



**Hospital Sisters**  
HEALTH SYSTEM



Important notice about your prescription drug coverage and Medicare on page 23.



## 2025 HSHS Benefits Enrollment Guide



 MyHR |  workday.help

[www.myworkday.com/hshs/wdhelp/helpcenter](http://www.myworkday.com/hshs/wdhelp/helpcenter)

# 2025 Annual Benefits Open Enrollment: November 4 - 17, 2024.

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Dear HSHS Colleagues,

As we approach our HSHS Benefits Annual Enrollment period, I want to take a moment to reflect on how blessed we are to have such competent and caring colleagues on our team. The investments made by our organization in supporting the well-being of our colleagues and their families are a testament to the value we place on the people who make HSHS such an exceptional place to work. We recognize the commitment and dedication that you bring to your work every day, and we are proud to provide total rewards that reflect our commitment to you.

We are pleased to offer a well-rounded selection of benefits that truly meet colleagues wherever they are in their careers and life journey. Whether you are just starting out or have been part of our HSHS family for several years, our benefits are designed to support you through the many stages of life. These offerings are meant to not only enhance your professional journey but also to ensure your personal and family needs are addressed.

In 2025, most benefits will remain unchanged, however, we are excited about enhancements to our vision plan – including the ability for the benefit to be used for non-prescription sunglasses and blue-light glasses. In addition, you'll see some sneak peeks for some exciting new opportunities coming in early 2025 including pet insurance, additional financial wellness resources, and home and auto insurances.

As you review your options during this enrollment period, I encourage you to take full advantage of the resources available to you and make selections that best suit your needs and those of your loved ones.

Thank you for all you do, and thank you for being part of the HSHS family.



Thomas Ahr  
Chief Human Resources Officer  
Hospital Sisters Health System

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.

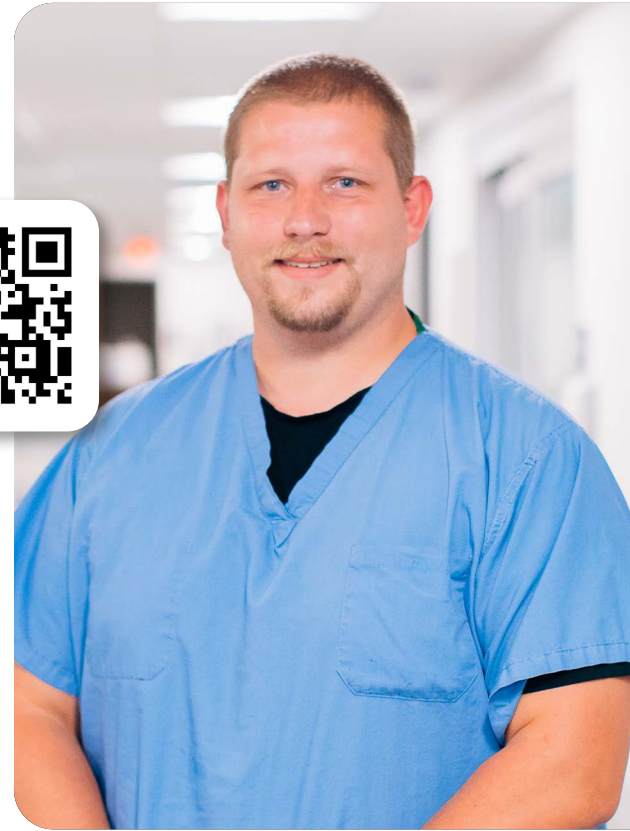
This guide is intended to be only an overview of Hospital Sisters Health System benefits. More details about how the HSHS medical, dental, life insurance, accidental death and dismemberment insurance, disability coverages, health care and dependent care flexible spending accounts, retirement and other 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 2025 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](https://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 MyHR | Workday Help site, [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter). 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 2025 HSHS benefit costs.**

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

## 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, 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  |
|--|---|
| UMR is your medical claims administrator. You can contact UMR at 800-221-6346 or <a href="http://umr.com">umr.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><br>Using HSHS/PCC/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.  |   |
| All covered colleagues have access to a three-tiered network. <ul style="list-style-type: none"> <li>• HSHS Select – HSHS, PCC and Prevea providers and facilities.</li> <li>• HSHS Extended – local partners such as Springfield Clinic, PCIN network providers, SSM, SLU, Mercy and others.</li> <li>• UHC Choice Plus – nationwide United Healthcare network. (<i>Springfield Clinic Ambulatory Surgical Center is covered under the UMR Choice Plus network.</i>)</li> </ul> | 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.  |
| <b>When You Need Care from a Non-Network Provider</b><br>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.  |   |
| <b>Remote colleagues or those living outside the service area.</b> Colleagues who live outside the HSHS service area will receive the HSHS Extended benefit level when using UHC Choice Plus Providers.  | <b>Those living outside the service area.</b> If your home ZIP code is outside of the Prevea 360 service area, you also have access to the nationwide First Health Network.   |
| <b>If your dependent lives outside of the HSHS service area:</b>   | <b>If your dependent lives outside of the Prevea360 service area:</b>   |
| 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.<br><br>Once your dependent is registered, they will receive the HSHS Extended benefit level for all in-network services.  | 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.<br><br>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 [optumrx.com/oe\\_HSHS/landing](https://optumrx.com/oe_HSHS/landing) during enrollment. If you are enrolled in the HSHS medical plan, you can visit [optumrx.com](https://optumrx.com) for ongoing support.

*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](https://optumrx.com) or by visiting [professionals.optumrx.com](https://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](https://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%          |                 |
| <b>Physician Services</b>   |              |               |                 |             |               |                 |               |               |                 |
| 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%*            |
| <b>Diagnostic</b>   |              |               |                 |             |               |                 |               |               |                 |
| Basic Imaging (X-Ray) and Labs (Office/Outpatient)  | 100%         | 80%*          | 60%*            | 100%        | 70%*          | 60%*            | 100%*         | 80%*          | 60%*            |
| <b>Annual Medical and Prescription Drug Deductible (deductibles cross-apply)</b>                              |              |               |                 |             |               |                 |               |               |                 |
| Per Individual  | \$350        | \$700         | \$2,100         | \$700       | \$1,400       | \$4,200         | \$3,300       | \$4,000       | \$5,000         |
| Family Limit  | \$700        | \$1,400       | \$4,200         | \$1,400     | \$2,800       | \$8,400         | \$6,600       | \$8,000       | \$10,000        |
| <b>Annual Medical and Prescription Drug Out-of-Pocket Limit (includes deductible and amounts cross-apply)</b> |              |               |                 |             |               |                 |               |               |                 |
| 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        |
| <b>Emergency Room and Ambulance</b>   |              |               |                 |             |               |                 |               |               |                 |
| 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%*          | 80%*            | 80%*        | 70%*          | 70%*            | 90%*          | 80%*          | 80%*            |
| <b>Specialist Physician</b>   |              |               |                 |             |               |                 |               |               |                 |
| Specialist Procedures   | 90%*         | 80%*          | 60%*            | 80%*        | 70%*          | 60%*            | 90%*          | 80%*          | 60%*            |
| <b>Hospital Services</b>  |              |               |                 |             |               |                 |               |               |                 |
| 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%*            |
| <b>Mental Health and Substance Use</b>  |              |               |                 |             |               |                 |               |               |                 |
| Facility Charges  | 90%*         | 80%*          | 80%*            | 80%*        | 70%*          | 70%*            | 90%*          | 80%*          | 80%*            |
| Physician Services  | 100%         | 80%           | 80%*            | 100%        | 70%           | 70%*            | 100%*         | 80%*          | 80%*            |
| 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 may receive service from UHC Choice Plus provider and receive benefits at the HSHS Extended benefit level. Contact the HR Service Center to request a review.**
- 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, urgent care, mental health and substance abuse 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 |
| <b>Wellness and Preventive Care</b>   | 100%         |                 | 100%        |                 | 100%          |                 |
| <b>Prevea Virtual Health Visits</b>   | 100%         |                 | 100%        |                 | 100%          |                 |
| <b>Physician Services</b>   |              |                 |             |                 |               |                 |
| 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%*            |
| <b>Diagnostic</b>   |              |                 |             |                 |               |                 |
| Basic Imaging (X-Ray) and Labs (Office/Outpatient)  | 100%         | 90%*            | 100%        | 80%*            | 100%*         | 90%*            |
| <b>Annual Medical and Prescription Drug Deductible (deductibles cross-apply)</b>                              |              |                 |             |                 |               |                 |
| Per Individual  |              | \$350           |             | \$700           |               | \$3,300         |
| Family Limit  |              | \$700           |             | \$1,400         |               | \$6,600         |
| <b>Annual Medical and Prescription Drug Out-of-Pocket Limit (includes deductible and amounts cross-apply)</b> |              |                 |             |                 |               |                 |
| Per Individual  |              | \$3,000         |             | \$3,800         |               | \$4,000         |
| Family Limit  |              | \$6,000         |             | \$7,600         |               | \$8,000         |
| <b>Emergency Room and Ambulance</b>   |              |                 |             |                 |               |                 |
| Facility Charges  |              | \$100, 90%      |             | \$100, 80%      |               | 90%*            |
| Physician Services  |              | 90%*            |             | 80%*            |               | 90%*            |
| Ambulance   |              | 90%*            |             | 80%*            |               | 90%*            |
| Urgent Care   |              | 90%*            |             | 80%*            |               | 90%*            |
| <b>Specialist Physician</b>   |              |                 |             |                 |               |                 |
| Specialist Procedures   |              | 90%*            |             | 80%*            |               | 90%*            |
| <b>Hospital Services</b>  |              |                 |             |                 |               |                 |
| 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%*            |
| <b>Mental Health and Substance Use</b>  |              |                 |             |                 |               |                 |
| Facility Charges  |              | 90%*            |             | 80%*            |               | 90%*            |
| Physician Services  |              | 100%            |             | 100%            |               | 100%*           |
| <b>Durable Medical Equipment/Orthotics/Prosthetics</b>  |              |                 |             |                 |               |                 |
|   |              | 90%*            |             | 80%*            |               | 90%*            |
| <b>Hearing Aids (Up to \$2,500 every 3 years)</b>   |              |                 |             |                 |               |                 |
|   |              | 90%*            |             | 80%*            |               | 90%*            |
| <b>Other Services</b>   |              |                 |             |                 |               |                 |
|   |              | 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                                    |  |
|---|---|--|--|--|
|   | HSHS pharmacy   | All other pharmacies                             | HSHS pharmacy                                    | All other pharmacies                             |
| Annual deductible   | Combined with medical deductible - HSHS Select deductible applies         |  |  |  |
| Annual out-of-pocket maximum  | Combined with medical out-of-pocket maximum - HSHS 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 HSHS 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 HSHS 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. If you enroll in an HSA in 2025 and haven't enrolled previously, you will receive a debit card and plan materials directly 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.

**HSHS 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 (\$4,300 for self-only coverage and \$8,550 if you cover any dependents). Those 55 and older can contribute an additional \$1,000. HSHS 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](https://learn.healthequity.com/hshs/hsa) to learn more about HSAs and review a list of qualified expenses.



## Healthy Partners

As part of your HSHS medical insurance benefits, you and your loved ones receive complimentary access to a dedicated registered nurse. Healthy Partners nurses work in collaboration with you, your support system and your physicians to coordinate your health care needs. Services include:

- Chronic disease management
- Hospital discharge
- Emergency department visits
- Welcomed a baby
- Pre-visit health screenings

Participation in the program is free, voluntary and strictly confidential. Healthy Partners will contact you if you are eligible for this benefit.

## Gym Membership Discounts

To support our colleague's wellbeing, HSHS partners with Active & Fit Direct to provide affordable access to local gyms and online content for colleagues.



Visit the LiveWell Portal at [hospitalsisters.sharepoint.com/sites/LiveWell](https://hospitalsisters.sharepoint.com/sites/LiveWell) to learn more and sign up.



## Virtual Health Care/Telehealth

*Visits at no cost when enrolled in medical plan!*

*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](https://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
- 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 877-327-7429, or visit [guidanceresources.com](https://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  |
|---|---|---|
| <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<br>\$1,500/person lifetime maximum benefit |

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

# 2025 Annual Benefits Open Enrollment: November 4 - 17, 2024.

2025 Benefits Enrollment | Health Care Coverage | Dental Coverage | Vision Coverage  
Flexible Spending Accounts | 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) <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Progressive Bifocals <ul style="list-style-type: none"> <li>- Standard</li> <li>- Premium</li> <li>- Custom</li> </ul> </li> <li>• UV Coating</li> <li>• Tint</li> <li>• Scratch Resistance</li> <li>• Anti-reflective (standard)</li> <li>• Basic Polycarbonate</li> </ul> | <ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$95-\$105 copay</li> <li>\$150-\$175</li> <li>\$16 copay</li> <li>\$15 copay</li> <li>\$17 copay</li> <li>\$41 copay</li> <li>Children: Covered in full</li> <li>Adults: \$31-\$35 copay</li> <li>Average savings 30%</li> </ul>   | <ul style="list-style-type: none"> <li>Reimbursement</li> <li>Up to \$30</li> <li>Up to \$50</li> <li>Up to \$65</li> <li>Up to \$100</li> <li>Up to \$50</li> <li>Up to \$50</li> <li>Up to \$50</li> <li>Not covered</li> <li>Not covered</li> <li>Not covered</li> <li>Not covered</li> <li>Not covered</li> <li>Not covered</li> </ul> |
| <b>Frames</b> (once every calendar year)  | \$180 allowance + 20% off any balance<br>\$200 allowance for featured frames<br>\$180 Costco, Walmart & Sam's Club allowance   | Up to \$70 reimbursement   |
| <b>Contact Lenses</b> (once every calendar year in lieu of frames and lenses) <ul style="list-style-type: none"> <li>• Medically Necessary</li> <li>• Elective</li> <li>• Contact Lens Exam (Fitting &amp; Evaluation)</li> </ul>   | <ul style="list-style-type: none"> <li>Covered in full</li> <li>\$180 allowance</li> <li>Not to exceed \$60</li> </ul>   | <ul style="list-style-type: none"> <li>Reimbursement</li> <li>Up to \$210</li> <li>Up to \$105</li> <li>Not covered</li> </ul>   |
| <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> <li>• VSP LIGHTCARE \$180 allowance for ready-made, non-prescription sunglasses or ready-made, non-prescription blue light filtering glasses instead of prescription glasses or contacts.</li> </ul> | Not covered  |

### Increased Allowances!

Allowances for frames and/or contact lenses has increased to \$180 and featured frames has increased to \$200.

### NEW! VSP LIGHTCARE

You can now use your increased frame allowance, in lieu of prescription glasses, towards your choice of non-prescription sunglasses or non-prescription blue light filtering glasses.

### 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 MyHR | Workday Help at [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter). To find a Cigna Vision provider, go to [cigna.com](https://cigna.com).





## Your FSA is administered by HealthEquity

If you enroll in an FSA in 2025 and haven't enrolled previously, you will receive a debit card (if applicable) and plan materials directly from HealthEquity.



Visit [learn.healthequity.com/hshs](https://learn.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.

## 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 \$3,300) to your Health Care FSA in 2025. 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](http://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.**

## Additional Benefits



### 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](https://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.

### 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 |

## 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.

**IMPORTANT:** If you do not make a request for payment for these hours, an automatic payment will be processed by HSHS for the second pay period in October 2025. You cannot revoke or change your election after annual enrollment.

## Parental Leave

Eligible colleagues will receive up to two weeks of paid parental leave following the birth of a colleague's child or the placement of a child with a colleague in connection with adoption or foster care. This benefit is designed to provide the flexibility and financial support to better welcome a new addition to your family.

## Bereavement Leave

Eligible colleagues are able to receive up to 10 days of paid bereavement leave to provide more adequate time to properly grieve, handle personal affairs and recover before returning to work.



**Visit MyHR |  
Workday Help**

For more information  
about these benefits visit  
[myworkday.com/hshs/  
wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter).





## HSHS REACH Program (Education Assistance)

The HSHS REACH Program (Resources and Education for the Advancement of Colleagues at HSHS) supports colleagues as they pursue their educational goals and career ambitions. We are continuously developing and financially backing these programs, allowing colleagues to focus on earning degrees, obtaining certifications, and advancing their careers with us, without worrying as much about tuition costs.

The REACH Program offers three pathways, REACH Partnership, REACH Prepaid, and REACH Reimbursement for colleagues to embark on or continue their educational journeys. Visit MyHR | Workday Help at [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter) to learn more.

## 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 MyHR | Workday Help at [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter). 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
- Financial and life services
- Health and wellness

... **and so much more!**

For more information, visit [hshs.perkspot.com/login](https://hshs.perkspot.com/login).



## 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.

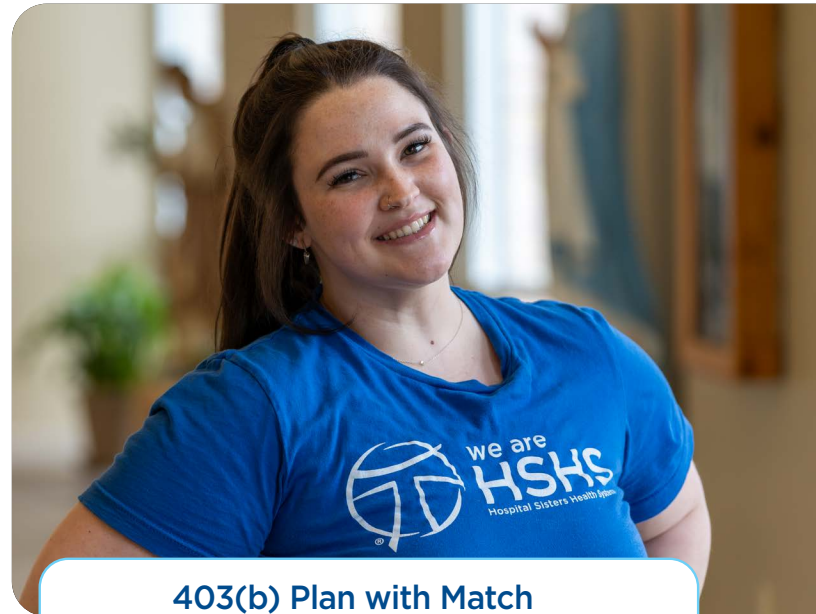
#### When your benefit can be paid

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 65 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 \$23,500 in 2025. If age 50 or older, you can contribute up to the projected limit of \$31,500 in 2025. 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).

## 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, 2024.

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 [MyHR](#) | [Workday Help!](#)

For more information about your life and AD&D insurance benefits, including when evidence of insurability is required, visit the MyHR | Workday Help site at [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter).

Through the HSHS benefits site, 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>                | 70% or more of earnings - 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       |

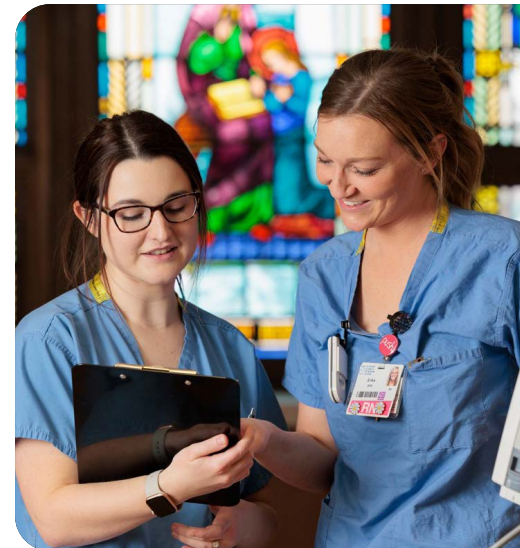
You must use Paid Time Off (PTO) to receive pay for any regularly scheduled work days that fall within the first seven consecutive calendar days of absence when STD benefits are not payable.

### 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   |



## 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.

### Identity Theft Protection Coverage Biweekly Rates

|                           |        |
|---------------------------|--------|
| <b>Colleague only</b>     | \$3.00 |
| <b>Colleague + family</b> | \$5.77 |



## Refer a Friend: HSHS Colleague Referral Program

You have the ability to earn rewards for referring future colleagues to HSHS who will help to continue the HSHS mission to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry.

## Earned Wage Access (EWA) Program: Pay on Demand

Access your money when you need it. With the EWA program, you can make on-demand, secure, instant transfers of earned wages before payday, whenever, 24/7/365. Being able to access your earned wages before your designated payday can benefit your financial well-being and build financial stability and savings. You have two EWA options, DailyPay and Wisely Paycard. To learn more and enroll visit MyHR | Workday Help at [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter).



## HSHS Rewards and Recognition Program

Recognition is an important part of our HSHS culture. We appreciate our dedicated colleagues and are proud to recognize you for your work and commitment to our mission and organization. From the time you start with HSHS to when you retire, we honor you. The HSHS Rewards and Recognition Program allows us to do just that with several elements.



- New hire gifts: Welcome new colleague to the HSHS family.
- Service awards: Celebrate service milestones.
- Retirement awards: Honor colleagues for their years of service.
- HSHS Appreciation Hub: Send instant recognition to celebrate one another and earn recognition points to redeem for rewards.

To learn more about the program, visit MyHR | Workday Help at [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter), and to send recognition visit the Appreciation Hub at [hshsappreciationhub.isrewards.com](https://hshsappreciationhub.isrewards.com).

## LiveWELL Well-Being Program

The HSHS LiveWELL wellness program is here to support our colleagues' total well-being so you can be the best version of yourself while focusing on providing high-quality care to our patients, community and fellow colleagues. LiveWELL encourages you to adopt (or maintain) healthy lifestyle behaviors. By committing to total well-being, you will not only feel better, but also earn rewards. You can earn FastCash rewards for completing activities. FastCash opportunities will be released throughout the year.



Scan the QR code or go to [hospitalsisters.sharepoint.com/sites/LiveWell](https://hospitalsisters.sharepoint.com/sites/LiveWell) to learn more about the LiveWELL Program and current FastCash activities.





# 2025 Annual Benefits Open Enrollment: November 4 - 17, 2024.

2025 Benefits Enrollment | Health Care Coverage | Dental Coverage | Vision Coverage  
Flexible Spending Accounts | Additional Benefits | **Cost of Coverage** | Legal Notices | Contacts

## 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 MyHR | Workday Help [myworkday.com/hshs/wdhelp/help](https://myworkday.com/hshs/wdhelp/help) center 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 2025 medical, dental and vision coverage costs.

| 2025 Biweekly Colleague Deductions |                |                        |                        |                                     |
|------------------------------------|----------------|------------------------|------------------------|-------------------------------------|
|                                    | Colleague Only | Colleague + Spouse/LDA | Colleague + Child(ren) | Colleague + Spouse/LDA + Child(ren) |
| <b>Medical</b>                     |                |                        |                        |                                     |
| <b>72+ hours</b>                   |                |                        |                        |                                     |
| Value                              | \$34.25        | \$129.87               | \$80.38                | \$176.17                            |
| Premier                            | \$73.42        | \$207.15               | \$147.86               | \$281.77                            |
| HDHP with HSA                      | \$31.92        | \$96.22                | \$56.66                | \$121.11                            |
| <b>48-71 hours</b>                 |                |                        |                        |                                     |
| Value                              | \$59.89        | \$178.68               | \$123.94               | \$242.90                            |
| Premier                            | \$97.86        | \$253.68               | \$189.40               | \$345.40                            |
| HDHP with HSA                      | \$56.36        | \$142.75               | \$98.20                | \$184.74                            |
| <b>32-47 hours</b>                 |                |                        |                        |                                     |
| Value                              | \$85.52        | \$227.49               | \$167.50               | \$309.64                            |
| Premier                            | \$122.30       | \$300.22               | \$230.93               | \$409.03                            |
| HDHP with HSA                      | \$80.80        | \$189.29               | \$139.73               | \$248.37                            |
| <b>Dental</b>                      |                |                        |                        |                                     |
|                                    | Colleague Only | Colleague + Spouse/LDA | Colleague + Child(ren) | Colleague + Spouse/LDA + Child(ren) |
| <b>72+ hours</b>                   |                |                        |                        |                                     |
| Basic                              | \$1.96         | \$16.84                | \$12.60                | \$27.43                             |
| High                               | \$8.26         | \$29.76                | \$31.39                | \$52.86                             |
| <b>48-71 hours</b>                 |                |                        |                        |                                     |
| Basic                              | \$4.96         | \$20.74                | \$16.26                | \$32.02                             |
| High                               | \$11.26        | \$33.66                | \$35.05                | \$57.45                             |
| <b>32-47 hours</b>                 |                |                        |                        |                                     |
| Basic                              | \$6.79         | \$22.68                | \$18.17                | \$34.03                             |
| High                               | \$13.09        | \$35.60                | \$36.96                | \$59.46                             |
| <b>Vision</b>                      |                |                        |                        |                                     |
|                                    | Colleague Only | Colleague + Spouse/LDA | Colleague + Child(ren) | Colleague + Spouse/LDA + Child(ren) |
|                                    | \$4.20         | \$8.39                 | \$8.99                 | \$14.35                             |

## 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 2023 tax return to verify household income on the 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 [myworkday.com/hshs/wdhelp/helpcenter](https://myworkday.com/hshs/wdhelp/helpcenter) and search medical premium discount and select “Apply Here.”

*See the eligibility thresholds based on the 2023 federal income guidelines below.*

| Persons in Family/Household | 200% of Poverty Guideline - 2023 |
|-----------------------------|----------------------------------|
| 1                           | \$29,160                         |
| 2                           | \$39,440                         |
| 3                           | \$49,720                         |
| 4                           | \$60,000                         |
| 5                           | \$70,280                         |

Threshold increases by \$10,280 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><br>Yourself plus the number of dependents claimed on your 2023 federal income tax return | 4                        |                       |
| <b>Household income</b><br>Adjusted gross as reported on your 2023 federal income tax return                | \$43,635                 |                       |
| Is household income less than 200% of poverty guideline for family size?                                    | Yes - Less than \$60,000 |                       |
| Medical plan election   | Value Plan - Family      |                       |
| Medical premium discount per pay period   | \$176.17                 |                       |

## **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](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 15, 2024

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

# 2025 Annual Benefits Open Enrollment: November 4 - 17, 2024.

2025 Benefits Enrollment | Health Care Coverage | Dental Coverage | Vision Coverage  
Flexible Spending Accounts | 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 Benefits Website <a href="https://benefits.hshs.org/">https://benefits.hshs.org/</a></li> <li>• MyHR   Workday Help <a href="http://myworkday.com/hshs/wdhelp/helpcenter">myworkday.com/hshs/wdhelp/helpcenter</a></li> </ul>  |   |  |  |                                      |
| Medical <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> </ul> | <table border="0"> <tr> <td data-bbox="664 478 1084 611"> <b>For colleagues who live in Wisconsin</b><br/>           Dean Health Plan<br/> <a href="http://deancare.com/aso">deancare.com/aso</a><br/>           888-895-1188         </td> <td data-bbox="1122 478 1495 596"> <b>For colleagues who live in Illinois or outside Wisconsin</b><br/>           UMR<br/>           800-221-6346         </td> </tr> <tr> <td data-bbox="664 646 1084 726"> <a href="http://deancare.com/members/members-aso/aso-member/hospital-sisters-health-system">deancare.com/members/members-aso/aso-member/hospital-sisters-health-system</a> </td> <td data-bbox="1122 646 1219 672"><a href="http://umr.com">umr.com</a></td> </tr> </table> | <b>For colleagues who live in Wisconsin</b><br>Dean Health Plan<br><a href="http://deancare.com/aso">deancare.com/aso</a><br>888-895-1188 | <b>For colleagues who live in Illinois or outside Wisconsin</b><br>UMR<br>800-221-6346 | <a href="http://deancare.com/members/members-aso/aso-member/hospital-sisters-health-system">deancare.com/members/members-aso/aso-member/hospital-sisters-health-system</a> | <a href="http://umr.com">umr.com</a> |
| <b>For colleagues who live in Wisconsin</b><br>Dean Health Plan<br><a href="http://deancare.com/aso">deancare.com/aso</a><br>888-895-1188   | <b>For colleagues who live in Illinois or outside Wisconsin</b><br>UMR<br>800-221-6346   |   |  |  |                                      |
| <a href="http://deancare.com/members/members-aso/aso-member/hospital-sisters-health-system">deancare.com/members/members-aso/aso-member/hospital-sisters-health-system</a>  | <a href="http://umr.com">umr.com</a>   |   |  |  |                                      |
| • 24/7 Nurse line (Prevea Care After Hours)   | 920-496-4700 or 888-277-3832   |   |  |  |                                      |
| Prescription Drugs  | OptumRx<br>During enrollment: <a href="http://optumrx.com/oe_HSHS/landing">optumrx.com/oe_HSHS/landing</a><br>If you are currently enrolled: <a href="http://optumrx.com">optumrx.com</a><br>844-720-0030  |   |  |  |                                      |
| Dental <ul style="list-style-type: none"> <li>• Claim information</li> <li>• Dental providers</li> </ul>  | Cigna HealthCare<br><a href="http://cigna.com">cigna.com</a><br>800-244-6224   |   |  |  |                                      |
| Vision  | Vision Service Plan (VSP)<br><a href="http://vsp.com">vsp.com</a><br>800-877-7195  |   |  |  |                                      |
| Flexible Spending Accounts <ul style="list-style-type: none"> <li>• Health Care FSA</li> <li>• Dependent Care FSA</li> <li>• Health Savings Account (HSA)</li> </ul>  | Health Equity<br><a href="http://learn.healthequity.com/hshs">learn.healthequity.com/hshs</a><br>866-346-5800  |   |  |  |                                      |
| Disability Insurance <ul style="list-style-type: none"> <li>• Short-Term Disability</li> <li>• Long-Term Disability</li> </ul>  | UNUM<br><a href="http://unum.com">unum.com</a><br>866-295-3007, Monday - Friday, 7 a.m. - 7 p.m. CST   |   |  |  |                                      |
| Voluntary Benefits<br>Accident<br>Critical Illness<br>Hospital  | UNUM<br><a href="https://learn.unum.com/hshs-ble/p/1">https://learn.unum.com/hshs-ble/p/1</a><br>866-643-9404  |   |  |  |                                      |
| 401(a) and 403(b)   | Fidelity Investments<br><a href="http://netbenefits.com/atwork">netbenefits.com/atwork</a><br>800-343-0860   |   |  |  |                                      |
| Identity Theft Protection   | Allstate Identity Protection<br>800-789-2720<br><a href="http://myaip.com/">myaip.com/</a>   |   |  |  |                                      |
| Employee Assistance Program   | ComPsych<br><a href="http://guidanceresources.com">guidanceresources.com</a> (enter "HSHS4U" for the organization web ID)<br>877-327-7429  |   |  |  |                                      |
| HSHS Discount Program   | PerkSpot<br>866-606-6057, <a href="mailto:cs@perkspot.com">cs@perkspot.com</a><br><a href="http://hshs.perkspot.com/login">hshs.perkspot.com/login</a>   |   |  |  |                                      |
| Pay On Demand   | <a href="http://get.dailypay.com/wewa">get.dailypay.com/wewa</a>   |   |  |  |                                      |
| HSHS Appreciation Hub   | <a href="http://hshsappreciationhub.isrewards.com">hshsappreciationhub.isrewards.com</a>   |   |  |  |                                      |
| HSHS REACH (Education Assistance)   | Partnership Path: <a href="https://www.myworkday.com/hshs/wdhelp/helpcenter">https://www.myworkday.com/hshs/wdhelp/helpcenter</a><br>Prepaid Path: <a href="http://HSHS.InStride.com">HSHS.InStride.com</a><br>Reimbursement Path: <a href="http://hshs.tuition.io">hshs.tuition.io</a>  |   |  |  |                                      |

2025 Benefits Enrollment | Health Care Coverage | Dental Coverage | Vision Coverage  
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[www.myworkday.com/hshs/wdhelp/helpcenter](http://www.myworkday.com/hshs/wdhelp/helpcenter)



**Hospital Sisters**  
HEALTH SYSTEM



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[www.myworkday.com/hshs/wdhelp/helpcenter](http://www.myworkday.com/hshs/wdhelp/helpcenter)