



# 2023

## HSHS Benefits Enrollment Guide



**Hospital Sisters**  
HEALTH SYSTEM



MyHR Colleague Portal  
[www.hshs.org/myhr](http://www.hshs.org/myhr)

Important notice about your  
prescription drug coverage and  
Medicare on page 22.

# 2023 Annual Benefits Open Enrollment: *November 7 - 21, 2022*

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During annual benefits open enrollment, you will have the opportunity to enroll and/or make changes to your HSHS benefits for 2023.

## What's New for 2023

### Enhancements to life insurance benefits:

- **Supplemental spouse life insurance** maximum coverage has been increased from \$50,000 to \$100,000.
- **Supplemental child life insurance** maximum coverage has been increased from \$10,000 to \$20,000 for each covered child. Note that \$20,000 is the only coverage level available in 2023. Anyone currently enrolled in child life will be defaulted to \$20,000 if he or she does not make an election or waive coverage.
- **Voluntary accidental death and dismemberment** maximum coverage has been increased from \$250,000 to \$500,000.
- During 2023 annual enrollment, all colleagues currently covered under the supplemental life insurance benefit for themselves and/or their spouses have the opportunity to increase their coverage level by one (1) increment up to the guaranteed issue amount without having to provide evidence of insurability.

### Health Care FSA Contribution Limit Increase:

- Use the Health Care FSA to save money on taxes for qualified medical, dental and vision expenses. The annual contribution limit is increasing from \$2,750 to \$3,050 in 2023.

## 2023 Colleague Contributions

Some colleagues will see a decrease in the premium for supplemental employee life insurance and voluntary AD&D. While colleagues will see a small increase in colleague contributions for HSHS medical coverage, dental and vision premiums will remain the same.

## ID Cards

You will receive new ID cards only if you change your medical or dental plan enrollment for 2023. Remember to use your OptumRx ID card at the pharmacy. Use your Health Choices (colleagues in Illinois or outside of Wisconsin) or Dean Health Plan (colleagues in Wisconsin) ID card for medical care. There are no ID cards for vision coverage.

## *Learn more about your benefits through the HSHS Virtual Benefits Fair!*

Explore the HSHS Virtual Benefits Fair to locate annual benefits open enrollment resources, your colleague premium contributions and find-a-provider tools. If you have benefit questions, you will be able to reach out directly to the HSHS HR Service Center or benefit carriers.

Visit [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs) to get started.

## Enrollment Checklist

During annual benefits open enrollment, you can make changes to your benefit choices online through Workday. On November 7, you will receive an **Open Enrollment** benefit task in your Workday inbox. If you don't complete your enrollment, your current elections will carry over to next year with the exception of your PTO cash election and your flexible spending account elections. Those benefits must be reelected each year.

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## Elections that DO NOT roll over

Health Care FSA | Dependent Care FSA  
PTO cash election

## Elections that DO roll over

All other benefit elections

Take this opportunity to consider your needs and review your HSHS benefit options. Make sure you have the coverage that works best for you in 2023. Also, if you want to “cash-in” PTO in 2023, you will need to make an election during this annual benefits open enrollment. Remember, your elections will remain in effect for the 2023 calendar year — you cannot waive, elect or choose new options during the year unless you have a qualifying life event or change in status.

## Ready to Enroll?

A benefit enrollment task will be automatically created within **Workday** for your annual enrollment on November 7.

1. Log in to Workday and click the **Open Enrollment Change** task within the **Awaiting Your Action** section of the Workday homepage. When the detailed information displays, click **Let's Get Started**.
2. Answer the **Tobacco Use** question and click **Continue** twice to proceed to your elections.
3. The different benefit option tiles with your current elections will be displayed. Click **Manage** or **Enroll** on each tile to review your election or make changes.
4. Read and follow the on-screen instructions. Within each tile, the first screen is where you elect the desired plan. Click **Confirm** and **Continue** to enroll dependents or choose coverage level on the second screen.
  - a. Ensure you have designated a beneficiary for **Basic Life and AD&D** coverage if applicable. On that tile, click **Manage** then click **Confirm** and **Continue** to designate or confirm your beneficiaries. Read and follow the on-screen instructions to complete this step.
  - b. First-time enrollment in supplemental life insurance and/or increases to supplemental life elections for you and/or your spouse may require the completion of evidence of insurability and approval by Securian prior to the increase going into effect. Securian will send you information with instructions for completing the evidence of insurability online.
5. After you have reviewed each benefit tile and completed your elections, click **Review** and **Sign**.
6. Review your selected and waived benefits. Read the legal notice in the electronic signature section and then click **I Accept** box to record your electronic signature. Click **Submit** when you are finished.
7. Click on **View 2023 Benefits Statement** to print your 2023 benefit elections for your records. If you make a mistake or wish to change your benefit elections during the annual enrollment period, access the benefits app from the menu on the Workday homepage and select **Change Open Enrollment**.

Watch for your benefit enrollment task in Workday.

### Awaiting Your Action



Open Enrollment Change: John Smith (123456) on 01/01/2023  
Inbox - 2 day(s) ago

### Health Care and Accounts



Medical  
Health Choices EPO Basic Plan

Cost per paycheck \$141.09  
Coverage Employee + Family  
Dependents 4

Manage

### Plans Available

Select a plan to waive or opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family.

Select		Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input checked="" type="radio"/>	Select	Health Choices EPO Basic Plan	\$141.09	\$1,006.60
<input type="radio"/>	Waive			
<input type="radio"/>	Select	Health Choices EPO High Plan	\$248.30	\$1,006.60
<input checked="" type="radio"/>	Waive			

### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee + Family  
Plan cost per paycheck \$141.09

Add New Dependent

4 Items			
Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Jane Smith	Spouse	01/24/1988
<input checked="" type="checkbox"/>	John Smith Jr.	Child	12/01/2013
<input checked="" type="checkbox"/>	James Smith	Child	04/14/2016
<input checked="" type="checkbox"/>	Jessica Smith	Child	12/15/2019

I Accept ☒



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## Questions?

- Visit the MyHR Colleague Portal at [www.hshs.org/myhr](http://www.hshs.org/myhr) or contact the HSHS HR Service Center at 1-855-394-4747 with questions about your benefits or enrolling. You can also email the HSHS HR Service Center at [MyHR@hshs.org](mailto:MyHR@hshs.org).
- Explore the HSHS Virtual Benefits Fair to locate annual benefits enrollment resources, your colleague premium contributions and Find-a-Provider tools. Visit [virtualfairhub.com/hshs](http://virtualfairhub.com/hshs) to get started.



## Your HSHS Benefits

To help you prepare to enroll in your benefits, use this guide to:

- Learn about your 2023 benefit choices.
- Know where to find resources and support.
- Understand what you need to do and when to take action.

Be sure to visit the **HSHS Virtual Benefits Fair** to learn about your benefits and find helpful resources. You can access the fair at [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs).

### Availability of Summary Health Information

Hospital Sisters Health System offers two medical coverage options. As required by the Patient Protection and Affordable Care Act, your plan makes available a Summary of Benefits and Coverage (SBC) for each option. The SBCs can be found on the MyHR Colleague Portal, [www.hshs.org/myhr](https://www.hshs.org/myhr). You can also request a paper copy, free of charge, by contacting the HSHS HR Service Center.



Nearly all benefits are the same regardless of if you live in Wisconsin, Illinois, or another state - with the exception of your medical coverage. Make sure you review the medical coverage information relevant to you based on the state in which you live.

## HSHS benefits provided at no cost to you!

HSHS provides a comprehensive benefits program and pays the full cost of coverage for the following benefits:

- Basic Life and AD&D Insurance
- Short-Term and Long-Term Disability Coverage
- HSHS Anytime Care Program
- Education Assistance
- Adoption Assistance
- Employee Assistance Program
- LiveWELL Wellness Program
- HSHS Retirement Program



**You pay nothing for these benefits!**

**See [2023 HSHS Benefit costs](#).**

**HSHS continues to pay for more than 85% of the health plan coverage, providing you and your family affordable options.**



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## Health Care Coverage

### Medical and Prescription Drug Coverage

You have two Exclusive Provider Organization (EPO) medical options through HSHS:

- Basic Option
- High Option

For some covered services, you must first meet a deductible before the plan pays any benefits. After you meet the deductible, the plan pays a percentage of the cost of services, and you pay the remaining amount. **Preventive care, such as annual routine physical exams and screenings, are covered at 100% when you use network providers.**

As you review your medical benefits and options, remember that HSHS provides the highest level of benefits to colleagues and their dependents who use HSHS/Prevea providers and facilities for medical care. This includes no deductible applying to your HSHS or Prevea PCP visits or HSHS facility charges!

Colleagues Who Live In Illinois or Outside of Wisconsin	Colleagues Who Live In Wisconsin
Health Choices is your medical claims administrator. You can contact Health Choices at 1-833-728-0538 or <a href="http://www.live360healthplan.com">www.live360healthplan.com</a> .	Dean Health Plan is your medical claims administrator. You can contact Dean Health Plan at 1-888-895-1188 or <a href="http://deancare.com/aso">deancare.com/aso</a> .
<b>HSHS Provider Networks</b> Generally, you need to use providers in your designated network to have your medical care covered by HSHS. To determine your provider network, you can find the county and ZIP code listing for the Live360 network service area and the ZIP code listing for the Prevea360 network service area on the HSHS Virtual Benefits Fair at <a href="http://virtualfairhub.com/hshs">virtualfairhub.com/hshs</a> .	
Depending on the zip code of your primary home residence, your network is:	Depending on the zip code of your primary home residence, your network is:
• HSHS/Live360 • HSHS/Live360/First Health	• HSHS/Prevea 360 • HSHS/Prevea360/First Health
<b>When You Need Care from a Non-Network Provider</b> Out-of-network services will not be covered unless you receive approval from your claim administrator: either Dean Health Plan (Wisconsin) or Health Choices (Illinois or Outside Wisconsin). In order for the service to be covered, a referral needs to be reviewed and approved by your medical claims administrator prior to services being received.	
If the provider is not in your designated network, <b>the provider</b> will need to submit a referral request to Health Choices.	If the provider is not in your designated network, <b>a network provider</b> will need to submit a referral to Dean Health Plan.
<b>If You Live In the Live360 Network Service Area, and Your Dependent Lives Outside of the Live360 Network</b>	<b>If You Live In Wisconsin, and Your Dependent Lives Outside of Wisconsin</b>
If you have a dependent who lives outside of the Live360 network service area, such as a child attending college, you must register your dependent with Health Choices. You can register your child in the Care Package Program with Health Choices. To register your dependent, you must complete and submit a form to Health Choices. The form is available on the HSHS Virtual Benefits Fair, MyHR Colleague Portal and the Live360 website, <a href="http://live360healthplan.com/hshs-colleagues/">live360healthplan.com/hshs-colleagues/</a> . You may also contact Health Choices customer service directly to request the form.  Once your dependent is registered, the First Health network will apply for your dependent's medical plan coverage and your dependent will be able to receive non-emergency services at the in-network HSHS Health Plan benefit level.	If you have a dependent who lives outside of the Prevea360 service area, such as a child attending college, you can register your dependent with Dean Health Plan after you receive your ID card. Call Dean Health Plan to get started.  Once your dependent is registered, the First Health network will apply for your dependent's medical plan coverage.

## Prescription Drug Coverage

When you enroll in the HSHS medical plan, you will automatically have prescription drug coverage through in-network pharmacies.

When filling a prescription, you have two options:

- Fill up to a 30-day supply at an in-network retail pharmacy.
- Fill up to a 90-day supply using an HSHS pharmacy, Walgreens, or the OptumRx mail order service.

To find out if a retail pharmacy is part of the OptumRx network, ask your pharmacy or visit [https://www.optumrx.com/oe\\_HSHS/landing](https://www.optumrx.com/oe_HSHS/landing) during enrollment. If you are enrolled in the HSHS medical plan, you can visit [www.optumrx.com](http://www.optumrx.com) for ongoing support.

### Four easy ways to enroll in OptumRx home delivery:

1. ePrescribe: Your doctor can send an electronic prescription to OptumRx.
2. Online: Log in to the [OptumRx](#) website. You can find the website address on your member ID card.
3. Phone: Call OptumRx Customer Service at 1-844-720-0030, available 24/7.
4. Mail: Complete the prescription mail-in order form and mail it to OptumRx, P.O. Box 2975, Mission, KS 66201.

Manage your medication home delivery on the go. Order and track your prescriptions online or with the OptumRx app.

### Important reminder

You will be able to fill a 90-day supply of non-specialty prescription drugs using Walgreens, in addition to HSHS pharmacies and the OptumRx mail order service.



### Visit an HSHS Pharmacy

HSHS pharmacies can be found in select HSHS facilities and elsewhere in the communities we serve. You can save time in your day by getting your prescription filled at or close to your work location. Experience the ease and convenience of using an HSHS pharmacy today.

## Additional Details About Your Prescription Drug Coverage

**Coverage for Maintenance Medications** – If you are purchasing any prescribed drugs you take to treat an ongoing medical condition, such as high blood pressure or diabetes, you will be required to use an HSHS pharmacy, Walgreens, or OptumRx mail service after having a maintenance medication filled two times at a retail pharmacy.

**Coverage for Specialty Medications** – If you take any oral or injectable specialty medications that are self-administered drugs, you must purchase these medications through an HSHS pharmacy or the OptumRx specialty pharmacy for the medication to be covered by the HSHS medical plan.

**Coverage for Brand-Name Medications** – If you receive a brand-name drug when a generic is available, you are responsible for paying the difference in price between the brand-name drug and its generic equivalent, in addition to the higher coinsurance amount charged for brand-name medications.

**Medications Requiring Step Therapy or Prior Authorization** – Certain prescription drugs require prior authorization or step therapy. Your physician can request prior authorization by visiting the OptumRx online portal [optumrx.com](http://optumrx.com) or by visiting [professionals.optumrx.com](http://professionals.optumrx.com). If you attempt to fill a prescription for a medication included in the prior authorization or step therapy program and the program criteria have not been met, your claim will be rejected. The pharmacy will receive a message that prior authorization or step therapy is required, along with a phone number that the pharmacy should contact for further information. You can still choose to purchase the medication, but you will be responsible for the full cost.



## More Health Support

*HSHS provides these programs at no cost to you!*

### HSHS Anytime Care Program

Have a medical question? Both colleagues and dependents enrolled in the HSHS medical plan have access to a doctor, 24/7, using HSHS Anytime Care, at no cost. Visit with a doctor online or via telephone about many conditions, including allergies, asthma, cold and flu symptoms, rashes, and sinus infections. The service is available online at [www.anytimecare.com](http://www.anytimecare.com), or you can call 1-844-391-4747 and speak with a provider.

The HSHS Anytime Care program is available to HSHS medical plan participants (colleagues and dependents) in all 50 states!

24/7

[anytimecare.com](http://anytimecare.com)

### Healthy Partners

Healthy Partners is a team of registered nurses partnering with those facing chronic conditions, such as heart disease, diabetes, COPD, asthma, high blood pressure, and high cholesterol, as well as patients needing care following a hospital stay or visit to the emergency department. Healthy Partners' nurses work with you, your support system, and your primary care physician to coordinate your health care. Services offered include creating custom care plans designed specifically for your health needs, teaching you skills to manage your health, providing education on medications and treatment, scheduling follow-up appointments, and much more.

Healthy Partners' goal is to keep you healthy and out of the hospital and emergency department. Participation in the program is free, voluntary, and strictly confidential. Healthy Partners will contact you if you are eligible for this benefit.



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## Compare Your Medical Plan Options

### For Colleagues Who Live In Illinois or Outside of Wisconsin

The percentages in the following table are the percentages the plan pays. These do not reflect any services not covered by the plan or benefit reductions caused by not complying with obtaining a referral or precertification.

Out-of-Network services are not covered, with the exception of Emergency Room Care, Ambulance and services where prior approval is provided by Health Choices.

	BASIC		HIGH	
	For Colleagues Living in Live360 Network Service Area	For Colleagues Living Outside Live360 Network Service Area	For Colleagues Living in Live360 Network Service Area	For Colleagues Living Outside Live360 Network Service Area
	Network		Network	
<b>Wellness and Preventive Care</b>	100% no deductible		100% no deductible	
<b>Annual Medical Deductible</b>				
Per Individual	\$1,800		\$900	
Family Limit	\$3,600		\$1,800	
<b>Annual Medical Out-of-Pocket Limit</b> (includes medical deductible)				
Per Individual	\$3,800		\$3,000	
Family Limit	\$7,600		\$6,000	
<b>Physician Billed Services</b>				
Office Visit Charge/Allergy Serums/Injections				
HSHS <sup>1</sup> PCP <sup>3</sup>	100%		100%	
All Other PCP <sup>3</sup>	80%		90%	
Specialist	75%		85%	
All Other Office Procedures				
PCP <sup>3</sup>	95%		95%	
Specialist	75% after deductible		85% after deductible	
Surgery - Inpatient and Outpatient				
PCP <sup>3</sup>	95%		95%	
Specialist	75% after deductible		85% after deductible	
Spinal Manipulation (up to 10 visits per calendar year)	75% after deductible		85% after deductible	
Lab and Imaging, Including Advanced Imaging	75%		85%	
<b>Hospital Billed Services</b>				
Inpatient and Outpatient				
HSHS <sup>1</sup>	75%		85%	
All Other Facilities	65% after deductible	75%	75% after deductible	85%
Lab and Imaging including advanced imaging				
HSHS <sup>1</sup>	75%		85%	
All Other Facilities	65% after deductible	75%	75% after deductible	85%
<b>Emergency Room Care</b>				
Hospital	\$100 copay, 75%		\$100 copay, 85%	
Physician	75% after deductible		85% after deductible	
<b>Ambulance</b>	75%		85%	
<b>Private Duty Nursing</b>	75%		85%	
<b>Home Health Services and Hospice</b>	75%		85%	
<b>AnyTime Care Virtual Office Visit</b>	100%		100%	
<b>Mental Health and Substance Abuse</b>				
Physician (office visit, inpatient, outpatient)				
PCP <sup>3</sup>	95%		95%	
Specialist	75%		85%	
Outpatient Facility	75%		85%	
Inpatient Facility	75%		85%	
<b>Outpatient Therapy<sup>2/</sup></b>	75%		85%	
<b>Cardiac Rehab/Dialysis/DME</b>				
<b>Hearing Aid (Covers \$1,400 per hearing aid every 3 years)</b>	75%		85%	
<b>Other Covered Services</b>	75%		85%	
<b>Lifetime Benefit Maximum</b>	Unlimited		Unlimited	

<sup>1</sup> HSHS includes HSHS facilities, HSHS Medical Group and Prairie Cardiovascular Consultants providers.

<sup>2</sup> Therapy Services include physical, occupational and speech therapy.

<sup>3</sup> Professional provider who is a general practice physician, family practice physician, internal medicine physician or pediatrician.

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## For Colleagues Who Live In Wisconsin

The percentages in the following table are the percentages the plan pays. These do not reflect any services not covered by the plan, benefit reductions caused by not complying with precertification, or out-of-network charges that exceed reasonable and customary limits.

Out-of-Network services are not covered, with the exception of **Emergency Room Care, Ambulance and services where prior approval is provided by Dean Health Plan.**

	BASIC			HIGH		
	Network			Network		
	Facility	Primary Care Physician <sup>1</sup>	Specialist Physician	Facility	Primary Care Physician <sup>1</sup>	Specialist Physician
<b>Wellness and Preventive Care</b>	100% no deductible			100% no deductible		
<b>Annual Medical Deductible</b>	All cross apply			All cross apply		
Per Individual	None	None	\$1,800	None	None	\$900
Family Limit	None	None	\$3,600	None	None	\$1,800
<b>Annual Medical Out-of-Pocket Limit</b> (includes medical deductible)	All cross apply			All cross apply		
Per Individual	\$3,800	\$3,800	\$3,800	\$3,000	\$3,000	\$3,000
Family Limit	\$7,600	\$7,600	\$7,600	\$6,000	\$6,000	\$6,000
<b>Physician Charges</b>						
Office Visit Charge/Allergy Serums/Injections	N/A	95%	75%	N/A	95%	85%
Spinal Manipulation (up to 10 visits per calendar year)	N/A	N/A	75% after deductible	N/A	N/A	85% after deductible
All Other Office Procedures	N/A	95%	75% after deductible	N/A	95%	85% after deductible
Surgery – Inpatient and Outpatient	N/A	95%	75% after deductible	N/A	95%	85% after deductible
<b>Outpatient Lab and Imaging, Including Advanced Imaging</b>	75%	75%	75%	85%	85%	85%
<b>Hospital/Facility Charges IP/OP</b>	75%	N/A	N/A	85%	N/A	N/A
<b>Emergency Room Care</b>	\$100 copay then 75%	N/A	75% after deductible	\$100 copay then 85%	N/A	85% after deductible
<b>Ambulance</b>	75%	95%	75%	85%	95%	85%
<b>Private Duty Nursing</b>	75%	N/A	N/A	85%	N/A	N/A
<b>Home Health Services and Hospice</b>	75%	95%	75%	85%	95%	85%
<b>Anytime Care</b>	N/A	100%	100%	N/A	100%	100%
<b>Mental Health and Substance Abuse</b>						
Office Visits	N/A	95%	75%	N/A	95%	85%
Other Outpatient	75%	95%	75%	85%	95%	85%
Inpatient	75%	95%	75%	85%	95%	85%
<b>Outpatient Therapy<sup>2</sup> / Cardiac Rehab / Dialysis / DME</b>	75%	95%	75%	85%	95%	85%
<b>Hearing Aid</b>	75%	95%	75%	85%	95%	85%
	Covers \$1,400 per hearing aid every 3 years			Covers \$1,400 per hearing aid every 3 years		
<b>Other Covered Services</b>	75%	95%	75%	85%	95%	85%
<b>Lifetime Benefit Maximum</b>	Unlimited			Unlimited		

<sup>1</sup> Professional provider who is a general practice physician, family practice physician, internal medicine physician or pediatrician.

<sup>2</sup> Therapy Services include physical, occupational and speech therapy, radiation therapy, chemotherapy and electroconvulsive therapy.



### Find a Provider

To locate an in-network provider, visit the HSHS Virtual Benefits Fair on the **MyHR Colleague Portal**.

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## Prescription Drug Coverage

Medical Option	BASIC		HIGH	
	HSHS Pharmacy	All Other Pharmacies	HSHS Pharmacy	All Other Pharmacies
Annual Deductible	\$400 per person		\$150 per person	
Annual Out-of-Pocket Maximum	\$1,600 per person \$3,200 family limit		\$1,300 per person \$2,600 family limit	
Generic:	90% after deductible	80% after deductible	90% after deductible	80% after deductible
Preferred Brand:	80% after deductible	70% after deductible	80% after deductible	70% after deductible
Non-Preferred (non-formulary) Brand - Retail*	\$15 per prescription, then 80% after deductible	\$15 per prescription, then 70% after deductible	\$15 per prescription, then 80% after deductible	\$15 per prescription, then 70% after deductible
Non-Preferred (non-formulary) Brand - Mail Service/90 Day Supply**:	\$45 per prescription, then 80% after deductible	\$45 per prescription, then 70% after deductible	\$45 per prescription, then 80% after deductible	\$45 per prescription, then 70% after deductible

\* Retail is up to 30 day supply

\*\* Up to 90 day supply of non-specialty medication may be filled at HSHS pharmacies, Walgreens or Optum Mail Service.

To learn more about your prescription drug coverage, visit the HSHS Virtual Benefits Fair at [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs).

### Important Reminder

You will be able to fill a 90-day supply of non-specialty prescription drugs using Walgreens, in addition to HSHS pharmacies and the OptumRx mail order service.



## Employee Assistance Program

*HSHS provides this benefit at no cost to you!*

The Employee Assistance Program (EAP) provides you and your eligible dependents with support to manage the stress and challenges of life. The program is available to all HSHS colleagues without enrollment, and there is no cost to you.

All services are confidential and provided by professional counselors. The EAP team includes clinical social workers, marriage and family therapists, professional counselors and clinical psychologists.

Services include support for:

- Physical and emotional illness
- Marital, relationship and family concerns
- Grief and bereavement
- Career and job issues
- Stress
- Drug and alcohol abuse
- Gambling

**Plus, there's more!** Through the EAP, you can also access financial and legal resources and support for work-life balance.

For more information or to schedule an appointment, please contact ComPsych at 1-877-327-7429, or visit [www.guidanceresources.com](https://www.guidanceresources.com) (enter "HSHS4U" for the organization web ID).





## Dental Coverage

HSBS Benefits provide two dental plan options to help you care for your teeth and gums:

- Basic Option
- High Option

The dental options provide coverage for preventive and diagnostic services and basic and major care. When you enroll in the High Option, orthodontia and implants are also covered for you and your eligible dependents.

### Compare Your Dental Plan Options

Dental Option	BASIC	HIGH
<b>Annual Deductible</b>	\$50/person, up to \$150/family maximum	\$25/person, up to \$75/family maximum
<b>Annual maximum benefit</b>	\$1,000/person	\$2,000/person (not including orthodontia)
<b>Preventive care and diagnostic services</b> , including: <ul style="list-style-type: none"> <li>• Up to two exams in a calendar year</li> <li>• Up to two cleanings in a calendar year</li> <li>• Complete set of x-rays in a 36-month period</li> <li>• Up to two fluoride treatments for children under age 19 in a 12-month period</li> </ul>	100%, no deductible	100%, no deductible
<b>Basic care services</b> , including: <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Extractions</li> <li>• Root canal therapy</li> <li>• Oral surgery</li> <li>• Repair of dentures and bridges</li> </ul>	85% after deductible	85% after deductible
<b>Major care services</b> , including: <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Dentures</li> </ul>	50% after deductible	50% after deductible
<b>Implants</b>	Not covered	50% after deductible
<b>Orthodontia</b>	Not covered	50% after annual deductible and additional \$25 charge \$1,500/person lifetime maximum benefit

*Note: All dental benefit payments are based on Reasonable & Customary (R&C) charges.*

# 2023 Annual Benefits Open Enrollment: November 7 - 21, 2022

2023 Benefits Enrollment | Health Care Coverage | Dental Coverage | **Vision Coverage** | Flexible Spending Accounts  
Life, AD&D and Disability Coverage | Additional Benefits | Cost of Coverage | Legal Notices | Contacts

## Vision Coverage

The VSP Vision Plan provides coverage for eye exams, lenses, frames and contact lenses, plus discounts on many vision services and products.

	VSP Network Providers	Other Providers
<b>Vision Exams</b> (once every calendar year)	Covered in full after \$15 copay	Up to \$45 reimbursement
<b>Lenses</b> (once every calendar year)		Reimbursement
• Single Vision	Covered in full	Up to \$30
• Bifocal	Covered in full	Up to \$50
• Trifocal	Covered in full	Up to \$65
• Lenticular	Covered in full	Up to \$100
• Progressive Bifocals		
- Standard	Covered in full	Up to \$50
- Premium	\$95-\$105 copay	Up to \$50
- Custom	\$150-\$175	Up to \$50
• UV Coating	\$16 copay	Not covered
• Tint	\$15 copay	Not covered
• Scratch Resistance	\$17 copay	Not covered
• Anti-reflective (standard)	\$41 copay	Not covered
• Basic Polycarbonate	Children: Covered in full Adults: \$31-\$35 copay Average savings 30%	Not covered
• Other Lens Enhancements		Not covered
<b>Frames</b> (once every calendar year)	\$150 allowance + 20% off any balance \$170 allowance for featured frames \$150 Costco, Walmart, & Sam's Club allowance	Up to \$70 reimbursement
<b>Contact Lenses</b> (once every calendar year in lieu of frames and lenses)		Reimbursement
• Medically Necessary	Covered in full	Up to \$210
• Elective	\$130 allowance	Up to \$105
• Contact Lens Exam (Fitting & Evaluation)	Not to exceed \$60	Not covered
<b>Other</b>	<ul style="list-style-type: none"> <li>• Prescription sunglasses: 20% discount</li> <li>• Low vision aid: 75% of cost up to \$1,000 every 2 years</li> <li>• Laser surgery: 15% discount off regular price (or 5% off promotional price) at select providers</li> </ul>	Not covered



### Cigna Vision Discount Program

Colleagues who enroll in HSHS Benefits dental coverage have the Cigna Vision discount program. The vision discount program provides savings on routine eye exams and purchases of frames and lenses, including contacts. To view discount information for vision care services for Cigna Vision, visit the HSHS Virtual Benefits Fair at [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs). To find a Cigna Vision provider, go to [www.cigna.com](https://www.cigna.com).



## Flexible Spending Accounts (FSAs)

Flexible spending accounts, or FSAs, help you save by letting you set aside money — on a tax-free basis — to pay for certain eligible out-of-pocket expenses.

**Health Care Flexible Spending Account (FSA)** – You can contribute up to \$3,050 to your Health Care FSA in 2023. You can use the money in the account to cover medically necessary expenses that aren't covered by your medical, dental, and vision plans.

**Dependent Care Flexible Spending Account (FSA)** – The Dependent Care FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult) when you're working, looking for a job, or attending school on a full-time basis. You can set aside up to \$5,000 to pay for eligible dependent day care expenses (\$2,500 if you're married and filing separate tax returns).

### *About the Dependent Care FSA and Taxes*

As you consider a Dependent Care FSA, think about what works best for you: the FSA or the dependent care tax credit provided by federal law.

It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In most cases, the Dependent Care FSA provides more savings than the tax credit.

## *How FSAs Work*

Using an FSA is easy and saves you money, but requires careful planning. With an FSA, you put aside money to pay for annual expenses through tax-free payroll deductions, which fund your account(s). By making tax-free contributions, you're reducing your taxable income — **which means more money in your pocket.**

### *Use your Benny Card for eligible Health Care FSA expenses:*

*Health Care FSA participants will be able to use the FSA Benny card for easy and convenient payment of out-of-pocket expenses. If you receive a service that does not accept the FSA debit card, save your receipt and file a paper claim for reimbursement from your account.*

For information about eligible expenses, see IRS Publication 502 (for Health Care FSA-eligible expenses) or IRS Publication 503 (for Dependent Care FSA-eligible expenses), available at [www.IRS.gov](http://www.IRS.gov), or visit Tri-Star Systems' website at [www.tri-starsystems.com](http://www.tri-starsystems.com).

**Please note abortions, sterilizations, contraceptives, sexual reassignment, in-vitro fertilization, artificial insemination, or embryonic implantation procedures are not considered eligible Health Care FSA expenses due to HSHS ethics/philosophy.**



## Life and AD&D Insurance

When the unexpected happens, you and your family are protected.

### Basic Life and Accidental Death and Dismemberment (AD&D) Coverage – HSHS provides this benefit at no cost to you!

You automatically receive basic coverage of 1½ times your annual salary, to a maximum of \$50,000. Your annual salary is based on your rate of pay and regularly scheduled hours as of October 1, 2022.

You are not required to provide evidence of insurability — or proof of good health — for basic life and AD&D coverage.

### Supplemental Life Insurance Coverage

You also have additional life insurance options you can purchase on an after-tax basis through Securian, including:

- **Supplemental life insurance for you** from one to eight times your pay, up to \$1 million in additional coverage.
- **Supplemental life insurance for your legal spouse** in \$5,000 increments from \$5,000 to \$100,000. If your spouse is also an HSHS colleague and eligible for basic life insurance, you cannot elect supplemental life insurance for your spouse.
- **Supplemental life insurance for your eligible dependent children** in the amount of \$20,000. When you select supplemental children's life insurance, each child from live birth is covered for the same amount.

You will provide evidence of insurability, if required, through Securian's easy and convenient online process.

### Voluntary Accidental Death and Dismemberment (AD&D) Coverage

In addition to the basic AD&D insurance coverage provided by HSHS, you can purchase more coverage separate from life insurance for you and for your family through Securian. Your cost for voluntary AD&D coverage is paid on a pre-tax basis.

You may purchase voluntary AD&D insurance for yourself in a coverage amount ranging from \$50,000 to \$500,000. You can also purchase additional coverage for your family in the following coverage amounts:

- **You and spouse only:** Your legal spouse is covered for 60% of your coverage amount.
- **You, spouse and children:** Your legal spouse is covered for 50% of your coverage amount and each child is covered for 15% of your coverage amount.
- **You and children only:** Each child is covered for 20% of your coverage amount.

### Living Care Benefit

The living care benefit can provide financial assistance if you become terminally ill by letting you receive a part of your life insurance benefit while you are living.



### Visit the HSHS Virtual Benefits Fair!

For more information about your life and AD&D insurance benefits, including when evidence of insurability is required, visit the HSHS Virtual Benefits Fair at [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs).

Through the HSHS Virtual Benefits Fair, you can also use the online decision support tool, Benefit Scout™, to help you decide what insurance options make sense for you and your family.



## Disability Coverage

Disability benefits help protect you and your family by providing a portion of your income if you become disabled and are unable to work because of a personal illness or injury. HSHS provides two types of disability insurance for your financial protection.

### Short-Term Disability (STD) – *HSHS provides this benefit at no cost to you!*

HSHS provides short-term disability coverage at no cost to you. Benefits are payable if you are away from work because of a personal injury or illness, including pregnancy.

#### STD Coverage

<b>Benefit</b>	Based on colleague's employment classification
<b>When benefits begin</b>	Next regularly scheduled work day following seven consecutive days of absence due to disability
<b>How long benefits last</b>	Up to 26 weeks of disability, when combined with any Extended Illness Benefits (EIB) paid

You must use Paid Time Off (PTO) to receive pay for any regularly scheduled work days that fall within the first seven consecutive calendar days of absence when STD benefits are not payable.

### Long-Term Disability (LTD) – *HSHS provides this benefit at no cost to you!*

If your disability extends beyond 26 weeks, you may be eligible for long-term disability benefits.

#### LTD Coverage

<b>Benefit</b>	Up to 60% of monthly earnings
<b>When benefits begin</b>	After 180 days of disability
<b>Minimum benefit</b>	10% of your gross benefit or \$100, whichever is greater
<b>Maximum benefit</b>	\$10,000/month



## Additional Benefits

### Education Assistance

There's financial support to help you continue your education, while working at HSHS. Depending on your employment status, you may be eligible to receive assistance to help cover educational expenses.

**Based on your employment classification:** **HSHS may provide educational assistance per calendar year up to:**

Full-Time	\$4,000
Part-Time (48-71 hours per pay period)	\$3,000
Part-Time (32-47 hours per pay period)	\$2,000

HSHS full-time and part-time colleagues are eligible to apply for assistance through the program.

### Adoption Assistance

HSHS provides financial support for eligible adoption expenses. Colleagues who have been employed with HSHS and eligible for HSHS Benefits for at least six months will be able to receive reimbursement up to \$7,500 per child.

HSHS will reimburse expenses after the colleague finalizes the adoption and provides a copy of the adoption decree. Colleagues must be employed by HSHS at the time the reimbursement is made. If HSHS employs both parents, only one colleague can use the financial reimbursement benefit.

For a list of eligible and ineligible expenses, visit the HSHS Virtual Benefits Fair at [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs). Please contact the HSHS HR Service Center for additional help or details about adoption assistance.

### *HSHS Discount Program (PerkSpot)*

PerkSpot gives you access to exclusive discounts on:

- Automotive
- Beauty & Fragrance
- Books & Media
- Education (Colleges/Universities)
- Financial & Life Services
- Health & Wellness

For more information, visit <https://hshs.perkspot.com/login>.



# 2023 Annual Benefits Open Enrollment: November 7 - 21, 2022

2023 Benefits Enrollment | Health Care Coverage | Dental Coverage | Vision Coverage | Flexible Spending Accounts  
Life, AD&D and Disability Coverage | [Additional Benefits](#) | Cost of Coverage | Legal Notices | Contacts

## Paid Time Off (PTO)

All HSHS regular status colleagues who are scheduled to work at least 32 hours per pay period are eligible for Paid Time Off (PTO) benefits - which includes vacation, sick days, holidays and personal days - in order to provide maximum flexibility when scheduling time away from work. Accrual of PTO depends on length of continuous service and actual hours paid, up to 2,080 hours per payroll calendar year.

## Cashing in Paid Time Off (PTO)

If you are a non-management or management colleague who is regularly scheduled (budgeted) to work at least 32 hours per pay period and not a physician, you are eligible to “cash-in” PTO each year. During annual enrollment each fall, you can declare the number of PTO hours — up to a maximum of 40 hours — that you want to cash-in during the next year. By making this declaration during annual enrollment, you will receive the PTO hours you cash-in at 100% of your straight time rate of pay.

## Identity Theft Protection

**Protect yourself and your family!** Allstate Identity Protection Pro Plus will offer you proactive monitoring to help you see, manage, and protect your personal data. In addition to a \$1 million identity theft insurance policy, Allstate Identity Protection Pro Plus will help you monitor your online activity, from financial transactions to social media.

Allstate Identity Protection Pro Plus provides financial activity monitoring and account activity alerts, as well as monitoring of your social media accounts for vulgarity, threats or violence, explicit content and cyberbullying. With Allstate Identity Protection Pro Plus, you'll also receive credit monitoring and alerts, credit assistance, digital exposure reports, data breach notifications, dark web monitoring, IP address monitoring, sex offender notifications, and more! Physician NPI data, DEA and other license monitoring will also be included. In addition, Allstate's team of in-house experts, available 24/7, will fully manage your restoration case.

## Identity Theft Protection Coverage Biweekly Rates

Colleague only	\$3.00
Colleague + family	\$5.77



### Visit the HSHS Virtual Benefits Fair!

For more information about these benefits, visit the HSHS Virtual Benefits Fair at [virtualfairhub.com/hshs](https://virtualfairhub.com/hshs).



## Retirement Program

To help you save for the future, HSHS provides a retirement program that includes contributions both from you and HSHS towards your retirements goals. HSHS Retirement Savings programs are administered by Fidelity Investments. Pension benefits are administered by LifeWorks. Additional information on your retirement benefits are found on the MyHR Colleague Portal.

### *Meet 1:1 with a Fidelity Retirement Planner. It's complimentary!*

Saving and planning for your future can be overwhelming, but you aren't alone! That's why Fidelity Investments is here to help understand your needs and help you put together a plan to reach your financial goals. When it comes to preparing for your future, there's no time like the present. Visit <http://Fidelity.com/schedule> to schedule your appointment today.



**Hospital Sisters**  
HEALTH SYSTEM



Pension Plan participants have a one stop resource for HSHS Pension Plan information. You can generate future estimates, review current pension benefits, designate beneficiaries and much more. Whether you're just starting out or have been earning your way for quite some time, HSHS strongly encourages you to register an account. Visit the HSHS Pension Portal at [benefits.hshs.org/pension](https://benefits.hshs.org/pension).

# 2023 Annual Benefits Open Enrollment: November 7 - 21, 2022

2023 Benefits Enrollment | Health Care Coverage | Dental Coverage | Vision Coverage | Flexible Spending Accounts  
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## Cost of Coverage

You and HSHS share the cost of your HSHS Benefits.

### HSHS pays for:

Basic Life and AD&D Insurance	Adoption Assistance
Short-Term and Long-Term Disability Coverage	Employee Assistance Program
HSHS Anytime Care Program	HSHS Retirement Program
Education Assistance	

### You pay for:

Vision  
Flexible Spending Accounts  
Voluntary AD&D  
Supplemental Life  
Identity Theft Protection

*While HSHS pays the majority of the cost, you and HSHS share the cost of:*

Medical  
Dental

You pay your share of most HSHS Benefit costs before federal, state and Social Security taxes are calculated. Note: Coverage for an eligible legally-domiciled adult (LDA) may be taxed. Visit the MyHR Colleague Portal, [www.hshs.org/myhr](http://www.hshs.org/myhr), for more information.

If you elect supplemental life insurance for yourself, your spouse or your child(ren), you pay for this coverage with after-tax deductions. Premiums for supplemental life coverage for you and your spouse are age-based; for children, the premiums are a flat amount, regardless of the number of children.

See the following charts for your 2023 medical, dental and vision coverage costs.

See next page for information regarding the HSHS Medical Premium Discount program.

### 2023 Biweekly Colleague Medical Insurance Deductions

#### Medical

	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
<b>72+ hours</b>				
Basic	\$29.39	\$111.39	\$68.42	\$150.57
High	\$70.38	\$195.16	\$140.03	\$264.99
<b>48-71 hours</b>				
Basic	\$50.48	\$151.86	\$104.40	\$205.93
High	\$91.47	\$235.63	\$176.01	\$320.35
<b>32-47 hours</b>				
Basic	\$73.81	\$196.63	\$144.19	\$267.16
High	\$114.80	\$280.40	\$215.80	\$381.58

### 2023 Biweekly Colleague Dental Plan Deductions

#### Dental

	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
<b>72+ hours</b>				
Basic	\$1.92	\$16.48	\$12.33	\$26.84
High	\$8.08	\$29.12	\$30.72	\$51.73
<b>48-71 hours</b>				
Basic	\$4.86	\$20.30	\$15.91	\$31.33
High	\$11.02	\$32.94	\$34.30	\$56.22
<b>32-47 hours</b>				
Basic	\$6.65	\$22.20	\$17.78	\$33.30
High	\$12.81	\$34.84	\$36.17	\$58.19

### 2023 Biweekly Colleague Vision Plan Deductions

#### Vision

Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
\$3.55	\$7.09	\$7.59	\$12.12



## Medical Premium Discount Program

Beginning in 2023, HSHS is introducing a Medical Premium Discount program designed to improve access to affordable health care coverage for our own colleagues – consistent with our mission to provide access to affordable and quality health care within the communities we serve. Based on household income and family size, colleagues with household income below 200% of the Federal Poverty Guideline may apply for discounted medical premiums.

The discount would equal 100% of the full-time colleague contribution for the plan (Basic or High) and coverage level (Employee Only, Employee + Spouse/LDA, Employee + Child(ren), or Employee + Family) that you are enrolled in. The discount applies to medical coverage only.

The application will require a copy of relevant sections of your 2021 tax return to verify household income (line 7b of Federal Income Tax Return) and number of dependents. The application for the discount must be submitted and approved prior to January 1st each year. New hires or newly eligible colleagues may submit within 30 days of becoming eligible for medical coverage.

Additional information including how to apply will be sent to all colleagues during the annual enrollment period.

*See the eligibility thresholds based on the 2021 federal income guidelines below.*

Persons in Family/Household	200% of Poverty Guideline - 2021
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080

Threshold increases by \$9,080 for each additional person.

To see how the Medical Premium Discount could apply to you, please review the example and use the eligibility guide below.

	Example	Your information here
<b>Family size</b> Yourself plus the number of dependents claimed on your 2021 federal income tax return	4	
<b>Household income</b> Total income as reported on line 7b of your 2021 federal income tax return	\$43,635	
Is Household Income less than 200% of Poverty Guideline for Family Size?	Yes - Less than \$53,000	
Medical Plan Election	Basic Plan - Family Coverage	
Medical Premium Discount Per Pay Period	\$150.57	

## Important Notice from Hospital Sisters Health System (HSHS) About Your Prescription Drug Coverage and Medicare

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

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

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

## **Important Notice from Hospital Sisters Health System (HSHS) About Your Prescription Drug Coverage and Medicare**

### **When Can You Join A Medicare Drug Plan?**

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

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

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you remain covered by the HSHS Healthy Plan as an active employee or as a dependent spouse of an active employee and enroll in a Medicare drug plan, the HSHS Healthy Plan will continue to be the primary payer and the Medicare drug plan will be secondary.

The HSHS Healthy Plan is a combination of both medical and prescription coverage. The prescription portion of the coverage cannot be separated out as a separate plan. If you decide to enroll in a Medicare prescription drug plan and drop the HSHS Healthy Plan, you will be dropping both your medical and prescription drug coverage. As long as you meet the eligibility requirements to participate in the HSHS Healthy Plan, you will be able to get this coverage back if you notify your employer's Human Resources department within 30 days of your loss of Medicare or other health insurance coverage.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.



## Important Notice from Hospital Sisters Health System (HSHS) About Your Prescription Drug Coverage and Medicare

### For More Information About This Notice Or Your Current Prescription Drug Coverage ...

Contact the HSHS HR Service Center at 1-855-394-4747 or email [MyHR@hshs.org](mailto:MyHR@hshs.org).

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the HSHS Healthy Plan changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage ...

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: October 13, 2022

Name of Entity: Hospital Sisters Health System  
PO Box 19456  
Springfield, IL 62794-9456  
1-855-394-4747

# 2023 Annual Benefits Open Enrollment: November 7 - 21, 2022

2023 Benefits Enrollment | Health Care Coverage | Dental Coverage | Vision Coverage | Flexible Spending Accounts  
Life, AD&D and Disability Coverage | Additional Benefits | Cost of Coverage | Legal Notices | [Contacts](#)

## Contact Information

If you have questions about ...	Contact ...	
Enrolling or your HSHS Benefits	<ul style="list-style-type: none"><li>• HSHS Virtual Benefits Fair virtualfairhub.com/hshs</li><li>• MyHR Colleague Portal www.hshs.org/myhr</li></ul>	<ul style="list-style-type: none"><li>• The HSHS HR Service Center 1-855-394-4747, MyHR@hshs.org</li></ul>
Medical	<b>For Colleagues Who Live In Wisconsin</b> Dean Health Plan deancare.com/aso 1-888-895-1188 (7:30 a.m. to 5 p.m. CST, Monday - Thursday, and 8 a.m. - 4:30 p.m. CST, Fridays)  https://www.deancare.com/members/members-aso/aso-member/hospital-sisters-health-system	<b>For Colleagues Who Live In Illinois or Outside of Wisconsin</b> Health Choices www.live360healthplan.com 1-833-728-0538 (8 a.m. to 5 p.m. CST, Monday - Friday)  https://live360healthplan.com/hshs-colleagues/
<ul style="list-style-type: none"><li>• Customer Service<ul style="list-style-type: none"><li>• Claim information</li><li>• ID cards</li><li>• Treatment pre-approval</li></ul></li><li>• Provider locator</li><li>• 24/7 Nurse line (Prevea Care After Hours)</li></ul>	1-920-496-4700 or 1-888-277-3832	N/A
Prescription Drugs	OptumRx During enrollment: https://www.optumrx.com/oe_HSHS/landing If you are currently enrolled: www.optumrx.com 1-844-720-0030	
Dental <ul style="list-style-type: none"><li>• Claim information</li><li>• Dental providers</li></ul>	Cigna HealthCare www.cigna.com 1-800-244-6224	
Vision	Vision Service Plan (VSP) www.vsp.com 1-800-877-7195	
Flexible Spending Accounts <ul style="list-style-type: none"><li>• Health Care FSA</li><li>• Dependent Care FSA</li></ul>	Tri-Star Systems www.tri-starsystems.com 1-800-727-0182 (phone), 1-800-315-0737 (fax)	
Disability Insurance <ul style="list-style-type: none"><li>• Short-Term Disability</li><li>• Long-Term Disability</li></ul>	UNUM www.unum.com 1-866-295-3007, Monday - Friday, 7 a.m.- 7 p.m. CST	
HSHS Pension Plan	LifeWorks benefits.hshs.org/pension 1-855-394-4747, option 1	
HSHS Retirement Savings Plan	Fidelity Investments netbenefits.com/atwork 1-800-343-0860	
Identity Theft Protection	Allstate Identity Protection 1-800-789-2720 https://www.myaip.com/	
Employee Assistance Program	ComPsych www.guidanceresources.com (enter “HSHS4U” for the organization web ID) 1-877-327-7429	
HSHS Discount Program	PerkSpot 1-866-606-6057, cs@perkspot.com https://hshs.perkspot.com/login	

The benefit plans outlined in this guide are intended, designed and administered as "church plans" as defined by federal tax law and ERISA (Employee Retirement Income Security Act of 1974). This means that the plans are designed to benefit colleagues of church-sponsored entities and are administered by one or more individuals who are appointed to their position by a church-sponsored governance body. Because the plans are "church plans," certain federal laws do not apply, including but not limited to ERISA. Certain state and local laws may be applicable.

This guide is intended to be only an overview of Hospital Sisters Health System benefits. More details about how the HSHS medical, dental, life insurance, accidental death and dismemberment insurance, disability coverages, health care and dependent care flexible spending accounts, retirement and other HSHS Benefits work are included in the summary plan descriptions for those benefits. Hospital Sisters Health System reserves the right to change, suspend, freeze or end benefit plans at any time.

This guide does not apply to Kiara colleagues, colleagues who are represented by St. John's carpenters and painters unions, temporary and leased colleagues and medical residents.