



My
Total
rewards

2024

HSHS Benefits Enrollment Guide



Hospital Sisters
HEALTH SYSTEM



MyHR Colleague Portal
hshs.org/myhr

SCAN ME

Important notice about your
prescription drug coverage and
Medicare on page 21.

2024 Annual Benefits Open Enrollment: *November 6 - 19, 2023*

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Dear Colleagues,

As I've said before, our colleagues are our greatest asset, and our Total Rewards package is one of the important ways we can make investments in YOU!

You spoke and we are listening. In 2024, we are unveiling a number of new benefits and enhancements to our health plan that are a direct result of the feedback you shared with us about your needs and desire for increased choice. HSHS has made huge investments to ensure you have a comprehensive, valuable, and affordable benefits package to support your overall health and well-being.

Please review this guide and the accompanying insert carefully to learn about the exciting changes and new benefits that are available to you, but I'd love to highlight a few of them.

Our colleague health plan has some major enhancements - a new health plan administrator and broader network for Illinois colleagues, an expanded list of services covered at 100% when you use an HSHS, Prairie or Prevea provider or facility, lower deductibles, a new high deductible health plan option that comes with an HSA and much more. There are also new supplemental health benefits to take advantage of, and we've partnered with a new best-in-class administrator for our FSA and HSA benefits.

With all of these enhancements, colleague contributions for benefits remain well below the national average for comparable coverage, and HSHS invests heavily in these benefits on your behalf to keep premiums affordable. As an example, HSHS covers the vast majority of the overall cost of your medical coverage. You also have access to many additional benefits at no cost to you including basic life and AD&D insurance, short-term and long-term disability coverage, education assistance, adoption assistance, employee assistance program, LiveWELL wellness program, HSHS retirement program employer contributions and more.

This year has had many achievements to celebrate and challenges to overcome, and I want to sincerely thank you for your continued dedication and commitment to our mission. We are truly grateful for your contributions and talent.

Sincerely,



David Beach
SVP and Chief Human Resources Officer

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.

Your HSHS Benefits

To help you prepare to enroll, use this guide to learn about your 2024 benefit choices, know where to find resources and support, and understand what you need to do and when to take action.

Explore the HSHS Annual Benefits Open Enrollment resources page by scanning the QR code or by visiting benefits.hshs.org/Start-Here/HSHS-Benefit-Overview/Annual-Enrollment to review additional resources including flyers, short informational videos, directions on how to enroll and more!



Availability of Summary Health Information

Hospital Sisters Health System offers three 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, 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 whether 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
- Education assistance
- Adoption assistance
- Employee assistance program
- LiveWELL wellness program
- HSHS retirement program



You pay nothing for these benefits!
See 2024 HSHS benefit costs.

HSHS continues to pay for the vast majority of health plan coverage cost, providing you and your family affordable options.

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Health Care Coverage

Medical and Prescription Drug Coverage

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

- Premier Plan
- Value Plan
- High Deductible Plan with HSA

For some covered services in the value and premier plans, 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/PCC/Prevea providers and facilities for medical care. This includes 100% coverage for provider office visits, labs and X-rays!

Colleagues Who Live In Illinois or Outside of Wisconsin	Colleagues Who Live In Wisconsin
<p>UMR is your medical claims administrator. You can contact UMR at 800-221-6346 or umr.com.</p>	<p>Dean Health Plan is your medical claims administrator. You can contact Dean Health Plan at 1-888-895-1188 or deancare.com/aso.</p>
<p>HSHS Provider Networks Using HSHS/Prevea providers and facilities will always provide you the highest level of benefit. The network of providers is different for colleagues with coverage administered by UMR or Dean Health Plan.</p>	
<p>All covered colleagues have access to a three-tiered network.</p> <ul style="list-style-type: none"> • HSHS Select – HSHS, PCC and Prevea providers and facilities. • HSHS Extended – local partners such as Springfield Clinic, PCIN network providers, SSM, SLU, Mercy and others. • UHC Choice Plus – nationwide United Healthcare network. (<i>Springfield Clinic Ambulatory Surgical Center is covered under the UMR Choice Plus network.</i>) 	<p>All covered colleagues have access to the HSHS/Prevea360 network. If your home ZIP code is outside of the Prevea360 service area, you also have access to the nationwide First Health network.</p>
<p>When You Need Care from a Non-Network Provider Out-of-network services are not covered unless in the case of an emergency or you receive approval from your claim administrator. In order for a non-emergent service to be covered, a referral needs to be reviewed and approved by your medical claims administrator prior to services being received.</p>	
<p>Remote colleagues or those living outside the service area. Colleagues who live outside the HSHS service area will receive the HSHS Extended benefit level when using UHC Choice Plus Providers.</p>	<p>Those living outside the service area. If your home ZIP code is outside of the Prevea 360 service area, you also have access to the nationwide First Health Network.</p>
<p>If your dependent lives outside of the HSHS service area:</p> <p>If you have a dependent who lives outside of the HSHS service area, such as a child attending college, you can register your dependent with UMR after you receive your ID card. Call UMR to get started.</p> <p>Once your dependent is registered, they will receive the HSHS Extended benefit level for all in-network services.</p>	<p>If your dependent lives outside of the Prevea360 service area:</p> <p>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.</p> <p>Once your dependent is registered, the First Health network will apply for your dependent’s medical plan coverage.</p>

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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 optumrx.com/oe_HSHS/landing during enrollment. If you are enrolled in the HSHS medical plan, you can visit optumrx.com for ongoing support.

New for 2024: Prescription drug deductible and out of pocket maximum is combined with medical deductible and out of pocket maximum for the plan option you select.

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 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 or by visiting 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.

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Compare Your Medical Plan Options

For colleagues who live In Illinois or outside Wisconsin.

The percentages in the following grid are the percentages the plan pays. Some services require you first meet the applicable deductible before the plan pays. These services are noted with an asterisk in the grid below. Colleagues who live outside of the HSHS service area (as defined by home ZIP code) will receive the HSHS Extended benefit level below for any services received from a UHC Choice provider.

For more information about your network options, visit

benefits.hshs.org/Start-Here/HSHS-Benefit-Overview/Annual-Enrollment

Using the HSHS Select tier (HSHS/PCC/Prevea providers and facilities) will provide 100% coverage for:

- Wellness and preventative care.
- Office visits – PCPs and specialists.
- Procedures done by PCPs in the office.
- Basic imaging (X-ray) and lab.

	Premier Plan			Value Plan			HDHP with HSA		
	HSHS Select	HSHS Extended	UHC Choice Plus	HSHS Select	HSHS Extended	UHC Choice Plus	HSHS Select	HSHS Extended	UHC Choice Plus
Wellness and Preventive Care		100%			100%			100%	
Teledoc Virtual Visits (Including Behavioral Health)		100%			100%			100%*	
Physician Services									
Office Visit Charges - PCP	100%	80%	60%*	100%	70%	60%*	100%*	80%*	60%*
PCP Procedures in the Office	100%	80%*	60%*	100%	70%*	60%*	100%*	80%*	60%*
Office Visit Charges - Specialist	100%	80%*	60%*	100%	70%*	60%*	100%*	80%*	60%*
Diagnostic									
Basic Imaging (X-Ray) and Labs	100%	80%*	60%*	100%	70%*	60%*	100%*	80%*	60%*
Annual Medical and Prescription Drug Deductible (deductibles cross-apply)									
Per Individual	\$350	\$700	\$2,100	\$700	\$1,400	\$4,200	\$3,200	\$4,000	\$5,000
Family Limit	\$700	\$1,400	\$4,200	\$1,400	\$2,800	\$8,400	\$6,400	\$8,000	\$10,000
Annual Medical and Prescription Drug Out-of-Pocket Limit (includes deductible and amounts cross-apply)									
Per Individual	\$3,000	\$3,000	\$6,000	\$3,800	\$3,800	\$7,600	\$4,000	\$6,000	\$8,000
Family Limit	\$6,000	\$6,000	\$12,000	\$7,600	\$7,600	\$15,200	\$8,000	\$12,000	\$16,000
Emergency Room and Ambulance									
Facility Charges	\$100, 90%	\$100, 80%	\$100, 80%	\$100, 80%	\$100, 70%	\$100, 70%	90%*	80%*	80%*
Physician Services	90%*	80%*	80%*	80%*	70%*	70%*	90%*	80%*	80%*
Ambulance	90%*	80%*	80%*	80%*	70%*	70%*	90%*	80%*	80%*
Urgent Care	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Specialist Physician									
Specialist Procedures	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Hospital Services									
Inpatient and Outpatient Services	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Outpatient Therapy (PT/OT/Speech)/Dialysis	90%	80%*	60%*	80%	70%*	60%*	90%*	80%*	60%*
Advanced Imaging (PET/CT/MRI)	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Mental Health and Substance Use									
Facility Charges	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Physician Services	100%	80%	60%*	100%	70%*	60%*	100%	80%*	60%*
Durable Medical Equipment/Orthotics/Prosthetics	90%*	80%*	80%*	80%*	70%*	70%*	90%*	80%*	80%*
Hearing Aids (Up to \$2,500 every 3 years)	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Other Services	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*

*** Subject to the deductible before the plan pays.**

- HSHS Select tier includes HSHS facilities, HSHS Medical Group and Prairie Cardiovascular Consultants providers.
- Out-of-network services are not covered with the exception of emergency room (ER) or ambulance care and services where prior approval is provided by the plan administrator.
- Out-of-area colleagues and dependents receive HSHS Extended level of benefits for UHC Choice Network providers.
- In some circumstances, when a service is not available from a HSHS Select or HSHS Extended provider, the member can receive service from UHC Choice Plus provider and receive benefits at the HSHS Extended benefit level.
- Deductibles and OOP amounts cross apply, meaning progress towards the deductible in one network tier applies to all other network tiers.
- HSHS Extended deductible applies to ER, ambulance, durable medical equipment and select other services received from UHC Choice Plus providers.
- Allergy shots and serum are not subject to the deductible from HSHS Select or HSHS Extended providers.
- One medically necessary mammogram, colonoscopy and pap smear is covered as preventive each calendar year. Additional tests are subject to deductible and coinsurance.

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For colleagues who live In Wisconsin.

The percentages in the following grid are the percentages the plan pays. Some services require you first meet the applicable deductible before the plan pays. These services are noted with an asterisk in the grid below. Colleagues in Wisconsin use the HSHS/Prevea360 network. Those that live outside of the Prevea360 service area (as defined by home ZIP code) also have access to First Health network providers.

Using the HSHS/Prevea providers and facilities will provide 100% coverage for:

- Wellness and preventative care.
- Office visits – PCPs and specialists.
- Procedures done by PCPs in the office.
- Basic imaging (X-ray) and lab.

	Premier Plan		Value Plan		HDHP with HSA	
	HSHS/Prevea	Other Prevea360	HSHS/Prevea	Other Prevea360	HSHS/Prevea	Other Prevea360
Wellness and Preventive Care	100%		100%		100%	
Prevea Virtual Health Visits	100%		100%		100%	
Physician Services						
Office Visit Charges - PCP	100%	90%	100%	80%	100%*	90%*
PCP Procedures in the Office	100%	90%*	100%	80%*	100%*	90%*
Office Visit Charges - Specialist	100%	90%*	100%	80%*	100%*	90%*
Diagnostic						
Basic Imaging (X-Ray) and Labs	100%	90%*	100%	80%*	100%*	90%*
Annual Medical and Prescription Drug Deductible (deductibles cross-apply)						
Per Individual		\$350		\$700		\$3,200
Family Limit		\$700		\$1,400		\$6,400
Annual Medical and Prescription Drug Out-of-Pocket Limit (includes deductible and amounts cross-apply)						
Per Individual		\$3,000		\$3,800		\$4,000
Family Limit		\$6,000		\$7,600		\$8,000
Emergency Room and Ambulance						
Facility Charges		\$100, 90%		\$100, 80%		90%*
Physician Services		90%*		80%*		90%*
Ambulance		90%*		80%*		90%*
Urgent Care		90%*		80%*		90%*
Specialist Physician						
Specialist Procedures		90%*		80%*		90%*
Hospital Services						
Inpatient and Outpatient Services		90%*		80%*		90%*
Outpatient Therapy (PT/OT/Speech)/Dialysis	90%	90%*	80%	80%*		90%*
Advanced Imaging (PET/CT/MRI)		90%*		80%*		90%*
Mental Health and Substance Use						
Facility Charges		90%*		80%*		90%*
Physician Services		100%		100%		100%*
Durable Medical Equipment/Orthotics/Prosthetics						
		90%*		80%*		90%*
Hearing Aids (Up to \$2,500 every 3 years)						
		90%*		80%*		90%*
Other Services						
		90%*		80%*		90%*

* Subject to the deductible before the plan pays.

- HSHS/Prevea includes HSHS facilities and Prevea, HSHS Medical Group and Prairie Cardiovascular Consultants providers.
- Out-of-network services are not covered with the exception of emergency room or ambulance care and services where prior approval is provided by the plan administrator.
- One medically necessary mammogram, colonoscopy and pap smear is covered as preventive each calendar year. Additional tests are subject to deductible and coinsurance.

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Prescription Drug Coverage

Medical Option	VALUE and PREMIER		HDHP with HSA	
	HSBS pharmacy	All other pharmacies	HSBS pharmacy	All other pharmacies
Annual deductible	Combined with medical deductible - HSBS Select deductible applies			
Annual out-of-pocket maximum	Combined with medical out-of-pocket maximum - HSBS Select maximum applies			
Generic:	90%	80%	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 HSBS pharmacies, Walgreens or OptumRx mail service.

Important Reminder

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

Health Savings Account

Colleagues **enrolled in the High Deductible Health Plan with HSA** are eligible to utilize a health savings account (HSA) offered through HealthEquity. Money in your HSA is yours to use on qualified medical, dental and vision expenses or save for retirement. After signing up for your HSA you will receive a debit card in the mail from HealthEquity.

Advantages of HSAs include:

- No “use it or lose it.” The money is yours and the HSA rolls over year after year for use in the future or in retirement.
- HSAs are triple-tax advantaged – contributions are deducted before taxes, investments and interest earned are tax-free, and the money is never taxed if you use it to pay qualified medical, dental and vision expenses.
- HSAs are individually owned accounts that you keep regardless of employer or insurance changes.

HSBS will make a \$25 per-pay-period employer contributions to your HSA regardless of whether you are able to contribute anything to the account yourself. You are able to make additional pre-tax contributions up to IRS limits (\$4,150 for self-only coverage and \$8,300 if you cover any dependents). Those 55 and older can contribute an additional \$1,000. HSBS employer contributions count towards the IRS limits.

Colleagues who have other non-HDHP coverage are not eligible to contribute to an HSA. This includes those covered by Medicare, Medicaid, TRICARE, or an FSA or HRA that reimburses expenses before the HDHP deductible is met.

Visit learn.healthequity.com/hshs/hsa to learn more about HSAs and review a list of qualified expenses.

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Your FSA is now administered by HealthEquity

If you enroll in an FSA in 2024, you will receive your debit card (if applicable) and plan materials directly from HealthEquity.



Visit [learn.healthequity.com/hshs](https://www.healthequity.com/hshs) or scan the QR code to learn more about your

FSA benefits. Once you have your debit card, login to the online portal to submit claims, check your balance, or access the FSA store to find eligible expenses to use your funds.

If you have an FSA in 2023, you should continue to submit expenses to Tri-Star through the grace period. Only after exhausting your 2023 account balance should you submit claims to HealthEquity.

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 IRS limits (projected to be \$3,200) to your Health Care FSA in 2024. 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 because unused funds at the end of the year will be forfeited due to IRS "use it or lose it" rules.

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 account's debit card for eligible Health Care FSA expenses:

Health Care FSA participants will be able to use the FSA debit 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 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.

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.

Virtual Health Care/Telehealth

For colleagues who live in Illinois or outside Wisconsin.

Teladoc Health

Teladoc Health gives you 24/7 access to U.S. board certified doctors, from home or on the go. Call, connect online or use the Teladoc mobile app for affordable care when you need it.

With Teladoc, you can:

- Talk to a doctor anytime, anywhere.
- Connect with experienced psychiatrists and behavioral health experts.
- Receive prompt treatment with an average call-back time of 10 minutes.
- Access a network of doctors that can treat every member of the family.
- Have prescriptions sent to a pharmacy of choice.

To talk to a Teladoc doctor, visit teladochealth.com or call 800-Teladoc (800-835-2362).

For colleagues who live in Wisconsin.

Prevea Virtual Care

With Prevea Virtual Care, you can get care now — on your schedule — for most common conditions.

You can complete an online visit at any time. Access Prevea Virtual Care from any web-enabled device — smartphone, tablet, laptop or desktop. You'll receive quality care from a trusted Prevea Virtual Care provider. Most visits take just 15 minutes to complete.

Start your virtual care visit by logging on to your [MyPrevea account](#). If you do not have a MyPrevea account, setting one up is easy. Simply click "Sign up now" on the log-in page and follow the instructions. If you do not have a MyChart activation code, click "Sign up online" and complete the activation process.



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

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 877-327-7429, or visit guidanceresources.com (enter "HSHS4U" for the organization web ID).



Dental Coverage

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

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

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, 2023.

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.

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.

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Voluntary Supplemental Health Benefits

The medical plan provides great coverage for you and your family's general health care needs. Additionally, supplemental health benefits can protect your family's finances in case of an unforeseen injury or illness. You do NOT need to be enrolled in one of the HSHS medical plans to enroll in critical illness, accident or hospital indemnity coverage.

Visit learn.unum.com/hshs-ble/p/1 or scan the QR code to learn more about each new benefit.



Critical Illness

If you're diagnosed with an illness that is covered by this insurance (heart attack, stroke, cancer, MS or many more), you can receive a lump sum benefit payment up to \$15,000. You can use the money however you want, such as paying out-of-pocket medical expenses, like deductibles. You also can receive a \$50 wellness benefit for getting a preventive screening.

Coverage is available for yourself and spouse. If you enroll, children are automatically enrolled at no extra cost. Premiums vary by age and smoker status and are available in the enrollment system. Scan the QR code above or go to learn.unum.com/hshs-ble/p/1 to learn more.

Accident Insurance

Accident insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job and includes a range of incidents from common injuries to more serious events. You also can receive a \$50 wellness benefit for getting a preventive screening. Coverage is available for you and eligible family members.

Hospital Indemnity

Group hospital insurance helps covered colleagues and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth. Benefits are enhanced by 25% when you use an HSHS facility. This coverage pays \$1,000 in the event of a hospital admission and \$100 per day up to 30 days. You can also receive a \$50 wellness benefit for getting a preventive screening. Coverage is available for yourself and eligible family members.

Your bi-weekly premiums	Amount
You	\$1.89
You and your spouse	\$3.39
You and your children	\$3.65
Family	\$5.15

Your bi-weekly premiums	Amount
You	\$6.87
You and your spouse	\$11.43
You and your children	\$8.92
Family	\$13.49



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

Benefit	70% or more of earnings - Based on colleague's employment classification
When benefits begin	Next regularly scheduled work day following seven consecutive days of absence due to disability
How long benefits last	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

Benefit	Up to 60% of monthly earnings
When benefits begin	After 180 days of disability
Minimum benefit	10% of your gross benefit or \$100, whichever is greater
Maximum benefit	\$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. 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 and fragrance
- Books and media
- Education (colleges/universities)
- Financial and life services
- Health and wellness

For more information, visit hshs.perkspot.com/login.

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Paid Time Off (PTO)

Eligible colleagues who are scheduled to work at least 32 hours per pay period accrue paid time off (PTO) benefits — which include 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 accrue PTO, 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.

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HSHS Retirement Program

The retirement program is made up of two plans - the 401(a) Employer Contribution Retirement Plan and the 403(b) Plan with Match.

HSHS Employer Contribution Retirement Plan 401(a)

The HSHS 401(a) plan is entirely funded by HSHS on your behalf. You will be able to decide how these funds are invested, much like a 403(b). Your account grows through contribution credits and your investment strategy.

Annual contributions

Years of service	Annual contribution
Up to 5	3% of pay
6 - 10	4% of pay
11 - 15	5% of pay
16 - 20	6% of pay
21+	7% of pay

Vesting: Your right to your benefit

Fully vested (100%) after three years of service in which you work at least 1,000 hours. You get full credit for existing service when determining contributions and vesting.

Investment options

You can invest in the funds of your choice covering a range of investment types, including target date retirement funds. These are the same funds as the 403(b) Plan offers.

When your benefit can be paid

When you leave HSHS, you can receive your account balance or delay payment until a later date. There are no loans or in-service withdrawals allowed.

How your vested benefit can be paid

Your account is paid as a lump sum or in an alternative form available from Fidelity such as installments. You can roll over a lump sum into an IRA or another employer's plan to avoid tax penalties.

In order to receive the 401(a) contribution, you must be actively employed by HSHS on the last day of the plan year and have worked 1,000 hours or more during the plan year (unless you terminate after age 65, die, or become disabled).



403(b) Plan with Match

The 403(b) plan gives you the opportunity to build on your retirement benefit through your contributions, HSHS matching contributions and investment earnings.

How the match works

HSHS contributes 50¢ for every dollar you contribute on the first 4% of your eligible pay. The maximum match you can receive in a calendar year is 2% of eligible pay.

HSHS matches contributions for each calendar year in which you are paid for at least 1,000 hours, as long as you are actively employed on December 31 of that year. The match also will be made upon your retirement after age 55 or upon death or disability.

Example:

Annual salary	\$ 60,000
Contribution percentage	x 4%
Total contribution	\$ 2,400
Matching percentage	x 50%
Matching contribution	\$ 1,200

Vesting: Your right to your benefit

Fully vested (100%) immediately in all contributions.

How much of your pay you can save

Up to 100 percent of your pay in pre-tax dollars, after-tax (Roth) dollars, or a combination of both, up to the projected IRS limit of \$23,000 in 2024. If age 50 or older, you can contribute up to the projected limit of \$30,500 in 2024. The official IRS limits will be available by end of year and will be communicated accordingly.

Meet 1:1 with a Fidelity retirement planner. It's complimentary!

When it comes to preparing for your financial future, there's no time like the present. Schedule a meeting by visiting [Fidelity.com/schedule](https://www.fidelity.com/schedule).

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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
Virtual Health Care	HSHS Retirement Program
Education Assistance	

You pay for:

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

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

Medical
Dental
HSA

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, hshs.org/myhr, for more information.

If you elect supplemental life insurance or voluntary health benefits 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 2024 medical, dental and vision coverage costs.

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

2024 Biweekly Colleague Deductions

Medical	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
72+ hours				
Value	\$31.67	\$118.61	\$73.25	\$160.35
Premier	\$70.96	\$196.40	\$141.06	\$266.69
HDHP with HSA	\$29.46	\$85.47	\$49.86	\$106.03
48-71 hours				
Value	\$53.82	\$161.10	\$111.03	\$218.48
Premier	\$92.08	\$236.92	\$177.08	\$322.12
HDHP with HSA	\$50.58	\$125.99	\$85.88	\$161.46
32-47 hours				
Value	\$78.31	\$208.11	\$152.81	\$282.77
Premier	\$115.43	\$281.74	\$216.92	\$383.42
HDHP with HSA	\$73.93	\$170.81	\$125.72	\$222.76
Dental				
	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
72+ hours				
Basic	\$1.96	\$16.84	\$12.60	\$27.43
High	\$8.26	\$29.76	\$31.39	\$52.86
48-71 hours				
Basic	\$4.96	\$20.74	\$16.26	\$32.02
High	\$11.26	\$33.66	\$35.05	\$57.45
32-47 hours				
Basic	\$6.79	\$22.68	\$18.17	\$34.03
High	\$13.09	\$35.60	\$36.96	\$59.46
Vision				
	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
	\$3.55	\$7.09	\$7.59	\$12.12

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Medical Premium Discount Program

HSHS will continue to offer the 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 and coverage level (colleague only, colleague + spouse/LDA, colleague + child(ren), or colleague + family) that you are enrolled in. The discount applies to medical coverage only.

The application will require a copy of relevant sections of your 2022 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 1 each year. New hires or newly eligible colleagues may submit within 30 days of becoming eligible for medical coverage.

To apply, visit the MyHR portal and search “medical premium discount application.”

See the eligibility thresholds based on the 2022 federal income guidelines below.

Persons in Family/Household	200% of Poverty Guideline - 2022
1	\$27,180
2	\$36,620
3	\$46,060
4	\$55,550
5	\$64,940

Threshold increases by \$9,440 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
Family size Yourself plus the number of dependents claimed on your 2022 federal income tax return	4	
Household income Adjusted gross as reported on your 2022 federal income tax return	\$43,635	
Is household income less than 200% of poverty guideline for family size?	Yes - Less than \$55,500	
Medical plan election	Value Plan - Family	
Medical premium discount per pay period	\$160.35	

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 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-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.

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

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

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

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

Date: October 16, 2023

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

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Contact Information

If you have questions about ...	Contact ...	
Enrolling or your HSHS Benefits	<ul style="list-style-type: none"> • HSHS Virtual Benefits Fair virtualfairhub.com/hshs • MyHR Colleague Portal hshs.org/myhr 	<ul style="list-style-type: none"> • The HSHS HR Service Center 855-394-4747, MyHR@hshs.org
Medical <ul style="list-style-type: none"> • Customer Service <ul style="list-style-type: none"> • Claim information • ID cards • Treatment pre-approval • Provider locator 	For colleagues who live in Wisconsin Dean Health Plan deancare.com/aso 888-895-1188 deancare.com/members/members-aso/aso-member/hospital-sisters-health-system	For colleagues who live in Illinois or outside Wisconsin UMR 800-221-6346 umr.com
• 24/7 Nurse line (Prevea Care After Hours)	920-496-4700 or 888-277-3832	
Prescription Drugs	OptumRx During enrollment: optumrx.com/oe_HSHS/landing If you are currently enrolled: optumrx.com 844-720-0030	
Dental <ul style="list-style-type: none"> • Claim information • Dental providers 	Cigna HealthCare cigna.com 800-244-6224	
Vision	Vision Service Plan (VSP) vsp.com 800-877-7195	
Flexible Spending Accounts <ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA • Health Savings Account (HSA) 	Health Equity learn.healthequity.com/hshs 866-346-5800	
Disability Insurance <ul style="list-style-type: none"> • Short-Term Disability • Long-Term Disability 	UNUM unum.com 866-295-3007, Monday - Friday, 7 a.m. - 7 p.m. CST	
Voluntary Benefits Accident Critical Illness Hospital	UNUM https://learn.unum.com/hshs-ble/p/1 866-643-9404	
401(a) and 403(b)	Fidelity Investments netbenefits.com/atwork 800-343-0860	
Identity Theft Protection	Allstate Identity Protection 800-789-2720 myaip.com/	
Employee Assistance Program	ComPsych guidanceresources.com (enter "HSHS4U" for the organization web ID) 877-327-7429	
HSHS Discount Program	PerkSpot 866-606-6057, cs@perkspot.com hshs.perkspot.com/login	