Hospital Sisters
HEALTH SYSTEM

2022 HSHS Benefits Guide

FLEXPLAN
The benefits of choice

MyHR Colleague Portal
www.hshs.org/myhr

SCAN ME

This guide provides highlights of your 2022 HSHS benefits.

For additional information not covered in this guide or for questions, visit the MyHR portal at **www.hshs.org/myhr** or the Virtual Benefit Fair at **virtualfairhub.com/hshs**.

Availability of Summary Health Information

Your plan makes available a Summary of Benefits and Coverage (SBC) for each option. The SBCs can be found on the MyHR Colleague Portal, **www.hshs.org/myhr**. You can also request a paper copy, free of charge, by contacting the HSHS HR Service Center.

Important Notice About Your Prescription Drug Coverage and Medicare on **page 45**

Inside this Guide

How to Use this Guide

Use the menu at the top of each page to move between sections. When you see a link in the text, you can click on it to go directly to another page or website to find out more. You can also use the Next and Previous arrows on each page to move within sections, the Take Me Back link to return to the last page you visited, or the Contents link to return to this page.

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 benefits guide is intended to be only an overview of Hospital Sisters Health System benefits. More details about how the HSHS medical, dental, vision, life insurance, accidental death and dismemberment insurance, disability coverages, health care and dependent care flexible spending accounts and retirement 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 Choices at a Glance

Benefit	Options
Medical (Dean Health Plan or Health Choices) and Prescription Drugs (OptumRx)	• Basic Option. • High Option. • Waive coverage.
Dental Coverage – Cigna	• Basic Option. • High Option. • Waive coverage.
Vision	• Cigna Vision Discount Program – Discounts on eye exams, frames and lenses are provided through participating providers for those enrolled in dental coverage. • Vision Service Plan (VSP) – Benefits provided for eye exams, frames and lenses when visiting in- and out-of-network providers. • Choose no coverage for Vision Service Plan.
Health Care FSA – Tri-Star Systems	• Set aside up to $2,750 annually in pre-tax pay to cover eligible health care expenses (with $5 per pay period minimum to participate). • Choose no coverage.
Dependent Care FSA – Tri-Star Systems	• Set aside up to $5,000 annually in pre-tax pay to cover eligible dependent day care expenses required so you can work (with $5 per pay period minimum to participate). • Choose no coverage.
Colleague Basic Life and AD&D Insurance – Securian	• Basic term life coverage provided automatically at no cost to you: 1½ times pay, to $50,000 maximum benefit. • Coverage includes equal amount of AD&D.
Voluntary AD&D Coverage – Securian	• Five coverage options (colleague-paid) – from $50,000 to $250,000 – with colleague only or family coverage. • Choose no voluntary AD&D coverage.

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Your Choices at a Glance continued

Benefit	Options
Supplemental Life Insurance – Securian	Colleague-paid coverage options: • Colleague: one to eight times pay, to a $1 million maximum benefit. • Spouse: $5,000 to $50,000, in $5,000 increments. • Children: $2,500 to $10,000, each covered child in $2,500 increments (same amount for each covered child). • Choose no supplemental life insurance.
Short-Term Disability (STD) and Long-Term Disability (LTD) – Unum	Automatically provided at no cost to you: • STD: 70% of pay when disability keeps you from working for more than seven consecutive calendar days, with benefits payable for up to 26 weeks. • LTD: Up to 60% of pay when disability keeps you from working for more than 180 days.
Identity Theft Protection	Colleague-paid coverage options: • Colleague only coverage. • Colleague and family coverage. • Choose no identity theft protection coverage.
Paid Time Off (PTO) Plan – Cash-In Options	During 2022 annual enrollment (November 1 - 14, 2021), non-management and management colleagues who are regularly scheduled (budgeted) to work at least 32 hours per pay period and are not physicians may: • Declare they will cash-in up to 40 hours of PTO for the coming calendar year – time declared in 2021, accrued in 2022, and cashed-in during 2022 will be paid at 100% straight time pay.

Who Is Eligible

You are eligible to participate in HSHS benefits, unless noted elsewhere, the first day of the month on or following date of hire in a benefit-eligible status, whether you are a new hire or change to a benefit-eligible status. You are eligible for short-term disability coverage after 90 days of active employment. Generally, you are eligible for coverage under the HSHS plan if you are a:

Full-time colleague ...	regularly scheduled (budgeted) to work 72 hours or more per pay period.
Part-time colleague ...	regularly scheduled (budgeted) to work between 32 and 71 hours per pay period.

Your Family

You can enroll eligible family members for medical, dental, vision, life and AD&D, and identity theft protection coverage. Eligible dependents include:

- Your spouse to whom you are legally married. *As a Catholic entity, HSHS understands marriage as designed by God to be between one man and one woman, but is providing benefits under protest to spouses as defined and as required by the civil law.*
- Dependent children up to age 26.
- Unmarried dependent child of any age who has a physical or mental disability and is incapable of self-sustaining employment and qualifies as a dependent under federal tax guidelines, as long as the disability begins before the child reaches age 26; you must provide proof of the child's disability.

Eligible children include: your natural born children, stepchildren, adopted children or children in the process of being adopted, children for whom you are a legal guardian and children of a legally-domiciled adult (for medical, dental and vision coverage only). A dependent's child (your grandchild) who lives in your home and is dependent on you for primary support is also eligible; however, when the dependent (your child) reaches the plan's age limits, the grandchild's eligibility ends.

Legally-Domiciled Adults (LDAs)

Legally-domiciled adults (LDAs) and any eligible children that live with you may be eligible for coverage under your medical, dental and vision plan. An LDA is someone with whom you have an ongoing, exclusive and committed romantic relationship similar to marriage or an adult who is your tax dependent who lives with you. You must submit a notarized Legally Domiciled Adult Affidavit to the HSHS HR Service Center for proof that your LDA meets the HSHS criteria for coverage before coverage can begin. You will be notified when your LDA's eligibility has been verified.

You can find more information about legally-domiciled adults (LDAs) on the MyHR Colleague Portal, **www.hshs.org/myhr**.

If you are enrolling a dependent under your HSHS benefits for the first time, you will be asked to provide proof of your dependent's eligibility for coverage. You are required to submit this documentation within 30 days of enrollment. Examples of proof for a child may include the child's birth certificate or adoption decree. If you are enrolling a spouse, a copy of your marriage license will be required.

The plan will honor any Qualified Medical Child Support Order (QMCSO) issued by a domestic relations court. QMCSOs should be forwarded to the HSHS HR Service Center.

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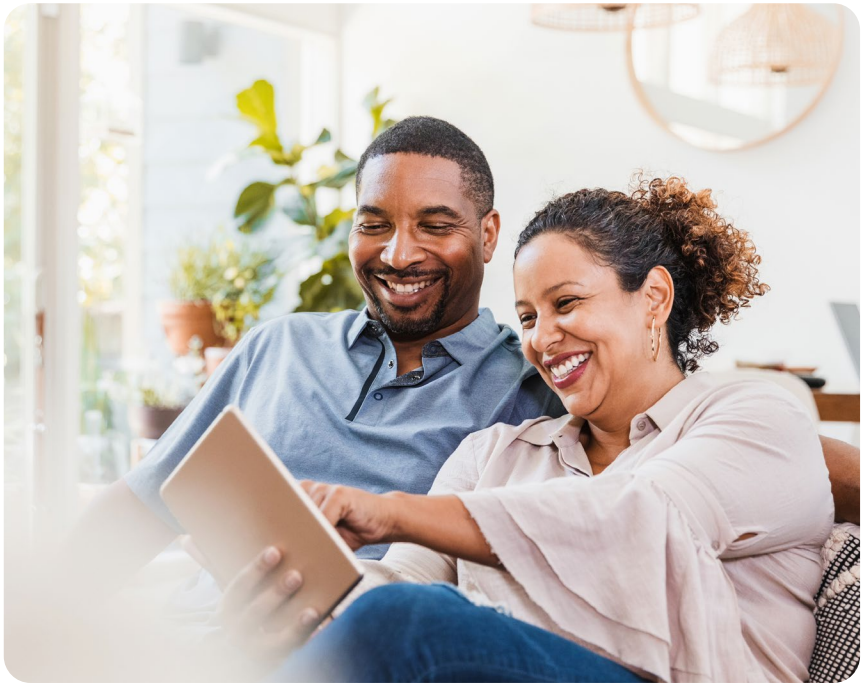
If You and Your Spouse or LDA Both Work for HSHS

- Health, Dental and Vision Coverage – You may each enroll for coverage as a colleague, or one of you may be enrolled as a dependent of your spouse or LDA. You may not be covered as both a colleague and a dependent. Only one of you may cover your dependent children.
- Supplemental Life Insurance – You cannot elect coverage for your spouse or LDA, and only one of you may cover your dependent children.
- Voluntary AD&D – You may each elect colleague coverage, but only one of you may elect family coverage.
- Health Care FSA – You may each elect separate accounts, but you cannot submit the same expense for reimbursement.
- Dependent Care FSA – You may each elect separate accounts, but your combined election cannot exceed the $5,000 annual maximum contribution.



If You Are Rehired

If you are rehired within 90 days of your termination date, your prior HSHS benefit elections will be reinstated on your rehire date.

Coverage Options

When you enroll in medical (including prescription drug coverage), dental or vision coverage, you can choose from these coverage levels:

- Colleague only.
- Colleague + Spouse or LDA.
- Colleague + Child(ren).
- Colleague + Spouse/LDA and Child(ren).

You can choose different coverage levels for medical, dental and vision coverage – for example medical coverage for your family and dental and vision for just you. You can also waive medical, dental or vision coverage.

If You Do Not Enroll

If you are enrolling as a new hire and you do not enroll by your enrollment deadline, you will have the following coverage by default:

- Basic life and AD&D insurance.
- Short-term disability coverage.
- Long-term disability coverage.

If you are enrolling during annual benefits enrollment and don't enroll by your enrollment deadline, your current elections will carry over to next year, with the exception of your PTO cash election and your Flexible Spending Account elections.

This coverage will remain in effect for the 2022 calendar year. You cannot choose new options during the year unless you have a qualifying change in status.

Making Changes During the Year

Based on IRS rules, you can generally make changes during the year only if you have a qualifying change in your family or employment status, for example due to a marriage, birth, or change in job or location. Benefit changes must be consistent with the eligible life event and be completed within 30 days of the life event. Please see the HSHS Summary Plan Description for more information.

If You Transfer to Another HSHS Facility

Your HSHS benefits continue unchanged as long as you continue to meet eligibility requirements described on **page 5**. If your primary home residence results in a change in your network option, as described on **page 10**, your medical plan option will automatically change to the corresponding HSHS medical plan option administered by the claim administrator for that network option.

Your Health and Well-Being

Preventive Care Benefits

When you have regular exams and take care of yourself, you can help keep more serious problems from developing. This can save time, money and worry... and most importantly help you feel your best.

When you enroll in a medical option, HSHS pays for physical exams and health screenings to help you identify health risks early if you use a network provider. All HSHS medical options provide full preventive care coverage, with no annual cap on preventive care benefits. See the list of covered preventive care services on **page 14**.

Healthy Partners

Bridging the Gap to Better Health

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

Healthy Partners' goal is to keep you healthy and out of the hospital and emergency department. Participation in the program is free, voluntary and strictly confidential; no identifying personal health information will be shared with HSHS.

HSHS Anytime Care Program

HSHS colleagues and dependents covered under the HSHS medical plan have access to care 24 hours a day, 7 days a week. You can visit with a doctor through our HSHS Anytime Care program, online or via the telephone. There is no cost to use the service for colleagues and eligible dependents enrolled in the HSHS medical plan. **All medical options pay 100%, and the deductible does not apply.**

Contact the HSHS Anytime Care program to visit with a provider about many conditions, including allergies, asthma, cold and flu symptoms, rashes and sinus infections. The service is available online at **www.anytimecare.com**, through the HSHS Anytime Care app, or you can call 1-844-391-4747 and speak with a provider.

** If you are covered by the HSHS medical plan and your HSHS Anytime Care account is showing an incorrect fee of $29/visit (not a $0 visit), please call HSHS Anytime Care at 1-844-391-4747.*

24/7

anytimecare.com

LiveWELL Wellness Program

Our wellness program — LiveWELL — is designed to empower you to live a life that's healthy, active and rewarding, so you can be a role model for our patients.

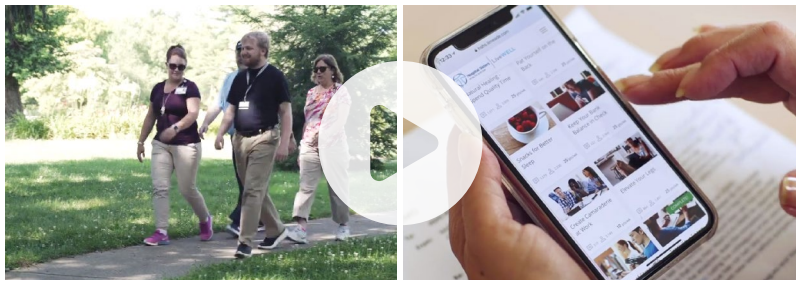
LiveWELL is available to all HSHS benefit-eligible colleagues and to spouses and legally-domiciled adults (LDAs) enrolled in the HSHS medical plan.

You'll earn points and rewards for taking steps to improve your physical, emotional, financial and work well-being. The program helps you improve in the areas you care about with interactive technology that's fun and easy to use on your computer, tablet or phone.

New hires/newly benefit-eligible colleagues will receive a welcome email from Limeade when you are able to access the program. To enroll, visit **http://hshs.limeade.com** and click "Activate Account," or download the Limeade ONE app (use code HSHS4U).

Take A Look!

HSHS LiveWELL combines useful tools, educational content and social support to help you reach for what matters most to you. See how our HSHS colleagues are getting active and getting results through LiveWELL! **Watch the video**



Hospital Sisters HEALTH SYSTEM | LiveWELL

Complete Challenges to Earn Rewards

Each year, you'll have the opportunity to complete challenges to earn points and receive wellness incentives — $390 or more a year!

- **Level 1 Seek:** Earn 1,000 points to receive $15 per pay period.
- **Level 2 Strive:** Earn 2,500 points to receive $20 per pay period.
- **Level 3 Succeed:** Earn 5,000 points to receive $25 per pay period.

Earn at your own pace! There's no deadline to complete "Level 1" during the September 2021 to September 2022 program period. Have your spouse/LDA participate to earn twice the reward!

Medical and Prescription Drug Coverage

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

- Basic Option.
- High Option.

You may also choose to waive medical coverage.

About Your Medical Options

Both HSHS medical plan options cover the same basic medical services. Your share of the cost of the medical services you receive differs. In general, as you increase the plan level (move from Basic to High) your biweekly payroll cost for coverage increases, while your cost of care (deductible amounts and coinsurance levels) decreases. Both of the medical options only cover services received from network providers, in most cases. Out-of-network services without a referral/prior authorization will not be covered.

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

HSHS Provider Networks

Generally, you need to use providers in your designated network to have your medical care covered by HSHS.

Colleagues Who Live In Illinois or Outside of Wisconsin	Colleagues Who Live In Wisconsin
Health Choices is your medical claims administrator. You can contact Health Choices at 1-833-728-0538 or www.live360healthplan.com.	Dean Health Plan is your medical claims administrator. You can contact Dean Health Plan at 1-888-895-1188 or deancare.com/aso.
Depending on the zip code of your primary home residence, your network is: • HSHS/Live360 provider network. • HSHS/Live360/First Health.	Depending on the zip code of your primary home residence, your network is: • HSHS/Prevea 360. • HSHS/Prevea360/First Health.
Using providers for non-urgent or non-emergency care outside of the network requires a referral.	
Out-of-network services will not be covered unless you first obtain a referral from your **provider** and prior authorization from Health Choices. Your **provider** will need to submit a referral request to Health Choices. If you have questions about the referral process, contact Health Choices at 1-833-728-0538.	Out-of-network services will not be covered unless you first obtain a referral from your **network provider** and prior authorization from Dean Health Plan. Your **network provider** will need to submit a referral request to Dean Health. If you have questions about the referral process, contact Dean Health Plan at 1-888-895-1188.

A referral is not required for urgent care when you are traveling outside your network service area and emergency care. For care required to treat an urgent situation while you are traveling outside your network service area or an emergency medical condition, the HSHS medical plan provides the same benefit level regardless of the provider who provides your care.

Remember! While traveling within the United States, you can use HSHS Anytime Care in all 50 states.

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Colleagues Who Live In Illinois or Outside of Wisconsin: Using Network Providers

Your medical options will be Exclusive Provider Organization (EPO) options that, in most cases, only cover services received from HSHS/Live360 network providers. This means, if you receive care outside of your network, you will most likely be responsible for the full cost of care.

To determine if you live in the Live360 Network Service Area, visit **https://live360healthplan.com/hshs-colleagues/**.

Providers Excluded from HSHS Medical Plan Coverage

The HSHS medical plan will not pay benefits for services received from particular providers. HSHS is proud of our facilities and physicians, and we want to encourage colleagues to use HSHS facilities and physicians for their care. The utilization of our own providers invests in our people and our organization, helping to build a stronger system of care in the communities we serve. Find a list of excluded providers at **https://benefits.hshs.org/Documents/Annual-Enrollment-2022/2022-Providers-Excluded-from-HSHS-Healthy-Plan-(1).pdf**.

Colleagues Who Live In Wisconsin: Using Network Providers

Your medical options will be Exclusive Provider Organization (EPO) options that, in most cases, only cover services received from HSHS/Prevea360 network providers. This means, if you receive care outside the network, you will most likely be responsible for the full cost of care.

To determine if you live in the Prevea360 network service area, visit **https://www.deancare.com/members/members-aso/aso-member/hospital-sisters-health-system**.

To locate network providers, visit the HSHS Virtual Benefits Fair at virtualfairhub.com/hshs.

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If You Live in the Live360 Network, and Your Dependent Lives Outside of the Live360 Network

If you live inside the Live360 network service area and you have a dependent who lives outside of the Live360 network, such as a child attending college, you must register your dependent with Health Choices. You can register your child in the Care Package Program with Health Choices. To register your dependent, you must complete and submit a form to Health Choices. The form is available on the HSHS Virtual Benefits Fair, MyHR Colleague Portal and the Live360 website, **live360healthplan.com/hshs-colleagues/**. You may also contact Health Choices customer service directly to request the form. Health Choices will send you a letter confirming your dependent's eligibility and additional information about the Care Package Program.

Once your dependent is registered, the First Health network will apply for your dependent's medical plan coverage and your dependent will be able to receive non-emergency services at the in-network HSHS Health Plan benefit level.

If Your Dependent Lives Outside of Wisconsin

If you have a dependent that does not live in the Prevea360 service area, such as a child attending college, you can register your dependent with Dean Health Plan after you receive your Dean Health Plan ID card. Call Dean Health Plan to get started.

Once your dependent is registered, the First Health network will apply for your dependent's medical plan coverage.

Remember!

Your covered dependents can also use HSHS Anytime Care in all 50 states.

5 Ways to Save

Learn tips to help you save money on health care.

Watch the video

Continued ▶

Key Health Care Terms

Deductible	Dollar amount you must pay for covered care each calendar year before the medical plan pays benefits for many services. The deductible does not apply to certain services, such as PCP visits, preventive care, lab and x-ray services and emergency room facility charges and HSHS facility charges. A family limit applies to the amount of individual deductibles your family must meet in total. A separate annual, per person, deductible applies to prescription drug benefits.
Coinsurance	Percentage of the cost for eligible medical expenses that you typically pay after you meet the deductible. For example, if you are enrolled in the High Option and are admitted to a Network Facility, the plan pays 85% of covered costs and you pay the remaining 15% up to the plan's out-of-pocket maximum. The 15% is your coinsurance.
Network Providers	Providers who have agreed to discounted rates for services. The HSHS medical plan provides benefits for covered services provided by network providers.
Out-of-Network Providers	Providers who do not participate in the Dean Health Plan provider networks (if you live in Wisconsin) or the Live360 provider networks (if you live outside of Wisconsin) for HSHS. When you use out-of-network providers, services without a referral/prior authorization will not be covered, unless the services are for required urgent care when you are traveling outside your network service area or emergency care.
Out-of-Pocket Maximum	Maximum dollar amount that you pay for eligible expenses in a calendar year. The plan pays 100% of eligible expenses for the rest of the calendar year after the out-of-pocket maximum is reached — providing financial protection for you by limiting your out-of-pocket expenses in a given calendar year.
• **Medical Services**	The annual deductible for medical services applies to the medical out-of-pocket maximum. Costs of care received outside the network without a referral does not apply to the out-of-pocket maximum. If you enroll your spouse/LDA and/or children, a family out-of-pocket limit applies for all eligible expenses your family has.
• **Prescription Drugs**	A separate out-of-pocket maximum applies to prescription drug benefits. The prescription drug deductible applies to the prescription drug out-of-pocket maximum.

Compare Your Medical Plan Options

Wellness/Preventive Care

Both HSHS medical options pay 100% of charges, with no deductible, for the following preventive services when received from a network provider:

- Periodic recommended pediatric and annual adult examinations, including screenings for tobacco use and health education/ counseling.
- Routine pediatric and adult immunizations and inoculations for infectious disease, as medically necessary.
- Mammogram annually.
- Prostate specific antigen (PSA) test.
- Colorectal cancer screening.
- Digital rectal exam (prostate exam).
- Gynecological examination – including pelvic and manual breast exams, Pap test, and urinalysis.
- Human papillomavirus (HPV) DNA testing for women age 30 and older, regardless of Pap smear results.
- Hearing screening every 12 months.
- Colonoscopies and sigmoidoscopies.
- For those who use tobacco products, two tobacco cessation attempts per year. Each attempt includes:
  - Up to four tobacco cessation counseling sessions of at least 10 minutes each.
  - FDA-approved tobacco cessation medication for a 90-day treatment regimen when prescribed by a health care provider.
- Diabetes education sessions for individuals diagnosed with diabetes.
- The following diagnostic lab tests when ordered at the time of a covered preventive care visit: cholesterol screening, blood glucose, complete blood count (CBC), thyroid and fecal occult blood tests.

The HSHS medical plan will cover contraceptives only when medically necessary.

The HSHS medical plan will not cover:

- Physical exams and related tests and reports solely for the purpose of obtaining or maintaining employment, insurance, governmental licensure, attending camp, participating in sports, admission to school and for premarital purposes.
- Vaccinations and inoculations required solely for recreational purposes.

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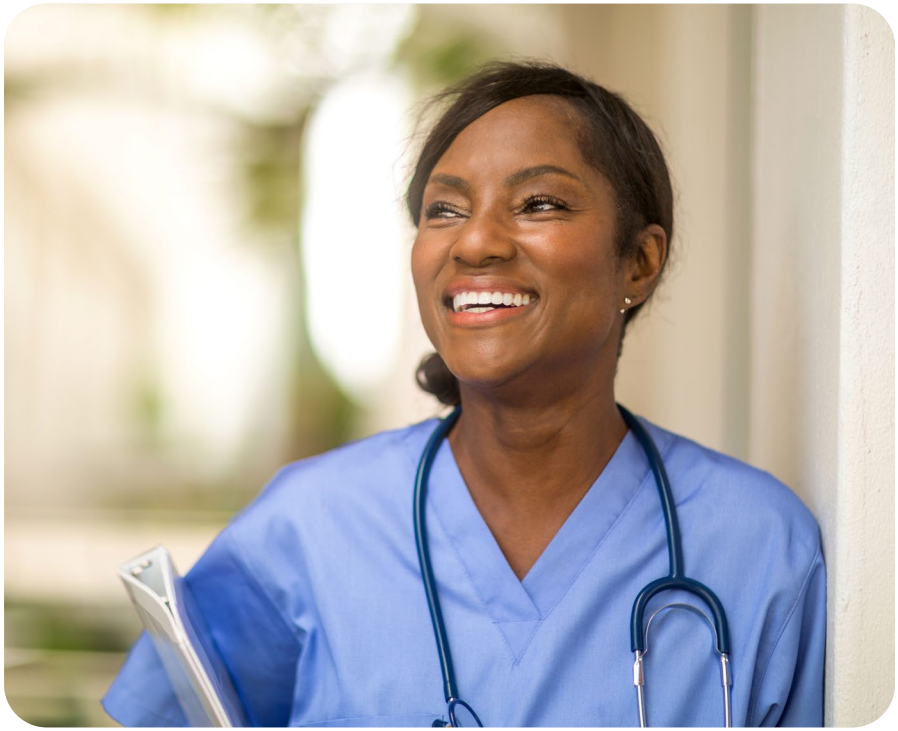
Selecting Your Medical Plan Option

Before choosing a medical plan option, you'll want to think about who you will cover, the types of health needs you anticipate during 2022, and your costs.

Specifically, the two types of costs are:

- Your cost of coverage – that's the biweekly amount deducted from your paycheck based on your regularly scheduled (budgeted) work hours and the coverage level you choose.
- Your cost of care or out-of-pocket cost – deductible and coinsurance amounts for the option you select based on the services you receive and where you receive your care.



Not sure what services you'll need?

No one can predict exactly what their health care needs will be. Sometimes past history can help you think that through.

- If you're enrolled in an HSHS medical option and you live in Wisconsin, you can get your medical history by accessing the Member Portal at **deancare.com/aso.**
- If you're enrolled in an HSHS medical option and you live in Illinois or outside of Wisconsin, you can get your medical history at **www.live360healthplan.com/hshs-colleagues/.**

For Colleagues Who Live In Illinois or Outside of Wisconsin: Covered Care and Services

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

	BASIC		HIGH	
	For Colleagues Living in Live360 Network Service Area	For Colleagues Living Outside Live360 Network Service Area	For Colleagues Living in Live360 Network Service Area	For Colleagues Living Outside Live360 Network Service Area
	Network		Network	
Wellness and Preventive Care	100% no deductible		100% no deductible	
Annual Medical Deductible				
Per Individual	$1,800		$900	
Family Limit	$3,600		$1,800	
Annual Medical Out-of-Pocket Limit (includes medical deductible)				
Per Individual	$3,800		$3,000	
Family Limit	$7,600		$6,000	
Physician Billed Services				
Office Visit Charge/Allergy Serums/Injections				
HSHS[1] PCP[3]	100%		100%	
All Other PCP[3]	80%		90%	
Specialist	75%		85%	
All Other Office Procedures				
PCP[3]	95%		95%	
Specialist	75% after deductible		85% after deductible	
Surgery - Inpatient and Outpatient				
PCP[3]	95%		95%	
Specialist	75% after deductible		85% after deductible	
Spinal Manipulation (up to 10 visits per calendar year)	75% after deductible		85% after deductible	
Lab and Imaging, Including Advanced Imaging	75%		85%	
Hospital Billed Services				
Inpatient and Outpatient				
HSHS[1]	75%		85%	
All Other Facilities	65% after deductible	75%	75% after deductible	85%
Lab and Imaging including advanced imaging				
HSHS[1]	75%		85%	
All Other Facilities	65% after deductible	75%	75% after deductible	85%

[1] HSHS includes HSHS facilities, HSHS Medical Group and Prairie Cardiovascular Consultants providers.
[2] Therapy Services include physical, occupational and speech therapy.
[3] Professional provider who is a general practice physician, family practice physician, internal medicine physician or pediatrician.

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For Colleagues Who Live In Illinois or Outside of Wisconsin: Covered Care and Services continued

	BASIC		HIGH	
	For Colleagues Living in Live360 Network Service Area	For Colleagues Living Outside Live360 Network Service Area	For Colleagues Living in Live360 Network Service Area	For Colleagues Living Outside Live360 Network Service Area
	Network		Network	
Emergency Room Care				
Hospital	$100 copay, 75%		$100 copay, 85%	
Physician	75% after deductible		85% after deductible	
Ambulance	75%		85%	
Private Duty Nursing	75%		85%	
Home Health Services and Hospice	75%		85%	
AnyTime Care Virtual Office Visit	100%		100%	
Mental Health and Substance Abuse				
Physician (office visit, inpatient, outpatient)				
PCP[3]	95%		95%	
Specialist	75%		85%	
Outpatient Facility	75%		85%	
Inpatient Facility	75%		85%	
Outpatient Therapy[2]/ Cardiac Rehab/Dialysis/DME	75%		85%	
Hearing Aid (Covers $1,400 per hearing aid every 3 years)	75%		85%	
Other Covered Services	75%		85%	
Lifetime Benefit Maximum	Unlimited		Unlimited	

[1] HSHS includes HSHS facilities, HSHS Medical Group and Prairie Cardiovascular Consultants providers.
[2] Therapy Services include physical, occupational and speech therapy.
[3] Professional provider who is a general practice physician, family practice physician, internal medicine physician or pediatrician.

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

Find a Provider

To locate an in-network provider, visit **https://live360healthplan.com/hshs-colleagues/**.

For Colleagues Who Live In Wisconsin: Covered Care and Services

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

	BASIC			HIGH		
	Network			Network		
	Facility	Primary Care Physician [1]	Specialist Physician	Facility	Primary Care Physician [1]	Specialist Physician
Wellness and Preventive Care	100% no deductible			100% no deductible		
Annual Medical Deductible	All cross apply			All cross apply		
Per Individual	None	None	$1,800	None	None	$900
Family Limit	None	None	$3,600	None	None	$1,800
Annual Medical Out-of-Pocket Limit (includes medical deductible)	All cross apply			All cross apply		
Per Individual	$3,800	$3,800	$3,800	$3,000	$3,000	$3,000
Family Limit	$7,600	$7,600	$7,600	$6,000	$6,000	$6,000
Physician Charges						
Office Visit Charge/Allergy Serums/Injections	N/A	95%	75%	N/A	95%	85%
Spinal Manipulation (up to 10 visits per calendar year)	N/A	N/A	75% after deductible	N/A	N/A	85% after deductible
All Other Office Procedures	N/A	95%	75% after deductible	N/A	95%	85% after deductible
Surgery – Inpatient and Outpatient	N/A	95%	75% after deductible	N/A	95%	85% after deductible
Outpatient Lab and Imaging, Including Advanced Imaging	75%	75%	75%	85%	85%	85%
Hospital/Facility Charges IP/OP	75%	N/A	N/A	85%	N/A	N/A
Emergency Room Care	$100 copay then 75%	N/A	75% after deductible	$100 copay then 85%	N/A	85% after deductible
Ambulance	75%	95%	75%	85%	95%	85%
Private Duty Nursing	75%	N/A	N/A	85%	N/A	N/A
Home Health Services and Hospice	75%	95%	75%	85%	95%	85%
Anytime Care	N/A	100%	100%	N/A	100%	100%

[1] Professional provider who is a general practice physician, family practice physician, internal medicine physician or pediatrician.
[2] Therapy Services include physical, occupational and speech therapy, radiation therapy, chemotherapy and electroconvulsive therapy.

Continued ▶

For Colleagues Who Live In Wisconsin: Covered Care and Services continued

	BASIC			HIGH		
	Network			Network		
	Facility	Primary Care Physician [1]	Specialist Physician	Facility	Primary Care Physician [1]	Specialist Physician
Mental Health and Substance Abuse						
Office Visits	N/A	95%	75%	N/A	95%	85%
Other Outpatient	75%	95%	75%	85%	95%	85%
Inpatient	75%	95%	75%	85%	95%	85%
Outpatient Therapy[2] / Cardiac Rehab / Dialysis / DME	75%	95%	75%	85%	95%	85%
Hearing Aid	75%	95%	75%	85%	95%	85%
	Covers $1,400 per hearing aid every 3 years			Covers $1,400 per hearing aid every 3 years		
Other Covered Services	75%	95%	75%	85%	95%	85%
Lifetime Benefit Maximum	Unlimited			Unlimited		

[1] Professional provider who is a general practice physician, family practice physician, internal medicine physician or pediatrician.
[2] Therapy Services include physical, occupational and speech therapy, radiation therapy, chemotherapy and electroconvulsive therapy.

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

Find a Provider

To locate an in-network provider, visit **https://www.deancare.com/members/members-aso/aso-member/hospital-sisters-health-system**.

Prescription Drug Coverage

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

** Retail is up to 30-day supply*
*** Up to 90-day supply of non-specialty medication may be filled at HSHS pharmacies, Walgreens or Optum Mail Service.*

More About the Medical Plan's Prescription Drug Coverage

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

After you meet the separate prescription drug deductible for your medical plan option, you pay coinsurance. When you reach the prescription drug out-of-pocket maximum for your medical plan option, the plan pays the full cost of your prescriptions for the rest of the calendar year, with the exception of the ancillary fee that applies when you receive a brand-name drug for which a direct generic equivalent exists.

You can view the formulary on the OptumRx annual enrollment website, **https://www.optumrx.com/oe_HSHS/landing**, or at **www.optumrx.com** if you are already enrolled.

Continued ▶

More About the Medical Plan's Prescription Drug Coverage

Retail Pharmacy

It's easy to purchase your prescription in the OptumRx network.

- Simply present your OptumRx ID card to the pharmacist.
- Pay your part of the prescription cost; no claim forms are required.

You can receive up to a 30-day supply of medication. To find out if a pharmacy is part of the OptumRx network, ask your pharmacy or visit:

- **https://www.optumrx.com/oe_HSHS/landing** during the 2022 annual enrollment period or if you are a new hire.
- **www.optumrx.com** if you are enrolled in the HSHS medical plan.

You must use a network pharmacy to receive the prescription drug benefit. Claims from non-network pharmacies will not be accepted.

Mail Service and 90-Day Retail Options

Use the mail service option through OptumRx to purchase any covered prescribed drugs you take to treat an ongoing medical condition, such as high blood pressure or diabetes. In fact, you are required to use an HSHS pharmacy, Walgreens, or mail service after having a maintenance medication filled two times at a retail pharmacy. When you use mail service:

- You can get up to a 90-day supply of your medication at one time, rather than the 30-day supply available at a retail pharmacy.
- You benefit from the convenience of home delivery with no cost for standard delivery.
- You will generally pay less than you would at the retail pharmacy.

Remember: After a maintenance prescription is filled twice at a retail pharmacy, you must use an HSHS pharmacy, Walgreens or mail service for subsequent refills to be covered by the HSHS medical plan's prescription drug coverage.

Beginning January 1, 2022! 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.

Ancillary Fee

If you receive a brand-name drug when a generic is available, you are responsible for paying the difference in price between the two. You will be responsible for this ancillary fee, even if your physician writes "dispense as written" (DAW1) on your prescription.

It's easy to order by mail!

Visit the HSHS Virtual Benefits Fair at **virtualfairhub.com/hshs** to learn more.

Visit an HSHS Pharmacy

HSHS pharmacies can be found in select HSHS facilities 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.

Continued ▶

Specialty Medications through OptumRx

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. Specialty medications include those used to treat multiple sclerosis, hepatitis C, rheumatoid arthritis, hemophilia and self-administered oral cancer medications. You may fill your initial prescription at a retail pharmacy. After that, subsequent refills must be placed through the specialty pharmacy or HSHS pharmacy.

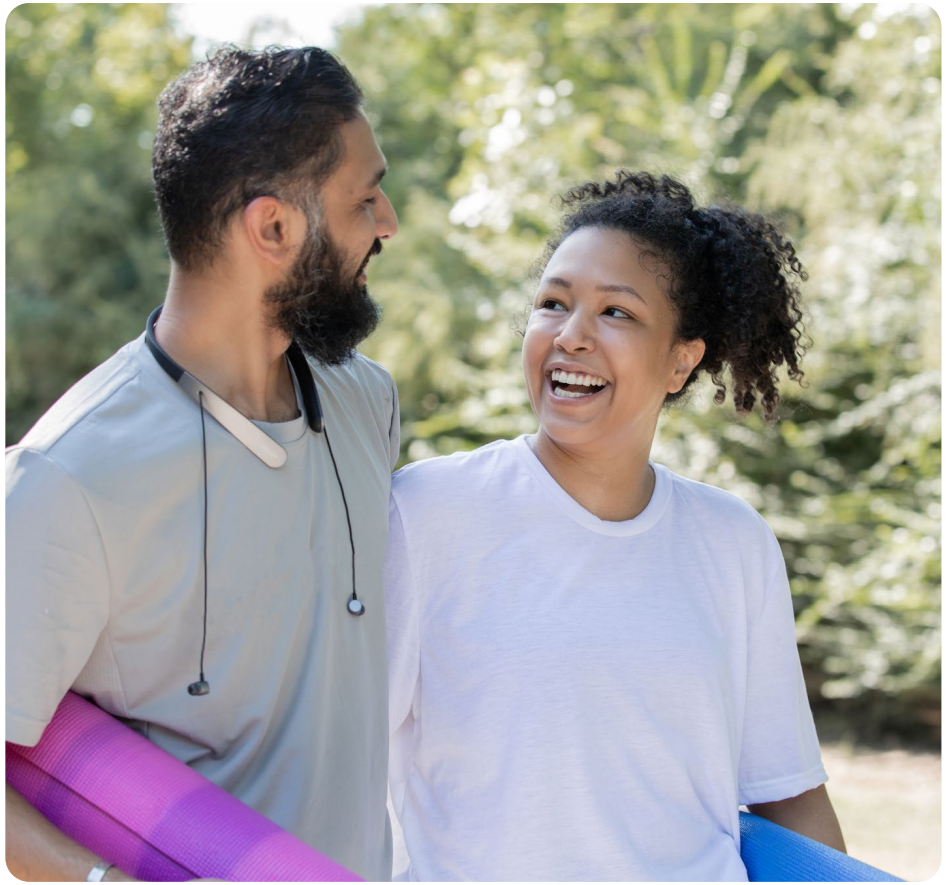
Access the OptumRx Mobile App

Use the OptumRx app to locate a pharmacy, search drug prices at multiple pharmacies, view your prescription ID card, transfer a prescription to home delivery, track the order status of your prescription home delivery, refill and renew prescriptions and manage medication reminders.

You can also access a complete profile of your prescriptions when you view My Medicine Cabinet. All of your recent and past prescriptions are in the palm of your hand.

For support:

- Visit **https://www.optumrx.com/oe_HSHS/landing**.
- Visit **www.optumrx.com**.
- Call 1-844-720-0030 to speak with a member services representative, available 24/7.



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When Prior Authorization or Step Therapy Is Required

To encourage safe and cost-effective medication use, OptumRx may require prior authorization or step therapy for certain prescription drugs. Benefit determinations for medications are based on a review of your medical history and current condition by an OptumRx team.

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.

Prior Authorization

If your medication is included in the prior authorization program, your physician will need to get approval through OptumRx before it will be covered by the HSHS medical plan. If you are prescribed a medication that is part of the program, your physician can submit a prior authorization request form so your prescription can be considered for coverage. Your physician will need to submit a new request to OptumRx when an existing authorization expires.

If your request is not approved, you may want to talk to your physician to find out if another medication might work for you. If your request is denied, you can still purchase the medication, but you will be responsible for the full cost.

Step Therapy

Under this program, a "step" approach is required to receive coverage for certain medications. This means that you may need to first try a proven cost-effective medication before a more costly treatment, if needed, is covered.

If your physician determines that the first-line medication is not appropriate or effective for you, your HSHS medical plan prescription drug benefit will cover the medication that is subject to step therapy when certain conditions are met and approval has been obtained from OptumRx.

If you start taking a medication that is included in the step therapy program, your physician will need to write you a prescription for a first-line medication or submit a prior authorization request for the prescription before you can receive HSHS medical plan prescription drug coverage for the medication.

Your physician can request prior authorization by visiting the OptumRx online portal **optumrx.com** or by visiting **professionals.optumrx.com**. If you have questions about the prior authorization or step therapy program, call 1-844-720-0030 to speak with a member services representative.

Dental Coverage

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

- Basic Option.
- High Option.

What the Dental Plan Covers

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

Cigna contracts with dentists and other dental care providers in all of the communities where HSHS is located. If you use network dentists, you can save money. Go to **myCigna.com** to see which dental offices participate in the Cigna DPPO network.

Benefits are based on reasonable and customary (R&C) – the usual cost or "going rate" for a particular dental service in your geographic area. You are responsible for any charges that exceed R&C.

When you use Cigna DPPO network dentists, you receive protection against charges above R&C, since network dentists charge preferred rates well within R&C limits.

The chart on this page highlights some commonly used services and shows how the dental plan options compare.

Dental Option	BASIC	HIGH
Annual Deductible	$50/person, up to $150/family maximum	$25/person, up to $75/family maximum
ENHANCED! **Annual maximum benefit**	$1,000/person	$2,000/person (not including orthodontia)
Preventive care and diagnostic services, including: • 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: • Fillings • Extractions • Root canal therapy • Oral surgery • Repair of dentures and bridges	85% after deductible	85% after deductible
Major care services, including: • Crowns • Bridges • Dentures	50% after deductible	50% after deductible
NEW! **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.

Vision Coverage

VSP Vision Plan

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

The chart on this page highlights some commonly used services and shows the vision plan's benefits.

The VSP Vision Plan also provides hearing aid discounts through TruHearing®. With TruHearing, VSP members can get up to a 60% discount on digital hearing aids.

If you have questions about the VSP Vision Plan, contact Vision Service Plan (VSP) at 1-800-877-7195 or go to **www.vsp.com**.

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 **www.cigna.com**.

Note: The HSHS medical plan covers medically necessary vision services, like diabetic retinopathy exams and cataract surgery.

	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
• Single Vision	Covered in full	Up to $30
• Bifocal	Covered in full	Up to $50
• Trifocal	Covered in full	Up to $65
• Lenticular	Covered in full	Up to $100
• Progressive Bifocals		
- Standard	Covered in full	Up to $50
- Premium	$95-$105 copay	Up to $50
- Custom	$150-$175 copay	Up to $50
• UV Coating	$16 copay	Not covered
• Tint	$15 copay	Not covered
• Scratch Resistance	$17 copay	Not covered
• Anti-reflective (standard)	$41 copay	Not covered
• Basic Polycarbonate	Children: Covered in full Adults: $31-$35 copay	Not covered
• Other Lens Enhancements	Average savings 30%	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
• Medically Necessary	Covered in full	Up to $210
• Elective	$130 allowance	Up to $105
• Contact Lens Exam (Fitting & Evaluation)	Not to exceed $60	Not covered
Other	• 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

Flexible Spending Accounts (FSAs)

The HSHS benefit plan offers two flexible spending accounts:

- Health Care FSA.
- Dependent Care FSA.

How FSAs Work

FSAs are like a sale. Money you set aside in the accounts is taken off the top of your pay before taxes are withheld.

- You contribute to the account(s) with pre-tax dollars deducted from your paycheck. This lowers your taxable income, and you don't pay taxes on the money you use from your account(s).
- When you enroll, you decide how much to set aside in your account(s) during the calendar year for:
  - Health care expenses for services you or your dependents receive between January 1, 2022, and March 15, 2023.
  - Dependent day care expenses for services you receive between January 1, 2022, and December 31, 2022.
- When you have an eligible expense, you file a claim to reimburse yourself from your account.

For the Dependent Care FSA, it's important to compare the tax savings you might have under the FSA to what you might save using the federal dependent day care tax credit.

Know the "Use It or Lose It" Rule

Based on IRS regulations, you must use all the money in your Dependent Care FSA by December 31, 2022. For the Health Care FSA, HSHS offers a grace period that lets you use your 2022 FSA for expenses incurred up to March 15, 2023.

Keep in mind that these time limits apply based on the date of service, not the date billed.

For both accounts, you have until May 1, 2023, to claim reimbursement. If you do not, the money left in your account(s) is forfeited.

Save with an FSA

HSHS offers a Health Care FSA and a Dependent Care FSA. Learn how they work and how they can help you save money.

Watch the video

Continued ▶

Health Care FSA

You can set aside up to $2,750 per year in a Health Care FSA for eligible medical, prescription drug, dental and vision expenses. The minimum contribution to participate is $5 per pay period.

Eligible Health Care Expenses

You can use the account for your eligible health care expenses and those of your legal spouse and for your child(ren) up to age 26.

Generally, if you are divorced or separated, you can use the account for the expenses for which you are responsible for your child even if you do not claim the child as your dependent on your tax return.

You can use the Health Care FSA to pay some of your out-of-pocket expenses, such as deductibles, coinsurance, prescription drug costs, glasses and contacts. A list of eligible health care expenses is available in Internal Revenue Service Publication 502. Go to **www.IRS.gov**, select Forms and Instructions and view or download IRS Publication 502, Medical and Dental Expenses.

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.

Using the Benny Card

You can pay eligible Health Care FSA expenses conveniently with the Benny card. The card works like a debit card. Use it to pay eligible expenses at the pharmacy, hospital or your doctor or other health care provider's office.

Swipe the card at the provider or merchant's card machine and select "credit."

Keep all documentation related to each expense in case it is requested by the IRS or Tri-Star Systems to substantiate your claim. Because this is very important, you may want to keep documentation with your other tax records.

If you don't want to use the Benny card, you can still file eligible claims using Tri-Star Systems' website. See **page 29** for details. For more information about the Benny card, visit Tri-Star Systems' website at **www.tri-starsystems.com**.

Reminder: If you choose to use the Benny card, be sure to have a valid and working e-mail address. Correspondence about your Benny card will be sent through e-mail during the year.

If your employment ends with HSHS, the Benny card is automatically canceled, and you can no longer use it for Health Care FSA expenses.

Continued ▶

Dependent Care FSA

You can use the Dependent Care FSA to help pay yourself back with pre-tax dollars for the cost of eligible day care for your dependents while you work. If you are married, the care must be needed so you and your spouse can work, or for you to work while your spouse attends school full-time. Your eligible dependents are:

- Children under age 13 who will live with you for more than half of 2022 and will not provide over half of their own support.
- Anyone physically or mentally incapable of caring for himself or herself who will live with you for more than half of 2022, will regularly spend at least eight hours each day in your home, and for whom you will provide over half the support in 2022, such as an elderly parent or a disabled spouse or dependent who is incapable of self-care.

How Much You Can Set Aside

If single or married and filing joint tax return	Up to $5,000
If married and filing joint tax return and your spouse's employer offers a dependent care account	Up to $5,000 between both accounts
If married and filing separate tax returns	Up to $2,500

The minimum contribution to participate is $5 per pay period.

FOCUS

Does the Dependent Care FSA Make Sense for You?

- Do you have eligible dependent children who need day care?
- Do you have a parent living with you who needs supervised care?
- Consider the tax break you get on reimbursed dollars when you use the FSA to pay for dependent day care expenses you would have to pay out-of-pocket anyway while you are working.

For a complete listing of eligible expenses, go to **www.IRS.gov**, select Forms and Instructions and view or download IRS Publication 503, Child and Dependent Care Expenses. While this publication is useful in determining dependent day care expenses that are eligible for reimbursement from the Dependent Care FSA, the dollar limits that apply to the federal dependent care tax credit are different from those that apply to the Dependent Care FSA.

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. If you have questions about tax savings, you may want to consult a tax advisor.

Continued ▶

Filing FSA Claims

You have a few options for filing your FSA claims:

- You can use **Tri-Star's website** to submit claims for reimbursement.
- You can use the Benny card to pay eligible Health Care FSA expenses. See **page 27** for more information.

Claims for the Health Care FSA are paid up to the annual amount you are depositing in your Health Care FSA. Claims for the Dependent Care FSA are paid up to the amount you have in your account at any time during the year.

You have until May 1, 2023 to submit claims for eligible expenses.

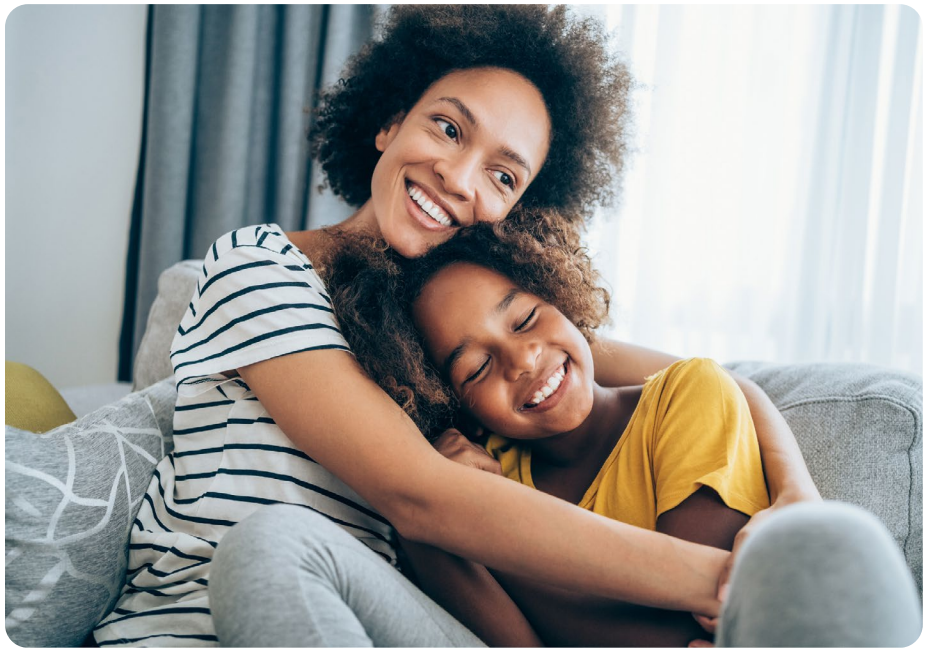
- For the Health Care FSA, it is expenses you incur between January 1, 2022, and March 15, 2023.
- For the Dependent Care FSA, it is expenses you incur between January 1, 2022, and December 31, 2022.

If your employment ends during 2022, only expenses for services received through your benefit end date are eligible for reimbursement. The benefit end date is the last day of the month in which an individual's employment is terminated.

Reimbursements from your account(s) are directly deposited into your designated bank account. Deposits are generally made to your bank account on the Monday following receipt of the claim by the preceding Thursday. Direct deposit is required. You will receive an explanation of payment via email. You are required to keep a valid, working email address on file with Tri-Star.

If You Have 2021 Health Care FSA Dollars Left on December 31, 2021

After December 31, 2021 any remaining 2021 Health Care FSA dollars will not be accessible on your Benny card. In order to use any remaining 2021 Health Care FSA dollars for eligible services received between January 1 and March 15, 2022, you must submit your claims using your Tri-Star account or by submitting a claim form to Tri-Star.



Employee Assistance Program

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.

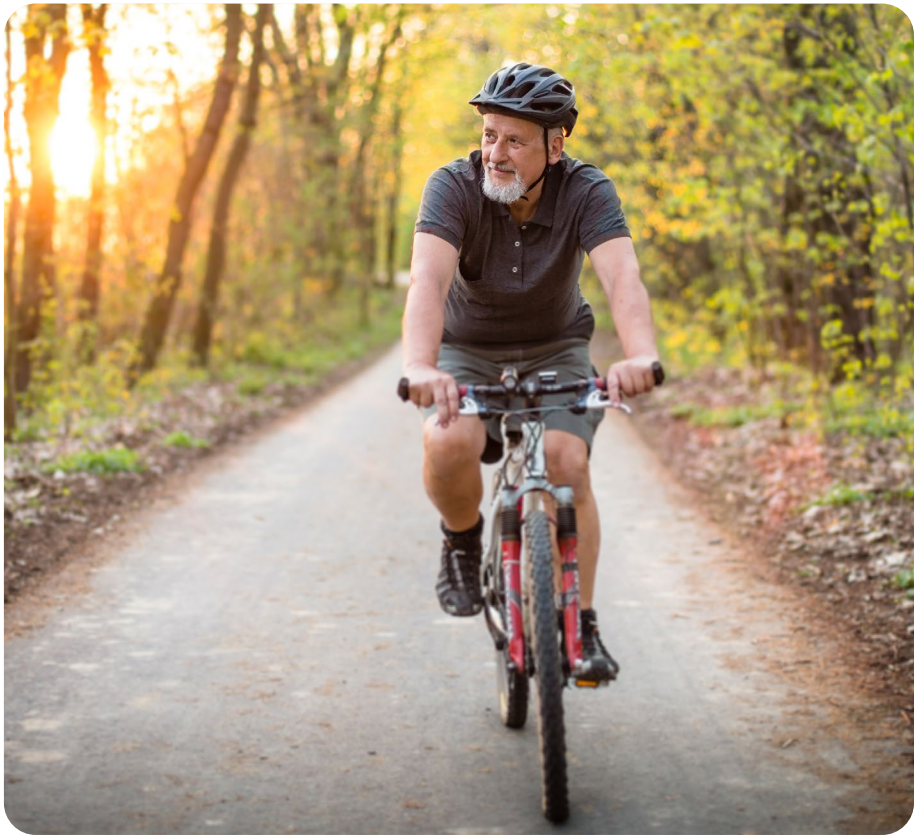
All services are confidential and provided by professional counselors. The EAP team includes family therapists, clinical social workers, marriage and family therapists, professional counselors and clinical psychologists.

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, 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, contact ComPsych at 1-877-327-7429 or visit **www.guidanceresources.com** (enter “HSHS4U” for the organization web ID).



Basic Life and AD&D Insurance

Hospital Sisters Health System provides basic life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you.

Basic Life and AD&D Coverage

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, 2021.

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

Living Care Benefit

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

Colleagues can receive up to 100% of their basic life insurance amount for up to 24 months prior to the expected date of death. Unlike life insurance benefits, living care benefits may be subject to taxes, so you are encouraged to consult a tax advisor before applying for this benefit.

Need help determining the right coverage for you and your family?

Visit **https://scout.securian.com/?id=010862.0001** to use Benefit Scout™, an online decision support tool that will help you decide what insurance options make sense for you and your family.

Supplemental Life Insurance Options: Cover Yourself, Your Spouse and Your Dependent Children

You also have additional life insurance options you can purchase 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 $50,000. If your spouse is also a 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 $2,500 increments from $2,500 to $10,000. When you select supplemental children's life insurance, each child from live birth is covered for the same amount — so if you choose $5,000 children's life insurance, each child would have $5,000 in coverage.

You pay for supplemental life insurance with after-tax payroll deductions. Premiums for your coverage are age-based and differ for smokers and non-smokers. Spouse premiums are also age-rated; for children the premiums are a flat amount — regardless of the number of children.

You are required to provide Evidence of Insurability (EOI) if you wish to increase your coverage during annual enrollment or if you are a newly-eligible colleague and you elect coverage that is more than three times your pay or $350,000.

You are also required to provide EOI if you elect to increase your spouse's life insurance coverage or if, as a newly-eligible colleague, you elect coverage for your spouse that is more than $20,000.

Continued ▶

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 coverage just for you or for you and your family. You select one of the coverage amounts for yourself; that benefit is paid in the event of your accidental loss of life.

For losses other than accidental loss of life, the Voluntary AD&D benefit will be based on the coverage you elect, the makeup of your family (if you elect family coverage), and the type of accidental loss. If you select family coverage, your covered dependents have coverage amounts based on your coverage amount. Dependent benefits for accidental loss of life are based on your covered family at the time of an accidental loss.

- **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.

Other plan features include: seatbelt and airbag benefit, education benefit (when family coverage is elected), occupational HIV or hepatitis benefit (for you only), child care benefit, increased child dismemberment benefit, psychological therapy benefit and rehabilitation benefit. To learn more about coverage under this plan, see the plan's Summary Plan Description (SPD).

Submitting your Evidence of Insurability (EOI) Online is Easy!

When your election requires EOI, an email will be sent to your personal email directing you to Securian's website to complete your EOI. If your spouse is required to provide EOI, your spouse will receive a letter in the mail with instructions on how to provide the necessary information online. You will be asked three questions, and to provide your height and weight. You can answer all of the questions online!

The online process ends with a confirmation email, notifying you that your application is under review. Securian will consider your answers to approve or decline coverage.

In some cases, Securian will ask for additional information, such as medical records from your doctor or an exam. Although uncommon, an exam may be required. A health professional would come to your home when it's convenient for you — there's no cost to you, and the exam takes about 20 minutes.

FOCUS

Choosing Your Options

Use Benefit Scout™, to help you determine how much of your current paycheck is used for day-to-day living expenses for your household. This can provide a guideline for the amount of income you need life insurance to replace. The tool will help you consider any financial obligations, like a home mortgage, and look at what savings and investments you have. To access the tool, visit the HSHS Virtual Benefits Fair at **virtualfairhub.com/hshs**.

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.

Short-Term Disability (STD)

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% of base pay, based on budgeted/regularly scheduled hours and any shift differential.
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.

If You Have an EIB Balance as of December 31, 2021

Your Extended Illness Benefit hours are available for you to use only for sickness or illness after December 31, 2021 with an approved short-term disability claim. Like STD, EIB will begin on the next regularly scheduled work day following seven consecutive calendar days of absence due to disability. The STD benefit is payable after you exhaust any accrued EIB balance.

STD is available only for work absences due to your own illness or injury. 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. You may also use PTO to supplement your pay while receiving STD benefits. The combination of PTO and STD payments cannot exceed 100% of your regular pay.

Long-Term Disability (LTD)

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

Pre-Existing Conditions

The LTD plan does not cover a pre-existing condition. You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the six months just prior to your effective date of coverage; or you had symptoms for which an ordinarily prudent person would have consulted a health care provider in the six months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage unless you have been treatment-free for six consecutive months after your effective date of coverage.

Continued ▶

How Long LTD Benefits Continue

- If you are disabled before age 60, you are eligible to receive LTD benefits until you are no longer disabled or to age 65, whichever is earlier.
- If you are disabled between age 60 and 69, benefits continue for the number of months shown in the chart, as long as you continue to be disabled.

If you are disabled at:	Benefits continue for up to:
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

- The lifetime cumulative maximum benefit period for all disabilities due to mental illness is 24 months.

LTD Plan Exclusions

Benefits are not provided for disabilities due to:

- Intentionally self-inflicted injuries.
- Active participation in a riot.
- Loss of a professional license, occupational license or certification.
- Commission of a crime for which you have been convicted.
- War, declared or undeclared, or any act of war.
- Any period of disability during which you are incarcerated.

Definition of Disability for Long-Term Disability

You are considered to be disabled if you:

- Cannot perform the main duties of your regular occupation due to your illness or injury, and
- Have a loss of 20% or more of your earnings due to that illness or injury.

After benefits have been paid for 24 months, you are considered disabled if you cannot perform the key duties of any gainful occupation for which you are reasonably qualified by training, education, or experience. Department directors and above and physicians have “own occupation” definition for duration of disability. You must be under the regular care of a physician to be considered disabled.

Retirement Program

HSHS provides a comprehensive retirement program to help you build savings now so you can have financial resources in the future. Our retirement program includes a Pension Plan and a 403(b) Retirement Savings Plan.

Eligibility

- HSHS colleagues hired prior to July 1, 2014 are eligible for the:
  - HSHS Pension Plan with a Traditional Pension Benefit – allows you to earn a benefit based on a defined benefit formula using your pay and years of service.
  - HSHS 403(b) Retirement Savings Plan – provides an opportunity to build on your pension benefit through your contributions and investment earnings.
- HSHS colleagues hired or rehired on or after July 1, 2014 are eligible for the:
  - HSHS Pension Plan with a Cash Balance Benefit – features an account balance that shows the value of your accumulated benefit. HSHS credits your account each year with contribution credits and interest credits.
  - HSHS 403(b) Retirement Savings Plan – provides an opportunity to save with contributions, including matching contributions from HSHS.

Preparing to Retire?

Understand what you need to know and do for a successful retirement.

Watch the video

Participating in the Plan

All colleagues of designated Affiliates of Hospital Sisters Health System are eligible for eligible Retirement Plan(s), except for:

- Temporary or leased colleagues, as classified by the Internal Revenue Service (IRS).
- Colleagues who are members of a collective bargaining unit whose contract provides for membership in another retirement plan.

Additionally, medical residents are not eligible for HSHS Pension Plan benefits, but they can participate in the non-matching HSHS 403(b) Retirement Savings Plan.

For more information, you can review the Retirement Program guides, available at the Virtual Benefits Fair on **virtualfairhub.com/hshs**.

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

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

Go to the MyHR Colleague Portal at **www.hshs.org/myhr** to schedule your appointment today.

Note: Not available to colleagues of Prairie Cardiovascular Consultants.

Continued ▶

The HSHS Pension Portal for Pension Plan Participants

Hospital Sisters HEALTH SYSTEM | LifeWorks

Looking for HSHS Pension Plan information? Visit the HSHS Pension Portal to:

- Designate beneficiaries.
- Review estimated current pension benefits.
- Generate future pension estimates.
- Request payment of pension benefits.

You can also review your personal profile and contact information and access pre-retirement planning educational materials. For more help, you can speak with a pension expert, live or through the chat feature.

All HSHS Pension Plan participants, as well as those alternate payees, surviving spouses and beneficiaries who are in pay status have access to the HSHS Pension Portal. Alternate payees, surviving spouses and beneficiaries who are not yet in pay status and colleagues who have been employed at HSHS for less than 12 months and/or have yet to work 1,000 hours or more in a calendar year will not have access to the portal.

Whether you're just starting out or have been earning your way for quite some time, HSHS strongly encourages you to register an account. To register your account, go to **benefits.hshs.org/pension**.

Paid Time Off (PTO)

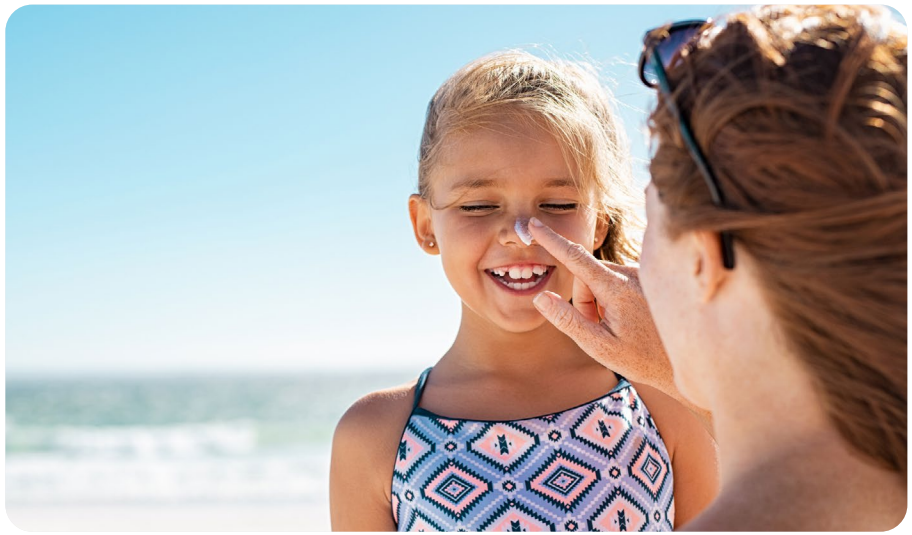
All HSHS regular status colleagues who are scheduled (budgeted) to work at least 32 hours per pay period are eligible for Paid Time Off (PTO) benefits - which includes vacation, sick days, holidays and personal days - in order to provide maximum flexibility for you when you are scheduling time away from work. Here's how you accrue PTO:

- Your accrual of PTO depends on length of continuous service and actual hours paid, up to 2,080 hours per payroll calendar year.
- You accrue PTO for each hour that you work, up to the maximum annual accrual.
- If you were hired after January 1, 2020, your maximum annual accrual is also your maximum allowed balance.
- If you were hired before January 1, 2020, your maximum allowed balance is two times your maximum annual accrual.
- At any time, if you reach your maximum allowed balance, you will stop accruing PTO hours until you use some of your PTO.
- If you are a salaried colleague, you are able to use your PTO in half-day increments, based on your regularly scheduled day (4, 4.5, or 5 hours; for example, if you have an 8-hour workday, you can use up to 4 hours of PTO).
- If you are an hourly colleague, you are able to use your PTO in 15-minute increments.

Cashing in Paid Time Off (PTO)

If you are a non-management or management colleague who is regularly scheduled (budgeted) to work at least 32 hours per pay period and not a physician, during annual enrollment each year you can declare the number of PTO hours — up to a maximum of 40 hours — that you want to cash in during the following 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. Keep in mind that:

- You may only request payment for hours that will accrue in 2022.
- You cannot cancel your 2022 PTO cash-in declaration after annual enrollment for 2022 ends.



Continued ▶

Identity Theft Protection

Protect yourself and your family! HSHS provides the opportunity to purchase identity theft protection through Allstate. Allstate Identity Protection Pro Plus offers 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 helps you monitor your online activity, from financial transactions to social media.

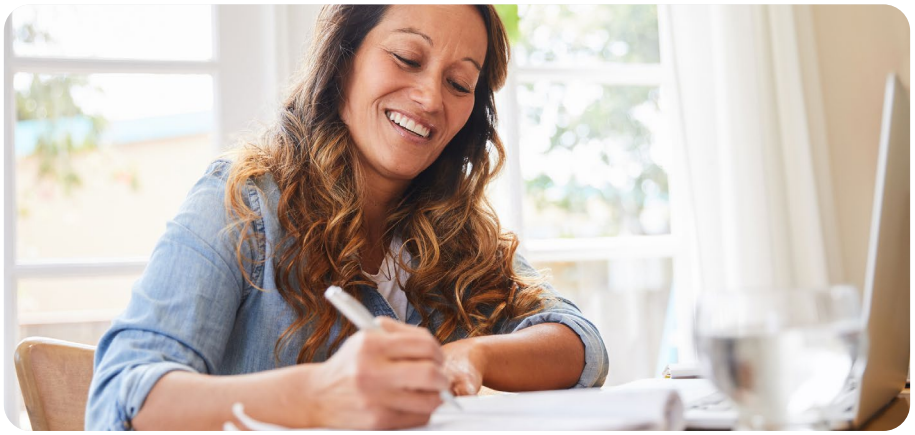
Allstate Identity Protection Pro Plus includes:

- Financial activity monitoring and account activity alerts if there is unusual activity on your personal banking accounts, credit and debit cards, retirement accounts or other investment accounts.
- Credit monitoring and alerts from all three bureaus, a yearly tri-bureau credit report and score, and help disputing errors on your credit report.
- Social media monitoring of your social accounts for vulgarity, threats or violence, explicit content and cyberbullying.
- Digital exposure reports that identify where your personal information is available on the internet.
- Data breach alerts if you are impacted.
- Dark web monitoring of closed hacker forums for your personal information or compromised credentials.
- IP address monitoring for malicious use of your IP address.
- Sex offender alerts if a sex offender is registered in a nearby area.
- The Allstate Digital Footprint™ tool that will help you see and control your personal data

Allstate Identity Protection Pro Plus will scan closed hacker forums to search for any compromised personal identifiable information – including medical cards, NPI numbers, DEA numbers, passports, driver's license, insurance cards, and more – helping you discover breached data that is otherwise inaccessible. You'll receive real-time advanced threat intelligence, and you'll have access to a team of in-house experts available 24/7 to manage restoration cases.

Identity Theft Protection Coverage Biweekly Rates	
Colleague Only	**Colleague + Family**
$3.00	$5.77

For more information about your Identity Theft Protection, visit the HSHS Virtual Benefits Fair at **virtualfairhub.com/hshs**.



Education Assistance

Colleagues continuing their education or taking additional classes can get financial support from the HSHS Education Assistance Program.

Full-time and part-time HSHS colleagues are eligible for the program at date of hire.

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 Discount Program (PerkSpot)

PerkSpot gives you access to hundreds of exclusive discounts at some of your favorite national and local merchants, including discounts on:

- Automotive
- Beauty & Fragrance
- Books & Media
- Colleges/Universities
- Financial & Life Services
- Health & Wellness
- Home Services
- Sports & Outdoors
- Tickets
- Travel

Check out your savings from work, home, or on-the-go with any device! Visit **https://hshs.perkspot.com/login** for more information.

Adoption Assistance

For colleagues seeking to grow their families through adoption, 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.

Eligible expenses include:	Expenses NOT included:
• Application fees • Home studies • Agency and placement fees • Legal fees and court costs • Immigration, immunization and translation fees • Transportation, meals and lodging • Parent, child and family adoption counseling	• Embryo adoption or surrogacy fees • Voluntary donations or contributions • Legal fees incurred to obtain custody or guardianship of your own child or step child • Legal fees incurred to adopt a step child • Personal items for the child • Expenses that have been or will be reimbursed through other reimbursement programs

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

Please contact the HSHS HR Service Center for additional help.

Cost of Coverage

You and HSHS share the cost of your HSHS Benefits. You pay your share of most HSHS Benefit costs before federal, state and Social Security taxes are calculated.

If you elect supplemental life insurance for yourself, your spouse or your child(ren), you pay for this coverage with after-tax deductions.

See the following charts for your 2022 medical, dental and vision coverage costs.

HSHS pays for:

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

You pay for:

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

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

- Medical
- Dental

Medical	Biweekly Colleague Medical Insurance Deductions			
	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
72+ hours				
Basic	$27.54	$104.37	$64.11	$141.09
High	$65.94	$182.87	$131.21	$248.30
48-71 hours				
Basic	$47.30	$142.27	$97.80	$192.93
High	$85.70	$220.77	$164.90	$300.14
32-47 hours				
Basic	$69.16	$184.22	$135.09	$250.30
High	$107.56	$262.72	$202.19	$357.51

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

Vision	Biweekly Colleague Vision Plan Deductions			
	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
	$3.55	$7.09	$7.59	$12.12

Note: Coverage for an eligible legally-domiciled adult (LDA) may be taxed. Visit the MyHR Colleague Portal, **www.hshs.org/myhr** for more information.

Legal Notices

Special Enrollment Rights

Based on IRS rules, if you waive HSHS medical coverage for yourself or your dependents (including your spouse/LDA), you may be able to enroll yourself and your dependents in the HSHS medical plan during the year if:

- You or your dependents lose coverage under another medical plan because you become ineligible for the other plan coverage. Loss of coverage may occur due to an employer stopping contributions toward your other medical coverage or your dependents' other medical coverage.
- You acquire a new spouse/LDA or a new dependent as a result of a marriage, birth, adoption or placement for adoption.

You may enroll yourself or dependents within 30 days of losing other medical coverage or acquiring a new spouse/LDA or dependent.

HSHS provides a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in HSHS medical plan benefits.

For additional information, please see the CHIP model notice beginning on **page 42**.

You must contact the HSHS HR Service Center and complete the necessary forms within 30 days of loss of other plan coverage or within 60 days from the date of the Medicaid/CHIP eligibility change in order to enroll in/change your benefit elections.

Continued ▶

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS - Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

Continued ▶

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003, TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740, TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/default.aspx or http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

Continued ▶

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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.

Continued ▶

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

Continued ▶

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 13, 2021**	Name of Entity:	**Hospital Sisters Health System** **PO Box 19456** **Springfield, IL 62794-9456** **1-855-394-4747**

Contact Information

If you have questions about ...	Contact ...	
Enrolling or your HSHS Benefits	• HSHS Virtual Benefits Fair virtualfairhub.com/hshs • MyHR Colleague Portal www.hshs.org/myhr	• The HSHS HR Service Center 1-855-394-4747, MyHR@hshs.org
Medical	For Colleagues Who Live In Wisconsin	For Colleagues Who Live In Illinois or Outside of Wisconsin
• Customer Service • Claim information • ID cards • Treatment pre-approval	Dean Health Plan deancare.com/aso 1-888-895-1188 (7:30 a.m. to 5 p.m. CST, Monday - Thursday, and 8 a.m. - 4:30 p.m. CST, Fridays)	Health Choices www.live360healthplan.com 1-833-728-0538 (8 a.m. to 5 p.m. CST, Monday - Friday)
• Provider locator	https://www.deancare.com/members/members-aso/aso-member/hospital-sisters-health-system	https://live360healthplan.com/hshs-colleagues/
• 24/7 Nurse line (Prevea Care After Hours)	1-920-496-4700 or 1-888-277-3832	N/A
Prescription Drugs	OptumRx During enrollment: https://www.optumrx.com/oe_HSHS/landing If you are currently enrolled: www.optumrx.com 1-844-720-0030	
Dental • Claim information • Dental providers	Cigna HealthCare www.cigna.com 1-800-244-6224	
Vision	Vision Service Plan (VSP) www.vsp.com 1-800-877-7195	
Flexible Spending Accounts • Health Care FSA • Dependent Care FSA	Tri-Star Systems www.tri-starsystems.com 1-800-727-0182 (phone), 1-800-315-0737 (fax)	
Disability Insurance • Short-Term Disability • Long-Term Disability	UNUM www.unum.com 1-866-295-3007, Monday – Friday, 7 a.m.- 7 p.m. CST	

Continued ▶

Contact Information

If you have questions about ...	Contact ...
HSHS Pension Plan	LifeWorks benefits.hshs.org/pension 1-855-394-4747, option 2
HSHS Retirement Savings Plan	Fidelity Investments netbenefits.com/atwork 1-800-343-0860
Identity Theft Protection	Allstate Identity Protection 1-800-789-2720 https://www.myaip.com/
Employee Assistance Program	ComPsych www.guidanceresources.com (enter "HSHS4U" for the organization web ID) 1-877-327-7429
HSHS Discount Program	PerkSpot 1-866-606-6057, cs@perkspot.com https://hshs.perkspot.com/login

HSHS Hospital Sisters Health System | HR Service Center

For additional help with enrolling or if you have questions about your HSHS benefits,

- Contact the HSHS HR Service Center. Speak to an HR representative by calling 1-855-394-4747 or by emailing **MyHR@hshs.org**.
- Visit the HSHS Virtual Benefits Fair to learn about your benefits and find helpful resources. Review searchable FAQs for more support.

Watch the video to learn more.

MyHR

SCAN ME