



Hospital Sisters
HEALTH SYSTEM

Medical Resident Benefits Guide 2025



Your Benefits

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

- Learn about your 2025 benefit choices.
- Know where to find resources and support.

For more details about your 2025 HSHS benefits, visit MyHR | Workday Help at www.myworkday.com/hshs/wdhelp/helpcenter or by scanning the QR code to the right.

 MyHR | workday.help



Availability of Summary Health Information

Hospital Sisters Health System offers three medical coverage options. As required by the Patient Protection and Affordable Care Act, your plan makes available a summary of benefits and coverage (SBC) for each option. The SBCs can be found on MyHR | Workday Help, www.myworkday.com/hshs/wdhelp/helpcenter. You can also request a paper copy, free of charge, by contacting the HSHS HR Service Center.

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Medical Plan Benefit Highlights



When you need care from a Non-Network Provider:

Out-of-network services are not covered unless in the case of an emergency or you receive approval from UMR. In order for a non-emergent service to be covered, a referral needs to be reviewed and approved by UMR prior to services being received.

Medical and Prescription Drug Coverage

You have three medical options through UMR:

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

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

HSHS Provider Networks

Using HSHS/Prairie providers and facilities will always provide you the highest level of benefit.

All covered colleagues have access to a three-tiered network.

- **HSHS Select** - HSHS, PCC and Prevea providers and facilities.
- **HSHS Extended** - local partners such as Springfield Clinic, PCIN network providers, SSM, SLU, Mercy and others.
**Springfield Clinic Ambulatory Surgical Center is covered under the UMR Choice Plus network.*
- **UHC Choice Plus** - nationwide United Healthcare network.

Find a Provider

To locate an in-network provider, visit the Find a Provider page on the HSHS Benefit website at benefits.hshs.org/Find-a-Provider.

Virtual Healthcare/Telehealth

Provided through Teladoc Health

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

With Teladoc, you can:

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

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

Compare Your Medical Plan Options

For colleagues who live In Illinois or outside Wisconsin.

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

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

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

For more information about your network options, visit benefits.hshs.org/Find-a-Provider

	Premier Plan			Value Plan			HDHP with HSA		
	HSHS Select	HSHS Extended	UHC Choice Plus	HSHS Select	HSHS Extended	UHC Choice Plus	HSHS Select	HSHS Extended	UHC Choice Plus
Wellness and Preventive Care		100%			100%			100%	
Teledoc Virtual Visits (Including Behavioral Health)		100%			100%			100%	
Physician Services									
Office Visit Charges - PCP	100%	80%	60%*	100%	70%	60%*	100%*	80%*	60%*
PCP Procedures in the Office	100%	80%*	60%*	100%	70%*	60%*	100%*	80%*	60%*
Office Visit Charges - Specialist	100%	80%*	60%*	100%	70%*	60%*	100%*	80%*	60%*
Diagnostic									
Basic Imaging (X-Ray) and Labs (Office/Outpatient)	100%	80%*	60%*	100%	70%*	60%*	100%*	80%*	60%*
Annual Medical and Prescription Drug Deductible (deductibles cross-apply)									
Per Individual	\$350	\$700	\$2,100	\$700	\$1,400	\$4,200	\$3,300	\$4,000	\$5,000
Family Limit	\$700	\$1,400	\$4,200	\$1,400	\$2,800	\$8,400	\$6,600	\$8,000	\$10,000
Annual Medical and Prescription Drug Out-of-Pocket Limit (includes deductible and amounts cross-apply)									
Per Individual	\$3,000	\$3,000	\$6,000	\$3,800	\$3,800	\$7,600	\$4,000	\$6,000	\$8,000
Family Limit	\$6,000	\$6,000	\$12,000	\$7,600	\$7,600	\$15,200	\$8,000	\$12,000	\$16,000
Emergency Room and Ambulance									
Facility Charges	\$100, 90%	\$100, 80%	\$100, 80%	\$100, 80%	\$100, 70%	\$100, 70%	90%*	80%*	80%*
Physician Services	90%*	80%*	80%*	80%*	70%*	70%*	90%*	80%*	80%*
Ambulance	90%*	80%*	80%*	80%*	70%*	70%*	90%*	80%*	80%*
Urgent Care	90%*	80%*	80%*	80%*	70%*	70%*	90%*	80%*	80%*
Specialist Physician									
Specialist Procedures	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Hospital Services									
Inpatient and Outpatient Services	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Outpatient Therapy (PT/OT/Speech)/Dialysis	90%	80%*	60%*	80%	70%*	60%*	90%*	80%*	60%*
Advanced Imaging (PET/CT/MRI)	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Mental Health and Substance Use									
Facility Charges	90%*	80%*	80%**	80%*	70%*	70%*	90%*	80%*	80%**
Physician Services	100%	80%	80%**	100%	70%	70%*	100%*	80%*	80%**
Durable Medical Equipment/Orthotics/Prosthetics									
Durable Medical Equipment/Orthotics/Prosthetics	90%*	80%*	80%*	80%*	70%*	70%*	90%*	80%*	80%*
Hearing Aids (Up to \$2,500 every 3 years)									
Hearing Aids (Up to \$2,500 every 3 years)	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*
Other Services									
Other Services	90%*	80%*	60%*	80%*	70%*	60%*	90%*	80%*	60%*

* Subject to the deductible before the plan pays.

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

Prescription Drug Coverage

Medical Option	VALUE and PREMIER		HDHP with HSA	
	HSHS pharmacy	All other pharmacies	HSHS pharmacy	All other pharmacies
Annual deductible	Combined with medical deductible - HSHS Select deductible applies			
Annual out-of-pocket maximum	Combined with medical out-of-pocket maximum - HSHS Select maximum applies			
Generic:	90%	80%	90% after deductible	80% after deductible
Preferred brand:	80% after deductible	70% after deductible	80% after deductible	70% after deductible
Non-preferred (non-formulary) brand - retail*	\$15 per prescription, then 80% after deductible	\$15 per prescription, then 70% after deductible	\$15 per prescription, then 80% after deductible	\$15 per prescription, then 70% after deductible
Non-preferred (non-formulary) brand - mail service/90-day supply:**	\$45 per prescription, then 80% after deductible	\$45 per prescription, then 70% after deductible	\$45 per prescription, then 80% after deductible	\$45 per prescription, then 70% after deductible

* Retail is up to 30-day supply.

** Up to 90-day supply of non-specialty medication may be filled at HSHS pharmacies, Walgreens or OptumRx mail service.

Important Reminder

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

Health Savings Account

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

Advantages of HSAs include:

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

HSHS will make a \$25 per-pay-period employer contributions to your HSA regardless of whether you are able to contribute anything to the account yourself. You are able to make additional pre-tax contributions up to IRS limits (\$4,300 for self-only coverage and \$8,550 if you cover any dependents). Those 55 and older can contribute an additional \$1,000. HSHS employer contributions count towards the IRS limits.

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

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

Prescription Drug Coverage

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

When filling a prescription, you have two options:

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

To find out if a retail pharmacy is part of the OptumRx network, ask your pharmacy or visit optumrx.com/oe_HSHS/landing during enrollment. If you enroll in the HSHS medical plan, you can visit optumrx.com after coverage takes effect on 1/1/2025.

NEW! Prescription drug deductible and out of pocket maximum is combined with medical deductible and out of pocket maximum for the plan option you select.

Four easy ways to enroll in OptumRx home delivery:

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

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

Important reminder

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

New OptumRX ID cards will be in the mail in the new year.



Visit an HSHS Pharmacy

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

Additional Details About Your Prescription Drug Coverage

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

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

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

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

Flexible Spending Accounts (FSAs)

Your FSA is administered by Health Equity

If you enroll in an FSA in 2025, you will receive a debit card (if applicable) and plan materials directly from Health Equity.

Visit learn.healthequity.com/hshs to learn more about your FSA benefits.

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

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

Healthcare Flexible Spending Account (FSA) – You can contribute up to the IRS limits (projected to be \$3,300) to your Healthcare FSA in 2025. You can use the money in the account to cover medically necessary expenses that are not covered by your medical, dental, and vision plans.

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

About the Dependent Care FSA and Taxes

As you consider a Dependent Care FSA, think about what works best for you: the FSA or the dependent care tax credit provided by federal law. It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In most cases, the Dependent Care FSA provides more savings than the tax credit.

How FSAs Work

Using an FSA is easy and saves you money, but requires careful planning because unused funds at the end of the year will be forfeited due to IRS "use it or lose it" rules.

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

Use your FSA debit card for eligible Healthcare FSA expenses:

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

For information about eligible expenses, see IRS Publication 502 (for Healthcare FSA-eligible expenses) or IRS Publication 503 (for Dependent Care FSA-eligible expenses), available at www.irs.gov, or visit Health Equity's website at learn.healthequity.com/hshs.

More benefits for you and your family

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

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

Identity Theft Protection

HSHS offers you the opportunity to purchase **Identity Theft Protection** for you and your family. Allstate Identity Protection Pro Plus offers:

- Proactive monitoring to help you see, manage, and protect personal data
- Financial activity monitoring, credit monitoring and alerts, credit assistance, cyber bullying protection, social media monitoring, sex offender alerts, dark web monitoring, and more
- Physician NPI data, DEA, and other license monitoring
- In-house experts, available 24/7 will fully manage your restoration case

	Bi-weekly Rates
Colleague only	\$3.00
Colleague + family	\$5.77

To learn more, visit the **MyHR | Workday Help:**
www.myworkday.com/hshs/wdhelp/helpcenter

HSHS Discount Program

PerkSpot gives you access to exclusive discounts on:

- Automotive
- Beauty & Fragrance
- Books & Media
- Financial & Life Services
- Health & Wellness

Check out the discounts at <https://hshs.perkspot.com/login>.



Dental Coverage



The plan provides two dental plan options to help you care for your teeth and gums:

- Basic Option.
- High Option.

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

Compare Your Dental Plan Options

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

All dental charges are subject to Reasonable and Customary (R&C)

Vision Coverage

You can receive vision coverage through the VSP Vision Plan, or as part of your dental or medical coverage. The VSP Vision Plan provides coverage for eye exams, lenses, frames and contact lenses, plus discounts on many vision services and products. No deductible applies to VSP vision benefits.

	VSP Network Providers	Other Providers
Vision Exams (once every calendar year)	Covered in full after \$15 copay	Up to \$45 reimbursement
Lenses (once every calendar year)		Reimbursement
<ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular • Progressive Bifocals <ul style="list-style-type: none"> - Standard - Premium - Custom • UV Coating • Tint • Scratch Resistance • Anti-reflective (standard) • Basic Polycarbonate 	Covered in full Covered in full Covered in full Covered in full \$0 copay \$95-\$105 copay \$150-\$175 \$16 copay \$0-\$15 copay \$17 copay \$41 copay Children: \$0 copay Adults: \$31-\$35 copay 20% - 25% discount	Up to \$30 Up to \$50 Up to \$65 Up to \$100 Up to \$50 Up to \$50 Up to \$50 Not covered Not covered Not covered Not covered Not covered
Frames (once every calendar year)	\$180 allowance + 20% off any balance \$200 allowance for featured frames \$180 Costco, Walmart & Sam's Club allowance	Up to \$70 reimbursement
Contact Lenses (once every calendar year in lieu of frames and lenses)		Reimbursement
<ul style="list-style-type: none"> • Medically Necessary • Elective • Fit & Evaluation 	covered in full \$180 allowance \$0 copay	Up to \$210 Up to \$105 Not covered
Other	<ul style="list-style-type: none"> • Prescription sunglasses: 20% discount • Low vision aid: 75% of cost up to \$1,000 every 2 years • Laser surgery: 15% discount off regular price (5% off promotional price) at select providers. • VSP LIGHTCARE - \$180 allowance for ready-made, non-prescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts. 	Not available



Increased Allowances!

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

NEW!

VSP LIGHTCARE

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

Cigna Vision Discount Program

Colleagues who enroll in HSHS Benefits dental coverage have access to the Cigna Vision discount program. The vision discount program provides savings on routine eye exams and purchases of frames and lenses, including contacts. To view discount information for vision care services for Cigna Vision, visit MyHR/Workday Help at myworkday.com/hshs/wdhelp/helpcenter. To find a Cigna Vision provider, go to cigna.com

Life and AD&D Insurance

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

Basic Life and Accidental Death and Dismemberment (AD&D) Coverage - **provide at no cost to you!**

You automatically receive basic coverage of \$50,000.

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

Supplemental Life Insurance Coverage

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

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

Voluntary Accidental Death and Dismemberment (AD&D) Coverage

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

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

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



Living Care Benefit

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

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

Voluntary Supplemental Health Benefits

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

Visit learn.unum.com/hshs-ble/p/1 to learn more about each new benefit.

Critical Illness

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

Coverage is available for yourself and spouse. If you enroll, children are automatically enrolled at no extra cost. Premiums vary by age and smoker status and are available in the enrollment system.



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

Accident Insurance

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

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

Hospital Indemnity

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

Disability Coverage and Retirement



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

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

For more information about your disability benefits, visit MyHR | Workday Help www.myworkday.com/hshs/wdhelp/helpcenter.

Retirement Program

To help you save for the future, HSHS provides a retirement program that includes a 403(b) Retirement Savings Plan through Fidelity Investments.

HSMS automatically enrolls you at 4% of salary if no action is taken by 60 days of employment. This program allows you to set aside before or after-tax dollars toward your retirement savings.

For additional information about eligibility, call Fidelity Member Services at 1-800-343-0860 or visit <https://nb.fidelity.com/public/nb/atwork/home>.

Get One-on-One Help Planning for Retirement

As you consider your retirement goals and financial objectives, we encourage you to explore the resources available to you. Whether you have questions about contribution options, investment strategies, or retirement readiness, our team along with Fidelity is here to help support you at every step in your journey. If you are interested in scheduling a 1:1 with a Fidelity Workplace Financial Consultant, either in-person or virtually, you can do so by clicking [HERE](#) or by entering the following URL: <http://Fidelity.com/schedule>.



Earned Wage Access (EWA) Program: Pay on Demand

Access your money when you need it. With the EWA program, you can make on-demand, secure, instant transfers of earned wages before payday, whenever, 24/7/365. You have two EWA options, DailyPay and Wisely Paycard. To learn more and enroll visit MyHR | Workday Help at myworkday.com/hshs/wdhelp/helpcenter.



Cost of Coverage

You and HSHS share the cost of your benefits.

<p style="text-align: center;"><i>HSHS pays for:</i></p> <ul style="list-style-type: none"> Basic Life and AD&D Insurance Long-Term Disability Coverage Virtual Healthcare 	<p>Employee Assistance Program</p>	<p style="text-align: center;"><i>You pay for:</i></p> <ul style="list-style-type: none"> Vision Flexible Spending/HSA Voluntary AD&D Supplemental Life Identity Theft Protection Voluntary Health Benefits 	<p style="text-align: center;"><i>While HSHS pays the majority of the cost, you and HSHS share the cost of:</i></p> <ul style="list-style-type: none"> Medical Dental HSA
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You pay your share of most benefit costs before federal, state and Social Security taxes are calculated. Note: Coverage for an eligible legally domiciled adult (LDA) may be taxed. Visit MyHR/Workday Help www.myworkday.com/hshs/wdhelp/helpcenter for more information.

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

See the following charts for your 2025 medical, dental and vision coverage costs.

2025 Biweekly Colleague Medical Insurance Deductions				
Medical	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
Value	\$25.69	\$97.40	\$60.29	\$132.13
Premier	\$55.07	\$155.36	\$110.90	\$211.33
HDHP	\$23.94	\$72.16	\$42.50	\$90.84

2025 Biweekly Colleague Dental Plan Deductions				
Dental	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
Basic	\$1.96	\$16.84	\$12.60	\$27.43
High	\$8.26	\$29.76	\$31.39	\$52.86

2025 Biweekly Colleague Vision Plan Deductions				
Vision	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/LDA + Child(ren)
VSP	\$4.20	\$8.39	\$8.99	\$14.35

Contact Information

If you have questions about ...	Contact ...
Enrolling	HR Service Center MyHR Workday Help www.myworkday.com/hshs/wdhelp/helpcenter
Medical <ul style="list-style-type: none"> • Customer Service <ul style="list-style-type: none"> • Claim information • ID cards • Prior authorization • Teladoc - virtual healthcare 	UMR 800-221-6346 umr.com www.teladoc.com 1-800-835-2362
Prescription Drugs	OptumRx optumrx.com 1-800-720-0030
Dental <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Healthcare/Dependent Care FSAs • Health Savings Account (HSAs) 	Health Equity learn.healthequity.com/hshs 1-866-346-5800
Disability Insurance <ul style="list-style-type: none"> • Long-Term Disability 	UNUM www.unum.com 1-866-295-3007, Monday – Friday, 7 a.m.- 7 p.m. CST
Voluntary Benefits Accident Critical Illness Hospital	Unum https://learn.unum.com/hshs-ble/p/1 866-643-9404
HSHS 403(b) Plan	Fidelity https://nb.fidelity.com/public/nb/atwork/home 1-800-343-0860
Identity Theft Protection	Allstate Identity Protection 800-789-2720 myaip.com/
Employee Assistance Program	ComPsych www.guidanceresources.com (enter "HSHS4U" for the organization web ID) 1-877-327-7429
HSHS Discount Program	https://hshs.perkspot.com/login
Pay On Demand	get.dailypay.com/wewa

This guide is intended to be only an overview of benefits for Medical Residents. More details about how the benefits work are included in the summary plan descriptions for those benefits. Hospital Sisters Health System reserves the right to change, suspend, freeze or end benefit plans at any time.

 MyHR |  workday.help



HR Service Center
MyHR@hshs.org