenings) as well as additional in-network preventive healthcare services for women (e.g., screening and counseling for HIV and domestic violence, counseling for sexually transmitted infections, and certain contraceptives) are covered at 100 percent when you use an in-network provider.

Prescription drug coverage. Some preventive generic and brand-name drugs are automatically covered at coinsurance — even if you haven't met the deductible. That means you only pay the 20 percent coinsurance for eligible in-network drugs on the Preventive Drug List. The coinsurance cap applies to drugs on the Preventive Drug List. If your preventive medication is a generic drug designated by the Affordable Care Act (ACA), it's covered at 100 percent — you pay nothing! To learn more, go to cardinalhealth.com/enroll.

Stay in-network. You and Cardinal Health pay less when you use in-network providers — doctors, specialists and hospitals that have contracted to provide services at a discount.

How the Basic HSA plan works with an FSA. If you enroll in the Basic HSA plan and instead of saving your money in an HSA you choose to enroll in a general-purpose FSA, you cannot contribute to an HSA until next year, unless you experience a qualified life event. Keep in mind, the best savings vehicle for your money is likely the HSA, since HSA money is always yours and the FSA is use-it-or-lose-it.

Attention:

If you choose the Basic HSA plan, Cardinal Health does **not** contribute to your HSA.

About your medical, prescription drug and HSA ID cards

As part of our transition to UnitedHealthcare, all covered members will receive a new UnitedHealthcare medical ID card in December 2019 for use in 2020. If you are newly enrolled, you will also receive a separate prescription drug plan ID card from CVS Caremark.

If you are enrolled in a Funded HSA plan and receive contributions or choose to contribute to an HSA, you will receive an HSA debit card from Optum Bank in your home mail.



Kaiser Permanente

Depending on your location, you may enroll in a Kaiser Permanente plan option. In Hawaii, you have the option of selecting a Point-of-Service (POS) plan. The in-network portion of this plan includes the Kaiser Permanente provider and hospital network. The out-of-network allows access to other providers. In California, Colorado, the District of Columbia, Georgia, Maryland and Virginia, you have the option of selecting a deductible HMO plan.

Covered services	You pay*
Preventive services	No charge
Deductible	\$750 individual coverage/\$1,500 family coverage
Out-of-pocket maximum	\$3,000 individual coverage/\$6,000 family coverage
Generic prescription drugs	\$10 copay for 30-day supply (except HI: \$3 generic maintenance drugs; \$10 other generic drugs)
Brand prescription drugs	Based on state: <ul style="list-style-type: none"> GA/CO: You pay 25% up to \$75 for brand drugs (40% up to \$100 for non-preferred) CA: You pay 25% up to \$70 for brand and non-preferred drugs HI: You pay \$35 for brand drugs (\$200 specialty drugs) Mid-Atlantic States: You pay \$30 for brand drugs (\$50 for non-preferred)

*In all the Kaiser Permanente plan options, you have exclusive access to the Kaiser Permanente in-network providers and facilities. Except for the plan offered in Hawaii, you need to receive covered services from these providers. For most care, you'll first partner with the Kaiser Permanente primary care physician you choose. You have a wide selection of skilled doctors that you can choose from and change anytime, for any reason. When you receive care from a Kaiser Permanente provider, your preventive services are covered 100 percent. With the exception of the plan offered in Hawaii, each plan includes a deductible for covered services with Kaiser Permanente providers. For most care you'll first need to meet the deductible amount before paying just a copay or coinsurance. And all the Kaiser Permanente plans include an out-of-pocket maximum. While the Kaiser Permanente plan does not offer company contributions (such as contributions to an HSA), you are eligible to contribute to a flexible spending account (FSA). The Kaiser Permanente plan also offers a mail order prescription drug program.

Prescription drug coverage

CVS Caremark administers prescription drug coverage for all medical options except the Kaiser Permanente plan. The coverage offers both retail and mail-order options. The amount you are responsible for in coinsurance (that 20 percent you pay after you meet your deductible) will be capped for each prescription. This additional cost protection is helpful for anyone who requires very expensive medications. The following chart shows how it all works:

Prescription drug type	Prescription drug coinsurance cap After you meet your deductible, your coinsurance (the 20 percent you're responsible for paying*) for each prescription drug will be capped at:
Retail: Generic	\$30
Retail: Formulary brand	\$80
Retail: Non-Formulary brand	\$120
Mail Order: Generic	\$60
Mail Order: Formulary brand	\$200
Mail Order: Non-Formulary brand	\$300

*Some of your preventive drugs are not subject to the deductible. The coinsurance cap also applies to those drugs.

Choice when it comes to maintenance medications

If you take a maintenance medication for a chronic condition (like high blood pressure, high cholesterol or diabetes) on a regular, recurring basis, the **voluntary Maintenance Choice** program allows you to pick up **90-day refills** at your local CVS retail pharmacy, and still pay the lower mail-order price.

You can still get your:

- 90-day refills through mail-order service, and
- 30-day refills at your local, in-network retail pharmacy.

Have questions? Call the number on the back of your CVS Caremark prescription drug plan ID card.

No dental plan ID cards

MetLife doesn't provide ID cards for the Basic and Plus PPOs — you simply tell your dentist that you have coverage through MetLife and your claims are submitted electronically for you!

Vision plan ID cards

If you enroll in EyeMed for the first time for 2020, you'll receive a vision plan ID card from EyeMed.

Dental

You have the option to enroll in dental coverage through a dental Preferred Provider Organization (PPO), which is offered through MetLife. A dental PPO works much like a medical PPO — you have access to a network of dental providers and can choose to visit a dentist in or out of the network.

The PPO pays benefits at the same level whether you receive care from in-network or out-of-network providers. Your out-of-pocket costs will be reduced, however, when you stay in the PPO network. Why? Because our PPO providers have agreed to offer Cardinal Health employees lower negotiated fees for covered services.

You have two dental PPO options: "Basic" and "Plus." The Plus option costs more, but has a lower deductible and you pay a lower coinsurance for certain services. It is the only option that covers orthodontia. Both plans cover preventive care at 100 percent.

Your dental plan options	Deductible (individual/family)	Copayment	Coinsurance		2020 maximum benefit**
			In-network (you pay)	Out-of-network (you pay)	
Basic PPO • Preventive • Basic • Major	\$100/\$200	Not applicable	0% 30% 50%	20% 30% 50%	\$1,000
Plus PPO • Preventive • Basic • Major • Orthodontia* (lifetime maximum of \$1,500 per person)	\$50/\$100	Not applicable	0% 20% 50% 50%	0% 20% 50% 50%	\$2,000

* Orthodontia coverage is only available through the Plus dental plan and is limited to children under age 19.

** Per covered family member.

Vision

You have the option to elect vision care coverage — for yourself or your family — through EyeMed Vision Care and an expanded vision network that includes online options like [glasses.com](https://www.glasses.com) and [contactsdirect.com](https://www.contactsdirect.com). Through EyeMed, you have enhanced coverage and a large network, including all LensCrafters locations. There is no deductible for either in- or out-of-network service. For more details or to find a provider near you, visit [eyemedvisioncare.com](https://www.eyemedvisioncare.com) or call **866.299.1358**.

Your vision plan costs

Coverage	In-network	Out-of-network
Exam (every 12 months from date of service)	\$10 copayment	The plan will reimburse you up to \$35
Single lenses	\$10 copayment	The plan will reimburse you up to \$35
Bifocal lenses	\$10 copayment	The plan will reimburse you up to \$50
Trifocal lenses	\$10 copayment	The plan will reimburse you up to \$60
Lenticular lenses	\$10 copayment	The plan will reimburse you up to \$60
Frames	\$150 allowance plus 20% off the balance over \$150	The plan will reimburse you up to \$55
Contact lenses	Medically necessary: 100% covered Elective: \$120 allowance for disposable or non-disposable, plus 15% off the balance over \$100 for non-disposable	Medically necessary: The plan will reimburse you up to \$200 Elective: The plan will reimburse you up to \$90
Laser vision correction	15% discount or 5% discount on promotional pricing for LASIK and PRK through U.S. Laser Network; call 877.5LASER6 (877.552.7376) to locate a provider	Not covered

2020 benefit costs Effective January 1, 2020

Your UnitedHealthcare medical plan biweekly rates*

If you earn...		up to \$39,999 per year		between \$40,000-\$84,999 per year		between \$85,000-\$124,999 per year		between \$125,000-\$199,999 per year		\$200,000+ per year	
Plan name	Coverage tier	Biweekly rates <i>with</i> the tobacco-free credit**	Biweekly rates <i>without</i> the tobacco-free credit	Biweekly rates <i>with</i> the tobacco-free credit**	Biweekly rates <i>without</i> the tobacco-free credit	Biweekly rates <i>with</i> the tobacco-free credit**	Biweekly rates <i>without</i> the tobacco-free credit	Biweekly rates <i>with</i> the tobacco-free credit**	Biweekly rates <i>without</i> the tobacco-free credit	Biweekly rates <i>with</i> the tobacco-free credit**	Biweekly rates <i>without</i> the tobacco-free credit
Funded HSA***	EE only	\$48.46	\$71.54	\$54.46	\$77.54	\$68.31	\$91.38	\$73.38	\$96.46	\$78.92	\$102.00
	EE + SP	\$117.69	\$140.77	\$132.46	\$155.54	\$165.69	\$188.77	\$178.62	\$201.69	\$192.00	\$215.08
	EE + CH	\$105.23	\$128.31	\$118.15	\$141.23	\$147.69	\$170.77	\$159.69	\$182.77	\$171.23	\$194.31
	Family	\$174.46	\$197.54	\$196.15	\$219.23	\$245.08	\$268.15	\$264.92	\$288.00	\$284.31	\$307.38
Mid-Tier Funded HSA	EE only	\$35.54	\$58.62	\$40.15	\$63.23	\$50.31	\$73.38	\$54.00	\$77.08	\$58.15	\$81.23
	EE + SP	\$92.31	\$115.38	\$103.85	\$126.92	\$129.69	\$152.77	\$140.31	\$163.38	\$150.46	\$173.54
	EE + CH	\$79.85	\$102.92	\$89.54	\$112.62	\$112.15	\$135.23	\$120.92	\$144.00	\$129.69	\$152.77
	Family	\$136.15	\$159.23	\$152.77	\$175.85	\$191.08	\$214.15	\$206.31	\$229.38	\$221.54	\$244.62
Basic HSA	EE only	\$33.23	\$56.31	\$37.38	\$60.46	\$46.62	\$69.69	\$50.31	\$73.38	\$54.00	\$77.08
	EE + SP	\$83.08	\$106.15	\$93.23	\$116.31	\$116.77	\$139.85	\$126.00	\$149.08	\$135.23	\$158.31
	EE + CH	\$71.08	\$94.15	\$79.85	\$102.92	\$99.69	\$122.77	\$108.00	\$131.08	\$115.85	\$138.92
	Family	\$120.92	\$144.00	\$135.69	\$158.77	\$169.85	\$192.92	\$183.23	\$206.31	\$196.62	\$219.69
No HSA	EE only	\$33.69	\$56.77	\$40.15	\$63.23	\$58.62	\$81.69	\$63.69	\$86.77	\$69.23	\$92.31
	EE + SP	\$85.38	\$108.46	\$103.85	\$126.92	\$146.31	\$169.38	\$159.23	\$182.31	\$172.62	\$195.69
	EE + CH	\$73.38	\$96.46	\$89.54	\$112.62	\$128.31	\$151.38	\$140.31	\$163.38	\$151.85	\$174.92
	Family	\$134.77	\$157.85	\$167.54	\$190.62	\$225.69	\$248.77	\$245.54	\$268.62	\$264.92	\$288.00

*These biweekly rates do **NOT** reflect the Healthy Lifestyles Incentive you can earn for completing healthy activities. Starting with your first 2020 paycheck, your premium will reflect a \$450 annualized credit as long as you complete your biometric screening, health assessment and well-being activities and earn a total of 100 points by December 1, 2019. You can earn up to \$300 more off your annual 2020 medical premiums if your covered spouse/domestic partner completes the health assessment and well-being activities to earn a total of 100 points by December 1, 2019. These incentives can be earned independently. **These credits are NOT reflected in the table above.** If you were hired after September 1, 2019, you will automatically receive the 2020 Healthy Lifestyles Kick Start Incentive — which translates into \$300 off your 2020 medical premiums. While your participation in Healthy Lifestyles programs is still encouraged, the \$300 Kick Start Incentive is the maximum credit you will earn for 2020.

**You must take the tobacco-free pledge (including vaping and e-cigarette products) during annual enrollment, or complete a tobacco cessation alternative program by June 30, 2020, in order to receive the \$600 annual discount off your 2020 medical premiums.

***If the UnitedHealthcare plans listed above are not available in your location, you'll have the option to choose Out-of-Area coverage through UnitedHealthcare.



Your Kaiser Permanente medical plan biweekly rates*

If you earn...		up to \$39,999 per year		between \$40,000-\$84,999 per year		between \$85,000-\$124,999 per year		between \$125,000-\$199,999 per year		\$200,000+ per year	
Plan name	Coverage tier	Biweekly rates with the tobacco-free credit**	Biweekly rates without the tobacco-free credit	Biweekly rates with the tobacco-free credit**	Biweekly rates without the tobacco-free credit	Biweekly rates with the tobacco-free credit**	Biweekly rates without the tobacco-free credit	Biweekly rates with the tobacco-free credit**	Biweekly rates without the tobacco-free credit	Biweekly rates with the tobacco-free credit**	Biweekly rates without the tobacco-free credit
Kaiser Permanente California Division – South	EE only	\$61.38	\$84.46	\$69.00	\$92.08	\$86.31	\$109.38	\$93.23	\$116.31	\$100.15	\$123.23
	EE + SP	\$134.31	\$157.38	\$150.69	\$173.77	\$188.31	\$211.38	\$203.54	\$226.62	\$218.31	\$241.38
	EE + CH	\$117.69	\$140.77	\$132.23	\$155.31	\$165.23	\$188.31	\$178.62	\$201.69	\$191.54	\$214.62
	Family	\$188.31	\$211.38	\$211.62	\$234.69	\$264.46	\$287.54	\$285.69	\$308.77	\$306.92	\$330.00
Kaiser Permanente California Division – North	EE only	\$67.85	\$90.92	\$76.38	\$99.46	\$95.54	\$118.62	\$102.92	\$126.00	\$110.77	\$133.85
	EE + SP	\$147.23	\$170.31	\$165.46	\$188.54	\$206.77	\$229.85	\$223.38	\$246.46	\$240.00	\$263.08
	EE + CH	\$129.69	\$152.77	\$145.62	\$168.69	\$181.85	\$204.92	\$196.62	\$219.69	\$210.92	\$234.00
	Family	\$206.31	\$229.38	\$231.92	\$255.00	\$289.85	\$312.92	\$312.92	\$336.00	\$336.46	\$359.54
Kaiser Foundation Health Plan of Colorado	EE only	\$67.38	\$90.46	\$75.92	\$99.00	\$95.08	\$118.15	\$102.46	\$125.54	\$110.31	\$133.38
	EE + SP	\$146.77	\$169.85	\$165.00	\$188.08	\$206.31	\$229.38	\$222.92	\$246.00	\$239.08	\$262.15
	EE + CH	\$128.77	\$151.85	\$144.69	\$167.77	\$180.92	\$204.00	\$195.23	\$218.31	\$210.00	\$233.08
	Family	\$205.38	\$228.46	\$230.54	\$253.62	\$288.00	\$311.08	\$311.08	\$334.15	\$334.15	\$357.23
Kaiser Foundation Health Plan of Georgia	EE only	\$61.85	\$84.92	\$69.46	\$92.54	\$86.77	\$109.85	\$93.69	\$116.77	\$100.62	\$123.69
	EE + SP	\$135.69	\$158.77	\$152.54	\$175.62	\$190.62	\$213.69	\$205.85	\$228.92	\$221.08	\$244.15
	EE + CH	\$118.62	\$141.69	\$133.15	\$156.23	\$166.62	\$189.69	\$179.54	\$202.62	\$192.92	\$216.00
	Family	\$189.69	\$212.77	\$213.00	\$236.08	\$266.31	\$289.38	\$287.54	\$310.62	\$308.77	\$331.85
Kaiser Permanente of Maryland	EE only	\$71.08	\$94.15	\$79.62	\$102.69	\$99.69	\$122.77	\$107.54	\$130.62	\$115.38	\$138.46
	EE + SP	\$157.38	\$180.46	\$177.00	\$200.08	\$221.08	\$244.15	\$239.08	\$262.15	\$256.62	\$279.69
	EE + CH	\$138.00	\$161.08	\$155.31	\$178.38	\$194.31	\$217.38	\$209.54	\$232.62	\$225.23	\$248.31
	Family	\$218.77	\$241.85	\$245.77	\$268.85	\$307.38	\$330.46	\$331.85	\$354.92	\$356.31	\$379.38

*These biweekly rates do NOT reflect the Healthy Lifestyles Incentive you can earn for completing healthy activities. Starting with your first 2020 paycheck, your premium will reflect a \$450 annualized credit as long as you complete your biometric screening, health assessment and well-being activities and earn a total of 100 points by December 1, 2019. You can earn up to \$300 more off your annual 2020 medical premiums if your covered spouse/domestic partner completes the health assessment and well-being activities to earn a total of 100 points by December 1, 2019. These incentives can be earned independently. These credits are NOT reflected in the table above. If you were hired after September 1, 2019, you will automatically receive the 2020 Healthy Lifestyles Kick Start Incentive — which translates into \$300 off your 2020 medical premiums. While your participation in Healthy Lifestyles programs is still encouraged, the \$300 Kick Start Incentive is the maximum credit you will earn for 2020.

** You must take the tobacco-free pledge (including vaping and e-cigarette products) during annual enrollment, or complete a tobacco cessation alternative program by June 30, 2020, in order to receive the \$600 annual discount off your 2020 medical premiums.



Your child life insurance rates

Up to age 26	
Coverage amount	Monthly rates
\$5,000	\$0.85
\$10,000	\$1.70

Your supplemental accidental death and dismemberment rates

Monthly rates per \$1,000 of coverage	
Coverage amount	Monthly rates
Employee only	\$0.015
Employee + family	\$0.024

Your supplemental long-term disability (LTD) insurance rate

Coverage type	Monthly rates	Example: If you earn \$30,000 a year, your monthly costs would be
LTD Supplemental	0.303% of monthly benefit pay	$(\$30,000 \div 12 \text{ months per year}) \times 0.303\% = \7.58 per month

Your voluntary critical illness plan biweekly rates

Voluntary critical illness basic benefit	Age band	Per payroll premium			
		Employee only	Employee + spouse/domestic partner	Employee + child(ren)	Family
Non-tobacco user (including vaping and e-cigarette products) \$15,000	35 and under	\$5.19	\$7.85	\$5.19	\$7.85
	36 – 50	\$12.88	\$19.38	\$12.88	\$19.38
	51 – 60	\$27.35	\$41.08	\$27.35	\$41.08
	61 – 63	\$43.27	\$64.73	\$43.27	\$64.73
	64+	\$64.73	\$97.15	\$64.73	\$97.15
Tobacco user (including vaping and e-cigarette products) \$15,000	35 and under	\$8.37	\$12.61	\$8.37	\$12.61
	36 – 50	\$21.67	\$32.56	\$21.67	\$32.56
	51 – 60	\$45.83	\$68.80	\$45.83	\$68.80
	61 – 63	\$66.88	\$100.38	\$66.88	\$100.38
	64+	\$100.25	\$150.43	\$100.25	\$150.43
Non-tobacco user (including vaping and e-cigarette products) \$30,000	35 and under	\$9.35	\$14.08	\$9.35	\$14.08
	36 – 50	\$24.72	\$37.14	\$24.72	\$37.14
	51 – 60	\$53.66	\$80.55	\$53.66	\$80.55
	61 – 63	\$85.50	\$128.31	\$85.50	\$128.31
	64+	\$128.42	\$192.69	\$128.42	\$192.69
Tobacco user (including vaping and e-cigarette products) \$30,000	35 and under	\$15.71	\$23.62	\$15.71	\$23.62
	36 – 50	\$42.30	\$63.51	\$42.30	\$63.51
	51 – 60	\$90.62	\$135.99	\$90.62	\$135.99
	61 – 63	\$132.73	\$199.15	\$132.73	\$199.15
	64+	\$199.45	\$299.23	\$199.45	\$299.23

Your voluntary accident plan biweekly rates

Voluntary accident	Per payroll premium			
	Employee only	Employee + spouse/domestic partner	Employee + child(ren)	Family
Coverage	\$8.30	\$15.63	\$17.00	\$20.72

CancerBridge: Unparalleled access to leading cancer treatment partners

Cardinal Health partners with CancerBridge, a cancer-focused information and navigation service that provides you and your covered family members peace of mind through immediate, one-on-one personalized access to some of the world's foremost cancer experts and specialists. You can reach CancerBridge at **855.366.7700** and, within 24 hours, you will receive a call back from a cancer physician who will answer your questions and discuss next steps. CancerBridge is available to any individuals covered under a Cardinal Health medical plan.

Keep the required tax form

As required by the Affordable Care Act (ACA), if you are enrolled in a Cardinal Health medical plan, you will receive a copy of IRS Form 1095-C in early 2020. It includes information you will need for filing your 2019 income taxes.

Please do not discard this important tax form.

Your dental plan rates

Plan	Biweekly rates			
	Employee only	Employee + spouse/ domestic partner	Employee + child(ren)	Family
Dental PPO Plus	\$8.83	\$18.18	\$18.18	\$27.02
Dental PPO Basic	\$4.64	\$10.32	\$10.32	\$14.97

Your vision plan rates

Plan	Biweekly rates			
	Employee only	Employee + spouse/ domestic partner	Employee + child(ren)	Family
EyeMed Vision Care	\$3.11	\$5.75	\$5.43	\$8.08

Employee and spouse/domestic partner supplemental life insurance rates

Monthly rates per \$1,000 of coverage		
Employee age	Non-tobacco users*	Tobacco users*
Under 25	\$0.032	\$0.046
25 – 29	\$0.037	\$0.052
30 – 34	\$0.050	\$0.072
35 – 39	\$0.057	\$0.083
40 – 44	\$0.064	\$0.091
45 – 49	\$0.103	\$0.146
50 – 54	\$0.155	\$0.223
55 – 59	\$0.281	\$0.402
60 – 64	\$0.406	\$0.552
65 – 69	\$0.576	\$0.984
70+	\$1.362	\$1.845

*Including vaping and e-cigarette products.

Generation Rx: Take action

Prescription medications can help us live longer and healthier lives. But any medication has the potential to cause harm — especially when misused.

We encourage you to learn more about Generation Rx, an evidence-based prescription drug misuse and awareness program that Cardinal Health has supported for more than 10 years. Through Generation Rx, more than two million people have been educated about using medications safely. Find resources you can use here: [CardinalHealth.com/GenerationRx](https://www.cardinalhealth.com/GenerationRx).

Important information about mental health and substance abuse

If you or a loved one is dealing with mental health or addiction issues, Cardinal Health has resources to get you the help you need with our EAP and work-life program called Live and Work Well, which includes a dedicated substance abuse help line. Through this confidential service, you and any member of your household will be able to access eight free counseling sessions per issue per year. Appointments will be held virtually or in person. Contact Live and Work Well (call **877.434.3910** or go to liveandworkwell.com) for confidential help, 24/7, for you or your household members. These free services include:

- Help finding the right professional to meet your needs
- Face-to-face counseling visits
- Live, two-way video chat with a licensed therapist
- Tools to deal with issues such as stress management, mental health and addiction

Healthcare and dependent care flexible spending accounts (FSAs)

When you use flexible spending accounts (or FSAs) you save on taxes! With some simple planning, these accounts can save you money on healthcare and dependent care expenses.

Here's an overview of how FSAs work:

The IRS allows you to set aside tax-free money in either the **healthcare or dependent care FSA** — or both.

You can use the money you set aside to **pay yourself back** for eligible healthcare and dependent care expenses.

The **money isn't taxed** when it comes out of your pay or when you get it back as reimbursement.

Remember, you also can use the healthcare FSA for some over-the-counter drugs, as long as you have a prescription from your doctor.

Once you make an election at enrollment, it will remain in effect until the end of the plan year (December 31, 2020), unless you have a qualified life event.

Reminder: The full amount you elect in a healthcare FSA will be deducted in equal amounts over the pay periods remaining in 2020.

Please note: The IRS limits your contributions to \$2,700 for the healthcare FSA and \$5,000* for the dependent care FSA annually.

Healthcare flexible spending account (FSA)

You may set aside up to \$2,700 during 2020 in the healthcare FSA.

- **If you enroll in one of the Funded HSA plans or contribute to/receive contributions to an HSA, your healthcare FSA will be limited to dental, vision and post-deductible medical and prescription drug expenses not covered by the plan.**
- If you enroll in an HSA plan and your spouse/domestic partner has a healthcare FSA option available through his or her place of employment, your spouse/domestic partner can enroll in that FSA; however, unless those FSA funds will be limited-purpose (used for dental, vision and post-deductible medical and prescription drug expenses), enrolling in that FSA could mean that you would not be eligible to make or receive HSA contributions.
- If you don't use all of the funds in your healthcare FSA, you can carry over up to \$500 to the following plan year beginning in May.

*If you're a Highly Compensated Employee (HCE), as defined by the Internal Revenue Service (IRS) (2019 HCEs were those whose family gross earnings were \$120,000 or more in 2018), your savings opportunity may be limited. The limit for 2020 will not be determined until early in 2020. In 2019, HCEs at Cardinal Health were limited to \$2,150 for dependent care.

Dependent care flexible spending account (FSA)

You may set aside up to \$5,000 during 2020 in a dependent care flexible spending account. (If you're married and your spouse uses a similar account, your combined limit is \$5,000* annually. However, if you file taxes separately, each of you is limited to a maximum of \$2,500 annually.) You can use the money set aside to pay yourself back for dependent care expenses that allow you to work. Dependent care FSAs can only be used for eligible expenses related to caring for a dependent child under age 13; or a dependent adult over age 13 if physically or mentally incapable of caring for him or herself. If you're married, you can use the account if dependent care is needed because your spouse works, is a full-time student or is disabled. All dependent care providers must have a Social Security number or tax identification number.

Important notice

Starting in 2020, UnitedHealthcare is administering your healthcare or dependent care FSAs.

You must take action during enrollment to contribute to an FSA in 2020.

If you contribute to a healthcare FSA while also contributing to/receiving contributions to an HSA, how you use this healthcare FSA money will be limited.

- You can use this limited-purpose FSA for dental, vision and post-deductible medical and prescription drug expenses not covered by the plan. You cannot use the limited-purpose FSA to help meet your deductible. Keep this in mind when you determine how much to contribute to your healthcare FSA.
- Attention newly hired employees: If you participated in a healthcare FSA this year before joining Cardinal Health, the amount you can contribute to an HSA this year may be limited. If you have any questions, please consult a tax advisor.
- See the note on page 12 to learn more about HSA and FSA restrictions if you choose the Basic HSA plan.

Save your receipts!

Remember to keep copies of all your itemized receipts, invoices and Explanations of Benefits (EOBs) you claim on your FSAs. You may be required to provide support for a claim, or you may be required to verify your expenses to the Internal Revenue Service (IRS).

EOBs are available on **myuhc.com**. If you want to have them mailed to your home, you must change your mailing preference on **myuhc.com**.



Making changes

You can start, stop, increase or decrease your contribution amount to the healthcare or dependent care flexible spending accounts only if you experience a qualified life event like marriage or childbirth. Keep in mind that any changes to your FSA contributions must be requested within 31 days of the qualified life event.

Remember...

If you choose to enroll in an FSA for 2020, you have until the end of the plan year (December 31, 2020) to incur eligible expenses that can be reimbursed from your FSA funds. You have until March 31, 2021, to submit those expenses for reimbursement using your 2020 funds. Only \$500 of your 2020 funds can be carried over to 2021, so check your balance(s) to make sure you're not leaving money behind. **Reminder:** You cannot use your FSA debit card in 2020 to pay for eligible expenses incurred in 2019, and must submit a paper claim for reimbursement.

Commuter Benefits

Using pre-tax dollars, you can buy transit passes and commuter products for you — and your family too! Since the purchase is pre-tax (up to \$255 per month), you save money and lower your taxable income. For more information about the transit passes and commuter products, visit optumbank.com.

What's an eligible FSA expense?

Here are a few examples of the types of expenses* that are eligible for reimbursement:

Healthcare FSA	Dependent Care FSA
<ul style="list-style-type: none"> • Medical and prescription drug deductibles (unless you enroll in one of the Funded HSA plans or the Basic HSA plan) • Dental deductible • Medical, prescription drug, dental and vision coinsurance • Medical, dental and vision expenses • With a prescription from your doctor, eligible over-the-counter drugs (for example, cough medicines, pain relievers, acid controllers and non-prescription allergy medication) 	<ul style="list-style-type: none"> • Payments to a private childcare provider (as long as you can provide a tax identification or Social Security number) • Payments to a daycare center • Payments for summer day camp (if it allows you to work) • Payments to an adult dependent care program (individual or center-based)

*If you are in one of the Funded HSA plans or contribute to/receive contributions to an HSA, you can use your healthcare FSA toward eligible dental, vision and **post-deductible** medical and prescription drug expenses not covered by the plan.

You can find a list of many of the over-the-counter items that you can submit for reimbursement on the UnitedHealthcare website at myuhc.com. Keep in mind, you need a prescription from your doctor to be reimbursed for eligible over-the-counter drugs.

Important note: Eligible healthcare expenses incurred by your dependent(s) can be reimbursed through the healthcare FSA but are not eligible for reimbursement under the dependent care FSA. Be sure to keep this in mind before deciding in which account to participate.

How do I pay and/or get reimbursed for an eligible expense?

With UnitedHealthcare, our flexible spending account administrator, you have several convenient payment options.

Healthcare Spending Card: You can use the Healthcare Spending Card like a debit card to pay for eligible healthcare expenses at your doctors' and dentists' offices or at the pharmacy. It deducts money directly from your flexible spending account, so there are no claims to file!

Pay my provider: With this option, you tell UnitedHealthcare how much to pay your provider — and when you want them to send the payment. They'll write a check directly from your flexible spending account.

Pay me back: You also can pay your provider for eligible expenses, and then complete a simple claim form for reimbursement. To submit over-the-counter drug costs for reimbursement, you will need to supply a copy of your receipt and prescription with your claim form.

Short-term and long-term disability

Essential to care. It's the role we play in supporting our customers. But we also know it's **essential to care about each other and our families.**

All eligible Cardinal Health employees automatically receive short-term and basic long-term disability coverage at no cost. You also have the option to **buy additional** long-term disability coverage. Be sure to check specific coverage rates during enrollment.

Short-term disability

Employees on short-term disability (STD) get 100 percent pay replacement for up to 8 weeks and then 70 percent pay replacement for week 9 through week 26. Employees will be permitted to use accrued PTO to supplement short-term disability after the eight weeks of 100 percent replacement pay is completed and the employee is receiving 70 percent short-term disability pay. This provides employees the opportunity to receive 100 percent pay replacement by supplementing the short-term disability pay with accrued available PTO. These short-term disability benefits — which come at no cost to you — continue until you have been disabled for 26 weeks.

These are the maximum benefits you may receive under the short-term disability policy. The actual duration of your benefit and your eligibility for short-term disability benefits will be determined by Cardinal Health's disability carrier after providing proper medical documentation substantiating your disability.

Long-term disability

If illness or injury prevents you from working for more than 26 weeks, basic long-term disability will continue to replace 50 percent of your benefit pay at no cost.

You can purchase supplemental long-term disability coverage that will replace an additional 15 percent of your benefit pay (for a total benefit pay replacement of 65 percent).

Evidence of Insurability (EOI) is not required if you're purchasing supplemental long-term disability coverage as a new hire.

Paid parental leave

Cardinal Health offers two weeks of paid parental leave for fathers and mothers, including adoptive parents, giving you support as you add a new family member. This benefit provides birth mothers 100 percent of pay for up to 10 weeks (when used in combination with the short-term disability benefit).

The paid parental leave benefit also includes a "transition week" for any new parent returning to work. This transition allows any new parent (regardless of gender or type of birth — natural or adoption) to work part-time while receiving full-time pay during their first week back from leave.



Life insurance and other benefits

Remember...

Life insurance won't pay benefits if you, your spouse/ domestic partner or your children are disabled when you elect coverage. An employee must be actively at work and dependents must not be disabled or in the hospital before any coverage becomes effective.

Designate your beneficiaries

When you enroll, be sure to designate beneficiaries, even if you only have basic life insurance coverage. Keeping your beneficiary information up-to-date ensures that benefits are paid in a timely manner and according to your wishes. You can review and update this information by going to **Popular Tools > Align on myHR**.

And while you're at it:

Don't forget to add beneficiaries for your HSA and 401(k) accounts too.

About group accident and critical illness insurance

If you're enrolling in group accident and/or group critical illness insurance during enrollment (or changing your plan benefit amount), you and your covered family members are guaranteed acceptance into the plan and no EOI or statement of health is required.

Employee life insurance and supplemental life insurance

Cardinal Health provides you with basic employee life insurance equal to 1x your benefit pay* at no cost. In addition to this benefit, you have the option to purchase supplemental life insurance, up to 6x your pay.

Accidental death and dismemberment (AD&D) insurance

AD&D coverage pays a benefit if you die or become seriously injured as the result of an accident. Cardinal Health automatically provides you with coverage of 1.5x your benefit pay (up to \$2 million) at no cost to you. You do not need to enroll to receive this benefit.

You have the option to elect supplemental AD&D insurance up to 6x your pay for yourself and your dependents. You have two options: supplemental coverage for you only or for your whole family. If you elect coverage for you only, supplemental employee AD&D pays a benefit in addition to the company-paid benefit. You can choose options from 1x your benefit pay up to 6x your benefit pay (up to \$1 million).

If you elect supplemental AD&D insurance coverage for your whole family, you can receive the following coverage:

- If you're married or have a domestic partner but don't have children and elect family coverage, your spouse's/domestic partner's coverage will equal 50 percent of your supplemental coverage
- If you don't have a spouse/domestic partner but do have children and elect family AD&D coverage, each child's coverage will equal 15 percent of your supplemental coverage
- If you have a spouse/domestic partner and children and elect family coverage, your spouse's/domestic partner's coverage will equal 40 percent of your supplemental coverage, and each child's coverage will equal 10 percent of your supplemental coverage

*Benefit pay is generally your annual salary or annualized rate of base pay based on your scheduled hours, includes select commissions, and is without regard to overtime, shift differentials, bonuses or other pay types.



Child life insurance

There are two levels of coverage available for children: \$5,000 and \$10,000. When you elect life insurance for your children, the amount applies to all of your eligible dependent children up to age 26.

Spouse/domestic partner life insurance

You also can elect life insurance for your spouse/domestic partner. If you elect life insurance for your spouse/domestic partner, coverage is available in the following increments:

- \$25,000
- \$50,000
- \$75,000
- \$100,000

Spouse/domestic partner life insurance coverage can't exceed the total amount of your basic and supplemental employee life insurance. Your spouse/domestic partner will be subject to evidence of insurability.

Voluntary benefits

You have access to voluntary benefits programs. These programs are not sponsored by Cardinal Health and are completely voluntary. They are portable — which means you can take the coverage with you if you ever leave the company. Voluntary Accident coverage is administered by Allstate and can help you cover unexpected costs due to accidental injury. Voluntary Critical Illness coverage is administered by Allstate and provides a lump-sum benefit to help cover your out-of-pocket treatment expenses. The brochures for the voluntary plans are available as a link online when you enroll. Although Cardinal Health allows employees to make payroll deductions to purchase these policies, Cardinal Health does not endorse, sponsor, contribute to or guarantee these policies. The voluntary plans are not part of the Cardinal Health Group Benefit Plan or covered by the Employee Retirement Income Security Act (ERISA) of 1974. Any questions about these policies should be directed to Allstate.

Home, auto and pet insurance

These are available as optional benefits you can select any time of the year. In addition to insurance discounts, you will also have the convenience of automatic payroll deduction if you decide to enroll in these additional voluntary benefits. Go to the Benefits Center website and go to **BenefitHub**, or call BenefitHub at **866.664.4621**.

Cardinal Health 401(k) Savings Plan

Remember to designate beneficiaries

Make sure to designate your beneficiaries for your 401(k) Savings Plan. Or, if you need to update your beneficiaries, now is the time to do so.

Through the Cardinal Health 401(k) Savings Plan, you can save up to 50 percent of your eligible pay (subject to the IRS maximum) in a 401(k) plan that features 21 different investment funds. These funds offer different levels of risk and return on your investment. All regular, non-union employees are eligible to join the plan on the first day of employment, regardless of hours worked. Your contributions can be made pre-tax or as Roth, after-tax contributions. You're always 100 percent vested in your own contributions and in all company matching contributions.

The table below summarizes the company match to your 401(k) Savings Plan.

Employee 401(k) contribution	Cardinal Health 401(k) company match
1%	2%
2%	3%
3%	4%
4%	4.5%
5% or more	5%

Discretionary contribution

The company may also provide a discretionary contribution of up to four percent. This contribution vests after three years of service.

When can you enroll in the 401(k) Savings Plan?

You may enroll in the 401(k) Savings Plan at any time. There are two easy ways to enroll — text **RETIRE** to **93557** to get a link to enroll. Or go to wellsfargo.com/retirement-plan.



Terms to know

We've used some terms in this guide that may be unfamiliar to you. Here are some definitions of common medical plan terms.

Annual out-of-pocket maximum — The maximum amount you'll pay out-of-pocket during the plan year.

Benefit pay — Generally your annual salary or annualized rate of base pay based on your scheduled hours includes select commissions, and is without regard to overtime, shift differentials, bonuses or other pay types.

Coinsurance — The amount you pay versus the amount the plan pays. For example, 20 percent coinsurance means you pay 20 percent and the plan pays 80 percent.

Coinsurance cap (for prescription drugs) — The amount you are responsible for in coinsurance (that 20 percent you pay after you meet your deductible) will be capped for each prescription. This additional cost protection (sometimes called a per claim maximum) is good news for anyone who requires very expensive medications.

Consumer-driven health plans — Health plans designed to help you control how your healthcare dollars are spent. These plans offer comprehensive medical coverage and may allow you to contribute to a tax-free health savings account (HSA) that you use to pay for your medical and prescription drug expense — today or even into retirement.

Copay — A set dollar amount you'll pay for certain services or prescriptions covered by your plan.

Deductible — The amount you pay out-of-pocket before the plan pays a benefit.

Evidence of insurability (EOI) or statement of health — Optional life insurance, Supplemental LTD and in some cases voluntary benefits may require you to provide medical information, which may include medical records or a physical, to the insurance carrier for review and approval before coverage becomes effective.

Flexible spending accounts (FSAs) — Accounts that let you set aside before-tax money to help you pay for eligible healthcare expenses not covered by your medical plan and certain eligible dependent care expenses.

Availability of summary health information

As an employee of Cardinal Health, the health benefits available to you represent a significant component of your compensation package. Health benefits provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about each health coverage option in a standard format, to help you compare across options.

The SBCs are available on the Your Benefits Resources website at digital.alight.com/cardinalhealth. During your enrollment period, you can also view the SBCs by opening the **Plan Information** tile, as follows:

- Go to **myHR** at hr.cardinalhealth.com.
- Go to **Popular Tools > Alight**.
- From the **Home** tab on **Your Benefits Resources**, select the **Plan Information** tile.
- Then choose the SBC you would like to review.

A paper copy of each SBC is also available, free of charge, by calling the Benefits Center at **866.866.8525**.

Note: If you have dependents in your household who are enrolled in a Cardinal Health plan, please share this SBC information with them.





Note: Your plan covers services that are medically necessary. Services such as physical therapy, occupational therapy, lab, radiology, physician services and facility services require authorization whether provided in- or out-of-network. Your in-network healthcare professionals will arrange for authorization if required, and you need to be sure your out-of-network healthcare professionals contact UnitedHealthcare for any needed authorizations. If you have any questions, go to myuhc.com or call **866.247.8292**.

Health Savings Account (HSA) —

A portable savings account earmarked for medical expenses. The Funded HSA plan and Mid-Tier Funded HSA plan include funding from Cardinal Health and you, if you choose to contribute. The Basic HSA plan does not include Cardinal Health funding. The No HSA plan does not include an HSA at all. HSA contributions and interest accumulate on a tax-free basis and are not subject to tax if they are used for eligible medical expenses for you and your dependents. Funds not used in any given benefits plan year continue to grow within the HSA — and if you ever leave Cardinal Health, you can take your account with you.*

In-network — Services provided through a group of doctors and hospitals that have contracted to charge negotiated fees. Using in-network providers will lower your out-of-pocket costs because your in-network coverage is higher than when you use an out-of-network provider.

Limited-purpose FSA — A flexible spending account (FSA) option for those who enroll in the Funded HSA plan, the Mid-Tier Funded HSA plan or the Basic HSA plan. It works the same way a standard FSA does — you set aside before-tax money to help you pay for eligible healthcare expenses — but your eligible expenses are limited to dental and vision or post-deductible medical and prescription drug expenses. You cannot use a limited-purpose FSA to pay for expenses that help you meet your deductible.

Out-of-network — Services provided by a doctor or hospital that has not agreed to charge negotiated fees. You'll pay more out-of-pocket when you use out-of-network providers because your coverage is lower than with in-network providers.

Voluntary benefits — Benefits you can choose to elect at an additional cost, including two different types of portable insurance programs: **Voluntary Accident**, which helps you cover unexpected costs due to accidental injury, and **Voluntary Critical Illness**, which provides a lump-sum benefit to help cover out-of-pocket treatment expenses.

***Please note: Alabama, California, New Jersey and Wisconsin** do not recognize HSAs for state income tax purposes.

Affordable Care Act Section 1557 Notice of Nondiscrimination

You are receiving this notice because you are eligible for or enrolled in the Cardinal Health, Inc. Group Benefit Plan (the "Plan"). Some of the Cardinal Health employers that participate in the Plan (the "Covered Employers") are covered by a federal law that prohibits them from providing health plan coverage that discriminates on the basis of race, color, national origin, sex, age or disability. As a result, you should know that the Plan is designed and administered in a nondiscriminatory manner for all Plan participants.

In addition, the Covered Employers:

- Comply with applicable federal civil rights laws; do not discriminate on the basis of race, color, national origin, age, disability or sex; and do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.
- Provide free aids and services to people with disabilities to communicate effectively with them, such as:
 - Qualified sign language interpreters; and
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters; and
 - Information written in other languages.

If you need any of the provided services, contact Kendell Sherrer, Global Benefits, to determine whether you are eligible to receive them.

If you believe that a Covered Employer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email with:

Kendell Sherrer
Cardinal Health
7000 Cardinal Place
Dublin, Ohio
kendell.sherrer@cardinalhealth.com
614.757.7732

If you need help filing a grievance, Kendell Sherrer is available to help you.

You can also file a civil rights complaint about a Covered Employer with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

To determine whether a Cardinal Health employer is a Covered Employer, contact Kendell Sherrer, Global Benefits.

Limited English proficiency assistance

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-866-8525 (TTY: 1-866-866-8525).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-866-8525 (TTY: 1-866-866-8525).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-866-8525 (TTY: 1-866-866-8525)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-866-8525 (TTY: 1-866-866-8525).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-866-8525 (TTY: 1-866-866-8525) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-866-8525 (TTY: 1-866-866-8525).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-866-8525 (телетайп: 1-866-866-8525).

المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 866-866-8525-1 (رقم ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات هاتف الصم والبكم 866-866-8525-1).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-866-8525 (TTY: 1-866-866-8525).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-866-8525 (ATS: 1-866-866-8525).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-866-8525 (TTY: 1-866-866-8525).

ATENÇÃO: Se fala português, encontram se disponíveis serviços linguísticos, grátis. Ligue para 1-866-866-8525 (TTY: 1-866-866-8525).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-866-8525 (TTY: 1-866-866-8525).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-866-8525 (TTY: 1-866-866-8525).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-866-8525 (TTY: 1-866-866-8525) まで、お電話にてご連絡ください。

می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-866-8525 تماس بگیرید. توجه: اگر به زبان فارسی گفتگو (TTY: 1-866-866-8525)

Help Cardinal Health go green.

As you're enrolling, you can consent to receive certain legally-required benefits notices electronically.

This enrollment guide describes the Cardinal Health Group Benefits program as the company currently intends to offer it. The company reserves the right, however, at any time and for any reason, to amend the terms of the program or to terminate any of the benefits offered under it. The complete provisions of the plans are in the official plan documents. If there is any difference between this guide and the official plan documents, the plan documents will govern.

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Cardinal Health
7000 Cardinal Place
Dublin, OH 43017
cardinalhealth.com



revised 10/19